

PRIVILEGING

1. REASON FOR ISSUE. This Veterans Health Administration (VHA) directive establishes policy regarding privileging of licensed independent health care practitioners (LIPs), who are permitted to practice independently by law through their state licensure or federal regulation (limited to current regulatory authority including but not limited to Certified Nurse Practitioners), and by the VA medical facility through the Medical Staff Bylaws. **NOTE:** *This directive does not apply to trainees, including physician residents, except those who function outside the scope of their training program independently as outlined in VHA Directive 1400.01, Supervision of Physician, Dental, Optometry, Chiropractic, and Podiatry Residents, dated November 7, 2019. This directive does not apply to community providers, providing healthcare to Veterans via the Veterans Community Care Program.*

2. SUMMARY OF CONTENTS.

Amendment dated, April 26, 2023:

- a. Updates all hyperlinks.
- b. Updates office name change from Medical Staff Affairs to VHA Credentialing and Privileging Office.
- c. Clarifies that a tracking system is in place for FPPE and OPPE as defined in SOPs at <https://vaww.qps.med.va.gov/divisions/qm/msa/Credentialing/msaCRPolicy.aspx>.
NOTE: *This is an internal VA website that is not available to the public. See paragraphs 5.h.(11) and 5.o.(1).*
- d. Clarifies sentence in paragraph 5.k.(1) for ease of understanding.
- e. Clarifies that OPPE review is to be completed in cycles defined in SOPs found at: <https://vaww.qps.med.va.gov/divisions/qm/msa/Credentialing/msaCRPolicy.aspx>.
NOTE: *This is an internal VA website that is not available to the public. See paragraph 7.b.(3).*
- f. Clarifies that VA medical facilities should allow a minimum of 4 months to process privilege requests (see paragraph 5.o.(4); 5.p.(2); and 7.f.(2)(b)). The minimum used to be 3 months.
- g. Updates from clinical pharmacy specialists to clinical pharmacist practitioners.

As published on March 2, 2023: This new directive:

a. Defined national standards and responsibilities for the privileging of LIPs within VHA. **NOTE:** *This directive recertified some content from VHA Handbook 1100.19, Credentialing and Privileging which is now rescinded (see paragraph 6., Rescissions, on the Transmittal Sheet).*

b. Collocated guidance documents and Standard Operating Procedures (SOPs) related to the privileging process on the VHA Credentialing and Privileging Office intranet site:

<https://vawww.qps.med.va.gov/divisions/qm/msa/Credentialing/msaCRPolicy.aspx>.

NOTE: *This is an internal VA website that is not available to the public.*

c. Updated the privileging processes of LIPs and the process related to adverse privileging actions for full-time permanent Title 38 providers. **NOTE:** *It is VHA policy that SOPs that are posted on the VHA Credentialing and Privileging Office intranet site are mandatory for use enterprise-wide for credentialing, privileging, and Medical Staff practice.*

3. RELATED ISSUE. VHA Directive 1100.20 Credentialing of Health Care Providers, dated September 15, 2021.

4. RESPONSIBLE OFFICE. The Office of Quality and Patient Safety is responsible for the contents of this VHA directive. Questions may be addressed to the VHA Credentialing and Privileging Office at VHA17QM6MedStaffAffairsAction@va.gov.

5. RESCISSIONS. This directive rescinds VHA Handbook 1100.19, Credentialing and Privileging, dated December 15, 2012. The credentialing sections of VHA Handbook 1100.19 were previously rescinded in VHA Directive 1100.20 Credentialing of Health Care Providers, dated September 15, 2021.

6. RECERTIFICATION. This VHA directive is scheduled for recertification on or before the last working day of March 2028. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

**BY DIRECTION OF THE OFFICE OF THE
UNDER SECRETARY FOR HEALTH:**

/s/ Gerard R. Cox, MD, MHA
Assistant Under Secretary for Health
Office of Quality & Patient Safety

DISTRIBUTION: Emailed to the VHA Publications Distribution List on March 8, 2023. Amendment (1) dated, April 26, 2023 was distributed on May 11, 2023.

March 2, 2023

DIRECTIVE 1100.21(1)

NOTE: All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.

CONTENTS
PRIVILEGING

1. PURPOSE..... 1

2. BACKGROUND..... 1

3. DEFINITIONS 1

4. POLICY 7

5. RESPONSIBILITIES 7

6. PRIVILEGING 18

7. PRIVILEGING OVERSIGHT 20

8. PRIVILEGING ACTIONS REPORTABLE TO THE NATIONAL PRACTITIONER
DATA BANK..... 31

9. LAPSE OF PRIVILEGES 31

10. PRACTITIONER PROFILE 31

11. TRAINING 32

12. RECORDS MANAGEMENT..... 32

13. REFERENCES..... 32

PRIVILEGING

1. PURPOSE

This VHA directive establishes policy regarding privileging of licensed independent health care practitioners (LIPs) who are permitted to practice independently, by law through their state licensure or federal regulation (limited to current regulatory authority including but not limited to Certified Nurse Practitioners), and by the VA medical facility through the Medical Staff Bylaws. **AUTHORITY:** Title 38 United States Code § 7301(b). **NOTE:** *This directive does not apply to trainees, including physician residents, except those who function outside the scope of their training program independently and are permitted to work independently in limited circumstances as outlined in VHA Directive 1400.01, Supervision of Physician, Dental, Optometry, Chiropractic, and Podiatry Residents dated November 7, 2019. This directive does not apply to community providers, providing healthcare to Veterans via the Veterans Community Care Program.*

2. BACKGROUND

a. Through the credentialing process, LIPs must meet the clinical qualifications required to provide quality care to patients and be granted privileges. Credentialing is the first step in patient safety and utilized to assess clinical training and competency to perform privileges requested. LIPs must be fully credentialed prior to the granting of privileges at the VA medical facility.

b. Responsibilities described in this directive are applicable to LIPs, who are permitted to practice independently without supervision or direction by law, and by the VA medical facility through the Medical Staff Bylaws, within the scope of the individual's license, and in accordance with individually granted clinical privileges. LIPs include Without Compensation (WOC) LIPs, volunteer appointments and those hired through a contractual arrangement.

c. Guidance documents related to the privileging process described within this directive are located on the VHA Credentialing and Privileging Office intranet site: <https://vaww.qps.med.va.gov/divisions/qm/msa/Credentialing/msaCRPolicy.aspx> .

NOTE: *This is an internal VA website that is not available to the public. It is VHA policy that Standard Operating Procedures (SOPs) that are posted on the VHA Credentialing and Privileging Office intranet site are mandatory for use enterprise-wide for credentialing, privileging, and Medical Staff practice.*

3. DEFINITIONS

a. **Active Privileges.** Active privileges are privileges that a LIP is actively expected to perform in their current assignment, can be monitored through Focused Professional Practice Evaluation (FPPE) and Ongoing Professional Practice Evaluation (OPPE), and are supported by the resources of the VA medical facility, and have not expired beyond the time period granted, not to exceed three years.

b. **Administrative Denial of Privileges.** Administrative Denial of Privileges is the appropriate process when the LIP's clinical privileges are pending renewal and due to

expire during a summary suspension or due process procedures for reduction or revocation. The clinical privileges must be administratively denied pending outcome of the review and due process procedures. The denial is considered administrative until such time as a final decision is made to grant or deny the requested privileges.

c. **Administrative Modification of Privileges.** An administrative modification of privileges is a decision to modify privileges to accurately reflect the clinical duties the individual is expected to perform in their current assignment for administrative reasons rather than clinical performance concerns involving substandard care, professional misconduct or professional incompetence. This decision is administrative in nature and is not considered an adverse privileging action. This process cannot be utilized if there will be an adverse action, e.g., pay decrease.

d. **Applicant.** An applicant is a LIP, who is applying for credentialing and privileging, if applicable, at a VA medical facility for the first time.

e. **Appointment.** For the purposes of this directive, appointment means an appointment to the medical staff of a VA medical facility as a LIP. Appointment does not mean appointment to a VA position as a VA employee, unless clearly specified. Medical Staff appointment dates for LIPs should correspond with the dates of the Active Privileges granted by the VA medical facility Director and should be recorded in VetPro on the Appointment Screen. The appointment start date is defined as the date the VA medical facility Director signs and grants the privileges. Both VA employees and contractors may receive appointments to the medical staff.

f. **Certification.** For the purposes of this directive, certification is a credential issued by a professional organization that a LIP has met the standards, or has the necessary skills to practice the profession. Certification may be required to qualify for appointment and privileges within a specific occupation or position within VA if it meets one of the three circumstances outlined in VA Handbook 5005/113, Part II, Appendix G2, Physician Qualification Standard or other occupational qualification standards in Handbook 5005 for other LIP occupations.

g. **Clinical Privileging.** Clinical privileging is defined as the process by which a VA facility authorizes a LIP to independently (i.e., without supervision or restriction) provide healthcare services on a facility-specific basis. Only LIPs who are permitted by state law or Federal law or regulation and the VA medical facility through the Medical Staff Bylaws may be privileged to practice independently. Clinical privileges are based on the individual's clinical competence as determined by peer references, professional experience, health status, education, training, and licensure. Clinical privileges must be VA medical facility-specific, LIP-specific, and within available VA medical facility resources to support the privileges granted.

h. **Competency.** For the purposes of this directive, competency is a documented demonstration that an individual has sufficient knowledge or skill, necessary to perform up to a defined standard and to be granted, and maintain, privileges at a VA medical facility.

i. **Credentialing.** Credentialing is the process of obtaining, verifying, and assessing the qualifications of a LIP to provide care or services in or for the VA health care system. Credentials are documented evidence of licensure, education, training, experience, or other qualifications. **NOTE:** *For more information on credentialing, see VHA Directive 1100.20, Credentialing of Health Care Providers, dated September 15, 2021.*

j. **Current.** The term current applies to the timeliness of the verification and use for the credentialing process. A credential is considered current if verification was obtained after the LIP submits their electronic credentialing application in VetPro and provides a signed Release of Information to obtain required documentation to be utilized for credentialing purposes. **NOTE:** *Credentials are considered current if verified within a three-year period with exception of time limited credentials, such as State licensure, which have an expiration date assigned by the State agency. For additional information visit <https://vaww.qps.med.va.gov/divisions/qm/msa/Credentialing/msaCRPolicy.aspx>. This is an internal VA website that is not available to the public.*

k. **Delineation of Privileges.** A delineation of privileges is a detailed description of the specific scope and content of patient care services for which a LIP is qualified and expected to actively perform at the VA medical facility.

l. **Executive Committee of the Medical Staff.** The Executive Committee of the Medical Staff (ECMS) is a group of individuals, the majority of whom are licensed physician members of the medical staff practicing in the VA medical facility, that is selected or elected and removed according to the process contained in the Medical Staff Bylaws. This group is responsible for making specific recommendations directly to the organization's governing body for approval, as well as receiving and acting on reports and recommendations from medical staff committees, clinical departments or services, and assigned activity groups. The ECMS also acts on the behalf of the medical staff between meetings of the organized medical staff, within the scope of its responsibilities as defined by the organized medical staff. The medical staff as a whole may serve as the executive committee. **NOTE:** *This committee may also be referred to as other names such as the Medical Staff Executive Committee or Medical Executive Committee as defined in the VA medical facility specific Medical Staff Bylaws and meeting the requirements outlined in the Joint Commission's Medical Staff Chapter. The ECMS may have a subcommittee, such as a Credentialing and Privileging Committee which performs initial reviews on behalf of the ECMS. Whether to have a subcommittee of ECMS for this purpose is a VA medical facility-specific decision. If a subcommittee is used for this purpose, minutes and recommendations from the subcommittee must be referenced in ECMS minutes, discussions, and final recommendations to the VA medical facility Director.*

m. **Focused Clinical Care Review.** A focused clinical care review (FCCR) is an objective retrospective review of a LIP's clinical practice in one or more areas if a clinical care concern has been triggered. The ECMS will conclude a FCCR by recommending one of three further courses of action: (1) no further action to be taken if no clinical performance concerns have been substantiated; (2) a FPPE for Cause to provide the LIP an opportunity to demonstrate improvement; or (3) a clinical privileging

adverse action. Information obtained during a FCCR will also be utilized as evidence in the state licensing board reporting process if substandard care is identified.

n. **Focused Professional Practice Evaluation.** A Focused Professional Practice Evaluation (FPPE) is an oversight process within a defined period of evaluation whereby the respective clinical service chief and the ECMS evaluates the privilege-specific competence of a LIP who does not yet have documented evidence of competently performing the requested privileges at the VA medical facility. This is a routine process with standardized criteria approved by the VA medical facility's ECMS and Director and applied to LIPs within the same specialty who hold the same privileges. **NOTE:** *For further information, see paragraph 7, Privileging Oversight. Though not privileged, occupations which must be credentialed through the medical staff process must be monitored through the FPPE and OPPE process. These occupations include, but may not be limited to, clinical pharmacist practitioners, physician assistants, and nurse practitioners on Scopes of Practice. The respective service chief must maintain a Practitioner Profile on these LIPs.*

o. **Focused Professional Practice Evaluation for Cause.** FPPE for Cause is a time-limited period during which the clinical service chief assesses the health care LIP's performance to determine if any action should be taken on the LIP's privileges after a clinical concern has been triggered and a FCCR has been conducted. It is not a restriction or limitation on the ability to practice independently, but rather an oversight process to be employed by the clinical service chief when there is a concern regarding a LIP's clinical competence to continue providing some aspect of patient care. This is a prospective activity allowing opportunity for the LIP to demonstrate competence and the ability to perform as expected. Each FPPE for Cause is unique to the LIP and the identified clinical care concerns and is considered an Opportunity to Improve.

p. **Licensed Independent Practitioner.** For purposes of this directive and as related to privileging, a licensed independent practitioner (LIP) is an individual permitted by law and the VA medical facility, through its Medical Staff Bylaws to provide patient care services independently, without supervision or direction, within the scope of the individual's license and in accordance with privileges granted by the facility. **NOTE:** *LIPs are required to be recredentialed every three years. Clinical pharmacist practitioners and Physician Assistants are required to be credentialed and recredentialed in the same manner as LIPs even though not privileged.*

q. **Licensure.** Licensure is a legal right to work in an occupation that is granted by a government agency in compliance with a statute governing an occupation (such as, but not limited to, medicine, dentistry, psychology, optometry, podiatry) or the operation of an activity in a health care occupancy (for example, skilled nursing facility, residential treatment center, hospital). **NOTE:** *Additional information related to verification of licensure and required licensure review of licensure actions is available at: <https://vaww.qps.med.va.gov/divisions/qm/msa/Credentialing/msaCRPolicy.aspx>. This is an internal VA website that is not available to the public.*

r. **Medical Staff Bylaws.** Medical Staff Bylaws are a governance framework that establishes the roles and responsibilities of a body and its members. The organized

medical staff at a VA medical facility creates a written set of documents that describes its organizational structure and the rules for its self-governance. These documents create a system of rights, responsibilities, and accountabilities between the organized medical staff and the VA medical facility Director as the governing body, and between the organized medical staff and its members. **NOTE:** *The Medical Staff Bylaws Template published by VHA Credentialing and Privileging Office must be utilized by VA medical facilities utilizing all mandatory content. This template is located at <https://vaww.qps.med.va.gov/divisions/qm/msa/Privileging/msaMSPReferences.aspx>. This is an internal VA website that is not available to the public.*

s. **National Practitioner Data Bank.** The National Practitioner Data Bank (NPDB) is a web-based repository of reports containing information on medical malpractice payments and certain adverse actions related to LIPs and suppliers. The NPDB is maintained and managed by the U.S. Department of Health and Human Services and utilized by VHA in accordance with federal regulations. Federal regulations authorize eligible entities to report to and query the NPDB. **NOTE:** *Individuals and organizations who are subjects of these reports have access to their own information. The reports are confidential, and not available to the public.*

t. **Ongoing Professional Performance Evaluation.** Ongoing Professional Performance Evaluation (OPPE) is the ongoing monitoring of privileged LIPs to identify clinical practice trends that may impact the quality and safety of care. OPPE applies to all LIPs who are privileged as well as physician assistants, nurse practitioners, and *clinical pharmacist practitioners* who are on Scopes of Practice. Information and data considered must be LIP and specialty specific. The OPPE data is maintained as part of the Practitioner Profile to be analyzed in the VA medical facility's on-going monitoring program. **NOTE:** *Though not privileged, occupations which must be credentialed through the medical staff process must be monitored through the FPPE and OPPE process. The respective service chief must maintain a Practitioner Profile on these LIPs. These occupations include, but may not be limited to, clinical pharmacist practitioners, physician assistants, and nurse practitioners on Scopes of Practice.*

u. **Privileging Adverse Action.** A privileging action is a final action taken by the VA medical facility Director based on a finding of substandard care, professional misconduct, or professional incompetence performed by a privileged LIP. There are two types of privileging adverse actions: reduction of privileges or revocation of privileges.

v. **Proctor.** A proctor is a peer with the same clinical privileges who has been assigned to observe the practice of another LIP performing specified activities and completes reports on those observations. Proctors are not supervising or training the LIP and to do so may constitute supervision and restriction of the proctored LIP's privileges.

w. **Proctoring.** Proctoring is the activity by which a LIP is assigned to observe the practice of another LIP performing specified activities and then to provide required reports on those observations to the respective clinical service chief or designee. These reports are to be maintained in the Practitioner Profile. **NOTE:** *Proctoring that requires a proctor to do more than just observe, i.e., exercise control or impart knowledge, skill, or*

attitude to another LIP to ensure appropriate, timely, and effective patient care, may constitute supervision and a restriction on the LIP's privileges. For more information on proctoring, see paragraph 7.i.(5).

x. **Practitioner Profile.** The Practitioner Profile is a LIP- specific file containing only information LIP-specific clinical practice data and relevant administrative information which supports the privileging process. This file is maintained by the clinical service chief and presented to the ECMS, and the VA medical facility Director to support privileging decisions. Information contained within the Practitioner Profile includes the LIP's FPPE, OPPE, FPPE for Cause, and Focused Clinical Care Reviews. The Practitioner Profile is maintained in accordance with the Privacy Act of 1974 System of Record Number 77VA10E2E (Health Care Practitioner Credentialing and Privileging Records-VA). **NOTE:** *LIP-specific reviews and findings created as part of a medical quality assurance program may be protected from disclosure by 38 U.S.C. § 5705, are not to be utilized for privileging activities including but not limited to FPPE, OPPE, or FCCRs under any circumstances, and may not be included in the Practitioner Profile. The Practitioner Profile is a separate and distinct file from the VetPro file, which is used for the credentialing process.*

y. **Re-privileging.** Re-privileging is the process of granting privileges to a LIP who currently holds privileges within the VA medical facility.

z. **Scope of Practice.** A scope of practice allows VA employees to function autonomously within a defined set of clinical duties. The scope defines the nature of practice, patient population or setting, assessments and diagnoses authorized, recordkeeping methodology, and prescriptive privileges. The scope may also list routine duties, emergency duties, non-routine and non-emergency duties, and other duties.

aa. **Selecting Official.** A selecting official is a supervisor or manager who is responsible for making selections of appointments in subordinate positions.

bb. **Summary Suspension.** A summary suspension is an action taken by the VA medical facility Director to suspend clinical privileges when the failure to take such action may result in an imminent danger to the health and safety of any individual. Summary suspension may be applied to one or more selected privileges or all privileges depending upon the circumstances and clinical concern. **NOTE:** *If a LIP is removed from clinical care during a focused clinical care review, the applicable privileges should be summarily suspended during the time of the review and longer if concern remains for imminent danger to the health of any individual. Initiation of a summary suspension triggers the obligation to conduct a Focused Clinical Care Review of the LIP's practice.*

cc. **State Licensing Board.** The term State Licensing Board (SLB) in the context of health care means the agency of a State that is primarily responsible for the licensing of the physician or LIP to furnish health care services. **NOTE:** *For more information on SLBs, see VHA Handbook 1100.18, Reporting and Responding to State Licensing Boards, dated December 22, 2005.*

dd. **Telehealth.** Telehealth (telemedicine) is the use of electronic information or

telecommunications technologies to support clinical health care, patient and professional health-related education, public health, or health administration at a distance. **NOTE:** For more information on telehealth standards, see VHA Directive 1914(1), *Telehealth Clinical Resource Sharing Between VA Facilities and Telehealth from Approved Alternative Worksites*, dated April 27, 2020, and VHA Directive 1915, *Enterprise Clinical Resource Sharing through Telehealth from Nationally Designated Telehealth Hubs*, dated January 5, 2023.

ee. **VetPro.** VetPro is VHA's mandatory credentialing software platform to document the credentialing of VHA LIPs. This system facilitates completion of a uniform, accurate, and complete credentials file.

ff. **Without Compensation.** Without Compensation (WOC) is a VA appointment for LIPs who volunteer their services at the VA medical facility and are not paid for their services. Though not receiving compensation, these LIPs must have a VA appointment and must be fully credentialed and privileged prior to providing health care services.

4. POLICY

a. It is VHA policy that all VHA LIPs who are permitted to practice independently within the scope of their State license, and by the VA medical facility, and through the Medical Staff Bylaws, must be granted clinical privileges by the VA medical facility Director prior to performing patient care. This directive applies to all LIPs who are appointed on a full-time, part-time, intermittent, consultant, attending, fee-basis, WOC status, or those who are performing direct patient care at the VA medical facility via a contract or sharing agreement.

b. Credentialing must be completed through VetPro concurrent to the privileging process in accordance with VHA Directive 1100.20, Credentialing of Health Care Providers. Verified credentials are to be used to assess clinical skill and competency to support privileging decisions.

c. It must be noted that confidentiality and privilege of records and documents pursuant to 38 U.S.C. § 5705 applies to LIP-specific information when it is utilized for the purpose of improving the quality of healthcare or improving the utilization of healthcare resources in a VA medical facility. It is VHA policy that 38 U.S.C. § 5705 protected information must not be utilized under any circumstance in credentialing or privileging activities, including FPPE, OPPE, FPPE for Cause, FCCR, or evidence supporting a privileging action.

d. Finally, it is VHA policy that all standard operating procedures (SOPs) linked to this directive at <https://vaww.qps.med.va.gov/divisions/qm/msa/Credentialing/msaCRPolicy.aspx> which implement the privileging processes identified in this directive are required to be followed. **NOTE:** This is an internal VA website that is not available to the public.

5. RESPONSIBILITIES

a. **Under Secretary of Health.** The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Assistant Under Secretary for Health for Quality and Patient Safety.** The Assistant Under Secretary for Health for Quality and Patient Safety is responsible for:

(1) Ensuring the VHA Credentialing and Privileging (C&P) Office Director has sufficient resources to fulfill the requirements of this directive.

(2) Supporting the VHA C&P Office Director with implementation and oversight of this directive.

(3) Providing senior executive leadership guidance to the VHA C&P Office Director.

c. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Service Networks (VISNs).

(2) Providing assistance to VISN Directors to resolve implementation and compliance challenges.

(3) Providing oversight of VISNs to assure compliance with this directive and its effectiveness.

d. **VHA Credentialing and Privileging Office Director.** The VHA C&P Office Director is responsible for:

(1) Establishing the privileging process requirements as defined within this directive.

(2) Serving as a VHA subject matter expert for the privileging process.

(3) Completing the privileging process for LIPs appointed to and located at VA Central Office.

(4) Overseeing and managing the national VetPro system and contract.

(5) Providing oversight of the field's compliance with this directive.

(6) Development and publication of Standards of Practice (SOPs) related to this directive.

e. **Veterans Integrated Service Network VISN Director.** The VISN Director is responsible for:

(1) Communicating the contents of this directive to all VA medical facilities across the VISN.

(2) Ensuring that all VA medical facilities in the VISN comply with this directive and

informing leadership when barriers to compliance are identified.

(3) Ensuring that all VA medical facilities in the VISN have the resources to implement this directive.

(4) Overseeing the VISN Chief Medical Officer (CMO) to ensure that they are performing their specific responsibilities under this directive.

f. **Veterans Integrated Service Network Chief Medical Officer.** The VISN CMO is responsible for:

(1) Providing oversight of the privileging process at all VA medical facilities within the VISN.

(2) Completing an annual analysis of the VA medical facility self-assessments utilizing the self-auditing tool located at:

<https://vaww.qps.med.va.gov/divisions/qm/msa/Credentialing/msaCRPolicy.aspx>.

NOTE: This is an internal VA website that is not available to the public.

(3) Reviewing privileging process at each VA medical facility annually via a site review to validate the VA medical facility internal monitoring and to ensure that completion of privileging is performed prior to onboarding of any LIP at a VA medical facility within the VISN and initiating corrective action if necessary.

(4) Overseeing the internal monitoring system for privileging and clinical performance at each of the VA medical facilities within the VISN.

(5) Ensuring that FPPE and OPPE are completed as outlined within this directive.

NOTE: For more information on FPPE and OPPE, see paragraphs 7.a. and 7.b.

g. **Veterans Integrated Service Network Human Resources Officer.** The VISN Human Resources Officer (HRO) is responsible for:

NOTE: This position was previously referred to as the VA medical facility HRO.

(1) Overseeing the VA medical facility Senior Strategic Business Partner and the human resources components of the privileging process, including adverse personnel actions required in conjunction with adverse privileging actions.

(2) Working with the VA medical facility Senior Strategic Business Partner and Credentialing Specialist to ensure that all LIPs are appropriately privileged prior to onboarding.

h. **VA Medical Facility Director.** The VA medical facility Director, is responsible for:

(1) Working with the VA medical facility Chief of Staff (COS) to ensure credentialing and privileging is completed prior to the onboarding of any LIP who will be providing direct patient care.

(2) Working with the VA medical facility COS to ensure the requirements of this directive are reflected in the VA medical facility Medical Staff Bylaws, Rules, and Regulations.

(3) Granting privileges only to LIPs who have the training, experience and demonstrated competency necessary for the privileges requested and who are expected to provide the delineated clinical procedures or treatments at the VA medical facility.

(4) Issuing final decisions related to a LIP's privileges including but not limited to, granting, denying, revoking, suspending, or reducing a LIP's privileges. **NOTE:** *This responsibility may not be delegated to any individual other than an Acting Director who is authorized to act as VA medical facility Director for this purpose. This includes approving or denying temporary privileges for health care professionals in the event of important patient care needs. See paragraph 6.h.*

(5) Ensuring the VA medical facility privileging program is adequately staffed and resourced to ensure compliance with this directive. **NOTE:** *Recommended Staffing benchmarks are available at: <https://vaww.qps.med.va.gov/divisions/qm/msa/Credentialing/msaCRPolicy.aspx>. This is an internal VA website that is not available to the public.*

(6) Reviewing weekly reports on the status of the VA medical facility privileging program from the Credentialing and Privileging Manager and taking corrective action when necessary.

(7) Ensuring the VA medical facility Credentialing Program Manager and Credentialing Specialist complete required training found in paragraph 11 of this directive.

(8) Ensuring completion of the annual VA medical facility self-assessment, recognizing identified deficiencies.

(9) Approving and tracking completion of action plans required for remediation for identified deficiencies, and reporting closure of the action plans to the VISN CMO.

(10) Ensuring LIPs granted new or additional privileges are placed on a FPPE at the time they are granted new or additional privileges.

(11) Ensuring a tracking system is in place for timely completion of all FPPE based upon the period defined and of OPPE for all privileged LIPs as defined in SOPs at: <https://vaww.qps.med.va.gov/divisions/qm/msa/Credentialing/msaCRPolicy.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*

(12) Ensuring all privileged LIPs, physician assistants, non-privileged advance practice nurses (i.e., contract advance practice nurses who do not have licenses in states permitting full practice) and *clinical pharmacist practitioners* undergo required FPPE and OPPE, must be tracked for compliance with requirements outlined in this directive, and must have provider specific Practitioner Profiles.

(13) Ensuring clinical service chiefs maintain a Practitioner Profile for each privileged LIP within their service. **NOTE:** *The Practitioner Profile must contain documentation related to FPPE, OPPE, FPPE for Cause, and FCCRs.*

(14) Taking privileging actions against a LIP when there is a finding of substandard care, professional misconduct, or professional incompetence performed by a LIP. **NOTE:** *More information on privileging actions can be found in paragraph 8.*

(15) Approving recommendations from the VA medical facility COS for temporary privileges for a LIP when there is an urgent patient care need. **NOTE:** *For more information on temporary privileges, see paragraph 6.h.*

(16) Signing off on a summary suspension of a LIP's privileges, where appropriate. **NOTE:** *For more information on summary suspension, please see paragraph 7.k.*

(17) When a lapse in privileges for any LIP has been identified, completing a review of all privileged LIPs at the VA medical facility to ensure there are no additional unidentified lapses. **NOTE:** *For more information on how to handle a lapse in privileges, see paragraph 9.*

i. **VA Medical Facility Chief of Staff.** The VA Medical Facility COS is responsible for:

(1) Assuming the role and responsibility of President of the VA medical facility's organized medical staff.

(2) Ensuring VA medical facility compliance with Joint Commission Medical Staff Standards.

(3) Chairing the ECMS.

(4) Serving as proposing official for adverse privileging actions;

(5) Supervising and overseeing VA medical facility level credentialing and privileging programs;

(6) Ensuring VA medical facility level Medical Staff Bylaws are written in accordance with the national Medical Staff Bylaws template and are reviewed on an annual basis to determine if update is required. **NOTE:** *The national Medical Staff Bylaws template can be found at <https://vaww.qps.med.va.gov/divisions/qm/msa/Privileging/msaMSPReferences.aspx>. This is an internal VA website that is not available to the public.*

(7) Working with the VA medical facility Director to ensure the requirements of this directive are reflected in the VA medical facility Medical Staff Bylaws, Rules, and Regulations.

(8) Working with the VA medical facility Director to ensure that all LIPs at the VA medical facility are fully credentialed and privileged prior to onboarding and the

provision of patient care within their organizational alignment.

(9) Ensuring that clinical service chiefs review all verified credentialing information within VetPro and utilize that information to form a basis for decisions when recommending privileges for a LIP to the ECMS.

(10) Recommending temporary privileges to the VA medical facility Director for health care professionals to meet important patient care needs to the VA medical facility Director. **NOTE:** *For more information on temporary privileges, see paragraph 6.h.*

(11) Seeking counsel from the VA medical facility Senior Strategic Business Partner in collaboration with the appropriate VA medical facility Service Chief, if a change in privileges for a LIP will result in an adverse action, such as a reduction in basic pay and/or grade or removal. District Counsel should also be consulted for questions related to the legal aspects or legal implications of privileging actions.

(12) Administratively modifying the privileges of a LIP, in collaboration with the appropriate VA medical facility Service Chief, when a change in privileges will result in adverse action. **NOTE:** *This administrative modification of privileges should be taken when the change occurs and should not wait until the next re-privileging cycle.*

j. **VA Medical Facility Senior Strategic Business Partner.** The VA Medical Facility Senior Strategic Business Partner is responsible for:

NOTE: *This position was previously known as the VA medical facility HRO.*

(1) Instituting an internal monitoring system to ensure all LIPs covered by this directive are privileged prior to the onboarding date and performance of direct patient care.

(2) Ensuring the VA medical facility Credentialing and Privileging Office is notified to begin the privileging process as soon as a viable applicant is identified to assure the human resource onboarding process and the credentialing process occur simultaneously to expedite the hiring and appointment of LIPs.

(3) Providing technical advice and assistance to selecting officials, service chiefs, supervisors, and employees related to privileging and adverse personnel actions resulting from adverse privileging actions.

(4) Consulting with District Counsel for questions pertaining to the legal aspects or legal implications of privileging actions.

k. **VA Medical Facility Contracting Officer.** The VA medical facility contracting officer is responsible for:

(1) Removing contracted physicians from VA duties and contract schedule if it is determined the contracted physician no longer meets the requirements for their occupation.

(2) Working with the Credentialing Specialist and the contracting officer's representative (COR) to ensure that privileging is completed prior to scheduling of a contract LIP's services.

l. VA Medical Facility Contracting Officer's Representative. The VA medical facility COR is responsible for:

(1) Working with the credentialing specialist and the contracting officer to ensure that privileging is completed prior to scheduling of a contract LIP's services.

(2) Communicating with a credentialing specialist when a contract LIP is no longer providing care at the VA medical facility to ensure that the LIP's privileges are inactivated.

m. VA Medical Facility Clinical Service Chief. The VA medical facility clinical Service Chief is responsible for:

(1) Ensuring all LIPs are privileged prior to performance of patient care at the VA medical facility. **NOTE:** *This applies to both VHA appointed LIPs as well as contractors.*

(2) Notifying the VA medical facility Credentialing and Privileging Office of any LIP who is exiting the VA medical facility so that privileges can be inactivated.

(3) Reviewing all primary source verified credentials, maintaining and reviewing all documentation within the Practitioner Profile, and documenting the findings of their review and resulting recommendation of whether or not to grant the requested privileges within the LIP's VetPro file, utilizing that information to form a basis for decisions when recommending privileges. **NOTE:** *The service chief's recommendation in VetPro may not be delegated, though may be supplemented with additional reviews in VetPro by first line supervisor or section chief. The recommendation must include credentialing and privileging information reviewed and the rationale for conclusions reached as well as recommendation for approval, disapproval, or a modification of the requested clinical privileges. This recommendation must include a FPPE for new privileges being granted which is for a limited period of time and may include direct supervision, or proctoring, by an appropriately privileged LIP for privileges.*

(4) Reviewing the privileges requested by the LIP to ensure they are performed and supported at the VA medical facility, reflect current clinical duties that will be assigned to the LIP, and address current clinical workload and demand. The service chief is responsible for discussing any concerns related to the privileges requested with the LIP and resolving these issues prior to making a final recommendation to the ECMS.

NOTE: *If the LIP is requesting privileges in more than one clinical service, the chief of each service must make a separate recommendation regarding the privileges requested. For example, a primary care physician who maintains privileges in Primary Care Service but also covers as a hospitalist on an intermittent basis in the Medical Service should have delineated privileges in both services recommended by both the Chief of Primary Care, as well as the Chief of Medical Service since both are responsible for ensuring adequate resources are available as well as the monitoring of*

the quality of care.

(5) Ensuring that no LIP within their service is onboarded or provides patient care prior to being granted privileges by the VA medical facility Director.

(6) Defining privileges that may be performed within their clinical services at the VA medical facility. **NOTE:** *For additional details on the process for delineation of privileges visit <https://vaww.qps.med.va.gov/divisions/qm/msa/Credentialing/msaCRPolicy.aspx> .This is an internal VA website that is not available to the public.*

(7) Defining specialty specific FPPE and OPPE criteria to be utilized to monitor clinical performance of LIPs granted privileges within their service. **NOTE:** *Mandated national specialty criteria form must be incorporated into local FPPE and OPPE reviews in addition to locally developed criteria, if applicable. For more information on national standards for specialty specific FPPE and OPPE can be found at: <https://vaww.qps.med.va.gov/divisions/qm/msa/msaOPPEFPPE.aspx> . This is an internal VA website that is not available to the public.*

(8) Implementing FPPE and OPPE requirements, as outlined in this directive, within their clinical service, and presenting the results of the FPPE and OPPE to the ECMS, when appropriate. **NOTE:** *For more information on FPPE and OPPE requirements, see paragraph 7.a. and 7.b.*

(9) Maintaining the Practitioner Profile for all privileged LIPs within their service. **NOTE:** *Though not privileged, occupations which must be credentialed through the medical staff process must be monitored through the FPPE and OPPE process. The respective service chief must maintain a Practitioner Profile on these LIPs. These occupations include, but may not be limited to, clinical pharmacist practitioners, physician assistants, and nurse practitioners who are not covered by the Full Practice Authority (i.e., contract APRNs who do not have licensure in a state of full practice authority) on Scopes of Practice.*

(10) Communicating the contents of and obtaining the LIP's signature on an FPPE for Cause. **NOTE:** *For additional information related to the process see paragraph 7.h.*

(11) Seeking counsel from the VA medical facility Senior Strategic Business Partner, in collaboration with the VA medical facility COS, if a change in privileges for a LIP will result in an adverse action, such as a reduction in basic pay or reduction in grade.

(12) Administratively modifying the privileges of a LIP, in collaboration with the VA medical facility COS, when a change in privileges will result in adverse action. **NOTE:** *This administrative modification of privileges should be taken when the change occurs and should not wait until the next re-privileging cycle.*

(13) Following the requirements for FPPE for Cause, as outlined in paragraph 7.h.

(14) Providing a LIP placed on summary suspension with the appropriate written

notification and obtaining the LIP's signature. **NOTE:** For more information on summary suspension, see paragraph 7.k.

n. **VA Medical Facility Executive Committee of the Medical Staff Chair.** The VA medical facility ECMS Chair is responsible for:

(1) Making a recommendation of privileging action to the VA medical facility Director and documenting that recommendation in the VetPro file. Actions include, but are not limited to, granting privileges, denying privileges, administratively denying privileges, modification of privileges, or adverse privileging actions. **NOTE:** The recommendation from the service chief should be reviewed and considered as part of this decision. The excerpt of the minutes specific to the LIP must also be entered into the LIP's electronic credentialing file in VetPro or subsequent VA electronic credentialing system. Re-privileging for expiring privileges must be reviewed prior to the expiration date.

(2) Reviewing FPPE and OPPE findings and data to support recommendations made to the VA medical facility Director on renewing privileges of LIPs.

(3) Monitoring FPPE and OPPE to ensure timely completion for privileged LIPs as outlined in this directive and reporting compliance to the VA medical facility Director for appropriate action if necessary.

(4) Reviewing service specific clinical privilege delineation form on an annual basis and approving for use.

(5) Ensuring completion of the FPPE period is documented in the ECMS minutes with recommendation of appropriate action (e.g., continue to OPPE, extension of FPPE, summary suspension of privileges due to clinical performance concerns) and entered into VetPro or subsequent VA electronic credentialing system. **NOTE:** For more information on appropriate FPPE actions, please see <https://vaww.qps.med.va.gov/divisions/qm/msa/Credentialing/msaCRPolicy.aspx>. This is an internal VA website that is not available to the public.

(6) Reviewing service specific FPPE and OPPE forms and indicators on an annual basis and approving for use.

o. **VA Medical Facility Credentialing and Privileging Manager.** The VA medical facility Credentialing and Privileging Manager is responsible for:

(1) Maintaining a tracking system for timely completion of all FPPE based upon the period defined and of OPPE for all privileged LIPs as defined in SOPs at <https://vaww.qps.med.va.gov/divisions/qm/msa/Credentialing/msaCRPolicy.aspx>. **NOTE:** This is an internal VA website that is not available to the public.

(2) Providing direct oversight of the VA medical facility Credentialing and Privileging Specialists to ensure their compliance with this directive.

(3) Maintaining and providing to VA medical facility Service Chiefs a medical staff

roster from the National Credentialing and Privileging office on a quarterly basis to validate and certify for accuracy.

(4) Tracking expiration dates for LIP's privileges and ensuring that renewals are initiated at least 4 months prior to the expiration date.

(5) Ensuring a comparison of privileges currently held to privileges requested is completed at the time of reprivileging. If an additional privilege is requested, ensures that a health care professional has completed required FPPE when requesting additional privileges.

(6) Serving as a subject matter expert for the annual self-assessment utilizing the MSA self-auditing tool. **NOTE:** *The self-auditing tool SOP is located at <https://vawww.qps.med.va.gov/divisions/qm/msa/Credentialing/msaCRPolicy.aspx>. This is an internal VA website that is not available to the public.*

(7) Providing the privileged LIP's Practitioner Profile to the ECMS and to the VA medical facility Director at the time the minutes and the LIP specific privileges are presented for review, recommendation and decision.

(8) Advising the COS of any outstanding issues (commonly referred to as red flags) including, but not limited to, current or previously successful challenges to licensure, registration, or certification; no history of involuntary termination of medical staff at another organization; no history of pending or previous privileging actions; and no final judgement adverse to the applicant in a professional liability action related to a LIP's privileging status.

(9) Reporting to the VA medical facility Director weekly on the status of privileging within the VA medical facility, including the status of expired privileges.

p. **VA Medical Facility Credentialing and Privileging Specialist.** The VA medical facility Credentialing and Privileging Specialist is responsible for:

(1) Providing the appropriate specialty specific privileging form to the LIP for completion and ensuring it is completed and returned upon submission of the credentialing file in VetPro.

(2) Processing all privileging requests, both for initial privileges and re-privileging. **NOTE:** *It is suggested that VA medical facilities allow a minimum of 4 months to process privilege requests.*

(3) Submitting documentation to the ECMS for review and recommendation and expiring credentials no later than one month prior to the expiration date.

(4) Ensuring that minutes from the ECMS recommending LIP specific privileging actions are completed and signed by the VA medical facility Director prior to expiration of the LIP's privileges (for re-privileging) or prior to a LIP performing patient care (for new applicants).

(5) Ensuring the VA medical facility Director signs and dates the LIP specific privilege form with the minutes from the ECMS prior to the expiration of the LIP's privileges (for re-privileging) or prior to a LIP performing patient care (for new applicants).

(6) Working with the VA medical facility contracting officer and the COR to ensure that privileging is completed prior to the commencement date of a contract LIP.

(7) Inactivating a contract LIP's VetPro file when they are no longer providing care at the VA medical facility. **NOTE:** *The Credentialing Specialist should work with a COR if a contract LIP stops providing patient care at the VA medical facility.*

(8) Entering excerpts from ECMS committee minutes relative to the LIP into the LIP's VetPro credentialing file on the Committee Minutes screen.

(9) Providing the LIP with a signed copy of the privileges after approval by the VA medical facility Director. **NOTE:** *A copy of approved privileges must be provided to the LIP for initial privileges, renewal of privileges, or if new privileges are granted intermittently. The copy of the privileges must include the expiration date of the granted privileges so that the LIP is aware of the timeframe of the approval.*

q. **VA Medical Facility Licensed Independent LIP –With Active Privileges.** The VA medical facility LIP who is clinically active and privileged is responsible for:

(1) Submitting a complete credentialing application within VetPro including licensure, registration, certification, or other relevant credentials, for verification at the time of requesting initial privileges or at the time of re-privileging.

(2) Submitting a completed privileging application at time of initial appointment or re-privileging outlining clinical care duties that the LIP is expected to perform at the VA medical facility and for which the LIP has the training, expertise and demonstrated competency to safely provide.

(3) Submitting a request for modification of clinical privileges when appropriate or necessary for the LIP to provide specific patient care. **NOTE:** *Requests for additional privileges must be accompanied by the appropriate documentation to support the LIP's assertion of competency, e.g., advanced educational or clinical practice program, clinical practice information from other institution(s), or professional references.*

(4) Submitting a Declaration of Health form attesting that they have no mental or physical reason which may impact the ability to safely and competently perform the privileges requested.

(5) Maintaining credentials as required by their occupation specific qualification standards, including licensure, registration, or certification in good standing, to support the requested and granted privileges. **NOTE:** *Failure to do so may result in an adverse action including immediate termination.*

(6) Participating in FPPE and OPPE monitoring as outlined in this directive.

(7) Performing only clinical duties that have been approved through the privileging process at the VA medical facility.

(8) Submitting a completed privileging application no less than two months prior to the expiration of existing privileges.

(9) Informing the LIP's service chief, or designee, in writing of any action that would adversely effect, or otherwise limit, the LIP's clinical privileges or appointment at the earliest date after notification is received by the LIP, but no later than 15 calendar days after receipt of notification. This includes not only final actions, but also pending and proposed actions such as actions taken by state licensing boards.

(10) Obtaining and producing all needed information for a proper evaluation of professional competence, character, ethics, and other qualifications to support privileges requested. The information must be complete and verifiable. The applicant has the responsibility for furnishing information that will help resolve any questions concerning these qualifications. Failure to keep VA fully informed on these matters may result in administrative or disciplinary action.

6. PRIVILEGING

a. Provisions.

(1) Privileges must be to both an individual VA medical facility and an individual LIP.

(2) Only privileges for care and services that are expected to be provided by the VA medical facility may be granted to a LIP.

(3) Only LIPs who are permitted by their State license and the VA medical facility to practice independently may be granted clinical privileges. **NOTE:** 38 C.F.R. § 17.415 permits an exception for most Advance Practice Registered Nurses (APRNs) of this requirement. VHA appointed APRNs must be privileged in accordance with the 38 C.F.R. § 17.415 and VHA Directive 1350 Advance Practice Registered Nurse Full Practice Authority, dated September 13, 2017.

(4) Privileges are only granted to LIPs who have the knowledge, training, and experience to perform the care without supervision.

(5) Health professions trainees may only be privileged in limited circumstances as outlined within VHA Directive 1400.01, Supervision of Physician, Dental, Optometry, Chiropractic, and Podiatry Residents.

b. **Review of Clinical Privileges Held at Another Institution.** The VA medical facility Credentialing and Privileging Specialist at the VA medical facility at which the LIP is applying for initial privileges must obtain a copy of privileges held at the time of application at another health care organization, if applicable. This information, in conjunction with relevant work history verification, is used to assess current clinical competency and evidence of physical ability to perform the care and services for which privileges are requested. **NOTE:** *If a healthcare facility fails to respond to request for*

copy of privileges, the provider must be asked to provide a copy of all active privileges held at the time of application as a secondary source.

c. **Procedures.** Privileges are granted according to the procedures in this directive, which must be reflected in the VA medical facility Medical Staff Bylaws, Rules, and Regulations. **NOTE:** *Additional information can be found at the following website, <https://vaww.qps.med.va.gov/divisions/qm/msa/Privileging/msaMSPReferences.aspx>. This is an internal VA website that is not available to the public.*

d. **Time Period of Privileges.** Clinical privileges are granted for a period not to exceed 3 years.

e. **Service Specific Privileges.** Each LIP must be assigned to, and have clinical privileges in, at least one clinical service. This does not prevent the LIP from having privileges in other clinical services at the VA medical facility. For example, a physician may have privileges in neurology and psychiatry, if appropriate. The exercise of clinical privileges within any service is subject to the clinical oversight and the authority of that service chief.

f. **Intent of Privileging Process.** The intent of the privileging process is to ensure that LIP have privileges that define their approved clinical duties, and that those privileges are based on current competence within the scope of the mission of the VA medical facility, and other relevant privileging criteria defined within the Medical Staff Bylaws. The granting of the privileges must be made in accordance with the Medical Staff Bylaws and this directive.

g. **Competency Determination for Privileging.** Documentation of clinical activity (i.e., evidence that a LIP has performed a procedure) is only one component to be considered when recommending approval of a requested privilege(s). The key consideration is whether the LIP has not had unexpected variance or quality of care concerns related to their clinical practice. **NOTE:** *The SOP for the requesting and granting of clinical privileges can be found at the following website, <https://vaww.qps.med.va.gov/divisions/qm/msa/Credentialing/msaCRPolicy.aspx>. This is an internal VA website that is not available to the public.*

h. **Temporary Privileges for Important Patient Care Needs.** In the event of important patient care needs, temporary privileges for health care professionals may be granted by the VA medical facility Director. Temporary privileges may be granted at the time of a temporary appointment with the completion of the appropriate credentialing. Such privileges must be based on documentation of a current State license, a reference from a peer who can attest to the current clinical competence of the LIP, and a NPDB report which is clear of licensure actions and has no malpractice history triggering a review of a Chief Medical Officer. The recommendation for temporary privileges must be made by the COS and approved by the VA medical facility Director. Temporary privileges may not be granted for more than 60 calendar days. If an individual is working longer than 60 days, a transition to non-temporary privileges must be completed prior to the end of the 60 days.

i. **Disaster Privileges.** Disaster privileges are Temporary Privileges granted when the VA medical facility has a process for granting disaster privileges in the Medical Staff Bylaws and the facility emergency management plan. Disaster privileges may only be granted when the emergency management plan has been activated and the VA medical facility is unable to handle the immediate patient needs. Disaster Privileges are granted following the Temporary Privileging process and are recorded as Temporary Privileges.

j. **Privileging for VA Medical Facility Leadership Positions.** LIPs in VA medical facility leadership positions may be granted privileges. Processes and procedures set forth in this directive apply. The VA medical facility Director or COS request for privileges must be reviewed and a recommendation made by the relevant service chief responsible for the particular specialty area in which the privileges are requested. When the COS is being considered for privileging, the COS must be absent from the ECMS deliberations, with an acting Chairman of ECMS who must be a member of the ECMS.

k. **Privileging by Proxy.** Privileged LIPs may provide services under the privileges granted at one VHA medical facility to another VHA medical facility via telemedicine modalities in accordance with VHA Directive 1914, Telehealth Clinical Resource Sharing Between VA Facilities and Telehealth from Approved Alternative Worksites. Privileging by Proxy is the process by which one VA medical facility accepts the decisions of another VA medical facility regarding granting or maintaining the clinical privileges of a LIP for purposes of receiving the clinical services of the LIP via telemedicine modalities. ***NOTE: Privileging by Proxy may only be utilized for provision of telemedicine services. LIPs must be privileged at every VA medical facility where they are providing direct patient care through physical patient interaction. Teleradiology is excluded from VHA Directive 1914. Teleradiology privileges may be granted through Privileging by Proxy as long as a Teleradiology MOU between the distant site and all originating sites is in place. The National Teleradiology Program, through Directive 1084, VHA National Teleradiology Program, dated April 9, 2020 has established privileging by proxy for NTP teleradiologists through its host site, Palo Alto VA Medical Center.***

l. **Addition of Privileges.** Additional privileges may be requested at any time by a privileged LIP. The LIP must submit the request for the additional privileges in writing and must submit a new response to supplemental questions in their VetPro file, update their credentialing file with information supporting their request for additional privileges (e.g., relevant training), and attest to the accuracy of the credentials in their VetPro file to be reviewed in the privileging process. Additional privileges will be granted with an expiration date equal to the expiration date of the existing privileges. ***NOTE: The additional request may be done as an amendment to existing privileges but must have the signature of the provider, service chief, ECMS chairman, and VA medical facility Director with dated signatures. The signed amendment must be attached to the existing privilege form.***

7. PRIVILEGING OVERSIGHT

a. **Focused Professional Practice Evaluation.**

NOTE: FPPE must be completed in accordance with the guidance found at the following website:

<https://vaww.qps.med.va.gov/divisions/qm/msa/Credentialing/msaCRPolicy.aspx>. This is an internal VA website that is not available to public. Though not privileged, these provisions apply to physician assistants, non-privileged contract advance practice nurses and clinical pharmacist practitioners on Scopes of Practice.

(1) FPPE is not a restriction or limitation on the LIP to independently practice, but rather an oversight process to be employed by the VA medical facility when a LIP does not have documented evidence of competent performance for requested privileges. It is a process whereby the VA medical facility evaluates the privilege-specific competence of the LIP who does not have documented evidence of competently performing the requested privileges at the VA medical facility.

(2) A FPPE covers a defined period of performance defined by either time period or completion of a volume of cases, during which the clinical service chief evaluates and determines the LIP's professional performance. Because the same FPPE plan must be utilized consistently and objectively for all privileged LIPs of the same specialty, even if they are low volume LIPs, attempts must be made to obtain enough workload to complete the FPPE for low volume LIPs. For example, a VA medical facility may consider scheduling the LIP for additional days or clinics for FPPE completion. The FPPE occurs at the time of initial appointment to the medical staff, or the granting of additional privileges.

(3) The FPPE process is to be defined in advance, using objective criteria accepted by the LIP, recommended by the service chief and ECMS as part of the privileging process, and approved by the VA medical facility Director. The process may include, but is not limited to, periodic chart review, direct observation, monitoring of diagnostic and treatment techniques, or discussion with other individuals involved in the care of patients. **NOTE:** Failure of a LIP to accept the criteria for the FPPE will result in new privileges not being granted or additional actions taken as appropriate for currently privileged LIPs. FPPE and OPPE criteria mandated by national specialty offices must be incorporated into the specialty specific forms by the clinical service chief. Nationally mandated specialty criteria can be found at <https://vaww.qps.med.va.gov/divisions/qm/msa/msaOPPEFPPE.aspx>. This is an internal VA website that is not available to the public.

(4) Simulation is an acceptable method of monitoring for FPPE purposes. Monitoring and competency review must be performed by a specialist who is an expert in the procedure. This specialist may be an employee of an equipment vendor; however, in this situation, the VA medical facility must obtain the specialist's credentials to ensure that they have appropriate licensure, clinical training, experience, and competency to complete the assessment of clinical competence. The VA medical facility must also use due diligence to limit the risk of the vendor specialist's conflict of interest due to pressure of sale or contract of related equipment.

(5) Results of the FPPE, including documentation of communication of the results by the clinical service chief, must be documented in the health care professional's

Practitioner Profile and reported to the ECMS for consideration in making the recommendation on privileges to the VA medical facility Director.

(6) Another LIP at the same VA medical facility who has equivalent specialized training and holds similar privileges must complete the FPPE review process except in following circumstances:

(a) The LIP is a solo LIP (i.e., the only individual at the VA medical facility who performs the privileges that have been granted).

(b) The LIP is part of a service or specialty with only two individuals, such that, without this outside review, they would be examining one another's clinical performance.

(7) In these circumstances, a LIP from another VA medical facility with the same specialized training and similar privileges shall complete the evaluation and return the evaluation to the respective clinical service chief who supervises the privileged LIP.

NOTE: *If the review is for a clinical service chief, the results of the review shall be returned directly to the COS. Furthermore, if the review is for the COS, results should be returned to a pre-designated/applicable clinical service chief at the respective facility.*

b. Ongoing Professional Practice Evaluation.

NOTE: *OPPE must be completed in accordance with <https://vaww.qps.med.va.gov/divisions/qm/msa/Credentialing/msaCRPolicy.aspx>. This is an internal VA website that is not available to public. Though not privileged, these provisions apply to physician assistants, non-privileged contract advance practice nurses and clinical pharmacist practitioners on Scopes of Practice.*

(1) The OPPE is essential to confirm the quality of care delivered. This allows the VA medical facility to identify professional practice trends that impact the quality of care and patient safety. Such identification may require intervention by the clinical service chief, ECMS, COS and ultimately the VA medical facility Director to ensure patient safety.

(2) OPPE criteria which will be monitored must be specialty and service specific. The OPPE forms and criteria are presented to the ECMS by the clinical service chief for concurrence on an annual basis. **NOTE:** *OPPE forms mandated by national program offices must be utilized.*

(3) The OPPE review is to be completed for every privileged LIP, physician assistant, clinical pharmacist practitioners and APRN in cycles defined in SOPs found at: <https://vaww.qps.med.va.gov/divisions/qm/msa/Credentialing/msaCRPolicy.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.* The results of an OPPE with no findings of clinical performance concern will be shared with the LIP at completion of each cycle. Results may be shared verbally or electronically but must have documented evidence of the communication (e.g., report of contact, confirmation of a read email, signature on the form). If a clinical performance concern is identified, the clinical service chief must have a verbal discussion with the LIP to review the

findings, action being taken including but not limited to a summary suspension or an investigation without a summary suspension.

(4) The OPPE process is to be defined in advance including the benchmark to be utilized as the minimum acceptable compliance rate, recommended by the VA medical facility Service Chief and ECMS as part of the privileging process, and approved by the VA medical facility Director. The process may include, but is not limited to, periodic chart review, direct observation, monitoring of diagnostic and treatment techniques, or discussion with other individuals involved in the care of patients. *Note: OPPE criteria mandated by national specialty offices must be incorporated into the specialty specific forms by the clinical service chief.*

(5) The results of the OPPEs completed during a LIP's privileging cycle are to be considered at the time of re-privileging by the clinical service chief and the ECMS. Each LIP's Practitioner Profile is to be presented to the VA medical facility Director at the time requested privileges are presented for supporting documentation.

(6) Another LIP at the same VA medical facility who has equivalent specialized training and holds similar privileges must complete the OPPE review process except in following circumstances:

(a) The LIP is a solo LIP (i.e., the only individual at the VA medical facility who performs the privileges that have been granted).

(b) The LIP is part of a service or specialty with only two individuals, such that, without this outside review, they would be examining one another's clinical performance.

(7) In these circumstances, a LIP from another VHA facility with the same specialized training and similar privileges shall complete the evaluation and return the evaluation to the respective clinical service chief who supervises the privileged LIP. **NOTE:** *If the review is for a clinical service chief, the results of the review shall be returned directly to the COS. Furthermore, if the review is for the COS, results should be returned to a pre-designated/applicable clinical service chief at the respective facility.*

(8) The OPPE monitoring plan described in this notice is only one of many methods of monitoring a LIP's clinical performance. Any findings of failure to meet expected benchmarks for successful clinical performance during the OPPE review may trigger a clinical performance concern resulting in further review and potential privileging actions.

c. Low-Volume Privileged LIPs:

(1) If the VA medical facility cannot close the FPPE or OPPE due to low volume, but a good faith effort can be demonstrated to show an attempt to complete the examination during the period of monitoring, the VA medical facility may obtain performance information (related to privileges that have not been fully monitored) from another VA medical facility, a Department of Defense facility, or a Centers for Medicare & Medicaid

certified facility. When obtaining information from external facilities, the following must occur:

(2) The VA medical facility must submit a low volume notice to the LIP and that form must be completed and returned. **NOTE:** *The template for the low volume notice can be found on*

<https://vaww.qps.med.va.gov/divisions/qm/msa/Privileging/msaMSPReferences.aspx>.

This is an internal VA website that is not available to public.

(3) If the LIP returns the form, the VA medical facility will send the low volume letter to the facility or facilities identified by the LIP. The letter must be accompanied by the most recent signed Release of Information document, which is available in VetPro or subsequent VA electronic credentialing system. **NOTE:** *The template for the low volume notice can be found on*

<https://vaww.qps.med.va.gov/divisions/qm/msa/Privileging/msaMSPReferences.aspx>.

This is an internal VA website that is not available to public.

(4) The information is requested directly from the facility by the credentialing and privileging specialist on behalf of the VA medical facility. The LIP may not submit their own clinical competency statistics and supporting information for either FPPE or OPPE. **NOTE:** *The external facility, other than VA, is under no obligation to share the requested information. If information cannot be obtained by an external source, the VA medical facility must arrange for the FPPE or OPPE monitoring to be continued on site or the decision is to be made that the privileges held by the LIP are no longer needed due to low volume and demand. An administrative modification of privileges may be warranted in this case if there are no clinical care concerns identified.*

d. **Monitoring of Telemedicine LIPs Providing Care Through Privileging by Proxy.** LIPs who are providing patient care through the privileging by proxy process must be monitored in accordance with VHA Directive 1914, Telehealth Clinical Resource Sharing Between VA Facilities and Telehealth from Approved Alternative Worksites.

e. **Administrative Modification of Privileges.**

NOTE: *Administrative modification of privileges must be completed in accordance with*

<https://vaww.qps.med.va.gov/divisions/qm/msa/Privileging/msaMSPReferences.aspx>.

This is an internal VA website that is not available to public.

(1) The privileges granted to a LIP must reflect the clinical duties that the individual is expected to perform. Administrative circumstances may arise in which the individual will no longer be expected to perform the privileged duties. Examples include a change of position (i.e., shift to a primarily administrative position such as VA medical facility COS or Service Chief), lack of resources at the VA medical facility to continue supporting the procedure or treatment (i.e., equipment, ancillary support, etc.), closure of the associated program, low volume of the procedure, or an expectation that the individual will not or is not expected to perform the procedure in the foreseeable future.

When administrative circumstances warrant a change in privileges to reflect the LIP's current assignment, an administrative reduction of privileges must be pursued.

(2) At the time of the administrative modification of privileges, the LIP must receive written notice of the change from the VA medical facility Director which includes that the action is:

(a) Administrative in nature to ensure active privileges reflect current clinical duties;

(b) Not an adverse privileging action or disciplinary action;

(c) Will not impact appointment or pay status;

(d) Is not due to concern regarding the LIP's clinical ability to perform the privilege(s);

(e) Is not reportable to the National Practitioner Data Bank (NPDB) or State Licensing Board (SLB); and

(f) Is not reportable in future privileging applications.

NOTE: For more information about the NPDB, see VHA Handbook 1100.17, *National Practitioner Data Bank (NPDB) Reports, dated December 28, 2009*, and for more information about SLBs, see VHA Handbook 1100.18, *Reporting and Responding to State Licensing Boards*.

(3) If the change in privileges will result in an adverse action, such as reduction in basic pay or reduction in grade, seek counsel with the VA medical facility Senior Strategic Business Partner before taking further action. Administrative modification of privileges must never be used in lieu of adverse privileging procedures when a clinical care concern has been identified. District Counsel should be consulted for questions related to legal implications and processes. **NOTE:** For additional information, see VA Directive 5021, *Employee/Management Relations*. For more information on adverse privileging actions, see paragraph 7.i.

(4) An administrative modification of privileges should be taken when the change occurs and should not wait until the next re-privileging cycle. The LIP does not need to be recredentialed for this action to occur.

NOTE: Visit the following website for the process on administrative modification of privileges,
<https://vaww.qps.med.va.gov/divisions/qm/msa/Privileging/msaMSPReferences.aspx>.
This is an internal VA website that is not available to the public.

f. **Rec credentialing and Re-privileging.**

(1) **Rec credentialing.** Rec credentialing of the LIP to support for the granting of clinical privileges must be conducted at the time of re-privileging, but prior to the expiration of the LIP's current privileges.

NOTE: For more information on the process for credentialing, see <https://vaww.qps.med.va.gov/divisions/qm/msa/Credentialing/msaCRPolicy.aspx>. This is an internal VA website that is not available to the public.

(2) Re-privileging.

(a) Re-privileging must be conducted at least every 3 years, but prior to the expiration of the LIP's current privileges.

(b) Re-privileging must be processed in the same manner as initial privileges. LIPs should request privileges at least 4 months prior to the expiration date of current privileges. **NOTE:** It is suggested that VA medical facilities allow a minimum of 4 months to process privilege requests. LIPs, who do not submit required paperwork within the timeframe requested, must be addressed by the appropriate supervisor(s) and administrative action taken if necessary. This ensures privileging applications are processed timely, privileges don't lapse, and patient care is not impacted due to the LIP's failure to respond timely.

(c) VA medical facilities must have in place internal controls that:

1. Allow for the rapid identification of all LIPs delivering care at the VA medical facility.

2. Confirm that each LIP is appropriately credentialed and privileged.

3. Validate that all LIPs at the VA medical facility are credentialed and privileged prior to onboarding and provision of patient care.

4. Show that exiting LIPs have had their privileges and credentialing files inactivated.

5. Provide to service chiefs a medical staff roster from the National Credentialing and Privileging program office on a quarterly basis to validate and certify for accuracy.

g. Focused Clinical Care Review. The FCCR is an objective retrospective focused clinical care review (commonly referred to as a look-back) that is an objective, fact-finding process.

(1) A FCCR is triggered when a clinical performance concern has been triggered such as, but not limited to, not meeting FPPE or OPPE criteria for success, Level 3 peer review findings, concerns raised by treatment team members, sentinel events, or an unexpected patient care outcome.

(2) A FCCR is initiated by the COS when a clinical performance concern is brought to their attention by the respective clinical service chief.

(3) There may be some fact-finding prior to the initiation of the FCCR to confirm that there is enough significant concern for a LIP's clinical practice that a FCCR is warranted.

(4) A FCCR is typically completed through a retrospective file review but may also be completed through direct observation, interviews of treatment team members and patients, or simulations. The COS will determine the best method of completion of the review on a case-by-case basis.

(5) Results from the FCCR must be reviewed by the ECMS with a recommendation to the VA medical facility Director to take one of three actions:

- (a) No further action, clinical care concern was not substantiated;
- (b) Perform a FPPE for Cause providing the LIP an opportunity to improve; or
- (c) Move forward with a privileging action.

NOTE: *The recommended process for completing a FCCR can be found at <https://vaww.qps.med.va.gov/divisions/qm/msa/AdverseActions/aaLanding.aspx>. This is an internal VA website that is not available to the public.*

h. FPPE for Cause.

(1) An FPPE for Cause is to be initiated by the clinical service chief or COS if appropriate, when a FCCR indicates a substantiated clinical care concern, but the level of concern does not warrant an immediate privileging action (as voted upon by the ECMS). An FPPE for Cause is developed as an opportunity to improve period in which a structured monitoring program with defined benchmarks are identified and put into place for a recommended 90-day period. The FPPE for Cause must be in writing utilizing the FPPE for Cause template found at: <https://vaww.qps.med.va.gov/divisions/qm/msa/AdverseActions/aaLanding.aspx> and signed by the clinical service chief or COS, and the LIP. **NOTE:** *The COS should only sign if it is the clinical service chief placed on the FPPE for Cause. This is an internal VA website that is not available to the public. The LIP must be given a copy of the FPPE for Cause, and a copy must be maintained in the Practitioner's Profile.*

(2) The FPPE for Cause must outline:

- (a) The concerns identified in the FCCR;
- (b) Monitoring processes for each identified concern during the FPPE for Cause;
- (c) Benchmarks for success for each identified concern;
- (d) The time period for the FPPE for Cause;
- (e) The frequency of meetings and feedback between the supervisor and the LIP and
- (f) Possible ramifications if the LIP is unsuccessful at meeting the benchmarks.

(3) If the LIP refuses to sign the FPPE for Cause, the clinical service chief or COS must consult with the VA medical facility Senior Strategic Business Partner who may collaborate with their partnering District Counsel attorney.

(4) If the LIP fails to meet the standards required by the FPPE for Cause, the FPPE for Cause may be terminated by the supervisor at any time and the LIP placed on a summary suspension to ensure patient safety. **NOTE:** For more information on summary suspension, see paragraph 7.k.

i. **Adverse Privileging Actions.**

(1) The required procedures related to the Adverse Privileging Action process can be found at the following

<https://vaww.qps.med.va.gov/divisions/qm/msa/AdverseActions/aaLanding.aspx> and <https://vaww.qps.med.va.gov/divisions/qm/msa/Credentialing/msaCRPolicy.aspx>.

NOTE: These are an internal VA websites that are not available to the public.

(2) Management officials including but not limited to clinical service chiefs, Senior Strategic Business Partner, VISN and VA medical facility HR positions, VA medical facility COS and Director are prohibited from taking or recommending personnel actions such as resignation, retirement, or reassignment in return for an agreement not to initiate procedures to reduce or revoke clinical privileges where such action is indicated. In addition, reporting of adverse privileging actions to the National Practitioner Data Bank (NPDB) (including the submission of copies to State Licensing Boards) may not be the subject of negotiation in any settlement agreement, employee action, legal proceedings, or any other negotiated settlement. Such agreements or negotiations are not binding on VA and may form the basis for administrative or disciplinary action against the management official entering into such agreement or negotiated settlement.

(3) A reduction or revocation of privileges may not be used as a substitute for disciplinary or adverse personnel action.

(4) Health professions trainees functioning within the scope of their training program are not subject to adverse privileging actions as defined in this policy because they are not privileged, and they are fully supervised by a privileged LIP.

(5) Any situation that results in a LIP being proctored, where the proctor is assigned to do more than just observe, but rather exercise control or impart knowledge, skill, or attitudes to another LIP may constitute supervision. If this occurs after initial privileges have been granted, it may be considered a restriction of the LIP's privileges, and as such, subject to all due process requirements associated with a reduction in privileges action, and reportable to the NPDB if proctorship lasts longer than 30 days from the date the privileges are reduced or placed in a proctored status. A Fair Hearing opportunity shall be afforded to the LIP in accordance with VHA Handbook 1100.17, National Practitioner Data Bank Reporting.

j. **Reduction and Revocation of Privileges.**

(1) A reduction of privileges may include restricting or prohibiting a LIP's performance of selected specific procedures, including prescribing and dispensing controlled substances. Revocation of privileges refers to the permanent loss of all clinical privileges.

(2) If it becomes necessary to formally reduce or revoke clinical privileges based on deficiencies in professional performance, the process outlined on the following website must be followed:

<https://vaww.qps.med.va.gov/divisions/qm/msa/Credentialing/msaCRPolicy.aspx>.

NOTE: *This is an internal VA website that is not available to the public.*

(3) The procedures for reduction and revocation of clinical privileges apply to all LIPs.

(a) A physician or dentist who surrenders clinical privileges, resigns or retires during an investigation relating to possible professional incompetence or improper professional conduct must be reported to the NPDB in accordance with VA regulations 38 C.F.R. Part 46 and VHA Handbook 1100.17 National Practitioner Data Bank (NPDB) Reports. This includes the failure of a LIP to request renewal of privileges while under investigation for professional incompetence or improper professional conduct.

(4) Due process under these circumstances is limited to a hearing to determine whether the physician or dentist's surrender of clinical privileges through resignation, retirement, the failure to request privileges during re-privileging, or similar circumstance, occurred during such an investigation. If the LIP does not request this limited hearing, the LIP waives the right to further due process for the NPDB report. **NOTE:** *Specific procedures on the hearing process can be found at:*

<https://vaww.qps.med.va.gov/divisions/qm/msa/Credentialing/msaCRPolicy.aspx>. *This is an internal VA website that is not available to the public.*

k. **Summary Suspension of Privileges.** Clinical privileges may be summarily suspended when the failure to take such action may result in an imminent danger to the health of any individual. A summary suspension must be invoked by the VA medical facility Director immediately, through written notification to the LIP if a decision is made to remove a privileged LIP from any aspect of patient care due to concerns of substandard care, professional incompetence, or professional misconduct. A summary suspension does not need to include all privileges. A summary suspension may be a suspension of one or more privileges depending upon the specific clinical care concern. For example, a surgeon with clinical performance concerns related to interoperative procedures may have the related invasive privileges summarily suspended while maintaining privileges needed to continue seeing patients in the outpatient setting.

(1) Initiation of a summary suspension triggers the obligation to conduct a FCCR of the LIP's practice. The summary suspension should continue for as long as the continuation of privileges is determined to create imminent danger to the health of any individual and until completion of the FCCR and completion of privileging action, if applicable.

(2) Notice of Summary Suspension should be reissued every thirty days as needed to notify the LIP they remain under investigation and summary suspension.

(3) The required template for notification of summary suspension is located on the VHA Credentialing and Privileging Office intranet site,

<https://vaww.qps.med.va.gov/divisions/qm/msa/Credentialing/msaCRPolicy.aspx>.

NOTE: This is an internal VA website that is not available to the public.

(4) Additional information on the summary suspension and hearing process may be found on the VHA Credentialing and Privileging Office website:

<https://vaww.qps.med.va.gov/divisions/qm/msa/Credentialing/msaCRPolicy.aspx>

NOTE: This is an internal VA website that is not available to the public.

I. Administrative Denial of Privileges Pending the Outcome of an Investigation.

(1) Administrative denial of privileges pending the outcome of an investigation must be utilized when the LIP's clinical privileges are pending renewal and due to expire during summary suspension or due process procedures for reduction or revocation of privileges. This administrative denial continues until a final decision is made to grant or deny the requested privileges. A final decision of denial is considered an adverse action and is treated the same as a revocation of privileges.

(2) A LIP's privileges may not be permitted to expire while under investigation or summary suspension without the LIP submitting a request for renewal of clinical privileges and having an Administrative Denial of Privileges Pending the Outcome of an Investigation in place prior to the expiration of the privileges. Failure to request a privilege that was previously held at the time of repriviling is considered a voluntary relinquishment of privileges, which may be a reportable event to the NPDB.

NOTE: Additional information on the Administrative Denial Pending the Outcome of an Investigation process may be found on the VHA Credentialing and Privileging Office websites:

<https://vaww.qps.med.va.gov/divisions/qm/msa/Credentialing/msaCRPolicy.aspx> and <https://vaww.qps.med.va.gov/divisions/qm/msa/AdverseActions/aaLanding.aspx>. These are an internal VA websites that are not available to the public.

m. **Automatic Suspension of Privileges.** Any time a LIP is removed from patient care or will not be performing care for an extended period of time (i.e., generally for more than two pay periods) for reasons other than substandard care, professional misconduct or professional incompetence, the VA medical facility Director may consider automatically suspending privileges for administrative reasons. The process for automatic suspension of privileges must be defined in the Medical Staff Bylaws. Automatic suspensions are only to be applied due to non-clinical performance related reasons. Automatic suspensions are not considered adverse or an investigation. **NOTE:** Examples of this circumstance include but are not limited to a LIP who is on extended leave due to chronic illness or injury, a LIP who is suspended by Human Resources for conduct reasons, or a LIP who is on an extended sabbatical.

n. **Investigation Without a Summary Suspension.** When a clinical performance concern has been triggered, a FCCR must be initiated to confirm the extent of the concern and whether the concern is justified. If there is not a concern of imminent danger for patients and removal from patient care is not warranted based upon the available evidence, the LIP must be provided notification that they are being placed under Investigation Without a Summary Suspension. If evidence is gathered during the FCCR that the LIP's continued performance of clinical care presents is imminent danger to individuals, the LIP should be placed on a Summary Suspension. **NOTE:** *If a LIP placed on summary suspension refuses to sign the summary suspension notification, the VA medical facility Senior Strategic Business Partner should be consulted by the VA medical facility Service Chief.*

NOTE: *Additional information on Investigations Without a Summary Suspension, including the templated letter, may be found on the VHA Credentialing and Privileging Office website:*

<https://vaww.qps.med.va.gov/divisions/qm/msa/Credentialing/msaCRPolicy.aspx>. This is an internal VA website that is not available to the public.

o. **Procedures Applicable to Administrative Heads.** Procedures to reduce and revoke clinical privileges identified within this directive are applicable to VA medical facility Director and COS, and the VISN Director and CMO.

8. PRIVILEGING ACTIONS REPORTABLE TO THE NATIONAL PRACTITIONER DATA BANK

a. Refer to VHA Handbook 1100.17, National Practitioner Data Bank (NPDB) Reports, for more detailed information on privileging actions reportable to the NPDB.

b. A denial of initial privileges is not reportable to the NPDB regardless of the reason for the denial. This denial of initial clinical privileges does not carry with it any right to due process.

9. LAPSE OF PRIVILEGES

Internal controls must be in place to prevent lapses resulting from administrative oversight in privileges including the use of internal monitoring reports in VetPro. No privileged LIP should have a lapse in privileges or perform direct patient care without having approved facility specific privileges. If a lapse in privileges is identified, follow the SOP on the VHA Credentialing and Privileging Office intranet site:

<https://vaww.qps.med.va.gov/divisions/qm/msa/Credentialing/msaCRPolicy.aspx>.

NOTE: *This is an internal VA website that is not available to the public.*

10. PRACTITIONER PROFILE

Clinical service chiefs must maintain a Practitioner Profile for each privileged LIP within their service. The Practitioner Profile must contain documentation related to FPPE, OPPE, FPPE for Cause, and FCCRs. The Practitioner Profile is maintained in accordance with the Privacy Act of 1974 System of Record Notice 77VA10A4 (Health

Care Provider Credentialing and Privileging Records-VA). LIP-specific reviews and findings obtained under the protection of 38 U.S.C. § 5705 are not to be utilized for FPPE or OPPE under any circumstances. If a protected reviews trigger a clinical performance concern, the involved cases must be re-reviewed by another LIP of the same specialty as rediscovery and utilized as part of the focused management review and may be utilized in the future as evidence for a privileging action, adverse personnel action, and state licensure board reporting.

11. TRAINING

Resources to assist VA medical facilities with credentialing and privileging related training can be found at the VHA Credentialing and Privileging Office intranet website located at:

<https://vaww.qps.med.va.gov/divisions/qm/msa/Credentialing/msaCRPolicy.aspx>.

NOTE: *This is an internal VA Web site and it is not available to the public.* This website contains information about the recommended and mandatory training requirements.

12. RECORDS MANAGEMENT

All records in any medium (paper, electronic, electronic systems) created in response to this directive must be managed as required by the National Archives and Records Administration (NARA) approved records schedules found in VHA Records Control Schedule 10-1, specifically 77VA10E2E System of Records Notice, Health Care Practitioner Credentialing and Privileging Records - VA. Questions regarding any aspect of records management should be referred to the appropriate Records Manager or Records Liaison.

13. REFERENCES

- a. 38 U.S.C. § 5705.
- b. 38 U.S.C. § 7301(b).
- c. 38 C.F.R. § 17.415
- d. 38 C.F.R. Part 46.
- e. VA Handbook 5005/113, Part II, Appendix G2, Physician Qualifications Standard.
- f. VA Directive 5021, Employee/Management Relations, Appendix A, Section A, Paragraph 3i and j.).
- g. VHA Directive 1084, VHA National Teleradiology Program, dated April 9, 2020.
- h. VHA Handbook 1100.17, National Practitioner Data Bank (NPDB) Reports, dated December 28, 2009.
- i. VHA Directive 1100.18, Reporting and Responding to State Licensing Boards, dated January 28, 2021.

j. VHA Directive 1100.20, Credentialing of Health Care Providers, dated September 15, 2021.

k. VHA Directive 1350 Advance Practice Registered Nurse Full Practice Authority, dated September 13, 2017.

l. VHA Directive 1400.01, Supervision of Physician, Dental, Optometry, Chiropractic, and Podiatry Residents, dated November 7, 2019.

m. VHA Directive 1914, Telehealth Clinical Resource Sharing Between VA Facilities and Telehealth from Approved Alternative Worksites, dated April 27, 2020.

n. VHA Directive 1915, Enterprise Clinical Resource Sharing Through Telehealth From Nationally Designated Telehealth Hubs, dated January 5, 2023.

o. VHA Office of Quality and Patient Safety, VHA Credentialing and Privileging Office (C&P) Intranet page:
<https://vaww.qps.med.va.gov/divisions/qm/msa/msaDefault.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*