



Spring 2015 Education Forum

The Spring 2015 Education Forum will take place in Gaithersburg, MD, on April 7. Registration is due by March 20. The forum will provide extensive technical training on reporting, querying, research applications, the new Guidebook, and system updates, and give National Practitioner Data Bank (NPDB) stakeholders the opportunity to learn more about the NPDB and provide their feedback. Prior to attending the Education Forum, prospective attendees are encouraged to view our customer support videos as they become available. The videos and registration information are available at the following Web address:

http://www.npdb.hrsa.gov/community_n_education/2015EducationForum.jsp.

State Boards Must Report Summary Suspensions



Did you know that state licensing board actions do not have to be final to be reported to the NPDB? The actions reported must be as a result of formal proceedings, but not necessarily final actions. **Summary suspensions** in particular must be reported to the NPDB even though they are not final actions. In addition, NPDB regulations require the reporting of negative actions or findings by a state licensing or certification authority that, under state law, are publicly available information.

What are summary or emergency suspensions?

Generally, the summary or emergency suspension of a license is imposed to protect the public from an incompetent or impaired practitioner. The summary or emergency suspension is often an action taken by the board prior to the completion of an investigation. However, once the licensing board makes a final determination, a revision-to-action report must be submitted. Another example of a summary or emergency suspension is when a practitioner agrees to refrain from practice pending the completion of a board investigation, which would be reported to the NPDB as a voluntary limitation or restriction to practice. Actions that result from formal proceedings are reportable even though the actions have not been finalized by the board. It is important to remember that a formal proceeding is one conducted by a state licensing or certification authority that maintains defined rules, policies, or procedures for such a proceeding. The definition of formal proceedings is written broadly to include formal hearings, as well as other processes that follow defined rules, policies, or procedures.

Reporting Clinical Privileges Actions

When determining whether a clinical privileges action is reportable, ask yourself the following question: is the action **administrative**, or does it involve a **professional review**? The NPDB Final Regulations define clinical privileges as “the authorization by a health care entity to a health care practitioner for the provision of health care services, including privileges and membership on the medical staff.” This article will explain who and what should be reported as a clinical privileges action.



What is reportable?

Clinical privileges actions are reportable if the actions were taken as a result of a professional review -- based on a practitioner’s professional competence or professional conduct that adversely affects, or could adversely affect, the health or welfare of a patient - **and** if the action affects a practitioner’s privileges for a period of more than 30 days. Administrative actions that do not involve a professional review action are not reportable.

The table below illustrates what makes clinical privileges reportable by using examples for each case.

		Not Reportable Actions (Administrative Actions)	Reportable Actions (Must involve a professional review action and affect privileges for more than 30 days)
Types of Clinical Privileges Actions	Denials or Restrictions	A hospital denies a physician’s application for surgical privileges because the physician is not board certified in the clinical specialty for which he or she applied.	A hospital denies a practitioner’s application for re-appointment to the medical staff based on a professional review action.
	Proctors	Based on assessment of professional competence, a proctor is assigned to supervise a physician or dentist for a period of more than 30 days, but the proctor does not grant approval before medical care is provided by the practitioner.	Based on assessment of professional competence, a proctor is assigned to a physician or dentist for a period of more than 30 days. The proctor must grant approval before the practitioner can perform certain medical procedures.
	Non-Renewals	A practitioner does not renew privileges for personal reasons. The practitioner is not under investigation.	A physician on staff at a hospital was under investigation for issues related to professional competence 4 weeks prior to the expiration of his clinical privileges. The physician failed to renew his clinical privileges.
	Suspension	A hospital automatically revoked a physician’s clinical privileges when the physician lost her license. The revocation is automatic with no professional review or due process involved.	A hospital suspended a physician’s clinical privileges for 45 days for failing to complete medical records. The hospital conducted a professional review of cases and determined this related to the physician’s professional competence and conduct.
	Summary Suspension (reportable) A hospital CEO summarily suspends a physician’s privileges for 35 days because the physician did not respond to an emergency department call. The decision is final when hospital committee reviews the action, making it a professional review action. Note: Summary Suspensions are different from other professional review actions because procedural rights occur after the suspension. Summary suspensions are reportable when they are in effect for more than 30 days.		

Who do you report?

Hospitals and other health care entities **must** report clinical privileges actions taken against physicians and dentists. Hospitals and other health care entities **may** report clinical privileges actions taken against other health care practitioners.

NPDB *Fast Fact*

May Self-Queries be used to satisfy a hospital's mandatory query requirements?

Answer: No. While practitioners may share the information contained in their own Self-Query responses with whomever they choose, such shared information does not satisfy a hospital's legal requirement to query the NPDB (<http://www.npdb.hrsa.gov/hcorg/aboutQuerying.jsp>).