

<p><b>This policy applies to:</b>  <b><i>Stanford Health Care</i></b>  <b><i>Stanford Medicine Children’s Health</i></b>  <b><i>Stanford Health Care – Tri- Valley</i></b></p>	<p><b>Last Approval Date:</b>  April 2025</p>
<p><b>Name of Policy:</b>  Medical Staff and Advanced Practice Professional (APP) Educational Requirements</p>	<p style="text-align: center;"><b>Page 1 of 3</b></p>
<p><b>Departments Affected:</b>  All Departments</p>	

**I. PURPOSE**

The purpose of this policy is to outline educational requirements for Medical Staff and non-employed Advance Practice Professionals (APP) who provide patient care within our facilities as required by the Joint Commission (JC), California (CA) Title 22, and Centers for Medicare and Medicaid Services. Any provider in a medical staff category that performs any level of patient care is required to complete educational attestation,

**II. DEFINITIONS**

CA Title 22 – California State Regulations

Health Stream – Online Educational Module

NPSG – National Patient Safety Goals

JC – The Joint Commission

Non-Employed Advanced Practice Professionals – Nurse Practitioner and Physician Assistants who are not employees of the hospital.

MSSD – Medical Staff Services Department

**III. POLICY STATEMENT**

Medical staff and non-employed advanced practice professionals (APP) are required to complete identified educational requirements upon initial appointment to the Medical Staff and annually, thereafter. The following categories are exempt from this requirement: Administrative, Affiliate, LPCH Staff, Office-Based, SHC Staff, Refer and Follow, Refer and Infuse, and Telehealth/Teleradiology. The educational elements are included on the Medical Staff Education Website. The Medical Staff President and/or Chief of Staff may add additional training modules deemed necessary.

**Education for New Providers – Click on the Link below to access education for new providers.**

[New Provider Education Requirements SHC/SMCH \(Link\)](#)

[Education for New Providers – SHC Tri-Valley \(Link\)](#)

**IV. Physician and APP Annual Educational Modules:** These educational courses are required annually by medical staff members and non-employed advance practice professionals.

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**Annual Education – Click on the Link below to access education module.**

[Annual Education SHC/SMCH \(Link\) \(SHC/SMCH\)](#)

[Annual Education – SHC Tri-Valley \(Link\)](#)

**V. TARGETED EDUCATION MODULES: These courses are required of only a portion of our medical staff, depending on the nature of their clinical activity.**

SHC Central Line Insertion Module – clinical – limited to members with privileges to insert central lines: 5 minutes.

SHC or SMCH Moderate Sedation Module – required for anyone who requests Sedation privileges at initial appointment or for the first time and every 2 years thereafter.

**VI. PROCEDURES**

- A. The MSSD Team member will assign the initial orientation module to all new applicants. Modules must be completed prior to granting of initial privileges.
- B. The MSSD Team member will maintain a copy of the education attestation.
- C. The MSSD will assign annual educational attestation to all medical staff and (non-employed) APP members each calendar year. Practitioners will have 90 days to complete the annual modules. Timelines may be extended as needed by medical staff leadership.
- D. A Practitioner who has not completed required educational attestation within the required timelines of the initial notice will have all clinical privileges suspended. If successful completion is not achieved within ninety (90) days of the suspension, the Practitioner will be deemed to have resigned from the Medical Staff. Any such deemed resignation shall not entitle the Practitioner to the hearing and appeal rights under Article Seven of the SHC/SHC Tri-Valley and/or SMCH Medical Staff Bylaws.

**VII. DOCUMENT INFORMATION**

- A. Author/Original Date  
Director MSSD, June 2011, March 2024
- B. Gatekeeper of Original Document  
SHC and SMCH Medical Staff Online Policy Manual
- C.. Distribution and Training Requirements
  - 1. This policy resides in the Medical Staff Policy Manual of SHC and SMCH.
  - 2. New documents or any revised documents will be distributed to Administrative Manual holders. The department/unit/clinic manager will be responsible for communicating this information to the applicable staff.

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- D.. Review and Renewal Requirements  
This policy will be reviewed and/or revised every three years or as required by change of law or practice.
  
- E.. Review and Revision History  
This is a new policy – June 2011 Administrative Clarifications 6/14-DG, administrative edits 9/2/15 DGO
  
- F. Approvals  
 SHC Credentials Committee, 8/11, 8/12, 8/17, 6/19, 4/25  
 SHC MEC, 9/11, 9/12, 8/14, 9/17, 7/19, 5/22, 6/24, 4/25  
 SHC Board of Directors, 9/11, 9/12, 8/14, 9/17, 7/19, 5/22, 6/24, 4/25  
 SMCH Medical Staff Leadership – 7/11, 9/16, 4/22  
 SMCH Credentials Committee, 8/11, 6/12, 8/14, 8/17, 4/25  
 SMCH Policy Committee, 8/11, 8/12, 8/14, 9/17, 8/19, 3/22, 4/25  
 SMCH MEC, 9/11, 9/12, 8/14 9/16, 9/17, 9/19, 4/22, 6/24, 4/25  
 SMCH Board of Directors, 9/11, 9/12, 8/14, 9/16, 9/17, 9/19, 4/22, 6/24, 4/25  
 SHC Tri-Valley MEC and Board, 3/22, 6/24, 4/25