

<p><b>This policy applies to:</b></p> <p><i>Stanford Health Care</i>  <i>Lucile Packard Children’s Hospital Stanford</i>  <i>Stanford Health Care Tri-Valley Hospital</i></p>	<p><b>Date Written or Last Revision: April 2024</b></p>
<p><b>Name of Policy:</b>  <b>Initial Focused Professional Practice Evaluation (IFPPE) for New Providers, New Privileges</b></p>	<p><b>Page 1 of 6</b></p>
<p><b>Departments Affected:</b>  All Departments</p>	

**I. PURPOSE:**

To establish a systematic process to ensure that there is sufficient information available to confirm the competency of practitioners requesting initial privileges or additional privileges at Stanford Health Care (SHC), Lucile Packard Children’s Hospital Stanford (LPCHS) and Stanford Health Care Tri-Valley Hospital (SHCTV), or to evaluate a practitioner's professional competence or if there has been insufficient clinical activity. This process, termed Initial Focused Professional Practice Evaluation (IFPPE), will provide the basis for obtaining organization-specific information of current competence for those providers. IFPPE is not considered a formal Medical Staff investigation and is not subject to regulations afforded in the investigation process.

**II. POLICY:**

All new providers requesting clinical privileges at SHC, LPCHS and SHCTV will be appointed for a provisional period, during which IFPPE will be completed as a means of determining clinical/technical competence of the applicant prior to advancement to regular active status. All providers requesting privileges are required to be proctored and are placed in a “Provisional Active” Status until the IFPPE has been completed.

When new applicants have been out of practice for a significant period of time, the Credentials Committee may impose additional requirements in addition to IFPPE (i.e. mini fellowship or formal curriculum). The clinical Service Chief or Department Chief will be responsible for developing a plan to meet these requirements.

IFPPE will be required for any new or additional privileges requested by a current member of the medical staff and may be required for low-volume providers.

IFPPE methods (proctoring) are determined by each service and may include direct observation, review of medical records (both concurrent and retrospective), and an evaluation of the practitioners’ Six General Competencies:

1. Patient care
2. Medical/clinical knowledge
3. Practice-based learning and improvement
4. Interpersonal and communication skills
5. Professionalism
6. Systems-based practice

The term of IFPPE may vary among services as outlined in IFPPE Guidelines for each facility; however, procedures crossing service lines should have uniform IFPPE requirements. If a sufficient amount of clinical activity has not occurred during the provisional period, the IFPPE period may be extended beyond











