

Expansion (“Train Up”) of Privileges for Advanced Practice Professionals (APP)

Policy and Procedure

Background

The presence of APPs in hospitals has grown exponentially during the past decade. For purposes of this policy, APPs are defined as physician assistants (PA) and advanced practice registered nurses, with this latter group including certified registered nurse anesthetists, certified nurse midwives, nurse practitioners, and clinical nurse specialists. Collaborating and supervising physicians have realized the value of APPs and often seek to expand the role of APPs. Furthermore, APPs seek to increase their knowledge and skill base and thus their scope of practice. The pending physician shortage provides a third incentive for organizations to create mechanisms to expand privileges for APPs. Academic hospitals inherently have a framework in place for on-site education and training. However, in community hospitals, this is not typically the case.

Thus the first step in this process must be that the healthcare organization’s leadership (governing body, senior administration, and medical staff) determines that its mission and culture would support expansion of privileges for APPs through an on-site education and training program. One aspect of this decision would be to assure that the facility’s professional liability carrier would include this activity. Once the decision is made to move forward, the organization is now ready to determine the policy and procedures necessary to accomplish their goal.

Objective

The objective of this policy is to make certain that patient safety and quality are adequately protected by establishing a safe and effective training process to increase the capabilities and competencies (cognitive and procedural) of each APP who requests additional clinical privileges for which they have limited or no training and experience. The mechanism by which this training process is accomplished will be through the granting of privileges under direct supervision.

Policy

Any practitioner seeking clinical privileges (including privileges under direct supervision) to provide care, treatment, or services must first be granted permission to do so by the governing body based upon a recommendation by the medical executive committee.

Requests for clinical privileges are processed only when the potential APP applicant meets the governing body’s current minimum threshold criteria. Potential APP applicants who do not meet these criteria will not have their applications processed. In the event there is a request for a privilege for which there is no

established criteria for APPs and/or the privileges were previously granted only to physicians, the governing body must determine whether it will allow APPs the privilege in question. If the governing body allows the privilege for APPs, criteria will be developed in accordance with medical staff policy.

APPs who do not meet established eligibility criteria and cannot demonstrate the requisite competence for the requested expansion of privileges may be allowed to “train up” through privileges granted under the direct supervision of their collaborating or supervising physician or designee.

For the purposes of this policy, direct supervision means that the collaborating or supervising physician or designee is acting as a preceptor¹ and is therefore required to be physically present.

Procedure

APPs and their collaborating or supervising physician will submit a written request to “train up” to the medical staff services department. A prerequisite is that the physician preceptor(s) must have the privilege(s) being requested by the APP. The request will include:

- A. The specific privilege(s) requested
- B. The name(s) of preceptor(s)
- C. The anticipated length of training
- D. Competency measures
- E. Patient population (if applicable)

The request for privileges under direct supervision will be considered in accordance with the medical staff bylaws and policies and procedures related to clinical privileging, e.g., department chair review and recommendation (if applicable), credentials committee review and recommendation (if applicable), medical executive committee review and recommendation, and governing body action.

Privileges under direct supervision are not time limited. However, if the APP wishes to request the independent practice of the privilege and the collaborating or supervising physician confirms that the APP is competent to perform the privileges independently, then the medical staff policy for modification of clinical privileges should be followed.

Note: For invasive procedures under direct supervision, patient consent must be obtained.

¹ Precepting is a process through which a practitioner gains experience and/or training on new skills and knowledge. Proctoring is a different activity that confirms previously acquired competency. Precepting and proctoring are therefore not interchangeable terms.