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IN REPLY REFER TO

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COMNAVSURFPACINST 6320.2/  
COMNAVSURFLANTINST 6320.2  
N01M/N02M  
8 OCT 10

COMNAVSURFPAC/COMNAVSURFLANT INSTRUCTION 6320.2

From: Commander, Naval Surface Force U.S. Pacific Fleet  
Commander, Naval Surface Force Atlantic

Subj: HEALTH SERVICES CREDENTIALS REVIEW/PRIVILEGING AND  
QUALITY ASSURANCE PROGRAMS

Ref: (a) OPNAVINST 6320.7A  
(b) BUMEDINST 6320.66E  
(c) COMUSFLTFORCOMINST/COMPACFLTINST 6320.2 Series  
(d) NAVMED Policy 09-002 of 27 Jan 09  
(e) BUMEDINST 6320.67 Series  
(f) Title 10, United States Code, Section 1102  
(g) SECNAVINST 5720.42F  
(h) SECNAVINST 5211.5E  
(i) MANMED, Article 1-22  
(j) BUMEDINST 6010.17B

Encl: (1) COMNAVSURFPAC/COMNAVSURFLANT, Policies, Rules and  
Regulations for Privileging and Peer Review

1. Purpose. To promulgate the health services credentials review and privileging and quality assurance policy and procedures for health care professionals assigned to ships and units of Commander, Naval Surface Force U.S. Pacific/Atlantic (CNSP/CNSL). It includes the procedures for obtaining permission for off-duty remunerative employment. This is a complete revision and should be reviewed in its entirety.

2. Cancellation. COMNAVSURFPACINST 6000.3C, Credentials Review and Privileging Program and COMNAVSURFPACINST 6010.17B, Medical Staff By-laws.

3. Background. Reference (a) provides guidance directing the establishment of a Health Services Quality Assurance program for the Operational Forces. This program first must assure that providers are qualified through a formal credentials review and

privileging program as directed by references (b) and (c). Second, the Quality Assurance (QA) program shall be of sufficient scope to identify, resolve and prevent incidents which may impact the safe delivery of patient care and force health protection. The QA portion of the credentials and privileging program shall include ongoing review of privileged providers and the care delivered by the health care team per reference (d). Reference (e) provides specific guidance for formal peer review of providers when there are allegations of professional misconduct or practice not meeting the standard of care. The USFF Surgeon has designated the CNSF Surgeon as the Privileging Authority (PA) to perform credentialing and privileging and establish the peer review program for assigned health care providers.

4. Scope. This instruction applies to all military (active duty and reserve) and civilian healthcare practitioners and health services support staff as defined by reference (a), assigned to CNSP/CNSL and providing clinical treatment and services within the Area of Responsibility (AOR) or ashore in a BUMED Operated Medical Treatment Facility based on an Inter-facility Credentials Transfer Brief (ICTB).

5. Policy. A health care provider quality assurance program consisting of credentials review and privileging, professional practice evaluation and professional peer review programs is established in conformance with references (a) through (k). The TYCOM Surgeon will exercise the necessary controls as considered prudent and reasonable within existing resources to ensure health care professionals are properly credentialed and their provision of health care is appropriately monitored. This instruction provides for:

a. Responsibilities and functions of assigned CNSP/CNSL privileged health care providers and clinical support staff.

b. Credentials review and privileging program procedures for applying for and renewing clinical privileges in accordance with references (a) through (c), as well as obtaining privileges at a second treatment facility.

c. Implementation of BUMED policies and procedures regarding:

(1) Administrative Plan of Supervision (APOS) and Performance Appraisal Reports (PAR), per references (b) and (d).

(2) Professional Peer Review, (due process, fair hearings, adverse privileging actions and appeals) as directed by reference (e).

d. Professional file management including the Individual Credentials File (ICF), Individual Professional File (IPF) and Clinical Activity Files (CAF). This also includes the electronic implementation of application for privileges in Central Credentials and Quality Assurance System (CCQAS), per reference (b).

e. Procedures for active duty personnel to obtain permission for off-duty remunerative employment as a privileged health care provider in accordance with reference (i).

6. Adverse Privileging Actions. Adverse privileging actions are not to be used in lieu of or exclusive of, administrative or disciplinary action when indicated.


7. Confidentiality of Documents. Procedures shall be implemented that are consistent with statutory and regulatory guidance, including the Privacy Act, Freedom of Information Act and Health Insurance Portability and Accountability Act, per references (e) through (h). Documents and records created under this instruction are medical quality assurance materials and are, therefore, exempt from the requirements of the Freedom of Information Act. Authorized disclosure and release of the medical QA records are stringently circumscribed by various federal statutes and regulations as outlined in references (e) through (h). These records and information are confidential and privileged. Failure or refusal to comply with these statutes and regulations subjects the violator to administrative and disciplinary actions and the imposition of both criminal and civil penalties.

8. Action. CNSP/CNSL personnel shall comply with the requirements set forth in this instruction.

9. Review Responsibility. COMNAVSURFPAC and COMNAVSURFLANT Medical Officers are responsible for the annual review of this instruction.



**R. A. ROGERS**  
Chief of Staff



**J. P. GELINNE**  
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**COMNAVSURFPAC/COMNAVSURFLANT  
Policies, Rules and Regulations for  
Privileging and Peer Review**

**TABLE OF CONTENTS**

|                    |   |     |
|--------------------|---|-----|
| <b>SECTION I</b>   | Responsibilities and Functions . . . . .  | 1-1 |
| <b>SECTION II</b>  | Clinical Privileges Requirements and<br>Procedures . . . . .  | 2-1 |
| <b>SECTION III</b> | Professional Performance Evaluation<br>Procedures . . . . .   | 3-1 |
| <b>SECTION IV</b>  | Professional Files . . . . .  | 4-1 |
| <b>SECTION V</b>   | Off-Duty Remunerative Employment . . . . .  | 5-1 |
| <b>Appendix A</b>  | Focused Professional Performance<br>Evaluation (FPPE). . . . .  | A-1 |
| <b>Appendix B</b>  | Performance Appraisal Report (PAR)/<br>On-Going Professional Performance<br>Evaluation (OPPE) . . . . . | B-1 |
| <b>Appendix C</b>  | Off-Duty Civilian Employment Request . . . . .  | C-1 |

SECTION I

RESPONSIBILITIES AND FUNCTIONS

1. TYCOM Surgeon

a. Under specific "By direction" authority, the TYCOM Surgeon, serves as the privileging authority (PA) for health care providers assigned to ships/units under the cognizance of the TYCOM.

b. Shall establish a credentials review program supported by the assigned Medical Staff Services Professional (MSSP) in support of the TYCOM credentialing and privileging program.

c. Shall appoint the members and chair of the credentials committee as described below.

d. Shall ensure compliance with the credentials review and privileging and ongoing peer review programs.

e. Seek out amplification and clarification of a provider's professional performance, through the FPPE process, when there is reason to believe the provider is not performing within the accepted standards of care.

f. Implement the procedures for investigation of allegations of professional misconduct and the peer review process outlined in reference (e). These actions include, but are not limited to, initiating:

- (1) Abeyance of privileges
- (2) Formal investigation of allegations
- (3) Summary Suspension of privileges
- (4) Formal peer review hearings
- (5) Action on peer review panel's recommendations

(6) Reporting of any actions included in this section to the Fleet Executive Committee of the Medical Staff and to BUMED Code M09B9, Office of Legal Counsel.

Enclosure (1)

g. Consult with Navy Medicine Support Command, Jacksonville, FL in regards to complex credentialing and privileging matters, professional practice evaluations and with BUMED JAG, Office of Legal Counsel in regards to peer review due process and adverse privileging actions.

h. Serve on the USFFC Executive Committee of the Medical Staff and provide periodic Quality Assurance reports as required by reference (b).

2. Chairman of the TYCOM Credentials Committee

a. Works with the appointed MSSP to assure that the privileging process meets the requirements of references (a) through (e).

b. Coordinates the convening times for the credentials committee meetings, either by TELCON or VTC.

c. Leads the credentials committee meeting and coordinates with the MSSP in preparation of agenda items and a summary of activities required by references (a) and (c).

d. Coordinates the formal peer review process for the TYCOM when required.

e. Oversees the completion and submission of Performance Appraisal Reports, Focused Professional Performance Evaluation (FFPE) and On-going Professional Performance Evaluations (OPPE).

3. TYCOM Credentials Committee

a. Credential committees can be comprised of a cross section of the following privileged providers: the Regional Medical Representatives, Senior Medical Officers, Officer's in Charge of Fleet Surgical Teams, Senior Medical Officers and Dental Officers of the large deck combatant ships and Force Dental Officers. The Credentials Committee shall at times be augmented by other members of the privileged provider staff or the local MTF, at which privileged providers practice, to assist with specialty peer review.

b. The chairman of the credentials committee will be appointed by the TYCOM Surgeon.

c. The credentials committee, under the leadership of the appointed Chairman:

(1) Administers the TYCOM credentials review and privileging program for professional staff appointments as outlined in references (a) through (e) and implemented by this instruction.

(2) Meet as needed and reviews credentials and privileging actions.

(3) Review and make recommendations for staff appointment with delineated clinical privileges, based on the applicant's professional qualifications (health status, current competence, verified licensure, education and National Practitioner Data Bank (NPDB) query).

(4) Recommend to the TYCOM Surgeon supplemental specific criteria for eligibility for staff appointments with clinical privileges.

(5) Consider input from all sources, including peer review, concerning the appropriateness of clinical privileges requested by health care practitioners.

(6) Ensure compliance with and monitors the Focused Professional Performance Evaluation (FPPE) and On-going Professional Provider Evaluation (OPPE) requirements.

d. The credentials committee, in consonance with the FPPE process, seeks out amplification and clarification of individual provider competency. The committee will make recommendations to the privileging authority regarding practitioner professional performance when there is reason to believe the practitioner is not performing within his or her delineated clinical privileges, not practicing within acceptable standards of care or exhibiting unacceptable professional behavior.

e. Responsible for evaluating potentially impaired providers, referring the provider to appropriate care and developing a monitoring plan in conjunction with the appropriate Primary Care Manager. The committee is also responsible for reporting positive findings of potentially impaired providers with a medical condition to the Privileging Authority. The chair will submit a quarterly report to the PA, summarizing the

Enclosure (1)



Committee's data, trends and actions including methods to address adverse findings.

f. Assure that providers have demonstrated current clinical competency for those core and supplemental privileges for which they have requested.

4. Medical Staff Services Professional (MSSP). The MSSP shall:

a. Act as the central point of contact and subject matter expert for any matter pertaining to credentialing and privileging of health care providers.

b. Manage and implement the credentialing and privileging program, utilizing the Centralized Credentials Quality Assurance System (CCQAS), as outlined in references (a) through (c).

c. Administer the processing of privileging applications for staff appointment, ensuring proper documentation, completeness of electronic application and Primary Source Verification (PSV) has been accomplished prior to submission and routing to the credentials committee.

d. Maintain Individual Credentials Files (ICFs), Individual Professional Files (IPFs), program directives, instructions, forms and Credentials Committee Reports in accordance with the provisions of references (a) through (c).

e. Ensure that necessary correspondence, messages and reports received and transmitted are complete, accurate and meet the requirements of reference (c).

f. Track and monitor licensure and contingency training in order to avoid any lapse of health care provider credentials.

g. Coordinate the FPPE, OPPE, APOS and PARs program for the TYCOM, ensuring required close out reports are obtained and processed in the time frame allotted.

h. Provide administrative support to professional performance improvement activities and formal provider peer review activities as appropriate, as outlined in reference (c).

i. Maintain communications with all health care providers, ensuring information relevant to the medical staff is conveyed and received in a timely manner.

Enclosure (1)

5. TYCOM Regional Medical Representatives are responsible for reviewing/supervising health care in their geographic region and providing appropriate reports to the TYCOM Surgeon.

a. Regional Medical Representatives in Norfolk, Mayport and San Diego: The Senior Medical Officer for the respective groups provide clinical over-sight for the following:

(1) Fleet Surgical Teams (FSTs)

(2) Health services departments of assigned ships in their respective regions.

(3) MCM Medical Officer(s)

(4) MIDPAC Hawaii Medical Officer

b. Designated COMSEVENTHFLT oversight will be established with a Memorandum of Understanding (MOU) to provide medical supervision for Performance Appraisal Reports for the following ships/units:

(1) FST-7 OIC

(2) COMDESRON 15 Medical Officer

c. Fleet Surgical Team SEVEN Officer in Charge, located in Okinawa, Japan, is responsible for coordinating the health services efforts of FST-7, ESG-7 amphibious force and ships home ported in the Sasebo, Japan area, including USS BLUE RIDGE (LCC 19) in Yokosuka.

6. TYCOM Dental Officers are responsible for ensuring that dental officers receive periodic review and evaluation. This is accomplished through monthly peer review by other dental officers and during dental readiness inspections. Additionally, the TYCOM Dental Officers review and make recommendation for privileges on applications for staff appointment.

7. TYCOM Assigned Providers. It is the responsibility of each practitioner to:

a. Apply for staff appointment and privileges upon transfer to a surface force command for duty.

Enclosure (1)

b. Forward to the PA any updated, new or changed documents/certifications received during assignment to the TYCOM.

c. The practitioner is responsible for providing accurate and current evidence of professional qualifications, including continuing medical education as required by their licensing authority.

d. Apply for permission to participate in off-duty employment as outlined in reference (i).

SECTION II

CLINICAL PRIVILEGES REQUIREMENTS AND PROCEDURES

1. General. All health care provided by TYCOM practitioners must be specifically authorized and periodically appraised following the guidelines of this instruction and references (a) through (j).

a. Professional staff appointments shall be granted with specifically delineated clinical privileges defining the scope and limits of practice authorized.

(1) The privileged practitioners within TYCOM commands constitute the professional staff and are defined as the medical staff.

(2) Professional staff appointments with clinical privileges may only be granted or renewed by the Privileging Authority (PA).

(3) Eligibility for the granting and renewal of professional staff appointments with clinical privileges is based on the practitioner's demonstration of current clinical competency, and having met predetermined specific criteria, developed by the Credentials Committee and approved by the PA.

(4) Professional staff appointments terminate upon the practitioner's detachment or transfer from a CNSP/CNSL ship or unit.

(5) Detailed procedures for adverse termination of professional staff appointments or denial, limitation or revocation of clinical privileges due to substandard care or misconduct are described in reference (e).

(6) Care must be taken to ensure staff appointments do not lapse.

(a) A 180 day extension of privileges may be granted in writing by the PA in advance, if operational constraints preclude the completion and review of application for renewal of privileges.

Enclosure (1)

(b) Should a lapse occur, a letter signed by the PA shall be presented to the practitioner, with a copy filed in the ICF, addressing:

(1) Inclusive dates of the lapse

(2) Nature of the lapse

(3) If the lapse is noted during renewal processing, the lapse will be addressed in the comments section of the PA's endorsement on the application.

b. Once a staff appointment with clinical privileges is granted or renewed, a CNSP/CNSL practitioner is eligible to provide health care services within any CNSP/CNSL ship or unit.

2. Clinical Privileges. Clinical privileges are delineated by references (a) and (b).

a. Practitioners shall apply for privileges when prompted by CCQAS to complete the on-line privileging application. In addition to Operational and Primary Care Medicine Privileges, the provider will request specific privileges as defined in the privilege sheets applicable to their specialty. Practitioners who are fully trained in more than one specialty are eligible to apply for privileges using all applicable privilege sheets. Privilege sheets contain two categories of privileges, core and supplemental.

(1) Core privileges constitute the expected base line scope of care. Core privileges are applied for and granted as a single entity.

(2) Supplemental privileges are itemized and relevant to the specific health care specialty. Supplemental privileges are requested and granted on an item by item procedure, based on the provider's demonstration of current clinical competency for those requested procedures.

3. Application for Staff Appointment With Clinical Privileges

a. The MSSP will assist the applicant with access to and completion of their on-line CCQAS application. This includes an application for staff appointment with clinical privileges and applicable privilege sheets as defined in reference (b).

Enclosure (1)

b. The applicant's electronic signature constitutes agreement in writing to abide by the professional staff policies, procedures and BUMED By-laws as outlined in reference (j).

c. The objective is to have all providers reporting to CNSP/CNSL, privileged by the PA prior to checking in to their respective ship/unit. On receipt of orders to a CNSP/CNSL ship/unit, the provider is asked to contact the assigned MSSP for assistance in completing the application and providing the supporting documentation of clinical competency (PAR), no later than 30 days before check-in.

d. Reference (b) requires that the health status of applicants for staff appointments be considered at the time of appointment to determine if any contraindications exist. A statement confirming the consideration of health status must be included as part of the Credentials Committee endorsement of the application for staff appointment.

4. Granting of Staff Appointments. The PA will grant and renew staff appointments according to reference (a), with delineated clinical privileges following satisfactory compliance with references (b) and (c), this instruction, and favorable recommendation from the Credentials Committee.

a. Duration of staff appointments are not to exceed two years.

b. Applications will be reviewed by the appropriate members of the Credentials Committee to provide formal Peer Review and forwarded with recommendations in CCQAS, to the PA for review and final approval.

5. Renewal of Staff Appointments with Clinical Privileges

a. Practitioners with active staff appointments will apply for reappointment to the professional staff and renewal of clinical privileges at least 60 days prior to the expiration of their current appointment.

b. Request for renewal shall be submitted in CCQAS.

c. Credentials Committee will review the applications and all supporting documents, providing recommendations to the PA.

Enclosure (1)

6. Modification of Supplemental Clinical Privileges. Providers wishing to obtain privileges for additional supplemental privileges shall complete the application for modification of privileges in CCQAS, with supporting documentation and submit to the applicable MSSP for processing. The modification for privileges will be routed through the Credentials Committee and forwarded to the PA for final approval. Modified supplemental privileges will expire at the same time as the original active staff appointment.

SECTION III

ADMINISTRATIVE PLAN OF SUPERVISION  
FORMAL PERFORMANCE EVALUATION/QUALITY ASSURANCE INVESTIGATION  
PERFORMANCE APPRAISAL REPORT  
ADVERSE PRIVILEGING

1. Quality Assurance

a. Command quality assurance activities are combined with the TYCOM Performance Appraisal Report, FPPE and OPPE programs as outlined in reference (d).

b. Regional medical representatives and FST Officers in Charge shall continue to conduct monthly ship visits and prepare quarterly reports, utilizing the PAR form (Appendix B), for incorporation into the annual OPPE submission. Quarterly reports shall be tracked and maintained at the regional medical representative level.

2. Administrative Plan of Supervision. The Administrative Plan of Supervision (APOS) is for the non-privileged practitioners not under training and not yet in receipt of an initial state license. The following criteria set guidelines specific to the practitioner and consist of the following:

- a. Scope of care permitted
- b. Level of supervision
- c. Name and rank of clinical supervisor
- d. Duration of evaluation period
- e. Submission of summary or Performance Appraisal Report (PAR) upon completion of APOS

3. Performance Appraisal Report (PAR). Will be completed on the occasion of all transfers and upon request of renewal of privileges and routed to the PA for final review and signature.

a. Focused Professional Performance Evaluation (FPPE) will be implemented upon arrival of newly reporting privileged providers utilizing Appendix A. The FPPE will establish basic orientation guidelines and scope of care expected to be met by health care providers assigned to operational ships/units. At

Enclosure (1)



any time, the FPPE may be used to identify and address areas that require additional focus and training.

b. On-going Professional Performance Evaluation (OPPE) shall be completed on all health care providers on an annual basis in order to meet quality assurance standards established by BUMED. The OPPE will be conducted by the next higher level medical supervisor and a copy of the evaluation provided to the respective CNSP/CNSP MSSP. The standard PAR form shall be utilized along with any other additional documentation, as appropriate.

4. Quality Assurance Investigation. The following actions or delinquencies will be referred to the PA for consideration of a quality assurance investigation:

a. Allegation of alcohol or other substance abuse or use of illicit drugs.

b. Failure to correct medical record delinquencies despite counseling by the Regional Medical Representative.

c. Allegations of personal misconduct, which are likely to affect the provider's ability to care for patients or when there is reason to suspect substandard, incompetent, unethical or unprofessional medical practice.

d. Discovery of a health or physical problem which could significantly impair a provider's ability to care for patients.

e. Failure to obtain in a timely fashion or maintain a valid medical license in a state or territory of the United States.

f. The respective Commanding Officer shall be kept fully informed of all privileging actions.

5. Adverse Privileging. When a quality assurance investigation indicates that further action is warranted, the Privileging Authority may initiate proceedings as outlined in reference (e).

a. If it is felt that an impaired provider may be rehabilitated or provided additional training in an identified area of deficiency, then a plan of action shall be implemented. This may be accomplished by utilization of the FPPE, under a prescribed method of monitoring.

Enclosure (1)

SECTION IV

PROFESSIONAL FILE

1. The Quality Assurance (QA) program for privileging and ongoing professional practice will involve the retention and maintenance of the following files, as outlined by reference (b).

a. Individual Credentials Files (ICF). The PA will maintain an ICF on each provider assigned to CNSP/CNSL per reference (b). The respective MSSP will regularly update the contents of the ICF into CCQAS by uploading current documentation, as appropriate.

b. Individual Professional Files (IPF). The PA will maintain an IPF on all clinical support staff assigned to CNSP/CNSL. The contents and management of the files are established in reference (b).

c. Clinical Activity Files. Clinical Activity Files (CAFs) shall be maintained by each ship/unit, to document the specific privileges granted the practitioner and contain the routine Ongoing Professional Provider Evaluations as established in reference (d).

SECTION V

PROCEDURES FOR OBTAINING APPROVAL FOR OFF-DUTY REMUNERATIVE

PROFESSIONAL EMPLOYMENT (REGULATORY)

1. Off-duty remunerative professional civilian employment including self-employment (referred to as off-duty employment) of active duty Medical Department Officers is subject to policies directed by BUMED and contained in reference (i). Health Care Providers shall obtain permission from the respective Commanding Officer or OIC, if assigned to a Fleet Surgical Team (FST), via the TYCOM Surgeon, using Appendix C, prior to engaging in any off-duty employment. Permission to engage in off-duty employment may be withdrawn at any time.
2. Prior to engaging in off-duty professional employment, Health Services Department officers shall:
  - a. Complete Appendix C.
  - b. Sign the statement of acknowledgement and release of information.
  - c. Sign and submit the request, via the TYCOM Surgeon, to obtain permission from their Commanding Officer or OIC/FST.
3. Privileged providers engaged in off-duty employment shall:
  - a. Maintain records summarizing information as may be necessary during Medical and Dental Inspectors General visits to ensure compliance with reference (i).
  - b. Notify the PA via the Regional Medical Representative of any patient malpractice claim within 30 days and when the final outcome/resolution has occurred.
  - c. Maintain a log and submit the following information to the PA, on a quarterly basis:
    - (1) Times, dates and location of off-duty civilian employment
    - (2) The weekly and monthly total, in hours, of off-duty civilian employment.

Enclosure (1)

**APPENDIX A**

Date:

From: Commander, Naval Surface Forces U.S. Pacific/Atlantic  
To:  
Via: Regional Medical Representative

Subj: FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE) OVERVIEW

Ref: (a) BUMEDINST 6320.66E

Encl: (1) FPPE Evaluation Form

1. Per reference (a), you are being placed on a Focused Professional Practice Evaluation (FPPE) for one of the below reasons:

- a. \_\_\_\_ First Navy Medical Staff appointment with clinical privileges
- b. \_\_\_\_ Recent training program graduate from a Navy/Civilian training facility
- c. \_\_\_\_ Reporting from another Navy facility where you previously held the same privileges being requested
- d. \_\_\_\_ Requesting a new privilege for the first time; therefore, not possessing sufficient documented evidence of current competency
- e. \_\_\_\_ Previous FPPE or OPPE has indicated a practice problem that requires additional monitoring. Specific problem: \_\_\_\_\_

2. The duration of this FPPE lasts until there is sufficient documented evidence in enclosure (1) of current competency. During the FPPE, you will be evaluated by your monitor, who is designated in writing, as well as your director or next level supervisor. You will be notified by your Department Head/next level supervisor at the completion of this FPPE.

a. Primary Monitor: \_\_\_\_\_

3. Monitoring and evaluation of your performance may include:

- a. Direct observation
- b. Representative chart review
- c. Monitoring of diagnostic and treatment techniques
- d. Discussion with other individuals involved in the care of each patient, including consulting physicians, assistants at surgery, nursing and administrative personnel.

Enclosure (1)

**APPENDIX A**

Subj: FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE) OVERVIEW

4. If a specific problem or other deficiency is noted during this FPPE, but you are considered to be currently competent on all other factors, you will be placed under another Focused Professional Performance Evaluation (FPPE) for the specific problem, or deficiency until it is resolved.

5. The requirement for you to practice under this FPPE is not and should not be construed as adverse in nature.

B. C. MENELEY

Copy to:  
Member  
Monitor  
MSSP  
Regional Medical Representative

**APPENDIX A**

| <b>COMNAVSURFPAC/COMNAVSURFLANT<br/>Focused Professional Practice Evaluation (FPPE)</b> |                          |
|---|--------------------------|
| <b>Provider:</b>  | <b>Monitor:</b>          |
| <b>Start Date of FPPE:</b>  | <b>End Date of FPPE:</b> |
| <b>Core Privilege(s):</b>   |                          |
| <b>Supplemental Privilege(s):</b>   |                          |

| <b>PART 1: CHECK-IN</b>  |            |           |
|--|------------|-----------|
| <b>ORIENTATION REQUIREMENTS</b>  | <b>YES</b> | <b>NO</b> |
| 1. Provider has attended orientation course                                    |            |           |
| 2. Provider has been oriented to ALTHA/CHCS                                    |            |           |
| 3. Provider has reviewed and understands medical staff policies and procedures |            |           |
| 4. Orientation to work center  |            |           |
| 5. Orientation to watch bills and GQ station                                   |            |           |

**PART 2: CHART REVIEW**

| <b>Pt Init/Last 4 SSN</b>   | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX | XXXX |
|---|------|------|------|------|------|------|------|------|------|------|
| <b>Date of Encounter:</b>   |      |      |      |      |      |      |      |      |      |      |
|   | Y/N  | Y/N  | Y/N  | Y/N  | Y/N  | Y/N  | Y/N  | Y/N  | Y/N  | Y/N  |
| 1. Is the history appropriate for the chief complaint?  |      |      |      |      |      |      |      |      |      |      |
| 2. Does the PE address the chief complaint?   |      |      |      |      |      |      |      |      |      |      |
| 3. Were abnormal VS/lab/x-ray findings addressed if present?  |      |      |      |      |      |      |      |      |      |      |
| 4. Do the history, exam, and test results support the assessment?   |      |      |      |      |      |      |      |      |      |      |
| 5. Is the plan consistent with the assessment?  |      |      |      |      |      |      |      |      |      |      |
| 6. Appropriate consult or follow up recommended?  |      |      |      |      |      |      |      |      |      |      |
| 7. Health history up-dated as appropriate?  |      |      |      |      |      |      |      |      |      |      |
| What is your overall assessment of the care provided for this EPISODE OF CARE?<br>A= Satisfactory; care appropriate; no significant errors in documentation<br>B= Errors in documentation; patient care not compromised<br>C= Possible compromise of patient care |      |      |      |      |      |      |      |      |      |      |

**APPENDIX A**

| <b>PART 3: SIX GENERAL COMPETENCIES</b>  |               |                         |                             |                     |
|--|---------------|-------------------------|-----------------------------|---------------------|
|  | <b>EXCELS</b> | <b>WITHIN STANDARDS</b> | <b>NOT WITHIN STANDARDS</b> | <b>NOB/ UNKNOWN</b> |
| <b>Patient Care:</b> Through direct observation, demonstrates compassionate, appropriate, and effective for the promotion of health, prevention of illness, and end of life treatment.   |               |                         |                             |                     |
| <b>Medical Clinical Knowledge:</b> Through observation and metrics comparing provider to provider, demonstrates knowledge of established and evolving biomedical, clinical, and social sciences, and applies to patient care delivery.   |               |                         |                             |                     |
| <b>Interpersonal and communication skills:</b> Demonstrates interpersonal and communication skills enabling establishment and maintenance of professional relationships with patients families and other members of health care teams as demonstrated by customer compliments/complaints.          |               |                         |                             |                     |
| <b>Professionalism:</b> Demonstrates behavior reflecting a commitment to continuous professional development, ethical practice, sensitivity to diversity and sexual orientation, and a responsible attitude to patients, profession, and society as documented by customer compliments/complaints. |               |                         |                             |                     |
| <b>Practice-Based Learning Improvement:</b> Demonstrates ability to use scientific evidence and methods to investigate, evaluate, and improve patient care practices. (GME up-t-date, used to treat patients)  |               |                         |                             |                     |
| <b>System-Based Practice:</b> Improves quality of care delivery and adheres to National Patient Safety Goals.  |               |                         |                             |                     |

**APPENDIX A**

**PART 4: SUMMARY**

| <b>PROVIDER:</b>                    | <b>CHECK APPROPRIATE BOX</b> | <b>YES</b> | <b>NO</b> |
|-------------------------------------|------------------------------|------------|-----------|
| Meets all requirements of this FPPE |                              |            |           |
| Requires additional focused review  |                              |            |           |

**Area(s) requiring continued FPPE:**

**Comments:**

|  | <b>NAME</b> | <b>SIGNATURE</b> |
|--|-------------|------------------|
| <b>PROVIDER</b>                        |             |                  |
| <b>MONITOR</b>                         |             |                  |
| <b>REGIONAL MEDICAL REPRESENTATIVE</b> |             |                  |

Enclosure (1)



**APPENDIX B**

**COMNAVSURFPAC/COMNAVSURFLANT  
 PERFORMANCE APPRAISAL REPORT (PAR)  
 ON-GOING PROFESSIONAL PERFORMANCE EVALUATION (OPPE)**

**SECTION I. ADMINISTRATIVE DATA**

Reporting Activity: \_\_\_\_\_ Period covered: \_\_\_\_\_ to \_\_\_\_\_

Practitioner Name/Grade/SSN/Designator: \_\_\_\_\_

Specialty \_\_\_\_\_ Department: \_\_\_\_\_ Position: \_\_\_\_\_

**Purpose of Report (Check one):**

- \_\_\_ On-going Professional Practice Evaluation (OPPE)
- \_\_\_ Renewal of Staff Appointment
- \_\_\_ Administrative Plan of Supervision (APOS) conclusion
- \_\_\_ Transfer / Separation / Termination
- \_\_\_ TAD \_\_\_ Reserve: T/ADSW/ADT
- \_\_\_ Other: \_\_\_\_\_

Individual Credentials File (ICF) has been reviewed: \_\_\_Yes \_\_\_No \_\_\_Unavailable

Contents are current as required by BUMEDINST 6320.66 series: \_\_\_Yes \_\_\_No

**SECTION II. PRIVILEGES BEING EVALUATED**

| Specialty | Core Y / N | Supplemental Y / N | Itemized Y / N |
|-----------|------------|--------------------|----------------|
| 1.        |            |                    |                |
| 2.        |            |                    |                |
| 3.        |            |                    |                |
| 4.        |            |                    |                |
| 5.        |            |                    |                |

Privilege information based on \_\_\_ privilege sheets or \_\_\_ ICTB

**CLINICAL PERFORMANCE PROFILE**

**SECTION III. PRACTICE VOLUME DATA**

- a. # of admission or outpatient encounters \_\_\_\_\_
- b. # of days unavailable due to TAD deployment, etc. .... \_\_\_\_\_
- c. # of major or selected procedures \_\_\_\_\_
- d. Percent of time in direct patient care \_\_\_\_\_

**SECTION IV. PROFESSIONAL DEVELOPMENT:**

|   |                 |
|---|-----------------|
| a. # of continuing education credit hours awarded:  |                 |
| b. # of papers published and professional presentations:                                  |                 |
| c. Other recognition of positive professional achievement (attach explanation/ comments): |                 |
| d. Professional Remunerative Employment (Moonlighting)                                    | __Yes      __No |
| Location:   | Hours/wk:       |

**SECTION V. COMPETENCY VALIDATION / QUALITY MANAGEMENT**

| <u>PATIENT CARE</u>  | Excels | Sat | Unsat | Not Obs |
|--|--------|-----|-------|---------|
| a. Patient satisfaction with practitioner, based on facility wide monitors   |        |     |       |         |
| b. Use of effective/appropriate clinical problem-solving skills to include appropriate use of medications, laboratory services and procedures.   |        |     |       |         |
| c. Uses consultants and referrals appropriately  |        |     |       |         |
| d. Applies infection control measures as appropriate   |        |     |       |         |
| <u>MEDICAL KNOWLEDGE</u>   |        |     |       |         |
| a. Clinically evaluates current medical information  |        |     |       |         |
| b. Recognizes complex relationships & development of unifying diseases   |        |     |       |         |
| c. Utilizes Evidence Based Medicine in clinical practice/judgment and applies utilization management measures as applicable  |        |     |       |         |
| <u>INTERPERSONAL AND COMMUNICATION SKILLS</u>  |        |     |       |         |
| a. Communicates effectively with patients and family   |        |     |       |         |
| b. Legible and complete medical record documentation of patient care   |        |     |       |         |
| c. Works effectively as a member or leader of the health care team   |        |     |       |         |
| <u>PROFESSIONALISM</u>   |        |     |       |         |
| a. Accepts responsibility for patient care, and continuity of care   |        |     |       |         |
| b. Demonstrates a responsiveness to patient needs superseding self-needs   |        |     |       |         |
| c. Demonstrates sensitivity/responsiveness to patients' and colleagues' gender, age, culture, race, disabilities, ethnicity, and sexual orientation  |        |     |       |         |
| d. Staff perception of practitioner cooperation  |        |     |       |         |
| <u>PRACTICE-BASED LEARNING AND IMPROVEMENT</u>   |        |     |       |         |
| a. Compliance with new national measures and published professional guidelines   |        |     |       |         |
| b. Analyzes own practice experience & recognizes strengths, deficiencies & limitation in knowledge and expertise; thus, seeks assistance   |        |     |       |         |
| c. Uses evaluations of performance to improve practice patterns  |        |     |       |         |
| d. Actively participates in nursing, ancillary, and other practitioner learning  |        |     |       |         |
| <u>SYSTEMS - BASED PRACTICE</u>  |        |     |       |         |
| a. Advocates for quality patient care  |        |     |       |         |
| b. Acknowledges medical errors in clinical decision-making, judgment, and engages in process improvement through risk management activities to include incident and risk management reports. |        |     |       |         |
| c. Knows how to work with health care and health care providers to assess, coordinate, and improve patient care  |        |     |       |         |

**Medical/Dental Record Peer Review:** \_\_\_\_\_ # Reviewed      \_\_\_\_\_ #Deficient

**SECTION VI PRIVILEGING ACTIONS**

|  |            |           |
|--|------------|-----------|
| <b>To your knowledge, has the practitioner</b> | <b>Yes</b> | <b>No</b> |
|--|------------|-----------|

|   |  |  |
|---|--|--|
| a. Had privileges or staff appointment adversely denied, suspended, reduced, or revoked?                |  |  |
| b. Been the primary subject of an investigation?  |  |  |
| c. Provided substandard care as substantiated through one of the actions in item b?                     |  |  |
| d. Required counseling, additional training or special supervision?                                     |  |  |
| e. Failed to obtain appropriate consultation?   |  |  |
| f. Been the subject of a disciplinary action for misconduct?  |  |  |
| g. Required modification of practice due to health status?  |  |  |
| h. Been diagnosed as being alcohol dependent or having a organic mental disorder or psychotic disorder? |  |  |

**SECTION VII. CLINICAL COMPETENCY CORE PRIVILEGES:** Address clinical competency of this provider addressing the overall competency for the Core. If warranted address any Core high-risk skills/procedures performed.

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**SECTION VIII. CLINICAL COMPETENCY SUPPLEMENTAL PRIVILEGES:** Address and provide number of cases/procedures for each supplemental practiced during this period. (attach additional sheet if needed)

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**SECTION IX. COMMENTS:** Note: If the answer to any of the questions in section IV and VI is "unsatisfactory" or "yes" full details are required below or on a separate sheet of paper and attach to this form. Identify items by section and letter.

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**SECTION X. PROFESSIONAL PERFORMANCE EVALUATION SIGNATURES**

| Title  | Signature | Comments | Date |
|--|-----------|----------|------|
| OIC/Senior Medical/Dental Officer  |           |          |      |
| Practitioner   |           |          |      |
| Regional Medical Representative (or Chair CRC for Renewal or Transfer PAR) |           |          |      |
| TYCOM PA (for Transfer or Renewal PAR only)                                |           |          |      |

**APPENDIX C**

**OFF-DUTY CIVILIAN EMPLOYMENT REQUEST**

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PRIVACY ACT STATEMENT: Social Security Numbers are requested under the authority of Executive Order 9397 for the purpose of identifying the requester. Disclosure is voluntary, but failure to do so may result in the delay or denial of your request.

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**Section A.**

Date: \_\_\_\_\_

From: Name, Rank, Designator/Provider Identification Number

To: OIC FST or Commanding Officer, USS \_\_\_\_\_

Via: TYCOM PA

Subj: REQUEST FOR PERMISSION TO ENGAGE IN OFF-DUTY CIVILIAN EMPLOYMENT

Ref: (a) 5 U.S.C. Sec. 5536  
(b) DOD 5500.7-R  
(c) HA Policy 96-050 "Policy for Off-Duty Employment by DOD Health Care Practitioners"  
(d) ASD(HA) Memorandum of 23 July 1996  
(e) MANMED Article 1-122  
(f) BUMEDNOTE 6000 of 26 Aug 98

1. Per references (a) and (b), I request permission to engage in off-duty employment as set forth below.

a. My proposed employer is:

b. My proposed worksite is located at:

c. My proposed worksite telephone number is:

d. My proposed work hours are:

e. My proposed duties will include:

f. I do / do not have permission to engage in other off-duty employment (state details on separate sheet, if applicable).

2. I acknowledge the following limitations on my off-duty employment and have explained them to my proposed employer.

a. I must have a period of at least 6 hours between the end of my off-duty employment and start of my military duties and must not work more than 16 hours per continuous 7 day period without specific approval of my commanding officer.

b. As part of my off-duty employment, I must not assume primary responsibility for the medical or dental care of any patient on a continuing basis.

Enclosure (1)

c. My off-duty employment must not be performed on military premises; involve expense to the Federal Government; or involve use of military personnel or supplies.

d. As a military member, I may be required to respond immediately to calls for military duty.

e. I am responsible for compliance with all local licensing, Federal Drug Enforcement Administration, and personal medical liability coverage requirements.

f. I must take annual leave for any obligations (i.e., court appearances or testimony before a compensation board) arising out of off-duty employment when these obligations require absence during duty hours. There is no guarantee that the leave request will be approved by my command.

g. I must not refer patients from the military treatment facility to my prospective employer's facility.

h. I must not solicit or accept a fee directly or indirectly, and my prospective employer must not charge, for my care of a Department of Defense (DOD) health care beneficiary (i.e., member, retired member, or dependent of such member) of the Uniformed Services. TRICARE payments shall be disallowed in any claim from a TRICARE provider in those instances when a Navy health care provider renders services to such a person, for the services provided by the Navy health care provider. This restriction does not apply to dental services provided to CONUS enrollees of the TRICARE Family Member Dental Plan. TRICARE payments for services I provide a DOD health care beneficiary during my off-duty employment shall be disallowed.

---

Provider Name

Date

**APPENDIX C**

**SECTION B.**

From: Authorized Representative of Proposed Employer  
To: OIC FST or Commanding Officer, USS \_\_\_\_\_

Subj: OFF-DUTY EMPLOYMENT OF \_\_\_\_\_

1. I am the authorized representative of: \_\_\_\_\_
2. I have read and accept the foregoing limitations, including the compensation and availability limitations, on the off-duty employment of \_\_\_\_\_
3. I certify that this facility not seek payment from a DOD beneficiary, TRICARE, or the Federal Government for health care provided to DOD beneficiaries except to dental services provided to CONUS enrollees of the TRICARE Family Member Dental Plan.

\_\_\_\_\_  
Name/Title Date

Phone Number: \_\_\_\_\_

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**SECTION C.**

From: OIC/FST or Commanding Officer, USS \_\_\_\_\_  
To: Provider

1. The above request is approved / disapproved.

\_\_\_\_\_  
Name Date

Copy to:  
TYCOM PA