

## NINDS Standard Operating Procedure

### NINDS SOP 2

#### SOP Title: Renewal of Clinical Privileges for Clinical Staff

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NINDS Clinical Director

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## **1. PURPOSE**

This policy describes the required procedures for the renewal of clinical privileges of NINDS medical staff, i.e., Physicians, Nurse Practitioners, and Physicians Assistants credentialed at the NIH Clinical Center through NINDS. The procedures described below are *in addition* to the procedures described in NIH Medical Administrative Policy M90-5, *Credentialing Health Practitioners at the Clinical Center*.

## 2. POLICY

NIH Medical Administrative Series M90-5, *Credentialing Health Practitioners at the Clinical Center*, sets forth the policy of the Medical Executive Committee regarding the credentialing of health care practitioners providing direct patient care at the NIH Clinical Center (CC). That policy states that clinicians, “who are qualified by education, training, experience, and evidence of clinical competence to provide independent patient care services at the CC, are eligible for membership on the active Medical Staff.”

Full clinical privileges are generally granted for two years. A staff member must be reappointed and recredentialed every two years in order to continue to provide patient care services at the NIH CC. The NIH Office of Credentialing Services (CS) notifies the clinician of the pending expiration of their clinical privileges within 90 days of the expiration date. The request for the renewal of clinical privileges is due back to CS within 45 days of the expiration date. The renewal package includes the following documents: Application for Reappointment (NIH 2688-1), Record of Participation in Patient Care (NIH 101-1), Delineation of Privileges (NIH 2677), Evidence of active licensure or current waiver, Evidence of current CPR training (Consultant staff are exempt from CPR requirement), an On-going Professional Practice Evaluation, and a Cover memo from the IC Branch Chief to the Chair, Credentials Committee. Clinicians complete the required documentation for the renewal process and the IC Clinical Director either approves or denies the request for the renewal of clinical privileges via the Participation in Patient Care form. The request is reviewed by the Medical Executive Committee for final approval.

This SOP puts forth additional processes required of Credentialed NINDS staff for the renewal of clinical privileges, i.e., the provision of documentation of engagement in the requested clinical procedures in support of the renewal of the activities outlined in the delineation of privileges document and a self-assessment.

### **3. PROCEDURES**

#### **3.1 Self-Assessment**

A self-assessment of clinical skills (see Appendix A) is required by all NINDS Clinical Staff requesting a renewal of their clinical privileges. The self-assessment allows the individual to reflect on their knowledge and competency in skill performance, which is essential to the practice of medicine.

#### **3.2 Peer Review**

All NINDS Clinical Staff are required to provide the name of one individual (peer level or above) who is qualified to evaluate their professional performance. The individual selected should have first-hand knowledge of the staff member's clinical skills as well as their professional judgement, rapport with patients and family members, rapport with staff, responsiveness to questions, and/or quality of clinical documentation.

#### **3.3 Review of Delineation of Privileges**

At the time of re-credentialing, the NINDS Credentialing Office will request that the staff member provide the number of instances that the clinician performed or supervised the procedures listed on the delineation of privileges form during the prior two years (see Appendix B). In general, those procedures for which the staff member has not performed or supervised during the prior two years will be removed from the renewal request. If the staff member would like to retain the privilege(s), it is suggested that "with supervision" be added to the delineation of privileges document.

If the staff member would like to add a new privilege to the list of procedures, the new procedure should be added to the delineation of privileges form including the statement, "with supervision", as appropriate.

At times, a staff member may request the addition of a new procedure to their current privileges mid-cycle, i.e., within the two-year credentialing period. A mid-appointment change can be submitted to CS via the NINDS Credentialing Office, for approval. The NINDS Credentialing Office will request the current Delineation of Privileges form (NIH 2677), to be amended by the clinician. The form will be sent to the staff member via the Office Manager for completion. The staff member should include the new procedure on the document and whether "with supervision" is needed. The Delineation of Privileges form (NIH 2677), the Record of Participation in Patient Care (NIH 101-1), and a Cover Memo describing the change should be submitted to the Clinical Director via the NINDS Credentialing Office, for approval. Once the NINDS CD approves, the request will be sent to CS for approval by the Medical Executive Committee.

Any changes (the addition or removal of clinical privileges or the addition or removal of "with supervision") to clinical privileges, whether at the time of renewal of clinical privileges or a mid-appointment change, must be described in the Cover Memo signed by

the individual's supervisor.

All additions to privileges or removal of "with supervision" must be approved by the MEC prior to performing the procedure(s) in practice.

**4. APPENDICES**

Appendix A: Medical Staff Re-Credentialing Evaluation – Self-Assessment

Appendix B: Delineation of Privilege - Documentation of Experience

## Appendix A: Self-Evaluation

Medical Staff Member Name: \_\_\_\_\_

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

### Medical Staff Re-Credentialing Evaluation

#### Self-Evaluation

As part of the medical staff re-credentialing process, we would like to ask you to complete a self-evaluation of your work at the NINDS/NIH CC over the past two years. Please return this completed form to **the NINDS Credentialing Office** along with the renewal documents. Thank you for your cooperation. This information is for internal OCD use only.

Based on your judgment of your performance at the NINDS, rate the following on a scale from 1 to 5:

1 = poor 2 = fair 3 = good 4 = very good 5 = excellent N/A (not applicable)

1. Professional judgment	1	2	3	4	5	N/A
2. Rapport with patients, families	1	2	3	4	5	N/A
3. Rapport with other staff	1	2	3	4	5	N/A
4. Clinical competence	1	2	3	4	5	N/A
5. Responsiveness to questions/pages	1	2	3	4	5	N/A
6. Quality of documentation	1	2	3	4	5	N/A

#### Please state how much of your work week you devote to the following areas:

- Clinical care (i.e. face to face encounters with patients): \_\_\_\_\_%
  - How many patient encounters or supervised patient encounters are you involved in during a typical week? \_\_\_\_\_
- Administrative duties: \_\_\_\_\_%
- Research: \_\_\_\_\_%
- Other \_\_\_\_\_%
  - If other, please describe: \_\_\_\_\_

#### Please indicate how many times in the past year you attended or participated in:

- Grand Rounds \_\_\_\_\_
- Clinical Care Meetings \_\_\_\_\_
- Thursday Consult Rounds \_\_\_\_\_
- Walking Consult Rounds \_\_\_\_\_
- Attending Call \_\_\_\_\_
- Other CE Activities \_\_\_\_\_

#### Please identify areas of improvement, if any:

\_\_\_\_\_  
\_\_\_\_\_

Any other comments? \_\_\_\_\_

Please provide the name of 1 person, peer level or above, who you think is qualified to evaluate your work:

1. \_\_\_\_\_

Thank you for filling out this questionnaire. Please be advised that we are always interested in your feedback.

Medical Staff Member Signature: \_\_\_\_\_



Appendix B: Delineation of Privilege - Documentation of Experience

Medical Staff Member Printed Name: \_\_\_\_\_

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

Instructions: NINDS Credentialing Staff have listed below the procedures for which you are currently credentialed. Please provide the number of instances that you performed or supervised the following procedures during the past two years, in the space provided:

History and Physical \_\_\_\_\_

Lumbar Puncture \_\_\_\_\_

Muscle Biopsy \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_