

In 2025, Focused Professional Practice Evaluations, commonly known as FPPEs, remain one of the most important tools for ensuring patient safety, maintaining clinical quality, and protecting healthcare organizations from liability. Every hospital and medical staff is required to have an FPPE process in place, and recent legal updates have made compliance even more critical. Used improperly as they often are, FPPE's are weaponized to deprive excellent physicians of their privileges and to report them to the state medical board and national practitioner data bank. So, what exactly is an FPPE? An FPPE is a focused review of a practitioner's clinical performance. It's required whenever a physician, nurse practitioner, or other licensed clinician receives initial privileges or expands their existing privileges. In other words, any time a provider takes on new responsibilities or performs new procedures, their work must be evaluated under an FPPE before those privileges become fully approved. The goal is not punishment—it's confirmation of competence. An FPPE ensures that the provider can safely perform the procedures or duties they've been granted. Hospitals use this process to validate skills, identify improvement areas early, and protect both patients and staff. Under Joint Commission Standard MS.08.01.01, all hospitals must implement FPPEs consistently across all departments and specialties. The rule is clear: there are no exceptions. Even highly experienced or board-certified physicians are not exempt. The evaluation requirement applies to everyone, regardless of their credentials or reputation. There are two main types of FPPE. The first is routine FPPE, which is conducted for all practitioners as part of the privileging process. The second is for-cause FPPE, which occurs when there are specific concerns about a practitioner's performance or behavior. These concerns might come from patient outcomes, peer reviews, or data trends showing variations from accepted standards of care. A for-cause FPPE can be especially sensitive because it may lead to temporary restrictions on a practitioner's privileges. If any restriction lasts more than thirty days, hospitals may be legally required to report the matter to the National Practitioner Data Bank, also known as the NPDB. This reporting can have long-term effects on a provider's career, credentialing, and future employment. To ensure fairness and accuracy, every FPPE must be based on objective data. Hospitals should use measurable indicators such as clinical outcomes, adherence to protocols, patient satisfaction, and teamwork. Peer evaluations, case reviews, and direct observation may also be used to provide qualitative insight. The key is consistency—every practitioner should be evaluated using standardized forms and documented criteria. Documentation is the backbone of FPPE compliance. If an organization ever faces a legal challenge, detailed records can demonstrate that evaluations were conducted properly, that due process was followed, and that the hospital took appropriate action to safeguard patient care. For 2025 and beyond, best practices emphasize three things: First, uniform application—every FPPE should follow the same steps, regardless of department or seniority. Second, transparent communication—clinicians should understand the process, its purpose, and what data will be reviewed. And third, peer review protection—evaluations should remain confidential and shielded from discovery in litigation whenever possible. In short, FPPEs are both a clinical quality tool and a legal safeguard. They help hospitals identify performance issues early, promote accountability, and demonstrate compliance with federal and accreditation standards. Healthcare leaders should regularly review and update their FPPE policies to ensure they align with current Joint Commission expectations and legal requirements. Working closely with experienced healthcare counsel can help organizations avoid compliance gaps and reduce exposure to risk. Used properly Focused Professional Practice Evaluations are not just paperwork they are proof of a hospital's commitment to safe, effective, and ethical medical care. So often the

process is used improperly and good physicians and even great physicians are targeted from professional jealousy or competition for patients.