



DEPARTMENT OF THE NAVY  
BUREAU OF MEDICINE AND SURGERY  
2300 E STREET NW  
WASHINGTON DC 20372-5300

IN REPLY REFER TO

BUMEDINST 6010.18A  
BUMED-M3M22/M00J  
14 Feb 2003

BUMED INSTRUCTION 6010.18A

From: Chief, Bureau of Medicine and Surgery  
To: Ships and Stations Having Medical Department Personnel

Subj: PARTICIPATION IN THE NATIONAL PRACTITIONER DATA BANK (NPDB)

Ref: (a) DOD Directive 6025.14 of 1 Nov 1990 (NOTAL)  
(b) DOD Instruction 6025.15 of 12 Oct 2000 (NOTAL)  
(c) SECNAVINST 6320.23  
(d) BUMEDINST 6320.66C  
(e) DOD Directive 6025.13 of 20 Jul 1995 (NOTAL)  
(f) BUMEDINST 6010.13  
(g) SECNAVINST 6401.2A  
(h) BUMEDINST 6320.67A  
(i) 5 USC 552  
(j) 10 USC 1102  
(k) SECNAVINST 5212.5D  
(l) ASD(HA) memo of 14 Dec 2000 (NOTAL)  
(m) 28 USC 2671

Encl: (1) Querying Procedures  
(2) Adverse Privileging Action Reporting Procedures  
(3) Claims Reporting Procedures

1. Purpose. To publish Bureau of Medicine and Surgery (BUMED) policy, assign responsibility, and prescribe procedures for complying with references (a) through (m). This is a complete revision and must be read in its entirety.

2. Cancellation. BUMEDINST 6010.18.

3. Background. The NPDB was established on 1 September 1990 as a result of the Health Care Quality Improvement Act of 1986 and per final regulation published by The Department of Health and Human Services (HHS) in 1989. The NPDB collects and maintains information concerning payments made on behalf of a physician, dentist, or other licensed practitioner for settlement of, or in satisfaction of, a claim or judgment for medical malpractice and concerning adverse actions taken regarding the clinical privileges of licensed practitioners. Although the Act does not directly apply to the Military Health System, Congress directed HHS to enter into a memorandum of understanding (MOU) with the Secretary of Defense (SECDEF) to apply the provisions of the Act to hospitals, other facilities, and practitioners under the jurisdiction of SECDEF. In 1987, HHS and the Department of Defense (DOD) entered into an MOU confirming DOD's participation in the national reporting system established under the Act. The responsibility assigned to the Surgeon General of the Navy in reference (b) will be executed through authority as Chief, BUMED.

4. Applicability. Applies to all military (active duty and Reserves) and civilian health care practitioners who are assigned to, employed by, contracted to, or under partnership agreements with Department of the Navy (DON) activities and who are required to possess a license, granted privileges to provide health care services to active duty members or any other military health system beneficiaries, and covered for liability purposes under reference (m).

5. Policy. All official correspondence with the NPDB covered under this instruction shall be conducted by BUMED unless otherwise specified.

a. Queries. The NPDB must be queried prior to employment, initial medical staff appointment, or the initial granting of clinical privileges, and at least every 24 months thereafter as a part of the privilege renewal process. BUMED querying procedures are outlined in enclosure (1).

b. Adverse Privileging Actions (APA). Reports of cases of APA must be made by BUMED-M00J to the NPDB and the Defense Practitioner Data Bank (DPDB) as outlined in enclosure (2) and references (a), (b), (e), and (h).

c. Claims. Reports of claim payments, disability determinations, or other payments must be made to the NPDB and/or DPDB as outlined in enclosure (3). References (i) and (j) cite two exemptions from disclosure: Privacy Act and Confidentiality of Medical Quality Assurance Records.

d. Changes. Enclosures (1) through (3) and attachments A through C to enclosure (3) may be changed by the Chief, BUMED.

6. Responsibilities. Per reference (b):

a. BUMED Staff Judge Advocate, BUMED-M00J, shall release required reports to the NPDB, DPDB (through the Armed Forces Institute of Pathology (AFIP)), DOD Risk Management Committee, Federation of State Medical Boards (FSMB), States of known licensure, and other professional certifying or regulatory agencies.

b. BUMED Risk Management, BUMED-M3M22, shall release required reports to the NPDB, DPDB (through the AFIP), and the DOD Risk Management Committee.

c. BUMED-M00J and BUMED-M3M22 shall maintain a record of all cases reported to outside agencies following reference (k). BUMED-M00J and BUMED-M3M22 shall maintain a method for tracking and monitoring all cases ensuring that all reports made to the NPDB are made to the DPDB and, when appropriate, to other entities.

7. Reports and Forms

a. DD 2499, Health Care Practitioner Action Report, required by enclosure (2) and reference (b), has been assigned report control symbol DD-HA(AR)1611 per DOD 8910.1-M of June 1998. This form is available electronically at: <http://web1.whs.osd.mil/icdhome/DDEFORMS.htm>.

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b. DD 2526, Case Abstract for Medical Claims, has been assigned report control symbol DD-HA(AR)1782 per DOD 8910.1-M of June 1998. This form is available electronically at:  
<http://web1.whs.osd.mil/icdhome/DDEFORMS.htm>.



M. L. COWAN

Available at: <http://navymedicine.med.navy.mil/instructions/directives/default.asp>

## QUERYING PROCEDURES

1. Querying. The NPDB is a resource used to assist health care entities in providing high quality health care by qualified professionals. Health care entities conduct NPDB investigations regarding the qualifications of health care employees prior to employment, initial medical staff appointment, or the initial granting of clinical privileges, and at least every 24 months thereafter as part of the privilege renewal process. The NPDB is primarily an alert or flagging system intended to facilitate a comprehensive review of health care practitioners' professional credentials. The NPDB is intended to augment not replace traditional forms of credentials review and should be used in conjunction with information from other sources when granting clinical privileges or in employment or affiliation decisions.

### 2. Initial Query Requirements Prior to Granting a Medical Staff Appointment or Privileges

a. Direct Accessions, Recalls to Active Duty, and Interservice Transfers to DON. Applicants must submit a copy of a current NPDB form as part of their package for review by the applicable professional review board. If applicant is successfully accessed, the Healthcare Support Office (HLTHCARE SUPPO), Jacksonville, Florida will initiate another NPDB query once the practitioner's credentials information has been entered into the Centralized Credentials Quality Assurance System (CCQAS) database.

b. New Civil Service Employees. Applicants are required, as part of the application process, to provide a copy of a current NPDB form to the local human resources office for review by the applicable professional review board. If applicant is hired, the HLTHCARE SUPPO Jacksonville, Florida will initiate another NPDB query once the practitioner's credentials information has been entered into the CCQAS database.

c. New Contract Practitioners. Contracting agency must include a copy of a current NPDB form as part of the credentials package for review prior to approving the practitioner's application for professional staff appointment and privileges. After the contract has been approved, the HLTHCARE SUPPO Jacksonville, Florida will initiate another NPDB query once the practitioner's credentials information has been entered into the CCQAS database.

d. Personal Service Contractors or Partnership Practitioners. Applicants must submit a copy of a current NPDB form, as part of their package, for review by the applicable professional review board. If applicant is approved, the HLTHCARE SUPPO Jacksonville, Florida will initiate another NPDB query once the practitioner's credentials information has been entered into the CCQAS database.

e. American Red Cross Volunteers. Applicants must submit a copy of a current NPDB form, as part of their package, for review by the applicable professional review board. If applicant is approved, the HLTHCARE SUPPO Jacksonville, Florida will initiate another NPDB query as soon as the practitioner's credentials information is entered into the CCQAS database.

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3. The HLTHCARE SUPPO Jacksonville, Florida is responsible for initiating an NPDB query as soon as the practitioner's credentials information is entered into the CCQAS database and within 90 days prior to renewal of privileges. The information obtained from the results of the query will be maintained in the CCQAS database. If there is adverse information on file, a copy will be mailed to the appropriate privileging authority.

## ADVERSE PRIVILEGING ACTION REPORTING PROCEDURES

1. Privileging Authority Action. When an APA, per reference (h), results in the denial, reduction, suspension, or revocation, in whole or part, of a practitioner's professional staff appointment or clinical privileges, the privileging authority, as defined in reference (h), shall:

a. Forward a complete copy (originals when appropriate) of the entire APA case file, after final decision by the privileging authority, to BUMED-M00J for review and reporting. This shall include all letters, documents, peer review transcripts, investigations, final decision, appeal, physical evaluation board findings, military justice findings, and other documents created in the case. In the case of an appeal, include comments on issues raised in the appeal in the forwarding endorsement. In the case of a non-appeal, forward the case file with documentation that the provider declined to appeal. In the case of reinstatements, forward the case file with supporting documentation that reinstates the provider's privileges to enable BUMED-M00J to document closure of the file and mark it "Do Not Report."

b. Ensure the provider's demographics and clinical credentials have been entered into CCQAS. Demographics include fields such as home address, duty station address, privileging authority address, social security number, date of birth, point of contact, etc. Clinical credentials include field of license, specialty, source of accession, degree, professional schools, graduation date, United States or foreign trained, etc. This information feeds reports to the NPDB and DPDB through the Health Care Practitioner Action Report, DD Form 2499, required by reference (b).

c. Notify BUMED-M00J when privileges are placed in abeyance or summary suspension, to update status on APAs, to provide copies of documents, or to consult on APA matters before taking action by using anyone of the following methods:

(1) Legal Adverse Action Coordinator E-mail Account. The adverse action coordinator e-mail account is accessible through BUMED's global address directory in Microsoft Outlook under the word "legal." The Head, Adverse Privileging and Adverse Action Coordinator monitors this account at: [adverseactioncoord@us.med.navy.mil](mailto:adverseactioncoord@us.med.navy.mil).

(2) Telephone and Facsimile. BUMED-M00J's main telephone number is (202) 762-3090, facsimile number is (202) 762-3092.

2. BUMED Staff Judge Advocate Action, BUMED-M00J shall:

a. Release a report, when appropriate, within 30 calendar days, per reference (b), to the NPDB and DPDB through the DOD Department of Legal Medicine at the Armed Forces Institute of Pathology (AFIP), Federation of State Medical Boards (FSMB), State licensing agencies, and professional certifying and regulatory boards as follows:

(1) Final Decision by Privileging Authority. After a professional peer review and final decision on an APA by a privileging authority or other final professional review action on privileged providers that meets the criteria of references (a), (b), (e), (h), (l), and the following NPDB reporting guidelines:

(a) The APA is the result of professional competence and/or professional conduct which adversely affects or could adversely affect the health or welfare of a patient.

(b) The APA is the result of a professional review action which adversely affects clinical privileges for a period of more than 30 days.

(2) Providers Who Separate. Privileged providers, who separate from active duty, or whose business relationship with DOD ends, and whose clinical privileges are suspended at the time, must be reported per reference (b).

(3) Medical Disability. Privileging actions resulting from medical disability that affects or could adversely affect the health or welfare of a patient or patients per reference (b).

(4) All Privileged Health Care Providers. Per reference (l).

(5) Correction of Record. For clarification, correction, revision, or void of a previous report following completion of review procedures and/or hearing procedures per reference (b) and NPDB guidelines. For a plan of supervision followed by restoration of privileges or reinstatement of privileges that were previously reported.

(6) Appeal. After Chief, BUMED's final decision on the appeal of an APA.

(7) Non-appeal. After notification that a privileged provider will not appeal the privileging authority's final action as defined in reference (h) and a professional legal review at BUMED-M00J has been completed for Chief, BUMED.

b. Submit an electronic report to NPDB using the Integrated Query and Reporting Service (IQRS) after entering accurate information and developing a narrative that reflects the facts.

c. Provide to the health care provider a copy of the initial NPDB report and any subsequent reports that clarify, correct, revise, or void an initial APA report, per reference (b) and NPDB guidelines.

d. Provide a quarterly report to the DOD Risk Management Committee, who exercises oversight and monitoring, to ensure compliance with reporting requirements, as required by reference (b), for review of statistical information on the number of final APAs, number reported to NPDB, timeliness of reports, backlog, and problems with reporting.

e. Establish internal management controls to monitor and ensure reports submitted to NPDB are also submitted to DPDB per DOD guidance. Apply the same monitor to reports submitted to other licensing agencies.

f. Non-privileged providers shall be reported to States of licensure and/or other certifying agencies in situations where patient care is involved and a report is made to the Healthcare Integrity and Protection Data Bank (HIPDB). Reports shall generally be made within 30 days

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following receipt of final action that includes all supporting documentation by the military treatment facility (MTF) commanding officer and after legal review by BUMED-M00J to determine if the case is reportable.

## CLAIMS REPORTING PROCEDURES

1. Policy. The Chief, BUMED is responsible for reviewing all paid medical malpractice cases. If the Chief, BUMED determines that payment was for the benefit of a health care practitioner, a report in the name of the practitioner must be forwarded for inclusion in the NPDB. To assist the Chief, BUMED, a Professional Case Review Panel (PCRP) is created which must review all such cases. The PCRP will render an opinion on whether the standard of care was met and recommend to the Chief, BUMED the name of any practitioner who should be reported to the NPDB. The report of the PCRP and its deliberations are exempt from disclosure under references (i) and (j).

### 2. Responsibilities Upon Notification of a Paid Malpractice Claim

#### a. BUMED-M3M22 shall:

(1) Compile a case file that includes, if available, copies of the Judge Advocate General Manual (JAGMAN) investigation with all enclosures and endorsements, all specialty reviews, the claim, and available closed claims documentation (e.g., correspondence for the Judge Advocate General, the Department of Justice, or United States Attorney settlement agreement or judgment).

(2) Forward a copy of the case file by certified mail, return receipt requested, to each practitioner identified as a potential subject of an NPDB report. Advise the practitioner that they have been identified as a potential subject of an NPDB report, that the case file will be used by the PCRP to form a basis for rendering opinions and making a recommendation to the Chief, BUMED for possible NPDB reporting, and that they have 15 calendar days to submit written comments for consideration by the PCRP. Upon application and showing of good cause, the 15 days may be extended. Reasonable efforts to notify all practitioners must be undertaken; however, absence of notification despite reasonable efforts will not preclude NPDB reporting. Attachment A is a sample notification letter.

(3) Prepare a case file for use by the PCRP upon receipt of the practitioner's comments or upon expiration of the applicable timeframe for response. The review file must consist of the case file and the practitioner's comments, if any. With the exception noted below, no written matters will be submitted to the PCRP that have not previously been provided to the practitioner for comment. Where notification to the practitioner cannot be made despite reasonable efforts, the review file must contain documentation reflecting the efforts to make notification. In such instances, it can be considered by the PCRP.

#### b. PCRP

##### (1) Membership

(a) Members must be from the same corps or civilian equivalent as that of the practitioner who is the potential subject of an NPDB report. There is no requirement that members be of the same medical, dental, nurse, or ancillary subspecialty.

(b) The Chief, Navy Medical Corps; Chief, Navy Dental Corps; Director, Medical Service Corps; and Director, Navy Nurse Corps will each appoint an officer to represent their communities in matters involving the PCRCP. At the request of BUMED-M3M22, the appointed officer must identify a minimum of three members to perform as the PCRCP. The appointed officer may, but need not, act as a PCRCP member.

(c) PCRCP members may not take part in the review of a case in which the member participated as a practitioner or for which the member acted as investigating officer or specialty reviewer.

(2) Administrative Support

(a) The PCRCP meets at the call of BUMED-M3M22.

(b) BUMED-M3M22 provides administrative support to the PCRCP and may take part in deliberations of the PCRCP, but has no vote.

(3) Deliberations

(a) PCRCP reviews are not adversarial proceedings.

(b) Neither potential subjects of NPDB reports nor their personal representatives will be permitted to make a personal appearance before the PCRCP.

(c) The file, pertaining to the medical malpractice payment and compiled by BUMED-M3M22 for review by the PCRCP will include the following, if reasonably available:

1. A copy of the JAGMAN with enclosures and endorsements.

2. All specialty reviews.

3. Available closed claim documentation, which may include a copy of the Federal Tort Claims Act claim form (SF-95), and a copy of the settlement memorandum or judgement.

4. The provider's statement.

(d) The PCRCP may seek additional documents for consideration. These must be referred to the practitioner for comment before they are considered by the PCRCP.

(e) The PCRCP's report to the Chief, BUMED must be based solely on the above written matters.

(f) The PCRCP must use the following standards to determine whether an NPDB report should be recommended:

1. Malpractice payment must have been made in response to a claim either as a settlement or court action.

2. Malpractice payment was caused by the failure of one or more practitioners to meet the standard of care.

3. Regarding attending practitioners supervising trainees:

a. When a health care trainee is a significantly involved practitioner subject to a report, the attending practitioner responsible (not the trainee) for the delivered care shall be reported to the NPDB.

b. If the attending practitioner clearly met all reasonable standards of supervision and the trainee's act or omission was not reasonably foreseeable by the attending practitioner, then the trainee (not the attending practitioner) shall be reported to the NPDB.

4. No report to the NPDB is required for cases in which "system problems," rather than the failure of significantly involved practitioners to meet the professional standard of care, were responsible for the malpractice payment.

5. No report to the NPDB is required for malpractice payments based on administrative or litigation considerations as contrasted to clear evidence establishing on the record that significantly involved practitioners failed to meet the standard of care.

(g) Opinions and recommendations must be by majority vote of PCRCP members present to conduct business.

(h) The PCRCP report to the Chief, BUMED must be in writing and signed by the senior member present. Attachment B is the required reporting format.

c. External Peer Review

(1) If the PCRCP's decision is that the malpractice payment was not caused by the failure of any practitioner to meet the standard of care, or that "system problems" were responsible for the malpractice payment, the case file, including all relevant information, will be forwarded for external peer review, as required by the Assistant Secretary of Defense (Health Affairs).

(2) The external peer reviewer will provide to Chief, BUMED an opinion on whether or not the standard of care was met for each involved provider and address the issue of causation.

d. Chief, BUMED's Review

(1) Upon receipt of a PCRCP report and the external peer reviewer's opinion, if required, BUMED-M3M22 will prepare a file for Chief, BUMED's review which must include: the case file, the provider's comments (if any), the PCRCP report, and the external peer reviewer's opinion

(if required). BUMED-M3M22 will prepare such papers as necessary for Chief, BUMED to document his decision, including a draft letter notifying involved practitioners of the final decision on NPDB reporting.

(2) Based on the preliminary determination by the PCRCP and the external peer reviewer's opinion (if required), Chief, BUMED will make a final determination on whether or not the malpractice payment was caused by the failure of any practitioner to meet the standard of care, document his decision, and sign the appropriate letters notifying the involved practitioners of the final decision.

(3) The responsibilities of Chief, BUMED, may be delegated to one or more senior officers in his chain of command. When the external peer reviewer's opinion is that the practitioner did not meet the standard of care, the authority to make a final decision may only be exercised by Chief, BUMED, and may not be delegated.

e. Reports

(1) As directed by Chief, BUMED, BUMED-M3M22 prepares the documents required to make reports as appropriate, to the following agencies:

(a) NPDB.

(b) DPDB.

(c) DOD Risk Management Committee.

(2) As directed by Chief, BUMED, BUMED-M3M22 must sign and release all required reports.

(3) When a report is made to the NPDB, a copy must be furnished to the practitioner, unless the practitioner cannot be located with reasonable effort.

(4) Closed claims reporting files will be created and retained indefinitely. These files may be necessary for future audits by outside agencies reviewing NPDB reporting compliance. After 1 year, enclosures to the JAGMAN investigation can be destroyed as a space-saving measure.

3. Mandatory Reporting Requirement

a. The Chief, BUMED, is required to make NPDB reporting determinations within 180 days of receiving notice of malpractice payments, per reference (b). If the 180-day period expires without the Chief, BUMED making a final determination that the malpractice payment was not caused by failure of any practitioner(s) to meet the standard of care, a report shall be made in the name(s) of the significantly involved practitioner(s). If, thereafter, Chief, BUMED makes a final determination that the malpractice payment was not caused by the failure of such practitioner(s) to

meet the standard of care, the report shall not be removed. The report shall be amended by adding a comment that Chief, BUMED determined that the malpractice payment was not caused by the failure of the practitioner to meet the standard of care.

b. Notification of payment requires receipt of the complete litigation report with supporting documents and closed claim documentation from the Office of the Judge Advocate General.

c. If it is determined that additional materials (i.e., specialty reviews) are required to complete the process after initiation of the review, the 180-day period will be suspended until required materials are obtained.

#### 4. Feres Barred Cases - Reporting to the DPDB

a. When a determination is made that the disability system will be used or other payments will be made because of personal injury or death of a member of a Uniformed Service caused by the failure of a practitioner to meet the professional standard of care, a report shall be made by Chief, BUMED to the DPDB in the name of the practitioner. The process for making the final determination in Feres barred cases shall be comparable to the process established for review of paid malpractice cases, as outlined in this enclosure, to include the use of external peer review and the requirements regarding mandatory reporting.

b. Review of Feres Barred Cases will be Initiated when:

(1) A Physical Evaluation Board (PEB) reports to Chief, BUMED that a member whose medical impairments require referral to a PEB may have incurred such impairments as a result of medical or dental care provided in the Military Health System, and such impairments are subsequently determined to require separation or retirement because of physical disability. The 180-day period, referred to in paragraph 3a of this enclosure, begins on the date of such separation or retirement. The PEB shall report the case, together with full documentation to Chief, BUMED.

(2) A medical examiner designated by the Armed Forces Medical Examiner determines that a member may have died as a result of medical or dental care provided in a medical or dental treatment facility and reports such determination to Chief, BUMED. The 180-day period, referred to in paragraph 3a of this enclosure, begins on the date of the medical examiner's report. The medical examiner shall report such determinations, together with full documentation, to Chief, BUMED.

(3) The Chief, BUMED otherwise becomes aware of circumstances indicating the probability that the disability system will be utilized or other payments will be made because of personal injury or death of a member of the Uniformed Service caused by the failure of a practitioner to meet the professional standard of care.

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Ser M3M22/00xx  
Date

CERTIFIED MAIL #Z \_\_\_\_\_ RETURN RECEIPT REQUESTED

From: Chief, Bureau of Medicine and Surgery

To: Any J. Doctor, MD, 333 Wraparound Street, Anyplace, MD 20xxx

Subj: MEDICAL MALPRACTICE CLAIM PAYMENT IN THE CASE OF PATIENT CARE

Encl: (1) Case File

(2) Information Verification Sheet and Return Envelope

(3) BUMEDINST 6010.18A

1. A payment was made in the amount of \$60,000.00 on a claim filed by Patient Care against the United States. Under Department of Defense regulations, the Chief, Bureau of Medicine and Surgery (BUMED) is required to review and process all malpractice claims involving Navy health care practitioners within 180 days of notification of the payment. By instruction, the Chief, BUMED must determine if a practitioner's actions deviated from accepted standards of care, and if so, requires reporting of the practitioner's name to the National Practitioner Data Bank (NPDB). If a decision has not been reached within 180 days, the Chief, BUMED per the instruction is required to report the provider's name to the data bank. If a standard of care met determination is made at a later date, the report may be amended but not rescinded or revoked.

2. Our preliminary review of this case suggests that you were involved in the care of Patient Care. A Professional Case Review Panel (PCRP) will be reviewing the care of this patient and the allegations of negligence submitted on the patient's behalf. After careful review of the materials, the PCRP will determine if the involved practitioner(s) deviated from the accepted standards of care and make a recommendation to the Chief, BUMED whether to report any practitioner to the NPDB.

3. You are invited to provide written input for consideration during the review process. You may fax or E-mail the response and then send the original with your signature. I am forwarding enclosures (1) through (3) to assist you in preparing your input. Enclosure (1) is identical to the information that the review panel will have at its disposal. I suggest that in your response you describe your role in the patient's care and, if necessary, clarify facts presented in the Judge Advocate General investigation. You may also submit professional standards or literature in support of your medical decisions or treatments rendered to this patient.

4. It is not necessary to retain an attorney or to submit an expert specialty review of the care you provided. If you elect to do so, you must countersign any documentation you submit that is prepared by someone other than yourself.

Attachment A to  
Enclosure (3)

5. Your response is due in this office within 15 days of the date of this letter. If you have not responded by that time, we will assume you have chosen not to submit input and will proceed with the review process.

6. The information in enclosure (1) is protected under the Privacy Act, and may also contain military quality assurance documents under 10 USC 1102, which are confidential and privileged by law. Upon completion of your review you have three options:

a. You may retain the documents. However, if you do, I request you protect the information they contain from being disclosed to third parties.

b. You may return the documents to this office.

c. You may destroy the documents. However, please destroy them in a manner that prevents the information they contain from being disclosed to third parties.

7. It is of the utmost importance that you complete enclosure (2) and return it as soon as possible to the following address, using the self-addressed envelope provided:

Chief  
Bureau of Medicine and Surgery (M3M22)  
2300 E Street NW  
Washington, DC 20372-5300

8. Following review and recommendation by the review panel, Chief, BUMED will make the final determination whether to submit a report to the NPDB. After the review process is completed, you will be informed of Chief, BUMED's decision whether you will be the subject of an NPDB report.

9. If additional time is required to prepare your input or if you have any questions, please contact the BUMED Risk Manager at (202) 762-3081.

I AM NAVY  
Captain, Medical Corps  
United States Navy  
Director, Clinical Operations

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Ser M3M22/0000  
Date

From: Captain I Am Navy, MC, USN  
To: Chief, Bureau of Medicine and Surgery

Subj: PROFESSIONAL CASE REVIEW PANEL (PCRP) REPORT ON PAID CLAIM ICO  
ANY PATIENT, CASE NUMBER H99-000

Ref: (a) BUMEDINST 6010.18A

Encl: (1) PCRP Work Sheet for LCDR DAVID NAVY, MC, USN  
(2) PCRP Work Sheet for CDR STEPHEN NAVY, MC, USN  
(3) PCRP Work Sheet for CAPT JOHN NAVY, MC, USN

1. On H99-000 case file, the PCRP met to review the subject claim.
2. The following members reviewed case:  
  
Captain Michael Navy, MC, USN  
Captain Frank Navy, MC, USN  
Commander Jonathan Navy, MC, USN
3. All business was conducted in compliance with reference (a).
4. Enclosures (1) through (3) contain the PCRP's opinions and recommendations regarding the potential subjects of a National Practitioner Data Bank report.

MICHAEL NAVY  
By direction

PCRP WORK SHEET

Case Number: \_\_\_\_\_  
Date: \_\_\_\_\_

Potential subject of NPDB report: \_\_\_\_\_

The following opinions and recommendation are tendered:

**OPINIONS**

(Line out "Practitioner" or "Trainee," as appropriate.)

The (practitioner) (trainee) deviated / did not deviate from the standard of care. (Circle one.)

1. \_\_\_ Malpractice payment was made in response to a claim either as a settlement or court action for which, based on the record as a whole, the NPDB requires a report be made.

2. \_\_\_ Malpractice payment was made in response to a claim either as a settlement or court action; however, based on the record as a whole, the payment was not for the benefit of this licensed practitioner or trainee. A report to NPDB is not required for the following reason:

a. \_\_\_ The following system problem, rather than the failure of the significantly involved practitioner(s) to meet professional standards of care, was responsible for the malpractice payment:

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

b. \_\_\_ Payment was based on administrative or litigation considerations as contrasted to clear evidence establishing on the record the practitioner or trainee failed to meet the standard of care.

**CASES INVOLVING ACTS OR OMISSIONS BY TRAINEES**

\_\_\_ The attending practitioner did not meet all reasonable standards of supervision as the trainee's act or omission was reasonably foreseeable. A report in the attending practitioner's name is required, but a report in the name of the trainee is not required.

\_\_\_ The attending practitioner met all reasonable standards of supervision and the trainee's act or omission was not reasonably foreseeable. A report in the trainee's name is required, but a report in the name of the attending practitioner's name is not required.

**RECOMMENDATION**

\_\_\_ Do not report to the NPDB.

\_\_\_ Report to the NPDB.