

# Medical Staff Briefing

## Worried about fake credentials? Review your PSV processes now.

Recent [news](#) of more than 7,500 fraudulent nursing degrees being issued should serve as a shocking reminder for healthcare organizations to check their verification processes.

From 2016 to 2021, those involved in the scheme allegedly received \$114 million for the fake diplomas and transcripts from students at three Florida-based nursing schools: Palm Beach School of Nursing, Sacred Heart International Institute, and Siena College. With the fake diplomas and transcripts, students appeared qualified to take the National Council Licensure Examination. About 2,400 of those students eventually passed the exam and were able to obtain licenses and jobs in other states.

“This is a great opportunity to review credentialing policies and [accreditation] requirements about HR and staffing, and how verification of education, training, and licensure is done to evaluate whether any updates need to be made,” says **Alicia Macklin**, co-chair of the Behavioral Health Practice Group and partner in the Medical Staff Operations and Disputes Practice at Hooper, Lundy & Bookman, PC.

### What is primary source verification?

Once a practitioner submits a medical staff application, the information on that application must be verified by the primary source or a designated equivalent source. To understand the difference between these sources, refer to the following definitions:

- **Primary source:** The original source, or an approved agent of that source, of a specific credential that can verify the accuracy of a qualification reported by an applicant.
- **Secondary source:** A source that may be used when primary source verification is not required or is unavailable. It may include a notarized copy of a credential.
- **Designated equivalent source:** A selected agency that has been determined to maintain specific items or credentials information equivalent to the primary source. These agencies are identified by your accreditor. For example, The Joint Commission lists the AMA Physician Profile as a designated equivalent source for verifying medical education.

The MSP then does the following:

- Selects the verifications necessary for the applicant
- Chooses the method(s) for communicating with sources
- Prints letters and labels if needed
- Mails, faxes, or emails documents to each source

Keep in mind that verifications won't all arrive at the same time. Your organization likely has an online or paper-based table for tracking when each item has been verified.

Verifications may be made by phone call but must be documented on the approved form and kept in the applicant's file.

Your [organization's policies](#) should also indicate how many requests for verification will be made when information isn't forthcoming, as well as the timing of these requests. Second requests for information are usually sent to non-respondents after one week, and the applicant is again notified in writing of any missing information.

Third requests are typically sent to non-respondents after two weeks, and the applicant is again notified in writing and asked to assist. Remember, the burden is on the applicant to provide all information that's required. At the third request, you should notify the applicant that their application will be considered incomplete and closed if the information is not supplied within the specified amount of time.

### What is required to verify medical school training?

Let's take a look at what CMS and some of the major accreditors require to verify medical education.

According to CMS *Condition of Participation* 482.11(c), “The medical staff must have a mechanism to examine evidence of

professional education.” However, CMS does not specify acceptable sources to confirm this information.

DNV states that education must be verified from the primary source (MS.8 Appointment: SR.1a). Verification with the AMA Physician Profile, the American Osteopathic Information Association, and the Educational Commission for Foreign Medical Graduates (ECFMG) is acceptable when applicable.

ACHC/HFAP also requires primary source verification of education directly with the medical school and place of residency or verification with the AMA Physician Profile, the American Osteopathic Information Association, and the ECFMG (03.01.15 Application and Reapplication Requirements).

The Joint Commission also states (MS.06.01.03 Credentialing: EP 6, MS.06.01.05 Privileging: EP 2) that primary source verification of medical training comes directly from the school. The Joint Commission lists the following acceptable “designated equivalent sources”:

- The AMA Physician Profile for all United States and Puerto Rico medical school education
- The AOA Physician Database
- The ECFMG for foreign medical schools
- The American Academy of Physician Assistants Profile provided through the AMA Physician Profile Service

When an organization cannot obtain verification from the primary source, The Joint Commission standards permit use of a “reliable secondary source.” Such a source can be another hospital that has a documented primary source verification of the credential.

## What actions should hospitals take now?

Some state nurse licensing boards have started taking action against nurses involved in the scandal. The Delaware Board of Nursing annulled the licenses of 26 nurses. Georgia has asked 22 nurses to voluntarily surrender their licenses. The Texas Board of Nursing filed formal charges against 23 nurses. The Washington Board of Nursing is reviewing the licenses of 77 nurses. Because the nurses acquired fake diplomas and transcripts, they were not technically qualified to take the National Council Licensure Examination. About 2,400 of those students eventually passed the exam and were able to obtain licenses and jobs in other states.

**Macklin, though, says healthcare organizations should not wait for their state nursing boards to take action.**

**“Hospitals and medical staffs should not wait for state and federal investigations to complete. They need to do a deep dive and determine if any of those nurses are at their hospital. Talk to nurses and take appropriate actions,” says Macklin.**

**Rick Sheff, MD**, healthcare consultant and former chief medical officer for Chartis Clinical Quality Solutions (formerly known as The Greeley Company), agrees with Macklin.

“Do you wait for the state to cancel their license? No. You can’t allow them to work in your organization,” says Sheff. “If the organization now knows a nurse falsified their training and got their nursing license under false pretenses, but keeps the nurse on staff because they are not bad clinically—the organization now has liability and exposure [to patient safety issues and lawsuits].”

Federal prosecutors have yet to find any evidence of direct patient harm from this scheme. However, there is a risk that hospitals could be sued by patients who received care from a fraudulent nurse.

**“It goes back to immediate steps being taken,” says Macklin. “Organizations need to also review if there were any patient care issues and know their potential liability. They need to show they did due diligence right away.”**

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