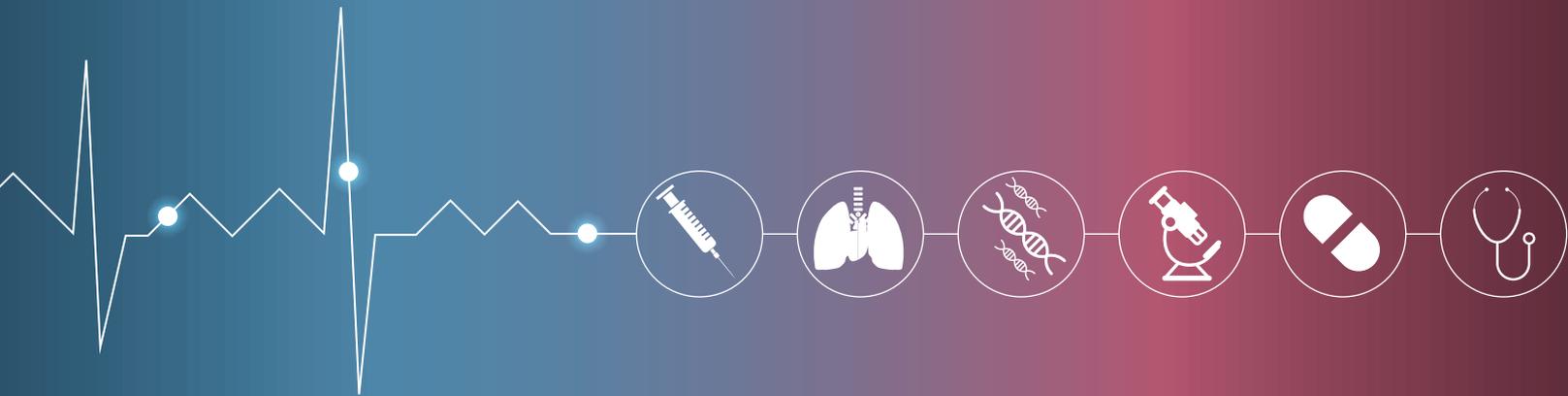


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Seventh Edition

Core Privileges for **PHYSICIANS**

*A Practical Approach to Developing
and Implementing Criteria-Based Privileges*



Maggie Palmer, MSA, CPCS, CPMSM

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a Simplify *Compliance* brand

Seventh Edition

Core Privileges
for **PHYSICIANS**

Maggie Palmer, MSA, CPCS, CPMSM

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About the Author

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Palmer is currently the vice president of medical staff professional services and regulatory affairs at Parkland Health & Hospital System in Dallas. Palmer's previous experience includes vice president of medical staff and clinical contractor services at IntelliCentrics, national director of credentialing for Tenet Health in Dallas, director at Scripps Health in San Diego, executive director of Hawaii Credential Verification Service, credentials specialist at Castle Medical Center, and Straub Clinic and Hospital. She has also served as a consultant and interim medical staff director in various organizations across the United States.

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Clinical Privileges Instructions and General Qualification Requirements

The following information is presented in order to help organizations develop their own delineation of privileges (DOP) according to the specific services they provide. The templates can be used as worksheets to build your DOP criteria and work with your specialty chief/chair, and then converted into your specific format, or you can utilize the format as is. The items below are best practice, industry standard recommendations that should be considered when developing criteria. Please note that not every form is designed to encompass all possible criteria, procedures, and qualifications; that is up to the organizations to determine what is appropriate.

Instructions for Applicant and Chair/Chief:

These instructions can appear as a separate document or be imbedded directly on the DOP, as is demonstrated on the forms in this book.

Remember to keep in mind how you are publishing the DOPs (i.e., via paper or electronic). This will guide you on how to present your instructions.

- **Applicant:** Review education and basic formal training requirements, current competency and FPPE competence, and maintenance requirements thoroughly. Check the “Requested” box for each privilege requested. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current competence, current clinical activity, and other qualifications, and for resolving any doubts related to qualifications for requested privileges.
- **[Chair/chief]:** Check the appropriate box for recommendation for each procedure (or group of procedures) on the last page of this form (and include your recommendation for focused professional practice evaluation (FPPE)). If recommended with conditions or not recommended, provide the condition or explanation on the last page of this form.

Other Requirements:

This document is focused on defining qualifications related to competency to exercise clinical privileges.

- The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.
- Applicants will be requested to provide documentation of practice and current clinical competence as defined on the attached qualifications and competency grid.
- Note that privileges granted may be only exercised at the site(s) and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.
- Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current clinical competence and other qualifications and for resolving any doubts.
- If any privileges are covered by an exclusive contract or an employment contract, practitioners who are not a party to the contract are not eligible to request the privilege(s), regardless of education, training, and experience. Exclusive or employment contracts are indicated by [EC].

Education/Training Documentation for Initial Granting

Qualifications for core privileges should include:

- Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) residency/fellowship in the appropriate specialty/subspecialty.

Instructions Form

- May also include language regarding foreign boards such as the Royal College of Physician and Surgeons of Canada.
- May also want to request a resident/fellow summative evaluation from their program. The program director must provide a summative evaluation for each resident upon completion of the program. This evaluation must become part of the resident's permanent record maintained by the institution, and must be accessible for review by the resident in accordance with institutional policy. This evaluation must: a) document the resident's performance during the final period of education, and b) verify that the resident has demonstrated sufficient competence to enter practice without direct supervision.
- Organizations may have waiver language in their bylaws for foreign trained graduates that would waive the ACGME/AOA training program requirements if determined that the applicant has received substantially equivalent training and experience, can demonstrate current competence, and is deemed as an "expert in his or her specialty or holds national or international prominence."
 - A process for determining equivalency, experience, and current competency should be in place with a policy and procedure for requesting a waiver. The waiver should be reviewed and recommendation made by the credentialing committee to the medical executive committee to the board for final approval. The waiver should be presented prior to application being sent.

Current Clinical Competence

In addition to the required education, experience, and/or training specified on each DOP form, documentation of current clinical competence is required. Current clinical competence is described as having **“performed the privilege recently and performed it well.”**

Current clinical competence is assessed prior to granting privileges initially and is reassessed when renewing privileges at reappointment for maintenance of privileges. Current clinical competence may be location specific (acute hospital care/ambulatory surgery center) and/or age specific (adult, pediatric, neonatal). Current clinical competence may be evaluated from case logs provided by other facilities where the applicant has practiced.

When board certification is required by an organization, they may wish to put parameters around a timeframe to become board certified such as “current certification or board eligible (with achievement of certification with [n] years of completion of training) leading to specialty/subspecialty certification in [SPECIALTY] by the American Board of [SPECIALTY BOARD] or the American Osteopathic Board of [SPECIALTY BOARD].”

- Organizations are encouraged to follow the American Board of Medical Specialty's and American Osteopathic Association's guidelines on length of eligibility.
- Organizations may have waiver language in their bylaws for exceptional circumstances that would waive the board certification/eligibility requirement if determined that the applicant has received substantially equivalent training and experience, can demonstrate current competence, and is deemed as an "expert in his or her specialty or holds national or international prominence."
 - A process for determining equivalency, experience, and current competency should be in place with a policy and procedure for requesting a waiver. The waiver should be reviewed and recommendation made by the credentialing committee to the medical executive committee to the board for final approval. The waiver should be presented prior to application being sent.

If the applicant's documentation does not meet the specific requirements, the applicant may request to be proctored and apply for privileges after successful completion of proctoring.

This should not be confused with focused professional practice evaluation (FPPE).

FPPE: An evaluation of clinical competence of all new privileges as performed at the specific licensed Hospital XYZ for which they have been initially granted. This applies to privileges for all new applicants as well as to new/additional privileges for current members.

Both FPPE and current clinical competence assessments are privilege specific. FPPE is conducted during the period after granting new/additional privileges. FPPE must occur at the HOSPITAL XYZ facility(ies) where privileges/membership are held.

To utilize the column for FPPE/Current Competency you may wish to simply designate:

I= Initial

R= Reappointment

Sample language that can be included with “Initial Application (Proof of Current Clinical Competence)”:

Department chair recommendation will be obtained from primary practice facility [AND/OR] a copy of the applicant’s delineation of privileges currently held at his or her primary practice facility. If applicant recently completed residency or fellowship in the past two years, a recommendation from the program director will be required [AND/OR] a copy of the program final summative evaluation.

Sample language that can be included with “Reappointment Application (Proof of Current Clinical Competence)”: Department chair recommendation will be obtained from primary practice facility [AND/OR] a copy of the applicant’s delineation of privileges currently held at his or her primary practice facility.

Case Logs

All required case logs and/or aggregate date/procedure lists [MUST/MAY/SHOULD] contain the following information at a minimum: Date, patient identifier, CPT/ICD procedure code, diagnosis, complications, and disposition, and the facility name, name/title of the person authenticating the log, signature, date signed, and contact information. If the information requested is not available, an explanation is required.

*A “case” is defined as an episode of care, either cognitive or procedural. For interpretive care, “case” is interpretation of one diagnostic study.

Current Clinical Competence: Maintenance of Privileges for Current Members

Hospital XYZ source data will be aggregated to review cases and procedures performed. If this does not meet the minimum requirement for core and/or special privileges, the practitioner will be required to submit additional case logs from other facilities and the department chair recommendation will be obtained from the practitioner’s primary facility.

Low Volume/No Volume Practitioners

Consideration should be made to move low volume/no volume practitioners to an appropriate staff category according to your bylaws (such as courtesy, refer & follow, etc.) or recommend voluntary resignation (which is not reportable to any regulatory agency). If a decision is made to maintain their membership and privileges, it would be appropriate to obtain case logs from other facilities along with a recommendation from the chief/chair at that facility. If the applicant has low volume, an organization may wish to perform a chart review of those cases to ascertain competency.

Ongoing Professional Performance Evaluation (OPPE)

OPPE is evaluated periodically (more frequently than annually) in the facility where membership/privileges are held.

To ensure OPPE requirements are satisfied, the practitioner must periodically exercise the privileges in the HOSPITAL XYZ facility(ies) where he or she has membership. OPPE must occur regularly on patient encounters in the HOSPITAL XYZ facility(ies) where privileges/membership are held.

Delineation of Privileges Sample

Specialty/ Procedure Delineation of Privilege Form	Education/Training Documentation for Initial Granting	Initial Application (Proof of Current Clinical Competence)	FPPE— Validation of Competence	Maintenance Requirements
<p>[Specialty]</p>	<p>Successful completion of an ACGME or AOA accredited postgraduate training program in [SPECIALTY] [AND] Current certification or board eligible (with achievement of certification within [n] years of completion of training) leading to specialty/subspecialty certification in [SPECIALTY] by the American Board of [SPECIALTY BOARD NAME] or the American Osteopathic Board of [SPECIALTY BOARD NAME]</p>	<ul style="list-style-type: none"> • Aggregate data/ procedure list/ case log from primary practice facility for the previous 12-month time period identifying the top 10 CPT/ICD codes and the number of procedures per code. • Department chair recommendation will be obtained from primary practice facility. • Current Delineation of Privileges document from facility where majority of patient care is provided. • If applicant recently completed his or her residency or fellowship in the past two years, he or she must submit case logs from the program, authenticated by the program director. A recommendation from the program director will be required as well as a copy of the applicant's final summative evaluation. • Any complications/poor outcomes should be delineated and accompanied by an explanation. 	<p>First 5 cases unless otherwise indicated on the Request for Delineation of Privileges form.</p>	<ul style="list-style-type: none"> • Current demonstrated competence and an adequate volume of experience in [n] (patients/inpatients/cases/procedures) with acceptable results, reflective of the scope of privileges requested. • For all staff members: If sufficient data does not meet the minimum requirement for core and/or special privileges, the practitioner will be required to submit documentation from other facilities to be considered for maintaining the privilege. • Department chair recommendation will be obtained from primary practice facility. • Any complications/poor outcomes should be delineated and accompanied by an explanation.

Request (Applicant to select)	CORE PRIVILEGES [SPECIALTY]	Approved (Yes or No)	FPPE-Validation of Competence (If yes, ___# of cases)	Denied (If yes, comments)	Pending (If yes, comments)
	Admit, evaluate, diagnose, provide consultation to, and treat infants, children, and adolescents with diseases of the digestive system, including the performance of complex diagnostic and therapeutic procedures using lighted scopes to see internal organs. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.		Retrospective review of first five (5) cases representing the requested core privileges		
	Performance of history and physical				
	Endomyocardial biopsy		I= Concurrent review of first 5 cases R= 10		
	Ambulatory electrocardiology monitor interpretation – holter/ event monitor Cardioversion, electrical either elective or emergent EKG interpretation, including signal average EKG ECG interpretation		I= 5 retrospective chart reviews representative of grouped procedures		

Instructions Form

	Neonates (0–28 days)	Infants (29 days–2 years)	Children & Adolescents (2–18 years)	Adults & Adolescents (13 & above)
Endomyocardial biopsy				
Limitation	Clinical privileges are granted only to the extent that privileges are available at each facility.			
	Darkly shaded areas represent privileges not available to any practitioner due to the privilege not being offered by the facility (applies to multifacility DoPs only).			
	Lightly shaded areas represent privileges granted only to those practitioners holding a valid contract to provide those services.			

Acknowledgment of Practitioner

I have requested only those privileges that by education, training, current experience, and demonstrated performance I am qualified to perform and that I wish to exercise at [hospital name], and I understand that:

- In exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Signed _____ Date _____

[Chair/Chief] Recommendation

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- Recommend all requested privileges
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege	Condition/Modification/Explanation

Notes:

[Department chair/chief] signature: _____ Date: _____

For Medical Staff Services Department Use Only

Credentials committee action Date: _____
 Medical executive committee action Date: _____
 [Governing board] action Date: _____

Adolescent Medicine Clinical Privileges

Name: _____ Effective from ___/___/___ to ___/___/___

- Initial privileges (initial appointment)
- Renewal of privileges (reappointment)
- Modification of privileges

All new applicants must meet the following requirements as approved by the governing body, effective ___/___/___.

If any privileges are covered by an exclusive contract or an employment contract, practitioners who are not a party to the contract are not eligible to request the privilege(s), regardless of education, training, and experience. Exclusive or employment contracts are indicated by [EC].

Applicant: Review education and basic formal training requirements, current competency, FPPE competence, and maintenance requirements thoroughly. Check the “Requested” box for each privilege requested. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

[Chair/chief]: Check the appropriate box for recommendation on the last page of this form [and include your recommendation for FPPE!]. If recommended with conditions or not recommended, provide the condition or explanation on the last page of this form.

Other requirements:

- Applicants will be requested to provide documentation of practice and current clinical competence as defined in the qualifications and competency grid.
- Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current clinical competence and other qualifications and for resolving any doubts.
- Note that privileges granted may be exercised only at the site(s) and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.
- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

Qualifications for Adolescent Medicine

Specialty/ Procedure Delineation of Privilege	Education/Training Documentation for Initial Granting	Initial Application (Proof of Current Clinical Competence)	FPPE— Validation of Competence	Maintenance Requirements
Adolescent medicine	<p>Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)— or American Osteopathic Association (AOA)—accredited residency in family medicine, pediatrics, or internal medicine, followed by successful completion of an accredited fellowship in adolescent medicine.²</p> <p>[AND]</p> <p>Current certification or board eligible (with achievement of certification within [n] years of completion of training) leading to certification in adolescent medicine by the American Board of Pediatrics or the American Board of Internal Medicine or a completion of a certificate of added qualifications in adolescent medicine by the American Board of Family Medicine or in adolescent and young adult medicine by the American Osteopathic Board of Pediatrics.</p>	<p>Provision of clinical ambulatory or inpatient services, reflective of the scope of privileges requested, to [n] adolescent patients during the past 12 months or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.</p> <p>Any complications/poor outcomes should be delineated and accompanied by an explanation.</p>	First [n] cases including [as applicable].	<p>[Maintenance of Certification is required]</p> <p>Current demonstrated competence and an adequate volume of experience ([n] patients) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.</p> <p>Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.</p>

Cardiac Surgery Clinical Privileges

Name: _____ Effective from ___/___/___ to ___/___/___

- Initial privileges (initial appointment)
- Renewal of privileges (reappointment)
- Modification of privileges

All new applicants must meet the following requirements as approved by the governing body, effective ___/___/___.

If any privileges are covered by an exclusive contract or an employment contract, practitioners who are not a party to the contract are not eligible to request the privilege(s), regardless of education, training, and experience. Exclusive or employment contracts are indicated by [EC].

Applicant: Review education and basic formal training requirements, current competency, FPPE competence, and maintenance requirements thoroughly. Check the “Requested” box for each privilege requested. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

[Chair/chief]: Check the appropriate box for recommendation on the last page of this form [and include your recommendation for FPPE!]. If recommended with conditions or not recommended, provide the condition or explanation on the last page of this form.

Other requirements:

- Applicants will be requested to provide documentation of practice and current clinical competence as defined on the attached competency grid.
- Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current clinical competence and other qualifications and for resolving any doubts.
- Note that privileges granted may be exercised only at the site(s) and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.
- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

Qualifications for Cardiac Surgery

Specialty/ Procedure Delineation of Privilege Form	Education/Training Documentation for Initial Granting	Initial Application (Proof of Current Clinical Competence)	FPPE— Validation of Competence	Maintenance Requirements
Cardiac Surgery	<p>Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)— or American Osteopathic Association (AOA)—accredited residency in general thoracic and cardio-thoracic surgery.</p> <p>[AND]</p> <p>Current certification or board eligible (with achievement of certification within [n] years of completion of training) leading to certification in thoracic surgery by the American Board of Thoracic Surgery or the American Osteopathic Board of Surgery for Thoracic and Cardiovascular Surgery.</p>	<p>At least 50 cardiac surgical procedures, reflective of the scope of privileges requested, during the past 12 months or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months</p> <p>Any complications/ poor outcomes should be delineated and accompanied by an explanation..</p>	First [n] cases including [as applicable]	<p>[Maintenance of Certification is required]</p> <p>Current demonstrated competence and an adequate volume of experience ([n] patients) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.</p>

Cardiology (Cardiovascular Disease) Clinical Privileges

Name: _____ Effective from ___/___/___ to ___/___/___

- Initial privileges (initial appointment)
- Renewal of privileges (reappointment)
- Modification of privileges

All new applicants must meet the following requirements as approved by the governing body, effective ___/___/___.

If any privileges are covered by an exclusive contract or an employment contract, practitioners who are not a party to the contract are not eligible to request the privilege(s), regardless of education, training, and experience. Exclusive or employment contracts are indicated by [EC].

Applicant: Review education and basic formal training requirements, current competency, FPPE competence, and maintenance requirements thoroughly. Check the “Requested” box for each privilege requested. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

[Chair/chief]: Check the appropriate box for recommendation on the last page of this form [and include your recommendation for FPPE!]. If recommended with conditions or not recommended, provide the condition or explanation on the last page of this form.

Other requirements:

- Applicants will be requested to provide documentation of practice and current clinical competence as defined on the attached competency grid.
- Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current clinical competence and other qualifications and for resolving any doubts.
- Note that privileges granted may be exercised only at the site(s) and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.
- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

Qualifications for Cardiology (Cardiovascular Disease)

Specialty/ Procedure Delineation of Privilege Form	Education/Training Documentation for Initial Granting	Initial Application (Proof of Current Clinical Competence)	FPPE— Validation of Competence	Maintenance Requirements
<p>Cardiology (cardiovascular disease)</p>	<p>Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)— or American Osteopathic Association (AOA)—accredited fellowship in cardiovascular disease.</p> <p>[AND]</p> <p>Current certification or board eligible (with achievement of certification within [n] years of completion of training) leading to subspecialty certification in cardiovascular disease by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine with special qualifications in cardiology.</p>	<p>At least 50 cardiology patients, reflective of the scope of privileges requested, in the past 12 months, or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.</p> <p>Any complications/ poor outcomes should be delineated and accompanied by an explanation.</p>	<p>First [n] cases including [as applicable].</p>	<p>[Maintenance of Certification is required]</p> <p>Current demonstrated competence and an adequate volume of experience ([n] patients) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.</p> <p>Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.</p>

Core Privileges: Cardiology

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques.

Request (Applicant to select)	Cardiology	Approved (Yes or No)	Proctor (If yes, ____ # of cases)	Denied (If yes, comments)	Pending (If yes, comments)
	Admit, evaluate, diagnose, treat, perform history and physical exam, and provide consultation to adolescent and adult patients presenting with diseases of the heart and blood vessels and management of complex cardiac conditions. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.				
	Adult transthoracic echocardiography				
	Ambulatory electrocardiology monitor interpretation				
	Cardioversion, electrical and elective				
	EKG interpretation, including signal average EKG				
	Infusion and management of Gp IIb/IIIa, thrombolytic, and antithrombotic agents				
	Insertion and management of central venous catheters, pulmonary artery catheters, and arterial line				
	Noninvasive hemodynamic monitoring				

Developmental/Behavioral Pediatrics Clinical Privileges

Name: _____ Effective from ___/___/___ to ___/___/___

- Initial privileges (initial appointment)
- Renewal of privileges (reappointment)
- Modification of privileges

All new applicants must meet the following requirements as approved by the governing body, effective ___/___/___.

If any privileges are covered by an exclusive contract or an employment contract, practitioners who are not a party to the contract are not eligible to request the privilege(s), regardless of education, training, and experience. Exclusive or employment contracts are indicated by [EC].

Applicant: Review education and basic formal training requirements, current competency, FPPE competence, and maintenance requirements thoroughly. Check the “Requested” box for each privilege requested. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

[Chair/chief]: Check the appropriate box for recommendation on the last page of this form [and include your recommendation for FPPE!]. If recommended with conditions or not recommended, provide the condition or explanation on the last page of this form.

Other requirements:

- Applicants will be requested to provide documentation of practice and current clinical competence as defined on the attached competency grid.
- Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current clinical competence and other qualifications and for resolving any doubts.
- Note that privileges granted may be exercised only at the site(s) and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.
- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

Qualifications for Developmental/Behavioral Pediatrics

Specialty/ Procedure Delineation of Privilege Form	Education/Training Documentation for Initial Granting	Initial Application (Proof of Current Clinical Competence)	FPPE— Validation of Competence	Maintenance Requirements
<p>Developmental/ behavioral pediatrics</p>	<p>Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)— or American Osteopathic Association (AOA)—accredited residency in developmental—behavioral pediatrics. [AND] Current subspecialty certification or board eligible (with achievement of certification within [n] years of completion of training) leading to subspecialty certification in developmental/behavioral pediatrics by the American Board of Pediatrics.</p>	<p>Developmental/ behavioral pediatric inpatient or consultative services for at least [n]² patients, reflective of the scope of privileges requested, in the past 12 months, or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months. Any complications/ poor outcomes should be delineated and accompanied by an explanation.</p>	<p>First [n] cases including [as applicable].</p>	<p>[Maintenance of Certification is required] Current demonstrated competence and an adequate volume of experience ([n] patients) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.</p>

Urgent Care Center Clinical Privileges

Name: _____ Effective from ___/___/___ to ___/___/___

- Initial privileges (initial appointment)
- Renewal of privileges (reappointment)
- Modification of privileges

All new applicants must meet the following requirements as approved by the governing body, effective ___/___/___.

If any privileges are covered by an exclusive contract or an employment contract, practitioners who are not a party to the contract are not eligible to request the privilege(s), regardless of education, training, and experience. Exclusive or employment contracts are indicated by [EC].

Applicant: Review education and basic formal training requirements, current competency, FPPE competence, and maintenance requirements thoroughly. Check the “Requested” box for each privilege requested. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

[Chair/chief]: Check the appropriate box for recommendation on the last page of this form [and include your recommendation for FPPE!]. If recommended with conditions or not recommended, provide the condition or explanation on the last page of this form.

Other requirements:

- Applicants will be requested to provide documentation of practice and current clinical competence as defined on the attached competency grid.
- Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current clinical competence and other qualifications and for resolving any doubts.
- Note that privileges granted may be exercised only at the site(s) and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.
- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

Urology Clinical Privileges

Name: _____ Effective from ___/___/___ to ___/___/___

- Initial privileges (initial appointment)
- Renewal of privileges (reappointment)
- Modification of privileges

All new applicants must meet the following requirements as approved by the governing body, effective ___/___/___.

If any privileges are covered by an exclusive contract or an employment contract, practitioners who are not a party to the contract are not eligible to request the privilege(s), regardless of education, training, and experience. Exclusive or employment contracts are indicated by [EC].

Applicant: Review education and basic formal training requirements, current competency, FPPE competence, and maintenance requirements thoroughly. Check the “Requested” box for each privilege requested. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

[Chair/chief]: Check the appropriate box for recommendation on the last page of this form [and include your recommendation for FPPE!]. If recommended with conditions or not recommended, provide the condition or explanation on the last page of this form.

Other requirements:

- Applicants will be requested to provide documentation of practice and current clinical competence as defined on the attached competency grid.
- Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current clinical competence and other qualifications and for resolving any doubts.
- Note that privileges granted may be exercised only at the site(s) and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.
- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

Qualifications for Urology

Specialty/ Procedure Delineation of Privilege Form	Education/Training Documentation for Initial Granting	Initial Application (Proof of Current Clinical Competence)	FPPE— Validation of Competence	Maintenance Requirements
Urology	<p>Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)— or American Osteopathic Association (AOA)—accredited residency in urology.</p> <p>[AND]</p> <p>Current certification or board eligible (with achievement of certification within [n] years of completion of training) leading to certification in urology by the American Board of Urology or the American Osteopathic Board of Surgery (Urological Surgery).</p>	<p>At least 50 urological procedures, reflective of the scope of privileges requested, during the past 12 months, or successful completion of an ACGME— or AOA—accredited residency or clinical fellowship within the past 12 months.</p> <p>Any complications/ poor outcomes should be delineated and accompanied by an explanation.</p>	<p>First [n] cases including [as applicable].</p>	<p>[Maintenance of Certification is required]</p> <p>Current demonstrated competence and an adequate volume of experience ([n] urological procedures) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.</p> <p>Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.</p>

Core Privileges: Urology

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques.

Request (Applicant to select)	Urology	Approved (Yes or No)	Proctor (If yes, ____ # of cases)	Denied (If yes, comments)	Pending (If yes, comments)
	Admit, evaluate, diagnose, treat (surgically or medically), perform history and physical, and provide consultation to patients of all ages presenting with medical and surgical disorders of the genitourinary system and the adrenal gland, including endoscopic, percutaneous, and open surgery of congenital and acquired conditions of the urinary and reproductive systems and their contiguous structures. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.				
	Performance of history and physical exam				
	Anterior pelvic exenteration				
	Appendectomy as a component of a urologic procedure				
	Bowel resection as a component of a urologic procedure				
	Closure evisceration				
	Continent reservoirs				

Core Privileges: Urology (cont.)

Request (Applicant to select)	Urology	Approved (Yes or No)	Proctor (If yes, ____ # of cases)	Denied (If yes, comments)	Pending (If yes, comments)
	Enterostomy as a component of a urologic procedure				
	Inguinal herniorrhaphy as related to a urologic operation				
	Intestinal conduit				
	Management of congenital anomalies of the genitourinary tract (presenting in adults), including epispadias and hypospadias				
	Microscopic surgery (epididymovasostomy and vasovasostomy)				
	Open stone surgery on kidney, ureter, and bladder				
	Percutaneous aspiration or tube insertion				
	Performance and evaluation of urodynamic studies				
	Surgery of the lymphatic system, including lymph node dissection (inguinal, retroperitoneal, or pelvic), excision of retroperitoneal cyst or tumor, and exploration of retroperitoneum				
	Surgery of the testicle, scrotum, epididymis, and vas deferens, including biopsy, excision and reduction of testicular torsion, orchiopexy, orchiectomy, epididymectomy, vasectomy, vasovasostomy, and repair of injury				

Core Privileges: Urology (cont.)

Request (Applicant to select)	Urology	Approved (Yes or No)	Proctor (If yes, ___ # of cases)	Denied (If yes, comments)	Pending (If yes, comments)
	Surgery upon the adrenal gland, including adrenalectomy and excision of adrenal lesion				
	Surgery upon the kidney, including total or partial nephrectomy, including radical transthoracic approach, renal surgery through established nephrostomy or pyelostomy, and open renal biopsy				
	Surgery upon the penis, including circumcision, penis repair for benign or malignant disease, grafting, excision or biopsy of penile lesion, and insertion, repair, removal of penile prosthesis				
	Surgery of the ureter and renal pelvis, including ureterolysis, insertion/removal of ureteral stent, and ureterocele repair (open or endoscopic)				
	Surgery of the urethra, including treatment of urethral valves (open and endoscopic), urethral fistula repair (all forms, including grafting), urethral suspension procedures (including grafting, all material types), visual urethrotomy, sphincter prosthesis, and periurethral injections (e.g., collagen)				

Core Privileges: Urology (cont.)

Request (Applicant to select)	Urology	Approved (Yes or No)	Proctor (If yes, ____ # of cases)	Denied (If yes, comments)	Pending (If yes, comments)
	Surgery of the urinary bladder for benign or malignant disease (including partial and complete resection), diverticulectomy and reconstruction, bladder instillation treatments, cystolithotomy, total or simple cystectomy, creation of neobladders, and repair of bladder injury and bladder neck suspension				
	Surgery of the prostate, including transrectal ultrasound-guided and other biopsy techniques, all forms of prostate ablation, and all forms of prostatectomy				
	Lymphadectomy, pelvic				
	Percutaneous renal surgery				
	Total Penectomy				
	Reconstruction of ileal bladder				
	Stereotactic Radiosurgery performed in collaboration with Radiation Oncology				
	Central Venous Catheter Insertion				
	Ventral/flank herniorrhaphy as related to urologic operation				
	Endourology/stone disease				
	<ul style="list-style-type: none"> • Extracorporeal shockwave lithotripsy 				
	Endoscopic surgery				
	<ul style="list-style-type: none"> • Cystoscopy 				

Core Privileges: Urology (cont.)

Request (Applicant to select)	Urology	Approved (Yes or No)	Proctor (If yes, ____ # of cases)	Denied (If yes, comments)	Pending (If yes, comments)
	<ul style="list-style-type: none"> Laparoscopic surgery, urologic for disease of the urinary tract 				
	<ul style="list-style-type: none"> Laparotomy for diagnostic or exploratory purposes (urologic-related conditions) 				
	<ul style="list-style-type: none"> Percutaneous nephrolithotripsy 				
	<ul style="list-style-type: none"> Transurethral surgery, including resection of prostate and bladder tumors 				
	<ul style="list-style-type: none"> Transvesical ureterolithotomy 				
	<ul style="list-style-type: none"> Ureteroscopy, including treatment of all benign and malignant processes 				
	<ul style="list-style-type: none"> Urethroscopy, including treatment for all benign and malignant processes 				
	Pyeloplasty				
	Ureteral reimplantation				
	Plastic and reconstructive procedures on ureter, bladder and urethra				
	Reconstructive procedures on external male genitalia requiring prosthetic implants or foreign materials				
	Other plastic and reconstructive procedures on external male genitalia				

Urology

Non-core privileges (see specific criteria)

Non-core privileges are requested individually in addition to requesting the core. Each individual requesting non-core privileges must meet the specific threshold criteria as applicable to the applicant or reapplicant.

Qualifications for use of laser

Specialty/ Procedure Delineation of Privilege Form	Education/Training Documentation for Initial Granting	Initial Application (Proof of Current Clinical Competence)	FPPE— Validation of Competence	Maintenance Requirements
Use of laser	Successful completion of an approved residency in a specialty or subspecialty that included training in laser principles, or completion of an approved 8- to 10-hour continuing medical education (CME) course that included training in laser principles. In addition, an applicant for privileges should spend time after the basic training course in a clinical setting with an experienced operator who has been granted laser privileges acting as a preceptor. Practitioner agrees to limit practice to only the specific laser types for which he or she has provided documentation of training and experience. The applicant must supply a certificate documenting that he or she attended a wavelength and specialty-specific laser course and also present documentation as to the content of that course.	Demonstrated current competence and evidence of the performance of at least 5 procedures in the past 24 months or completion of training in the past 12 months. Any complications/poor outcomes should be delineated and accompanied by an explanation.	First [n] cases including [as applicable].	Demonstrated current competence and evidence of the performance of at least [n] procedures in the past 24 months, based on results of ongoing professional practice evaluation and outcomes. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

Non-core privileges: use of laser

Request (Applicant to select)	Urology	Approved (Yes or No)	Proctor (If yes, ____ # of cases)	Denied (If yes, comments)	Pending (If yes, comments)
	Use of laser				

**Qualifications for radioactive seed implantation for prostate cancer
(in collaboration with a radiation oncologist)**

Specialty/ Procedure Delineation of Privilege Form	Education/Training Documentation for Initial Granting	Initial Application (Proof of Current Clinical Competence)	FPPE— Validation of Competence	Maintenance Requirements
Radioactive seed implantation for prostate cancer (in collaboration with a radiation oncologist)	Successful completion of an ACGME- or AOA-accredited residency in urology that included training in prostate seed implantation training. If the residency did not include prostate seed implantation training, the applicant should be required to demonstrate successful completion of an accredited course in prostate seed implantation and evidence of being proctored in at least three cases by a physician experienced in prostate seed implantation.	Demonstrated current competence and evidence of the performance of at least 10–20 prostate seed implantation procedures in the past 12 months, or completion of training in the past 12 months. Any complications/poor outcomes should be delineated and accompanied by an explanation.	First [n] cases including [as applicable].	Demonstrated current competence and evidence of the performance of at least [n] prostate seed implantation procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes. In addition, CME that relates to prostate seed implantation techniques and equipment is recommended. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

**Non-core privileges: radioactive seed implantation for prostate cancer
(in collaboration with a radiation oncologist)**

Request (Applicant to select)	Urology	Approved (Yes or No)	Proctor (If yes, ____ # of cases)	Denied (If yes, comments)	Pending (If yes, comments)
	Radioactive seed implantation for prostate cancer (in collaboration with a radiation oncologist)				

Urology

Qualifications for sacral nerve stimulation for urinary control

Specialty/ Procedure Delineation of Privilege Form	Education/Training Documentation for Initial Granting	Initial Application (Proof of Current Clinical Competence)	FPPE— Validation of Competence	Maintenance Requirements
Sacral nerve stimulation for urinary control	Successful completion of an ACGME- or AOA-accredited postgraduate training program in urology or in urogynecology. Applicants must have completed a training course in InterStim therapy and should also be proctored in their initial neurostimulator implant cases.	Demonstrated current competence and evidence of the performance of at least six InterStim therapy stimulator tests and implant procedures in the past 12 months, or completion of training in the past 12 months. Any complications/ poor outcomes should be delineated and accompanied by an explanation.	First [n] cases including [as applicable].	Demonstrated current competence and evidence of the performance of at least 12 InterStim® therapy stimulator tests and implant procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes. In addition, continuing education related to sacral nerve stimulation for urinary control and InterStim® Therapy should be required. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

Non-core privileges: sacral nerve stimulation for urinary control

Request (Applicant to select)	Urology	Approved (Yes or No)	Proctor (If yes, ____# of cases)	Denied (If yes, comments)	Pending (If yes, comments)
	Sacral nerve stimulation for urinary control				

Qualifications for transurethral microwave thermotherapy (TUMT) for benign prostatic hyperplasia

Specialty/ Procedure Delineation of Privilege Form	Education/Training Documentation for Initial Granting	Initial Application (Proof of Current Clinical Competence)	FPPE— Validation of Competence	Maintenance Requirements
Transurethral microwave thermotherapy (TUMT) for benign prostatic hyperplasia	Successful completion of an accredited ACGME or AOA residency in urology that included training in TUMT or completion of an approved CME course that included a didactic portion and a hands-on session involving the observation of two patient treatments.	Demonstrated current competence and evidence of the performance of at least [n] TUMT procedures in the past 12 months, or completion of training in the past 12 months. Any complications/poor outcomes should be delineated and accompanied by an explanation.	First [n] cases including [as applicable].	Demonstrated current competence and evidence of the performance of at least [n] TUMT procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

Non-core privileges: transurethral microwave thermotherapy (TUMT) for benign prostatic hyperplasia

Request (Applicant to select)	Urology	Approved (Yes or No)	Proctor (If yes, ____# of cases)	Denied (If yes, comments)	Pending (If yes, comments)
	Transurethral microwave thermotherapy (TUMT) for benign prostatic hyperplasia				

Urology

Qualifications for kidney transplant surgery

Specialty/ Procedure Delineation of Privilege Form	Education/Training Documentation for Initial Granting	Initial Application (Proof of Current Clinical Competence)	FPPE— Validation of Competence	Maintenance Requirements
Kidney trans- plant surgery	Successful completion of an American Society of Trans-plant Surgeons–approved transplant fellowship training program, or completion of a two-year formal transplant fellowship at a transplant program meeting United Network for Organ Sharing (UNOS) membership criteria in renal transplantation. In lieu of one year of formal transplant fellowship training and one year of experience or a two-year formal transplant fellowship, three years of experience with a transplant program meeting the criteria for acceptance into UNOS will suffice. In addition, the surgeon shall have and maintain current certification by the American Board of Surgery, the American Board of Urology, the American Board of Osteopathic Surgery, or their foreign equivalent.	Demonstrated current competence and evidence of the performance of [n] kidney transplants in the past 12 months, or completion of training in the past 12 months. Any complications/ poor outcomes should be delineated and accompanied by an explanation.	First [n] cases including [as applicable].	Demonstrated current competence and evidence of the performance of at least [n] kidney transplants in the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

Non-core privileges: kidney transplant surgery

Request (Applicant to select)	Urology	Approved (Yes or No)	Proctor (If yes, ____ # of cases)	Denied (If yes, comments)	Pending (If yes, comments)
	<p>Kidney transplant surgery Admit, evaluate, diagnose, consult, and manage patients of all ages with renal dysfunction or end-stage renal disease requiring kidney transplantation, including the selection of appropriate recipients for transplantation, donor selection, histocompatibility and tissue typing, immediate postoperative and continuing inpatient care, the use of immunosuppressive therapy, histologic interpretation of allograft biopsies, and interpretation of ancillary tests for renal dysfunction and long-term patient care.</p>				

Urology

Qualifications for use of robotic-assisted systems for urological procedures (prostatectomy, cystectomy, pyeloplasty, nephrectomy, pelvic lymph node dissection, ureteral reimplantation, and resection of bladder neoplasm)

Specialty/ Procedure Delineation of Privilege Form	Education/Training Documentation for Initial Granting	Initial Application (Proof of Current Clinical Competence)	FPPE— Validation of Competence	Maintenance Requirements
<p>Use of robotic-assisted systems for urological procedures (prostatectomy, cystectomy, pyeloplasty, nephrectomy, pelvic lymph node dissection, ureteral reimplantation, and resection of bladder neoplasm)</p>	<p>Successful completion of an ACGME or AOA postgraduate training program that included training in minimal access procedures and therapeutic robotic devices and their use, or completion of an approved structured training program that included didactic education on the specific technology and an educational program for the specialty-specific approach to the organ systems. Training should include observation of live cases. Physician must have privileges to perform the procedures being requested for use with the robotic system and hold privileges in or demonstrate training and experience in minimal access procedures. Practitioner agrees to limit practice to only the specific robotic system for which he or she has provided documentation of training and experience.</p>	<p>Demonstrated current competence and evidence of at least [n] robotic-assisted procedures in the past 12 months, successful completion of training in the past 12 months, or the applicant's initial [n] cases will be proctored by a physician holding robotic privileges.</p> <p>Any complications/poor outcomes should be delineated and accompanied by an explanation.</p>	<p>First [n] cases including [as applicable].</p>	<p>Demonstrated current competence and evidence of at least [n] robotic-assisted procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.</p> <p>Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.</p>

Non-core privileges: use of robotic-assisted systems for urological procedures (prostatectomy, cystectomy, pyeloplasty, nephrectomy, pelvic lymph node dissection, ureteral reimplantation, and reaction of bladder neoplasm)

Request (Applicant to select)	Urology	Approved (Yes or No)	Proctor (If yes, ____# of cases)	Denied (If yes, comments)	Pending (If yes, comments)
	Use of robotic-assisted systems for urological procedures (prostatectomy, cystectomy, pyeloplasty, nephrectomy, pelvic lymph node dissection, ureteral reimplantation, and reaction of bladder neoplasm)				

Qualifications for fluoroscopy

Specialty/ Procedure Delineation of Privilege Form	Education/Training Documentation for Initial Granting	Initial Application (Proof of Current Clinical Competence)	FPPE— Validation of Competence	Maintenance Requirements
Use of Fluoroscopy	See “Hospital Policy for Fluoroscopy/State Standards.”		First [n] cases including [as applicable].	

Non-core privileges: Fluoroscopy

Request (Applicant to select)	Urology	Approved (Yes or No)	Proctor (If yes, ____# of cases)	Denied (If yes, comments)	Pending (If yes, comments)
Use of Fluoroscopy	See “Hospital Policy for Fluoroscopy/State Standards.”		First [n] cases including [as applicable]		

Urology

Qualifications for administration of sedation and analgesia

Specialty/ Procedure Delineation of Privilege Form	Education/Training Documentation for Initial Granting	Initial Application (Proof of Current Clinical Competence)	FPPE— Validation of Competence	Maintenance Requirements
Administration of Sedation and Analgesia	See “Hospital Policy for Sedation and Analgesia by Nonanesthesiologists.”	Demonstrated current competence and evidence of perfor- mance of at least [n] procedures in the past 24 months. Any complications/ poor outcomes should be delineated and accompanied by an explanation.	First [n] cases including [as applicable].	Current demonstrated competence and adequate volume of experience ([n] patients) with acceptable results for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

Non-core privileges: administration of sedation and analgesia

Request (Applicant to select)	Urology	Approved (Yes or No)	Proctor (If yes, ____ # of cases)	Denied (If yes, comments)	Pending (If yes, comments)
	Administration of sedation and analgesia				

[As appropriate] Administration of moderate sedation: See Credentialing Policy for Sedation and Analgesia by Nonanesthesiologists. Requires: Separate DOP, ACLS, NRP, or PALS certification.

Privilege Description	Neonates (0–28 days)	Infants (29 days–2 years)	Children & Adolescents (2–18 years)	Adults & Adolescents (13 & above)
Limitation	Clinical privileges are granted only to the extent that privileges are available at each facility.			
	Darkly shaded areas represent privileges not available to any practitioner due to the privilege not being offered by the facility (applies to multifacility DoPs only).			
	Lightly shaded areas represent privileges granted only to those practitioners holding a valid contract to provide those services.			

Vascular Surgery Clinical Privileges

Name: _____ Effective from ___/___/___ to ___/___/___

- Initial privileges (initial appointment)
- Renewal of privileges (reappointment)
- Modification of privileges

All new applicants must meet the following requirements as approved by the governing body, effective ___/___/___.

If any privileges are covered by an exclusive contract or an employment contract, practitioners who are not a party to the contract are not eligible to request the privilege(s), regardless of education, training, and experience. Exclusive or employment contracts are indicated by [EC].

Applicant: Review education and basic formal training requirements, current competency, FPPE competence, and maintenance requirements thoroughly. Check the “Requested” box for each privilege requested. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

[Chair/chief]: Check the appropriate box for recommendation on the last page of this form [and include your recommendation for FPPE¹]. If recommended with conditions or not recommended, provide the condition or explanation on the last page of this form.

Other requirements:

- Applicants will be requested to provide documentation of practice and current clinical competence as defined on the attached competency grid.
- Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current clinical competence and other qualifications and for resolving any doubts.
- Note that privileges granted may be exercised only at the site(s) and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.
- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

Core Privileges for **PHYSICIANS**

*A Practical Approach to Developing
and Implementing Criteria-Based Privileges*

Maggie Palmer, MSA, CPCS, CPMSM

Need help updating your clinical privilege forms? Let us do the research for you. This comprehensive resource contains sample delineation of privileges forms for 78 physician specialties and subspecialties. Feel confident knowing the criteria in the forms have been researched and reviewed by privileging experts, saving you the time and hassle of doing so. These forms are downloadable and customizable, so you can edit them to fit your medical staff's specific needs.

Using these customizable privileging forms, you will be able to:

- Develop a starting point for your core privilege forms or update your current forms
- Manage physician competency and criteria-based privileging in an increasingly data-driven environment
- Eliminate weeks of researching specialty medical societies for competency benchmarks, evaluating data, and creating draft forms
- Utilize expert insights to develop core forms, design an effective core system, and overcome implementation hurdles

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