Family Medicine Clinical Privileges

Name: _____ Application Date: _____

Initial privileges (initial appointment)	| | Requested
Renewal of privileges (reappointment)	| | Requested
Expansion of privileges (modification)	| | Requested

Clinic: _____ Location: _____

Instructions

Applicant: Check off the "Requested" box for each privilege requested. Applicants have the burden of producing information deemed adequate by the UNMMG Board for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

Medical Director: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

Other Requirements

1. Note that privileges granted may only be exercised at UNMMG clinics that have the appropriate equipment, license, staff and other support required to provide the services defined in this document. Site-specific services may be defined in clinic or department policy.
2. This document defines qualification to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

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Policies Governing Scope of Practice

Medical Record Charting Responsibilities

Clearly, legibly, completely, and in timely fashion describe each service the provider provides to a patient in the hospital and relevant observations. Standard rules regarding authentication of, necessary content of, and required time frames for preparing and completing the medical record and portions thereof are applicable to all entries made.

Periodic Competence Assessment

Applicants must also be able to demonstrate they have maintained competence based on unbiased, objective results of care according to the Practice Oversight Committee's existing quality assurance mechanisms and by showing evidence that they have met the continued competence requirements established by the state licensing authority, applicable to the functions for which they are seeking to provide at this clinic. In addition, continuing education related to the specialty area of practice is recommended/required as mandated by licensure.

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Qualifications for General Family Medicine

Initial Applicant *- To be eligible to apply for privileges in family medicine, the applicant must meet the following criteria:*

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)– or American Osteopathic Association (AOA)–accredited residency in family medicine.

AND/OR

Current certification or active participation in the examination process leading to certification in family medicine by the American Board of Family Medicine or family practice and osteopathic manipulative treatment by the American Osteopathic Board of Family Physicians.

AND

Required current experience: Provision of care, reflective of the scope of privileges requested, for an adequate number of inpatients or outpatients as the attending physician during the past 12 months or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months,

Reappointment (Renewal of Privileges) Requirements- *To be eligible to review privileges in family medicine, the reapplicant must continue to meet the appointment criteria and must meet the following maintenance of privilege criteria:*

Current demonstrated competence and an adequate volume of experience 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 ability to perform privileges requested tis requested of all applicants for renewal of privileges.

Continued…

CORE PRIVILEGES: *General Family Medicine*

Evaluate, diagnose, treat, and provide consultation to patients of all ages with a wide variety of illnesses, diseases, injuries, and functional disorders of the circulatory, respiratory, endocrine, metabolic, musculoskeletal, hematopoietic, gastroenteric, integumentary, nervous, female reproductive, and genitourinary systems. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedures list and such other procedures that are extensions of the same techniques and skills.

□ **Requested**

This list is a sampling of procedures included in the core. This is not intended to be all encompassing list but rather reflective of the categories/types of procedures included in the core.

To the applicant: If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, then initial and date.

1. Perform history and physical exam
2. Abdominal paracentesis
3. Arthrocentesis and joint injection
4. Breast cyst aspiration
5. Management of burns, superficial and partial thickness
6. Excision of cutaneous and subcutaneous lesions, tumors, and nodules
7. Incision and drainage of abscesses
8. Performance of local anesthetic techniques
9. Management of uncomplicated, minor, closed fractures and uncomplicated dislocations
10. Performance of needle biopsies
11. Performance of simple skin biopsy
12. Peripheral nerve blocks
13. Placement of anterior and posterior nasal hemostatic packing
14. Removal of nonpenetrating foreign body from the eye, nose, or ear
15. Suturing in complicated lacerations
16. Suprapubic bladder aspiration
17. Assistance at surgery
18. Thoracentesis
19. Lumbar Puncture
20. Trigger point injections
21. Toe nail removal and ablation
22. Pap Smears
23. Anal Smears
24. Wound Management

Qualifications for Family Medicine Pediatrics

Initial privileges: The same ad for the family medicine core.

AND

Required current experience: Demonstrated current competence and evidence of the provision of care, reflective of the scope of privileges requested, to an adequate number of inpatients in the past 12 months or completion of training in the past 12 months.

Renewal of privileges: Demonstrated current competence and evidence of the provision of care to and adequate number of pediatric inpatients in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

CORE PRIVILEGES: *Family Medicine Pediatrics*

Evaluate, diagnose, and treat pediatric patients up to the age of 18 (and young adults with special healthcare needs) who have common illnesses, injuries, or disorders. This includes the care of the normal newborn as well as the uncomplicated premature infant born at or after 35 weeks of gestation. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedures list and such other procedures that are extensions of the same techniques and skills.

☐ **Requested**

To the applicant: If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, then initial and date

1. Performance of history and physical exam
2. Circumcision
3. Incision and drainage of abscesses
4. Management of uncomplicated minor closed fractures and uncomplicated dislocations
5. Performance of simple skin biopsy or excision
6. Removal of no penetrating corneal foreign body
7. Suturing of uncomplicated laceration

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Qualifications for Family Medicine Obstetrics

Initial privileges: The same as for the family medicine core, plus completion of Advanced Life Support in Obstetrics course.

AND

Required current experience: Demonstrated current competence and evidence of the performance of 30 obstetrical deliveries in the past 24 months of completion of training in the past 12 months.

Renewal of privileges: Demonstrated current competence and evidence of the performance of an adequate number of deliveries in the past 24 months based on ongoing professional practice evaluation and outcomes.

CORE PRIVILEGES: *Family Medicine Obstetrics*

Evaluate, diagnose, treat, and provide consultation to female patients presenting in any condition or stage of pregnancy, including injuries and disorders of the reproductive system.

☐ **Requested**

To the applicant: If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, then initial and date.

1. Management of labor (term and preterm)
2. Vaginal deliveries and related procedures
3. All other procedures related to normal delivery and complications of normal delivery
4. (including limited ultrasound to evaluate fetal position, amniotic fluid, biophysical profile,
5. placental position and viability)
6. Management of common intrapartum problems (e.g., hypertension, pre-eclampsia, diabetes
7. in pregnancy, fever, infection, non-reassuring fetal status, unanticipated shoulder dystocia,
8. manual removal of placenta)
9. Management of common postpartum problems (e.g. hemorrhage and endometritis)
10. Prenatal Care

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Qualifications for Special Procedures in Obstetrics

Initial privileges: Applicant must demonstrate successful completion of an approved and recognized course or acceptable supervised training in residency, fellowship, or other acceptable experience.

AND

Required current experience: Demonstrated current competence and evidence of acceptable number of documented procedures in the past 12 months or completion of training in the past 12 months.

Renewal of privileges: Demonstrated current competence and evidence of attendance of acceptable number of documented procedures in the past 24 months based on results of quality assessment/improvement activities and outcomes.

NON CORE PRIVILEGES: 1st trimester obstetrical ultrasound for dating/viability

Qualifications for Family Medicine Gynecology

Initial privileges: The same as for the family medicine core

AND

Required current experience: Demonstrated current competence and evidence of provision of care reflective of the scope of privileges requested, to an adequate number of gynecologic inpatients in the past 12 months or completion of training in the past 12 months.

Renewal of privileges: Demonstrated current competence and evidence of provision of care to an adequate number of gynecologic inpatients in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☐ **Requested**

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CORE PRIVILEGES: *Family Medicine Gynecology*

Evaluate, diagnose, treat, and provide consultation to post pubescent female patients with injuries and disorders of the female reproductive system and the genitourinary stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core this specialty include the procedures on the attached procedures list and such o that are extensions of the same techniques and skills.

☐ **Requested**

To the applicant: If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, then initial and date.

1. Performance of history and physical exam
2. Appropriate screening examination (including breast examination)
3. Cervical biopsy and polypectomy
4. Colposcopy
5. Cryosurgery/cautery for benign disease
6. Culdocentesis
7. Endometrial biopsy
8. Excision/biopsy of vulvar lesions
9. Incision and drainage of Bartholin duct cysts or marsupialization
10. Insertion and removal of intrauterine devices (IUD)
11. Microscopic diagnosis of urine and vaginal smears
12. Insertion and removal Nexplanon/Implanon
13. Removal of foreign bodies from the vagina
14. Suturing of uncomplicated lacerations

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Qualifications for Special Procedures in Gynecology

Initial privileges: Applicant must demonstrate successful completion of an approved and recognized course or acceptable supervised training in residency, fellowship, or other acceptable experience.

AND

Required current experience: Demonstrated current competence and evidence of acceptable number of documented procedures in the past 12 months or completion of training in the past 12 months.

Renewal of privileges: Demonstrated current competence and evidence of attendance of acceptable number of documented procedures in the past 24 months based on results of quality assessment/improvement activities and outcomes.

NON CORE PRIVILEGES: Uterine Aspiration for pregnancy termination/miscarriage

☐ **Requested**

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Qualifications for Special Procedures in Family Medicine

Initial privileges: Applicant must demonstrate successful completion of an approved and recognized course or acceptable supervised training in residency, fellowship, or other acceptable experience.

AND

Required current experience: Demonstrated current competence and evidence of acceptable number of documented procedures in the past 12 months or completion of training in the past 12 months.

Renewal of privileges: Demonstrated current competence and evidence of attendance of acceptable number of documented procedures in the past 24 months based on results of quality assessment/improvement activities and outcomes.

NON-CORE PRIVILEGE: LEEP - Loop electrical excision for cervical dysplasia

☐ **Requested**

NON-CORE PRIVILEGES: Ultrasound as adjunct for privileged procedures

☐ **Requested**

NON Core PRIVILEGES: Vasectomy

☐ **Requested**

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Acknowledgment of Practitioner

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at UNMMG Clinics, and I understand that:

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

Signed _____ Date _____

SOM Department Chair Recommendation(s)

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

□ Recommend all requested privileges.

□ Recommend privileges with the following conditions/modifications:

□ Do not recommend the following requested privileges:

Notes: _____

Department Chair: ***(print & sign)*** _____ Date: _____

UNMMG Medical Director: ***(print & sign)*** _____ Date: _____

CMO: _____ Date: _____

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