Regions Hospital
Delineation of Privileges
Family Medicine

Applicant's Name: _____
Last First M.

Instructions:
- Place a check-mark where indicated for each core group you are requesting.
- Review *education and basic formal training* requirements to make sure you meet them.
- Review *documentation and experience* requirements and be prepared to prove them.
  - ✓ Note all renewing applicants are required to provide evidence of their current ability to perform the privileges being requested
  - ✓ When documentation of cases or procedures is required, attach said case/procedure logs to this privileges-request form.
- Provide complete and accurate names and addresses where requested -- it will greatly assist how quickly our credentialing-specialist can process your requests.

Overview

Core I – Adult family practice
Core II – Pediatric family practice
Core III – OB family practice with special privilege in water birth
Core IV – Surgery in family practice
Core V – Occupational and environmental medicine in family practice

Special Privileges
- ✓ Acupuncture
- ✓ Bone marrow biopsy
- ✓ Cervical biopsy only
- ✓ Chest tube placement
- ✓ Colposcopy to include cervical biopsy and LEEP
- ✓ EGD/Upper Endoscopy
- ✓ EMG
- ✓ Sigmoioscopy (flexible)
- ✓ Umbilical artery catherization
- ✓ Vasectomy

Core procedure list
Signature page

☐ CORE I — Adult family medicine

Privileges

Admit, work-up, diagnosis and treat patients over 18 years of age. Privileges include medical care of patients requiring intensive care observation and uncomplicated myocardial infarction or rule-out MI, and treatment of chemical dependency.

Basic education and minimal formal training

1. MD, DO, MBBS or MB BCH.
2. Successful completion of an approved ACGME, AOA- or Royal College of Physicians and Surgeons of Canada accredited family practice or equivalent residency program.
3. Current certification or active participation in the examination process with achievement of certification within 5 years leading to certification in family medicine by the American Board of Family Medicine.

Required documentation and experience

NEW APPLICANTS:

1. Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency.

Name _____ Phone: _____

Name of Facility: _____ Fax: _____

Address: _____ Email: _____

REAPPOINTMENT APPLICANTS:

1. Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency.

Name _____ Phone: _____

Name of Facility: _____ Fax: _____

Address: _____ Email: _____

☐ CORE II — Pediatric family practice

Privileges

Admit, work-up, diagnosis and treat the general pediatric patient. Privileges include the care of the normal newborn, those admitted to the Level II nursery, neonatal circumcision and lumbar puncture.

Basic education and minimal formal training

1. MD, DO, MBBS or MB BCH.
2. Successful completion of an approved ACGME, AOA- or Royal College of Physicians and Surgeons of Canada accredited family practice or equivalent residency program.
3. Current certification or active participation in the examination process with achievement of certification within 5 years leading to certification in family medicine by the American Board of Family Medicine.

Required documentation and experience

NEW APPLICANTS:

1. Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency.

Name _____ Phone: _____

Name of Facility: _____ Fax: _____

Address: _____ Email: _____

REAPPOINTMENT APPLICANTS:

1. Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency.

Name _____ Phone: _____

Name of Facility: _____ Fax: _____

Address: _____ Email: _____

☐ CORE III — OB family practice

Privileges

Perform normal spontaneous vaginal delivery of the term vertex presentation, including ante-partum and post-partum care, repair of minor vaginal and cervical lacerations, 4th degree perineal laceration and vacuum extraction.

Basic education and minimal formal training

1. MD, DO, MBBS or MB BCH.
2. Successful completion of an approved ACGME, AOA- or Royal College of Physicians and Surgeons of Canada accredited family practice or equivalent residency program.
3. Current certification or active participation in the examination process with achievement of certification within 5 years leading to certification in family medicine by the American Board of Family Medicine.
4. Completion of a fetal heart rate refresher course and participation in at least 2 FHR strip reviews every two years.

Required documentation and experience

NEW APPLICANTS:

1. Provide documentation of involvement as a primary physician in at least three vaginal deliveries of any age woman within the last 24 months.
2. Complete online electronic fetal heart monitoring education course within 3 months of initial credentialing.
3. Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency.

Name _____ Phone: _____

Name of Facility: _____ Fax: _____

Address: _____ Email: _____

REAPPOINTMENT APPLICANTS:

1. Provide documentation of involvement as a primary physician in at least three vaginal deliveries of any age woman within the last 24 months.
2. Provide documentation of completion of fetal heart rate refresher course every 2 years.
3. Provide evidence of participation in fetal heart rate strip review session every 2 years.
4. Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency.

Name _____ Phone: _____

Name of Facility: _____ Fax: _____

Address: _____ Email: _____

☐ Special privileges in OB medicine: waterbirth

Privileges
Waterbirth
Basic education and minimal formal training
Must have Core III privileges.
Required documentation and experience
NEW APPLICANTS: 1. Must have completed *Waterbirth Validation Tool* **REAPPOINTMENT APPLICANTS:** 1. Provide documentation of the number of water birth deliveries performed within the last 24 months.\ ***Or*** Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency. Name _____ Phone: _____ Name of Facility: _____ Fax: _____ Address: _____ Email: _____

☐ CORE IV — Surgical family practice

Privileges
Assist in surgery, suture uncomplicated lacerations, incise and drain abscesses, simple skin biopsy or excision, remove non-penetrating corneal foreign body, close fractures, uncomplicated dislocations, preoperative care of surgical patients, and postoperative medical care of surgical patients for pediatric and adult core.
Basic education and minimal formal training
1. MD, DO, MBBS or MB BCH. 2. Successful completion of an approved ACGME, AOA- or Royal College of Physicians and Surgeons of Canada, accredited family practice or equivalent residency program. 3. Current certification or active participation in the examination process with achievement of certification within 5 years leading to certification in family medicine by the American Board of Family Medicine.
Required documentation and experience
NEW APPLICANTS: 1. Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency.

Name _____ Phone: _____

Name of Facility: _____ Fax: _____

Address: _____ Email: _____

REAPPOINTMENT APPLICANTS:

1. Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency.

Name _____ Phone: _____

Name of Facility: _____ Fax: _____

Address: _____ Email: _____

☐ CORE V- Occupational and Environmental Medicine in Family Practice

Privilege

General privileges in Occupational and Environmental Medicine in addition to the ability to provide consultation services on issues involving Occupational and Environmental Medicine.

Basic education and minimal formal training

1. MD, DO, MBBS or MB BCH.
2. Successful completion of one year of internship in Internal Medicine, Internal Medicine / Pediatrics, or Family Practice approved by the ACGME, AOA or Royal College of Physicians and Surgeons of Canada.

Required documentation and experience

NEW APPLICANTS:

1. Successful completion of a residency in occupational and environmental medicine;
   Or
   Proctorship by an Occupational and Environmental physician with privileges at Regions Hospital. Provide contact information for the proctor so the credentialing specialist may contact them for an evaluation of your clinical competency.

Name _____ Phone: _____

Name of Facility: _____ Fax: _____

Address: _____ Email: _____

REAPPOINTMENT APPLICANTS:

1. Provide documentation showing the number of worker related patient services performed during the past 24 months
   Or
   Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency.

Name _____ Phone: _____

Name of Facility: _____ Fax: _____

Address: _____ Email: _____

Special Privileges in family practice (check those that apply)

Privilege	
☐ Acupuncture	☐ EGD/Upper Endoscopy
☐ Cervical Biopsy only	☐ Sigmoidoscopy (Flexible)
☐ Chest Tube Placement	☐ Umbilical Artery Catheterization
☐ Colposcopy to include Cervical biopsy and LEEP	☐ Vasectomy

Basic education and minimal formal training

1. MD, DO, MBBS or MB BCH.
2. Successful completion of an approved ACGME, AOA or Royal College of Physicians and Surgeons of Canada accredited family practice or equivalent residency program.
3. Current certification or active participation in the examination process with achievement of certification within 5 years leading to certification in family medicine by the American Board of Family Medicine.

Required documentation and experience

NEW APPLICANTS:

1. Documentation of completion of residency in Family Practice;
   Or
   Documentation of a formal training program in the procedure listed;
   Or
   A letter of reference from a Family Practice physician who has witnessed you performing the procedure;
   Or
   Proctorship by a Family Practice physician with privileges at Regions Hospital. Provide contact information for the proctor so the credentialing specialist may contact them for an evaluation of your clinical competency.

Name _____ Phone: _____

Name of Facility: _____ Fax: _____

Address: _____ Email: _____

REAPPOINTMENT APPLICANTS:

1. Provide documentation of the number of inpatient services performed during the past 24 months;
   Or
   Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency.

Name _____	Phone: _____
Name of Facility: _____	Fax: _____
Address: _____	Email: _____

Core Procedure List — Family Practice

To the applicant: Strike though those procedures you do not wish to request.

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

General

1. Performance of 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 a non-penetrating foreign body from the eye, nose or ear
15. Suturing of uncomplicated lacerations
16. Supra-pubic bladder aspiration
17. Assistance at surgery
18. Thoracentesis

Pediatrics

1. Performance of history and physical exam
2. Incision and drainage of abscesses
3. Management of uncomplicated minor closed fractures and uncomplicated dislocations
4. Performance of simple skin biopsy or excision
5. Removal of non-penetrating corneal foreign body
6. Suturing of uncomplicated lacerations

Gynecology

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. Diagnostic cervical dilation and uterine curettage (including for incomplete abortion)
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
11. Microscopic diagnosis of urine and vaginal smears
12. Removal of foreign bodies from the vagina
13. Suturing of uncomplicated lacerations

Obstetrics

1. Performance of history and physical exam
2. Amniotomy
3. Augmentation of labor
4. Dilation and curettage, including suction and postpartum
5. Excision of vulvar lesions at delivery
6. External and internal fetal monitoring
7. Induction of labor with consultation and pitocin management
8. Initial management of postpartum hemorrhage
9. Investigative OB ultrasound for presentation only
10. Management of prenatal and postpartum care
11. Management of uncomplicated labor
12. Manual removal of placenta, post delivery
13. Normal spontaneous vaginal delivery of a term vertex presentation, including ante- and postpartum care
14. Oxytocin challenge testing
15. Postpartum endometritis
16. Pudendal anesthesia
17. Repair of episiotomy, including lacerations/extensions
18. Repair of vaginal and cervical lacerations
19. Vacuum-assisted delivery

ACKNOWLEDGEMENT OF PRACTITIONER

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

1. In exercising any clinical privilege granted, I am governed by Regions Hospital and Regions Medical Staff policies and rules applicable generally and any applicable to the particular situation.
2. In an emergent situation I may perform a procedure for which I am not privileged when no practitioner holding the applicable procedure is available to respond to the emergency.

I agree to supply Regions Hospital Medical Staff Services (or designee) with all the information that has been requested of me for the privileges that I have applied for. I also understand that my application for privileges will not proceed until the information is received.

_____ _____

Signature Date

DIVISION / SECTION HEAD RECOMMENDATION

I have reviewed and/or discussed the clinical privileges requested 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

Privilege	Condition / Modification / Explanation
1.	
2.	
3.	
4.	

Notes:

_____ _____

Signature Date