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| **Figure 4.7** | **Language for Delineation of Privileges** |
| The following draft criteria are intended to serve solely as a starting point for the development of an institu- tion’s policy regarding [practice area or procedure].  [For practice area privileges:] These privileges and accompanying procedure list are not meant to be all- encompassing. They define the types of activities, procedures, and privileges that the majority of practitioners in this specialty might perform. Practitioners cannot be expected or required to perform every procedure on this list. Instruct practitioners that they may strike through or delete any procedures that they do not wish to request.  **Minimum threshold criteria for requesting privileges in**  **Education:** [MD, DO, Bachelor’s or Master’s degree, etc.]  **Minimum formal training:** [Successful completion of ACGME- or AOA-accredited residency in a relevant medical or surgical specialty  » Current certification or active participation in the examination process (with achievement of certification within [n] years) leading to certification by the relevant American Board of Medical Specialties (ABMS) or American Osteopathic Assocation (AOA) board.  » A -approved training program of [n] hours. The applicant must submit documentation of [n] hours.  **Required current experience:** Services reflective of the scope of privileges requested for at least [n] patients during the past [n] months or demonstrated completion of training within the past 12 months.  For recently trained applicants, a letter of reference from the director of the applicant’s training program OR a letter of reference from the applicable department chair and/or clinical service chief at the facility where the applicant most recently practiced is required.  **Core privileges for**  Core privileges for include the ability to provide diagnosis and therapeutic man- agement of [pediatric/geriatric/all ages] patients [male only/female only/all] presenting with [specify conditions if applicable]. Practitioners also [may/may not] provide care to patients in the intensive care setting in con- formance with unit policies. They should also be able to assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. | |

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| **Figure 4.7** | **Language for Delineation of Privileges (cont.)** |
| These privileges include [provision of consultation/ordering of diagnostic studies and procedures].  [List procedures, orders, and consultation that the practitioner in this practice area would be expected to perform.]  The core privileges in this specialty are not limited to the diagnosis and therapeutic management of the above conditions but would include applicable diagnosis and therapeutic management uses that are extensions of the same techniques and skills, including performance of history and physical exam.  **Reappointment**  Reappointment should be based on unbiased, objective results of care according to [Hospital]’s quality as- surance mechanism. To be eligible to renew privileges in , the applicant must demonstrate current 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.  [Continuing education related to is required.] | |