**INITIAL APPOINTMENT REQUIREMENTS**

**Minimum education:** MD or DO

**Minimum Requirements:** Applicants for privileges in Family Medicine must mold an unrestricted license to practice medicine in the state of Arizona, and meet one of the following two requirements:

 \* Current certification by the American Board of Family Medicine or American Osteopathic Board of Family

 Practice

***OR***

 \* Successful completion within the last two years of a residency in family medicine approved by the Family
 Medicine Residency Review Committee of the ACGME or a residency in family medicine approved by
 the American Osteopathic Board of Family Physicians

Reappointment/Reappraisal: Reappointment/reappraisal will be based on a system of performance appraisal using information regarding clinical activity and the results of monitoring and evaluation functions.

**MANAGEMENT OF ADULT PATIENTS INPATIENT SETTING (18 years and older)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Request** | **Core Privileges** | **Initial Requirements** | **Reappointment Criteria** | **Grant** | **Defer** |
|  | **Core Privileges**: Privileges to admit, evaluate and treat patients 18 years of age or older for common illnesses and injuries including general medical disorders. . Does not include patients requiring care in an intensive care unit. | **Training** as noted above ***plus*** management of 25 hospitalized adult patients within the past 24 months**Observation:** Retrospective review of at least twelve (12) cases representing the range of privileges granted. | Same as initial |  |  |
|  | **Core Procedures:** include but are not limited to:- *Abdominal Paracentesis*- *Arterial line insertion**- Arthrocentesis**Assist at Surgery**- Central venous line insertion**- Dilation and curettage (diagnostic or*  *therapeutic)**- I&D abscess**- Lumbar puncture**-Management of uncomplicated minor closed fractures and uncomplicated dislocations**- Nasal pack, anterior**-Removal of non-penetrating corneal foreign body*-Simple skin biopsy or excision Suture of uncomplicated lacerations-*Suprapubic bladder aspiration**- Thoracentesis* | ***Training:*** *as noted above plus 5 procedures, representative of the core procedures, performed within the past 24 months.* | Same as initial |  |  |

***OPT OUT***:  I do not wish to request the following core privilege(s)/procedure(s).  Please use this area to document those privileges you do not wish to request (i.e., if you have not maintained competency during the past 24 months) or for any other reason.

**Special Procedures (Adult Patients): Procedures that are not routinely part of training, and may require proof of training or experience.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Request** | **Procedures (On adults 18 years and older)** | **Special Requirements** | **Reappointment Criteria** | **Grant** | **Defer** |
|  | Acupuncture | Training as noted above, *plus* completion of an approved training program of at least 200 hours, *plus* must document a minimum of 10 cases in the past year. | *Documentation of having performed a minimum of 10 cases in the past 24 months* |  |  |
|  | Continuous intravenous vasoactive infusion in an ICU setting | **Training** as noted on Page 1 above that includes education and direct experience in critical care medicine and continuous intravenous vasoactive infusion**OR**,Training as noted on Page1 ***plus*** completion of an advanced course in critical care management and continuous intravenous vasoactive infusion.***Plus***Documentation of the provision of care for a minimum of 10 patient requiring continuous vasoactive infusion in the past 24 months. | *Documentation of having provided continuous intravenous vasoactive infusion in 10 cases within the past 24 months*. |  |  |
|  | *Endotracheal intubation (non-emergency)* | **Experience**: Documentation of the performance or supervision of a minimum 5 procedures in the past two years at the time of initial appointment. |  |  |  |
|  | *Endoscopy – Nasorhinolaryngoscopy* |  |  |  |  |
|  | Ventilator Management, Level IDefinition: Uncomplicated cases requiring mechanical ventilation not requiring PEEP > 10 cm H20, ventilatory modes other than assist/control or IMV, oxygen concentration >50 %, or ventilation longer than 24 hours. | **Training** as noted on Page 1 above, ***plus*** documentation of not less than 20 adult cases in the past two years. | Documentation of not less than 12 adult cases in the past two years. |  |  |
|  | *Breast biopsy (needle)* | **Training** as noted on Page 1 above, ***plus*** documentation of not less than 10 cases in the past two years. |  |  |  |
|  | *Chest tube insertion* | Documentation of the performance or supervision of a minimum 5 procedures in the past two years at the time of initial appointment. |  |  |  |
|  | Moderate Sedation | **Initial Training/ Experience:** As noted above ***plus***- Demonstrated successful completion of a recent (within 2 years) training program which included training and experience in administering moderate sedation/analgesia (including the indications, contraindications, pre-procedural assessment, intra-procedural care and monitoring, and post-procedural care) ***OR***- demonstrated recent experience (10 cases in the past 2 years) in administering moderate sedation/ analgesia (including the indications, contraindications, pre-procedural assessment, intra-procedural care and monitoring, and post-procedural care) ***AND***- Current ACLS, ATLS, PALS, APLS, or NRP course completion, within the past 2 years | Same as initial |  |  |
|  |  Myocardial infarction requiring  thrombolytics | Education: MD or DOTraining: Successful completion of an approved residency training program in family medicine, internal medicine, emergency medicine, cardiology, thoracic surgery, vascular surgery, critical care or anesthesiology. Experience: Thrombolytic therapy may be administered only on a physician order. Physicians ordering thrombolytic therapy must be able to demonstrate they have participated in a residency training program or institution-specific continuing education program specifically addressing the indications, contraindications, complications and procedure for administering thrombolytic therapy,ORDocumentation of having administered or ordered the administration of thrombolytic therapy at least 10 times in the past six months. |  |  |  |
|  |  |  |  |  |  |

**MANAGEMENT OF PREGNANCY, LABOR AND DELIVERY**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Request** | **Procedure(s)** | **Special Requirements** | **Reappointment Criteria** | **Grant** | **Defer** |
|  | **Core Privileges:** Admit, evaluate, diagnose and treat normal vaginal deliveries.  | **Training** as noted on Page 1 above, ***plus*** involvement in a minimum of ***15*** normal deliveries during the past 24 months. | Same as initial |  |  |
|  | **Core Procedures:**1. Normal spontaneous vaginal delivery
2. Spontaneous vaginal vertex delivery
3. Ante-partum and post-partum care
4. Amniotomy
5. Episiotomy
6. Exploration of vagina, cervix, and uterus
7. Fetal monitoring
8. Fetal scalp sampling for pH
9. Manual placenta extraction
10. Manual rotation of occiput posterior presentation
11. Non-stress test
12. Oxytocin challenge test
13. Oxytocin induction or augmentation of term or post-term labor
14. Repair of vaginal and cervical lacerations (excluding 4th degree)
15. Ultrasound (for placental location and presentation only).
 | **Proctoring:** Physicians with privileges for management of pregnancy, labor & delivery will be responsible for notifying a staff member with these privileges so that this individual can evaluate him/her during the performance of the first three vaginal deliveries.  |  |  |  |
|  |  |  |  |  |  |  |
|  | **Other Privileges and Procedures:** The need for management of medical or pregnancy-related conditions, or the need for procedures, may arise in the course of labor and delivery, and those conditions or procedures are not considered core privileges. For these conditions and procedures, a physician credentialed with core privileges is required either to obtain a consult from an appropriately credentialed obstetrician, or transfer care to an appropriately credentialed obstetrician. Family physicians who seek to hold independent privileges for any of those conditions or procedures may apply for them by demonstrating training, competence, and experience in managing or performing them. | **Required Obstetric Consult** | **Required Transfer to Obstetric Service** |  |  |  |
|  | 1. **Pre-existing maternal conditions present on admission**
 |  |  |
|  | * 1. Active tuberculosis
 | X |  |  |  |  |
|  | * 1. Chronic hypertension, Stage 1 (<160/100 mm Hg) or lower, controlled on medication
 | X |  |  |  |  |
|  | * 1. Chronic hypertension, Stage 1 or lower, not controlled
 |  | X |  |  |  |
|  | * 1. Chronic stage-2 hypertension (>160/100 mm Hg) controlled or uncontrolled
 |  | X |  |  |  |
|  | * 1. Diabetes on insulin
 |  | X |  |  |  |
|  | * 1. Diabetes on oral medication
 | X |  |  |  |  |
|  | * 1. Renal insufficiency (moderate to severe - Cr >2.0)
 |  | X |  |  |  |
|  | * 1. Significant heart disease
 |  | X  |  |  |  |
|  | * 1. Uterine malformation, pelvic tumors, or adnexal masses
 |  | X |  |  |  |
|  | * 1. Other acute or chronic medical or psychiatric illness which, in the opinion of the physician, would increase risk to mother or fetus
 | X |  |  |  |  |
|  | 1. **Previous pregnancy history**
 |
|  | * 1. Incompetent cervix
 |  | X |  |  |  |
|  | * 1. Multiple premature births
 |  | X |  |  |  |
|  | * 1. Previous Cesarean delivery,repeat planned
 |  | X |  |  |  |
|  | * 1. Previous Cesarean delivery, VBAC being considered
 | X |  |   |  |  |
|  | * 1. Rh sensitization
 |  | X |  |  |  |
|  | 1. **Current pregnancy – conditions present on admission**
 |
|  | * 1. Eclampsia
 |  | X |  |  |  |
|  | * 1. Ectopic pregnancy
 | X |  |  |  |  |
|  | * 1. Fetal macrosomia
 | X |  |  |  |  |
|  | * 1. Gestation >42 weeks
 | X |  |  |  |  |
|  | * 1. Gestational diabetes – controlled on diet alone
 | X |  |  |  |  |
|  | * 1. Gestational diabetes – controlled on oral medication
 | X |  |  |  |  |
|  | * 1. Gestational diabetes – uncontrolled or controlled on insulin
 |  | X |  |  |  |
|  | * 1. Intrauterine growth retardation
 |  | X |  |  |  |
|  | * 1. Multiple gestation
 |  | X |  |  |  |
|  | * 1. Placental abruption
 | X |  |  |  |  |
|  | * 1. Placenta previa
 | X |  |  |  |  |
|  | * 1. Preeclampsia
 | X |  |  |  |  |
|  | * 1. Rupture of membranes or labor prior to 36 weeks (family physician may resume care at 36 weeks)
 |  | X |  |  |  |
|  | * 1. Third trimester bleeding other than that associated with normal labor and delivery
 | X |  |  |  |  |
|  | * 1. Other acute or chronic medical or psychiatric illness which, in the opinion of the physician, would increase risk to mother or fetus
 | X |  |  |  |  |
|  | 1. **Conditions arising during labor and delivery**
 |  |  |
|  | * 1. Abnormal or non-reassuring fetal heart rate or patterns that do not respond to interventions, including:
* Rising baseline
* Minimal or absent variability
* Late decelerations
* Prolonged decelerations
 | X |  |  |  |  |
|  | * 1. Abnormal presentation (anything other than vertex OA, OT, or OP)
 | X |  |  |  |  |
|  | * 1. Eclampsia
 |  | X |  |  |  |
|  | * 1. Elective induction (for other than medical or obstetrical indications)
 | X |  |  |  |  |
|  | * 1. Failure to progress in labor
 | X |  |  |  |  |
|  | * 1. Forceps or vacuum delivery
 | X |  |  |  |  |
|  | * 1. Placenta previa
 |  | X |  |  |  |
|  | * 1. Polyhydramnios or olighydramnios
 | X |  |  |  |  |
|  | * 1. Prolonged rupture of membranes (>24 hours) with evidence of material or fetal compromise and not in active labor
 |  | X |  |  |  |
|  | * 1. Preeclampsia
 | X |  |  |  |  |
|  | * 1. Significant vaginal bleeding during labor or after labor
 | X |  |  |  |  |
|  | 1. **Post-partum complications**
 |  |  |  |  |  |
|  | * 1. Post-partum endometritis
 | X |  |  |  |  |
|  | * 1. Sepsis
 | X |  |  |  |  |
|  | * 1. Post-partum hemorrhage
 | X |  |  |  |  |
|  | * 1. Post-partum seizure
 | X |  |  |  |  |

If Cesarean delivery indicated, family physicians with core privileges, or resident working under them, may still be involved in the patient’s delivery or postpartum care if be arranged with the obstetrical service.

***OPT OUT***:  I do not wish to request the following core privilege(s)/procedure(s).  Please use this area to document those privileges you do not wish to request (i.e., if you have not maintained competency during the past 24 months) or for any other reason.

**Special Procedures:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Request** | **Procedure(s)** | **Special Requirements** | **Reappointment Criteria** | **Grant** | **Defer** |
|   | Postpartum tubal ligation |   |  |  |  |
|  | Dilation and Curettage |  |  |  |  |
|  | Pudendal anesthesia |  |  |  |  |
|  | Use of outlet forceps |  |  |  |  |
|  | Use of vacuum |  |  |  |  |
|  | Advanced ultrasound (other than for presentations and placental location  | ***Training & Experience****: As noted on Page 1, above, plus**Limited:  Including assessment of fetal presentation, fetal viability, fetal number, placental location and Amniotic Fluid Index.**Training: Successful completion of a 2-3 day procedure course or a FM residency with documented completion of 10 limited ultrasound examinations.**Complete: Including above limited exam components as well as assessment of biometry and fetal anatomic survey**Training: Above requirements for limited ultrasound as well as the documented performance of 50 complete ultrasound exams* |  |  |  |
|  | Cesarean section |  |  |  |  |

**MANAGEMENT OF NEWBORNS, INFANTS, CHILDREN**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Request** |  | **Special Requirements** | **Reappoint-ment Criteria** | **Recommend as independent**  | **Recommend w/Consulta-****tion** | **Grant** | **Defer** |
|  | **Newborn Core Privileges:** Admit, evaluate, diagnose and treat newborns (gestational age over 36 weeks), infants, and children (aged 17 years and younger) without major complications or serious life-threatening disease in a non-intensive care setting.**Note***: care of newborns, infants and children admitted to the intensive care units must be managed by a neonatologist or pediatric intensivist*.  | **Training** as noted on Page 1 above, ***plus*** evidence of management of a minimum of 12 newborns, infants, and children in the past 24 months. | Same as initial |  |  |  |  |
|  | **Core Management and Procedures** include, but are not limited to:- **Newborn**- Attend newborn at Cesarean  section-Initial evaluation of suspected congenital heart disease- Evaluation of suspected  neonatal sepsis- External jugular venipuncture- Hyperbilirubinemia and  phototherapy- Hyperpnea, initial evaluation- Hypoglycemia, oral treatment- Lumbar puncture- Polycythemia, evaluation and  oral hydration- Suprapubic bladder  aspiration- Treatments following ICU  Care-**Children**- Lumbar puncture-Peripheral arterial sampling | **Training:** as noted on Page 1 above.  | Same as initial |  |  |  |  |

***OPT OUT***:  I do not wish to request the following core privilege(s)/procedure(s).  Please use this area to document those privileges you do not wish to request (i.e., if you have not maintained competency during the past 24 months) or for any other reason.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Request** | **Privileges/Procedures** | Initial Criteria | Reappointment Criteria | Granted | **Deferred** |
|  | Neonatal circumcision  | **Training** as noted on Page 1 above, *plus* documented performance or supervision of a minimum of 10 procedures in the past two years. | None |  |  |
|  | Abdominal paracentesis | **Training:** as noted on Page 1 above, *plus documentation of having performed a minimum of 12 procedures, representative of the procedures requested, within the past 24 months.* |  |  |  |
|  | Central venous line insertion | **Training:** as noted on Page 1 above, *plus documentation of having performed a minimum of 12 procedures, representative of the procedures requested, within the past 24 months.* |  |  |  |
|  | Chest tube insertion | **Training:** as noted on Page 1 above, *plus documentation of having performed a minimum of 12**procedures, representative of the procedures requested, within the past 24 months.* |  |  |  |
|  | Endotracheal intubation (non- emergency) | **Training:** as noted on Page 1 above, *plus documentation of having performed a minimum of 12 procedures, representative of the procedures requested, within the past 24 months.* |  |  |  |
|  | - Thoracentesis | **Training:** as noted on Page 1 above, *plus documentation of having performed a minimum of 12 procedures, representative of the procedures requested, within the past 24 months.* |  |  |  |
|  | Suprapubic bladder aspiration | **Training:** as noted on Page 1 above, *plus documentation of having performed a minimum of 12 procedures, representative of the procedures requested, within the past 24 months.* | None |  |  |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Applicant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinical Section Chief Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinical Service Chief Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Executive Committee Approval Date

Board of Directors Approval: Date