

**PSYCHIATRY CLINICAL PRIVILEGES**

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| <b>Name:</b> _____   |
| Effective from ____/____/____ to ____/____/____ (for MSO staff use only) |

All new applicants must meet the following requirements as approved by the governing body.

**Effective:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_.

**Initial Privileges (Initial Appointment)**

**Renewal of Privileges (Reappointment)**

**Applicant:** Please check the “*Requested*” box for each privilege requested.

Applicants have the burden of producing information and documentation 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.

**Department Chair:** Check the appropriate box for recommendation on the last page of this form. If 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.
- Note that privileges granted may only be exercised at the site(s) designated by CCRMC and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.

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**QUALIFICATIONS FOR PSYCHIATRY**

***Initial Applicants:*** To be eligible to apply for privileges in psychiatry, the applicant must meet the following criteria:

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

**AND**

2. Current certification or board eligible leading to certification in psychiatry (with achievement of certification within the required time frame set forth by the respective Boards) by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry.

**AND**

3. Provision of inpatient, outpatient, or consultative services for at least 30 inpatients on the psychiatric unit and/or 500 outpatient visits (clinics or PES), reflective of the scope of privileges requested, during the past 24 months, or successful completion of an ACGME– or AOA–accredited residency or clinical fellowship within the past 24 months. Please provide a clinical activity log.

***Renewal of Privileges:*** To be eligible to renew privileges in Psychiatry, the applicant must meet the following criteria:

1. Maintenance of Certification or Osteopathic Ongoing Certification is required.
2. Current documented competence and an adequate volume of experience (at least 30 inpatients on the psychiatric unit and/or 500 outpatient visits (clinics or PES)) with acceptable results, reflective of the scope of privileges requested, within the past 24 months, based on results of ongoing professional practice evaluation and outcomes.

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***Core Privileges: Psychiatry (inpatient and outpatient settings)***

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- Requested:*** Admit, evaluate, diagnose, treat (including the outpatient treatment of drug overdoses and outpatient detoxification when either is appropriate to an outpatient setting and medication assisted treatment – MAT) and provide consultation to adolescents > 14 years old and adult patients presenting with mental, behavioral, addictive, or emotional disorders (e.g., psychoses, depression, anxiety disorders, substance use disorders, developmental disabilities, sexual dysfunctions, and adjustment disorders). Privileges include providing consultation with physicians in other fields regarding mental, substance use, behavioral, or emotional disorders, pharmacotherapy, psychotherapy, family therapy, behavior modification, consultation to the

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courts, and emergency psychiatry as well as the ordering of diagnostic laboratory tests and prescribing medications. Includes the performance of a history and physical exam. May provide psychiatric care to patients in the intensive care setting. Assess, stabilize, and determine the disposition of patients with emergent regarding emergency and consultative call services.

**QUALIFICATIONS FOR CHILD AND ADOLESCENT PSYCHIATRY**

***Initial Applicants:*** To be eligible to apply for privileges in child and adolescent psychiatry, the applicant must meet the following criteria:

1. The same as for general psychiatry, plus successful completion of an accredited ACGME or AOA residency/fellowship in child and adolescent psychiatry.

**AND**

2. Current subspecialty certification or board eligibility leading to subspecialty certification (with achievement of certification within the required time frame set forth by the respective Boards) in child and adolescent psychiatry by the American Board of Psychiatry and Neurology, or completion of a certificate of special qualifications in child and adolescent psychiatry by the American Osteopathic Board of Neurology and Psychiatry.

**AND**

3. Provision of inpatient, outpatient, or consultative services for at least 30 inpatients on the psychiatric unit and/or 500 outpatient visits (clinics or PES) reflective of the scope of privileges requested, within the past 24 months, or successful completion of an ACGME– or AOA–accredited residency or clinical fellowship, within the past 24 months. Please provide a clinical activity log.

***Renewal of Privileges:*** To be eligible to renew privileges in child and adolescent psychiatry, the applicant must meet the following criteria:

1. Maintenance of Certification or Osteopathic Ongoing Certification is required.

**AND**

2. Current documented competence and an adequate volume of experience (at least 30 inpatients on the psychiatric unit and/or 500 outpatient visits (clinics or PES)) with acceptable results, reflective of the scope of privileges requested, within the past 24 months, based on results of ongoing professional practice evaluation and outcomes.

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***Core Privileges: Child and Adolescent Psychiatry (inpatient and outpatient settings)***

**Requested:** Admit, evaluate, diagnose, treat, and provide consultation to children and adolescents who suffer from developmental, mental, behavioral, addictive, or emotional disorders. Privileges include providing consultation with physicians in other fields regarding mental, behavioral, or emotional disorders, pharmacotherapy, psychotherapy (individual family or group), behavior modification, cognitive therapy, treatment of psychiatric disorders in children and adolescents with severe physical illness, consultation to the courts, and emergency psychiatry, as well as the ordering of diagnostic laboratory tests and prescribing medications. Includes performance of history and physical exam. May provide psychiatric care to patients in the intensive care setting. Assess, stabilize, and determine the disposition of patients with emergent conditions regarding emergency and consultative call services.

**QUALIFICATIONS FOR ADDICTION PSYCHIATRY**

**Initial Applicants:** To be eligible to apply for privileges in addiction psychiatry, the applicant must meet the following criteria:

1. The same as for general psychiatry, plus successful completion of an accredited ACGME or AOA residency/fellowship in addiction medicine
- AND**
2. Current subspecialty certification or board eligibility leading to subspecialty certification (with achievement of certification within the required time frame set forth by the respective Boards) in addiction medicine by the American Board of Psychiatry and Neurology, or completion of a certificate of added qualifications in addiction medicine by the American Osteopathic Board of Neurology and Psychiatry
- AND**
3. Provision of inpatient, outpatient, or consultative services, reflective of the scope of privileges requested, for at least 15 patients within the past 24 months, or successful completion of an ACGME– or AOA–accredited residency or clinical fellowship, within the past 24 months. Please provide a clinical activity log.

**Renewal of Privileges:** To be eligible to renew privileges in addiction psychiatry, the applicant must meet the following criteria:

1. Maintenance of Certification or Osteopathic Ongoing Certification is required
- AND**
2. Current documented competence and an adequate volume of experience: 15 cases with

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acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

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***Core Privileges: Addiction Psychiatry (inpatient and outpatient settings)***

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***Requested:*** Admit, evaluate, diagnose, treat, and provide consultation to adult patients with alcohol or other substance use disorders and to individuals with the dual diagnosis of substance use disorders and other psychiatric disorders. Treatment modalities, beyond core privileges, include inpatient detoxification, inpatient management of overdoses, and maintenance pharmacotherapy. Includes performance of history and physical exam. May provide care to patients in the intensive care setting. Assess, stabilize, and determine the disposition of patients with emergent conditions regarding emergency and consultative call services.

Special 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.

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***Non-Core Privileges: Hypnotherapy***

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**Hypnotherapy**

***Initial Applicants:*** To be eligible to apply for privileges in Hypnotherapy, the applicant must meet the following criteria:

1. Successful completion of an ACGME- or AOA-accredited residency in psychiatry
- AND**
2. Evidence of at least 40 hours of post-degree training that included at least 20 hours of individualized training by a practitioner experienced in the procedure.

**AND**

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3. Documented current competence and evidence of the performance of at least 10 hypnotherapy procedures within the past 24 months, or completion of training within the past 24 months. Please provide clinical activity log.

**Renewal of Privileges:** To be eligible to renew privileges in Hypnotherapy, the applicant must meet the following criteria:

1. Documented current competence and evidence of the performance of at least 10 hypnotherapy procedures within the past 24 months based on results of ongoing professional practice evaluation and outcomes.

**FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)  
for initial applicants**

1. Inpatient: Retrospective or concurrent proctoring (chart review or direct observation) of at least nine (9) hospitalized patients in the care of whom the applicant significantly participated. FPPE/proctoring must be representative of the provider’s scope of practice.
2. Outpatient: Chart review (“retrospective proctoring”) of at least three (3) charts from 3 different clinic days (totaling a minimum of 9 charts). FPPE/proctoring must be representative of the provider’s scope of practice.
3. FPPE/proctoring is also required for at least one (1) case of each of the requested non-core privileges.
4. If providing psychiatric care in both, inpatient and outpatient, proctoring must occur in both settings.
5. FPPE should be concluded as soon as possible (i.e. within the first 3-4 months after starting work at CCRMC).
6. Completed FPPE forms must be submitted to the Credentialing Office.
7. It is the applicant’s ultimate responsibility to make sure that FPPE and submission of all required paperwork to the Credentialing Office takes place in a timely manner. Failure to do so may result in loss or limitation of privileges.
8. **For low volume providers: please see separate FPPE/proctoring guidelines.**
9. **For more detailed information, please see separate FPPE/proctoring guidelines.**

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**ACKNOWLEDGMENT OF PRACTITIONER**

I have requested only those privileges for which by education, training, current experience, and documented performance I am qualified to perform and for which I wish to exercise at Contra Costa Regional Medical Center, and I understand that:

- a. In exercising any clinical privileges granted, I will adhere by hospital and medical staff policies and rules applicable 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** \_\_\_\_\_

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**DEPARTMENT / DIVISION CHAIR'S 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 |
|-----------|------------------------------------|
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*Notes:*

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**[Department Chair] Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY**

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|---|--------------------|
| <b>Credentials Committee Approval</b>       | <b>Date:</b> _____ |
| <b>Temporary Privileges</b>                 | <b>Date:</b> _____ |
| <b>Medical Executive Committee Approval</b> | <b>Date:</b> _____ |
| <b>Board of Supervisors Approval</b>        | <b>Date:</b> _____ |