#### PATHOLOGY CLINICAL PRIVILEGES

Name:						
Effective from _	/	/	to	/	/	(for MSO staff use only)
All new applicants m			•	rements as	* *	by the governing body.
	☐ Init	ial Privi	leges (In	itial Appo	intment)	
	Ren	ewal of	Privilege	s (Reappo	ointment)	

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.

Effe	ctive fromto(for MSO staff use only)
	QUALIFICATIONS FOR PATHOLOGY
	<u>Applicants:</u> To be eligible to apply for privileges in Pathology, the applicant must meet the ng criteria:
1.	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)— or American Osteopathic Association (AOA)—accredited residency in clinical (laboratory) and/or anatomic pathology  AND
2.	Current certification or board eligible leading to certification (with achievement of certification within the required time frame set forth by the respective Boards) in clinical and/or anatomic pathology by the American Board of Pathology or in anatomic pathology and/or laboratory medicine by the American Osteopathic Board of Pathology.  AND
3.	Documented current experience: Equivalent of 6 months of full-time pathology services, 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 clinical activity log.
	val of Privileges: To be eligible to renew privileges in Pathology, the applicant must meet the ing criteria:
1.	Maintenance of Certification or Osteopathic Ongoing Certification is required.  AND
2.	Current documented competence and an adequate volume of experience [equivalent of 6 months of full-time pathology services] 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.
	Core Privileges: Anatomic Pathology

Adherence to medical staff policy regarding emergency and consultative call services.

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The core privileges procedures that are department chair		•			•	ileges list and such other etermined by the

Core Privileges: Clinical Pathology

Requested: Patient diagnosis, ordering, consultation, and laboratory medical direction in the following clinical pathology disciplines: hematology and coagulation, blood bank and immunohematology, microbiology, serology, molecular pathology, clinical chemistry (including the subdivisions of special chemistry, automated chemistry, endocrinology, radioimmunoassay, toxicology, and electrophoresis), clinical microscopy, and other routine clinical pathology functions. Adherence to medical staff policy regarding emergency and consultative call services.

The core privileges include the procedures listed on the attached privileges list and such other procedures that are extensions of the same techniques and skills, as determined by the department chair

# QUALIFICATIONS FOR CYTOPATHOLOGY

<u>Initial Applicants:</u> To be eligible to apply for privileges in cytopathology, the applicant must meet the following criteria:

1. Documentation of successful completion of an accredited ACGME or AOA residency in anatomic pathology,

#### AND

2. Documented current experience: Equivalent of 6 months of full-time cytopathology services, 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

#### AND

3. Documentation of successful completion of CAP Pap proficiency test within the last 12 months

Renewal of Privileges: To be eligible to renew privileges in cytopathology, the applicant must

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	months of ful	mented con l-time serv quested, wit	vices] with	n acceptable ast 24 mont	e results, r	eflective of	perience [equivalent of 6 of the scope of the of ongoing professional
2.	Documentation months	on of succe	essful com			proficienc	y test within the last 12
		Co	ore Priv	ileges: Cy	topatho	logy	
area the s Adh The proc	as of the body) surface of a les erence to med	obtained friction or by to ical staff positions include the	rom body the aspirat olicy rega the procedu	secretions tion of a turn arding emer	and fluids nor mass ogency and on the atta	by scraping by scraping body or loosultate ched privi	ls (from all systems and ng, washing, or sponging gan with a fine needle. ive call services.  leges list and such other etermined by the
Non- indivi		are reque	sted indivi e privilege	idually in a		-	g the core. Each hold criteria as applicable
		Non-Co	re Privi	leges: Bo	ne Marro	ow Biops	sy
Req	quested: Bone	Marrow B	iopsy				
Criteria 1.	a for Initial Ro Successful co	_	of an ACC	GME- or AC	OA-accre	dited postg	graduate training in

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anatomic and/or cytopathology that included training in bone marrow biopsy.

#### **AND**

2. Documented current competence and evidence of the performance of 10 bone marrow biopsies within the past 24 months or completion of training within the past 24 months.

#### Criteria for Renewal of Privileges:

Documented current competence and evidence of the performance of 10 bone marrow biopsies in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

#### **CORE PROCEDURES LIST**

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques, as determined by the department chair.

*To the Applicant:* If you wish to exclude any procedures, due to lack of competency, please strike through the procedures that you do not wish to request, and then initial and date.

### **Anatomic Pathology**

- Grossing of surgical specimens
- Autopsy
- Frozen section including processing and interpretation
- Intraoperative consultation for gross examination and evaluation of surgical margins for tumor
- On-site adequacy evaluation for renal and other image-guided biopsies

# Cytopathology

- Fine-needle aspiration procedures)
- Interpretation of Papanicolaou-stained smears

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# FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE) for initial applicants

- 1. At least 40 cases of surgical pathology.
- 2. At least 10 cases of Gyn cytology.
- 3. At least 10 cases of Non-GYN cytology.
- 4. At least 1 autopsy (when applicable).
- 5. FPPE/Proctoring is also required for at least one (1) procedure/case of each of the requested non-core privileges.
- 6. FPPE should be concluded as soon as possible (i.e. within the first 3-4 months after starting work at CCRMC).
- 7. Completed FPPE forms must be submitted to the Credentialing Office.
- 8. 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.
- 9. For low volume providers: please see separate FPPE/proctoring guidelines.
- 10. For more detailed information, please see separate FPPE/proctoring guidelines.

#### 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
Signeu	Date

Name:	
Effective fromto	/(for M SO staff use only)
DEPARTMENT / DIVISION C	CHAIR'S RECOMMENDATION
have reviewed the requested clinical privileges amed applicant and:	and supporting documentation for the above-
☐ Recommend All F	Requested Privileges
_	Following Conditions/Modifications:
☐ Do Not Recommend the Fe	ollowing Requested Privileges:
Privilege	Condition/Modification/Explanation
Notes:	
	_
Department Chair] Signature:	Date:
FOR MEDICAL STAFF SERVI	CES DEPARTMENT USE ONLY
Credentials Committee Approval	Date
Temporary Privileges	Date
Medical Executive Committee Approval	Date
Board of Supervisors Approval	
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