

## CONTRA COSTA REGIONAL MEDICAL CENTER

**DEPARTMENT OF FAMILY AND ADULT MEDICINE CLINICAL PRIVILEGES**

<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.

**QUALIFICATIONS FOR ADULT MEDICINE**

***Initial applicants:*** To be eligible to apply for privileges in Ambulatory Care Adult Medicine, the

DEPARTMENT OF FAMILY AND ADULT MEDICINE CLINICAL PRIVILEGES

<b>Name:</b> _____
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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 Family Medicine **or** Internal Medicine.

**AND**

2. Documentation of current certification or Board eligibility (with achievement of certification within 3 years) leading to certification in Family Medicine by the American Board of Family Medicine or Family Practice and Osteopathic Manipulative Treatment by the American Osteopathic Board of Family Physicians, **or** Internal Medicine by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine.

**AND**

3. ***Required current experience:*** Provision of care, reflective of the scope of privileges requested, for at least 500 patient visits as the attending physician 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 clinical activity/procedure log.

**Renewal of privileges:** To be eligible to renew privileges in Ambulatory Care Adult Medicine, the applicant must meet the following criteria:

1. Documentation of Maintenance of Certification or Osteopathic Continuous Certification

**AND**

2. Current documented competence and an adequate volume of experience (500 patient visits as the attending physician) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcome.

Name: \_\_\_\_\_

Effective from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ (for MSO staff use only)

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### **Core privileges: Ambulatory Care Adult Medicine**

- Requested** Evaluate, diagnose, treat, and provide consultation to patients  $\geq 14$  years old, with a wide variety of illnesses, diseases, injuries, and functional disorders of the circulatory, respiratory, endocrine, metabolic, musculoskeletal, hematopoietic, gastroenteric, integumentary, nervous, female reproductive and family planning, genitourinary systems, and including mild to moderate psychiatric disorders, dependence or addiction to alcohol or other drugs and medical management of chronic pain. Assess, stabilize, and determine disposition of patients with emergent conditions regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedures list and such other procedures that are extensions of the same techniques and skills.

### **CORE PROCEDURES/TREATMENT 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 current competency, please strike through the procedures that you do not wish to request, and then initial and date.

### **Ambulatory Care Adult Medicine**

- Performance of history and physical exam
- Performance of PAP Smear
- Management of burns, superficial and partial thickness
- Excision of cutaneous and subcutaneous lesions, tumors, and nodules
- Incision and drainage of abscesses
- Management of uncomplicated, minor, closed fractures and uncomplicated dislocations
- Performance of local anesthetic techniques
- Performance of simple skin excision and biopsy
- Peripheral nerve blocks
- Placement of anterior nasal hemostatic packing
- Removal of a nonpenetrating foreign body from the eye, nose, or ear
- Suturing of uncomplicated lacerations, including in perineal and vaginal area
- Cryotherapy (removal of warts)

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

- Toenail trephination and removal
- Subcutaneous, Intradermal and Intramuscular Injections
- Arthrocentesis and Joint Injections
- Removal of IUD
- Medication induced pregnancy termination at less than 10 weeks
- Removal of vaginal foreign body
- Facilitating Medical Groups

**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 or re-applicant.

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*Non-Core Privileges*

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**Paracentesis**

***Criteria for Initial Request and Renewal:***

1. Successful completion of an ACGME–or AOA–accredited residency which included training in paracentesis, or completion of a hands-on training in paracentesis under the supervision of a qualified physician preceptor
- AND**
2. Documented current competence and evidence of the performance of at least 2 paracentesis procedures or department-approved in-service in the past 24 months, or completion of training in the past 24 months. Please provide clinical activity/procedure log.



**Non-Core Privilege: Insertion of IUD**

***Requested***

***Criteria for Initial Request:***

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

Successful completion of an ACGME–or AOA– accredited postgraduate training program in Family Medicine or Internal Medicine which included training in IUD Insertion, **or** completion of a hands-on training under the supervision of a qualified physician preceptor. Applicant must provide documented experience of at least 5 successful IUD insertions.

***Criteria for Renewal:***

Documented experience of 1 successful IUD insertion in the past 48 months

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**Non-Core Privilege: Implantable Contraception Insertion and Removal**

**Requested**

***Criteria for Initial Request and Renewal:*** Completion of the Nexplanon training program. Please submit Training Certification.

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**Non-Core privilege: Endometrial biopsy (EMB)**

**Requested**

***Criteria for Initial Request:***

Successful completion of an ACGME–or AOA– accredited postgraduate training program in Internal Medicine or Family Medicine which included training in endometrial biopsy (EMB), or completion of a hands-on training in endometrial biopsy under the supervision of a qualified physician preceptor. Documented experience of 4 endometrial biopsies.

***Criteria for Renewal:***

Demonstrated experience of 1 EMB procedure in the past 48 months

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**Non-core Privilege: Incision and drainage of Bartholin duct cysts, including Word Catheter insertion**

**Requested**

***Criteria for Initial Request:*** Demonstrated experience with Incision and Drainage of 3 Bartholin Duct Cysts, including Word Catheter insertion.

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**Criteria for Renewal:** Demonstrated experience with Incision and Drainage of 1 Bartholin Duct Cysts, including Word Catheter in the past 48 months.

**Non-Core Privilege: Provider Performed Microscopy** (Microscopic diagnosis of urine and vaginal smears)

**Requested**

**Criteria for Initial Request** – Successful completion of an ACGME–or AOA– accredited postgraduate training program in Internal Medicine or Family Medicine which included training in provider performed microscopy (PPM) or completion of a hands-on training in PPM under the supervision of a qualified physician preceptor. Documented experience of 5 PPMs. *This privilege will require completion of electronic learning and direct observation within 3 months of start date and 6 months after first training.*

**Criteria for Renewal** – Demonstrated experience of 3 PPMs in the past 48 months. Completion of electronic learning and direct observation annually.

**Non-Core Privilege: Acupuncture**

**Requested**

**Criteria for Initial Request and Renewal**

200 Hours CME or 10 years of experience and 10 cases in last 24 months.

**Non-core privileges: HIV/AIDS care**

Requested

**Requirement:** requirements of AB 2168 (see attached) must be met.

**FAMILY MEDICINE PEDIATRICS AND INPATIENT NEWBORN MEDICAL**

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DEPARTMENT OF FAMILY AND ADULT MEDICINE CLINICAL PRIVILEGES

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

**CARE**

**QUALIFICATIONS FOR FAMILY MEDICINE PEDIATRICS**

***Initial applicants:*** To be eligible to apply for privileges in Family Medicine Pediatrics, 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 Family Medicine

**AND**

2. ***Required current experience:*** Demonstrated current competence and evidence of the provision of care, reflective of the scope of privileges requested, to at least 300 pediatric visits in the past 48 months, or completion of training in the past 24 months.

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

1. Maintenance of Certification or Osteopathic Continuous Certification is required

**AND**

2. Demonstrated current competence and evidence of the provision of care to at least 300 pediatric visits in the past 48 months based on results of ongoing professional practice evaluation and outcomes.

**Core Privileges: Family Medicine Pediatrics**

**Requested**

Evaluate, diagnose, and treat pediatric patients who have common illnesses, injuries, or disorders from birth to Age 14 years old. This includes routine uncomplicated newborn care in the hospital (i.e. L&D, nursery, postpartum, etc.), assessment of physical, emotional and social health, treating acute and chronic disease, and determining the disposition of patients with emergent conditions. The core privileges include the procedures listed below and such other procedures that are extensions of the same techniques as determined by the Family and Adult Medicine Department Chair.

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Effective from ____/____/____ to ____/____/____ (for MSO staff use only)

**CORE PROCEDURES/TREATMENT 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 current competency, please strike through the procedures that you do not wish to request, and then initial and date.

**Family Medicine Pediatrics**

- Performance of history and physical exam
- Routine care of well newborns in the hospital (i.e. L&D, nursery, postpartum, etc.) with consultation
- Bladder catheterization
- Incision and drainage of abscesses
- Management of burns, superficial and partial thickness
- Peripheral nerve blocks
- Local anesthetic techniques
- Performance of simple skin biopsy or excision
- Subcutaneous, intradermal, and intramuscular injections
- Wound care and suture of uncomplicated lacerations
- Management of uncomplicated, minor, closed fractures and uncomplicated dislocations
- Removal of non-penetrating foreign bodies from the eye, nose and ear
- Cryotherapy
- Toenail trephination and removal
- Placement of anterior nasal hemostatic packing



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Effective from ____/____/____ to ____/____/____ (for MSO staff use only)

**Special Non-Core Privileges (See Specific Criteria Below)**

Non-core privileges are requested individually in addition to requesting the core. Each practitioner requesting non-core privileges must meet the specific threshold criteria as applicable to the applicant or re-applicant.

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*Non-Core Privileges*

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**Routine Care of Newborn with Complications in the Level 2 Nursery\*** – Including but not limited to the admission and care of the late preterm infant 34 – 36 weeks gestation without significant complications, low birthweight, transient hypoglycemia, sepsis risk factors, mild respiratory issues with need for no or minimal respiratory support, in utero drug exposure not requiring medical management, mild to moderate hyperbilirubinemia, and congenital issues without significant clinical impact. This includes attendance at deliveries with mild to moderate risk factors if NRP certification is maintained every 2 years.

*Routine care of well newborns does not require this privilege.*

\*This privilege will be approved with the agreement of the Chair of Pediatrics \_\_\_\_\_.

**Requested**

**Initial and Renewal Criteria:**

1. Must meet the Family Medicine Pediatrics criteria
- AND**
2. Documentation of this level of care to 10 patients in the past 24 months.

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

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## FAMILY MEDICINE INPATIENT OBSTETRICS

### QUALIFICATIONS FOR FAMILY MEDICINE INPATIENT OBSTETRICS

***Initial applicants:*** To be eligible to apply for privileges in Family Medicine Inpatient Obstetrics, the applicant must meet the following criteria:

1. Documented successful completion of an Accreditation Council for Graduate Medical Education (ACGME)– or American Osteopathic Association (AOA)–accredited residency in Family Medicine  
**AND**
2. Documentation of at least two months of obstetrical rotation during family medicine residency, with 40 patients delivered  
**AND**
3. ***Required current experience:*** Documented current competence and evidence of the performance of at least 8 deliveries in the past 24 months, or completion of training in the past 24 months.

***Renewal of privileges:*** To be eligible to renew privileges in Family Medicine Inpatient Obstetrics, the applicant must meet the following criteria:

1. Maintenance of Certification or Osteopathic Continuous Certification is required  
**AND**
2. Documented current competence and evidence of the performance of at least 8 deliveries in the past 24 months based on ongoing professional practice evaluation and outcomes.

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### Core privileges: Family Medicine Inpatient Obstetrics

**Requested**

Admit, evaluate, and manage female patients with normal term pregnancy, with an expectation of noncomplicated vaginal delivery, management of labor and delivery, and procedures related to normal delivery, including medical diseases that are complicating factors in pregnancy (with consultation). The core privileges in this specialty include the procedures on the attached procedures list and such other procedures that are extensions of the same techniques and skills.

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**CORE PROCEDURES/TREATMENT 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 current competency, please strike through the procedures that you do not wish to request, and then initial and date.

**Family Medicine Obstetrics**

- Amniotomy
- Augmentation of labor
- External and internal fetal heart rate monitoring
- Induction of labor and Pitocin® management with consultation
- Initial management of postpartum hemorrhage
- Management of postpartum care
- Management of uncomplicated labor
- Manual removal of placenta, postdelivery with consultation
- Normal spontaneous vaginal delivery of a term vertex presentation
- Performance of history and physical exam
- Episiotomy
- Repair of episiotomy, including lacerations/extensions - more extensive with consultation
- Repair of 1st and 2nd degree vaginal laceration
- Repair of other lacerations including cervical, 3rd and 4th degree with consultation
- Vacuum-assisted delivery with consultation
- Surgical assisting at C-section
- Assist with multifetal deliveries and fetal versions

**QUALIFICATIONS FOR FAMILY MEDICINE - PRENATAL CARE**

***Initial applicants:*** To be eligible to apply for privileges in Family Medicine Prenatal Care, the applicant must meet the following criteria:

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

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

**AND**

2. Documentation of prenatal care training during family medicine residency, with 200 prenatal care visits.

**AND**

3. ***Required current experience:*** Documented current competence and evidence of 200 prenatal care visits within the past 4 years or completion of training in the past 24 months.

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

1. Maintenance of Certification or Osteopathic Continuous Certification is required

**AND**

2. Completion of 8 Units AAFP/AMA/ACOG approved CME in prenatal care within the last 2 years, **OR** attendance at one DFAM prenatal care update

**Core Privileges: Family Medicine Prenatal Care**

**Requested**

Evaluate, diagnose, and treat low risk adolescent and adult female patients who are pregnant, intending to become pregnant or post pregnancy. Assess, stabilize, determine the disposition, and participate in the care of pregnant patients in the ambulatory setting.

**CORE PROCEDURES/TREATMENT 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 current competency, please strike through the procedures that you do not wish to request, and then initial and date.

**Family Medicine Prenatal Care**

- Performance of history and physical exam

Name: \_\_\_\_\_

Effective from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ (for MSO staff use only)

- Appropriate screening examination including Pap Smear
- Microscopic diagnosis of urine and vaginal smears
- Standard prenatal care; This includes patients with the following medical conditions: BMI less than 60, Chronic Hypertension with Blood Pressure less than 150/100 without medication, Gestational Diabetes controlled with Diet or oral medication, Advanced maternal age, History of pre-eclampsia at over 37 weeks, History of C-section, Substance abuse with or without Medication Assisted Treatment, Cholestasis of pregnancy, size versus dates discrepancy with Estimated Fetal Weight greater than 10%, Urinary Tract Infection, Anemia with Hemoglobin over 8, and vaginitis.
- Advanced Prenatal Care **with Consultation Only** for management of patients with more severe pregnancy complications and chronic medical problems such as: Chronic Hypertension on medications, Gestational Diabetes on insulin, pregestational diabetes, History of 3 or more spontaneous abortions at less than 13 weeks, pregnancy loss over 13 weeks, history of intrauterine fetal demise, history of cervical incompetence, History of preterm delivery less than 37 weeks, di/di twins, BMI over 60, Syphilis, Chronic Hepatitis B, History of Preeclampsia in 2 pregnancies or prior to 37 weeks, History of hypothyroid, shortened cervix (<2.5cm), IUGR, persistent placenta previa, anemia with hemoglobin less than 8 and fibroid or other uterine anomalies.

**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 or reapplicant.

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*Non-Core Privileges*

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**Basic First and Second Trimester Ultrasound** for dating, location, and viability of pregnancy.

**Requested**

Initial Criteria: Training in Residency or an Ultrasound course and 20 cases.

Renewal Criteria: 8 Cases in the past 2 years.

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**Manual Uterine Aspiration**

**Requested**

Initial Criteria: Training during or following Residency and 50 cases.

Renewal Criteria: 6 Cases in the past 2 years.

**Third trimester OB ultrasound** for placental location, viability, presentation, amniotic fluid assessment

**Requested**

Initial Criteria: Training in Residency or an Ultrasound course and 20 cases.

Renewal Criteria: 8 Cases in the past 2 years.

**Advanced Prenatal Care**: For management of patients with more severe pregnancy complications and chronic medical problems such as: Chronic Hypertension on medications, Gestational Diabetes on insulin, pregestational diabetes, History of 3 or more spontaneous abortions at less than 13 weeks, pregnancy loss over 13 weeks, history of intrauterine fetal demise, history of cervical incompetence, History of preterm delivery less than 37 weeks, di/di twins, BMI over 60, Syphilis, Chronic Hepatitis B, History of Preeclampsia in 2 pregnancies or prior to 37 weeks, History of hypothyroid, shortened cervix (<2.5cm), IUGR, persistent placenta previa, anemia with hemoglobin less than 8 and fibroid or other uterine anomalies. This privilege includes Antepartum Fetal Heart Rate Monitoring.

**Requested**

Initial Criteria: Completion of OB Fellowship or OB Department approved experience equivalent to OB Fellowship and at least 300 perinatal visits in the past 24 months.

Renewal Criteria: 300 visits in the past 2 years.

**FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE) FOR INITIAL APPLICANTS**

1. Retrospective or concurrent proctoring (chart review or direct observation) of at least 9 patients in the care of whom the applicant significantly participated. FPPE/proctoring must be representative of the provider's scope of practice.
2. Concurrent proctoring (direct observation) of at least 3 different procedures that are representative of procedures regularly performed in the department. FPPE/proctoring

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must be representative of the provider’s scope of practice.

3. FPPE/Proctoring is also required for at least one (1) procedure/case of Paracentesis, IUD Insertion, and Endometrial Biopsy, AND two (2) Vaginal Deliveries.
4. If the provider does in and outpatient work, he/she needs to be proctored in both.
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.**

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

**DEPARTMENT / DIVISION CHAIR’S RECOMMENDATION**

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

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

*Notes:*

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**DFAM Division Chair Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**DFAM Chair Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Additional**

**Department Chair Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

(Peds, OB/Gyn, etc. if appropriate)



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

**FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY**

<b>Credentials Committee Approval</b>	<b>Date:</b> <u>6/2022</u>
<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> _____