

CRITERIA BASED CORE PRIVILEGS

MS 121

<i>Manual</i>	Medical Staff	<i>Effective Date</i>	03/31/2009
<i>Policy #</i>	MS 121	<i>Date Revised</i>	
<i>Responsible Person</i>	Director, Medical Staff Administration	<i>Next Scheduled Review</i>	12/31/2020

PURPOSE

To introduce consistent criteria to the privileging process. All practitioners in a clinical service are asked to meet the same minimum threshold criteria covering education, training, experience, and demonstrated current competence.

To ensure that only practitioners with the necessary experience can carry out the specified privileges. Privileges are granted commensurate with education, training, experience, and demonstrated current competence.

To simplify the delineation process. Criteria-based core privileging defines minimum threshold criteria, providing an objective way to prescreen applicants for clinical privileges. Practitioners who do not meet the predefined criteria for core privileges or additional requirements are not eligible to apply for those privileges.

DEFINITION

“Category/Categories” identifies major treatment areas or procedures that are classified based on the degree of complexity of the procedure or illness to be treated.

- Category A: Clinical activities/procedures requiring successful completion of an ACGME accredited residency or equivalent. Documentation of experience and current competence may be required.
- Category B: Clinical activities/procedures requiring successful completion of an ACGME accredited residency or equivalent **and** documentation of additional training, up to and including successful completion of a clinical fellowship and current competence in the advanced procedures requested. Specific criteria and proctoring requirements may be delineated.
- Category C: Clinical activities/procedures requiring successful completion of an ACGME accredited residency or equivalent **and** documentation of successful completion of an ACGME subspecialty fellowship or equivalent **with** documentation of current competence in the advanced or high risk procedures requested. Sub-specialty ABMS board certification may be required. Specific criteria and proctoring requirements are delineated.

“Core privileges” refers to a set of clinical activities/procedures in a specific Category that any physician with adequate training within a specialty or subspecialty should be able to perform.

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Non-core privileges usually address the use of new technologies, high-risk procedures, or activities that may cross specialty lines.

POLICY

Criteria-based Core privileging is the preferred method of defining privileges at Ronald Reagan Medical Center-UCLA.

Privilege Delineation

Privilege Delineation Forms are reviewed by the applicable Clinical Service Chief or delegate (Ref. Medical Staff Policy and Procedure MS 116: Resource Availability for Privileges) to ensure:

- (a) that the privileges are clearly and accurately defined to reflect specific activities/procedures to be included in the core set within a particular Category and those activities/procedures that are outside the core;
- (b) that the privileges are clearly and accurately defined to reflect only activities/procedures actually performed at RRMC-UCLA; and
- (c) that the privileges within a particular Category are clearly and accurately defined to reflect activities that RRMC-UCLA believes a majority of applicants should be able to perform.

Updated privileging criteria is communicated to all applicable medical staff members as well as hospital staff via letter and intranet.

Application for Privileges

Requests for clinical privileges will be processed only when the applicant meets the current minimum threshold criteria. Applicants who do not meet these criteria will not have their requests submitted to the Credentials Committee for evaluation and consideration. In the event that there is a request for which criteria does not currently exist, Medical Staff Policy and Procedure MS 103: Introduction of a New Privilege will be initiated (Ref MS 103).

Practitioners who meet pre-defined criteria are eligible to apply for core privileges, and those who can document additional training and experience may request non-core privileges. If a practitioner meets criteria to request core privileges and the practitioner's requests are supported by references attesting to his/her current clinical competence, privileges may be granted.

Procedures requiring specialized training or experience beyond the pre-defined criteria would be applied for and granted separately.

Practitioners may opt out of privileges that are included in the core set when he/she cannot demonstrate current competency for a given procedure.

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PROCEDURE

1. A practitioner completes the appropriate Clinical Service Privilege Delineation Form, requesting core privileges and/or procedures outside the core privileges, attesting that he/she has reviewed the criteria of the privileges requested and certifies that he/she has the necessary education, training, experience, and current competence to perform the privileges requested. Submission of documentation of such is either attached to the delineation form or included in the application at the time of the request.
2. At the time of request, the Clinical Service Chief evaluates each applicant's education, training, experience, and current competence to perform each privilege listed. The Clinical Service Chief may require documentation of education, training, experience, and current competence to perform the privileges requested.
3. Practitioners may opt out of activities/procedures that are included in the core privilege set when he/she cannot demonstrate current competency for a given procedure.
 - (a) Practitioners are instructed to delete (cross out, line-through) specific activities/procedures at the time of application if they do not wish them to be considered.
 - (b) Approval of requested core and non-core privileges is deferred pending submission of documentation of training, experience, and current competence. The practitioner is given notice of 30 days to submit the documentation for review. If documentation is not received the request is considered withdrawn and notice sent to the practitioner. If documentation is received, the Clinical Service Chief reviews the information and makes a recommendation to the Credentials Committee.
4. Upon successful review and approval, the applicant and hospital staff are notified as to the granting decision via letter and intranet.

Approval:

MSEC: 03/29/2009/Reviewed w/no recommended changes 12/31/2017

Governing Body: 03/31/2009/Reviewed w/no recommended changes 12/31/2017