Criteria for granting privileges:  
Current board certification in Clinical Genetics by the American Board of Medicine Genetics.  
Or  
Successful completion of an accredited ACGME accredited post-graduate training program in Clinical Genetics and board certification within 5 years of program completion.

Applicants will be requested to provide documentation of practice and current clinical competence as defined on the attached competency grid. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current clinical competence, and other qualifications and for resolving any doubts.

Current Clinical Competence: Requirements for New Applicants

- If applying directly from training, or based on the training received in a formal training program, provider should submit case* logs from the program authenticated by the program director along with their recommendation attesting to the comparable training, experience and qualifications relative to the criteria for the clinical privileges requested.

- If applying more than 1 year after training completion, submit the following:
  - Aggregate data from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 diagnosis codes and the number of patients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.
  - Procedure list from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.
  - Case logs (see specifications below) for any special privileges requested that meet the criteria specific for the number of procedures defined for current clinical competence.
Current Clinical Competence: Maintenance of Privileges for Current Members

- **For active staff members:** MLH source data will be aggregated to review cases and procedures performed. If this does not meet the minimum requirement for core and/or special privileges, the practitioner will be required to submit additional case logs from other facilities.

- **For courtesy staff members with low activity and for certain active staff with activity that has diminished and is now low:** Department chair recommendation should be obtained from their primary facility; and the practitioner should submit the following:
  - Aggregate data from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 diagnosis codes and the number of patients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.
  - Procedure list from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.
  - Case logs (see specifications below) for any special privileges requested that meet the specific number of procedures defined for current clinical competence.

**Case Logs**

All required case logs and/or procedure lists must contain the following information at a minimum: Date, patient identifier, CPT/ICD procedure code, diagnosis, complications, and disposition, and the facility name, name/title of the person authenticating the log, signature, date signed, and contact information. If the information requested is not available, please provide an explanation.

*A “case” is defined as an episode of care – either cognitive or procedural. For interpretive care, “case” is interpretation of one diagnostic study.*

**Ongoing Professional Performance Evaluation (OPPE)**

OPPE is evaluated periodically (more frequently than annually) in the facility where membership/privileges are held.

To assure OPPE requirements are satisfied, the practitioner must periodically exercise the privileges in the MLH facility(ies) where he/she has membership. OPPE must occur regularly on patient encounters in the MLH facility(ies) where privileges/membership are held.
<table>
<thead>
<tr>
<th>Specialty/Procedure Delineation of Privilege Form</th>
<th>Education/Training Documentation for Initial Granting</th>
<th>Initial Application (Proof of current clinical competence)</th>
<th>FPPE – Validation of competence after appointment and/or granting of a new or additional privilege (To be completed within one year)</th>
<th>Maintenance Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical Genetics Core</strong></td>
<td>Current board certification in Clinical Genetics by the American Board of Medical Genetics Or Successful completion of an ACGME post-graduate training program in Clinical Genetics and board certification within 5 years of completion.</td>
<td>Aggregate data from primary practice facility for the previous 12 month time period identifying the top 10 diagnosis codes and the number of inpatients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation. Procedure list from primary practice facility for the previous 12 month time period identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.</td>
<td>First 5 evaluations for Birth Defects and/or Metabolic Disorder</td>
<td>MLH Data will be obtained for active members when available, the applicant should supply additional case logs from other facilities' HIM departments, if necessary, to meet the minimum requirement(s) to be considered for the privilege. Courtesy members should supply case logs from other facilities' HIM departments to meet the minimum requirement(s) to be considered for the privilege. Aggregate data submitted should include the top 10 diagnosis codes, with the number of inpatients per code, and procedure lists indicating the top 10 CPT/ICD codes, with the number of procedures per code for the previous 12 months. Any complications/poor outcomes should be delineated and accompanied by an explanation. Department chair recommendation will be obtained from primary practice facility.</td>
</tr>
</tbody>
</table>

Board approved: March, 2011, 4/16/14
Current Clinical Competence Requirements

Core Privilege Description: Admit, evaluate, diagnose, consult, and provide care including those standard, usual and customary therapies and procedures appropriate for the diagnosis and treatment of genetic diseases and conditions encompassed by the specialty of Clinical Genetics which constitute skills achieved during fellowship training.

Access, stabilize and determine disposition of patients with emergency conditions consistent with the Medical Staff policy regarding emergency or consultative services.

Privileges include but are not limited to:

- Consultant in Clinical Genetics
- Skin biopsy under local anesthesia

Special: The physician requesting special privileges must meet the minimum criteria for the specialty core and demonstrate the appropriate post graduate training and/or demonstrate successful completion of an approved, recognized course when such exists, or other acceptable experience.

Administration of moderate sedation: See Credentialing Policy for Sedation and Analgesia by Non-Anesthesiologists.
Requires: Separate DOP, ACLS, NRP or PALS certification
Current Clinical Competence Requirements

Clinical Genetics Clinical Privileges

Check below the particular privileges desired in Clinical Genetics for each facility:

Please check (✓) applicable age categories for each privilege requested.

<table>
<thead>
<tr>
<th>Privilege Description</th>
<th>Methodist Healthcare – Memphis Hospitals (MHMH)</th>
<th>Germantown, Le Bonheur Medical Center, North, South &amp; University, Outpatient Clinics &amp; Diagnostic Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Neonates (0-28 days)</td>
<td>Infants (29 days–2 Years)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Children &amp; Adolescents (2-18 years)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Adults &amp; Adolescents (13 &amp; Above)</td>
</tr>
</tbody>
</table>

Clinical Genetics Core

Limitations

Clinical privileges are granted only to the extent privileges are available at each facility.

Darkly shaded areas represent privileges not available to any practitioner due to the privilege not being offered by the facility.

Acknowledgement of practitioner

I have requested only those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at the facilities indicated above, to the extent services are available at each facility, and I understand that:

(a) in exercising any clinical privileges granted, I am constrained by facility 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

__________________________________________ __________________________
Physician's Signature Date

__________________________________________ __________________________
Printed Name

Board approved: March, 2011, 4/16/14