

**Specialty of Provider-based Clinic (PBC) Affiliate  
Delineation of Clinical Privileges (DOP)**

**Criteria for granting privileges:** Current board certification in an appropriate ABMS or AOA specialty board  
OR  
Successful completion of an ACGME or AOA accredited post-graduate training program in an appropriate specialty and board certification within 5 years of 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.**

Specialty/Procedure Delineation of Privilege Form	Education/Training Documentation for Initial Granting	Initial Application (Proof of current clinical competence)	FPPE – Validation of competence after appointment and/or granting of a new or additional privilege (To be completed within one year)	Maintenance Requirements
<b>PBC Affiliate Core</b>	<p>Current board certification in an appropriate ABMS or AOA specialty board</p> <p>OR</p> <p>Successful completion of an ACGME or AOA accredited post-graduate training program in an appropriate specialty and board certification within 5 years of completion</p>	<p>Aggregate data from the provider-based clinic 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.</p> <p>Procedure list from the provider-based clinic 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.</p>	First 5 cases	<p>MLH Data will be obtained for practitioners when available. The applicant should supply additional case logs from other provider based clinics, if necessary, to meet the minimum requirement(s) to be considered for the privilege.</p> <p>Aggregate data submitted should include the top 10 diagnosis codes, with the number of outpatients per code, and procedure lists indicating the top 10 CPT/ICD codes, with the number of procedures per code for the previous 12 months.</p> <p>Any complications/poor outcomes should be delineated and accompanied by an explanation.</p> <p>Primary Care Group Quality Committee Chair recommendation will be obtained.</p>
<i>Diagnostic Radiology Interpretation (chest, extremities, spine, skull and sinus images)</i>	<p>Current board certification in an appropriate ABMS or AOA specialty board</p> <p>OR</p> <p>Successful completion of an ACGME or AOA accredited post-graduate training program in an appropriate specialty and board certification within 5 years of completion</p>	Case logs documenting a minimum of 20 cases as primary interpreter.	First 5 interpretations	6 hours of radiology CME every two years, including 1 hour of CME in radiation safety.

**Core Privilege Description:**

1. Cannot admit, consult, write inpatient orders, or perform hospital procedures, but may refer and follow patients in the hospital.
2. May order outpatient treatments and services, including rehabilitation and respiratory therapy.
3. Assess and document interval progress and/or health status of clinic patients.
4. Design appropriate treatment plans.
5. Ensure appropriate continuum of care.
6. Minor outpatient diagnostic tests/procedures including but not limited to: EKG interpretation, joint aspiration, injection of joint, tendon, or bursa; laceration repair, incision and drainage of superficial abscess.

**Special privilege(s):** 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.

## Provider-based Clinic Affiliate Clinical Privileges

Check below the particular privileges desired for Provider-based Affiliate Clinical Privileges for each facility:

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

Privilege Description	Methodist Healthcare – Memphis Hospitals (MHMH) Germantown, Le Bonheur Medical Center, North, South & University, Outpatient Clinics & Diagnostic Facilities				Methodist Healthcare – Olive Branch Hospital (MHOBH)			
	Infants (29 days– 2 Years)	Children & Adolescents (2-18 years)	Adults & Adolescents (13 & Above)	Adults (18 & Above)	Infants (29 days– 2 Years)	Children & Adolescents (2-18 years)	Adults & Adolescents (13 & Above)	Adults (18 & Above)
PBC Affiliate Core								
<b>Special privileges</b>								
<i>Diagnostic Radiology Interpretation</i>								
<b>Limitations</b>	<b>Clinical privileges are granted only to the extent privileges are available at the provider-based clinic and based on applicant's primary specialty, including his/her training, education, and clinical competency.</b>							
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