

## **SPECIALTY OF ENDOCRINOLOGY**

### **Delineation of Clinical Privileges**

- Criteria for granting privileges:** Current board certification in Internal Medicine by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine and subspecialty certification in Endocrinology.
- Or**
- Current board certification in Pediatrics by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics, and subspecialty certification in Endocrinology.
- Or**
- Successful completion of an accredited ACGME or AOA accredited post-graduate training program in Internal Medicine or Pediatrics and completion of an accredited ACGME or AOA accredited post-graduate training program in Endocrinology 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.

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>Endocrinology Core</b>	Current board certification in Internal Medicine by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine and subspecialty certification in Endocrinology <b>Or</b> Successful completion of an ACGME or AOA accredited post-graduate training program in Internal Medicine and completion of an ACGME or AOA accredited post-graduate training program in Endocrinology and board certification within 5 years of completion.	Aggregate data from primary practice facility for the previous 12 month time period indentifying 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.	First 5 cases	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.
<b>Endocrinology Pediatric Core</b>	Current board certification in Pediatrics by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics and subspecialty certification in Endocrinology <b>Or</b> Successful completion of an ACGME or AOA accredited post-graduate training program in Pediatrics and completion of an ACGME or AOA accredited post-graduate training program in Endocrinology and board certification within 5 years of completion.	Aggregate data from primary practice facility for the previous 12 month time period indentifying 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.	First 5 Patients admitted for diabetes	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.
<i>Bone Biopsy</i>		Case log documenting the performance of at least 5 procedures within the previous 24 months	First 5 procedures	Case log documenting the performance of at least 5 procedures within the previous 24 months

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>Internal Medicine Core</b>	<p>Current board certification in Internal Medicine by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine.</p> <p><b>OR</b></p> <p>Successful completion of an ACGME or AOA accredited post-graduate training program in Internal Medicine and board certification within 5 years of completion.</p>	<p>Aggregate data from primary practice facility for the previous 12 month time period indentifying the top 10 diagnosis codes and the number of inpatients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.</p> <p>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.</p>	N/A	<p>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.</p> <p>Courtesy members should supply case logs from other facilities' HIM departments 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 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.</p> <p>Any complications/poor outcomes should be delineated and accompanied by an explanation.</p> <p>Department chair recommendation will be obtained from primary practice facility.</p>
<b>Pediatric Core</b>	<p>Current board certification in Pediatrics by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics.</p> <p><b>OR</b></p> <p>Successful completion of an ACGME or AOA accredited post-graduate training program in Pediatrics and board certification within 5 years of completion.</p>	<p>Aggregate data from primary practice facility for the previous 12 month time period indentifying the top 10 diagnosis codes and the number of inpatients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.</p> <p>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.</p>	N/A	<p>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.</p> <p>Courtesy members should supply case logs from other facilities' HIM departments 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 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.</p> <p>Any complications/poor outcomes should be delineated and accompanied by an explanation.</p> <p>Department chair recommendation will be obtained from primary practice facility.</p>

**Endocrinology Core Privilege:** Admit, evaluate, diagnose, treat and provide consultation to patients of all ages except where specifically excluded from practice, with injuries, or disorders of the internal (endocrine) glands such as thyroid and adrenal glands, and metabolic and nutritional disorders, diabetes, pituitary diseases, and menstrual and sexual problems. Interpretation of laboratory tests; immunoassays; and radionuclide, ultrasound, radiologic, and other imaging studies and basic laboratory techniques.

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:**

- Internal Medicine Core
- performance and cytologic interpretation of fine needle aspiration of the thyroid

**Endocrinology Pediatric Core Privilege:** Admit, evaluate, diagnose, consult, and provide treatment to infants, children and adolescents with diseases or disorders resulting from an abnormality in the endocrine glands, including but not limited to diabetes mellitus, growth failure, unusual size for age, early or late pubertal development, birth defects, the genital region, and disorders of the thyroid, adrenal and pituitary glands.

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:**

- Pediatric Core
- provocation testing
- serving as consultant in endocrinology.
- Diagnostic/therapeutic procedures granted with general pediatric privileges

**Internal Medicine Core Privilege:** Admit, evaluate, diagnose, treat and provide consultation to patients 13 and above admitted with both common and complex illnesses of cancer, infections and diseases affecting the heart, blood, kidneys, joints and the digestive, respiratory and vascular systems and treatment of common problems of the eyes, ears, skin, nervous system and reproductive organs.

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

**Inherent in core privileges are the following areas/procedures:**

- Arthrocentesis
- Lumbar puncture
- Thoracentesis
- Exercise testing
- EKG interpretation

**Pediatric Core Privilege:**

Admit, evaluate, diagnose and treat patients ages 0-18 for common illnesses and injuries including disorders common to general pediatric diseases and conditions.

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:**

- Bone marrow aspiration
- Burns, superficial and partial thickness
- I&D of superficial abscess
- Local anesthetic techniques
- Lumbar puncture
- Management uncomplicated minor closed fractures and dislocations
- Perform simple skin biopsy or excision
- Peripheral arterial puncture
- Digital peripheral nerve blocks
- Placement of anterior and posterior nasal hemostatic packing
- Pre-operative and postoperative medical care for surgical patients
- Removal of foreign body by speculum, forceps, or superficial incision
- Removal of non-penetrating corneal foreign body
- Suprapubic bladder aspiration
- Suture uncomplicated lacerations
- Venipuncture

**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

## Endocrinology Clinical Privileges

Check below the particular privileges desired in Endocrinology 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 Olive Branch Hospital (MOBH)
	Neonates (0-28 days)	Infants (29 days– 2 Years)	Children & Adolescents (2-18 years)	Adults & Adolescents (13 & Above)	Adults & Adolescents (13 & Above)
Endocrinology Core					
Endocrinology Pediatric Core					
<b>Special</b>					
Bone Biopsy					
<b>Limitations</b>	<b>Clinical privileges are granted only to the extent privileges are available at each facility.</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