



## **General Information**

All applicants must meet the qualifications, conditions and responsibilities as set forth in MLH Credentials Policies. Policies are located on [www.methodistmd.org](http://www.methodistmd.org)

Applicants seeking appointment, reappointment, and/or clinical privileges have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current clinical competence, character, ethics, and other qualifications and for resolving any doubts about an individual's qualifications.

Other requirements:

- Applicants will be requested to provide documentation of practice and current clinical competence as defined on the attached competency grid for initial granting and reappointment of privileges.
- 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.
- Privileges granted may be exercised only at the Hospitals that offer the service/specialty, have sufficient space, equipment, staffing, and other resources required to support the privilege.
- Requests for clinical privileges that are subject to an exclusive contract will not be processed except as consistent with the contract.

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## **Evaluating Current Clinical Competence at time of Reappointment:**

MLH Data will be obtained and analyzed as available from EMR reporting systems or Health Information Management.

If minimal activity/low volume, then the applicant should supply case logs from other facilities' HIM department or practice billing systems to meet the minimum requirement(s) to be considered for the privilege. Source of the logs must be denoted.

The preferable format for external case logs is Excel or PDF from the sourced system. Handwritten case logs are generally not accepted.

Case logs should include a blinded or partial patient number for case distinction, date of service, type of service (inpatient or outpatient), location of service, diagnostic code and/or procedure codes, and performing provider where applicable.



**Unified Medical Staff: Memphis Hospitals & Olive Branch Hospital**

**Delineation of Clinical Privileges  
Specialty of Dermatology**

| Privilege                         | Initial Application<br>Required Education or Training  | Initial Application<br>Current Clinical Competence   | Reappointment<br>Retrospective Review of<br>Cases Performed at MLH<br>Facility (FPPE)      |
|-----------------------------------|--|--|--|
| <b>Dermatology Core</b>           | Current board certification in Dermatology by the American Board of Dermatology or the American Osteopathic Board of Dermatology<br><br><b>OR</b><br>Successful completion of an ACGME or AOA accredited post-graduate training program in Dermatology<br><b>and</b> board certification within 5 years of completion.   | Case logs and Procedure Lists from Primary Practice Facility for previous 12 month time period<br><br>Any complications/poor outcomes should be delineated and accompanied by an explanation | FPPE: First 5 cases  |
| <b>Dermatology Pediatric Core</b> | Current board certification in Dermatology by the American Board of Dermatology and subspecialty certification in Pediatric Dermatology<br><br><b>OR</b><br>Successful completion of ACGME accredited post-graduate training programs in both:<br><ul style="list-style-type: none"> <li>• Dermatology</li> <li>• Pediatric Dermatology</li> </ul> <b>and</b> board certification within 5 years of completion.  | Case logs and Procedure Lists from Primary Practice Facility for previous 12 month time period<br><br>Any complications/poor outcomes should be delineated and accompanied by an explanation | FPPE: First 5 consults   |
| <i>Use of Laser</i>               | Completion of an approved eight hour minimum CME course which includes training in:<br><ul style="list-style-type: none"> <li>• laser principles and safety</li> <li>• basic laser physics</li> <li>• laser tissue interaction</li> <li>• discussions of the clinical specialty field</li> <li>• hands-on experience with lasers.</li> </ul> <b>AND</b><br>A letter outlining the content and successful completion of course must be submitted,<br><br><b>OR</b><br>Documentation of successful completion of an approved residency in a specialty or subspecialty which included training in:<br><ul style="list-style-type: none"> <li>• laser principles and safety</li> <li>• basic laser physics</li> <li>• laser tissue interaction</li> <li>• discussions of the clinical specialty field</li> </ul> a minimum of six hours observation and hands-on experience with lasers. |  | FPPE: First 5 cases<br><br>Case log documenting 5 procedures within the previous 24 months |



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| Privilege                            | Initial Application<br>Required Education or Training   | Initial Application<br>Current Clinical Competence  | Reappointment<br>Retrospective Review of<br>Cases Performed at MLH<br>Facility (FPPE)                                    |
|--------------------------------------|---|---|--|
| <i>MOHS Micrographic<br/>Surgery</i> | Training in MMS during residency program in dermatology.<br><br><b>OR</b><br>If the residency program did not include MMS training the applicant must have successfully completed either<br>1. an approved MMS fellowship training program<br>or<br>2. a formal MMS training program that included preceptorship and proctored initial cases by an experienced MOHS surgeon | Case log documenting the performance of at least 100 procedures within the previous 12 months | FPPE: First 5 cases<br><br>Case log documenting the performance of at least 100 procedures within the previous 24 months |
| <i>Liposuction</i>                   | Evidence of at least 30 continuing medical education hours covering the indications for, technical aspects of, and post-procedure management of liposuction (if not covered by the applicant's residency training program)  | Case log documenting the performance of at least 50 procedures within the previous 24 months  | FPPE: First 5 cases<br><br>Case log documenting the performance of at least 50 procedures within the previous 24 months  |

## Core Privileges

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The core privileges in the following specialties include procedures outlined in lists and such other procedures that are extensions of the same techniques and skills.

### Dermatology Core Privilege:

Admit, evaluate, diagnose, treat and provide consultation to patients of all ages except as specifically excluded from practice, with benign and malignant disorders of the integumentary system (epidermis, dermis, subcutaneous tissue, hair, nails, mouth, external genitalia and cutaneous glands) as well as sexually transmitted diseases.

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:

- diagnosis and treatment of skin cancers, melanomas, moles, and other tumors of the skin,
- management of contact dermatitis and other allergic and non-allergic skin disorders
- management of cosmetic disorders of the skin such as hair loss and scars and the skin changes associated with aging, including consultation.

#### The following procedures:

- simple excision and repair
- skin and nail biopsy
- scalp surgery
- skin grafting
- sclerotherapy
- electrosurgery
- collagen injections
- cryosurgery
- dermabrasion

### Dermatology Pediatric Core Privilege:

Admit, evaluate, diagnose, consult and provide care to infants and children under the age of 13 with diseases of the skin, e.g., infectious, immunologic, and neoplastic diseases.

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:

- interpretation of specially prepared tissue sections
- cellular scrapings and smears of skin lesions by means of routine and special (electron and fluorescent) microscopes

#### Diagnostic and therapeutic procedures permitted include:

- skin biopsy
- nail biopsy
- excision and repair



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**Delineation of Clinical Privileges  
Specialty of Dermatology**

## **Special Privileges:**

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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



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Delineation of Clinical Privileges  
Specialty of Dermatology

## Dermatology Clinical Privileges

Check below the particular privileges desired in Dermatology for each facility:

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

| Privilege Description      | Methodist Healthcare – Memphis Hospitals (MHMH)<br>Germantown, Le Bonheur Medical Center,<br>North, South & University, Outpatient Clinics & Diagnostic Facilities |                                  |   |                                      |
|----------------------------|--|----------------------------------|---|--------------------------------------|
|                            | Neonates<br>(0-28 days)  | Infants<br>(29 days–<br>2 Years) | Children &<br>Adolescents<br>(2-18 years) | Adults & Adolescents<br>(13 & Above) |
| Dermatology Core           |  |                                  |   |                                      |
| Dermatology Pediatric Core |  |                                  |   |                                      |
| <b>Special</b>             |  |                                  |   |                                      |
| MOHS Micrographic Surgery  |  |                                  |   |                                      |
| Liposuction                |  |                                  |   |                                      |
| Laser Use                  |  |                                  |   |                                      |
| <b>Limitations</b>         | 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