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## 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

Privilege	Initial Application: Required Education or Training	Initial Application Current Clinical Competence (CCC)	Reappointment: Retrospective review of cases performed at MLH facility (FPPE)
<b>PBC Affiliate Core</b>	Current board certification in an appropriate ABMS or AOA specialty board  <b>OR</b> Successful completion of an ACGME or AOA accredited post-graduate training program in an appropriate specialty <b>and</b> board certification within 5 years of completion	Case log/Procedure list from primary practice facility for the previous 12 month time period.  Any complications/poor outcomes should be delineated and accompanied by an explanation	FPPE: First 5 cases  Primary Care Group Quality Committee Chair recommendation will be obtained.
<i>Diagnostic Radiology Interpretation (chest, extremities, spine, skull and sinus images)</i>	Current board certification in an appropriate ABMS or AOA specialty board  <b>OR</b> Successful completion of an ACGME or AOA accredited post-graduate training program in an appropriate specialty <b>and</b> board certification within 5 years of completion	Case logs documenting a minimum of 20 cases as primary interpreter.	FPPE: First 5 interpretations  6 hours of radiology CME every two years, including 1 hour of CME in radiation safety.

## Core Privileges

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.

### 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 Privileges:

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.



Unified Medical Staff: Memphis Hospitals & Olive Branch Hospital

Delineation of Clinical Privileges  
Specialty of Provider-Based Clinic (PBC) Affiliate

## 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								
Special privileges								
Diagnostic Radiology Interpretation								
Limitations	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.							
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

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Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name