

DETROIT MEDICAL CENTER  
DEPARTMENT OF FAMILY MEDICINE  
DELINEATION OF PRIVILEGES

Applicant Name \_\_\_\_\_  
PLEASE PRINT

Applicants for membership and/or privileges in the Department of Family Medicine may be from the following disciplines, based on their education, training and board certification:

- FAMILY PHYSICIAN
- GENERAL PRACTITIONER
- OCCUPATIONAL AND ENVIRONMENTAL MEDICINE

*Effective July 1, 2009, all new applicants to the DMC will be required to be board certified or in the active certification process in their practice specialty.*

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**QUALIFICATIONS** – Please review carefully:

**A. FAMILY MEDICINE**

1. **Family Medicine Applicant:** Board Certified in Family Medicine (allopathic or osteopathic) or have completed a 3-year ACGME or AOA accredited residency program in Family Medicine and be within two (2) years of graduation and actively participating in the examination process leading to certification. Privileges in obstetrics require a minimum of six months, of training in Obstetrics/Gynecology with at least five (5) months dedicated solely to Obstetrics.
2. **Requirements for Advanced Privileges in Family Medicine for Family Practitioners:**
  - Advanced **inpatient hospital privileges** require documentation of at least **10** appropriately supervised cases for each of the advanced privileges requested. If supporting documentation is not submitted, the Applicant may be required to perform the required number of cases under the direct observation (proctoring) of a DMC physician who is delineated in those specific privileges.
  - Advanced privileges in **Obstetrics** require qualifications (as noted above) in obstetrics, **PLUS** the documentation of at least **10** proctored cases for each of the advanced privileges requested.
  - If supporting documentation is not submitted, the applicant may request to perform the required 25 cases under the direct observation of a DMC physician who is delineated in those specific privileges.
  - The Proctor must complete a written evaluation and recommendation to the Department Chief/SIC. Recommendation may be:
    - Successful completion of **ten** (10) operative cases, recommend approval.
    - Extension of proctoring period, \_\_\_\_\_ (number) additional cases.
    - Ineligible to be granted privilege based on department standards of acceptable skill and competency.

**QUALIFICATIONS** – Continued

**B. GENERAL PRACTICE**

Only those current DMC Department of Family Medicine (General Practice) medical staff members on staff prior to July 1, 2009, are eligible to request continued membership and privileges.

**C. OCCUPATIONAL AND ENVIRONMENTAL MEDICINE**

**1. Specialists in Occupational and Environmental Medicine:** Board Certification in Occupational Medicine by the American Board of Preventive Medicine or be within two (2) years of graduation and actively participating in the examination process leading to certification. A specialist in OEM may provide:

- General evaluation, prevention, diagnosis, treatment and case management of patients presenting with work-related and/or environmental-related illness or injury.
- May provide medical surveillance (including design of medical surveillance programs) and fitness-for-duty evaluations.
- Independent medical evaluations related to work-relatedness and fitness-for-duty, short and long-term disability management,
- Community/industrial site evaluations.
- Consultations to organizations for medical direction.

**May also apply for Advanced Privileges on Page 5**

**2. General Practice of Occupational and Environmental Medicine:**

Only those current DMC Department of Family Medicine (General Practice) medical staff members on staff prior to July 1, 2009, are eligible to request continued privileges in Occupational and Environmental Medicine.

**D. MEMBERSHIP ONLY, NO CLINICAL PRIVILEGES (AMBULATORY ONLY)**

**Those practitioners that do not meet minimum eligibility requirements to hold clinical privileges and/or have insufficient inpatient volume to provide for an ongoing professional practice evaluation and/or have an office-based practice only, but wish to maintain a DMC affiliation, may request Affiliate Status, Membership Only with No Clinical Privileges.**

Applicant Name \_\_\_\_\_

PLEASE PRINT

**COMPREHENSIVE FAMILY MEDICINE PRIVILEGES INCLUDE THE FOLLOWING:**

**Must meet Board Certification requirements as defined on page 1.**

**ADULT**

- Admission of adult patients to medicine/surgical floors
- Assessment of patient, including minimally invasive procedures
- Case coordination, supervision and treatment of patients with non-life threatening conditions
- Co-management with appropriate specialist in step-down and intensive care units.

**PEDIATRICS**

- Admission of patients under 18 years of age to pediatric and surgical floors
- Care coordination, supervision and treatment of non-life threatening conditions
- Consultation with a Pediatrician is required for infants less than 12 months of age, with the exception of uncomplicated newborn infants equal to or greater than 2000 grams in weight

**OBSTETRICS/GYNECOLOGY**

Family Medicine obstetrical inpatient care includes the management of normal spontaneous vertex vaginal delivery between 37 and 42 weeks gestation, including:

- Management of labor
- Pitocin augmentation and/or induction of labor after consultation with a pre-arranged back-up physician with cesarean section privileges.
- Repair of minor vaginal and cervical lacerations, including: an episiotomy, repair of second and third degree vaginal lacerations
- Manual extraction of retained placenta after consultation with a pre-arranged back-up physician with cesarean section privileges is expected.
- Pudenda block anesthesia amniotomy
- Fetal monitoring
- Exploration of the uterus postpartum.

Applicant Name \_\_\_\_\_

PLEASE PRINT

**PRIVILEGES REQUESTED:**

**(R)-Requested (A)-Recommend Approval as Requested (C)-Recommend with Conditions (N)-Not Recommended**

*Note: If recommendations for clinical privileges include a condition, modification or are not recommended, the specific condition and reason must be stated below or on the last page of this form.*

**Applicant: Please place a check mark in the (R) column ONLY for each privilege requested.**

**(R) (A) (C) (N)**

**MEMBERSHIP ONLY, NO CLINICAL PRIVILEGES**

Practice is limited to outpatient office (**ambulatory**) only. No inpatient privileges.

**DO NOT COMPLETE THE REMAINDER OF THIS FORM.**

**Sign form on PAGE 6.**

**(R) (A) (C) (N)**

**A. ALL FAMILY MEDICINE PRIVILEGES**

**Include admitting and in-patient care WITH obstetric privileges, as listed on page 1-2. Your professional liability insurance must include obstetrical coverage.**

**B. FAMILY MEDICINE PRIVILEGES WITHOUT OBSTETRICS**

**C. ADVANCED FAMILY MEDICINE PRIVILEGES**

**Advanced Procedures may be granted according to established eligibility criteria (see qualifications outlined on page 1).**

Bartholin cyst drainage and/or marsupialization

Central venous line insertion, subclavian or internal jugular (per procedure number requirements, page 1)

Colonoscopy, flexible (\*)

Endoscopy, flexible, esophageal, gastric and/or duodenal (\*)

Sigmoidoscopy, flexible (\*)

Sigmoidoscopy, with biopsy (\*)

Vasectomy

Neonatal circumcision

**(\*) DMC endoscopy guidelines apply equally to all practitioners seeking these privileges. Only those physicians approved for these privileges may perform them.**

**DEPARTMENT OF FAMILY MEDICINE**

**Applicant Name** \_\_\_\_\_

**PLEASE PRINT**

**D. ADVANCED OBSTETRICAL PRIVILEGES**

**(R) (A) (C) (N)**

Contraction fetal stress-testing and non-stress activity testing, **with** appropriate consultation where high-risk outcomes are likely.

Fourth degree extension of episiotomy, repair with appropriate consultation.

Outlet forceps delivery, after consultation, with pre-arranged back up from a physician with Cesarean section privileges.

Outlet vacuum extraction of fetus, after consultation with pre-arranged back-up from a physician with Cesarean section privileges.

Dilation and curettage of uterus (diagnostic only)

Hysteroscopy of the uterus (diagnostic only)

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**GENERAL PRACTITIONER PRIVILEGES - REAPPOINTMENT ONLY**

**Only those practitioners that were appointed prior to July 1, 2009, are eligible to request reappointment.**

**(R) (A) (C) (N)**

**REQUESTING PRIVILEGES AS PREVIOUSLY DELINEATED.  
Inpatient privileges, limited to admission with consultation required for each patient.**

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**OCCUPATIONAL AND ENVIRONMENTAL MEDICINE**

**Must meet qualification defined on page 3 to be eligible to request OEM privileges.**

**(R) (A) (C) (N)**

**OCCUPATIONAL AND ENVIRONMENTAL MEDICINE PRIVILEGES**  
I am applying for all privileges as a specialist in OEM as listed on page 3

**ADVANCED PRIVILEGES IN OCCUPATIONAL AND ENVIRONMENTAL MEDICINE**

**Review eligibility criteria on page 3, current certification is required for these privileges.**

**(R) (A) (C) (N)**

**Medical Review of Drug Testing (certification required)**

**ILO-B Reading (certification required)**

**Other \_\_\_\_\_**

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**All privileges are granted subject to the recipient agreeing to seek and involve appropriate consultation(s) and/or referral(s) for major complications and life-threatening conditions, as well as for situations when the diagnosis is unfamiliar to the family physician or general practitioner. The judgment of the family physician or general practitioner is the key to appropriate consultation(s) and referral(s), subject to peer review processes.**

**DEPARTMENT OF FAMILY MEDICINE**

**Applicant Name** \_\_\_\_\_  
**PLEASE PRINT**

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**Acknowledgment of Practitioner**

By my signature below, I acknowledge that I have read and understand this privilege delineation form and applicable standards and criteria for privileges.

\_\_\_\_\_  
Applicant Date

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**Department Chief /Specialist-in-Chief Recommendations**

I certify that I have reviewed and evaluated the applicant's request for clinical privileges, credentials and other supporting documentation, and the recommendation that is made below takes all pertinent factors into consideration:

- Recommend as Requested  Do Not Recommend  
 Recommend with conditions/modifications as listed.

\_\_\_\_\_  
Specialist-in-Chief (or designee), Signature Date

**Joint Conference Committee Approval:** \_\_\_\_\_  
Date

JCC Approved 7.28.09

DETROIT MEDICAL CENTER  
**ADDICTION MEDICINE PRIVILEGES**  
ADDENDUM\*

APPLICANT NAME: \_\_\_\_\_

**Please Print**

**Qualifications:** In order to be eligible to request clinical privileges in Addiction Medicine, an applicant must meet the following minimum threshold criteria:

- A. Meet the basic requirements for medical staff membership and privileges as defined in the Medical Staff Bylaws, Article III, Section 2.
- B. Minimum formal training: The applicant must have successfully completed an ACGME/AOA approved residency program in a primary care specialty including; Emergency Medicine, Family Medicine, Internal Medicine, Obstetrics/Gynecology, Pediatrics, or Psychiatry.

*Effective July 1, 2009, all new applicants to the DMC will be required to be board certified or in the active certification process in their practice specialty.*

- C. Completion of an accredited training program in Addiction Medicine or demonstrate that they are working toward certification by ASAM (American Society of Addiction Medicine) or AAAP (American Academy of Addiction Psychiatry), said certification must be completed within 4 years of its onset OR have completed a fellowship program in Addiction Medicine or Addiction Psychiatry.
- D. Required previous experience: The applicant must be able to demonstrate that he or she has performed at least 50 diagnostic or therapeutic Addiction Medicine procedures (medical detoxifications) during training and 25 diagnostic or therapeutic Addiction Medicine procedures (medical detoxifications) in a 12 months period to maintain privileges.

**Requested Privilege:**

(R) (A) (C) (N)

**Clinical Privileges in Addiction Medicine**

The following procedures should be performed on patients meeting appropriate clinical criteria or through specified protocols by physicians with training and expertise in addiction medicine.

- A. Assessment, diagnosis, and treatment of substance use disorders (addiction, abuse, intoxication and withdrawal disorders).
- B. Management of the following:
  - 1. Severe or complex intoxication
  - 2. Severe or complex withdrawal
  - 3. Medical complications of substance use disorders
- C. Provide consultation services in addiction medicine for patients, in collaboration with the physician who requests the consultation. These services would likely include taking the history, performing a physical examination, ordering evaluative medication management.
- D. Integration of addiction medicine expertise with other health care providers including specialist in the emergency department and intensive care units.
- E. Work collaboratively with allied health practitioners, including psychologists, nurse practitioners, physician assistants and pharmacists.

**Addendum to the following Department Delineation of Privileges:**

- Emergency Medicine
- Family Medicine\***
- Internal Medicine
- Obstetrics/Gynecology
- Pediatrics
- Psychiatry

**CLINICAL PRIVILEGES IN ADDICTION MEDICINE**

APPLICANT NAME:

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**Please Print**

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**Acknowledgement of Practitioner**

By my signature below, I acknowledge that I have read and understand this privilege delineation form and applicable standards and criteria for privileges and hereby stipulate that I meet the minimum threshold criteria for this request.

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Applicant Signature

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Date

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**Recommendations:**

By my signature below, I certify that I have reviewed and evaluated the applicant's request for clinical privileges, credentials and other supporting information, and the recommendations that has been made takes all pertinent factors into consideration.

Recommend as requested

Do not recommend

Recommend with conditions/modification as listed

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Chief of Service (or designee) Signature

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Date

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Specialist-in-Chief (or designee) Signature

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Date

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Psychiatry Specialist-in-Chief (or designee) Signature

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Date

**Joint Conference Committee Approval:**

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Date

JCC Approval 7.28.09



DETROIT MEDICAL CENTER  
DELINEATION OF PRIVILEGES IN SLEEP MEDICINE  
**ADDENDUM**

To the following department delineation of privileges:

\*Internal Medicine, \*Family Medicine, \*Otolaryngology, \*Neurology, \*Pediatrics or \*Psychiatry.

APPLICANT NAME: \_\_\_\_\_

**PLEASE PRINT**

**QUALIFICATIONS:**

Initial Applications

***Effective July 1, 2009, all new applicants to the DMC will be required to be board certified, or in the active certification process, in their practice specialty. See Board Certification addendum for complete requirements.***

1. Current board certification by the American Board of Sleep Medicine; **or** the specialty specific certifying organization (ABMS/AOA specialties noted above), **and** Subspecialty certification in Sleep Medicine; **or**
2. Current board certification by a specialty specific certifying organization (ABMS /AOA specialties noted above), **and** successful completion of a sleep medicine fellowship training program, and in the active certification process (see attached Board Certification addendum).

Reappointment Requirements

Maintenance of privilege qualifications and current demonstrated competence and experience in the practice of Sleep Medicine, through ongoing professional practice evaluation without demonstrated variance from accepted standards and guidelines for clinical care as recommended by the Specialist-in-Chief of the Department.

**REQUESTED PRIVILEGES:**

**(R)=Requested (A)=Recommend Approval as Requested (C)=Recommend with Conditions  
(N)=Not Recommended**

***Note:*** *If recommendations for clinical privileges include a condition, modification or are not recommended, the specific condition and reason must be stated below or on the last page of this form and discussed with the applicant*

**Applicant: Please place a check mark in the (R) column for each privilege requested.**

**(R) (A) (C) (N)**

**Membership Only Status, No Clinical Privileges**

*(Check 'R' box and go directly to the signature page; do not complete the remainder of this form).*

DELINEATION OF PRIVILEGES IN SLEEP MEDICINE  
**ADDENDUM**

APPLICANT NAME: \_\_\_\_\_

**PLEASE PRINT**

**REQUESTED PRIVILEGES:**

**(R)=Requested (A)=Recommend Approval as Requested (C)=Recommend with Conditions  
(N)=Not Recommended**

**Note:** *If recommendations for clinical privileges include a condition, modification or are not recommended, the specific condition and reason must be stated below or on the last page of this form and discussed with the applicant*

**Applicant: Please place a check mark in the (R) column for each privilege requested.**

**(R) (A) (C) (N)**

**Core Privileges In Sleep Medicine**

Evaluate, diagnose and provide treatment or consultative services to patients presenting with conditions or disorders of sleep; i.e.

- sleep-disorder breathing
- circadian rhythm disorders
- insomnia
- parasomnias
- narcolepsy
- restless leg syndrome
- polysomnography (PSG) (including sleep stage scoring)
- evaluation and interpretation of CPAP/BiPAP titration
- multiple sleep latency testing (MSLT)
- actigraphy
- sleep log interpretation
- home/ambulatory testing
- maintenance of wakefulness testing (MWT)

**Acknowledgement of Practitioner**

By my signature below, I acknowledge that I have read and understand this privilege delineation form and applicable standards and criteria for privileges.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Chief of Service/Service Chief/Specialist-in-Chief Recommendations:**

By my signature below, I certify that I have reviewed and evaluated the applicant's request for clinical privileges, credentials and other supporting information, and the recommendations that has been made takes all pertinent factors into consideration.

Recommend as requested

Do not recommend

Recommend with conditions/modification as listed

\_\_\_\_\_  
Chief of Service (or designee) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Specialist-in-Chief (or designee) Signature

\_\_\_\_\_  
Date

**Joint Conference Committee Approval:**

\_\_\_\_\_

**JCC 10.25.11** – Revised (Sleep Medicine)

\_\_\_\_\_  
Date

## DETROIT MEDICAL CENTER

### **BOARD CERTIFICATION REQUIREMENTS**

- Beginning July 1, 2009, all applicants to the DMC Medical Staff shall be Board Certified, or shall achieve Board Certification within five (5) years of completion of formal training.
- Individual clinical department Board certification may be more stringent. If so, the department's requirements supersede the DMC minimum Board certification requirement.
- The Board certification must be in the specialty and specific practice which clinical privileges are requested.
- Board certification must be in a specialty recognized by the American Board of Medical Specialties, American Osteopathic Association, American Dental Association or the American Board of Podiatric Surgery.
- If Board certification is time-limited, in all cases, the applicant will have a maximum of three (3) years to achieve re-certification, beginning with the expiration date of his/her current Board Certification, or will be voluntarily resigned from the Medical Staff.
- DMC medical staff members on staff prior **to July 1, 2009**, who are not Board certified will not be required to achieve Board certification. Eligibility for the Board certification waiver requires uninterrupted DMC Medical Staff membership since July 1, 2009.
- Under special circumstances, some outstanding applicants brought to the DMC may be ineligible for Board certification. These members will be considered by their departments on an individual case-by-case basis, and review by a subcommittee of the SICs, may be granted privileges without Board certification with a majority vote of the Medical Executive Committee and the Joint Conference Committee.

JCC APPROVED 2.26.2013