DETROIT MEDICAL CENTER

DEPARTMENT OF MEDICINE **DELINEATION OF PRIVILEGES IN HEMATOLOGY/ONCOLOGY**

APPLICANT NAME:		
	PLEASE PRINT	

QUALIFICATIONS:

* You must also complete the General Internal Medicine delineation with this delineation of privileges.

Core Privileges in Hematology/Oncology

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. Board certification, or in the active certification process, in Hematology/Oncology through the American Board of Internal Medicine, or the American Osteopathic Board of Internal Medicine, AND successful completion of an accredited ACGME or AOA fellowship program in Hematology/Oncology Diseases, AND,
- 2. Documented clinical experience in the practice of Hematology/Oncology:
 - A. If the applicant is within 2 years of completion of an accredited ACGME or AOA fellowship program in Hematology/Oncology Diseases, a letter from the fellowship director (or designee) must be supplied.
 - B. If the applicant completed training in Hematology/Oncology Diseases at an accredited ACGME or AOA fellowship program more than 2 years before the application, proof of activity in the practice of Hematology/Oncology may be demonstrated by either (1) or (2):
 - 1) Proof of sufficient hospital inpatient activity to demonstrate delivery of care meeting accepted standards and guidelines, and without demonstrated variance from standards as recommended by the Hematology/Oncology Specialty Chief and Chief of Medicine.
 - 2) Proof of sufficient ambulatory activity to demonstrate delivery of care meeting acceptable standards and guidelines for clinical care and without demonstrated variance from accepted clinical standards. The ambulatory practice review may be accomplished by the Specialist-in-Chief, or designee. Upon request, the applicant may be required to gather additional letters of reference or other information to support the application and to determine quality of care.

DELINEATION OF PRIVILEGES IN HEMATOLOGY/ONCOLOGY

APPLICANT NAME): :
	PLEASE PRINT
training in residency, procedures, test or the	ompletion of an approved, recognized course when such exists, or acceptable supervised fellowship or other acceptable program; and demonstration of indications for the erapy, and documentation of the competence to obtain and retain clinical privileges. Where certification agencies have established specific criteria for minimal clinical experience, ed and followed.
demonstrated variance Specialist-in-Chief of demonstrate delivery demonstrated variance Chief, or designee. Upother information to see	uirements I competence and sufficient volume to evaluate ongoing quality of care without the from accepted standards and guidelines for clinical care as recommended by the The Department of Medicine. When appropriate, proof of sufficient ambulatory activity to of care meeting acceptable standards and guidelines for clinical care and without the interpretation of the interpretation of the interpretation of the property of the specialist-in- Upon request the applicant may be requested to gather additional letters of reference or support the application and to determine quality of care. Maintain Board Certification as oriate specialty board.
Requesting "Membe	No Volume or Referring Physicians rship Only (No clinical privileges)" status is for those practitioners that wish to obtain or liation but do not meet the minimum qualifications as defined by the DMC and/or their
PRIVILEGES REQ (R) Requested (A) Ro	UESTED: ecommend, Approved as Requested (C) Recommend with Conditions (N) Not Recommended
Note: If recommende	ations for clinical privileges include a condition, modification or are not recommended, the ion and reason must be stated below or on the last page of this form and discussed with the
Applicant: Please p	lace a check in the (R) column for each privilege requested.
(R) (A) (C) (N)	REQUESTING MEMBERSHIP ONLY, NO CLNICAL PRIVILEGES Requesting "Membership Only" status. Do not complete the remainder of this form, Check 'R' box, sign on page 3 and submit.)
(R) (A) (C) (N)	CORE PRIVILEGES IN HEMATOLOGY Admit, work up, diagnose and provide treatment or consultative services to patients of all ages presenting with illnesses and disorders of the blood and blood-forming tissues. Core privileges may include the following procedures which are commonly performed by specialists in Hematology. 1. Bone marrow aspiration and biopsy

- 2. Administration of chemotherapy
- 3. The management and care of indwelling venous access catheters
- 4. Plasmapheresis, leukapheresis
- 5. Therapeutic phlebotomy

DELINEATION OF PRIVILEGES IN HEMATOLOGY/ONCOLOGY

APPLICANT NAME:	
	PLEASE PRINT
	 CORE PRIVILEGES IN HEMATOLOGY - Continued 6. Lymph node aspiration 7. Therapeutic thoracocentesis and paracentesis 8. Evaluation and/or consultation of appropriate diagnostic radiographs
(R) (A) (C) (N)	CORE PRIVILEGES IN ONCOLOGY Admit, work up, diagnose and provide treatment or consultative services to patients of all ages with malignant tumors. Core privileges may include the following procedures which are commonly performed by specialists in Oncology:
	 Bone marrow aspiration and biopsy Administration of chemotherapeutic agents and biological response modifiers through all therapeutic routes with standard FDA approved chemotherapeutic agents. Management and maintenance of indwelling venous access catheters, cancer chemotherapy with standard FDA approved chemotherapy agents. Evaluation and/or consultation of appropriate diagnostic radiographs These core privileges do not include any of the following special procedures.
(R) (A) (C) (N)	SPECIAL PRIVILEGES IN HEMATOLOGY/ONCOLOGY
	Peritoneoscopy Apheresis Bone marrow transplantation Cancer chemotherapy with investigational protocols FDA approved drugs Cancer chemotherapy with investigational agents Cancer chemotherapy with investigational anti-neoplastics

DELINEATION OF PRIVILEGES IN HEMATOLOGY/ONCOLOGY APPLICANT NAME: _____ PLEASE PRINT **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 **Department/Service 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:** Date

JCC Approval 11.24.09

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.

ICC APPROVED 2.26.2013