

DETROIT MEDICAL CENTER

DEPARTMENT OF PEDIATRICS

DELINEATION OF PRIVILEGES IN PEDIATRIC ENDOCRINOLOGY

Applicant Name _____

PLEASE PRINT

QUALIFICATIONS:

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 attached addendum.

Pediatric Endocrinology:

Successful completion of an ACGME/AOA accredited residency training program in pediatrics followed by successful completion of a fellowship in pediatric endocrinology.

Current certification or active participation in the certification process leading to certification in Pediatrics by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics, **and** subspecialty certification in Pediatric Endocrinology by the American Board of Pediatrics.

Required Previous Experience:

The applicant must be able to demonstrate (case logs) that (s)he has provided clinical management of the following minimum number of cases within the past 12 months:

-Diabetic ketoacidosis-pH7.1:	6 cases
-Ambiguous genitalia:	3 cases
-Growth hormone deficiency provocative testing and follow up care:	3 cases
-Congenital hypothyroidism:	2 cases

This requirement is waived for those applicants who have completed their Pediatric Endocrinology fellowship within the previous two years.

Special Procedures:

Successful completion of an approved, recognized course when such exists, or acceptable supervised training in residency, fellowship or other acceptable program; and demonstration of indications for the procedure, test, and/or therapy, plus documentation of competence, through focused professional performance evaluations, to obtain and retain clinical privileges as set forth in department policies governing the exercise of specific privileges.

Observation/Proctoring Requirements:

Monitoring through focused professional performance evaluation and departmental quality assessment and improvement processes.

Reappointment Requirements:

Current demonstrated competence and an adequate volume of current experience, through ongoing professional performance evaluations, with acceptable results in the privileges requested for the past 24 months as a result of quality assessment/improvement activities and outcomes.

Affiliate Status, Membership Only Status:

Initial applicants: If you will only be referring patients to the DMC/Children's Hospital of Michigan, you may wish to apply for Membership Only (no clinical privileges). This will allow an affiliation without having to meet other medical staff requirements.

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Reappointment applicants: Those practitioners that do not meet minimum eligibility requirements to hold clinical privileges and/or have insufficient DMC based 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 Membership Only (no clinical privileges).

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 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, NO CLINICAL PRIVILEGES

Practice is limited to outpatient office (ambulatory) only. No inpatient privileges.
Do Not Complete The Remainder Of This Form. Sign on page 3 and submit.

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

PEDIATRIC CORE PRIVILEGES

Include treatment of patients from birth up and performance of procedures that do not carry a significant threat to life, related admission, consultation and work-up, venipuncture, laceration repair, incisions and drainage of superficial abscesses and treatment of major complicated illnesses.

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

CONSULTANT PRIVILEGES

Provide consultation services for children presenting with illness, injuries, and disorders of the endocrine or metabolic systems.

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

CORE PRIVILEGES IN PEDIATRIC ENDOCRINOLOGY

Admit, work up, diagnose and provide treatment or consultative services to children presenting with illness, injuries, and disorders of the endocrine or metabolic systems. Privileges include fine needle aspiration of the thyroid. The core privileges do not include any of the following Special Procedures.

SPECIAL PROCEDURES (See Qualifications and Specific Criteria)

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

Investigational drug therapy for immunologic disorders

Provocative testing:
Growth hormone release
LHRH
TRH

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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

Pediatric Chief Recommendation (if applicable)

- Recommend as requested. Do not recommend.
- Recommend with conditions/modifications as listed.

Pediatric Chief Signature Date

Children’s Hospital Medical Staff Operations Committee Recommendation (if applicable)

- Recommend as requested. Do not recommend.
- Recommend with conditions/modifications as listed.

Chair, CHM MSOC Signature Date

Chief of Service/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.

Signature, Chief of Service Date

Signature, Specialist-in-Chief Date

Joint Conference Committee Approval: _____

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.