

DETROIT MEDICAL CENTER
DEPARTMENT OF PEDIATRICS
DELINEATION OF PRIVILEGES IN GENETIC AND METABOLIC DISORDERS

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.

Completion of an ACGME or AOA accredited residency program and ABMS or AOA Board Certification, or in the active participation in the certification process leading to certification by the American Board of Medical Genetics in clinical genetics or clinical biochemical genetics, clinical molecular and clinical cytogenetics.

Special Procedures:

Successful completion of an approved residency/fellowship in clinical genetics with documented proof of having performed skin biopsies.

Observation/Proctoring Requirements:

Through departmental quality assessment and improvement processes.

Reappointment Requirements:

- A. Current demonstrated competence and an adequate volume of current experience with acceptable results in the privileges requested for the past 24 months as a result of ongoing professional performance evaluations and quality assessment/improvement activities, and
- B. Obtain a minimum of 15 hours of Genetic CME credits per year.
- C. 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 with No Clinical Privileges.**

DELINEATION OF PRIVILEGES IN GENETIC AND METABOLIC DISORDERS

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 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 bottom of this page.

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

CONSULTANT PRIVILEGES

Provide consultation services to children, adolescents and adults presenting with genetic and metabolic disorders.

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

PEDIATRIC CORE PRIVILEGES

Includes; treatment of patients from birth and up in the 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
- treatment of major complicated illnesses.

SPECIAL PROCEDURES

(See Qualifications and Specific Criteria, page 1)

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

Skin Biopsy

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

DELINEATION OF PRIVILEGES IN GENETIC AND METABOLIC DISORDERS

Applicant Name _____

PLEASE PRINT

RECOMMENDATIONS

Division Director Recommendation

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

Division Director, Signature

Date

Children's Hospital Medical Staff Operations Committee Recommendation

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

Chair, CHM MSOC Signature

Date

Specialist-in-Chief Recommendation

I certify that I have reviewed and evaluated the applicant's request for clinical privileges, verified 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, Signature

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.