

# Department of Medicine - Division of Nephrology 2020 Privileges Request Form

I am requesting the specific privileges marked below. I understand that I may request additional privileges, or privileges in another Clinical Department, at any time. I also understand that the granting of these privileges is subject to verification of proficiency by the Chair of the Department, the Credentials Committee of the Medical Staff, and/or any other person or body appropriately designated under the Bylaws, Rules and Regulations of the Medical Staff.

I understand that in an emergency (any situation in which any delay in administering treatment would result in serious harm to the patient or an immediate threat to the life of the patient), I am authorized to treat any medical disease and/or perform any medical or surgical procedure indicated that is within the scope of my license.

Basic education: MD or DO

Minimal formal training: Successful completion of an ACGME- or AOA-accredited residency in internal medicine and successful completion of an accredited fellowship in Nephrology and/or current sub-specialty certification or active participation in the examination process (with achievement of certification in accordance with UCSF Medical Staff Bylaws) leading to sub-specialty certification in Nephrology by the ABIM or the AOBIM or foreign training and board equivalency.

Renewal Criteria: Practitioners who do not meet the activity levels for maintenance/renewal criteria (such as Courtesy appointee) for particular privileges may submit – from their primary practice location—either;

A.) A peer reference from the service Chief or Chair attesting to clinical competence in the requested privileges, or

B.) Case-logs of clinical activity from their primary practice location.

## Admit ting Services (I expect to admit and care for patients under my own name on the following inpatient services)

Requested	Privilege Description	Initial Criteria	Renewal Criteria	Proctoring
	GM Medicine	N/A		N/A
	MT GCRC	N/A	(Requires GCRC Medical Director Approval)	N/A

## CATEGORY 1

**Core Privileges in Nephrology** - Core privileges in Nephrology include the ability to admit, evaluate, diagnose, treat, and provide consultation to adult patients presenting with illnesses and disorders of the kidney, high blood pressure, fluid and mineral balance, and dialysis when the kidneys do not function. Physicians may provide care to patients in the intensive care setting in conformance with unit policies. Privileges also include the ability to assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the following procedures list and such other procedures that are extensions of the same techniques and skills: ☐ Performance of history and physical exam ☐ Acute and chronic hemodialysis ☐ Continuous renal replacement therapy ☐ Percutaneous biopsy of both native and transplanted kidneys ☐ Peritoneal dialysis ☐ Medical management of the kidney transplant patient ☐ Placement of temporary vascular access for hemodialysis and related procedures ☐ Image-guided techniques as an adjunct to privileged procedures

Initial Criteria: Patient or consultative services for at least 24 patients, reflective of the scope of privileges requested, during the past 12 months or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months. Renewal Criteria: Five (5) patient encounters Proctoring:(5) encounters with satisfactory outcomes for each requested procedure must be submitted to complete proctoring

Requested	Privilege Description	Initial Criteria	Renewal Criteria	Proctoring
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**CATEGORY 2**  
**Kidney Transplant Privileges**

Requested	Privilege Description	Initial Criteria	Renewal Criteria	Proctoring
	A - Percutaneous Biopsy of Transplanted Kidneys	Required current experience: Completion of a 1-year non-ACGME transplant nephrology fellowship training offered by a program accredited by the AST or equivalent experience.	Five (5) patient encounters	(5) encounters with satisfactory outcomes for each requested procedure must be submitted to complete proctoring
	B - Plasmapheresis in Preparation for Renal Transplant	Required current experience: Completion of a 1-year non-ACGME transplant nephrology fellowship training offered by a program accredited by the AST or equivalent experience.	Five (5) patient encounters	
	B.1 - Renal Sonography of Transplant Kidney (diagnostic)	Required current experience: Completion of a 1-year non-ACGME transplant nephrology fellowship training offered by a program accredited by	Five (5) patient encounters	(5) encounters with satisfactory outcomes for each requested procedure must be submitted to complete proctoring

		the AST or equivalent experience.		
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**CATEGORY 3  
Special Privileges**

Requested	Privilege Description	Initial Criteria	Renewal Criteria	Proctoring
	A - Provider Performed Microscopy	Completion of PPM Competency training through the University of Washington's Department of Laboratory Medicine website (annual) and UCSF's Provider Performed Microscopy Procedures (PPMP) Competency form	Annual review of online assessment through the University of Washington's Department of Laboratory Medicine website and UCSF's Provider Performed Microscopy Procedures (PPMP) Competency form	
	A1 - Urine			
	B - Waived Point-of-Care Testing	Completed "Waived Testing Privileges" form signed by applicant and Division/Department signer(s)		
	B1 - Urine Multistix® or Uristix®			
	B2 - pH testing using pH paper			

**APPLICANT'S SIGNATURE:** \_\_\_\_\_

Date: \_\_\_\_\_

**DEPARTMENTAL REVIEW AND RECOMMENDATION**

I am not aware of any physical or mental health status issue that could in any way impair this individual's abilities to practice within the privileges requested.

\_\_\_\_\_  
UCSF Division Chief Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
UCSF Department Chair Signature

\_\_\_\_\_  
Date