

Department of Family & Community Medicine 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/Certificates: M.D. or D.O

Minimum Formal Training: Successful completion of an ACGME – or AOA accredited training program in Family & Community Medicine or certification or active participation in the examination process (with achievement of certification in accordance with UCSF Medical Staff Bylaws) leading to certification by the American Board of Family Medicine or foreign training and board equivalency.

Renewal Criteria: Courtesy providers who do not meet the activity levels for maintenance/renewal criteria 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.

CATEGORY 1

Core privileges in family medicine include the ability to evaluate, diagnose, treat, and provide consultation to patients of all ages with a wide variety of illnesses, diseases, injuries, and functional disorders of the circulatory, respiratory, endocrine, metabolic, musculoskeletal, hematopoietic, gastroenteric, integumentary, nervous, female reproductive, and genitourinary systems. The core privileges in this specialty include the following procedures and such other procedures that are extensions of the same techniques and skills: Performance of history and physical exam • Abdominal paracentesis • Aspiration or injection of joint or bursa • Assistance at surgery • Breast cyst aspiration • Management of burns, superficial and partial thickness • Endometrial biopsy • Excision of cutaneous and subcutaneous lesions, tumors, and nodules • Incision and drainage of abscesses • Insertion or removal of intrauterine device or contraceptive implant • Performance of local anesthetic techniques • Management of uncomplicated, minor, closed fractures and uncomplicated dislocations • Performance of needle biopsies • Performance of simple skin biopsies • Peripheral nerve blocks • Placement of anterior and posterior nasal hemostatic packing • Removal of a nonpenetrating foreign body from the eye, nose, or ear • Suturing of uncomplicated lacerations

Requested	Privilege Description	Initial Criteria	Renewal Criteria	Proctoring
	A - Family Physician: Perform basic procedures within the usual and customary scope of family practice, including but not limited to H&Ps, diagnosis, management, treatment, preventive care, and minor procedures for patients of all ages	See Minimum Formal Training above. Currently Board Admissible, Board Certified, or Re-Certified by specialty boards OTHER than the American Board of Family Practice.	Adequate volume of experience (50 patients minimum) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.	(10) encounters with satisfactory outcomes for each requested procedure must be submitted to complete proctoring

	B - Physicians in Other Specialties: Render care to patients in those areas defined by the scope of their specialty, including H&Ps, diagnosis, management, treatment, preventive care, and minor procedures for patients of all ages	See Minimum Formal Training above. Currently Board Admissible, Board Certified, or Re-Certified by specialty boards OTHER than the American Board of Family Practice.	Adequate volume of experience (50 patients minimum) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.	(10) encounters with satisfactory outcomes for each requested procedure must be submitted to complete proctoring
	C - Perinatal Privileges: Render care to women during the perinatal period, including H&Ps, normal obstetrical privileges if requested/approved:	See Minimum Formal Training above. Currently Board Admissible, Board Certified, or Re-Certified by specialty boards OTHER than the American Board of Family Practice.	Adequate volume of experience (50 patients minimum) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.	(5) proctored cases across the breadth of requested privileges
	C1 - Management of Labor and Normal Vaginal Delivery			(10) encounters with satisfactory outcomes for each requested procedure must be submitted to complete

				proctoring
	C2 - Vacuum assisted deliveries (OB consultation required)	See Minimum Formal Training above. Currently Board Admissible, Board Certified, or Re-Certified by specialty boards OTHER than the American Board of Family Practice.	Adequate volume of experience (50 patients minimum) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.	(10) encounters with satisfactory outcomes for each requested procedure must be submitted to complete proctoring
	D - Well Baby Service Privileges: Render care to well newborns, including admitting and performing H&Ps, routine evaluations and management.			(10) encounters with satisfactory outcomes for each requested procedure must be submitted to complete proctoring

CATEGORY 2

DIVISION/SUBSPECIALTY PRIVILEGES: Diagnostic and therapeutic treatments, procedures and interventions, requiring a level of training, skill and ability generally associated with persons who are currently Board Admissible, Board Certified, or Recertified by the American Board of Family Practice and who have had additional training and/or experience in specific areas. All procedures checked require proctoring.

Diagnostic and therapeutic treatments, procedures and interventions, requiring a level of training, skill and ability generally associated with persons who are currently Board Admissible, Board Certified, or Recertified by the American Board of Family Practice and who have had additional training and/or experience in specific areas. All procedures checked require proctorin

Requested	Privilege Description	Initial Criteria	Renewal Criteria	Proctoring
	A - Colposcopy	5 procedures over 2 years	5 procedures over 2 years	(10) encounters with satisfactory outcomes for each requested procedure must be

				submitted to complete proctoring
	B - Flexible sigmoidoscopy	5 procedures over 2 years	5 procedures over 2 years	(10) encounters with satisfactory outcomes for each requested procedure must be submitted to complete proctoring
	C - Vasectomy	5 procedures over 2 years	5 procedures over 2 years	(10) encounters with satisfactory outcomes for each requested procedure must be submitted to complete proctoring
	D - Newborn Circumcision	5 procedures over 2 years	5 procedures over 2 years	(10) encounters with satisfactory outcomes for each requested procedure must be submitted to complete proctoring
	E - Spinal manipulation (Patient consent required)	Requiring a level of training generally associated with persons who are diplomates of osteopathic medicine training (DOs) or have received documented Osteopathic Manipulative Treatment (OMT) training of 300 hours for hands-on	5 procedures over 2 years	(10) encounters with satisfactory outcomes for each requested procedure must be submitted to complete proctoring

		musculoskeletal manipulation		
	G - 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/Proctoring 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/Proctoring form	
	G1 - Urine	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/Proctoring 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/Proctoring form	
	G2 - KOH	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/Proctoring 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/Proctoring form	
	G3 - Wet Prep	Completion of PPM Competency training through the University of Washington's	Annual review of online assessment through the University of Washington's	

		Department of Laboratory Medicine website (annual) and UCSF's Provider Performed Microscopy Procedures (PPMP) Competency/Proctoring form	Department of Laboratory Medicine website and UCSF's Provider Performed Microscopy Procedures (PPMP) Competency/Proctoring form	
	G4 - Fern	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/Proctoring 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/Proctoring form	
	G5 - Pinworm	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/Proctoring 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/Proctoring form	
	H - Acupuncture Service: May perform acupuncture, acupressure, and moxibustion	Completion, by a licensed physician, of at least a 200-hour course consisting of theory and training given by a UC or other nationally recognized university.	Documentation of 10 procedures in the past 24 months	(5) encounters with satisfactory outcomes for each requested procedure must be submitted to complete proctoring

	I - Therapeutic abortion at 13 weeks or less	Training verified by ACGME Residency or Fellowship training program institution or program director	5 procedures over 2 years	(5) encounters with satisfactory outcomes for each requested procedure must be submitted to complete proctoring
	J - Dilation and curettage, including suction and postpartum	Training verified by ACGME Residency or Fellowship training program institution or program director	5 procedures over 2 years	(5) encounters with satisfactory outcomes for each requested procedure must be submitted to complete proctoring

CATEGORY 3 LIMITED PRIVILEGES

Requested	Privilege Description	Initial Criteria	Renewal Criteria	Proctoring
	A - Licensed Clinical Psychologist Privileges: May provide individual and family counseling and therapy	MINIMUM CRITERIA: Clinical Psychologists must provide documentation of appropriate training and continuing education in clinical psychology		

ADMITTING SERVICES

Requested	Privilege Description	Initial Criteria	Renewal Criteria	Proctoring
	GM General Medicine	N/A		N/A
	OB Obstetrics	N/A		N/A
	WB Well Baby Service	N/A		N/A

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