



Printed Name

Clinical Privileges Profile Pathology

Kettering Medical Center System

Kettering Medical Center Sycamore Medical Center

Privileges are covered by an exclusive contracts for both Pathology & Therapeutic Apheresis. Practitioners who are not a party to the contracts are not eligible to request the privilege(s), regardless of education, training, and experience.

Applicant: Check off the "Requested" box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

Clinical Service Chief: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

Other Requirements

1. Note that privileges granted may only be exercised at the site(s) and setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.
2. This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

QUALIFICATIONS FOR PATHOLOGY

To be eligible to apply for core privileges in pathology (anatomic, clinical), the initial applicant must meet the following criteria:

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)– or American Osteopathic Association (AOA)–accredited residency in clinical or anatomic pathology or a combined residency in anatomic and clinical pathology with achievement of certification within six years of residency completion, leading to certification in clinical and/or anatomic pathology by the American Board of Pathology or the American Osteopathic Board of Pathology.

Required previous experience: Applicants for initial appointment must be able to demonstrate successful completion of an ACGME- or AOA-accredited residency and/or clinical fellowship and demonstrated current competence relevant to the scope of privileges requested.

Reappointment requirements: To be eligible to renew core privileges in pathology, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience 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. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES

ANATOMIC PATHOLOGY CORE PRIVILEGES

- Requested** Diagnosis, exclusion, and monitoring of disease by general anatomical pathology examination of tissue specimens, cells, body fluids, and clinical laboratory tests on body fluids and secretions, and including performance of autopsies. Adhere to medical staff policy regarding emergency and consultative call services. The core privileges include the procedures listed on the attached privilege list and such other procedures that are extensions of the same techniques and skills.

CLINICAL PATHOLOGY CORE PRIVILEGES

- Requested** Microbiology, hematology, immunohematology, blood banking and serology, clinical chemistry and immunology. Privileges include but are not limited to; interpretation and evaluation of special laboratory tests. Adhere to medical staff policy regarding emergency and consultative call services. The core privileges include the procedures listed on the attached privilege list and such other procedures that are extensions of the same techniques and skills.

CORE PROCEDURE LIST

This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

To the applicant: If you wish to exclude any procedures, please strike through those procedures that you do not wish to request, initial, and date.

Anatomic Pathology

Cytology interpretation (gynecologic and nongynecologic including fine needle aspiration)
Fine needle aspiration (performance and determination of specimen adequacy)
Surgical pathology (grossing and interpretation)
Frozen section evaluation
Immunohistochemistry
Medical autopsy
Chromogenic in-situ hybridization

Clinical Pathology

Clinical chemistry
Medical microbiology
Transfusion medicine
Hematology and coagulation
Flow cytometry
Urinalysis
Molecular genetics
Immunology

QUALIFICATIONS FOR THERAPEUTIC APHERESIS

To be eligible to apply for core privileges in therapeutic apheresis the initial applicant must meet the following criteria:

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)– or American Osteopathic Association (AOA)–accredited residency in clinical or a combined residency in anatomic and clinical pathology with achievement of certification within six years of residency completion, leading to certification in clinical and/or anatomic pathology by the American Board of Pathology or the American Osteopathic Board of Pathology or subspecialty certification in Blood Banking.

Required previous experience: Applicants for initial appointment must be able to demonstrate successful completion of an ACGME- or AOA-accredited residency and/or clinical fellowship and demonstrated current competence relevant to the scope of privileges requested.

Reappointment requirements: To be eligible to renew core privileges in pathology, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience 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. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

THERAPEUTIC APHERESIS CORE PRIVILEGES

- Requested** Plasma exchange, red cell exchange, leukopheresis, plateletapheresis, and immunoadsorption.

ACKNOWLEDGEMENT OF PRACTITIONER

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and that I wish to exercise at Hospital, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Signature: _____ **Date:** _____

CLINICAL SERVICE CHIEF'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend all requested privileges.
 Recommend privileges with the following conditions/modifications:
 Do not recommend the following requested privileges:

Privilege	Condition/Modification/Explanation
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Notes

Clinical Service Chief Signature: _____ **Date:** _____

FOR MEDICAL STAFF OFFICE USE ONLY

Credentials Committee action

Date: _____

Medical Executive Committee action

Date: _____

Board of Directors action

Date: _____

Adopted: November 11, 2010