

FAMILY MEDICINE CLINICAL PRIVILEGES

Name: _____

Effective From ____/____/____ To ____/____/____

- Initial Appointment (initial privileges)
- Reappointment (renewal of privileges)

- Privileges granted may only be exercised at the site(s) and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.
- The core procedure list (if applicable) is not intended to be an all-encompassing procedure list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques. Applicants wishing to exclude any procedures, should strike through those procedures which they do not wish to request, initial, and date.

QUALIFICATIONS FOR FAMILY MEDICINE

<i>Education and training</i>	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in family medicine.
<i>Certification</i>	Initial applicants must have board certification or be board eligible (with achievement of certification within seven (7) years of post-graduate training) in family medicine by the American Board of Family Medicine or family practice and osteopathic manipulative treatment by the American Osteopathic Board of Family Physicians.
<i>Required current experience – initial</i>	Demonstrated current competence and evidence of the provision of Family Medicine services, 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.
<i>Required current experience – renewal</i>	Demonstrated current 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 peer review outcomes as per the Medical Staff Bylaws.
<i>Ability to perform (health status)</i>	Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES – FAMILY MEDICINE

Requested **BHMC** **BHCS** **BHIP** **BHN**

Admit (in accordance with staff category), evaluate, diagnose, treat, and provide consultation to adolescent and adult patients with a wide variety of illnesses, diseases, injuries, and functional disorders of the circulatory, respiratory, endocrine, metabolic, musculoskeletal, neurological (inclusive of Stroke), hematopoietic, gastroenteric, integumentary, nervous, female reproductive and genitourinary systems. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine 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 listed below and such other procedures that are extensions of the same techniques and skills.

BHMC = Broward Health Medical Center; BHCS = Broward Health Coral Springs;
BHIP = Broward Health Imperial Point; BHN = Broward Health North

Copyright 2020 The Greeley Company, LLC. All rights reserved. Limited License for use by Broward Health only. These materials may be duplicated for internal Broward Health purposes only.

Approved @ MEC – May 11th, 2021

FAMILY MEDICINE CLINICAL PRIVILEGES

Name: _____

Page 2

Effective From ____/____/____ To ____/____/____

1. Perform history and physical exam
2. I & D abscess
3. Local anesthetic techniques
4. Manage uncomplicated minor closed fractures and uncomplicated dislocations
5. Management of burns, superficial and partial thickness
6. Placement of anterior and posterior nasal hemostatic packing
7. Suture uncomplicated lacerations

BHMC = Broward Health Medical Center; BHCS = Broward Health Coral Springs;
BHIP = Broward Health Imperial Point; BHN = Broward Health North

Copyright 2020 The Greeley Company, LLC. All rights reserved. Limited License for use by Broward Health only. These materials may be duplicated for internal Broward Health purposes only.

Approved @ MEC – May 11th, 2021

FAMILY MEDICINE CLINICAL PRIVILEGES

Name: _____

Page 3

Effective From ___/___/___ To ___/___/___

ACKNOWLEDGEMENT OF PRACTITIONER

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.

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at Broward Corporate, 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.

Signed _____ **Date** _____

DEPARTMENT CHAIRPERSON'S RECOMMENDATION

Check the appropriate box for recommendation.

If recommended with conditions or not recommended, provide explanation. *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. _____	_____

Notes:

Department Chairperson Signature _____ **Date** _____

FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY

Credentials and Qualifications Committee Action **Date** _____

Medical Executive Committee Action **Date** _____

Board of Commissioners Action **Date** _____

BHMC = Broward Health Medical Center; BHCS = Broward Health Coral Springs;
BHIP = Broward Health Imperial Point; BHN = Broward Health North

Copyright 2020 The Greeley Company, LLC. All rights reserved. Limited License for use by Broward Health only. These materials may be duplicated for internal Broward Health purposes only.

Approved @ MEC – May 11th, 2021