

## **SESSION 2:**

### **DELINEATING AND GRANTING CLINICAL PRIVILEGES**

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Like credentialing, privileging has changed a lot. When privileging started, there was a presumption that every physician was qualified to treat the skin and all of its contents (or even more in the case of psychiatrists), if the service was arguably within their specialty. Privileging has evolved into a meticulously detailed process of defining the types of treatments and procedures that should be grouped together by specialty, and the specific education, training, and experience that a practitioner must demonstrate in order to apply for that grouping of privileges. And there's even FPPE to top it all off!

During this second session of the 2025 Pathways series, we will discuss the full range of privileging issues challenging health systems, hospitals, and physician leaders, including privileges that cross specialty lines, privileges that cross disciplines, and privileges for new treatments and procedures. We will lend particular attention to the most pressing privileging issue of modern times: specialty-specific privileging for advanced practice nurses and physician assistants.

During this session, we will also touch on the Joint Commission's requirement for focused professional practice evaluation (FPPE) of all initially granted clinical privileges. Does that replace provisional status? What does FPPE look like in the context of temporary privileges or telemedicine? And what about disaster privileges?

#### **TOPICS TO BE COVERED:**

- Privilege delineation 101: Laundry lists, core privileges, and special privileges. A primer on the delineation of privileges
- Privilege delineation in multi-campus hospitals, unified Medical Staffs, and outpatient/ambulatory facilities that are provider-based entities
- Requests for privileges to perform new procedures or treatments
- Clinical privileges for residents and fellows (e.g., “moonlighting” privileges)
- Privileges that cross specialty and/or practitioner discipline lines
- Clinical privileges subject to skills enhancement, APP “on the job” training programs, and other attempts to meaningfully (and adequately) delineate and grant specialty-specific clinical privileges to these practitioners. What can hospitals and medical staffs do in the absence of residency training logs to evidence specialty-specific training and experience?
- FPPE that confirms competence, without giving you a headache

**SUPPLEMENTAL MATERIALS:**

- Sample Medical Staff Bylaws/policy language clarifying appointment and membership vs. privileges (and that privileges may be granted, in some cases, even if the practitioner has not requested membership)
- Sample Medical Staff Bylaws/policy language regarding clinical privileges for residents and fellows (moonlighting privileges)
- Sample Medical Staff Bylaws/policy language regarding failure to complete FPPE
- Sample Medical Staff Bylaws/policy language regarding oversight of practitioners with disaster privileges