

## CONTRA COSTA REGIONAL MEDICAL CENTER

**PHYSICIAN ASSISTANT CLINICAL PRIVILEGES**  
**SURGERY, ORTHOPEDIC SURGERY, PLASTIC SURGERY**

Name: _____
Effective from ____/____/____ to ____/____/____ (for MSO staff use only)

All new applicants must meet the following requirements as approved by the governing body.

**Effective:** \_\_\_\_/\_\_\_\_/\_\_\_\_.

**Initial Privileges (Initial Appointment)**

**Renewal of Privileges (Reappointment)**

**Applicant:** Please check the *“Requested”* box for each privilege requested.

Applicants have the burden of producing information and documentation 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.

**Department Chair:** Check the appropriate box for recommendation on the last page of this form. If not recommended, provide the condition or explanation on the last page of this form.

**Other Requirements**

- 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.
- Note that privileges granted may only be exercised at the site(s) designated by CCRMC and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege. The exercise of these clinical privileges requires a designated supervising physician with clinical privileges at this facility (CCRMC and Health Centers) in the same area of specialty practice. All practice is performed in accordance with a written agreement and policies and protocols developed and approved by the relevant clinical department or service, the medical executive committee, nursing administration, and governing body. A copy of the written agreement signed by both parties is to be provided to the facility.

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**QUALIFICATIONS FOR Physician Assistant Core privileges**

**Initial applicants:** To be eligible to apply for core privileges for Physician Assistant, the applicant must meet the following criteria:

1. Hold current Certification as a Physician Assistant from the National Commission on Certification of Physician Assistants (Board Certification) and licensed by the Physician Assistant Board of California (License).

**AND**

2. Qualifications for prescriptive authority in accordance with State and federal law; current DEA (Drug Enforcement Agency) certificate.

**AND**

3. Demonstrated current competence and provision of care, treatment, or services to at least 500 patient encounters in the past 24 months. Experience must correlate to requested privileges. Upon request aggregate data/procedure list/case log from primary practice facility for the previous 24-month time period identifying those procedures that mirror, or relate, at least in part, to those being requested.

Department Chair or supervising provider recommendation will be obtained from primary practice facility.

Current Delineation of Privileges document from facility where majority of patient care is provided. Any complications/poor outcomes should be delineated and accompanied by an explanation.

**Renewal of privileges:** To be eligible to renew privileges for Physician Assistant the applicant must meet the following criteria:

1. Documentation of Maintenance of Certification and Licensing

**AND**

2. Current documented competence and an adequate volume of experience (500 patient encounters) as the provider with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcome.

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**Core privileges: PHYSICIAN ASSISTANT in SURGERY, ORTHOPEDIC SURGERY, PLASTIC SURGERY**

- Requested:** Evaluate, diagnose, treat, and provide consultation to all patients within the age group of the supervising physician(s). Assess, stabilize, and determine disposition of patients with emergent conditions regarding emergency and consultative call services.
- The core privileges in this specialty include the procedures on the attached procedures list and such other procedures that are extensions of the same techniques and skills.

**CORE PROCEDURES/TREATMENT LIST**

This is not intended to be an all-encompassing procedures 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, as determined by the department chair.

**To the applicant:** If you wish to exclude any procedures, due to lack of current competency, please strike through the procedures that you do not wish to request, and then initial and date.

**Physician Assistant Surgery/Orthopedic Surgery/Plastic Surgery**

- Performance of history and physical
- Write/dictate progress notes and discharge summaries in the medical record; cosign required by attending physician
- Counsel and instruct patients and families as appropriate
- Cryotherapy (removal of warts)
- Incision and drainage of abscesses
- Apply, remove and change dressings and bandages
- Management of basic wound care, including debridement of superficial wounds; and superficial burns.
- Management of uncomplicated, minor, closed fractures and uncomplicated dislocations
- Order and initial interpretation of diagnostic testing and therapeutic modalities such as laboratory tests, medications, hemodynamic monitoring, treatments, EMG, electrocardiogram, and radiologic examinations, including arthrogram, ultrasound, CT, MRI, and bone scan studies, etc., as appropriate
- Implement therapeutic intervention for specific conditions when appropriate
- Performance of local anesthetic techniques

Name: \_\_\_\_\_

Effective from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ (for MSO staff use only)

- Performance of simple skin excision and biopsy and minor superficial surgical procedures.
- Placement of anterior nasal hemostatic packing
- Removal of a nonpenetrating foreign body from the eye, nose, or ear
- Subcutaneous, Intra dermal and Intramuscular Injections
- Suture of uncomplicated lacerations

**Special Non-Core Privileges (See Specific Criteria)**

Non-core privileges are requested individually in addition to requesting the core. Each individual requesting non-core privileges must meet the specific threshold criteria as applicable to the applicant or re-applicant.

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*Non-Core Privileges*

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**Non-Core Privileges: Joint injection and aspiration**

**Requested**

***Criteria for initial request and renewal:***

1. Successful completion of hands-on training in joint injection and aspiration under the supervision of a qualified physician preceptor

**AND**

2. Documented current competence and evidence of the performance of at least five joint injection or aspiration procedures in the past 24 months. Please provide clinical activity/procedure log.

**Non-Core Privileges: Surgical Assisting**

**Requested**

***Criteria for initial request and renewal:***

1. Successful completion of hands-on training in surgical assisting under the supervision of a qualified physician preceptor

**AND**

2. Documented current competence and evidence of the performance of at least five surgical assisting cases in the past 24 months. Please provide clinical activity/procedure log.

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**FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE) FOR INITIAL APPLICANTS**

1. Retrospective or concurrent proctoring (chart review or direct observation) of at least 9 patients in the care of whom the applicant significantly participated. FPPE/proctoring must be representative of the provider’s scope of practice.
2. Concurrent proctoring (direct observation) of at least 3 different procedures that are representative of procedures regularly performed by the PHYSICIAN ASSISTANT. FPPE/proctoring must be representative of the provider’s scope of practice.
3. FPPE/Proctoring is also required for at least one (1) procedure/case of any requested Non-core Privilege: Joint Injection or Aspiration and Surgical Assisting.
4. If the provider does in and outpatient work, he/she needs to be proctored in both.
5. FPPE should be concluded as soon as possible (i.e. within the first 3-4 months after starting work at CCRMC).
6. Completed FPPE forms must be submitted to the Credentialing Office.
7. It is the applicant’s ultimate responsibility to make sure that FPPE and submission of all required paperwork to the Credentialing Office takes place in a timely manner. Failure to do so may result in loss or limitation of privileges.
8. **For low volume providers: please see separate FPPE/proctoring guidelines.**
9. **For more detailed information, please see separate FPPE/proctoring guidelines.**

**ACKNOWLEDGMENT OF PRACTITIONER**

I have requested only those privileges for which by education, training, current experience, and documented performance I am qualified to perform and for which I wish to exercise at Contra Costa Regional Medical Center, and I understand that:

- a. In exercising any clinical privileges granted, I will adhere 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** \_\_\_\_\_

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**DEPARTMENT / DIVISION CHAIR'S RECOMMENDATION**

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- Recommend All Requested Privileges**
- Recommend Privileges with the Following Conditions/Modifications:**
- Do Not Recommend the Following Requested Privileges:**

Privilege	Condition/Modification/Explanation

*Notes:*

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**Section Head Signature:** \_\_\_\_\_ **Date:** \_\_

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**Department Chair Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY**

<b>Credentials Committee Approval</b>	<b>Date:</b> _____
<b>Temporary Privileges</b>	<b>Date:</b> _____
<b>Medical Executive Committee Approval</b>	<b>Date:</b> _____
<b>Board of Supervisors Approval</b>	<b>Date:</b> _____

*Approved Credentials Committee 4/5/2023*  
*Approved MEC 4/17/23*  
*Approved BOS*