

**Medical Staff of Providence Regional Medical Center Everett  
Medical Staff Policy**

**MEDICAL STAFF MEMBERSHIP  
GENERAL QUALIFICATIONS**

*Revised 07/2008*

Every applicant who seeks or is granted Medical Staff membership must continuously demonstrate to the satisfaction of the Medical Staff and the Board the following qualifications:

1. Current license--Current license issued by the State of Washington (unless specifically exempted per Licenses for Navy Physicians Policy or exempted by Washington State law and the chair of Executive Committee and the representative of the Board) and within his/her professional skills and abilities.
2. Relevant training or experience--Training or experience demonstrating ability to provide quality patient services and to perform the Clinical Privileges requested.
3. Current Competence--Documentation of current clinical activity demonstrating ability to provide quality patient services and to perform the Clinical Privileges requested.
4. Ability to perform the Privileges requested--Demonstrated ability and judgement to provide quality patient services and to perform the Clinical Privileges requested.
5. Disability--Freedom of any physical, psychological or behavioral impairment which cannot be reasonably accommodated without imposing an undue hardship on the Hospital, in order to permit the practitioner to safely and competently exercise Clinical Privileges granted. Freedom from abuse of any type of substance or chemical that affects cognitive, motor or communication ability in a manner that interferes with, or presents a reasonable probability of interfering with the general qualifications.
6. Cooperativeness--Willingness and ability to work cooperatively with others in the Hospital setting and with professional peers in the community in a consistently cordial and productive manner, and discharge Medical Staff obligations appropriate to the practitioner's Medical Staff category.
7. Professional Ethics and Conduct--
  - High moral character and adherence to generally recognized standards of medical and professional ethics.
  - Adherence to the highest level of honesty and integrity.
  - Respect for the fact that the Hospital is a Catholic institution and will be administered in accordance with the Ethical and Religious Directives for Catholic Health Care Services. No medical conduct or procedures within the Hospital will be permitted that are contrary to or incompatible with said Directives.
  - Care of patients regardless of disease status within the scope of Member's qualifications, competency and Privileges.
8. Verbal and Written Communication Skills--Ability to read and understand the English language, to communicate in writing and verbally in the English language in an intelligible manner, and to prepare medical record entries and other required documentation in a legible manner.

9. Satisfaction of Membership Obligations

- 9.1. Provide patients with quality care at the generally recognized professional level of quality and efficiency in the community.
  - 9.2. Abide by all state and federal laws regulating health care providers, as well as by the bylaws, rules and regulations and all other lawful standards, policies and rules of the Medical Staff, of the Hospital and of the Division(s) wherein he/she exercises Clinical Privileges.
  - 9.3. Retain responsibility for the continuous care and supervision of each patient for whom he/she is providing services in the Hospital or arrange for a suitable alternate to assure such continuous care and supervision.
  - 9.4. Prepare and complete in a timely fashion the medical and other required records for all patients he/she admits or in any way provides care to in the Hospital.
  - 9.5. Maintain confidentiality of patient, physician and medical information (written or oral), financial records and computerized information. This information must not be released to any individual, organization or agency without proper authorization. Inappropriate or indiscriminate release of confidential information is a serious breach of confidentiality with possible legal consequences. All information regarding patients, physician practices and medical care is confidential. No Member shall have access to, or the right to review written or computerized patient records or to disclose personal or medical information except when necessary to provide medical care or for administrative purposes.
  - 9.6. Pay all Medical staff fees and dues as determined by the Executive Committee.
10. Malpractice Insurance--Unless specifically excused by the Board, all Members shall continuously maintain and provide written evidence to the Medical Staff Office of professional liability insurance with minimum limits defined by the Board. A member shall notify the Medical Staff Office in writing of termination or change of insurance coverage within one week of receiving notice of such termination or change.

11. Professional Education and Training

No practitioner shall be entitled to membership on the Medical Staff or to exercise Clinical Privileges in the Hospital merely by virtue of the fact that he/she is a member of any professional organization or that he/she had in the past, or presently has, such Privileges at another hospital.

11.1 Physicians

11.1.1 Medical School

- Graduate of a program accredited by the American Medical Association or the Committee for Accreditation of the Canadian Medical Schools leading to an "M.D." or degree; or
- Graduate of an osteopathic school accredited by the American Osteopathic Association leading to an "D.O."; or

- Graduate of a foreign medical school and (1) holding Educational Commission for Foreign Medical Graduates (ECFMG) certification or (2) completion of the Fifth Pathway (An American Medical Association approved supervised clinical year after medical school).

#### 11.1.2 Residency

- Completion of a supervised residency program accredited by the American Medical Association, the American Hospital Association, the Advisory Board for Medical Specialties, or the Council of Medical Specialties Societies (all of which are designated in the Directory of Residency Training Programs published by the American Medical Association Accreditation Council for Graduate Medical Education), the American Osteopathic Association or other nationally recognized accrediting body as may be approved by the Board; or
- Meets equivalent experience as determined by the Credentials Committee, according to uniform and consistent criteria.

#### 11.1.3 Board Certification

- Current board certification by the American Board of Medical Specialties or the American Osteopathic Association Boards or equivalent as deemed appropriate by the Credentials Committee or designated sub committee at initial appointment; or be actively pursuing board certification with the intent to be board certified within five (5) years. If the applicant is not board certified within five (5) years of the initial appointment date, an extension may be requested from the Board of Directors and will be evaluated on a case by case basis. Practitioners with no independent privileges are exempt from this requirement.
- Termination of Medical Staff membership because of failure to provide documentation of board certification within the time period required will not be considered a peer review action, and the hearing and appellate review rights outlined in the Fair Hearing Plan do not apply.
- Practitioners currently on staff as of June 30, 2002, or who have submitted an application for medical staff membership as of June 30, 2002, are exempt from this requirement.

### 11.2 Dentists

11.2.1 Graduate of an accredited program approved by the American Dental Association leading to a "DDS" or "DMD" degree.

### 11.3. Limited Independent Practitioners

11.3.1 Graduate of an accredited program recognized by an appropriate, nationally recognized accrediting body leading to a degree required as a prerequisite to licensure by the State of Washington.

11.3.2 Determination by the Board that there is a Hospital need which can be effectively served by the category of Limited Independent Practitioner.

Upon receipt of a request for application from a Limited Independent Practitioner, the following special procedures will be followed as a condition precedent to processing the application.

11.3.2.1.If the CEO or designee and Governing Body have determined that there is a need for such practitioners to practice as Limited Independent Practitioners in the Hospital, an application will be sent to the practitioner. When the application is returned, it will be processed in the same manner as any other application for Medical Staff membership and Clinical Privileges.

11.3.2.2.If the CEO or designee and Governing Body have not determined that there is a need for such practitioners to practice as Limited Independent Practitioners in the Hospital, then the CEO or designee and Governing Body, with the advice and consultation of the Executive Committee of the Medical Staff and other consultants deemed appropriate, shall make a determination of the need for such additional practitioners relative to the resources available, impact on quality of care and maintenance of professional quality standards, and the impact on the costs and efficiencies of providing Hospital services to patients.

- Unless previously accomplished, the Governing Body, after consultation with the CEO or designee and appropriate members of the Medical Staff, and other persons as it shall deem appropriate, shall appoint a qualification study committee, in the event it is determined that there is a Hospital need which can be effectively served by Limited Independent Practitioners. The qualification study committee shall be charged with studying, evaluating, and recommending appropriate minimum qualifications for membership for such Limited Independent Practitioners, together with a criteria procedure for granting Clinical Privileges to such Limited Independent Practitioners.
- Recommendations of the qualifications study committee shall be reviewed by the Credentials Committee which shall recommend the adoption of appropriate minimum qualifications for membership for such Limited Independent Practitioners, together with such other recommendations as the Credentials Committee deems appropriate for purposes of attempting to assure quality patient care in the Hospital.
- The recommendations of the Credentials Committee shall be transmitted to the Governing Body and to the CEO or designee and Executive Committee of the Medical Staff. The Executive Committee of the Medical Staff and the CEO or designee shall make such other and/or additional recommendations to the Governing Body concerning the recommendations of the Credentials committee as they, respectively, deem appropriate.

- Upon final adoption by the Governing Body of minimum qualifications for membership in the Medical Staff for such Limited Independent Practitioners, an application will be sent to the practitioner. When the application is returned, it will be processed in the same manner as any other application for Medical Staff membership and Clinical Privileges.

No aspect of Medical Staff appointment or Clinical Privileges shall be denied on the basis of: age, sex, race, creed, color, national origin, a handicap unrelated to the ability to fulfill patient care and required staff obligations.