

# **GUIDELINES FOR DELINEATION OF CLINICAL PRIVILEGES IN ANESTHESIOLOGY**

**Committee of Origin: Quality Management and Departmental Administration**

**(Approved by the ASA House of Delegates on October 15, 2003, and last amended on  
October 22, 2008)**

The following guidelines are designed to assist anesthesiologists and organizations in developing a program for the delineation of clinical privileges in anesthesiology. The guidelines are meant to apply to physicians practicing anesthesiology within an organization that has a formal process for delineating privileges and a program of peer review that evaluates the clinical performance and patient care results of physicians who are granted clinical privileges in anesthesiology.

Anesthesiology is the practice of medicine. Clinical privileges in anesthesiology are granted to physicians who are qualified by training to render patients insensible to pain and to minimize stress during surgical, obstetrical and certain medical procedures using general anesthesia, regional anesthesia or monitored anesthesia care. Performance of preanesthetic, intra-anesthetic and postanesthetic evaluation and management are essential components of the practice of anesthesiology.

The granting, reappraisal and revision of clinical privileges should be awarded on a time-limited basis in accordance with medical staff bylaws and institutional/facility and governmental rules and regulations, as applicable.

To be awarded medical staff privileges in anesthesiology, a physician must fully meet certain required criteria. It is possible to make all the following criteria mandatory or to have a mixture of required and optional criteria. Organizations should determine which criteria to include and whether to include additional criteria based on the institution's individual requirements and preferences. For example, some facilities may decide that certification by the American Board of Anesthesiology is a requirement for clinical privileges in anesthesiology, while others may deem board certification to be desirable but not essential. Similarly, some institutions may decide that subspecialty fellowship training is needed for certain clinical privileges, while others may not. Some organizations may wish to recognize residency training obtained or certification awarded outside the United States. Institutions granting subspecialty clinical privileges may wish to recognize experience as an alternative to formal training in a subspecialty of anesthesiology. Some institutions may wish to modify certain requirements for physicians who have recently completed their residency or fellowship training.

## **CRITERIA TO BE CONSIDERED FOR DELINEATION OF CLINICAL PRIVILEGES IN ANESTHESIOLOGY**

### **1. EDUCATION**

- 1.1 Graduation from a medical school accredited by the Liaison Committee on Medical Education (LCME), from an osteopathic medical school or program accredited by the American Osteopathic Association (AOA), or from a foreign medical school that provides medical training acceptable to and verified by the Educational Commission on Foreign Medical Graduates (ECFMG).
- 1.2 Completion of an anesthesiology residency training program approved by the Accreditation Council for Graduate Medical Education (ACGME) or by the AOA.
- 1.3 Permanent certification by the American Board of Anesthesiology (ABA) or current recertification within the time interval required by the ABA.

## **GUIDELINES FOR DELINEATION OF CLINICAL PRIVILEGES IN ANESTHESIOLOGY**

- 1.4 Compliance with the ABA Maintenance of Certification in Anesthesiology Program (MOCA).
- 1.5 Current Physician's Recognition Award of the American Medical Association or completion of 100 hours of continuing medical education (CME) over two years, of which 40 hours are in category 1 of the Accreditation Council for Continuing Medical Education (ACCME).
- 1.6 Compliance with relevant state or institutional requirements for CME.
- 1.7 At least 50 percent of CME hours in the primary specialty of practice.
- 1.8 Demonstration of competence in advanced life support.

The following items are for organizations granting physicians clinical privileges to practice in a subspecialty of anesthesiology.

- 1.9 Completion of a fellowship approved by the ACGME (Critical Care Medicine, Pain Medicine, Pediatric Anesthesiology, Cardiothoracic Anesthesiology) or by the AOA, or a fourth clinical year (CA-4) or fellowship of at least 12 months duration not accredited by the ACGME or by the AOA (e.g., Obstetric Anesthesia).
- 1.10 Current ABA certification in pain medicine (Subspecialty Certificate in Pain Medicine) or in critical care medicine (Subspecialty Certificate in Critical Care Medicine).
- 1.11 Completion of the Certification Examination in Perioperative Transesophageal Echocardiography by the National Board of Echocardiography.

### **2. LICENSURE**

- 2.1 Current, active, unrestricted medical or osteopathic license in a United States state, district or territory of practice. (Exception: Physicians employed by the federal government may have a current active medical or osteopathic license in any U.S. state, district or territory.)
- 2.2 Current, unrestricted DEA registration (schedules II-V) or no history of revocation of DEA registration (schedules II-V) within the past five years.
- 2.3 Disclosure of any disciplinary action (final judgments) against any medical or osteopathic license or by any federal agency, including Medicare/Medicaid, in the last five years.

### **3. PERFORMANCE IMPROVEMENT**

- 3.1 Member of an organization that conducts peer review of its members.
- 3.2 Active participation in an ongoing process that evaluates clinical performance and patient care results of the physician through continuous quality improvement (CQI) in accord with MOCA Part IV and The Joint Commission (TJC) standards for Ongoing Professional Performance Evaluation (OPPE).

## **GUIDELINES FOR DELINEATION OF CLINICAL PRIVILEGES IN ANESTHESIOLOGY**

### **4. PERSONAL QUALIFICATIONS**

- 4.1 Agreement in writing to abide by the ASA “Guidelines for the Ethical Practice of Anesthesiology.”
- 4.2 Disclosure of any adjudicated violation of ASA “Guidelines for the Ethical Practice of Anesthesiology” or of any adjudicated ethical violation reported by any medical society or medical or osteopathic licensing organization.
- 4.3 Membership in a county, state or national medical association or in a state or national specialty society that requires members to subscribe to the AMA Principles of Medical Ethics or to the ASA “Guidelines for the Ethical Practice of Anesthesiology.”
- 4.4 Certification in writing that “I am in good health and have no physical or mental limitation, including alcohol or drug use, that could impair my ability to render quality patient care.”
- 4.5 Disclosure of record of felony or fraud conviction.

### **5. PRACTICE PATTERN**

- 5.1 Site of practice is an office, clinic or hospital that is currently accredited by the Joint Commission (TJC), the Accreditation Association for Ambulatory Health Care (AAAHC), the American Association for the Accreditation of Ambulatory Surgical Facilities (AAAASF), or that complies with the ASA “Guidelines for Ambulatory Anesthesia and Surgery.”
- 5.2 Medical liability claims experience (based on final judgments), risk-adjusted for frequency and severity with respect to specialty, years in practice and jurisdiction of practice, that is judged acceptable by the institution’s medical staff or peer review group.
- 5.3 Performance measures in comparison to benchmarks, risk-adjusted for frequency and severity with respect to specialty and years in practice, that is judged acceptable by the institution’s medical staff or peer review group.
- 5.4 Disclosure of any disciplinary action recorded by the National Practitioner Data Bank (NPDB) within the past five years.
- 5.5 Scope and quality of clinical skills, as evidenced by ongoing peer review, that are deemed appropriate by the organization granting clinical privileges.