Pathology

Background

According to the American Board of Medical Specialties, pathologists diagnose, rule out, and monitor disease using information from microscopic examination of tissue specimens, cell samples, and body fluids, as well as from clinical laboratory tests on body fluids and secretions in a lab setting. After analyzing lab tests and interpreting the results, pathologists inform other physicians of the patient’s results.

Pathology is divided into two major specialties: anatomic and clinical or laboratory pathology. Anatomic pathology encompasses tissue diagnoses, and clinical pathology focuses on laboratory test diagnoses. Many pathologists are certified in both areas.

The American Board of Pathology (ABP) offers primary certification through the following three routes: combined anatomic pathology and clinical pathology, anatomic pathology only, and clinical pathology only. Primary certification in anatomic pathology or clinical pathology may be combined with some of the subspecialty certifications.

The ABP grants certification in the following subspecialties of pathology:

- Blood banking/transfusion medicine
- Clinical informatics
- Chemical pathology
- Cytopathology
- Dermatopathology
- Forensic pathology
- Hematology (See Clinical Privilege White Paper, Practice area 139)
- Medical microbiology
- Molecular genetic pathology
- Neuropathology
- Pediatric pathology

Combined anatomic pathology and clinical pathology residency training programs are four years in duration, and programs in either anatomic pathology or clinical pathology are three years in duration, in accordance with the Accreditation Council for Graduate Medical Education (ACGME) guidelines. Subspecialty training requires an additional one to two years of training, and pathologists must take an examination to become certified.

The American Osteopathic Board of Pathology (AOBPa) offers certification in anatomic pathology and laboratory medicine, in addition to a certificate of special qualifications in forensic pathology. A certificate of added qualifications in dermatopathology is also
available to all board-certified osteopathic pathologists. To become certified in anatomic pathology or laboratory medicine, physicians must complete a minimum of three years of training approved by the American Osteopathic Association (AOA). Certification in the combined specialties of anatomic pathology and laboratory medicine or in forensic pathology requires a minimum of four years of AOA-approved residency training. Certification depends on the successful completion of a three-part examination. Subspecialty certification in dermatopathology requires an additional one to two years of training.

**Involved specialties**

Pathologists

**Positions of specialty boards**

**ABP**

The ABP offers certification in anatomic pathology, clinical pathology, or combined anatomic pathology and clinical pathology. The ABP grants certificates to physicians who meet the following standards:

- Successful completion of a graduate medical education program in pathology accredited by the ACGME or the Royal College of Physicians and Surgeons of Canada (RCPSC)
- Endorsement by the pathology training program director and faculty
- Successful completion of a voluntary evaluation process designed and administered by the ABP to assure the public and other physicians that, at the time of certification, the candidate had knowledge, skills, and other abilities that the ABP deems important for the practice of pathology

With regard to training, the applicant must satisfactorily complete pathology training in a program accredited by the ACGME or the RCPSC as follows.

To apply for combined anatomic pathology and clinical pathology certification, physicians must meet the following requirements:

- Completion of 48 months of full-time training in an accredited combined program that includes at least 18 months each of structured anatomic pathology and clinical pathology training. The remaining 12 months is flexible and may include anatomic pathology and/or clinical pathology. Training may include up to six months of research done during the pathology training program with the approval of the program director.
- Performance of at least 50 autopsies. Applicants must provide a list of completed autopsies at the time of application for certification. No more than five fetal autopsies that have no anatomic, congenital, infectious, or genetic abnormalities and no more than two fetal autopsies on macerated fetuses can count toward the 50 required autopsy cases.
Candidates for combined certification will not be certified by the ABP until both the anatomic pathology and the clinical pathology examinations are passed and all other requirements are met. Candidates must pass both the written and practical portions of the anatomic pathology and/or clinical pathology examinations in the same administration in order to pass primary examination.

To apply for certification in anatomic pathology, physicians must have completed one of the following pathways:

➤ Thirty-six months of full-time training in an accredited combined anatomic/clinical pathology or anatomic pathology program that includes at least 24 months of structured anatomic pathology training; the remaining 12 months are flexible and may include anatomic pathology and/or clinical pathology. Training may include up to six months of research done during the pathology training program with the approval of the program director. Applicants must have performed at least 50 autopsies at the time of application (with the same fetal autopsy requirements as stated above for combined certification) and must provide a list of completed autopsies at the time of application for certification.

➤ Primary certification in clinical pathology plus an additional 24 months of full-time training in anatomic pathology, including 18 months of structured training in anatomic pathology; the remaining six months are flexible but must be in one or more areas of anatomic pathology. Applicants must have performed at least 50 autopsies at the time of application (with the same fetal autopsy requirements as stated above for combined certification) and must provide a list of completed autopsies at the time of application for certification.

To apply for certification in clinical pathology, physicians must have completed one of the following pathways:

➤ Thirty-six months of full-time training in an accredited combined anatomic pathology/clinical pathology program that includes at least 24 months of structured clinical pathology training; the remaining 12 months are flexible and may include anatomic pathology and/or clinical pathology. Training may include up to six months of research done during the pathology training program with the approval of the program director.

➤ Primary certification in anatomic pathology plus an additional 24 months of full-time training in clinical pathology, including 18 months of structured training in clinical pathology; the remaining six months are flexible but must be in one or more areas of clinical pathology.

Combine primary and subspecialty certification is available in anatomic pathology/neuropathology. Applicants must obtain two full years of approved training in anatomic pathology and two full years of approved training in neuropathology, and must pass the primary examination before they will be allowed to sit for the subspecialty examination.
Certificates issued by the ABP are valid for 10 years, provided that the diplomate meets all maintenance of certification requirements. Additional information regarding training and certification for pathology and its subspecialties can be found in the ABP’s *Booklet of Information*.

**AOBPa**

The AOA grants primary certification in laboratory medicine, anatomic pathology, or combined anatomic pathology and laboratory medicine through the AOBPa. A certificate of special qualifications in forensic pathology is also available. To be eligible for board certification from the AOBPa, the applicant must be a graduate of an AOA-accredited college of osteopathic medicine and must be licensed to practice in the state or territory where his or her practice is conducted. Candidates must be able to show evidence of conformity to the standards set forth in the AOA Code of Ethics and be a member in good standing of the AOA or the Canadian Osteopathic Association for the two years immediately prior to the date of certification. All applicants are required to have satisfactorily completed an AOA-approved internship or the equivalent.

Specific training requirements for certification in the various pathology specialties are as follows:

- To be eligible for certification in anatomic pathology, a period of three years of AOA-approved training in the specialty is required.
- To be eligible for certification in anatomic pathology and laboratory medicine, a period of not less than four years of AOA-approved training in anatomic pathology and laboratory medicine is required.
- To be eligible for certification in anatomic pathology or laboratory medicine, a period of three years of AOA-approved training in the specialty is required, after the required one year of internship.
- To be eligible for certification in forensic pathology, the candidate must meet one of these requirements:
  - Have a period of two years or more in anatomic pathology and an AOA-approved formal course of study in forensic pathology of at least two years duration. Certification in anatomic pathology is a requirement to apply for the forensic pathology certification examination.
  - Be certified in either anatomic pathology or combined anatomic pathology/laboratory medicine and have completed a fellowship in an approved forensic pathology program of at least one year.

In accordance with the training guidelines stated above, eligibility for the written, oral, and practical portions of the examination for certification is at the first scheduled examination after meeting one of the following minimum training requirements:

- Completion of three years of AOA-approved residency training in either anatomic pathology or laboratory medicine
Completion of four years of AOA-approved residency training in combined anatomic pathology and laboratory medicine
Completion of two years of anatomic pathology and at least two years of AOA-approved training in forensic pathology

Positions of societies, academies, colleges, and associations

ASCP
The American Society for Clinical Pathology (ASCP) offers certification for non-physician medical laboratory personnel who meet standardized academic and clinical prerequisites. The ASCP offers membership and maintenance of certification opportunities for pathologists certified by the ABP; however, the ASCP does not publish guidelines for the delineation of privileges in pathology.

CAP
The College of American Pathologists (CAP) publishes the *College of American Pathologists Considerations for the Delineation of Pathology Clinical Privileges*.

The document states that most physicians requesting privileges in anatomic or clinical pathology will be diplomates of the ABP, but medical staffs should not grant privileges based only on board certification. Evidence of current licensure, education, experience, competence, and consideration of any prior adverse licensing or credentialing decisions should be considered. Fellowships in the CAP, membership in other scientific organizations, or the physician’s rank or tenure are relevant only to the extent that they are indicative of education, experience, or competence.

The CAP also states that pathology privileges will most commonly be granted to pathologists with a combined specialty and intraspecialty designation (e.g., anatomic pathology and clinical pathology), coupled with specific authorization for the performance of any invasive patient procedure.

Additionally, the document says pathologists certified by the ABP in clinical pathology or with equivalent qualifications are generally granted privileges in clinical pathology and all its subdisciplines, including immunohematology, blood banking, hematology, hematopathology, and clinical microbiology. Pathologists certified by the ABP in anatomic pathology or with equivalent qualifications are generally granted privileges in surgical pathology, autopsy pathology, cytopathology, molecular pathology, and associated ancillary studies. Pathologists qualified to perform invasive biopsy techniques (needle or surgical), chemotherapy, in vivo nuclear medicine, or other special diagnostic or therapeutic procedures should obtain approval from the medical staff on a procedure-specific basis.
In addition to the pathology-specific privileges, each pathologist should have typical medical staff privileges necessary to carry out patient care responsibilities such as those that allow consultation, data entry in patient charts, and ordering diagnostic studies.

The CAP states that each hospital must develop its own standards and evaluation options for measuring competency in conformance with The Joint Commission’s ongoing professional practice evaluation and focused professional practice evaluation standards. However, the CAP outlines competency statements for each of the six general competencies.

To demonstrate competency in patient care, pathologists are expected to provide patient care that is compassionate, appropriate, and effective for the promotion of health, prevention of illness, treatment of health problems, and care at the end of life. Pathologists do so by:

➤ Demonstrating a satisfactory level of diagnostic competency and the ability to provide appropriate and effective consultation in the context of pathology services
➤ Working cooperatively with healthcare professionals, including those from other disciplines, to provide patient-focused care
➤ Demonstrating informed decision-making
➤ Educating colleagues and patients to improve patient care
➤ Facilitating learning for colleagues and other healthcare professionals
➤ Effectively using information technology to provide patient care

To demonstrate competency in medical knowledge, pathologists must show knowledge of established and evolving biomedical, clinical, epidemiologic, and social-behavioral sciences, as well as the application of this knowledge to patient care and the education of others. Pathologists meet these criteria by:

➤ Demonstrating an investigatory and analytic thinking approach to clinical and pathology situations
➤ Having knowledge of and applying the basic and clinically supportive sciences appropriate to pathology

To demonstrate competency in practice-based learning and improvement, pathologists are expected to review and evaluate their patient care and laboratory practices, to appraise and assimilate scientific evidence, and to continuously improve patient care and laboratory practices by constant self-evaluation and lifelong learning. To do so, pathologists must:

➤ Demonstrate the ability to investigate and evaluate their diagnostic, consultative, and laboratory practices and to appraise and assimilate scientific evidence and improve the laboratory’s practices and patient care
➤ Locate, appraise, use, and assimilate evidence and information from internal and external scientific studies related to the laboratory’s practices and patients’ health problems
➤ Apply knowledge of study designs and statistical methods to the appraisal of clinical studies
➤ Use information technology to manage information and support their practice
➤ Evaluate laboratory practices and patient care for process and outcome improvement and initiate steps to facilitate improvement

To demonstrate competency in interpersonal and communication skills, pathologists are expected to have communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of healthcare teams. Pathologists must show that they can:
➤ Communicate effectively with patients, families, physicians, other health professionals, health-related agencies, and, when appropriate, the public, across the range of socioeconomic and cultural backgrounds encountered in their practice
➤ Create and sustain a therapeutic and ethically sound relationship with patients, colleagues, and other healthcare professionals
➤ Use effective listening skills
➤ Build relationships and appropriately empower others
➤ Act in a consultative role to other physicians and health professionals, as appropriate
➤ Work effectively as a colleague or leader with others, including the medical staff, nursing service, administration, other pathologists, and laboratory staff members
➤ Maintain comprehensive, timely, and legible medical records

Competency in the professionalism domain requires pathologists to demonstrate behavior that reflects a commitment to continuous professional development and ethical practice, an understanding and sensitivity to the diversity of the patient population, and a responsible attitude toward their patients, their profession, and society. To do so, a pathologist must demonstrate:
➤ A commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population
➤ Compassion, integrity, and respect for others
➤ Responsiveness to patient needs that supersedes self-interest
➤ A sense of accountability to patients, colleagues, society, and the profession
➤ Respect for patient privacy and autonomy
➤ Responsiveness to a diverse patient population, including but not limited to diversity in culture, age, sex, race, religion, sexual orientation, and disabilities

To prove competency in systems-based practice, pathologists are expected to demonstrate an awareness and responsiveness to the larger context and system of healthcare, with the ability to effectively call on other resources in the system to provide optimal healthcare. To do so, pathologists must:
➤ Understand how their pathology services and professional practices affect other healthcare professionals and organizations
Demonstrate an understanding of and contribute to local, regional, and national healthcare systems and support healthcare system effectiveness
➤ Work effectively in various healthcare delivery settings and systems
➤ Incorporate considerations of cost awareness and risk-benefit analysis in patient- and/or population-based care, as appropriate
➤ Advocate for quality patient care and optimal patient care systems
➤ Work to enhance patient safety and improve patient care quality
➤ Participate in identifying system errors and implementing potential system improvements

ACGME

In its Program Requirements for Graduate Medical Education in Anatomic Pathology and Clinical Pathology, the ACGME states that combined training programs in anatomic pathology and clinical pathology should be four years in duration and must include 18 months of formal education in anatomic pathology and 18 months of formal education in clinical pathology. Three-year programs in anatomic pathology or clinical pathology must include 24 months of anatomic pathology or clinical pathology education, respectively. The remaining 12 months of any program may be a continuation of structured anatomic pathology or clinical pathology education, or may be devoted to a specialized facet of pathology.

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents will:
➤ Have education in anatomic pathology that must include instruction in autopsy and surgical pathology, cytopathology, pediatric pathology, dermatopathology, forensic pathology, immunopathology, histochemistry, neuropathology, ultrastructural pathology, cytogenetics, molecular biology, aspiration techniques, and other advanced diagnostic techniques as they become available
➤ Have education in clinical pathology that must include instruction in microbiology (including bacteriology, mycology, parasitology, and virology), immunopathology, blood banking/transfusion medicine, chemical pathology, cytogenetics, hematology, coagulation, toxicology, medical microscopy (including urinalysis), molecular biologic techniques, aspiration techniques, and other advanced diagnostic techniques as they become available
➤ Demonstrate a satisfactory level of diagnostic competence and the ability to provide appropriate and effective pathology services consultation

Residents must perform at least 50 autopsies during the program, including exposure to forensic, pediatric, perinatal, and stillborn autopsies. Autopsies may be shared, but no more than two residents may count a shared case toward this standard. Further, programs must ensure that residents participate fully in
all aspects of an autopsy as appropriate to the case. In a complete autopsy, this includes:
➤ Review of history and circumstances of death
➤ External examination of the body
➤ Gross dissection
➤ Review of microscopic and laboratory findings
➤ Preparation of written description of gross and microscopic findings
➤ Development of opinion on cause of death
➤ Review of autopsy report with teaching staff

With regard to patient care, residents must also:
➤ Examine and assess at least 2,000 surgical pathology specimens during the program. This material must be from an adequate mix of cases to ensure exposure to both common and uncommon conditions. Residents should formulate a microscopic diagnosis for cases they have examined grossly. Residents should preview their cases prior to sign-out with an attending pathologist.
➤ Examine at least 1,500 cytologic specimens during the program. This material must include a variety of both exfoliative and aspiration specimens.
➤ Participate in the regular formal clinical and teaching rounds corresponding to the laboratory services to which they are assigned. For example, residents should attend infectious disease service rounds while on assignment in microbiology.

The educational experiences in patient care detailed above may be provided through separate, exclusive rotations, by rotations that combine more than one area, or by other means. However the experiences are provided, all rotations and other assignments must conform to the educational goals and objectives of the program.

With regard to medical knowledge, residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. Residents must:
➤ Have instruction and experience in the interpretation of laboratory data as part of patient care decision-making and consultation.
➤ Participate in pathology conferences, rounds, teaching, and scholarly activity, as well as gain experience in the management and direction of a pathology laboratory. This laboratory experience should include education in quality assurance, safety, regulations, and the use of hospital and laboratory information systems.

AOA

In conjunction with the AOBPa, the AOA publishes training standards for anatomic pathology and laboratory medicine and for combined anatomic and
forensic pathology. At presstime for this white paper, the AOA standards for pathology are listed as dormant on the AOA website.

In its *Basic Standards for Residency Training in Anatomic Pathology and Laboratory Medicine*, the AOA states that the residency program in anatomic pathology and laboratory medicine should be a minimum duration of four years, consisting of two years in anatomic pathology and two years in laboratory medicine, after the completion of an AOA-approved preliminary internship year. The pathology preliminary internship training should include:

- Three months of general internal medicine
- One month of hematology and oncology
- Two months of general surgery
- One month of obstetrics and gynecology
- Three months of family practice
- One month of pathology
- One month elective

The AOA lists seven core competencies for resident training in anatomic pathology and laboratory medicine: osteopathic philosophy and osteopathic manipulative technique; medical knowledge; patient care; interpersonal and communication skills; professionalism; practice-based learning and improvement; and system-based practice. To fulfill these competencies, residents are expected to demonstrate the following:

- Knowledge of osteopathic medicine as appropriate to the specialty of anatomic pathology and laboratory medicine. The educational goal is to train a skilled and competent osteopathic practitioner dedicated to lifelong learning and practice habits in osteopathic anatomic pathology and laboratory medicine.
- Knowledge of accepted standards of clinical medicine in their respective specialty area, remaining current with new developments in medicine and participating in lifelong learning activities, including research.
- Ability to incorporate the osteopathic philosophy into the provision of patient services in anatomic pathology and laboratory medicine.
- Interpersonal and communication skills that enable them to establish and maintain professional relationships with other members of the medical and non-medical communities.
- Ability to critically evaluate their methods of clinical practice, integrate evidence-based medicine, and show an understanding of research methods.
- Understanding of healthcare delivery systems, with the ability to provide effective and quality care within the systems, and practice cost-effective methods.

Residents must uphold the osteopathic oath in the conduct of their professional activities by adhering to ethical principles, collaborating with health professionals, engaging in lifelong learning, and demonstrating sensitivity to a diverse
population. Residents should be cognizant of their own physical and mental health. Patient safety and care issues are paramount and should always be considered, and documentation must be provided.

In its *Basic Standards for Residency Training in Combined Primary and Specialty Anatomic and Forensic Pathology*, the AOA states that the residency program in anatomic and forensic pathology should be for a minimum duration of four years, consisting of two years in anatomic pathology and two years in forensic pathology. Education in anatomic pathology should include: autopsies, surgical pathology, cytology, pediatric pathology, dermatopathology, forensic pathology, immunopathology, histochemistry, ultrastructure pathology, cytogenetics, molecular biology, and other advanced diagnostic techniques as they become available. Likewise, education in forensic pathology should include, but not be limited to, the following: scene investigation; medicolegal autopsy; estimation of time of death; examination of skeletal remains; death from blunt force; death from stabbing or cutting; gunshot wounds; asphyxial deaths; diagnosis of drowning; death from burns; electrocution and lightning; death from heat stroke and hypothermia; sudden, unexpected natural death; transportation fatalities; death from therapeutic mishaps; stillborn and infant death; artifacts in forensic pathology; negative autopsy; death from poisoning; artifacts in forensic toxicology; and analytical procedures.

Resident training in anatomic and forensic pathology should also include:

- Instruction and experience in the major aspects of the administration of anatomic and forensic pathology laboratory, including resident participation and interpretation of data as part of patient care decision-making, conferences, rounds, patient care consultation, management and direction of the laboratory, quality assessment, data processing, teaching, and professional activities

- Sufficient caseload for wide experience and appropriate training of the resident, including the following minimum of procedures for anatomic pathology:
  - Material available in the program for anatomic pathology must be sufficient in volume and variety to ensure that the residents have broad exposure to common and more unusual entities, develop diagnostic and problem-solving proficiency, and evolve the necessary technical abilities to perform functions of an anatomic pathologist.
  - The major components of the anatomic pathology program incorporate performance and responsibility for autopsies, including forensic and stillborn cases. Surgical pathology specimens, including operating room consultations, must be adequate in number and variety to ensure proficiency in routine diagnostic cases as well as frozen-section specimens. Examination of adequate and varied cytologic specimens must include exfoliated and aspiration specimens.
Positions of accreditation bodies

**CMS**

CMS has no formal position concerning the delineation of privileges for pathology. However, the CMS *Conditions of Participation (CoP)* define a requirement for a criteria-based privileging process in §482.22(c)(6) stating, “The bylaws must include criteria for determining the privileges to be granted to individual practitioners and a procedure for applying the criteria to individuals requesting privileges.”

§482.12(a)(6) states, “The governing body must assure that the medical staff bylaws describe the privileging process. The process articulated in the bylaws, rules or regulations must include criteria for determining the privileges that may be granted to individual practitioners and a procedure for applying the criteria to individual practitioners that considers:

➤ Individual character
➤ Individual competence
➤ Individual training
➤ Individual experience
➤ Individual judgment

The governing body must ensure that the hospital’s bylaws governing medical staff membership or the granting of privileges apply equally to all practitioners in each professional category of practitioners.”

Specific privileges must reflect activities that the majority of practitioners in that category can perform competently and that the hospital can support. Privileges are not granted for tasks, procedures, or activities that are not conducted within the hospital, regardless of the practitioner’s ability to perform them.

Each practitioner must be individually evaluated for requested privileges. It cannot be assumed that every practitioner can perform every task, activity, or privilege specific to a specialty, nor can it be assumed that the practitioner should be automatically granted the full range of privileges. The individual practitioner’s ability to perform each task, activity, or privilege must be individually assessed.

CMS also requires that the organization have a process to ensure that practitioners granted privileges are working within the scope of those privileges.

CMS’ CoPs include the need for a periodic appraisal of practitioners appointed to the medical staff/governed medical staff privileges (§482.22[a][1]). In the absence of a state law that establishes a time frame for the periodic appraisal, CMS recommends that an appraisal be conducted at least every 24 months. The purpose of the periodic appraisal is to determine whether clinical privileges or membership should be continued, discontinued, revised, or otherwise changed.
The Joint Commission

The Joint Commission has no formal position concerning the delineation of privileges for pathology. However, in its Comprehensive Accreditation Manual for Hospitals, The Joint Commission states, “The hospital collects information regarding each practitioner’s current license status, training, experience, competence, and ability to perform the requested privilege” (MS.06.01.03).

In the introduction for MS.06.01.03, The Joint Commission states that there must be a reliable and consistent system in place to process applications and verify credentials. The organized medical staff must then review and evaluate the data collected. The resultant privilege recommendations to the governing body are based on the assessment of the data.

The Joint Commission introduces MS.06.01.05 by stating, “The organized medical staff is responsible for planning and implementing a privileging process.” It goes on to state that this process typically includes:

➤ Developing and approving a procedures list
➤ Processing the application
➤ Evaluating applicant-specific information
➤ Submitting recommendations to the governing body for applicant-specific delineated privileges
➤ Notifying the applicant, relevant personnel, and, as required by law, external entities of the privileging decision
➤ Monitoring the use of privileges and quality-of-care issues

MS.06.01.05 further states, “The decision to grant or deny a privilege(s) and/or to renew an existing privilege(s) is an objective, evidence-based process.”

The EPs for standard MS.06.01.05 include several requirements as follows:

➤ The need for all licensed independent practitioners who provide care, treatment, and services to have a current license, certification, or registration, as required by law and regulation
➤ Established criteria as recommended by the organized medical staff and approved by the governing body with specific evaluation of current licensure and/or certification, specific relevant training, evidence of physical ability, professional practice review data from the applicant’s current organization, peer and/or faculty recommendation, and a review of the practitioner’s performance within the hospital (for renewal of privileges)
➤ Consistent application of criteria
➤ A clearly defined (documented) procedure for processing clinical privilege requests that is approved by the organized medical staff
➤ Documentation and confirmation of the applicant’s statement that no health problems exist that would affect his or her ability to perform privileges requested
A query of the NPDB for initial privileges, renewal of privileges, and when a new privilege is requested

Written peer recommendations that address the practitioner’s current medical/clinical knowledge, technical and clinical skills, clinical judgment, interpersonal skills, communication skills, and professionalism

A list of specific challenges or concerns that the organized medical staff must evaluate prior to recommending privileges (MS.06.01.05, EP 9)

A process to determine whether there is sufficient clinical performance information to make a decision related to privileges

A decision (action) on the completed application for privileges that occurs within the time period specified in the organization’s medical staff bylaws

Information regarding any changes to practitioners’ clinical privileges, updated as they occur

The Joint Commission further states, “The organized medical staff reviews and analyzes information regarding each requesting practitioner’s current licensure status, training, experience, current competence, and ability to perform the requested privilege” (MS.06.01.07).

In the EPs for standard MS.06.01.07, The Joint Commission states that the information review and analysis process is clearly defined and that the decision process must be timely. The organization, based on recommendations by the organized medical staff and approval by the governing body, develops criteria that will be considered in the decision to grant, limit, or deny a request for privileges. The criteria must be consistently applied and directly relate to the quality of care, treatment, and services. Ultimately, the governing body or delegated governing body has the final authority for granting, renewing, or denying clinical privileges. Privileges may not be granted for a period beyond two years.

Criteria that determine a practitioner’s ability to provide patient care, treatment, and services within the scope of the privilege(s) requested are consistently evaluated.

The Joint Commission further states, “Ongoing professional practice evaluation information is factored into the decision to maintain existing privilege(s), to revise existing privileges, or to revoke an existing privilege prior to or at the time of renewal” (MS.08.01.03).

In the EPs for MS.08.01.03, The Joint Commission says there is a clearly defined process facilitating the evaluation of each practitioner’s professional practice, in which the type of information collected is determined by individual departments and approved by the organized medical staff. Information resulting from the ongoing professional practice evaluation is used to determine whether to continue, limit, or revoke any existing privilege.
**HFAP**

The Healthcare Facilities Accreditation Program (HFAP) has no formal position concerning the delineation of privileges for pathology. The bylaws must include the criteria for determining the privileges to be granted to the individual practitioners and the procedure for applying the criteria to individuals requesting privileges (03.01.09). Privileges are granted based on the medical staff’s review of an individual practitioner’s qualifications and its recommendation regarding that individual practitioner to the governing body.

It is also required that the organization have a process to ensure that practitioners granted privileges are working within the scope of those privileges.

Privileges must be granted within the capabilities of the facility. For example, if an organization is not capable of performing open-heart surgery, no physician should be granted that privilege.

In the explanation for standard 03.01.13 related to membership selection criteria, HFAP states, “Basic criteria listed in the bylaws, or the credentials manual, include the items listed in this standard. (Emphasis is placed on training and competence in the requested privileges.)”

The bylaws also define the mechanisms by which the clinical departments, if applicable, or the medical staff as a whole establish criteria for specific privilege delineation.

Periodic appraisals of the suitability for membership and clinical privileges is required to determine whether the individual practitioner’s clinical privileges should be approved, continued, discontinued, revised, or otherwise changed (03.00.04). The appraisals are to be conducted at least every 24 months.

The medical staff is accountable to the governing body for the quality of medical care provided, and quality assessment and performance improvement (03.02.01) information must be used in the process of evaluating and acting on re-privileging and reappointment requests from members and other credentialed staff.

**DNV**

DNV has no formal position concerning the delineation of privileges for pathology. MS.12 Standard Requirement (SR) #1 states, “The medical staff bylaws shall include criteria for determining the privileges to be granted to individual practitioners and a procedure for applying the criteria to those individuals that request privileges.”
The governing body shall ensure that under no circumstances is medical staff membership or professional privileges in the organization dependent solely upon certification, fellowship, or membership in a specialty body or society.

Regarding the Medical Staff Standards related to Clinical Privileges (MS.12), DNV requires specific provisions within the medical staff bylaws for:

➤ The consideration of automatic suspension of clinical privileges in the following circumstances: revocation/restriction of licensure; revocation, suspension, or probation of a DEA license; failure to maintain professional liability insurance as specified; and noncompliance with written medical record delinquency/deficiency requirements

➤ Immediate and automatic suspension of clinical privileges due to the termination or revocation of the practitioner’s Medicare/Medicaid status

➤ Fair hearing and appeal

The Interpretive Guidelines also state that core privileges for general surgery and surgical subspecialties are acceptable as long as the core is properly defined.

DNV also requires a mechanism (outlined in the bylaws) to ensure that all individuals provide services only within the scope of privileges granted (MS.12, SR.4).

Clinical privileges (and appointments or reappointments) are for a period as defined by state law or, if permitted by state law, not to exceed three years (MS.12, SR.2).

Individual practitioner performance data must be measured, utilized, and evaluated as a part of the decision-making for appointment and reappointment. Although not specifically stated, this would apply to the individual practitioner’s respective delineation of privilege requests.

**CRC draft criteria**

The following draft criteria are intended to serve solely as a starting point for the development of an institution’s policy regarding this practice area. The core privileges and accompanying procedure list are not meant to be all-encompassing. They define the types of activities, procedures, and privileges that the majority of practitioners in this specialty perform. Additionally, it cannot be expected or required that practitioners perform every procedure listed. Instruct practitioners that they may strikethrough or delete any procedures they do not wish to request.

**Minimum threshold criteria for requesting privileges in pathology**

Basic education: MD or DO

Minimal formal training: Successful completion of an ACGME- or AOA-accredited residency in clinical (laboratory) and/or anatomic pathology and/or...
current certification or active participation in the examination process (with achievement of certification within \([n]\) years) leading to certification in clinical and/or anatomic pathology by the ABP or in anatomic pathology and/or laboratory medicine by the AOBPa.

**Required current experience:** Full- or part-time pathology services, reflective of the scope of privileges requested, for the past 12 months or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.

**References**

If the applicant is recently trained, a letter of reference should come from the director of the applicant’s training program. Alternatively, a letter of reference may come from the applicable department chair and/or clinical service chief at the facility where the applicant most recently practiced.

**Core privileges in pathology**

Core privileges for anatomic pathology include the ability to perform patient diagnosis, ordering, consultation, and laboratory medical direction in the following disciplines: surgical pathology (including intraoperative consultations), cytopathology, autopsy pathology, molecular pathology, and associated ancillary studies. Physicians should adhere to medical staff policy regarding emergency and consultative call services.

Core privileges for clinical pathology include the ability to perform patient diagnosis, ordering, consultation, and laboratory medical direction in the following clinical pathology disciplines: hematology and coagulation, blood bank and immunohematology, microbiology, serology, molecular pathology, clinical chemistry (including the subdivisions of special chemistry, automated chemistry, endocrinology, radioimmunoassay, toxicology, and electrophoresis), clinical microscopy, and other routine clinical pathology functions. Physicians should adhere to medical staff policy regarding emergency and consultative call services.

**Special noncore privileges in pathology**

If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the specific threshold criteria governing the exercise of the privilege requested, including training, required previous experience, and maintenance of clinical competence. Noncore privileges include bone marrow biopsy.

**Reappointment**

Reappointment should be based on unbiased, objective results of care according to a hospital’s quality assurance mechanism. To be eligible to renew privileges
in pathology, the applicant must have current demonstrated competence and an adequate volume of experience [full or part time] with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges. In addition, continuing education related to pathology should be required.

For more information

Accreditation Council for Graduate Medical Education
515 North State Street, Suite 2000
Chicago, IL 60610-4322
Telephone: 312-755-5000
Fax: 312-755-7498
Website: www.acgme.org

American Board of Pathology
P.O. Box 25915
Tampa, FL 33622-5915
Telephone: 813-286-2444
Fax: 813-289-5279
Website: www.abpath.org

American Osteopathic Association
142 East Ontario Street
Chicago, IL 60611
Telephone: 800-621-1773
Fax: 312-202-8200
Website: www.osteopathic.org

American Osteopathic Board of Pathology
142 East Ontario Street, 4th Floor
Chicago, IL 60611
Telephone: 800-621-1773, Ext. 8229
Fax: 312-202-8224
Website: www.aobpath.org

American Society for Clinical Pathology
33 West Monroe Street, Suite 1600
Chicago, IL 60603
Telephone: 312-541-4999
Fax: 312-541-4998
Website: www.ascp.org
College of American Pathologists
325 Waukegan Road
Northfield, IL 60093-2750
Telephone: 847-832-7000; 800-323-4040
Fax: 847-832-8000
Website: www.cap.org

Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244
Telephone: 877-267-2323
Website: www.cms.hhs.gov

DNV Healthcare, Inc.
400 Techne Center Drive, Suite 350
Milford, OH 45150
Website: www.dnvaccreditation.com

Healthcare Facilities Accreditation Program
142 E. Ontario Street
Chicago, IL 60611
Telephone: 312-202-8258
Website: www.hfap.org

The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
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Fax: 630-792-5005
Website: www.jointcommission.org

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