Background

The Society of Hospital Medicine (SHM), a national organization developed specifically to support and enhance the practice of hospitalists, defines the hospitalist as “a physician who specializes in the practice of hospital medicine.”

Many patients are referred to hospitalists by their primary care physicians (PCP) for all treatment and care necessary during their hospitalization. The patients return to the care of their PCPs immediately after discharge from the hospital. Hospitalists also consult on and treat patients referred by surgeons and medical subspecialists during their hospitalizations, as well as care for unassigned inpatients who have no PCP.

By letting hospitalists handle their patients who require hospitalization, PCPs have more time to devote to their office practices. Hospitalists often provide patients with continuous care over seven-day rotations.

Hospitalists are often:
- Available whenever a patient or family member has questions about care
- Familiar with hospital systems and cutting-edge technology in the hospital
- Familiar with all key players in the hospital, including medical and surgery consultants, discharge planners, and others, which can expedite care
- Able to better facilitate connections with postacute providers such as home health, skilled nursing, specialized rehabilitation, and others

A recent survey conducted by SHM shows that at least 40,000 hospitalists currently practice in the United States and Canada. According to the American Hospital Association’s 2012 report titled Creating the Hospital of the Future: The Implications for Hospital-Focused Physician Practice, 60% of hospitals use hospitalists.

According to SHM, the path to becoming a hospitalist is as follows:
Following medical school, hospitalists typically undergo residency training in general internal medicine, general pediatrics, or family practice, but may also receive training in other medical disciplines. Some hospitalists undergo additional post-residency training specifically focused on hospital medicine, or acquire other indicators of expertise in the field, such as the Society of
Hospitalist Practice area 178

Hospital Medicine’s Fellowship in Hospital Medicine (FHM) or the American Board of Internal Medicine’s Recognition of Focused Practice (RFP) in Hospital Medicine.

The American Board of Physician Specialties (ABPS) offers board certification in hospital medicine. This is a specialty level, not subspecialty level, certification. Requirements are similar in that ABPS requires hospital medicine certification candidates to be board-certified physicians—usually in internal medicine, but exceptions for physicians qualified by other boards are considered. Candidates also must possess a requisite amount of experience. See the American Board of Hospital Medicine (ABHM) section below for more information.

It should be noted the America Board of Internal Medicine (ABIM) does not recognize hospitalist medicine as a distinct specialty. As such, there is no board certification specifically for hospitalists. Rather, physicians who practice as hospitalists are credentialed and privileged in the same way as other practitioners in their specialties (e.g., internal medicine, pediatric medicine, family medicine).

Related white papers

- Internal medicine—Practice area 135
- Pediatrics—Practice area 152
- Family medicine—Practice area 134
- Critical care medicine—Practice area 129

Involved specialties

Hospitalists, general internists, critical care physicians, pediatricians, and family physicians. Other specialists may also be considered. Nurse practitioners and practice administrators can acquire a fellowship in hospital medicine through SHM.

Positions of specialty boards

**ABHM**

The ABHM was formed by the ABPS. The ABHM is not a subspecialty of internal medicine under the ABPS, but its own board.

To be eligible for certification in hospital medicine through the ABHM, the applicant must:

- Be an active specialist in hospital medicine
- Be a graduate of a recognized college of medicine
- Have completed residency training in a program approved by the Accreditation Council for Graduate Medical Education (ACGME), the
American Osteopathic Association (AOA), the College of Family Practice of Canada (CFPC), or the Royal College of Physicians and Surgeons of Canada (RCPSC)

- Be deemed acceptable by the ABHM

Such training must include substantial and identifiable training in hospital medicine as determined by the ABHM and approved by the ABPS.

The ABHM Credentials Committee will also consider physicians applying with other credentials so long as:

- The candidate provides documented reasons for why he or she merits special consideration, as long as the candidate meets or exceeds existing approved guidelines
- The candidate’s credentials include substantial and identifiable training and experience in hospital medicine as judged satisfactory by the ABHM and approved by the ABPS
- The candidate holds a valid and unrestricted license to practice medicine in the United States or its territories
- The candidate is qualified under one of the following:
  - Holds current board certification in family practice, internal medicine, or emergency medicine by the American Board of Medical Specialties (ABMS), ABPS, or AOA. (Other board certifications may be considered on an individual basis.)
  - Is eligible to be certified by the CFPC or the RCPSC.
  - Has completed an approved ACGME, AOA, CFPC, or RCPSC residency in family practice, internal medicine, or emergency medicine.
  - Has completed an ABHM-approved fellowship program or is an instructor in hospital medicine. The ABHM Credentials Committee will consider physicians applying under this option on a case-by-case basis. The ABPS accepts all residencies accepted by the CFPC or the RCPSC. ABPS accepts all residencies approved by ACGME, AOA, or RCPSC. It should be noted that the ABPS accepts all medical residencies approved by the RCPSC, including approved residencies outside Canada.
  - Is a Canadian graduate who is eligible to sit for the CFPC or RCPSC exam.
  - Has admitted and managed a minimum of 50 patients in the last 12 consecutive months with verification that 50% of practice is composed of hospital medicine patient care.
  - Has had a minimum of six hospital medicine cases for which the physician had the lead management role. The case reports must be no older than 12 months from the date the candidate’s application for certification is received by ABPS.

This list is not exhaustive; certain documents, including letters of recommendations, case reports, license verifications, etc., are required for submission to the board.
**ABIM**

The ABIM offers an Internal Medicine certification with a Focused Practice in Hospital Medicine (FPHM). This is not a certification as a subspecialty, but a variation of the Internal Medicine certification. One cannot have both an FPHM and an Internal Medicine certification at the same time.

The requirements for earning the initial FPHM certificate are different than other maintenance of certification (MOC) programs. To earn an initial FPHM certification, diplomates must:

- Hold a valid, unrestricted medical license and confirmation of good standing in the local practice community.
- Pass the ABIM Hospital Medicine MOC exam.
- Have completed 100 points of self-evaluation within the past 10 years. Sixty points must have been completed in the last three years. Twenty points must be in medical knowledge and 40 points must be in practice performance. Points are obtained through successful completion of FPHM Practice Improvement Modules (PIM) offered by ABIM. Modules currently cover the following topics:
  - Asthma (40)
  - Cancer screening (40)
  - Care of vulnerable elderly (40)
  - Clinical supervision (20)
  - Communication – primary care (20)
  - Communication – recent visit PIM (20)
  - Communication – subspecialist PIM (20)
  - Communication with referring physicians (20)
  - Completed project PIM (20)
  - Diabetes (40)
  - Hepatitis C (20)
  - HIV (20)
  - Hypertension (40)
  - Osteoporosis (20)
  - Preventive cardiology (40)
  - Self-directed PIM (20)

**AOBIM**

The American Osteopathic Board of Internal Medicine (AOBIM) does not offer hospitalist certification or qualification.

**Positions of societies, academies, colleges, and associations**

**SHM**

SHM released a position statement in April 2011 on hospitalist credentialing and medical staff privileges summarized below:
• Hospitalists should demonstrate competency in areas where evidence of proficiency will enhance the delivery of patient care and promote the safest outcomes for patients.
• SHM supports the recognition of a hospitalist’s primary specialty credential.
• SHM also supports the movement of general specialty boards to recognize hospitalists within their constituencies as site-defined specialists with unique competencies.
• SHM also supports the FHM, Senior Fellow in Hospital Medicine, and Master in Hospital Medicine designations.
• Proficiency in bedside procedures and practices such as ACLS, PALS, vascular access, paracentesis, lumbar puncture, and thoracentesis should be considered as competencies.
• Although they may not be board-certified in critical care medicine, hospitalists who provide critical care should demonstrate competency in key areas to ensure best practice and outcomes, including:
  - Ventilator management
  - Advanced cardiac life support
  - Airway management
  - Treatment of shock
  - Performance of emergent bedside vascular access
• In the absence of specific restrictions, SHM recommends that hospitalists be privileged to practice medicine within their scope of practice as defined by their training, experience, and specialty board. These privileges should be supported by demonstrable and measurable competency.
• SHM acknowledges a growing trend of specialists (general surgeons, neurologists, psychiatrists, obstetricians, etc.) practicing within the broader field of hospital medicine. The society supports credentialing and privileging of these specialty hospitalists based on the competencies defined by their primary specialty and with demonstration of competency focused on the needs of hospitalized patients.

Specific core competencies can be viewed at SHM’s website. Topics of core competencies include:
• Clinical conditions, including:
  - Acute coronary syndrome
  - Acute renal failure
  - Alcohol and drug withdrawal
  - Asthma
  - Cardiac arrhythmia
  - Cellulitis
  - Chronic obstructive pulmonary disease
  - Community-acquired pneumonia
  - Congestive heart failure
  - Delirium and dementia
  - Diabetes mellitus
- Gastrointestinal bleed
- Hospital-acquired pneumonia
- Pain management
- Perioperative medicine
- Sepsis syndrome
- Stroke
- Urinary tract infection
- Venous thromboembolism

• Procedures, including:
  - Arthrocentesis
  - Chest radiograph interpretation
  - Electrocardiogram interpretation
  - Emergency procedures
  - Lumbar puncture
  - Paracentesis
  - Thoracentesis
  - Vascular access

• Healthcare systems, including:
  - Care of the elderly patient
  - Care of vulnerable populations
  - Communication
  - Diagnostic decision-making
  - Drug safety, pharmacoeconomics, and pharmacoepidemiology
  - Equitable allocation of resources
  - Evidence-based medicine
  - Hospitalist as consultant
  - Hospitalist as teacher
  - Information management
  - Leadership
  - Management practices
  - Nutrition and the hospitalized patient
  - Palliative care
  - Patient education
  - Patient handoff
  - Patient safety
  - Practice-based learning and improvement
  - Prevention of healthcare-associated infections and antimicrobial resistance
  - Professionalism and medical ethics
  - Quality improvement
  - Risk management
  - Team approach and multidisciplinary care
  - Transitions of care
The criteria for earning the FHM designation demonstrates the candidate’s commitment to hospital medicine and includes elements consistent for all candidates, such as:

- Five years as a practicing hospitalist
- No disciplinary action that resulted in the suspension or revocation of credentials or license within five years
- Endorsement by two active SHM members

Additional criteria include demonstration of teamwork, quality improvement, and leadership.

Candidates will have the ability to select from several categories of performance and experience to tailor the application to their practice experience.

To achieve FHM designation, applicants must:

- Successfully demonstrate experience in hospital medicine leadership, teamwork, and quality improvement by achieving the requisite number of points from the Core Hospital Medicine Competency Criteria (detailed below)
- Have an MD, DO, or equivalent foreign degree and board certification in a specialty recognized by the ABMS (for physicians)
- Have a PA degree and National Commission on Certification of Physician Assistants certification (for physician assistants); MSN or DNP degree and American College of Cardiology, American Association of Nurse Practitioners, American Nurses Credentialing Center, National Certification Board of Pediatric Nurse Practitioners/Nurses, or National Certification Corporation certification (for NPs); specialty in internal medicine (once available)
- Have a baccalaureate (BA, BS) or equivalent foreign degree (for practice administrators)

The candidate for fellowship must also have:

- A combination of clinical and nonclinical work that is devoted to the practice of hospital medicine and comprises at least 50% of total professional activity
- A minimum of five years as a practicing hospitalist
- A minimum of three consecutive years as a member of SHM
- Current SHM membership in good standing
- Proof of attendance at a minimum of one SHM annual meeting plus one of the following:
  - One additional SHM annual meeting
  - One regional meeting
  - One SHM Leadership Academy
  - One National Pediatric Hospital Medicine meeting (tri-sponsored by SHM, American Academy of Pediatrics, and American Pediatric Association)
  - One Canadian Hospital Medicine Society national meeting
- Endorsement via letters of recommendation by two active SHM members who have been in good standing for at least two years
• No history of professional disciplinary action resulting in suspension or revocation of credentials or license within the past five years

Fellows must also reach 15 points earned through certain activities. At least three points must come from the following activities:
• Hospital committee, work group, or task force leadership (five points each year served)
• Hospital committee, work group, or task force participation (two points each year served)
• Hospital medicine group administrative leader (CEO, COO, CFO, practice operations administrator, etc.) (five points each year served)
• SHM committee leadership (five points each year served)
• SHM committee participation (two points each year served)
• SHM task force or work group leadership (three points each year served)
• SHM task force or work group participation (one point each year served)
• SHM local chapter leader or officer (three points each year served)
• SHM leadership certification (three points each)
• Leadership of a project dedicated to quality improvement, process improvement, patient safety, patient education, or hospital information technology (five points per project)
• Participation in a project dedicated to quality improvement, process improvement, patient safety, patient education, or hospital information technology (three points per project)

This list is not exhaustive. Different point requirements are listed for nurse practitioners and practice administrators.

**ACGME**

ACGME does not accredit any programs specifically designed for hospitalist education.

**Positions of accreditation bodies**

**CMS**

CMS has no formal position concerning the delineation of privileges for hospitalists. 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’ CoP include the need for a periodic appraisal of practitioners appointed to the medical staff/granted 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 hospitalists. 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 hospitalists. 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 hospitalists. 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 indi-
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 process 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 hospitalists. 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 hospitalist medicine**

**Basic education:** MD or DO  
**Minimal formal training:** Applicants must be able to demonstrate successful completion of an ACGME-/AOA-accredited postgraduate training program in their specialty. These specialties may include internal medicine, pediatrics, family medicine, critical care medicine, an internal medicine subspecialty, or internal medicine pediatrics.  
**Required current experience:** Applicants must be able to demonstrate successful provision of inpatient services to at least 40 patients in the past 12 months or demonstrate successful completion of a hospital-affiliated accredited residency, special clinical fellowship, or research 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 for hospitalists are considered to be the same as those for general internists, including admission, evaluation, diagnosis, treatment, and provision of nonsurgical treatment. Nonsurgical treatment includes consultation for patients admitted or in need of care to treat general medical problems.
Reappointment

Reappointment should be based on unbiased, objective results of care according to the organization’s existing quality assurance mechanisms. Applicants must be able to demonstrate that they have maintained competence by documenting that they have successfully provided care for at least 40 inpatients annually over the reappointment cycle. In addition, continuing education related to the care of hospitalized patients should be required.

For more information

American Academy of Family Physicians
11400 Tomahawk Creek Parkway
Leawood, KS 66211-2672
Telephone: 800-274-2237
Fax: 913-906-6075
Website: www.aafp.org

American Board of Internal Medicine
510 Walnut Street, Suite 1700
Philadelphia, PA 19106-3699
Telephone: 800-441-ABIM
Fax: 215-446-3590
Website: www.abim.org

American Board of Physician Specialties
5550 West Executive Drive, Suite 400
Tampa, FL 33609
Phone: 813-433-2277
Fax: 813-830-6599
Website: www.abpsus.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 Internal Medicine
11400 Rockville Pike, Suite 801
Rockville, MD 20852
Website: www.aobim.org
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