

**AMERICAN ACADEMY OF FAMILY PHYSICIANS  
Commission on Quality and Scope of Practice**

**INFORMATION & INSTRUCTIONS**

**Ambulatory Privilege Delineation Form for Family Physicians**

It is the policy of the American Academy of Family Physicians, the American Medical Association and the Joint Commission on Accreditation of Healthcare Organizations that privileges should be assigned on the basis of each individual physician's documented training and/or experience, demonstrated abilities, and current competence, rather than the physician's specialty. Thus, the privileges assigned to each family physician should be based on his/her respective qualifications.

The privilege delineation form should be regarded as an administrative tool to assist the applicant's health care organization to determine which privileges the applicant is qualified to obtain. *This document is intended to serve as a guideline only. Family physicians are strongly encouraged to review the privilege form carefully and adapt it to meet local needs.*

**How to Use the AAFP Privilege Delineation Form for Family Physicians**

The AAFP has developed for family physicians a model form that combines a privilege list and a categorization approach to privileging. The following instructions are provided to assist Academy members to use this form in the most effective manner possible.

**General**

The information in this section pertains to all types of privilege delineation forms.

1. Privilege delineation forms are designed to identify which clinical privileges are requested by the applicant, whether the applicant meets the qualifications for those privileges, and to indicate to the credentials committee (or other decision-making body) whether those privileges are recommended for the applicant. Thus, "delineation of privileges" refers to the process by which privileges are requested, recommended and, ultimately, granted. This term should not be confused with "credentialing," which refers to the items that one examines when looking into a physician's background; e.g., letters of reference, evidence of training and experience, documentation, etc.

2. The delineation of privileges should be based on each individual physician's documented training and/or experience, demonstrated abilities and current competence.
  - a) It is important to note that the criteria used to assess qualifications for privileges may be weighted; e.g., experience may outweigh training or vice versa. Those responsible for delineating privileges for a physician should look at the total picture of the physician's qualifications.
  - b) In assessing criteria for privileges, family physicians should try to avoid the "numbers game;" e.g., requiring a certain number of procedures in order to be considered qualified. There is little or no scientific data to support numbers. The AAFP recommends that competence be determined and verified by evaluation of performance under clinical conditions (i.e., proctorship) rather than by an arbitrary number of procedures.

### **Privilege List/Categorization Form**

1. The AAFP Ambulatory Privilege Delineation Form has been designed for the typical family physician office practice. It includes services and procedures for which family physicians are likely to request privileges. However, the list of services and procedures should not be considered as a complete list of privileges.
  - a) Family physicians should realize that they might apply for any privilege even if the privilege does not appear on the privilege form. The applicant should be prepared to provide appropriate educational and/or experienced-based documentation of skills and competency for these privileges.
2. The AAFP Privilege Form may be unique from other such forms since it is designed specifically for family physicians and is organized by systems rather than specialty areas.
3. Family physicians should review the form line by line to ensure its local applicability.
4. Once the final form is reviewed, revised, and approved on the local level, the final form should be retyped and printed.
5. Applicants should check the appropriate boxes on the left (under "R" for privilege requested). The boxes on the right are reserved for the health care organization's credentials committee or other decision-making body.

# AMBULATORY PRIVILEGES FOR FAMILY PHYSICIANS

Family Practice is a dynamic and comprehensive specialty. Adult medical care, child care, maternity care, surgical care, critical care and mental health care are integral components of the specialty. As a result, privileges in these areas requested by members of the Family Practice Department/Section/Practice will be recommended by the Family Practice Chair/Medical Director or other appropriate individual. The assent or approval of any other department or specialty group will not be required.

It should be noted that, even though a physician is assigned to one of the three categories, he or she also might apply for individual privileges that are locally considered to be in a higher category.

## APPLICANT SECTION

R: privilege requested: indicates you believe you can properly diagnose and treat this problem

## HEALTHCARE ORGANIZATION SECTION

G: privilege granted

P: proctoring required before privilege granted independently

D: privilege denied

### CATEGORY I

This category includes privileges for uncomplicated, basic procedures and cognitive skills. Physicians assigned to this category will be graduates of approved medical/osteopathic schools who are properly licensed and have demonstrated skills in family medicine. Each request for privileges will be considered on an individual basis and will require approval and supportive documentation.

R		G	P	D

## CATEGORY II

Privileges in this category include Category I privileges, as well as privileges for those procedures and cognitive skills involving more serious medical problems and which normally are taught in a family practice residency program. This may include procedures and cognitive skills generally applicable to the care in in-patient settings.

Physicians assigned to this category will be those who have met the criteria in Category I and will have completed training in a family practice residency program, be qualified to take the family practice board exam and/or be board certified in family medicine by the American Board of Family Practice or the American Osteopathic Board of Family Practice; or will have documented experience, demonstrated abilities and current competence in family medicine.

R		G	P	D
	<b>ALIMENTARY SYSTEM</b>			
	I: Cognitive			
	A: general medical diagnosis and treatment			
	II: Procedural			
	A: anoscopy			
	B: hemorrhoidectomy: external surgical			
	C: hemorrhoidectomy: banding or infrared			
	D: NG tube placement			
	E: proctosigmoidoscopy: rigid w/ biopsy			
	F: proctosigmoidoscopy: rigid w/o biopsy			
	G: proctosigmoidoscopy: flexible w/ biopsy			
	H: proctosigmoidoscopy: flexible w/o biopsy			
	K: other:			
	<b>CARDIOVASCULAR SYSTEM</b>			
	I: Cognitive			
	A: general medical diagnosis and treatment			
	II: Procedural			
	A: arterial puncture			
	B: ECG interpretation			
	C: stress testing: exercise treadmill			

R		G	P	D
	D: thoracentesis: needle/catheter			
	E: venipuncture			
	F: holter monitoring			
	G: other:			
	<b>CONNECTIVE TISSUE DISEASES</b>			
	I: Cognitive			
	A: general medical diagnosis and treatment			
	<b>EAR NOSE AND THROAT</b>			
	I: Cognitive			
	A: general medical diagnosis and treatment			
	II: Procedural			
	A: epistaxis: anterior			
	B: endoscopy: w/ foreign body removal			
	C: foreign body: ear, nose, throat			
	D: frenulum release			
	E: laryngoscopy: direct			
	F: laryngoscopy: indirect			
	G: nasal fracture: undisplaced			
	H: oral lesions: biopsy and excision; simple			
	I: rhinolaryngoscopy: fiberoptic			
	J: removal of cerumen impaction			
	K: other:			
	<b>ENDOMETABOLIC SYSTEMS</b>			
	I: Cognitive			
	A: general medical diagnosis and treatment			
	II: Procedural			
	A: fine needle biopsy: superficial lymph node or thyroid			

R		G	P	D
	B: other:			
	<b>EYE</b>			
	I: Cognitive			
	A: general medical diagnosis and treatment			
	II: Procedural			
	A: foreign body removal			
	B: slit lamp exam			
	C: tonometry			
	D: other:			
	<b>GENITAL SYSTEM: FEMALE</b>			
	I: Cognitive			
	A: general medical diagnosis and treatment			
	II: Procedural			
	A: bartholin's cyst: drainage/ Word catheter			
	B: biopsy: vulva or vagina			
	C: cervix: biopsy and polypectomy			
	D: cervix: cryosurgery			
	E: culdocentesis			
	F: colposcopy and biopsy			
	G: dilatation and curettage			
	H: endometrial bx/aspiration curettage			
	I: hymenotomy			
	J: hysterosalpingogram			
	K: IUD: insertion/removal			
	L: LEEP biopsy or cone			
	M: sub-cutaneous contraceptive device: insertion/removal			
	N: venereal warts: treatment			
	O: vulvar abscess: treatment			

R		G	P	D
	P: ultrasound			
	Q: other:			
	<b>GENITAL SYSTEM: MALE</b>			
	I: Cognitive			
	A: general medical diagnosis and treatment			
	II: Procedural			
	A: androscopy			
	B: meatotomy			
	C: tunica vaginalis: needle aspiration of hydrocele			
	D: vasectomy			
	E: venereal warts: treatment			
	F: other:			
	<b>HEMATOLOGIC SYSTEM</b>			
	I: Cognitive			
	A: general medical diagnosis and treatment			
	II: Procedural			
	A: lymph node: superficial biopsy or excision			
	B: chemotherapy, adult and child			
	C: other:			
	<b>HEREDOFAMILIAL DISEASES</b>			
	I: Cognitive			
	A: general medical diagnosis and treatment			
	<b>IMMUNE SYSTEM</b>			
	I: Cognitive			
	A: general medical diagnosis and treatment			
	II: Procedural			

R		G	P	D
	A: dermal skin testing			
	B: other:			
	<b>MUSCULOSKELETAL SYSTEM</b>			
	I: Cognitive			
	A: general medical diagnosis and treatment			
	II: Procedural			
	A: arthrocentesis			
	B: dislocations: simple/closed reduction			
	C: extensor tendon repair: simple/primary			
	D: fracture care: non-operative/non-displaced			
	E: fracture care: closed reduction			
	F: osteopathic manipulative therapy (OMT)			
	G: ganglion: aspiration/drainage			
	H: injection: joint, tendon, or bursa			
	I: morton's neuroma: injection			
	J: other:			
	<b>NERVOUS SYSTEM</b>			
	I: Cognitive			
	A: general medical diagnosis and treatment			
	II: Procedural			
	A: lumbar puncture			
	B: other:			
	<b>RENAL SYSTEM</b>			
	I: Cognitive			
	A: general medical diagnosis and treatment			
	II: Procedural			
	A: aspiration of bladder: suprapubic			

R		G	P	D
	B: bladder catheterization			
	C: urethra: dilation of female			
	D: urethra: dilation of male			
	E: other:			
	<b>RESPIRATORY SYSTEM</b>			
	I: Cognitive			
	A: general medical diagnosis and treatment			
	II: Procedural			
	A: pulmonary function testing			
	B: thoracentesis: needle/catheter			
	C: other:			
	<b>SKIN, APPENDAGES, SUBCUTANEOUS TISSUES</b>			
	I: Cognitive			
	A: general medical diagnosis and treatment			
	II: Procedural			
	A: biopsy skin and subcutaneous			
	B: breast: needle aspiration of cyst			
	C: burns: partial; full thickness			
	D: I & D abscess			
	E: laceration: simple repair			
	F: laceration: intermediate repair			
	G: lymph node excision or biopsy			
	H neoplasia of skin: thermal or surgical treatment			
	I: sebaceous cyst excision			
	J: skin biopsy: shave, punch, incisional or excisional			
	K: skin graft: minor pinch graft			
	L: nail matrix destruction			
	M: nail plate removal			

R		G	P	D
	N: pilonidal cyst I & D or excision			
	O: other:			
	<b>SPECIAL PROBLEMS AND SPECIAL POPULATIONS: CHILD</b>			
	I: Cognitive			
	A: general medical diagnosis and treatment			
	II: Procedural			
	A: alimentary:			
	nasogastric intubation			
	B: cardiovascular:			
	intravenous therapy: infant			
	intravenous therapy: child			
	venipuncture, including scalp vein			
	C: genito-urinary:			
	circumcision, infant			
	suprapubic bladder tap			
	D: musculoskeletal:			
	arthrocentesis			
	fracture care: simple			
	E: nervous system:			
	lumbar puncture			
	F: skin, soft tissue, appendages:			
	I & D abscess			
	laceration repair-			
	skin: biopsy: punch, shave, incisional, or excisional			
	G: other:			
	<b>POISONING</b>			
	I: Cognitive			
	A: general medical diagnosis and treatment			

R		G	P	D
	II: Procedural			
	A: poisoning: resuscitation and management			
	B: other:			
	<b>VIOLENCE AND DOMESTIC ABUSE</b>			
	I: Cognitive			
	A: general medical diagnosis and treatment			
	II: Procedural			
	A: sexual assault evaluation			
	B: other:			
	<b>EMOTIONAL AND BEHAVIORAL DISORDERS</b>			
	I: Cognitive			
	A: general medical diagnosis and treatment			
	B: other:			
	<b>OCCUPATIONAL AND ENVIRONMENTAL PROBLEMS</b>			
	I: Cognitive			
	A: general medical diagnosis and treatment			
	<b>PREGNANCY, CHILDBIRTH, AND PUERPERIUM</b>			
	I: Cognitive			
	A: general medical diagnosis and treatment			
	II: Procedural			
	A: dilatation and curettage			
	B: ectopic pregnancy: medical management			
	C: non-stress testing			
	D: intrauterine demise: management			
	E: paracervical block			
	F: pre-eclampsia			

R		G	P	D
	G: pudendal block			
	H: termination of pregnancy, chemical, up to 12 weeks			
	I: termination of pregnancy, surgical, up to 12 weeks			
	J: ultrasound assessment			
	K: vacuum curettage: incomplete abortion			
	L: other:			
	<b>SPORTS AND RECREATIONAL MEDICINE</b>			
	I: Cognitive			
	A: general medical diagnosis and management			
	II: Procedural			
	A: casting, splinting, and bracing			
	B: other:			
	<b>OTHER</b>			
	I: Cognitive (specify)			
	II: Procedural			
	A: acupuncture			
	B: ultrasonography, other than maternity care			
	C: other:			

**CATEGORY III**

Privileges in this category will include privileges in Categories I and II. Additional privileges will also be granted to physicians who have acquired added experience and/or training and have special skills and knowledge in specific areas of medicine.

R		G	P	D
	EGD w/o biopsy			
	EGD w/ biopsy			
	Colonoscopy w/o biopsy			
	Colonoscopy w /biopsy			
	Amniocentesis			