



**INTERNAL MEDICINE ENDOCRINOLOGY, DIABETES, AND METABOLISM**  
**CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

**Applicant:** Check off the “Requested” box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

**Service Chief / Department Chair:** Check the appropriate box for recommendation on this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

**Other Requirements**

- Note that privileges granted may only be exercised at the site(s) and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.
- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

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**QUALIFICATIONS FOR ENDOCRINOLOGY, DIABETES, AND METABOLISM**

**Initial Applicants** - To be eligible to apply for privileges in endocrinology, diabetes, and metabolism, the initial applicant must meet the following criteria:

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in internal medicine followed by an accredited fellowship in endocrinology, diabetes, and metabolism.

AND

Current subspecialty certification or board eligible (with achievement of certification within five years of completion of training) leading to subspecialty certification in endocrinology, diabetes, and metabolism by the American Board of Internal Medicine or Certificate of Special Qualifications in endocrinology by the American Osteopathic Board of Internal Medicine or UMHS approved international equivalent.

AND

Required Current Experience: Demonstrated current competence and experience with inpatient, outpatient, or consultative services, reflective of the scope of privileges requested, for at least twenty-five (25) patients during the past 12 months or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.



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**CORE PRIVILEGES – ENDOCRINOLOGY, DIABETES, AND METABOLISM**

**Applicant: Requested Initial**

**Requested Renewal**

**Service Chief/Chair: Recommended**

**Not Recommended**

Admit, evaluate, diagnose, treat, and provide consultation to adolescent and adult patients with injuries, or disorders of the internal (endocrine) glands such as thyroid and adrenal glands. Includes management of disorders such as diabetes, metabolic, and nutritional disorders, obesity, pituitary diseases, and menstrual and sexual problems. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

***Focused Professional Practice Evaluation (FPPE NH/NP) guidelines:*** New physicians will be monitored for an initial five (5) patients that are a representative mix of privileges granted. Methods may include direct observation, case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

***Reappointment (Renewal of Privileges) Requirements*** - To be eligible to renew privileges in endocrinology, the reapplicant must meet the following criteria:

Board certification, board eligibility (with achievement of certification within five years of completion of training), or UMHS approved international equivalent.

AND

Current demonstrated competence and experience with at least fifty (50) patients, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

**QUALIFICATIONS FOR OUTPATIENT/AMBULATORY CARE ONLY – OBESITY MEDICINE (REWIND PROGRAM)**

***Initial Applicants*** - To be eligible to apply for privileges in Outpatient/Ambulatory Care Only – Obesity Medicine (REWIND) the initial applicant must meet the following criteria:

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in internal medicine, family medicine, pediatrics or surgery.

AND



**INTERNAL MEDICINE ENDOCRINOLOGY, DIABETES, AND METABOLISM  
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Name: \_\_\_\_\_

Current board certification or board eligible (with achievement of certification within five years of completion of training) leading to board certification by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA) Board in internal medicine or its subspecialties, pediatrics or its subspecialties, surgery and its subspecialties, or family medicine, or UMHS approved international equivalent.

AND

Successful completion of an Obesity Medicine fellowship recognized by the Obesity Medicine Fellowship Council in obesity medicine or the equivalent in training and experience. The training and experience must include a minimum of 60 CME credits on the topic of obesity. The credits must include at least 30 ABOM-designated GROUP ONE credits.

AND

Required Current Experience: Demonstrated current competence and experience with at least twenty-five (25) obesity patients during the past 12 months or completion of training in the past 12 months. (This training could include completion of post graduate fellowship in obesity medicine or completion of obesity course work that included 60 CME credits on the topic of obesity. The credits must include at least 30 ABOM-designated GROUP ONE credits).

**CORE PRIVILEGES – OUTPATIENT/AMBULATORY CARE ONLY – OBESITY MEDICINE (REWIND PROGRAM)**

**Applicant: Requested Initial**

**Requested Renewal**

**Service Chief/Chair: Recommended**

**Not Recommended**

Evaluate, diagnose, treat, and provide consultation to children, adolescent, and adult patients with obesity and cardiometabolic diseases in the outpatient/ambulatory/virtual setting in the Rewind Program. Rewind is a program designed to reduce weight to remit or improve risk factors or diseases associated with obesity. These privileges do not include inpatient care. Includes management of disorders such as diabetes, metabolic, and nutrition related disorders. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

***Focused Professional Practice Evaluation (FPPE NH/NP) guidelines:*** New physicians will be monitored for an initial five (5) obesity patients that are a representative mix of privileges granted. Methods may include direct observation, case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

***Reappointment (Renewal of Privileges) Requirements*** – To be eligible to renew privileges in Outpatient/Ambulatory Care only - Obesity Medicine (REWIND), the reapplicant must meet the following criteria:

Board certification, board eligibility (with achievement of certification within five years of completion of training), or UMHS approved international equivalent.

AND



**INTERNAL MEDICINE ENDOCRINOLOGY, DIABETES, AND METABOLISM  
CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

Current demonstrated competence and experience with at least fifty (50) obesity patients, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

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**NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)**

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Non-Core Privileges are requested individually in addition to requesting the core. Each individual requesting Non-Core Privileges must meet the specific threshold criteria as applicable to the initial applicant or re-applicant.

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**MUSCLE BIOPSY AND INTERPRETATION**

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**Applicant: Requested Initial**

**Requested Renewal**

**Service Chief/Chair: Recommended**

**Not Recommended**

**Criteria:** Successful completion of an accredited ACGME or AOA residency that included training in the performance of muscle biopsies.

**Required Current Experience:** Demonstrated current competence and performance of two (2) of muscle biopsies in the past 12 months or completion of training in the past 12 months.

**Focused Professional Practice Evaluation (FPPE NH/NP) guidelines:** New physicians will be proctored in person for a minimum of one (1) procedure.

**Renewal of Privilege:** Low volume FPPE.



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**SPECIAL INSTITUTIONAL PRIVILEGES (SEPARATE APPLICATION REQUIRED)**

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A separate application is required to APPLY or REAPPLY for the following Special Privileges:

- ▶ FLUOROSCOPY
- ▶ HYPERBARIC OXYGEN THERAPY
- ▶ LASER
- ▶ ROBOTIC SURGICAL PLATFORM
- ▶ CHEMOTHERAPY (FOR NON-ONCOLOGIST)
- ▶ SEDATION PRIVILEGES (FOR A NON-ANESTHESIOLOGIST)
- ▶ BATTLEFIELD AURICULAR ACUPUNCTURE

PLEASE go to URL: [www.med.umich.edu/i/oca/mss/pdocs](http://www.med.umich.edu/i/oca/mss/pdocs) for instructions, or contact your Clinical Department Representative.



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**CORE PROCEDURE LIST**

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*This list is not intended to be an all-encompassing procedure list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques.*

**To the applicant:** If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, initial, and date.

**Endocrinology, Diabetes, and Metabolism**

1. Perform history and physical exam
2. Chronic subcutaneous insulin infusion
3. Interpret hormone assays
4. Interpret laboratory studies, including the effects of non-endocrine disorders
5. Perform and interpret hormonal stimulation and suppression tests e.g., growth hormone, gonadotropins, ACTH, TRH stimulation
6. Perform fine needle aspiration of the thyroid
7. Preliminary interpretation of radiologic and other imaging studies for diagnosis and treatment of endocrine and metabolic diseases
8. POC ultrasonography for localization or biopsy of the soft tissues of the neck/thyroid
9. Management of results of skeletal dual photon absorptiometry
10. Continuous glucose monitoring

**Outpatient/Ambulatory Care Only – Obesity Medicine (REWIND)**

1. Perform history and physical exam.
2. Perform a comprehensive evaluation of individual with excess adiposity including but not limited to the following focused assessments:
  - Assess weight trajectory over time, weight loss attempts, barriers and enablers to weight loss, impact of weight stigma, and history of or current eating disorder.
  - Assess and review co-morbid conditions, functional status, psychological/emotional status, medication profile and medication attribution to weight.
  - Obtain weight/height and calculate BMI.
  - Evaluate and manage risks related to excess adiposity, obtain and record other metrics (e.g. waist and hip circumference)
  - Interpret pertinent lab results.
  - Provide patient education related to nutritional, behavioral, pharmacologic, and surgical treatment options.
  - Prescribe pharmacotherapy for the management of obesity and review and adjust (including de-escalation or elimination) other medications when appropriate.
  - Order and interpret the results of procedures that assess energy metabolism.
  - Measure and interpret body composition data.
  - Perform intensive behavior therapy for weight loss and prevention of weight regain.
  - Manage the complications of rapid weight loss and mitigation strategies.



# MICHIGAN MEDICINE UNIVERSITY OF MICHIGAN

## INTERNAL MEDICINE ENDOCRINOLOGY, DIABETES, AND METABOLISM CLINICAL PRIVILEGES

Name: \_\_\_\_\_

### ACKNOWLEDGEMENT OF PRACTITIONER

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at Michigan Medicine, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

**Practitioner Printed Name** \_\_\_\_\_

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

### SERVICE CHIEF / DEPARTMENT CHAIR'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

<b>Privilege</b>	<b>Condition/Modification/Explanation</b>
1. _____	_____
2. _____	_____
3. _____	_____

**Notes**  
\_\_\_\_\_  
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**Service Chief Printed Name** \_\_\_\_\_

**Service Chief Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Department Chair Printed Name** \_\_\_\_\_

**Department Chair Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY**  
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**Credentials Committee Action** \_\_\_\_\_ **Date** \_\_\_\_\_

**Executive Committee on Clinical Affairs Action** \_\_\_\_\_ **Date** \_\_\_\_\_

**Governing Board Action** \_\_\_\_\_ **Date** \_\_\_\_\_