



University of Michigan  
Hospitals and Health Centers

**Delineation of Privileges  
Department of Internal Medicine  
Division of Hematology/Oncology  
ONCOLOGY**

Name: \_\_\_\_\_  
Please Print or Type

**LEVEL I CORE PRIVILEGES – GENERAL MEDICINE**

To qualify for the subspecialty of Oncology, a practitioner must first be trained in General Internal Medicine. Therefore a practitioner who is granted Oncology privileges is automatically granted privileges in General Medicine that may be found at:

[www.med.umich.edu/mss/pdf/IM-General.pdf](http://www.med.umich.edu/mss/pdf/IM-General.pdf)

**LEVEL I CORE PRIVILEGES – MEDICAL ONCOLOGY**

**Minimum Training and Experience** Minimum formal training: Fellowship in Medical Oncology. Required previous experience: Active participation in the care of 24 patients with illnesses relevant to the practice of Medical Oncology during the past 24 months.

Minimum certification and Board status: Must be an active candidate for Board Certification and have achieved Board Certification in Medical Oncology by the American Board of Internal Medicine within 5 years of initial appointment. Appropriate education and experience are indicated by successful completion of a Medical Oncology fellowship training program and/or by the individual's demonstrated competence in the treatment areas or procedures. Determination of competence is based on the judgment of the Division Chief who will make use of treatment results and quality measures, when available.

**FPPE Requirements (New Hire or Add Privileges): *Outpatient monitoring activity: 3 cases/month for 6 months. Monitor will schedule one 1hr meeting/month to review cases and discuss upcoming clinics (i.e., conduct prospective and retrospective review at name meeting). Inpatient monitoring activity: Monitor will meet with faculty member before each 15 day inpatient rotation, be available during the rotation and review 3 cases after the rotation. One two week session will be monitored.***

**Scope of Practice/Privileges** Privileges include being able to admit, diagnose, and provide treatment to patients with neoplasia in any organ, including the provision of consultation. Physicians with these privileges have the highest level of competence in Medical Oncology on a par with that considered appropriate for a subspecialist. They are qualified to act as consultants and should, in turn, request consultation whenever needed.

**Privileges also include the following representative list, but it is not intended to be all-encompassing, but rather to reflect the categories/types of patient problems included in the description of privileges.**

- Admit, evaluate, diagnose, consult, and treat on inpatient/outpatient basis, patients of all ages with oncologic disorders
- Biological products, administration through all therapeutic routes
- Blood count, measurement of, including: - platelets differential; - use of automated or manual techniques w/appropriate quality control; - white cell differential
- Bone marrow aspirations and biopsy
- Correlate clinical information with the findings of: - cytology; - histology; - imaging techniques; - immunodiagnostic techniques
- Cytochemical studies
- Hormonal therapies, indications/limitations
- HIV-related malignancies

- Interpretation of the results of imaging of tumors, including: computed tomography, magnetic resonance, nuclear imaging techniques
  - Immunocompromised patients, manage
  - Immunophenotyping
  - Leukopheresis
  - Lymph node aspiration
  - Needle aspirates of superficial nodes and masses
  - Needle or tru-cut biopsy of subcutaneous nodes and tumor or masses
  - Neutropenic patient
  - Ordering and/or administration of chemotherapy, including by oral, intramuscular, intravenous, intraarterial, and intrathecal routes. (Additional requirements from Pharmacy & Therapeutic Committee must be met.)
  - Organ specific cancers, multidisciplinary
  - Paraneoplastic disorders, recognize
  - Radiation therapy for cancer, indications/limitations
  - Research and non-research treatment protocols
  - Skin biopsies
  - Supportive care, including: disease, hematologic, infectious, nutritional
  - Therapeutic phlebotomy
- Requested (Applicant)**                       **Not Requested (Applicant)**
- Recommended approval (Service Chief/Chair)**

## LEVEL II – HEMATOPOIETIC STEM CELL TRANSPLANTATION

**Minimum Training and Experience:** These privileges require specialty training and are not considered part of the standard core privileges. A practicing specialist in the field of hematopoietic stem cell transplantation must have either an MD or DO degree. Must have completed an approved residency program in Internal Medicine (with appropriate American Board certification within 5 years of initial appointment) and a fellowship experience in Adult Medical Oncology (Board certification within 5 years of initial appointment). In addition, the applicant must have had six months of specialized training in hematopoietic stem cell transplantation with the management of at least 20 patients each undergoing allogeneic and autologous hematopoietic stem cell transplantation which involves myeloablative and non-myeloablative preparative treatment, and the management of post-transplant complications including acute and chronic graft-versus-host-disease (GVHD) and infections common to immunocompromised individuals.

**Scope of Practice/Privileges** Privileges include being able to admit, perform comprehensive evaluation, diagnose, and provide treatment to patients with malignant and nonmalignant disorders for which hematopoietic stem cell transplantation therapy is indicated, including the provision of consultation.

This includes the administration of ablative and nonablative chemotherapy accompanied by autologous or allogeneic hematopoietic stem cell transplantation and the harvest of hematopoietic stem cells from peripheral blood and bone marrow.

Physicians with privileges in hematopoietic stem cell transplantation may care for patients who are being evaluated for, are undergoing, or have undergone hematopoietic stem cell transplantation. This includes the care of patients with complications referable to hematopoietic stem cell therapy including acute and chronic graft-versus-host disease, and infectious complications of this treatment.

**FPPE Requirements (New Hire of Add Privileges):** *Outpatient monitoring activity: 3 cases/month for 6 months. Monitor will schedule one 1hr meeting/month to review cases and discuss upcoming clinics (i.e., conduct prospective and retrospective review at name meeting).* *Inpatient monitoring activity: Monitor will meet with faculty member before each 15 day inpatient rotation, be available during the rotation and review 3 cases after the rotation. One two week session will be monitored.*

- Requested (Applicant)                       Not Requested (Applicant)
  
- Recommended approval (Service Chief/Chair)

**SPECIAL PRIVILEGES**

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

- ▶ FLUOROSCOPY
- ▶ LASER
- ▶ ROBOTIC SURGICAL PLATFORM
- ▶ SEDATION PRIVILEGES FOR A NON-ANESTHESIOLOGIST

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

**TO BE COMPLETED BY APPLICANT:**

I meet the previously stated minimum criteria and request that my application be considered for the privileges as outlined above. I authorize and release from liability, any hospital, licensing board, certification board, individual or institution who in good faith and without malice, provides necessary information for the verification of my professional credentials for membership to the Medical Staff of The University of Michigan Health System.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DEPARTMENT ACTION:**

Approval: \_\_\_ As Requested    \_\_\_ As modified, explain \_\_\_\_\_

I have reviewed and/or discussed the privileges requested and find them to be commensurate with his/her training and experience, and recommend that his/her application proceed.

Justification for approval is based on careful review of the applicant's education, postgraduate clinical training, demonstrated clinical proficiency and Board Certification or qualifications to sit for the Boards.

Department Chair: \_\_\_\_\_ Date \_\_\_\_\_ Service Chief: \_\_\_\_\_ Date \_\_\_\_\_

**CREDENTIALS COMMITTEE ACTION:**

Approval: \_\_\_ As Requested    \_\_\_ Disapproved, explain \_\_\_\_\_

Credentials Committee Member: \_\_\_\_\_ Date \_\_\_\_\_

**EXECUTIVE COMMITTEE ON CLINICAL AFFAIRS ACTION:**

Approval: \_\_\_ As Requested    \_\_\_ Disapproved, explain \_\_\_\_\_

ECCA Member: \_\_\_\_\_ Date: \_\_\_\_\_