

SECTION 1. ORGANIZATION OF DEPARTMENT OF FAMILY MEDICINE

- A. The Department of Family Medicine shall be organized as established in Article - 10 of the Bylaws of the Medical Staff.
- B. All important business matters requiring action by the full Department of Family Medicine, in the judgment of the Chief of the Department of Family Medicine, will be voted on by e-mail ballot.

SECTION 2. MEMBERSHIP

- A. Members of the Department of Family Medicine will be assigned in accordance with Article 10 of the Bylaws of the Medical Staff and Rule 5 of the Medical Staff Rules.
- B. Membership in this department shall consist of those physicians in the community who considers their main interest in the practice of medicine to be in Family Medicine.
- C. For those members who joined or join the Medical Staff after January 1, 2008;
 - 1. Completion of an ACGME or AOA -(Accreditation Council for Graduate Medical Education or American Osteopathic Association) approved residency post-graduate training program in Family Medicine;
 - 2. At the time of application to the Medical Staff must hold a valid California medical license and possess current certification by the Family Medicine specialty Board, which must be a member of the American Board of Medical Specialties or the Advisory Board for Osteopathic Specialties.
 - a. This requirement may be held in abeyance for applicants or members who have recently completed their training program pending initial Board certification. In this case, the certification exam must be passed within one year after the completion of the training or residency, or one year after the first opportunity to take the exam, or the member will be considered to have voluntarily resigned from the Medical Staff and will not be entitled to hearing and other procedural rights;
 - b. Previously Board Certified Applicants who have allowed their Family Medicine Board Certification to expire, shall have one year from the time of application to obtain Board Certification or the member will be considered to have voluntarily resigned from the medical staff.
 - 3. Satisfy the recertification requirements of the Family Medicine Board.

- D. Members who joined the Medical Staff prior to January 1, 2008 who met the board certification requirements at time of initial appointment; must satisfy the recertification requirements of the Family Medicine Board. Previously Board Certified Members who have allowed their Family Medicine Board Certification to expire, shall have one year from the time of expiration to obtain Board Certification or the member will be considered to have voluntarily resigned from the Medical Staff.

SECTION 3. FAMILY MEDICINE DEPARTMENTAL EXECUTIVE COMMITTEE

- A. The Family Medicine Departmental Executive Committee will be organized as established in 10 of the Bylaws and will fulfill the responsibilities thereof.
- B. Membership of the Family Medicine Departmental Executive Committee shall include:
1. Departmental Chief
 2. Departmental Chief Elect
 3. Immediate Past Departmental Chief
 4. Medical Director or Designee
 5. Four (4) Department Members, serving two years each
 6. Director of Family Medicine Residency
 7. Academic Family Medicine Center Medical Director or designee
 8. Resident Representative -Ex-Officio Member
 9. Family Medicine Faculty -Ex-Officio Member
- C. Will hold meetings as established in Article 11 of the Bylaws and will enforce meeting attendance requirements thereof.

SECTION 4. DEPARTMENT MEETINGS

- A. The department shall meet as often as necessary at the call of the Department Chief but at least annually.
- B. There will be weekly clinical conferences, which will include lectures, case presentations and review of selected deaths, unimproved patients, complications and errors in diagnosis and treatment.

SECTION 5. PRIVILEGE GRANTING AND RENEWAL

- A. All recommendations for either the initial granting or renewal of privileges will be accomplished following the process established in Article 5 and Article 7 of the Bylaws.

- B. Privileges will be reviewed and recommended by the Department Chief based upon documented evidence of training and experience with quality assurance results being used in the reappointment and reappraisal process.
- C. All requests for additional clinical privileges, accompanied by supporting documentation, must be submitted in writing to the Department Chief via the Medical Staff Office.
- D. Recommendations for privileges within the Department will be recommended by the Department Chief and Executive Committee of the Medical Staff, with final action taken by the Governing Board.
- E. It is the responsibility of each physician treating patients in the hospital to have privileges currently applicable for the condition he/she is treating. Consultations are required for patients with complex, severe or life-threatening illnesses.
- F. In order to maintain departmental privileges it is necessary to demonstrate competency of the electronic health record (EHR). Failure to do so will result in administrative suspension per the Medical Staff Bylaws, Section 13.3-6.

SECTION 6. QUALIFICATIONS FOR PHYSICIAN-IN-TRAINING PRIVILEGES IN DEPARTMENT OF FAMILY MEDICINE

- A. Physicians who are licensed by the State of California and are currently in good standing in the VCMC Family Medicine Training Program may apply for membership in the Department of Family Medicine with Physician-In-Training privileges. In addition to their completed application for Department membership, the application must have a letter in support of their membership and privileges from the Residency Program Director.

Physician-In-Training privileges are designated on the Department of Family Medicine Privilege Checklist.

SECTION 7. PROCTORING

- A. In accordance with Article 7 of the Medical Staff Bylaws, the Medical Staff Office, under the direction of the Chief of the Department, will assign proctors to all new applications or when a privilege has been approved not previously held by a member. Only Medical Staff members may proctor other members of the Medical Staff.

1. INPATIENT

The proctor(s) shall have sufficient expertise to judge the quality of work being performed by the applicant or member.

A minimum duration of proctoring shall be as outlined in the Family Medicine

privilege checklist. During the period of proctoring every effort will be made to directly observe every case involving the new application. Retrospective evaluation of performance may be utilized as a supplement, but should not substitute for direct observation. Proctoring should involve an evaluation of all aspects of management of any case.

When proctoring is complete as outlined above, a written report shall be prepared for the Chief which describes the type and number of cases observed and evaluation of the applicant's performance.

2. OUTPATIENT

In certain circumstances, some Family Medicine member's privileges will be primarily on an outpatient basis. For these physicians, the department chief or designee will review retrospectively an adequate amount of pediatric, general medicine, gynecologic, and if appropriate, obstetric charts. When found to be competent, physician will be released from outpatient proctoring. Certain procedures may require direct observation.

Approval:

FM Committee: 01/2008; 05/2011; 01/2014; 07/2016

Medical Exec Committee: 02/2008; 06/2011; 02/2014; 08/2016