

## **Section 4.2 Qualifications for Appointment**

Membership on the Medical Staff will be granted based on the qualifications of an applicant, the needs of the System, and successful completion of a Medical Staff application. Individuals in Administration positions at the System who desire Medical Staff membership or Clinical Privileges are subject to the same standards and procedures as any other applicant for membership or Clinical Privileges. No applicant shall be entitled to membership on the Medical Staff or to the exercise of particular Clinical Privileges at the System merely by virtue of the fact that the applicant is duly licensed to practice medicine or dentistry in this or any other state, or is a member of some professional organization, or has had in the past or presently has, such privileges at another hospital or at GHS in the past. The Members of the Medical Staff shall conduct themselves in the highest ethical tradition consistent with the ethical standards of the American Medical Association, American Osteopathic Association, American Dental Association, American Psychological Association and the GHS Code of Ethics. Appointments shall be contingent upon the applicant or Member obtaining and maintaining a Faculty Appointment or a Clinical Faculty Appointment from an Affiliated Medical School except as described in Article 7.

**A.** For Physicians and Dentists, as applicable, an applicant for membership on the Medical Staff shall meet the following minimum qualifications:

**(i)** Have and maintain a license in good standing from the Medical Board or from the Georgia Board of Dentistry authorizing the individual to practice medicine, dentistry, or oral-maxillofacial surgery in the state of Georgia, which license is not currently subject to any suspension, revocation, probation, discipline, modification or restriction.

**(ii)** Be a graduate of an approved medical, osteopathic, or dental school or be certified by the Education Council for Foreign Medical Graduates, (“ECFMG”) or have a fifth pathway certificate and have passed the foreign medical graduate examination in the medical sciences. For purposes of this section, an “approved school” is one fully accredited during the time of the applicant’s attendance by the Liaison Committee on Medical Education, by the American Osteopathic Association, by the Commission on Dental Accreditation, or by a successor agency to any of the foregoing.

**(iii)** Applicant must have satisfactorily completed an approved post-graduate training program. For purposes of this section, an “approved” post-graduate training program is one “fully accredited” throughout the time of the applicant’s training by the Accreditation Council on Graduate Medical Education, by the Commission on Dental Accreditation, or by a successor agency to any of the foregoing. (The requirement for an approved post-graduate training program shall be waived for a Physician who is certified by a board that is a member of the American Board of Medical Specialties or the American Board Osteopathic Medicine.)

**(iv)** Have and maintain Board Certification by the appropriate specialty board admissible for such certification and become Board Certified within three (3) years of

becoming eligible. Notwithstanding the above, the following persons shall not be required to obtain Board Certification as a qualification for Medical Staff membership.

**(a)** An applicant who is able to provide comparable alternate proof of competency, training, and education satisfactory to the Medical Executive Committee and the Board, which may include evidence of teaching appointments at accredited medical or dental schools, significant publication in his/her specialty area in recognized medical or scientific journals, or similar proof of widely renowned ability and professional reputation. The applicant shall have the burden of proving to the Medical Executive Committee and the Board that such alternate criteria are comparable to Board Certification requirements of the American Board of Medical Specialties and must provide such proof at the time of application for appointment; or

**(b)** A Dentist practicing in an area, including general dentistry, for which Board Certification is not available.

**B.** For Psychologists, applicants for membership on the Medical Staff shall be:

**(i)** Certified in their primary area of practice by the American Board of Professional Psychology. Those applicants who are not Board Certified at time of application shall be eligible for appointment to the Medical Staff. However, in order to remain eligible, those applicants must achieve Board Certification within seven (7) years from the date of Board approval of their initial appointment.

**(ii)** Psychologists must maintain such certification, including satisfying any recertification requirements of the American Board of Professional Psychology.

**(iii)** Consideration will be given to exception to the Board Certification requirement for those Psychologists practicing in a subspecialty for which there is no applicable or appropriate Board Certification.

**C.** All Applicants shall:

**(i)** Be able to document his/her background experience, training and demonstrate current competence, with sufficient adequacy to demonstrate to the Medical Executive Committee and the Board that any patient treated by him/her at GHS in the exercise of the Clinical Privileges requested will receive care at the generally recognized professional level of quality, and efficiency, consistent with current medical knowledge and clinical experience, and to discharge the other responsibilities of Medical Staff membership.

**(ii)** Have demonstrated an ability and willingness to conform to the Bylaws and Rules and Regulations of other medical institutions with which the applicant or Member has been associated, and to perform his/her Medical Staff responsibilities at such institutions.

(iii) Have demonstrated an ability to relate professionally and work cooperatively with peers and others in institutional settings in which the person has worked and the ability to refrain from disruptive behavior that has or could interfere with patient care or the operation of GHS and its Medical Staff.

(iv) Agree to abide by the Bylaws and Rules and Regulations of the Medical Staff.

(v) Have demonstrated a willingness and ability to conform to the standards for utilization and quality assessment that are established by GHS, the Medical Staff, peer review organizations and payers.

(vi) Agree to provide continuous care to the patients of the System.

(vii) Have not been convicted of Medicare, Medicaid, or other governmental or private third-party payer fraud or program abuse.

(viii) Have not been excluded or precluded from participation in any governmental or private health benefit program.

(ix) Have not had any Medical Staff appointment or Clinical Privileges denied, revoked, resigned, modified, restricted, suspended, relinquished, or terminated by any health care facility or payer for reasons related to clinical competence or professional conduct, and have never resigned appointment or relinquished Privileges during a Medical Staff investigation or in exchange for not conducting such an investigation.

(x) Have not been convicted of, or entered a plea of guilty or no contest to any felony or to any misdemeanor relating to child abuse or violence.

The foregoing qualifications shall not be deemed exclusive of other qualifications and conditions deemed by the Medical Staff or the Board to be relevant in considering an applicant's or Member qualifications for exercising Clinical Privileges at GHS.

**D.** Coverage Physicians shall not be required to have a Faculty Appointment or to have completed a residency or fellowship in order to provide services at GHS as a Coverage Physician but shall be required to meet all the other applicable Qualifications for Appointment of this Article 4.

### **Section 4.3 Term of Membership**

Medical Staff membership terms are for a period of no longer than two (2) years except that the Medical Executive Committee with the approval of the Board may set a more frequent reappraisal period for particular Clinical Privileges.

#### **Section 4.4 Application**

The application for Membership on the Medical Staff shall be in writing, shall be signed by the applicant, and shall be submitted to the Medical Staff Affairs Division on a form specified by the Medical Staff Credentialing Policies and Procedures.

**A.** Any applicant applying for appointment to the Medical Staff, by doing so:

(i) Signifies his or her willingness, if requested, to appear before and be examined by a Committee of the Medical Staff and the Board about any aspect of his or her application;

(ii) Authorizes the Medical Staff to contact hospitals, health care facilities, academic institutions, payers and other entities with which the applicant has been associated and to contact other individuals and organizations who may have information bearing on his or her competence, character, and ethical qualifications;

(iii) Attests to his or her physical, emotional, and mental status; and

(iv) Consents to the Medical Staff's and the Board's inspection of all records and documents that may be material to an evaluation of his or her professional qualifications and competence to carry out the Clinical Privileges he or she requests, and to his or her moral and ethical qualifications for Medical Staff Membership.

**B.** All applicants shall release from any liability GMHC, its employees, contractors, agents, the Board and all Board members, the Medical Staff and its Practitioners and all individuals and organizations who provide information, including otherwise privileged or confidential information, in good faith and without malice concerning the applicant's competence, ethics, character, and other qualifications for Medical Staff appointment and Clinical Privileges. If requested by the Board or the Executive Vice President, each Practitioner shall execute a specific release, if needed by a Medical Staff Committee to process or maintain staff appointments or requests for Clinical Privileges.

#### **Section 4.5 Applicant's Burden**

The applicant shall have the burden of producing adequate information, records, and documents required by these Bylaws, the Rules and Regulations, and GHS Policies and Procedures for a proper evaluation of his or her competence, character, ethics, and other qualifications. An application shall not be considered completed for purposes of processing until the applicant provides all such information as defined therein and GHS deems it complete.

#### **Section 4.6 Applicant's Agreement**

By applying for appointment or reappointment to the Medical Staff, the applicant agrees to be bound by these Bylaws and Rules and Regulations. Also, by applying for appointment to the Medical Staff, the applicant agrees that if the Medical Executive Committee's decision on appointment is adverse to the applicant's membership, staff status, and/or Clinical Privileges, he or she will exhaust the hearing and appeal rights set forth in these Bylaws before resorting to legal action.

At least thirty (30) working days prior to the filing or initiation of any legal action, the applicant shall notify the President/CEO, the Executive Vice President, the Board and the Affiliated Medical School, if applicable, of his or her intended action, setting forth therein the basis for such action and the specifics to be charged and alleged.

#### **Section 4.7 Appointment Process**

Upon receipt of any appointment, reappointment or any request for initial or increased Clinical Privileges, the appropriate Chief, one of the Credentials Committees, and the Medical Executive Committee will review and recommend appointment, reappointment, or a request for initial or increased Clinical Privileges to the Board. Whenever the Board's decision on appointment, reappointment or initial or increased Clinical Privileges is contrary to a favorable recommendation of the Medical Executive Committee, notice to the applicant shall be given and the hearing and appeal procedures set forth in these Bylaws shall be available.

#### **Section 4.8 Reappointment Process**

##### **Section 4.8.1 Conditions**

All reappointments shall be for a period not more than two (2) years. Any Member who desires reappointment shall, within the time provided in the Medical Staff Credentialing Policies and Procedures, return his or her interval information form to the Medical Staff Affairs Division. Failure to reapply for reappointment to the Medical Staff after receiving notice prescribed in the Medical Staff Credentialing Policies and Procedures shall be deemed a voluntary resignation from the Medical Staff and shall result in discontinuation of membership at the expiration of the Member's current term of appointment. Notwithstanding anything in these Bylaws and Rules and Regulations, it is the Member's responsibility to apply for reappointment as specified in these Bylaws and Rules and Regulations and the Medical Staff Credentialing Policies and Procedures. Voluntary resignation is not an adverse action and shall not entitle the Member to the hearing and appeal procedural rights provided in these Bylaws and Rules and Regulations. The Medical Executive Committee shall make periodic reports to the Board through the Executive Vice President of Medical Affairs, recommending reappointment or non-reappointment and recommending Clinical Privileges (including increase or curtailment) of each Member of the Medical Staff for the ensuing term of their respective reappointments. When the recommendation of the Medical Executive Committee is denial of re-appointment or a change in Clinical Privileges, the reasons for such recommendations shall be delivered to the applicant pursuant to these Bylaws. Thereafter, the procedure provided in these Bylaws, relating to recommendations on applications for appointment shall be followed.

##### **Section 4.8.2 Change in Staff Category**

- A. A Member may request a change in staff category in writing specifying the reason for the request to either the Medical Staff Affairs Division office or the Hughes Spalding Credentialing Office, which will forward the request together with a recommendation from the Chief of Service to one of the Credentials Committees for review prior to submission to the MEC.