Hospital Name

address

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| Department: Medical Staff  | Policy No. |
| Policy: Reappointment Policy | Approvals: |
| Effective Date: | Medical Staff: |
|  | Governing Board: |

**Policy: Reappointment to the Medical Staff**

All appointments (except provisional) are for a period not to exceed two years. At least three months before the expiration date of a medical staff appointment, the chief executive officer will notify the appointee of the date of expiration and supply him or her with an application for reappointment packet.

**Information collection and verification**

From appointees: At least 60 days before the expiration date of his or her appointment, the appointee shall provide the hospital with the following information:

• complete information to update his or her file on items listed in his or her original application;

• continuing training and education external to the hospital during the preceding period;

• specific request for the clinical privileges sought on reappointment, with any basis for changes; and

• requests for changes in staff category or department assignments.

If the appointee fails, without good cause, to provide this information, the hospital will deem the failure a voluntary resignation from the medical staff, and the appointment will automatically expire unless the credentials committee explicitly extends the appointment for not more than two 30-day periods.

The medical staff office will verify this additional information and notify the appointee of any inadequacies in the information or verification problems. The appointee will have the burden of producing adequate information and resolving any doubts about the data.

**From internal and/or external sources**:

The medical staff office will collect the following information regarding the appointee's professional and collegial activities:

• currency of licensure and registrations;

• professional board certification status;

• any pending or completed disciplinary actions or sanctions; and

• performance and conduct in this hospital and/or other healthcare organizations, including his or her

-patterns of care as demonstrated in findings of quality,

-assessment/performance improvement activities,

-clinical judgment and skills in the treatment of patients,

-behavior and cooperation with hospital personnel, patients, and visitors,

-medical records/hospital reports completion,

-satisfactory completion of 40 hours of continuing medical education activities,

-attendance at required medical staff and department meetings,

-service on medical staff, department, and hospital committees,

-timely and accurate completion of medical records, and

-compliance with all applicable bylaws, policies, rules, regulations, and procedures of the hospital and staff.

The hospital shall review and verify the above information according to the Initial Appointment Policy.

The medical staff coordinator will compile a summary of clinical activity at this hospital for each appointee due for reappointment.

**Procedure for processing applications for reappointment**

The medical staff office shall notify the quality improvement department of the need to collect all pertinent medical staff committee minutes and studies and to prepare a summary of findings for the appointee.

The medical staff office shall send the complete file, including all documentation mentioned above, to the chair of each department in which the staff appointee requests or has exercised privileges.

**Credentials committee action**:

The credentials committee will review the appointee's file, department reports, and all other relevant information and forward to the medical executive committee (MEC) a written report with recommendations regarding

• reappointment,

• staff category,

• department assignment, and

• clinical privileges.

The credentials committee will follow the decision process outlined in the Initial Appointment Policy.

**MEC action:**

The MEC will review the appointee's file, the department report(s), credentials committee report(s), and all relevant information available to it and forward to the board a written report with recommendations for

• reappointment,

• staff category,

• department assignment, and

• clinical privileges.

The MEC shall follow the decision process outlined in the Initial Appointment Policy.

If the MEC's recommendation is deemed adverse, no such adverse recommendation will be forwarded to the board until after the practitioner has exercised or has waived his or her right to a hearing as provided in the medical staff bylaws.

Final processing and governing board action: To complete processing of the application, the hospital shall follow the procedures in the Initial Appointment Policy with the following changes:

• an "adverse recommendation" by the board will mean a recommendation or action to

-deny reappointment,

-deny a requested change in the appointee's staff category or department assignment,

-change, without the staff appointee's consent, his or her staff category or department assignment, or

-deny or restrict requested clinical privileges; and

• the terms "applicant" and "appointment," as used in these sections, shall be read respectively, as "appointee" and "reappointment".