

## Temporary Privileges Policy – SAMPLE

Subject: Temporary Privileges Policy  
Number: \_\_\_\_\_  
Effective date: \_\_\_\_\_  
Supersedes SPP: \_\_\_\_\_  
Approved by: \_\_\_\_\_  
(Signature) \_\_\_\_\_ Date \_\_\_\_\_  
Distribution: \_\_\_\_\_

### I. STATEMENT OF PURPOSE

To delineate the circumstances when temporary privileges may be granted and to establish the method for processing temporary privileges.

To stipulate the minimum information required prior to determining whether temporary privileges will be granted, consistent with the medical staff bylaws.

### II. POLICY

Temporary privileges may be granted only:

- Under the circumstances described in this policy;
- Upon written request of the practitioner;
- To an appropriately licensed practitioner; or
- When the verified information reasonably supports a favorable recommendation regarding the requesting practitioner's qualifications, ability, and judgment to exercise the privileges requested.

All temporary privileges are granted by the chief executive officer (CEO) or authorized designee, based on the recommendation of the medical staff president or authorized designee. Temporary privileges may be granted in the following circumstances:

1. To fulfill an important patient care, treatment, and service need:

- A practitioner on the medical staff becomes ill or takes a leave of absence and a licensed independent practitioner is needed to cover his/her practice until he/she returns.
- *Locum tenens*: A *locum tenens* practitioner working for a medical staff member to fulfill an important patient care need may be granted temporary privileges for a limited time. Such privileges are limited to treating the patients of the medical staff member for whom this practitioner is serving as *locum tenens*.
- An outside practitioner needs temporary privileges to help manage a patient with a specific medical problem. The outside practitioner brings expertise that the medical staff of the healthcare organization does not have.

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Updated: January 2019

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### 2. Pendency of Application

When a new applicant has submitted a complete application that raises no concerns and the application is awaiting review and approval of the medical staff executive committee and the governing body, temporary privileges may be granted for a limited period of time, as set forth in the medical staff bylaws, but under no circumstances shall temporary privileges be granted for more than 120 days.

### III. PROCEDURES

- A. Temporary privileges may be granted according to the medical staff bylaws.
- B. The following information must be obtained before a decision regarding temporary privileges can be made:
  - Current licensure
  - Relevant training and experience
  - Current competence
  - Ability to perform the privileges requested
  - Other criteria required by the organized medical staff bylaws
  - A National Practitioner Data Bank (NPDB) query and evaluation of the information received
  - A complete application
  - No current or previously successful challenge to licensure or registration
  - No subjection to involuntary termination of medical staff membership at another organization
  - No subjection to involuntary limitation, reduction, denial, or loss of clinical privileges.
- C. The temporary privileges will be approved for a specified number of days, not to exceed 120 days.
- D. Upon final approval of the temporary privileges, the medical staff services office will inform all necessary individuals and departments within the organization regarding the approval of temporary privileges.
- E. Temporary privileges are not to be used at the time of reappointment when/if the licensed independent practitioner (physician) fails to provide all of the necessary information or the medical staff services office fails to verify the information in a timely manner.
- F. The medical staff bylaws should state that any existing medical staff member with clinical privileges is “temporarily privileged” to provide any type of patient care necessary as a life-saving measure or to prevent serious harm, regardless of his/her current clinical privileges, as long as the care delivered is within the scope of the medical staff member’s existing license.

### Reference:

The Joint Commission, *Accreditation Requirements – Hospital Program*, Standard MS.06.01.13, The Joint Commission, Joint Commission Resources, Oakbrook Terrace, IL, Effective January 1, 2019.

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