

RULES AND REGULATIONS

THORACIC SURGERY SECTION

SHADY GROVE ADVENTIST HOSPITAL

NAME AND OBJECTIVES:

The name of the section shall be the Thoracic Surgery Section of the Department of Surgery. The objectives shall be to insure the practice of the highest quality in the field of cardiovascular and thoracic surgery.

MEMBERSHIP:

Membership in the section and privileges to practice shall be open to those physicians who are board certified or eligible in Thoracic Surgery. A person who is board eligible in thoracic surgery shall have three years from the time of his eligibility to become certified, after which, his/her continued membership in the section will be reviewed.

OFFICERS:

The Chair selected from the Active Staff. Duties: to insure the proper functioning of the section, the day to day management of any problems, to request and insure the adequacy of instrumentation, to review applications for membership to the section and to insure adequate Emergency Room coverage. The Chair shall be elected yearly by the Active and Associate Staff and can hold office for a maximum of three years in succession, unless there are no other candidates willing to assume office, or who cannot assume office by virtue of not being on the Active Staff. If the Chair of the section is a vascular surgeon not doing thoracic surgery, the decision to grant privileges in thoracic surgery shall be made by a thoracic surgeon appointed by the Chair to review the credentialing. Similarly, if the Chair of the section is a thoracic surgeon not doing vascular surgery, the decision to grant privileges in vascular surgery shall be made by a vascular surgeon appointed by the Chair.

Vice Chair/Secretary: Appointed by the Chair. Duties: to assist the Chair in the function of his/her responsibilities and to act in the absence of the Chair.

Emergency Room Coverage shall be primarily the duty of the Active and Associate Staff but no member will be compelled to take Emergency Room call. If it is felt that there is a need for Emergency room coverage, all members of the section shall be invited to be on the roster and share this responsibility and privilege.

Meetings shall be held twice yearly and as necessary to take care of any problems that may arise.

Board Certification Status: Effective May 21, 2000, new MD, DO, DPM, and DMD/DDS (Oral Surgeons only) applicants to the medical and affiliate staff must be board certified or board admissible. Effective June 27, 2005, all MD, DO, DPM, and DMD/DDS (Oral Surgeons Only) applicants who completed their residency program after January 1, 1990 must be board certified or board admissible by the appropriate Board recognized by the American Board of Medical Specialties or by the American Board of Oral and Maxillofacial Surgery or by the American Board of Podiatric Surgery pertinent to their field of expertise and request for privileges. Effective August 30, 2006, the American Osteopathic Association Boards (AOA) are considered equivalent to the American Board of Medical Specialties (AMBS) Boards for the purposes of credentialing and are accepted for membership and privileges. In the case of new applicants who are graduates from residency/fellowship programs and are board admissible, board certifications must be achieved within 5 years of completion of their residency/fellowship. Failure to achieve certification within the 5-year grace period will result in automatic termination of medical staff membership and clinical privileges at reappointment anniversary.

Board Recertification: Effective January 1, 2006, all new applicants who have completed residency in the year 2005 or after must comply with the re-certification requirements of their Board in their primary area of practice.

Annual/Biannual Medical Staff Dues

All medical staff members are required to pay annual/biannual medical staff dues (with the exception of Emeritus Status members). Please note there is no refund of medical staff dues.

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Revised: 11/10/99; 3/28/07