

Manual: Hospital and Hospital Clinics

Chapter: Medical Staff MS

**Topic: Reappointment and Re-privileging - Dates**

# How are reappointment/re-privileging dates determined ?

*Any examples are for illustrative purposes only.*

## **Due Dates**

Reappointment/re-privileging is due no later than three<sup>^</sup> years from the same date from the previous appointment or reappointment, or for a period required by law or regulation if shorter. For example, if the reappointment period is July 1, 2021 through June 30, 2024, the reappointment date would be July 1, 2024.



## Governing Body Approval Dates

The reappointment/re-privileging dates do not need to match the governing body approval dates. The governing body should be approving effective periods in advance of the expiration date. For example, in June, the board would approve all July reappointments/reprivileging effective periods and in July the board would be approving all August reappointments/re-privileging effective periods. It would not be necessary to keep changing the effective period to match the date the board actually met and approved the appointment/reappointment or privileges.

^ Additional information will be published in the December 2022 Perspectives Newsletter regarding a change to the reprivileging/reappointment time frame. The change will also be reflected in a future release date of the accreditation manuals.

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Reflects new or updated requirements

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Medical staff.

The purpose of this section is to establish the development of a medical staff structure, consistent with clinical competence, to ensure a safe patient care environment.

The medical staff must:

- (1) Adopt bylaws, rules, regulations, and organizational structure that address:
  - (a) Qualifications for membership;
  - (b) Verification of application data;
  - (c) Appointment and reappointment process;
  - (d) Length of appointment and reappointment;
  - (e) Granting of delineated clinical privileges;
  - (f) Provision for continuous patient care;
  - (g) Assessment of credentialed practitioner's performance;
  - (h) Due process;
  - (i) Reporting practitioners according to RCW 70.41.210; and
  - (j) Provide for medical staff communication and conflict resolution with the governing authority;
- (2) Forward medical staff recommendations for membership and clinical privileges to the governing authority for action.

[Statutory Authority: Chapter 70.41 RCW and RCW 43.70.040. WSR 09-07-050, § 246-320-161, filed 3/11/09, effective 4/11/09.]

#### **§ 482.22 Condition of participation: Medical staff.**

The hospital must have an organized medical staff that operates under bylaws approved by the governing body, and which is responsible for the quality of medical care provided to patients by the hospital.

- (a) **Standard: Eligibility and process for appointment to medical staff.** The medical staff must be composed of doctors of medicine or osteopathy. In accordance with State law, including scope-of-practice laws, the medical staff may also include other categories of physicians (as listed at § 482.12(c)(1)) and non-physician practitioners who are determined to be eligible for appointment by the governing body.
  - (1) The medical staff must periodically conduct appraisals of its members.
  - (2) The medical staff must examine the credentials of all eligible candidates for medical staff membership and make recommendations to the governing body on the appointment of these candidates in accordance with State law, including scope-of-practice laws, and the medical staff bylaws, rules, and regulations. A candidate who has been recommended by the medical staff and who has been appointed by the governing body is subject to all medical staff bylaws, rules, and regulations, in addition to the requirements contained in this section.