# Full Clinical Departments of Family Practice: Their Relationship to Hospital Privileges in University Hospitals

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All 52 family practice residency programs that hospitalize patients at a university hospital were surveyed to determine how many have full clinical departments of family practice and what effect having a full clinical department has on hospital privileges. A full clinical department is defined as one in which all hospital privileges for family physicians are reviewed and recommended by the family practice department without need for review by other specialties, even when the requested privileges overlap with another specialty. Responses were received from 100 percent of the surveyed hospitals.

At 16 hospitals (30.8 percent) there is a full clinical department of family practice. When these hospitals were compared with the 36 (69.2 percent) at which there is no full clinical department, it was found that in every area of patient care, hospital privileges for family physicians are more extensive at hospitals with full clinical departments.

The American Academy of Family Physicians is currently promoting the formation of full clinical departments of family practice as a method for improving hospital privileges for its members. The results of this study suggest that promoting the formation of full clinical departments will be an effective intervention.

Increasing numbers of family physicians encounter difficulty obtaining hospital privileges, particularly in surgical, obstetrical, and critical care areas of hospitals.[1-3] Some family physicians are unable to obtain privileges for general adult inpatient care.[4]

Before 1976, the Joint Commission on Accreditation of Hospitals (JCAH) required all family physicians to request hospital privileges from other specialty departments. For example, privileges to care for newborns would be granted to family physicians by pediatric departments, not family practice departments. In 1976, however, JCAH eliminated this restriction and granted family practice departments the ability to review and recommend hospital privileges for their own members.[5] Nonetheless, a requirement that family physicians obtain privileges from departments

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other than their own is still found in the bylaws of many hospitals.

In response to these problems, the American Academy of Family Physicians (AAFP) has been encouraging hospital family practice departments throughout the country to gain control over granting privileges to their members. A series of AAFP-sponsored workshops was held in various cities throughout the country during 1984 to educate family physicians about the issues.

The major goal of these workshops was to encourage the formation of "full clinical departments of family practice," which have the ability to review and recommend their members for hospital privileges for all standard clinical skills taught in family practice residencies. For example, the family practice department would review a physician's credentials for competence in performing vaginal deliveries and, if satisfactory, would recommend vaginal delivery privileges for that physician directly to the hospital's executive committee; no review by an obstetrician or a department of obstetrics would be necessary. A similar arrangement would exist for newborn care, coronary care, and so on. Privileges would be delineated by the family physician's own department, even when the skills involved overlap with other specialties.

Because of the emphasis AAFP has placed on the establishment of full clinical departments, it would be useful to know whether establishing such departments would, in fact, improve the privilege status of family physicians. This study was conducted to test the hypothesis that hospital privileges for family physicians are more extensive in hospitals with full clinical departments of family practice than in hospitals without them. A relatively homogeneous group of hospitals (all university hospitals with a family practice residency program) was surveyed to determine whether there was a difference in hospital privileges at hospitals with and without full clinical departments.

## Methods

### Subjects

Of the more than 350 family practice residency programs included in the *1983 Directory of Family Practice Residencies*,[6] 72 are listed as being located at or affiliated with a university hospital or medical school. Each of these programs had been contacted in a previous survey on hospital privileges,[4] and it was determined that only 52 of these programs use their university hospital for inpatient care of their patients. The directors of these 52 programs represent the study population for the present investigation. The remaining 20 of the 72 programs either do not use their university hospital at all (16 programs) or did not respond to the previous survey (4 programs).

### Questionnaire

A questionnaire was sent to the residency director of each of the 52 programs during the spring of 1984. The questionnaire requested each residency director to indicate whether the family practice department at their hospital was a full clinical department. A full clinical department was defined in the questionnaire as one in which "family physicians do not need to get approval for hospital privileges from specialists in other departments. For example, obstetricians do not need to approve family physicians' obstetric privileges. In a full clinical department, the family practice department recommends all hospital privileges for its members without the need for review by other departments. (It is, of course, assumed that privileges in all departments at your hospital are ultimately approved by the hospitals executive committee and board of directors.)"

Those program directors who stated that they did not have full clinical departments were asked to indicate the areas of patient care in which family physicians required approval from other specialties to obtain privileges. Questionnaires were returned by mail.

### Data Analysis

Responses to this questionnaire about full clinical departments were compared with responses to the previous questionnaire about family physicians' hospital privileges at each of the same 52 family practice residency programs.[4] The previous questionnaire survey was conducted less than one

**Table 1. Comparison of Hospital Privileges at Hospitals With and Without Full Clinical Departments**

| Patient Care Area | Percentage of Hospitals at Which Family Physicians Have Privileges | |
|---|---|---|
| | Full Clinical Department | |
| | Yes (n = 16) | No (n = 36) |
| General adult medicine | 100.0 | 91.7 |
| Adult intensive care | 75.0 | 41.7 |
| Coronary care | 62.5 | 38.9 |
| General pediatric care | 100.0 | 72.2 |
| Pediatric intensive care | 33.3 | 28.6 |
| Normal nursery | 100.0 | 76.5 |
| Routine obstetrics | 100.0 | 79.4 |
| High-risk obstetrics | 64.3 | 32.4 |

year before the current study. The data from the two questionnaires were used to determine whether family physicians at hospitals with full clinical departments are more likely than physicians at hospitals with limited departments to have privileges in each of the following areas of patient care: general adult medicine, adult intensive care, coronary care, general pediatrics, pediatric intensive care, normal nursery, routine obstetrics, and high-risk obstetrics.

## Results

Completed questionnaires were received from all 52 residency directors; therefore, the results include responses from 100 percent of family practice residency programs that are known to hospitalize patients at a university hospital.

Sixteen programs (30.8 percent) have full clinical departments as defined above. The remaining 36 programs (69.2 percent) do not have full clinical departments, and family physicians at those hospitals are required to obtain some or all of their privileges from departments other than their own.

At the 36 hospitals without full clinical departments, the privileges family physicians most commonly are required to obtain from other departments are in high-risk obstetrics (86.1 percent of the 36 hospitals), pediatric intensive care (72.7 percent), coronary care (69.4 percent), adult intensive care (66.7 percent), and routine obstetrics (66.7 percent). Approval by other departments for privileges to care for general adult and pediatric patients is required at 27.7 and 44.4 percent of these hospitals, respectively.

When privileges at hospitals with and without full clinical departments were compared, it was found that in every area of patient care family physicians are more likely to have privileges at hospitals with full clinical departments (Table 1). In several areas of patient care (adult intensive care, general pediatrics, normal nursery, and high-risk obstetrics), the differences between the hospitals with and without full clinical departments reached or approached statistical significance. Differences in pediatric intensive care were less remarkable; these privileges were uncommon among family physicians at both categories of hospitals.

When family physicians at hospitals with full clinical departments did not have certain hospital privileges, the reason for not having them was never the political inability to get them. In each case, family physicians did not have the privileges because either they felt that they were not qualified or they felt that it was inappropriate for them to render this type of patient care.[4] All situations in which privileges were desired but could not be obtained occurred at those hospitals where there was no full clinical department.

## Discussion

The results of this study support the hypothesis that family physicians at hospitals with full clinical departments have more extensive hospital privileges than family physicians at hospitals without full clinical departments. All the hospitals in this

survey were medical school or university hospitals utilized by family practice residency programs for hospitalization of their patients. By controlling for hospital type in this manner, the relationship between departmental structure (full vs not full) and extent of hospital privileges takes on increased significance, since the differences in clinical privileges cannot be attributed to inherent differences in the hospitals themselves.

On the other hand, the presence of a full clinical department may not be the direct cause of having more comprehensive hospital privileges. It may be that full clinical departments exist only at hospitals that have already resolved the necessary interdepartmental privilege issues. The presence of a full clinical department might, therefore, only be an indicator that a family practice department exists in a favorable political milieu.

Despite this uncertainty about cause and effect, the association in this study between full clinical departments and extent of hospital privileges was consistent in every area of patient care. The results of the study, therefore, reinforce the importance of AAFP's effort to promote the formation of full clinical departments of family practice at hospitals throughout the country.

Family practice is a recognized medical specialty that, according to JCAH, should be organized into hospital departments "with duties and responsibilities comparable to any other specialty department of the (hospital's) medical staff."[7] The results of the present survey, however, demonstrate that at the majority (69 percent) of university and medical school hospitals, family practice departments do not have such duties and responsibilities.

All other specialty departments have the prerogative of reviewing their own members for hospital privileges, even when the particular clinical privilege overlaps with other specialty departments. For example, both orthopedists and neurosurgeons are trained to perform laminectomies. Obstetrical ultrasound studies are performed by both obstetricians and radiologists, and fiberoptic bronchoscopy is performed by both surgeons and pulmonologists. In each case, the physicians involved obtain privileges through their own clinical departments; review and approval by the department with which overlap occurs is not generally necessary. At the majority of the university hospitals in this survey, however, family physicians can obtain privileges for clinical skills that overlap with other specialties only from the other specialty's department. Privileges for family physicians at these hospitals are less extensive than at hospitals at which family practice departments assign all privileges to their own members.

It should, of course, be noted that the results of this study may not apply to nonuniversity hospitals. The percentage of such hospitals at which there are full clinical departments of family practice is currently unknown. The AAFP, however, is currently surveying hospitals throughout the country to obtain this information.

## Conclusion

Full clinical departments of family practice, in which family physicians obtain all their patient care privileges from their own department rather than from other departments, exist at only a minority of university hospitals. At those hospitals with full clinical departments, however, family physicians are able to obtain more extensive hospital privileges than they can at institutions at which the family practice department is limited. Activities that promote the formation of full clinical departments of family practice are probably worthwhile.

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