The American College of Physicians Statements on Clinical Competence set forth the minimum criteria necessary for competent performance of specific procedures and are intended to facilitate assessments of physician competence during the course of privilege delineation decisions. To use the statements optimally, the following factors should be kept in mind.

1. There are at least four pathways to procedural competence:
   a. A physician who completes an accredited residency or fellowship program may achieve certification in the respective specialty, which implies that the physician's procedural skills and competence have been documented in writing. For example, the American Board of Internal Medicine has identified a number of procedures for which documented competence is a prerequisite to certification in internal medicine. This requirement is being implemented for subspecialty certification as well.
   b. A physician may successfully complete an accredited residency or fellowship program in which procedural competence may be documented, independent of certification.
   c. A physician may successfully complete an accredited residency or fellowship program in which the procedure is taught, but the physician's procedural competence is not documented in writing, necessitating special evaluation by, for example, inquiry to the program directors or direct observation of such skills by the credentialing institution.
   d. Due to changes in practice or technology, a physician may become skilled in a procedure subsequent to his or her formal training.

The ACP statements will be particularly useful in assessing the procedural competence of physicians who have taken pathway (b) or (c) and (d). Additionally, the statements will be useful in monitoring the ongoing competence of previously credentialed physicians for the purpose of renewing staff privileges.

2. It is likely that the statements may need to be modified over time, as medical practice changes and research defines more clearly the relationship between physician education, training, and experience on the one hand, and competence on the other. These are guidelines, not hard and fast rules, that will best serve their purpose when applied with consideration of the dynamic nature of medical practice.

3. These statements describe three equally important components of the educational process that should be considered in assessments of competence: the student's cognitive skills, the student's technical skills, and the qualities of the educator and of the educational milieu in which experience with the procedure was gained.

4. In many of the statements, a specific number of procedures that should be performed in order to attain competence is cited. It is important to note that the number of procedures performed is not the sole criterion for competence, but rather should be considered along with cognitive skills and educational experience. There has been little research on the relationship between experience and competence. But these numbers, based on the opinions of clinical experts and on the existing literature, provide the best estimate of the minimal amount of experience necessary for the competence of physicians beginning independent performance of the procedure on uncomplicated patients.

Because manual dexterity and other relevant skills differ among individuals, some may require significantly greater experience than is cited here in order to attain competence. Likewise, exceptional individuals may require less experience; those who request privileges based on significantly less experience should undergo special evaluation.

In many of these statements a specific number of procedures to be performed to attain competence is not suggested, because the literature and expert opinion fail to provide a consensus.

5. The American College of Physicians recognizes that much of the information demanded by the guidelines may not be readily accessible and may require a significant investment of time and effort on the part of those granting privileges. But in calling for such evaluations, the College hopes to encourage the development of systems to collect and utilize such information, to stimulate research, and to emphasize the importance of physicians' ethical and legal responsibility to uphold the quality of care.

These statements are guidelines only, intended to help hospitals and physicians uphold the quality of patient care by assuring the competence of medical staff mem-

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bers in using certain procedures. They are minimal, sug-
gested standards subject to the limitations noted, and
their use does not abrogate the responsibility of the or-
ganization using them to make a final determination of phy-
sician competence. The guidelines are intended to be
applied on a case-by-case basis in the context of well-
defined privilege delineation and peer review processes.

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