

UNMH Endocrinology, Diabetes, & Metabolism Clinical Privileges

Name:

Effective Dates: _____ To: _____

- Initial privileges (initial appointment)
- Renewal of privileges (reappointment)
- Expansion of privileges (modification)

All new applicants must meet the following requirements as approved by the UNMH Board of Trustees effective: 01/31/2014

INSTRUCTIONS

Applicant: Check off the "Requested" box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

Department Chair: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

OTHER REQUIREMENTS

1. Note that privileges granted may only be exercised at UNM Hospitals and clinics that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.
2. This document defines qualifications to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

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Qualifications for Endocrinology, Diabetes, and Metabolism

Initial applicants: To be eligible to apply for privileges in endocrinology, diabetes, and metabolism, the applicant must meet the following criteria:

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)– or American Osteopathic Association (AOA)–accredited residency in internal medicine, followed by successful completion of a fellowship in endocrinology, diabetes, and metabolism.

AND/OR

Current subspecialty certification or active participation in the examination process leading to subspecialty certification in endocrinology, diabetes, and metabolism by the American Board of Internal Medicine or Certificate of Special Qualifications in endocrinology by the American Osteopathic Board of Internal Medicine.

AND

Required current experience: Inpatient or consultative services, reflective of the scope of privileges requested, for at least 24 patients during the past 12 months, to include 5 thyroid biopsies, or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.

Renewal of privileges: To be eligible to renew privileges in endocrinology, diabetes, and metabolism, the applicant must meet the following criteria:

Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

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CORE PRIVILEGES: *Endocrinology, diabetes, and metabolism*

Admit, evaluate, diagnose, treat, and provide consultation to patients of all ages with injuries or disorders of the internal (endocrine) glands, such as the thyroid and adrenal glands. Includes management of disorders such as diabetes, metabolic, and nutritional disorders, obesity, pituitary diseases, and menstrual and sexual problems. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedures list and such other procedures that are extensions of the same techniques and skills.

Requested

Endocrinology, diabetes & metabolism core procedures list

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques.

To the applicant: If you wish to exclude any procedures, please strike through the procedures that you do not wish to request, and then initial and date.

1. Performance of history and physical exam
2. Interpretation of laboratory studies, including the effects of non-endocrine disorders
3. Interpretation of hormone assays
4. Performance of and interpret stimulation and suppression tests
5. Performance of fine-needle aspiration of the thyroid
6. Radiologic measurement of bone density and perform other tests used in the management of osteoporosis and other metabolic bone diseases
7. Interpret radiologic and other imaging studies for diagnosis and treatment of endocrine and metabolic diseases
8. Radionuclide localization of endocrine tissue
9. Ultrasonography of the soft tissues of the neck

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Acknowledgment of practitioner

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at UNM Hospitals and clinics, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Signed _____ Date _____

Division Chief recommendation

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and recommend action on the privileges as presently requested above.

Signed _____ Date _____

Patient Safety Officer recommendation

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and recommend action on the privileges as presently requested above.

Signed _____ Date _____

Department Chair recommendation

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- Recommend all requested privileges
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege Condition/Modification/Explanation

Notes:

Department Chair Signature _____ Date _____

Criteria approved by UNMH Board of Trustees on 01/31/2014