

UNMH Gastroenterology Clinical Privileges

Name: _____ Effective Dates: From _____ To _____

All new applicants must meet the following requirements as approved by the UNMH Board of Trustees, effective June 28, 2017:

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

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.

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.

QUALIFICATIONS FOR GASTROENTEROLOGY:

Initial Privileges: To be eligible to apply for privileges in gastroenterology, the applicant must meet the following criteria:

1. Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited fellowship in gastroenterology; **AND/OR**
2. Current certification in, or active participation in the examination process leading to certification in, gastroenterology by the American Board of Internal Medicine or completion of a certificate of special qualifications in gastroenterology by the American Osteopathic Board of Internal Medicine; **AND**
3. Required current experience: Inpatient or consultative services for an acceptable volume of patients, reflective of the scope of privileges requested, during the past twenty-four (24) months, or demonstrate successful completion of an ACGME- or AOA accredited residency or clinical fellowship within the past twelve (12) months.

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Renewal of Privileges: To be eligible to renew privileges in gastroenterology 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 twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES: Gastroenterology

Admit, evaluate, diagnose, treat, and provide consultation to patients of all ages with diseases, injuries, and disorders of the digestive organs, including the stomach, bowels, liver, gallbladder, and related structures such as the esophagus and pancreas, including the use of diagnostic and therapeutic procedures using endoscopes to see internal organs. 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 listed below and such other procedures that are extensions of the same technique and skill.

Requested

Gastroenterology Core Procedures List

This list is a sampling of procedures included in the gastroenterology core. This is not intended to be an all-encompassing list, but rather reflective of the categories/ types of procedures included in the core.

To the applicant: If you wish to exclude any procedures listed in the core, strike through then initial and date those procedures you do not wish to request.

1. Performance of history and physical examination
2. Argon plasma coagulation
3. Biliary tube/stent placement
4. Biopsy of the mucosa of the esophagus, stomach, small bowel, and colon
5. Breath test performance and interpretation
6. Colonoscopy with or without polypectomy
7. Diagnostic and therapeutic esophagogastroduodenoscopy
8. Endoscopic mucosal resection
9. Enteral and parenteral alimentation
10. Esophageal dilation
11. Esophageal or duodenal stent placement
12. Esophagogastroduodenoscopy, including foreign body removal, stent placement, or polypectomy
13. Flexible sigmoidoscopy
14. Gastrointestinal motility studies and 24-hour pH monitoring
15. Interpretation of gastric, pancreatic, and biliary secretory tests
16. Nonvariceal hemostasis (upper and lower)

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17. Paracentesis
18. Percutaneous endoscopic gastrostomy
19. Percutaneous liver biopsy
20. Proctoscopy
21. Sengstaken/Minnesota tube intubation
22. Snare polypectomy
23. Ultrasound as adjunct to privileged procedure
24. Variceal hemostatis (upper and lower)

SPECIAL NON-CORE PRIVILEGES

If desired, non-core privileges are requested individually in addition to requesting the core privileges. Each individual requesting non-core privileges must meet the specific threshold criteria governing the exercise of the privilege requested, including training, required, experience, and maintenance of clinical competency.

QUALIFICATIONS FOR USE OF LASER

Criteria: To be eligible to apply for use of laser, the applicant must meet the following criteria:

1. Successful completion of an approved residency program in a specialty or subspecialty which included training in laser principles, or completion of an approved eight (8) to ten (10) hour minimum CME course which included training in laser principles; **AND**
2. Applicant should spend time after the basic training course in a clinical setting with an experienced operator who has been granted laser privileges and is acting as a preceptor; practitioner agrees to limit practice to only the specific laser types for which they have provided documentation of training and experience; the applicant must supply a certificate documenting they have attended a wavelength and specialty-specific laser course and also present documentation as to the content of that course; **AND**
3. Required current experience: Demonstrated current competence and evidence of the performance of an acceptable volume of the requested procedure in the past twelve (12) months or completion of training in the past twelve (12) months.

Reappointment Requirements: Demonstrated current competence and evidence of the performance of an adequate number of requested procedures with acceptable outcomes in the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGES: USE OF LASER

Requested

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QUALIFICATIONS FOR CAPSULE ENDOSCOPY PERFORMANCE AND INTERPRETATION

Criteria: To be eligible to apply for use of capsule endoscopy performance and interpretation, the applicant must meet the following criteria:

1. Successful completion of an ACGME or AOA accredited program in gastroenterology that included training in capsule endoscopy, or completion of a hands-on course with a minimum of eight (8) hours of CME credit endorsed by a national or international gastroenterologist or surgical society and a review of the first ten (10) capsule studies by a credentialed capsule endoscopist.
2. Required current experience: Demonstrated current competence and evidence of the performance of an acceptable volume of the requested procedure in the past twelve (12) months or completion of training in the past twelve (12) months.

Reappointment Requirements: Demonstrated current competence and evidence of the performance of an adequate number of requested procedures with acceptable outcomes in the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGES: CAPSULE ENDOSCOPY PERFORMANCE AND INTERPETATION

Requested

QUALIFICATIONS FOR ENDOSCOPIC ULTRASOUND

Criteria: To be eligible to apply for endoscopic ultrasound, the applicant must meet the following criteria:

1. Successful completion of an ACGME or AOA accredited program in gastroenterology that included training in endoscopic ultrasound of a minimum of 200 procedures, including 40 of which must include needle biopsy and/or aspiration.
2. Required current experience: Demonstrated current competence and evidence of the performance of an acceptable volume of the requested procedure in the past twelve (12) months or completion of training in the past twelve (12) months.

Reappointment Requirements: Demonstrated current competence and evidence of the performance of an adequate number of endoscopic ultrasound procedures with acceptable outcomes in the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes. In addition, continuing education related to gastrointestinal endoscopy shall be required.

NON-CORE PRIVILEGES: ENDOSCOPIC ULTRASOUND

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QUALIFICATIONS FOR THERAPEUTIC ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHIES (ERCP)

Criteria: To be eligible to apply for ERCP, the applicant must meet the following criteria:

1. Successful completion of an ACGME or AOA accredited program in gastroenterology that included training in ERCP of a minimum 200 procedures, including 40 sphincterotomies and 10 stent placement.
2. Required current experience: Demonstrated current competence and evidence of the performance of an adequate volume of therapeutic ERCP procedures (sphincterotomies and stent placement) with acceptable results in the past twelve (12) months or completion of training in the past twelve (12) months.

Reappointment Requirements: Demonstrated current competence and evidence of the performance of an adequate volume of therapeutic ERCP procedures (sphincterotomies and stent placement) with acceptable outcomes in the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes. In addition, continuing education related to capsule endoscopy and gastrointestinal endoscopy shall be required.

NON-CORE PRIVILEGES: THERAPEUTIC ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHIES (ERCP)

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QUALIFICATIONS FOR TRANSORAL INCISIONLESS FUNDOPLICATION PROCEDURE (TIF)

Criteria: To be eligible to apply for transoral incisionless fundoplication procedure (TIF) the applicant must meet the following criteria:

1. Successful completion of an ACGME or AOA accredited program in gastroenterology and advanced endoscopy fellowship as well as completion of TIF training program and simulation skills lab sponsored by Endogastric solutions; **OR**
2. Successful completion of an ACGME or AOA accredited program in general surgery with non-core privileges in esophagogastroduodenoscopy (EGD); **AND**
3. Applicant should spend time after the basic vendor training course in a clinical setting with an experienced operator who has been granted privileges and is acting as a preceptor for initial 5 cases; **AND**
4. Required current experience: Demonstrated current competence and evidence of the performance of an acceptable volume of the requested procedure in the past twelve (12) months or completion of training in the past twelve (12) months.

Reappointment Requirements: Demonstrated current competence and evidence of the performance of an adequate number of transoral incisionless fundoplication procedure (TIF) procedures with acceptable outcomes in the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes. In addition, continuing education related to gastrointestinal endoscopy shall be required

NON-CORE PRIVILEGES: Transoral Incisionless Fundoplication (TIF) Procedure

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Acknowledgement of Practitioner

I have requested only those clinical 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. 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.

Signature

Date Signed

Clinical Director/Division Chief Recommendation(s)

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

Name: _____ Signature _____ Date _____

Name: _____ Signature _____ Date _____

Department Chair Recommendation

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

- Recommend all requested privileges with the standard professional practice plan
- Recommend privileges with the standard professional practice plan and the conditions/modifications noted below
- Do not recommend the clinical privileges noted below

Explanation: _____

Department Chair Signature

Date Signed

Criteria Approved by UNMH Board of Trustees on June 28, 2017