

## UNMH Genetics Clinical Privileges

**Name:**

**Effective Dates:** \_\_\_\_\_ **To:** \_\_\_\_\_

*All new applicants must meet the following requirements as approved by the UNMH Board of Trustees effective: 07/31/2015*

### **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 Genetics*

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***Initial privileges*** - *To be eligible to apply for core privileges in genetics, the initial applicant must meet the following criteria:*

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)–accredited residency program in a medical specialty followed by successful completion of an accredited ACGME fellowship in clinical medical genetics, OR successful completion of a four-year ACGME accredited residency program in clinical medical genetics

AND/OR

Current certification or active participation in the examination process leading to certification in a medical genetics discipline by the American Board of Medical Genetics.

AND

***Required previous experience:*** Applicants for initial appointment must be able to demonstrate provision of inpatient or consultative services, reflective of the scope of privileges requested, for an acceptable volume of patients during the past 12 months, or demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

***Reappointment requirements:*** *To be eligible to renew core privileges in genetics, the applicant must meet the following maintenance of privilege 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 the 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.

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### **CORE PRIVILEGES: *Genetics***

Evaluate, diagnose, treat, and provide consultation to patients of all ages with genetic or possibly genetically linked diseases or disorders, both inpatient and outpatient, with common or uncommon diseases, congenital malformations, inborn errors of metabolism, hemoglobinopathies, chromosome abnormalities, neural tube defects, or heritable traits that may result in mental or physical disability or predisposition to late-onset condition. 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 procedure list and such other procedures that are extensions of the same techniques and skills.

#### **□ Requested**

### ***Genetics Core Procedures List***

This list is a sampling of procedures included in the 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, please strike through those procedures which you do not wish to request, then initial and date.

1. Apply knowledge of heterogeneity, variability, and natural history of genetic disorders in patient care decision-making
2. Diagnose and manage genetic disorders
3. Elicit and interpret individual and family medical histories
4. Explain the causes and natural history of genetic disorders and genetic risk assessment
5. Interact with other healthcare professionals in the provision of services for patients with genetically influenced disorders
6. Interpret clinical genetic and specialized laboratory testing information
7. Perform history and physical exam
8. Provide patient and family counseling

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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 \_\_\_\_\_

### **Department recommendation(s)**

I have reviewed the requested clinical privileges with the applicant and the 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 following conditions/modifications:
- ☐ Do not recommend the following requested privileges:

Privilege Condition/Modification/Explanation

Notes:

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Division Chief Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Department Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Criteria approved by UNMH Board of Trustees on 07/31/2015