

UNMH PLASTIC SURGERY CLINICAL PRIVILEGES

NAME: _____ EFFECTIVE DATES: FROM _____ TO _____

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

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 UNMH 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 PLASTIC SURGERY:

Initial Privileges: To be eligible to apply for privileges in plastic surgery, 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 residency program in plastic surgery; **AND**
2. Current certification or active participation in the examination process, leading to specialty certification in plastic surgery by the American Board of Plastic Surgery or the American Osteopathic Board in Plastic and Reconstructive Surgery; **AND**
3. Required previous experience: An adequate volume of plastic surgery procedures, reflective of the scope of privileges requested, during the past twelve (12) months, or demonstrated successful completion of an ACGME or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the past twelve (12) months.

Renewal of Privileges: To be eligible to renew privileges in plastic surgery, 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 physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

UNMH PLASTIC SURGERY CLINICAL PRIVILEGES

NAME: _____ EFFECTIVE DATES: FROM _____ TO _____

CORE PRIVILEGES: Plastic Surgery

Admit, evaluate, diagnose, and provide consultation to patients of all ages presenting with congenital or acquired defects of the body's musculoskeletal system, cranio-maxillofacial structures, hand, extremities, breast and trunk, and external genitalia and soft tissue, including the aesthetic management. Assess, stabilize, and determine the 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 procedure list below and such other procedures that are extensions of the same technique and skills.

Requested

Plastic Surgery Core Procedures List

This list is a sampling of procedures included in the plastic surgery 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. Amputation of digits
2. Facial plastic surgery, to include cosmetic surgery on the face, nose, external ear, eyelids, lips
3. Free tissue transfer flap with microvascular anastomosis
4. Hair transplantation, punch or strip
5. Liposuction or lipo-injection procedure for contour restoration, head and neck, trunk and extremities
6. Major head and neck radical cancer surgery and reconstruction
7. Management of all forms of facial or maxillofacial trauma, including fractures
8. Management of frontal sinus fractures
9. Management of patients with burns, including plastic procedures on the extremities
10. Microvascular procedures, excluding replantation
11. Perform history and physical exam
12. Plastic procedures of external and internal male and female genitalia, excluding gender dysphoria or hypospadias
13. Plastic procedures on the female and male breasts, including augmentation and reduction mammoplasties, post-mastectomy reconstruction
14. Plastic procedures of all forms of congenital and acquired soft tissue anomalies, including those requiring the use of skin grafting procedures, the use of pedicle flaps, or tissue fillers
15. Plastic reconstruction of soft tissue disfigurement or scarring, for cosmetic/functional reasons
16. Removal of benign and malignant tumors of the skin
17. Resection of intra oral tumors, oral cavity, palate
18. Surgery of congenital anomalies, including revisions of cleft lip and cleft palate

UNMH PLASTIC SURGERY CLINICAL PRIVILEGES

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QUALIFICATIONS FOR SURGERY OF THE HAND

Initial Privileges: To be eligible to apply for privileges in surgery of the hand, 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 residency in general surgery, orthopedic surgery, or plastic surgery, and successful completion of an accredited fellowship in surgery of the hand; **OR**
2. Documented adequate hand surgery experience during residency with additional review and approval by the Chair of the Department of Orthopaedics and Rehabilitation if not fellowship trained; **OR**
3. Current subspecialty certification in surgery of the hand or active participation in the examination process leading to subspecialty certification in surgery of the hand by the American Board of Surgery or the American Board of Plastic Surgery, or achievement of a certificate of added qualifications in surgery of the hand by the American Board of Orthopedic Surgery, or achievement of a certification of added qualifications in hand surgery by the American Osteopathic Board of Orthopedic Surgery; **AND**
4. Required previous experience: An adequate number of plastic and reconstructive surgery procedures of the hand, reflective of the scope of privileges requested, during the past twenty-four (24) months, or demonstrated successful completion of an ACGME or AOA-accredited residency or clinical fellowship within the past twenty-four (24) months.

Renewal of Privileges: To be eligible to renew privileges in surgery of the hand, 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 physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

Certifying Physician Approval for initial appointment for #2 above:

The provider requesting hand surgery privileges meets the criteria defined above:

Signature, Chair, Department of Orthopaedics & Rehabilitation

Date Signed

UNMH PLASTIC SURGERY CLINICAL PRIVILEGES

NAME: _____ EFFECTIVE DATES: FROM _____ TO _____

CORE PRIVILEGES: Surgery of the Hand

Admit, evaluate, diagnose, treat, provide consultation, and perform surgical procedures for patients of all ages presenting with diseases, injuries, and disorders, both congenital and acquired, of the hand, wrist, and related structures. 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 extension of the same technique and skills.

Requested

Surgery of the Hand Core Procedures List

This list is a sampling of procedures included in the surgery of the hand 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. Arthroplasty of large and small joints, wrist or hand, including implants
2. Bone graft pertaining to the hand
3. Carpal tunnel decompression
4. Fasciotomy and fasciectomy
5. Fracture fixation with compression plates or wires
6. Microvascular procedures, excluding replantation
7. Nerve graft
8. Neurorrhaphy
9. Open and closed reduction of fractures
10. Perform history and physical exam
11. Removal of soft tissue mass, ganglion palm or wrist, flexor sheath, etc.
12. Repair of lacerations
13. Repair of rheumatoid arthritis deformity
14. Skin grafts
15. Tendon reconstruction (free graft, staged)
16. Tendon release, repair and fixation
17. Tendon transfers
18. Treatment of infections

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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

UNMH PLASTIC SURGERY CLINICAL PRIVILEGES

NAME: _____ EFFECTIVE DATES: FROM _____ TO _____

QUALIFICATIONS FOR ULTRASONIC-ASSISTED LIPOSUCTION

Criteria: To be eligible to apply for ultrasonic-assisted liposuction, the applicant must meet the following criteria:

1. Successful completion of an accredited postgraduate training program in plastic surgery or general surgery, and the performance of at least fifty (50) surgical procedures designed to shape and contour the body; **AND**
2. Evidence of at least thirty (30) CME hours covering indications for, technical aspects of, and post-procedure management of, liposuction (if not covered in the applicant's residency); **AND**
3. Required previous experience: Demonstrated current competence and evidence of the performance of an acceptable volume of the requested procedure 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: ULTRASONIC-ASSISTED LIPOSUCTION

Requested

QUALIFICATIONS FOR REPLANTATION SURGERY

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

1. Successful completion of an ACGME or AOA accredited one-year surgery of the hand program or an accredited one-year reconstruction microsurgery program; applicant must qualify for and be granted privileges in surgery of the hand; **AND**
2. Required previous experience: Demonstrated current competence and evidence of the performance of an acceptable volume of reconstructive microsurgery procedures in the past twelve (12) months or completion of training in the past twelve (12) months. At least five (5) of these procedures should involve replantation surgery.

Reappointment Requirements: Demonstrated current competence and evidence of the performance of an adequate number of reconstructive microsurgery procedures with acceptable outcomes in the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes. At least five (5) of these procedures should involve replantation surgery. In addition, continuing education related to replantation surgery should be required.

NON-CORE PRIVILEGES: REPLANTATION SURGERY

Requested

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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 April 28, 2017