

UNM SRMC

OPHTHALMOLOGY CLINICAL PRIVILEGES

Name:

Effective Dates: _____ To: _____

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

INSTRUCTIONS

All new applicants must meet the following requirements as approved by the UNM SRMC Board of Directors effective: 03/21/2012

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.

Clinical Service Chief: 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:

Note that privileges granted may be exercised only at UNM SRMC and in setting(s) 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.

This document is focused on defining qualifications related to competency 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 OPHTHALMOLOGY

To be eligible to apply for core privileges in ophthalmology, the initial 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 ophthalmology

AND

Current certification by the American Board of Ophthalmology or the American Osteopathic Board of Ophthalmology and Otolaryngology – Head and Neck Surgery or active participation in the examination process with achievement of certification within 3 years by the American Board of Ophthalmology or the American Osteopathic Board of Ophthalmology and Otolaryngology – Head and Neck Surgery.

Notwithstanding the foregoing, applicants for clinical privileges may seek an exception to this Board Certification requirement under Section 2.004 of the Bylaws of the Medical Staff of UNM Sandoval Regional Medical Center (the "Medical Staff Bylaws") and may be granted clinical privileges if such applicant is determined, in accordance with Section 2.004 of the Medical Staff Bylaws, to have qualified for one or more of these exceptions.

Required previous experience: Applicants for initial appointment must be able to demonstrate performance of ophthalmologic procedures, reflective of the scope of privileges requested, in 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 ophthalmology, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience in Ophthalmology with acceptable results, reflective of the scope of privileges requested based on ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges, and the renewal of privileges must be approved by the Clinical Service Chief.

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OPHTHALMOLOGY CORE PRIVILEGES

Admit, evaluate, diagnose, treat, and provide consultation, order diagnostic studies and procedures, and perform surgical and nonsurgical procedures on patients of all ages with ocular and visual disorders, including the eyelid and orbit affecting the eye and the visual pathways (except as specifically excluded). May provide care to patients in the intensive care setting in conformance with unit policies.

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

SUBSPECIALTY CORE PRIVILEGES

The following subspecialty core privileges must be requested separately in addition to requesting the core privileges. The qualifications for Subspecialty Core Privileges are based on current standards and approved on a case-by-case basis by the Clinical Service Chief.

PHOTOREFRACTIVE KERATECTOMY

Criteria: Successful completion of an ACGME or AOA accredited residency program in ophthalmology followed by a fellowship or experience in refractive or corneal surgery. In addition, successful completion of an FDA-approved postgraduate PRK course.

Requested

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CORNEAL RING IMPLANTS

Criteria: Successful completion of an accredited residency in ophthalmology and an approved course in corneal ring implant procedures and performance of corneal ring implants, the first five of which were performed under the supervision of an experienced surgeon.

Requested

CORNEAL TRANSPLANTS (PENETRATING KERATOPLASTY)

Criteria: Successful completion of an ACGME or AOA accredited residency in ophthalmology. If residency training did not include performing corneal transplants, applicants must have completed an appropriate postgraduate training program in performing corneal transplants.

Requested

RETINA AND VITREOUS SURGERY

Criteria: Successful completion of an ACGME or AOA accredited residency in ophthalmology followed by successful completion of a fellowship in vitreo retinal surgery or the equivalent in training and experience.

Requested

Limited Ultrasound for Guided Procedure

Check here to request Limited Ultrasound Guided Procedure privileges form (Separate form)

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CORE PROCEDURES LIST

This list is a sampling of procedures included in the core. It is not intended to be an all-encompassing list, but rather is 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 you do not wish to request, then initial and date.

Ophthalmology Core Procedures

1. A and B-mode ultrasound examination
2. Anterior limbal approach or pars plana automated vitrectomy
3. Conjunctiva surgery including grafts, flaps, tumors, pterygium, and pinguecula
4. Corneal surgery including diathermy and traumatic repair, but excluding keratoplasty, keratotomy, and refractive surgery
5. Corneal/scleral laceration repair
6. Cryotherapy for ciliary body for uncontrolled painful glaucoma
7. Glaucoma surgery with intraoperative/postoperative antimetabolite therapy, primary trabeculectomy surgery
8. Glaucoma, reoperation, and Seton/tube surgery
9. Injection of intravitreal medications
10. Intra- and extracapsular cataract extraction with or without lens implant, or phacoemulsification
11. Laser peripheral iridotomy, trabeculoplasty, pupilo/gonioplasty, suture lysis; pan-retinal photocoagulation, macular photocoagulation, repair of retinal tears, capsulotomy, cyclophotocoagulation, sclerostomy, and lysis
12. Lid and ocular adnexal surgery including plastic procedures, chalazion, ptosis, repair of malposition, repair of laceration, blepharospasm repair, tumors, flaps, enucleation, and evisceration
13. Nasolacrimal surgery including dacryocystectomy, dacryocystorhinostomy, excision of lacrimal sac mass, probing and irrigation, balloon dacryoplasty
14. Orbit surgery, including removal of the globe and contents of the orbit, exploration by lateral orbitotomy, exenteration, blowouts, rim repairs, and tumor and foreign body removal
15. Performance of history and physical exams
16. Removal of anterior or posterior segment foreign body
17. Retrobulbar or peribulbar injections for medical delivery or chemical denervation for pain control

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18. Strabismus surgery

19. Use of local anesthetics and parenteral sedation for ophthalmologic conditions

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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 SRMC, 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 _____

Clinical Service Chief's Recommendation

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

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

Privilege

Condition/Modification/Explanation

1. _____
2. _____
3. _____
4. _____

Notes:

Print Name

Signature

Date

Clinical Service Chief or Designee Signature