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.
To be eligible to apply for core privileges in neurological surgery, 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 neurological surgery.

AND

Current certification by the American Board of Neurological Surgery or the American Osteopathic Board of Surgery in Neurological Surgery or active participation in the examination process with achievement of certification within 3 years by the American Board of Neurological Surgery or the American Osteopathic Board of Surgery in Neurological 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 neurological surgical 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 neurological surgery, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience in Neurological surgery 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.
Admit, evaluate, diagnose, consult, and provide nonoperative and preoperative, intraoperative, and postoperative care to patients of all ages presenting with injuries or disorders of the central, peripheral and autonomic nervous system, including their supporting structures and vascular supply; the evaluation and treatment of pathological processes that modify function or activity of the nervous system, including the hypophysis; and the operative and nonoperative management of pain (except as specifically excluded).

These privileges include but are not limited to care of patients with disorders of the nervous system—the brain, meninges, skull, and their blood supply, including the extracranial carotid and vertebral arteries; disorders of the pituitary gland; disorders of the spinal cord, meninges, and vertebral column; and disorders of the cranial and spinal nerves throughout their distribution. 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

Diagnose and treat patients of all ages with diseases of the central nervous system by use of catheter technology, radiologic imaging, and clinical expertise (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.

Criteria: As for neurological surgery plus successful completion of an ACGME accredited fellowship in Endovascular Surgical Neuroradiology.
Endovascular Surgical Neuroradiology Procedures

1. Integrating endovascular surgical therapy into the clinical management of patients with neurological diseases (or diseases of the central nervous system) when performing diagnostic and therapeutic procedures
2. Preliminary interpretation of diagnostic studies
3. Participating in short-term and long-term postprocedure follow-up care, including neurointensive care
4. Perform history and physical exam
5. Performing clinical preprocedure evaluations of patient

☐ Requested

SPECIAL NON CORE PRIVILEGES (See Specific Criteria)

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

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 will be evaluated based on current standards and approved on a case-by-case basis by the Clinical Service Chief.

MAINTENANCE OF SUBSPECIALTY CORE PRIVILEGES

Current demonstrated competence in subspecialty core privileges with acceptable results reflective of the scope of privileges requested and current standards will be routinely assessed based on the results of ongoing professional practice evaluation and outcomes. Subspecialty Core Privileges must be renewed as part of the regular renewal of privileges by the Clinical Service Chief.
USE OF LASER

Criteria: Successful completion of an approved residency in a specialty or subspecialty that included training in laser principles and use, or completion of equivalent training in laser principles and use with an appropriate body of experience. Practitioner agrees to limit his or her practice to only the specific laser types for which he or she has provided documentation of training and experience.

☐ Requested

PERCUTANEOUS LUMBAR DISCECTOMY (PLD)

Criteria: Successful completion of an ACGME or AOA residency or fellowship training program in orthopedic surgery, neurological surgery, neurology, physical medicine and rehabilitation, anesthesiology, interventional radiology, or pain medicine. Applicants must provide evidence that the training program included fluoroscopy and discography. In addition, applicants should have completed a training course in the PLD method for which privileges are requested. Applicants must also have completed training in radiation safety.

☐ Requested

BALLOON KYPHOPLASTY

Criteria: Successful completion of an ACGME or AOA accredited residency program in neurosurgery or neuroradiology that included training in balloon kyphoplasty or completion of an approved postgraduate training course in balloon kyphoplasty that included the use of the inflatable bone tamp and have been proctored in their initial cases by a manufacturing company representative. Applicants must also have completed training in radiation safety.

☐ Requested
DEEP BRAIN STIMULATION (DBS)

Criteria: Successful completion of an ACGME or AOA accredited training program in neurological surgery that included training in stereotactic surgery. If the initial training did not include stereotactic surgery, applicants must show that they have completed appropriate postgraduate stereotactic surgery training. In addition, applicants must have completed training in DBS, which included proctoring by a Medtronic technical representative or by an experienced DBS surgeon.

☐ Requested

MECHANICAL RETRIEVER

Criteria: Successful completion of an ACGME or AOA accredited postgraduate training program that included training in intracranial interventions. If the program did not include intracranial interventions, applicants must demonstrate completion of training that is equivalent to residency or fellowship training. Applicants must complete training in the applicable retrieval system and agree to limit practice to only the mechanical retriever system for which they have provided documentation of training and experience.

☐ Requested

TRANSCRANIAL DOPPLER (TCD) ULTRASONOGRAPHY

Criteria: Successful completion of one of the following training tracks: 1. An ACGME or AOA accredited residency or fellowship program in which included supervised training in TCD performance/interpretation and experience in interpretation while under supervision, or 2. An ACGME approved CME program that included supervised training in TCD performance/interpretation and experience in interpreting cases while under the supervision of a physician, or 3. Three years of practice experience which included the performance/interpretation of an appropriate volume of cases.

☐ Requested
### COIL OCCLUSION OF ANEURYSMS

**Criteria:** Successful completion of an ACGME or AOA accredited residency training program in neuroradiology or endovascular surgical neuroradiology, or demonstration of equivalent training. Proctoring may be required by the Credentials Committee.

- [ ] Requested

### PERCUTANEOUS VERTEBROPLASTY

**Criteria:** Successful completion of an ACGME or AOA accredited residency program in neurosurgery that included training in percutaneous vertebroplasty or completion of an approved postgraduate training course in percutaneous vertebroplasty that included proctoring. Applicants must also have completed training in radiation safety.

- [ ] Requested

### STEREOTACTIC RADIOSURGERY (SRS)

**Criteria:** Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in neurological surgery that included training in SRS or completion of an approved training program in radiosurgery. If training in SRS was not obtained during residency, the applicant must present evidence of equivalent training. Applicant must demonstrate training and experience with the specific delivery system to be used.

- [ ] Requested

### CAROTID ENDARTERECTOMY (CE)

**Criteria:** Successful completion of an ACGME or AOA accredited postgraduate training program that included training in CE procedures. If the program did not include CE procedures, applicant must have completed an approved hands-on training program under the supervision of a qualified Surgeon Instructor and be able to document an appropriate
CAROTID STENTING

Criteria: Successful completion of an ACGME- or AOA-accredited fellowship in endovascular surgical neuroradiology that included training in diagnostic angiography, carotid angioplasty, and stent placement procedures. If not taught in an accredited residency/fellowship program, applicants must have completed an approved hands-on training program in diagnostic angiography and carotid angioplasty under the supervision of a qualified physician instructor.

Applicants must also have completed a training course in the embolic protection system or device that is used in the carotid artery stenting procedure. In addition, applicants must be able to demonstrate that they have performed an appropriate volume of diagnostic cerebral angiograms. Applicants must also have completed training in radiation safety.

QUALIFICATIONS FOR ADMINISTRATION OF SEDATION AND ANALGESIA

See Hospital Policy for Sedation and Analgesia by Non-Anesthesiologists.

ENDOSCOPIC LASER FORAMINOPLASTY (ELF)

Criteria: Successful completion of an ACGME or AOA accredited residency training program in orthopedic surgery or neurosurgery followed by formal training in endoscopy for the spine and laser surgery for the spine. In addition, attendance at an ELF training workshop and proctoring in initial cases by a physician experienced in the ELF procedure is required.
ARTIFICIAL DISC REPLACEMENT (ADR)

Criteria: Successful completion of an ACGME or AOA accredited residency training program in orthopedic surgery or neurological surgery and completion of an approved training program in the insertion of artificial discs or an equivalent body of experience and training.

☐ Requested

NEUROSURGICAL/RADIOLOGIC SUBSPECIALTY PRIVILEGES

The following procedures require specialty training that includes both surgical and radiological competence. Requests for these privileges will be evaluated on a case-by-case basis and require the approval of the Clinical Service Chief and the Medical Director of Radiology.

☐ Requested

Limited Ultrasound for Guided Procedure

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

Neurological Surgery Procedures

1. Ablative surgery for epilepsy
2. All types of craniotomies, craniectomies and reconstructive procedures (including microscopic) on the skull, including surgery on the brain, meninges, pituitary gland, cranial nerves and including surgery for cranial trauma and intracranial vascular lesions
3. Angiography
4. Cordotomy, rhizotomy and dorsal column stimulators for the relief of pain
5. Endoscopic minimally invasive surgery
6. Epidural steroid injections for pain
7. Insertion of subarachnoid or epidural catheter with reservoir or pump for drug infusion or CSF withdrawal
8. Laminectomies, laminotomies, and fixation and reconstructive procedures of the spine and its contents including instrumentation
9. Lumbar puncture, cisternal puncture, ventricular tap, subdural tap
10. Lumbar subarachnoid-peritoneal shunt
11. Management of congenital anomalies, such as encephalocele, meningocele, myelomeningocele
12. Muscle biopsy
13. Myelography
14. Nerve biopsy
15. Nerve blocks
16. Ordering of diagnostic studies and procedures related to neurological problems or disorders
17. Peripheral nerve procedures, including decompressive procedures and reconstructive procedures on the peripheral nerves
18. Perform history and physical exam
19. Posterior fossa-microvascular decompression procedures
20. Radiofrequency ablation
21. Selective blocks for pain medicine, stellate ganglion blocks
22. Shunts: ventriculoperitoneal, ventriculoatrial, ventriculopleural, subdural peritoneal, lumbar subarachnoid/peritoneal (or other cavity)
23. Spinal cord surgery for decompression of spinal cord or spinal canal, for intramedullary lesion, intradural extramedullary lesion, rhizotomy, cordotomy, dorsal root entry zone lesion, tethered spinal cord or other congenital anomalies (diastematomyelia)
24. Stereotactic surgery
25. Surgery for intervertebral disc disease
26. Surgery on the sympathetic nervous system
27. Transsphenoidal procedures for lesions of the sellar or parasellar region, fluid leak or fracture
28. Ultrasonic surgery procedures
29. Ventricular shunt operation for hydrocephalus, revision of shunt operation, ventriculocisternostomy
30. Ventriculography
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 _____________________

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:

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Notes:

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Print Name ___________________________________ Signature ___________________ Date _____________________

Clinical Service Chief or Designee Signature