UNM SRMC
ORTHOPEDIC SURGERY 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.
To be eligible to apply for core privileges in orthopedic 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 orthopedic surgery.

AND

Current certification by the American Board of Orthopedic Surgery or the American Osteopathic Board of Orthopedic Surgery or active participation in the examination process with achievement of certification within 3 years by the American Board of Orthopedic Surgery or the American Osteopathic Board of Orthopedic 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 the performance orthopedic procedures, reflective of the scope of privileges requested, during the last 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 orthopedic surgery, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience in Orthopedic 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.
ORTHOPEDIC SURGERY CORE PRIVILEGES

Admit, evaluate, diagnose, treat, and provide consultation to patients to correct or treat various conditions, illnesses, and injuries of the extremities, spine, and associated structures by medical, surgical, and physical means including but not limited to congenital deformities, trauma, infections, tumors, metabolic disturbances of the musculoskeletal system, deformities, injuries, and degenerative diseases of the spine, hands, feet, knee, hip, shoulder, and elbow, including primary and secondary muscular problems and the effects of central or peripheral nervous system lesions of the musculoskeletal system (except as specifically excluded).

May provide care to patients in the intensive care setting in conformance with unit policies.

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 attached procedure list and such other procedures that are extensions of the same techniques and skills.

☐ Requested
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.

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.

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
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. May provide care to patients in the intensive care setting in conformance with unit policies.

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 attached procedure list and such other procedures that are extensions of the same techniques and skills.

Criteria: Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in orthopedic or plastic surgery with specialty training in hand surgery.

AND

Current subspecialty certification in surgery of the hand or active participation in the examination process with achievement of certification within 3 years leading to subspecialty certification in surgery of the hand by the American Board of Surgery or 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 Certificate of Added Qualifications in hand surgery by the American Osteopathic Board of Orthopedic Surgery.

OR

A body of training and experience equal to that of subspecialty training and added qualification certification.

☐ Requested
ORTHOPEDIC SURGERY OF THE SPINE

Admit, evaluate, diagnose, treat, and provide consultation to patients of all ages with spinal column diseases, disorders, and injuries by medical, physical, and surgical methods including the provision of consultation. May provide care to patients in the intensive care setting in conformance with unit policies.

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 attached procedure list and such other procedures that are extensions of the same techniques and skills.

Criteria: Meet criteria for orthopedic surgery, plus successful completion of an accredited fellowship in orthopedic surgery of the spine.

☐ Requested

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 practice to only the specific laser types for which he or she has provided documentation of training and experience.

☐ Requested
PERCUTANEOUS LUMBAR DISCECTOMY

Criteria: Successful completion of an ACGME or AOA accredited 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 percutaneous lumbar discectomy (PLD) method for which privileges are requested. Applicants must also have completed training in radiation safety.

☐ Requested

PERCUTANEOUS VERTEBROPLASTY

Criteria: Successful completion of an ACGME or AOA accredited residency program in orthopedic surgery that included training in percutaneous vertebroplasty or an approved postgraduate body of training and experience. Applicants must also have completed training in radiation safety.

☐ Requested

BALLOON KYPHOPLASTY

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

☐ Requested
MINIMALLY INVASIVE TOTAL JOINT ARTHROPLASTY

Criteria: Applicants must have completed an ACGME or AOA accredited training program in orthopedic surgery that included specialized training in minimally invasive total hip arthroplasty (THA) or completion of specialized post graduate training in minimally invasive total hip arthroplasty (THA). The Credentialing Committee may require proctoring for this privilege.

☐ Requested

MINIMALLY INVASIVE TOTAL KNEE ARTHROPLASTY

Criteria: Applicants must have completed an ACGME or AOA accredited training program in orthopedic surgery which included specialized training in minimally invasive total knee arthroplasty (TKA) or post graduate completion of specialized training in minimally invasive total knee arthroplasty (TKA). The Credentialing Committee may require proctoring for this privilege.

☐ Requested

ENDOSCOPIC LASER FORAMINOPLASTY

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 endoscopic laser foraminoplasty (ELF) training workshop and proctoring in initial cases by a physician experienced in the ELF procedure may be required by the credentialing committee. Applicant must qualify for and be granted privileges in surgery of the spine.

☐ Requested
ARTIFICIAL DISC REPLACEMENT SURGERY

Criteria: Successful completion of an ACGME or AOA accredited residency training program in orthopedic surgery or neurological surgery that included training in the insertion of artificial discs or completion of an approved training program in the insertion of artificial discs.

☐ Requested
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.

Orthopedic Surgery Procedures
1. Amputation surgery including immediate prosthetic fitting in the operating room
2. Arthrocentesis, diagnostic
3. Arthrodesis, osteotomy, and ligament reconstruction of the major peripheral joints, excluding total replacement of joint
4. Arthroscopy
5. Arthroscopic surgery
6. Biopsy and excision of tumors involving bone and adjacent soft tissues
7. Bone grafts and allografts
8. Carpal tunnel decompression
9. Closed reduction of fractures and dislocations of the skeleton
10. Debridement of soft tissue
11. Excision of soft tissue/bony masses
12. Fasciotomy and fasciectomy
13. Fracture fixation
14. Growth disturbances such as injuries involving growth plates with a high percentage of growth arrest, growth inequality, epiphysiodesis, stapling, bone shortening or
lengthening procedures
15. Ligament reconstruction
16. Major arthroplasty, including total replacement of knee joint, hip joint, shoulder
17. Major cancer procedures involving major proximal amputation (i.e., forequarter, hindquarter) or extensive segmental tumor resections
18. Management of infectious and inflammations of bones, joints, and tendon sheaths
19. Muscle and tendon repair
20. Open and closed reduction of fractures
21. Open reduction and internal/external fixation of fractures and dislocations of the skeleton [determine in/excluding spine]
22. Orthotripsy
23. Performance of history and physical exams
24. Reconstruction of nonspinal congenital musculoskeletal anomalies
25. Removal of ganglion (palm or wrist; flexor sheath)
26. Total joint replacement revision
27. Total joint surgery
28. Treatment of extensive trauma, excluding spine

Surgery of the Hand Procedures (as a subspecialty of Orthopedic Surgery)

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 fasciectomies
5. Fracture fixation with compression plates or wires
6. Microvascular procedures excluding replantation
7. Nerve graft
8. Neurorrhaphy
9. Open and closed reductions of fractures
10. Performance of history and physical exams
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

Orthopedic Surgery of the Spine Procedures (as a subspecialty of Orthopedic Surgery)
1. Assessment of the neurologic function of the spinal cord and nerve roots
2. Endoscopic minimally invasive spinal surgery
3. Preliminary interpretation of imaging studies of the spine
4. Laminectomies, laminotomies, and fixation and reconstructive procedures of the spine and its contents including instrumentation
5. Lumbar puncture
6. Management of traumatic, congenital, developmental, infectious, metabolic, degenerative, and rheumatologic disorders of the spine
7. Performance of history and physical exams
8. Scoliosis and kyphosis instrumentation
9. Spinal cord surgery for decompression of spinal cord or spinal canal, rhizotomy, cordotomy, dorsal root entry zone lesion, tethered spinal cord, or other congenital anomalies
10. Treatment of extensive trauma
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 ___________________