UNM SRMC
PLASTIC 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 plastic 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 plastic surgery.

AND

Current certification by the American Board of Plastic Surgery or the American Osteopathic Board of Surgery in Plastic and Reconstructive Surgery or active participation in the examination process with achievement of certification within 3 by the American Board of Plastic Surgery or the American Osteopathic Board of Surgery in Plastic and Reconstructive 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 of surgery procedures, reflective of the scope of privileges requested, 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 plastic surgery, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience in Plastic 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.
PLASTIC SURGERY CORE PRIVILEGES

Admit, evaluate, diagnose, and provide consultation to patients of all ages presenting with congenital or acquired defects of the body’s musculoskeletal system, craniomaxillofacial structures, extremities, breast and trunk, and external genitalia and soft tissue, including the aesthetic management (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

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.

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

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
ULTRASONIC-ASSISTED LIPOSUCTION

Criteria: Successful completion of an accredited postgraduate training program in plastic surgery or general surgery that included training in ultrasonic assisted liposuction or a body of training and experience that is equal to residency training.

☐ Requested

REPLANTATION SURGERY

Criteria: Successful completion of an ACGME or AOA accredited one-year surgery of the hand program or an accredited one-year reconstructive microsurgery program or a body of equivalent training and experience. Applicant must qualify for and be granted privileges in surgery of the hand.

☐ Requested

Administration of Sedation and Analgesia privileges

See hospital policy for sedation and analgesia by non-anesthesiologists.

☐ Check here to request Moderate Sedation privileges form (Separate form)

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.

Plastic Surgery Core Procedures

1. Amputation of digits
2. Facial plastic surgery to include cosmetic surgery on the face, nose, external ear, eyelids, and 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
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. Performance of history and physical exams
12. Plastic procedures of external and internal male and female genitalia excluding gender dysphoria or hypospadias
13. Plastic procedures on the female and male breast, including augmentation and reduction mammoplasties, postmastectomy reconstruction
14. Plastic reconstruction 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 or 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 revision of cleft lip and cleft palate
Surgery of the Hand Core Procedures

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 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
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:

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Notes:
____________________________________________________________________
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____________________________________________________________________

Print Name __________________________ Signature _______________________

Clinical Service Chief or Designee Signature ___________________________

Practice Area Code: SRMC-Plast Version Code: 03-2014a
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