INSTRUCTIONS
All new applicants must meet the following requirements as approved by the UNM SRMC Board of Directors effective: 08/21/2013

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 surgical oncology, 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 thoracic surgery, urology, general surgery, otolaryngology, (head and neck) surgery, or colon and rectal surgery.

AND

Current certification or active participation in the examination process (with achievement of certification within 5 years leading to certification in thoracic surgery, urology, general surgery otolaryngology (head and neck) surgery, or colon and rectal surgery by the relevant American Board of Medical Specialties Board or the American Osteopathic Board of Surgery.

AND

**Required previous experience:** Applicants for initial appointment must be able to demonstrate performance and have at least 50 oncological surgical procedures, reflective of the scope of privileges requested in the past 12 months or successful completion of an ACGME or AOA accredited residency or clinical fellowship or research in a clinical setting within the past 12 months.

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.

**Reappointment requirements:** To be eligible to renew core privileges in surgery oncology, the applicant must meet the following maintenance of privilege criteria: Current demonstrated competence and an adequate volume of experience in Surgery Oncology 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, surgically treat, and provide consultation to patients of all ages with benign and/or malignant tumors within the head, neck esophagus, chest, abdomen, and ano-rectal, alimentary or renal systems, including the ordering of diagnostic studies and procedures related to oncologic problems. 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 procedures 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.
**UNM SRMC**  
**SURGICAL ONCOLOGY CLINICAL PRIVILEGES**

Name:  
Effective Dates: ___________ To: ___________

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**Non-core: 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.

**Required current experience:** Demonstrated current competence and evidence of the performance of at least five procedures in the past 24 months.

☐ Requested

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**Non-core: Breast Cryoablation**

**Criteria:** Successful completion of an ACGME or AOA accredited residency training program in general surgery of radiology that included formal training in ultrasound and breast cryoablation.

**Required current experience:** Demonstrated current competence and evidence of the performance of at least five procedures in the past 24 months.

☐ Requested

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**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)

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**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.

☐ Requested

**Surgery Oncology Core Privileges**

- Performance of history and physical exam
- Surgical management of cancer cases/cancer-related operative procedures for the following specific anatomic or disease site categories, including:
  - Breast (sentinel node biopsy for breast cancer)
  - Colon or rectal cancer
  - Melanoma (sentinel node biopsy for melanoma)
  - Regional node dissection (any location)
  - Head and neck cancer
  - Complex upper gastrointestinal procedures (e.g., stomach, pancreas, liver)
  - Endocrine tumors
  - Thoracic (e.g., lung, esophagus, mediastinum)
  - Sarcomas of soft tissue or bone
  - Staging for lymph proliferative malignancies
  - Management of distant metastatic disease, including resection
  - Insertion of indwelling access devices for systemic or regional chemotherapy
  - Endoscopic procedures of the aero digestive tract and minimally invasive surgery, particularly as it applied to the staging of cancer
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 ........................................ Date

Clinical Service Chief or Designee Signature