

UNMH Dermatology Clinical Privileges

Name:

Effective Dates: _____ To: _____

All new applicants must meet the following requirements as approved by the UNMH Board of Trustees effective: 12/18/2015

INSTRUCTIONS

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.

Department Chair: 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

1. Note that privileges granted may only be exercised at UNM Hospitals and clinics 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.
2. This document defines qualifications to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

UNMH Dermatology Clinical Privileges

Name:

Effective Dates: _____ To: _____

Qualifications for Dermatology

Initial Applicant - To be eligible to apply for privileges in dermatology, 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 dermatology.

AND/OR

Current certification or active participation in the examination process leading to certification in dermatology by the American Board of Dermatology or the American Osteopathic Board of Dermatology.

AND

Required current experience: Outpatient or consultative care, reflective of the scope of privileges requested, to an adequate number of patients during the past 12 months or successful completion of an ACGME or AOA accredited residency or clinical fellowship within the past 12 months.

Reappointment (Renewal of Privileges) Requirements - To be eligible to renew privileges in dermatology, the reapplicant must continue to meet the appointment criteria and must meet the following maintenance of privilege criteria:

Current demonstrated competence and provision of care to an adequate number of outpatient/consultative cases with acceptable results, reflective of the scope of privileges requested for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

UNMH Dermatology Clinical Privileges

Name:

Effective Dates: _____ To: _____

CORE PRIVILEGES: *Dermatology*

Admit, evaluate, diagnose, treat and provide consultation to patients of all ages, with benign and malignant disorders of the skin, mouth, external genitalia, hair, and nails, as well as sexually transmitted diseases. 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

Dermatology Core Procedures List

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

- Performance of history and physical exam

Dermatology

1. Botulinum toxin injection
2. Chemical face peels
3. Collagen injections
4. Cryosurgery
5. Destruction of benign and malignant tumors
6. Electrosurgery
7. Excision of benign and malignant tumors with simple, intermediate repair techniques
8. Intralesional injections
9. Interpretation of specially prepared tissue sections, cellular scrapings, and smears of skin lesions by means of routine and special (electron and fluorescent) microscopes
10. Potassium hydroxide examination
11. Tzanck smears
12. Patch tests
13. Photomedicine, phototherapy, and topical/systemic pharmacotherapy
14. Sclerotherapy
15. Skin and nail biopsy
16. Soft tissue augmentation
17. Complex repair techniques including flaps and grafts

UNMH Dermatology Clinical Privileges

Name:

Effective Dates: _____ To: _____

Qualifications for Dermatopathology

Initial Applicant - *To be eligible to apply for privileges in dermatopathology, 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 dermatology followed by successful completion of a fellowship in dermatopathology.

AND/OR

Current subspecialty certification or active participation in the examination process leading to subspecialty certification in dermatopathology by the American Board of Dermatology, or a Certification of Added Qualifications (CAQ) in dermatopathology by the American Osteopathic Board of Dermatology

AND

Required current experience: Full-time/part-time dermatopathology services, reflective of the privileges requested, for the past 12 months or successful completion of an ACGME or AOA accredited residency or clinical fellowship within the past 12 months.

Reappointment (Renewal of Privileges) Requirements - *To be eligible to renew privileges in dermatopathology, the reapplicant must meet the following criteria:*

Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES: *Dermatopathology*

Diagnose and monitor diseases of the skin including infectious, immunologic, degenerative, and neoplastic diseases to patients of all ages. Assess 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

UNMH Dermatology Clinical Privileges

Name:

Effective Dates: _____ To: _____

Dermatology Core Procedures List

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

1. Examination and interpretation of specially prepared tissue sections, cellular scrapings, and smears of skin lesions by means of routine and special (electron and fluorescent) microscopes

Qualifications for Procedural Dermatology

Initial Applicant - *To be eligible to apply for privileges in procedural dermatology, 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 dermatology followed by successful completion of a fellowship in procedural dermatology.

AND/OR

Current certification or active participation in the examination process leading to certification in dermatology by the American Board of Dermatology or the American Osteopathic Board of Dermatology.

AND

Required current experience: An adequate volume of cutaneous surgical procedures, reflective of the privileges requested, for the past 12 months or successful completion of an ACGME or AOA accredited residency or clinical fellowship within the past 12 months.

Reappointment (Renewal of Privileges) Requirements - *To be eligible to renew privileges in procedural dermatology, the reapplicant must continue to meet the appointment criteria and must meet the following maintenance of privilege criteria:*

Current demonstrated competence and an adequate volume of experience with acceptable results in the privileges requested for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

UNMH Dermatology Clinical Privileges

Name:

Effective Dates: _____ To: _____

CORE PRIVILEGES: *Procedural Dermatology*

Admit, evaluate, diagnose, provide consultation, and surgically treat diseases of the skin and adjacent mucous membranes, cutaneous appendages, hair, nails, and subcutaneous tissue to patients of all ages. 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

Procedural Dermatology Core Procedures List

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

1. Performance of history and physical exam
2. Cutaneous soft tissue augmentation with injectable filler material
3. Performance of destruction techniques (electrosurgical, cryosurgical, chemical, and laser)
4. Electrosurgery for benign and malignant lesions (electrocoagulation, electrofulguration, electrodesiccation, electrosection, electrocautery)
5. Excision of benign and malignant skin lesions, followed by a layered closure
6. Hair transplantation
7. Nail surgery
8. Scalpel surgery
9. Sclerotherapy
10. Skin rejuvenation techniques (dermabrasion, chemical peel, laser resurfacing, or rhinophyma correction)
11. Small volume tumescent liposuction
12. Wedge excision (lip and ear)

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Special Non-Core Privileges (See Specific Criteria)

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

Qualifications for Use of Laser/Laser Phototherapy

Criteria: Successful completion of an approved residency in a specialty or subspecialty which included training in laser principles or completion of an approved 8 -10 hour minimum CME course which includes training in laser principles. In addition, an applicant for privileges should spend time after the basic training course in a clinical setting with an experienced operator who has been granted laser privileges acting as a preceptor. Practitioner agrees to limit practice to only the specific laser types for which they have provided documentation of training and experience. The applicant must supply a certificate documenting that she/he attended a wavelength and specialty-specific laser course and also present documentation as to the content of that course.

Required Current Experience: Demonstrated current competence and evidence of the performance of an adequate volume of experience with acceptable results in the past 12 months or completion of training in the past 12 months.

Renewal of Privilege: Demonstrated current competence and evidence of the performance of an adequate volume of experience with acceptable results in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGE: *Use of Laser/ Laser Phototherapy*

Requested

UNMH Dermatology Clinical Privileges

Name:

Effective Dates: _____ To: _____

Qualifications for Mohs micrographic surgery

Initial privileges: Applicant must have completed an ACGME- or AOA-accredited residency program in dermatology that included Mohs micrographic surgery (MMS) training, have completed an ACGME-accredited procedural dermatology fellowship training program, or hold a certificate of added qualifications in MMS by the American Osteopathic Board of Dermatology.

AND

Required current experience: Demonstrated current competence and evidence of the performance of an adequate number of MMS procedures in the past 12 months or completion of training in the past 12 months.

Renewal of privilege: Demonstrated current competence and evidence of the performance of an adequate number of MMS procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes. In addition, continuing education related to MMS may be required.

NON-CORE PRIVILEGE: *Mohs micrographic surgery*

Requested

Qualifications for Liposuction (included in the procedural dermatology core)

Initial privileges: Initial applicants must meet one of the following: 1) Successful completion of an ACGME or AOA residency program in dermatology that included training in liposuction; 2) successful completion of an ACGME-accredited fellowship in procedural dermatology; 3) completion of CME-accredited didactic and live surgical training courses; and 4) proctoring or preceptorship training with a qualified, experienced liposuction surgeon for 10 procedures.

AND

Required current experience: Demonstrated current competence and evidence of the performance of an adequate number of liposuction procedures in the past 12 months or completion of training in the past 12 months.

Renewal of privileges: Demonstrated current competence and evidence of the performance of at least an adequate number of liposuction procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGE: *Liposuction (included in the procedural dermatology core)*

Requested

UNMH Dermatology Clinical Privileges

Name:

Effective Dates: _____ To: _____

Qualifications for Dermabrasion (included in the procedural dermatology core)

Initial privileges: Successful completion of an ACGME or AOA residency program in dermatology that included training in dermabrasion or completion of an ACGME-accredited fellowship in procedural dermatology or completion of a hands-on CME.

AND

Required current experience: Demonstrated current competence and evidence of the performance of at least an adequate number of dermabrasion procedures in the past 12 months or completion of training in the past 12 months.

Renewal of privileges: Demonstrated current competence and evidence of the performance of at least an adequate number of dermabrasion procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGE: *Dermabrasion (included in the procedural dermatology core)*

Requested

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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 Hospitals and clinics, 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 _____

Department Chair recommendation

I have reviewed the requested clinical privileges with the applicant and the supporting documentation for the above-named applicant and:

- Recommend all requested privileges with the standard professional practice plan
- Recommend privileges with the standard professional practice plan and the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege Condition/Modification/Explanation

Notes:

Department Chair Signature _____ Date _____

Criteria approved by UNMH Board of Trustees on 12/18/2015