

UNMH Gastroenterology Clinical Privileges

Name:

Effective Dates: _____ To: _____

- Initial privileges (initial appointment)
- Renewal of privileges (reappointment)
- Expansion of privileges (modification)

All new applicants must meet the following requirements as approved by the UNMH Board of Trustees effective: 02/28/2014

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.

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Qualifications for Gastroenterology

Initial privileges: *To be eligible to apply for privileges in gastroenterology, the applicant must meet the following criteria:*

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)– or American Osteopathic Association (AOA)–accredited fellowship in gastroenterology.

AND/OR

Current certification or active participation in the examination process leading to certification in gastroenterology by the American Board of Internal Medicine or completion of a certificate of special qualifications in gastroenterology by the American Osteopathic Board of Internal Medicine.

AND

Required current experience: Inpatient or consultative services for an acceptable number of patients, reflective of the scope of privileges requested, during the past 12 months or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.

Renewal of privileges: *To be eligible to renew privileges in gastroenterology, the applicant 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: Gastroenterology

Admit, evaluate, diagnose, treat, and provide consultation to patients of all ages with diseases, injuries, and disorders of the digestive organs, including the stomach, bowels, liver, gallbladder, and related structures such as the esophagus and pancreas, including the use of diagnostic and therapeutic procedures using endoscopes to see internal organs. 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

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Gastroenterology Core Procedures List

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques.

To the applicant: If you wish to exclude any procedures, please strike through the procedures that you do not wish to request, and then initial and date.

1. Performance of history and physical exam
2. Argon plasma coagulation
3. Biliary tube/stent placement
4. Biopsy of the mucosa of the esophagus, stomach, small bowel, and colon
5. Breath test performance and interpretation
6. Colonoscopy with or without polypectomy
7. Diagnostic and therapeutic esophagogastroduodenoscopy
8. Endoscopic mucosal resection
9. Enteral and parenteral alimentation
10. Esophageal dilation
11. Esophageal or duodenal stent placement
12. Esophagogastroduodenoscopy, including foreign body removal, stent placement, or polypectomy
13. Flexible sigmoidoscopy
14. Gastrointestinal motility studies and 24-hour pH monitoring
15. Interpretation of gastric, pancreatic, and biliary secretory tests
16. Nonvariceal hemostasis (upper and lower)
17. Paracentesis
18. Percutaneous endoscopic gastrostomy
19. Percutaneous liver biopsy
20. Proctoscopy
21. Sengstaken/Minnesota tube intubation
22. Snare polypectomy
23. Ultrasound as adjunct to privileged procedure
24. Variceal hemostasis (upper and lower)

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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

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 Privileges: Use of Laser

Requested

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Qualifications for Capsule Endoscopy Performance and Interpretation

Criteria: Successful completion of an ACGME- or AOA-accredited program in gastroenterology that included training in capsule endoscopy or completion of a hands-on course with a minimum of eight hours of CME credit, endorsed by a national or international gastroenterologist or surgical society and a review of the first 10 capsule studies by a credentialed capsule endoscopist.

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. In addition, continuing education related to capsule endoscopy should be required.

Non-Core Privileges: Capsule Endoscopy Performance and Interpretation

Requested

Qualifications for Endoscopic Ultrasound

Criteria: Successful completion of an ACGME- or AOA-accredited program in gastroenterology that included training in Endoscopic Ultrasound of a minimum 200 procedures (including 40 of which must include needle biopsy and/or aspiration).

Required Current Experience: Demonstrated current competence and evidence of the performance of an adequate volume of Endoscopic Ultrasound procedures 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 Endoscopic Ultrasound procedures with acceptable results in the past 24 months based on results of ongoing professional practice evaluation and outcomes. In addition, continuing education related to capsule endoscopy should be required. In addition, continuing education related to gastrointestinal endoscopy should be required.

Non-Core Privileges: Endoscopic Ultrasound

Requested

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Qualifications for Therapeutic Endoscopic Retrograde Cholangiopancreatographies (ERCP)

Criteria: Successful completion of an ACGME- or AOA-accredited program in gastroenterology that included training in ERCP of a minimum 200 procedures (including 40 sphincterotomies and 10 stent placements).

Required Current Experience: Demonstrated current competence and evidence of the performance of an adequate volume of therapeutic ERCP procedures (sphincterotomies and stent placements) 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 therapeutic ERCP procedures (sphincterotomies and stent placements) with acceptable results in the past 24 months based on results of ongoing professional practice evaluation and outcomes. In addition, continuing education related to capsule endoscopy should be required. In addition, continuing education related to gastrointestinal endoscopy should be required.

Non-Core Privileges: Therapeutic Endoscopic Retrograde Cholangiopancreatographies (ERCP)

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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 _____

Division Chief recommendation

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and recommend action on the privileges as presently requested above.

Signed _____ Date _____

Patient Safety Officer recommendation

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and recommend action on the privileges as presently requested above.

Signed _____ Date _____

Department Chair recommendation

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

- Recommend all requested privileges
- Recommend privileges with 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 02/28/2014