

UNMH Hematology/Oncology 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: 11/22/2013

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. last page of this form.

UNMH Hematology/Oncology Clinical Privileges

Name:

Effective Dates: _____ To: _____

QUALIFICATIONS FOR HEMATOLOGY

Initial Applicants - To be eligible to apply for privileges in hematology, 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 internal medicine followed by successful completion of an accredited fellowship in hematology or integrated fellowship in Hematology/Oncology.

AND/OR

Current subspecialty certification or active participation in the examination process leading to subspecialty certification in hematology or dual certification in hematology and medical oncology by the American Board of Internal Medicine or subspecialty certification in hematology by the American Osteopathic Board of Internal Medicine.

AND

Required Current Experience: Applicants for initial appointment must be able to demonstrate provision of inpatient or consultative services to an acceptable volume of patients, reflective of the scope of privileges requested, during the past 24 months or successful completion of an ACGME or AOA residency or clinical fellowship within the past 12 months.

Reappointment Requirements - To be eligible to renew privileges in hematology, the applicant must meet the following criteria maintenance of privilege 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: Hematology

Admit, evaluate, diagnose, treat, and provide consultation to patients of all ages, with diseases and disorders of the blood, spleen, lymph glands, and immunologic system, such as anemia, clotting disorders, sickle cell disease, hemophilia, leukemia, and lymphoma. 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

UNMH Hematology/Oncology Clinical Privileges

Name:

Effective Dates: _____ To: _____

Hematology 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, initial, and date.

1. Administration of chemotherapeutic agents and biological response modifiers through all therapeutic routes
2. Assessment of tumor imaging by computed tomography, magnetic resonance, PET scanning, and nuclear imaging techniques
3. Complete blood count, including platelets and white cell differential, by means of automated or manual techniques
4. Diagnostic lumbar puncture
5. Management and maintenance of indwelling venous access catheters
6. Perform history and physical exam
7. Preparation, staining, and interpretation of blood smears, performing bone marrow aspirates, and touch preparations as well as interpretation of bone marrow biopsies
8. Serial measurement of tumor masses
9. Therapeutic thoracentesis and paracentesis
10. High dose chemotherapy with autologous peripheral blood stem cell and/or bone marrow transplantation

UNMH Hematology/Oncology Clinical Privileges

Name:

Effective Dates: _____ To: _____

QUALIFICATIONS FOR MEDICAL ONCOLOGY

Initial Applicants - To be eligible to apply for privileges in medical 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 post-graduate training program in internal medicine followed by successful completion of an accredited fellowship in medical oncology or an integrated fellowship in Hematology /Oncology.

AND/OR

Current subspecialty certification or active participation in the examination process leading to subspecialty certification in medical oncology or dual certification in hematology and oncology by the American Board of Internal Medicine or subspecialty certification in oncology by the American Osteopathic Board of Internal Medicine.

AND

Required Current Experience: Applicants for initial appointment must be able to demonstrate provision of inpatient or consultative services to an acceptable volume of patients, reflective of the scope of privileges requested, during the past 24 months or successful completion of an ACGME or AOA residency or clinical fellowship within the past 12 months.

Reappointment Requirements: To be eligible to renew privileges in medical oncology, the applicant must meet the following criteria maintenance of privilege 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: Medical Oncology

Admit, evaluate, diagnose, treat, and provide consultation to patients of all ages, with all types of cancer and other benign and malignant tumors. 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

UNMH Hematology/Oncology Clinical Privileges

Name:

Effective Dates: _____ To: _____

Medical Oncology 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, initial, and date.

1. Administration of chemotherapeutic agents and biological response modifiers through all therapeutic routes
2. Assessment of tumor imaging by computed tomography, magnetic resonance, PET scanning, and nuclear imaging techniques
3. Complete blood count, including platelets and white cell differential, by means of automated or manual techniques
4. Diagnostic lumbar puncture
5. Management and maintenance of indwelling venous access catheters
6. Perform history and physical exam
7. Preparation, staining, and interpretation of blood smears, performing bone marrow aspirates, and touch preparations as well as interpretation of bone marrow biopsies
8. Serial measurement of tumor masses
9. Therapeutic thoracentesis and paracentesis
10. High dose chemotherapy with autologous peripheral blood stem cell and/or bone marrow transplantation

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Effective Dates: _____ **To:** _____

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 or Medical Director for Quality Improvement 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 11/22/2013