

UNMH Family Medicine Clinical Privileges

Name:

Effective Dates: _____ **To:** _____

All new applicants must meet the following requirements as approved by the UNMH Board of Trustees effective: 07/31/2015

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 Family Medicine Clinical Privileges

Name:

Effective Dates: _____ To: _____

Qualifications for General Family Medicine

Initial privileges - *To be eligible to apply for privileges in family medicine, the 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 family medicine.

AND/OR

Current certification or active participation in the examination process leading to certification in family medicine by the American Board of Family Medicine or family practice and osteopathic manipulative treatment by the American Osteopathic Board of Family Physicians.

AND

Required current experience: Provision of care, reflective of the scope of privileges requested, for an adequate number of inpatients as the attending physician 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 family medicine, 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, 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 ability to perform privileges requested is required of all applicants for renewal of privileges.

UNMH Family Medicine Clinical Privileges

Name:

Effective Dates: _____ To: _____

CORE PRIVILEGES: *General Family Medicine*

Admit, evaluate, diagnose, treat, and provide consultation to patients of all ages, with a wide variety of illnesses, diseases, injuries, and functional disorders of the circulatory, respiratory, endocrine, metabolic, musculoskeletal, hematopoietic, gastroenteric, integumentary, nervous, female reproductive, and genitourinary systems. 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 procedures list and such other procedures that are extensions of the same techniques and skills.

Requested

General Family Medicine 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. Abdominal paracentesis
3. Arthrocentesis and joint injection
4. Breast cyst aspiration
5. Management of burns, superficial and partial thickness
6. Excision of cutaneous and subcutaneous lesions, tumors, and nodules
7. Incision and drainage of abscesses
8. Performance of local anesthetic techniques
9. Management of uncomplicated, minor, closed fractures and uncomplicated dislocations
10. Performance of needle biopsies
11. Performance of simple skin biopsy
12. Peripheral nerve blocks
13. Placement of anterior and posterior nasal hemostatic packing
14. Removal of a nonpenetrating foreign body from the eye, nose, or ear
15. Suturing of uncomplicated lacerations
16. Suprapubic bladder aspiration
17. Assistance at surgery
18. Thoracentesis
19. Lumbar Puncture

UNMH Family Medicine Clinical Privileges

Name:

Effective Dates: _____ To: _____

Qualifications for Family Medicine Pediatrics

Initial privileges: The same as for the family medicine core

AND

Required current experience: Demonstrated current competence and evidence of the provision of care, reflective of the scope of privileges requested, to an adequate number of inpatients in the past 12 months or completion of training in the past 12 months.

Renewal of privileges: Demonstrated current competence and evidence of the provision of care to an adequate number of pediatric inpatients in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

CORE PRIVILEGES: *Family Medicine Pediatrics*

Admit, evaluate, diagnose, and treat pediatric patients up to the age of 18 (and young adults with special healthcare needs) who have common illnesses, injuries, or disorders. This includes the care of the normal newborn as well as the uncomplicated premature infant born at or after 35 weeks of gestation. 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 procedures list and such other procedures that are extensions of the same techniques and skills.

Requested

Family Medicine Pediatrics 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. Circumcision
3. Incision and drainage of abscesses
4. Management of uncomplicated minor closed fractures and uncomplicated dislocations
5. Performance of simple skin biopsy or excision
6. Removal of nonpenetrating corneal foreign body
7. Suturing of uncomplicated lacerations

UNMH Family Medicine Clinical Privileges

Name:

Effective Dates: _____ To: _____

Qualifications for Family Medicine Obstetrics

Initial privileges: The same as for the family medicine core, plus completion of Advanced Life Support in Obstetrics course

AND

Required current experience: Demonstrated current competence and evidence of the performance of 30 obstetrical deliveries in the past 24 months or completion of training in the past 12 months.

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

CORE PRIVILEGES: *Family Medicine Obstetrics*

Admit, evaluate, diagnose, treat, and provide consultation to female patients presenting in any condition or stage of pregnancy, including injuries and disorders of the reproductive system. Management of labor (term and preterm > 34 weeks), Management of common intrapartum problems (e.g., hypertension, pre-eclampsia, diabetes in pregnancy with consultation when appropriate (e.g. insulin dependent diabetes), fever, infection, and non-reassuring fetal status.) and postpartum problems (e.g. postpartum hemorrhage).

Requested

Family Medicine Obstetrics 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. Vaginal deliveries and related procedures including management of shoulder dystocia and manual removal of placenta. Operative vaginal delivery is not included in the core and should be requested in special non-core privileges
2. Limited obstetrical ultrasound to evaluate fetal position, amniotic fluid, biophysical profile, placental position and viability)
3. Labor management procedures including labor induction/augmentation, internal and external fetal monitoring, amniotomy, and amnioinfusion.)
4. Attendance at delivery to assume care of newborns [current NRP certification required]

UNMH Family Medicine Clinical Privileges

Name:

Effective Dates: _____ To: _____

Qualifications for Family Medicine Obstetrical Fellowship Trained

Initial privileges: The same as for the family medicine core, plus: completion of Family Medicine Obstetrics fellowship with training in surgical and high-risk obstetrics.

AND

Required current experience: Demonstrated current competence and evidence of the performance of an adequate number of deliveries in the past 24 months or fellowship training and/or post fellowship training in the past 12 months.

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

CORE PRIVILEGES: *Family Medicine Obstetrical Fellowship Trained*

Privileges to admit, evaluate, diagnose, treat, and provide consultation to female patients presenting in any condition or stage of pregnancy, including injuries and disorders of the reproductive system. Management of labor complications. Management of high-risk pregnancies with consultation when appropriate, including major medical diseases that are complicating factors in pregnancy. All the privileges and procedures in Family Medicine Obstetric Core are included.

Requested

Family Medicine Obstetrical Fellowship Trained 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. Amniocentesis for fetal lung maturity
2. External Cephalic version
3. Vaginal deliveries and related procedures (including operative vaginal)
4. Vacuum assisted vaginal delivery
5. Forceps assisted vaginal delivery
6. Management and delivery of multiple gestation
7. Vaginal breech delivery
8. Cesarean -sections and related procedures
9. Postpartum tubal ligation
10. OB ultrasound to evaluate fetal position, fluid, cervical length, 1st trimester ultrasound for dating and viability, and limited biometry)
11. All other procedures related to normal and complicated delivery

UNMH Family Medicine Clinical Privileges

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Qualifications for Family Medicine Gynecology

Initial privileges: The same as for the family medicine core
AND

Required current experience: Demonstrated current competence and evidence of provision of care, reflective of the scope of privileges requested, to an adequate number of gynecologic inpatients in the past 12 months or completion of training in the past 12 months.

Renewal of privileges: Demonstrated current competence and evidence of provision of care to an adequate number of gynecologic inpatients in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

CORE PRIVILEGES: *Family Medicine Gynecology*

Admit, evaluate, diagnose, treat, and provide consultation to postpubescent female patients with injuries and disorders of the female reproductive system and the genitourinary system. 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

Family Medicine Gynecology 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. Appropriate screening examination (including breast examination)
3. Cervical biopsy and polypectomy
4. Colposcopy
5. Cryosurgery/cautery for benign disease
6. Culdocentesis
7. Endometrial biopsy
8. Excision/biopsy of vulvar lesions
9. Incision and drainage of Bartholin duct cysts or marsupialization
10. Insertion and removal of intrauterine devices
11. Microscopic diagnosis of urine and vaginal smears
12. Removal of foreign bodies from the vagina
13. Suturing of uncomplicated lacerations

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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 Special Procedures in Obstetrics

Initial privileges: Applicant must demonstrate successful completion of an approved and recognized course or acceptable supervised training in residency, fellowship, or other acceptable experience.

AND

Required current experience: Demonstrated current competence and evidence of acceptable number of documented procedures in the past 12 months or completion of training in the past 12 months.

Renewal of privileges: Demonstrated current competence and evidence of attendance of acceptable number of documented procedures in the past 24 months based on results of quality assessment/improvement activities and outcomes.

NON-CORE PRIVILEGE: *1st trimester obstetrical ultrasound for dating/viability*

Requested

NON-CORE PRIVILEGE: *Diagnostic obstetrical ultrasound- basic anatomy & biometry*

Requested

NON-CORE PRIVILEGE: *Operative Vaginal Delivery: low/outlet forceps*

Requested

NON-CORE PRIVILEGE: *Operative Vaginal Delivery: low/outlet vacuum*

Requested

NON-CORE PRIVILEGE: *Repair of 4th degree perineal lacerations*

Requested

UNMH Family Medicine Clinical Privileges

Name:

Effective Dates: _____ To: _____

Qualifications for Neonatal Care Management (34-35 weeks)

Initial privileges: Same as Family Medicine Core and current NRP certification

AND

Required current experience: Demonstrated current competence and evidence of the management of an adequate volume of documented care of the 34-35 week neonate in the past 12 months or completion of training in the past 12 months.

Renewal of privilege: Demonstrated current competence and evidence of the management of an adequate volume of documented care of the 34-35 week neonate in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGES: Neonatal Care Management (34-35 weeks)

Requested

Qualifications for Central Lines

Initial privileges: Successful completion of an ACGME- or AOA-accredited residency in family medicine that included training in central lines or completion of hands-on training in central lines under the supervision of a qualified physician preceptor.

AND

Required current experience: Demonstrated current competence and evidence of the performance of an adequate number of central lines 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 an adequate number of central lines in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGES: Central Lines

Requested

Qualifications for Ultrasound as adjunct to privileged procedure

Initial privileges: Successful completion of an ACGME- or AOA-accredited residency in family medicine that included training in ultrasound or completion of an acceptable ultrasound CME

UNMH Family Medicine Clinical Privileges

Name:

Effective Dates: _____ **To:** _____

training course or hands-on training in ultrasound-guided procedures under the supervision of a qualified physician preceptor.

AND

Required current experience: Demonstrated current competence and evidence of the performance of an adequate number of ultrasound guided 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 an adequate number of ultrasound guided procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGES: Ultrasound as adjunct for privileged procedures

Requested

Qualifications for Special Procedures in Gynecology

Initial privileges: Applicant must demonstrate successful completion of an approved and recognized course or acceptable supervised training in residency, fellowship, or other acceptable experience.

AND

Required current experience: Demonstrated current competence and evidence of acceptable number of documented procedures in the past 12 months or completion of training in the past 12 months.

Renewal of privileges: Demonstrated current competence and evidence of attendance of acceptable number of documented procedures in the past 24 months based on results of quality assessment/improvement activities and outcomes.

NON-CORE PRIVILEGE: LEEP - Loop electrical excision for cervical dysplasia

Requested

NON-CORE PRIVILEGE: Uterine Aspiration for pregnancy termination/miscarriage

Requested

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Name:

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Qualifications for Contraceptive implant - insertion & removal

Criteria: Completion of training program required for device specific insertion.

Required Current Experience: Demonstrated current competence and evidence of performance of an acceptable volume of implant insertions & removals with acceptable results in the past 12 months.

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

NON-CORE PRIVILEGE: *Contraceptive implant - insertion & removal*

Requested

UNMH Family Medicine Clinical Privileges

Name: _____
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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 recommendation(s)

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:

Division Chief Signature _____ Date _____

Print Name _____ Title _____

Department Chair Signature _____ Date _____

Print Name _____

Criteria approved by UNMH Board of Trustees on 07/31/2015