

# UNMH Oral and Maxillofacial Surgery Clinical Privileges

Name: \_\_\_\_\_  
Effective Dates: \_\_\_\_\_ To: \_\_\_\_\_

*All new applicants must meet the following requirements as approved by the UNMH Board of Trustees effective: 09/26/2014*

## **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.

## ***Qualifications for Oral and Maxillofacial Surgery***

---

***Initial privileges:*** *To be eligible to apply for privileges in oral and maxillofacial surgery, the applicant must meet the following criteria:*

Successful completion of an accredited residency in oral and maxillofacial surgery that includes training for procedures of the soft and hard tissues as well as history and physicals and/or successful completion of an accredited residency in dental anesthesiology

AND/OR

Current certification or active participation in the examination process leading to certification in oral and maxillofacial surgery by the American Board of Oral and Maxillofacial Surgery.

AND

**Required Current Experience:** Demonstrated current competence and evidence of the performance of an adequate volume of experience in each of the major surgery categories

## UNMH Oral and Maxillofacial Surgery Clinical Privileges

Name:

Effective Dates: \_\_\_\_\_ To: \_\_\_\_\_

(trauma, pathology, orthognathic surgery, reconstructive and cosmetic surgery) for which privileges are requested or successful completion of a CODA accredited residency in the past 12 months.

***Renewal of privileges:*** To be eligible to renew privileges in oral and maxillofacial surgery, the applicant must meet the following criteria:

Current demonstrated competence and an adequate volume of experience (6 cases in each of the major surgery categories - trauma, pathology, orthognathic, reconstructive and cosmetic) 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: Oral & Maxillofacial Surgery Core Privileges***

Admit, evaluate, diagnose, treat and provide consultation to patients of all ages with pathology, injuries, and disorders of both the functional and aesthetic aspects of the hard and soft tissues of the head, mouth, teeth, gums, jaws, and neck, perform surgical procedures and post-operative management. 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**

### ***Oral & Maxillofacial Surgery Core Procedures***

*This list is a sampling of procedures included in the core. This 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 procedures that you do not wish to request, then initial and date.

1. Perform history and physical exam
2. Alveolar cleft reconstruction
3. Biopsy of hard and soft tissue of the maxillofacial regions
4. Caldwell Luc procedure
5. Dental Implanly surgery
6. Dentoalveolar surgery: includes management of odontogenic infections; erupted, unerupted,

## UNMH Oral and Maxillofacial Surgery Clinical Privileges

**Name:**

**Effective Dates:** \_\_\_\_\_ **To:** \_\_\_\_\_

and impacted teeth, including third molar extractions and defects and deformities of the dentoalveolar complex, Surgical extractions, alveoplasty, removal of impacted teeth. Surgical exposure of impacted teeth, excision of palatal tori, lingual tori, exostosis of the alveolar bone

7. Intra and extraoral procedures:

- a. Deep space infections
- b. Minor and major cysts and tumors
- c. Lacerations of the face, head, neck and oral cavity
- d. Sublingual gland surgery including excision of ranula
- e. Excision of submandibular gland
- f. Repair of oral antral fistula
- g. Salivary duct surgery
- h. Resection of local malignant tumors of the mouth and jaws
- i. Maxillectomy and mandibulectomy

8. Orthognathic surgery includes: the surgical correction of functional and aesthetic orofacial and craniofacial deformities of the mandible, maxilla, zygoma, and other facial bones. Surgical procedures include: ramus and body procedures; subapical segmental osteotomies; LeFort I, II, and \*III procedures; and craniofacial operations.

9. Pathology includes: major maxillary sinus procedures, treatment of temporomandibular joint pathology, cystectomy of bone and soft tissue, sialolithotomy, sialoadenectomy, management of head and neck infection, including incision and drainage procedures, fifth nerve surgery and surgical management of benign and malignant neoplasms.

10. Palatoplasty of the hard palate: including tongue flap and rotational flaps, closure of oral nasal fistula

11. Placement of alloplastic implants in the maxillofacial region

12. Preprosthetic surgery:

- a. Bone graft
- b. Skin graft
- c. vestibuloplasty

13. Reconstructive surgery: includes bone grafting and soft tissue grafting procedures and the insertion of implants. Distant bone graft sites may include but are not limited to the calvaria, rib, ilium, fibula and tibia. Distant soft tissue grafts include but are not limited to cartilage, skin, fat, nerve & fascia.

Reconstructive procedures include but are not limited to vestibuloplasties; augmentation procedures; temporomandibular joint reconstruction; management of continuity defects; insertion of craniofacial implants; facial cleft repair; and other reconstructive surgery of the oral and maxillofacial region.

14. Trauma surgery includes: tracheostomies, open and closed reductions of fractures of the mandible, maxilla, zygomatico-maxillary, nose, naso-frontal-orbital-ethmoidal and midface region and repair of facial, oral, soft tissue injuries and injuries to specialized structures

## UNMH Oral and Maxillofacial Surgery Clinical Privileges

Name:

Effective Dates: \_\_\_\_\_ To: \_\_\_\_\_

### **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 Cosmetic Oral & Maxillofacial Surgery*

---

**Criteria:** Successful completion of a CODA accredited fellowship in cosmetic oral and maxillofacial surgery or the equivalent in training and experience.

AND

**Required current experience:** Demonstrated current competence and evidence of the performance of an adequate volume of facial cosmetic surgery procedures with acceptable results, 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 volume of facial cosmetic surgery procedures with acceptable results in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

### ***NON-CORE PRIVILEGES: Facial Cosmetic Surgery***

Includes but is not limited to blepharoplasty, brow lifts, treatment of skin lesions, skin resurfacing, cheiloplasty, genioplasty, liposuction, otoplasty, rhinoplasty and rhytidectomy

**Requested**

### *Qualifications for Craniofacial and Pediatric Oral & Maxillofacial Surgery*

---

**Criteria:** Successful completion of a CODA accredited fellowship in craniofacial and pediatric oral and maxillofacial surgery or the equivalent in training and experience.

AND

**Required current experience:** Demonstrated current competence and evidence of the performance of an adequate volume of craniofacial surgery procedures with acceptable results, 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 volume of craniofacial surgery procedures with acceptable results in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

## UNMH Oral and Maxillofacial Surgery Clinical Privileges

Name:

Effective Dates: \_\_\_\_\_ To: \_\_\_\_\_

### ***NON-CORE PRIVILEGES: Cleft and Craniofacial Surgery***

Includes correction of primary cleft lip and palate; velopharyngeal incompetence; residual cleft lip and/or nasal deformities (secondary); maxillary alveolar cleft; residual maxillofacial skeletal deformities (secondary); craniofacial deformities (intracranial approach); orbital and naso-orbital deformities.

**Requested**

### ***Qualifications for Maxillofacial Oncology***

---

**Criteria:** Successful completion of a CODA accredited fellowship in oral and maxillofacial oncology or the equivalent in training and experience.

AND

**Required current experience:** Demonstrated current competence and evidence of the performance of an adequate volume of oral maxillofacial oncology procedures with acceptable results, 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 volume of oral maxillofacial oncology procedures with acceptable results in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

### ***NON-CORE PRIVILEGES: Oral & Maxillofacial Oncology***

Includes excision of malignant tumors; major soft tissue excision for benign or malignant tumors, e.g. hemiglossectomy, floor of mouth excision, parotidectomy, submandibular gland incision; jaw excision for benign and malignant disease, e.g. marginal or segmental mandibulectomy, partial maxillectomy; neck dissection.

**Requested**

### ***Qualifications for Maxillofacial Trauma***

---

**Criteria:** Successful completion of a CODA accredited fellowship in maxillofacial trauma or the equivalent in training and experience.

AND

**Required current experience:** Demonstrated current competence and evidence of the performance

## UNMH Oral and Maxillofacial Surgery Clinical Privileges

Name:

Effective Dates: \_\_\_\_\_ To: \_\_\_\_\_

of an adequate volume of maxillofacial trauma procedures with acceptable results, 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 volume of oral maxillofacial oncology procedures with acceptable results in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

### ***NON-CORE PRIVILEGES: Maxillofacial Trauma***

Includes midfacial fractures, upper facial fractures including frontal sinus; major soft tissue injuries.

**Requested**

### ***Qualifications for Use of laser***

---

**Criteria:** Successful completion of an approved residency in a specialty or subspecialty that included training in laser principles or completion of an approved 8- to 10-hour continuing medical education course that included 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 he or she has provided documentation of training and experience. The applicant must supply a certificate documenting that he or she attended a wavelength and specialty-specific laser course and also present documentation as to the content of that course.

AND

**Required current experience:** Demonstrated current competence and evidence of the performance of an adequate volume of procedures with acceptable results, 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 volume of procedures 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**

## UNMH Oral and Maxillofacial Surgery Clinical Privileges

Name:

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 UNMH 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 9/26/2014