

UNMH OTOLARYNGOLOGY CLINICAL PRIVILEGES

NAME: _____ EFFECTIVE DATES: FROM _____ TO _____

All new applicants must meet the following requirements as approved by the UNMH Board of Trustees, effective 02/28/14:

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.

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 OTOLARYNGOLOGY:

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

1. Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited postgraduate training program in otolaryngology; **AND/OR**
2. Current certification or active participation in the examination process, leading to subspecialty certification in general surgery by the American Board of Otolaryngology or the American Osteopathic Board of Otolaryngology-Head and Neck Surgery; **AND**
3. Required current experience: An adequate volume of otolaryngologic surgery procedures, reflective of the scope of privileges requested, during the past twelve (12) months, or demonstrated successful completion of an ACGME or AOA-accredited residency or clinical fellowship within the past twelve (12) months.

Renewal of Privileges: To be eligible to renew privileges in otolaryngology, 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 twenty-four (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.

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CORE PRIVILEGES: Otolaryngology

Admit, evaluate, diagnose, consult, and provide pre-, intra-, and post-operative care and perform surgical procedures to patients of all ages presenting with diseases, deformities, or disorders of the head and neck that affect the ears, nose, throat, respiratory and upper alimentary systems, and related structures of the head and neck. Head and neck oncology and facial plastic reconstructive surgery, and the treatment of hearing and voice are also included. 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 procedure list below and such other procedures that are extensions of the same technique and skills.

Requested

Otolaryngology Core Procedures List

This list is a sampling of procedures included in the otolaryngology 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 listed in the core, strike through then initial and date those procedures you do not wish to request.

1. Performance of history and physical examination.
2. Anterior (endoscopic and non-endoscopic skull-based surgery)
3. Botulinum toxin injection for cosmesis or function
4. Cryosurgery
5. Endoscopy (direct laryngoscopy – fiberoptic and rigid); nasopharyngoscopy; true vocal fold injection/thyroplasty; cold knife microlaryngeal surgery/arytenoidectomy; microdebrider endoscopy; esophagoscopy (diagnostic, foreign body removal, dilation); bronchoscopy (diagnostic, foreign body removal, dilation, fiberoptic)
6. Endoscopic biopsy
7. Harvesting of skin, fat or bone grafts of the head and neck, hip, trunk, and extremities
8. Incision/excisional biopsy
9. Lip surgery, including lip shave wedge excision/reconstruction; upper/lower lip resection/reconstruction
10. Local, regional, myocutaneous (pectorals, trapezius, sternocleidomastoid), and osteocutaneous pedicled or free tissue transfer reconstructions
11. Needle biopsy/punch biopsy
12. Plastic and reconstructive surgery, including facial resurfacing, blepharoplasty, rhinoplasty, rhytidectomy, otoplasty, mentoplasty, liposuction, and implantation of autogenous, homologous, and allograft, repair of lacerations, and cleft lip and upper palate repair; repair of congenital aural atresia

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13. Reconstructive procedure of the upper airway
14. Reduction of facial fractures
15. Repair of fistulas – oral-antral, oral-nasal, oral-maxillary, oral-cutaneous, pharyngocutaneous, trachea-cutaneous, esophagocutaneous
16. Surgery on the ear, auditory canal, tympanic membrane, and the contents of the middle ear (e.g., tympanoplasty, tympanomastoidectomy, labyrinthectomy, mastoidectomy, canaloplasty, stapedectomy, auriculectomy/wedge resection/reconstruction, temporal bone resection)
17. Surgery of the larynx, including external approach (e.g., laryngofissure, laryngeal framework surgery); internal/endoscopic approach (fiberoptic flexible and direct laryngoscopy, vocal fold surgery, and microdebrider surgery); biopsy, partial or total laryngectomy, fracture repair
18. Surgery of the nasal and paranasal sinuses (frontal, maxillary, ethmoidal, sphenoidal), surgery of the nasal mucosa and turbinates including endoscopic (e.g., nasal septoplasty), inferior turbinoplasty, maxillary antrostomy (Caldwell Luc), ethmoidectomy, sphenoidectomy, frontal sinusotomy, repair of CSF fistula, dacryocystorhinostomy, and non-endoscopic (e.g., septoplasty)
19. Surgery of the oral cavity, including soft palate, tongue, mandible (e.g., uvulopalatopharyngoplasty, tongue suspension and volume reduction, genioglossus advancement, sagittal split osteotomy with advancement, lipectomy, hyoid suspension, partial/total glossectomy, floor of mouth resection, mandibulotomy, resection – hard/soft palate)
20. Surgery of the pharynx, trachea, parapharyngeal space (e.g., tracheotomy, tracheal resection and repair), cervical esophagectomy, Zenker’s diverticulum surgery (open and endoscopic), mediastinal exploration/dissection, cricopharyngeal myotomy/myectomy, revision stenotic tracheostoma, partial/total pharyngectomy, pharyngeal reconstruction
21. Surgery of the salivary gland, including parotidectomy, ranula excision, plastic repair of salivary complex
22. Surgery of the thyroid/parathyroid, thyroid lobectomy/subtotal/total thyroidectomy, parathyroidectomy
23. Surgical removal of teeth in association with radical resection
24. Tonsillectomy, adenoidectomy
25. Use of energy sources as an adjunct to privileged procedures

QUALIFICATIONS FOR NEUROTOLOGY

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

1. Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited postgraduate training program in otolaryngology, followed by successful completion of an accredited fellowship in neurotology or pediatric otolaryngology; **AND/OR**

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2. Current subspecialty certification or active participation in the examination process, leading to subspecialty certification in neurotology by the American Board of Otolaryngology; **AND**
3. Required current experience: An adequate volume of neurotological surgery procedures, reflective of the scope of privileges requested, during the past twelve (12) months, or demonstrated successful completion of an ACGME or AOA-accredited residency or clinical fellowship within the past twelve (12) months.

Renewal of Privileges: To be eligible to renew privileges in neurotology, 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 twenty-four (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: Neurotology

Admit, evaluate, diagnose, treat, and provide consultation to patients of all ages presenting with diseases of the ear and temporal bone, lateral skull base and related structures, including disorders of hearing and balance. Includes medical and surgical management skills for the care of diseases and disorders of the petrous apex, infratemporal fossa, internal auditory canals, cranial nerves and lateral skull base, in conjunction with neurological surgery. 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 listed below and such other procedures that are extension of the same technique and skills.

Requested

Neurotology Core Procedures List

This list is a sampling of procedures included in the neurotology 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 listed in the core, strike through then initial and date those procedures you do not wish to request.

1. Perform history and physical exam
2. Acoustic neuroma surgery
3. Cochlear implantation
4. Facial nerve decompression
5. Decompression membranous labyrinth cochleosaculotomy, endolymphatic sac operation
6. Electrophysiologic monitoring of cranial nerves VII, VIII, X, XI, and XII
7. Excision of glomus tumor
8. Excision of skull base tumor

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9. Interpret imaging techniques of the temporal bones and lateral skull base
10. Labyrinthectomy
11. Mastoid tympanoplasty
12. Middle/post fossa skull base surgery
13. Osseo integrated implants for auricular prosthesis or for bone anchored hearing aid
14. Petrous apiectomy plus radical mastoid
15. Reconstruction congenital aural atresia
16. Repair fistula (OW, RW)
17. Resection CP angle tumor
18. Stapedectomy
19. Temporal bone resection
20. VII nerve repair/substitution
21. VIII nerve section

SPECIAL NON-CORE PRIVILEGES

If desired, non-core privileges are requested individually in addition to requesting the core privileges. 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 competency.

QUALIFICATIONS FOR USE OF A ROBOTIC-ASSISTED SYSTEM FOR OTOLARYNGOLOGY PROCEDURES

Criteria: To be eligible to apply for use of a robotic-assisted system for otolaryngology procedures, the applicant must meet the following criteria:

1. Successful completion of an ACGME or AOA postgraduate training program that included training in minimal access (laparoscopic) procedures and therapeutic robotic devices and their use; **OR**
2. Completion of approved structured training program that included didactic education on the specific technology, animal laboratory training, and the specialty-specific approach to organ systems; **AND**
3. Must hold open/laparoscopic privileges to perform the procedures being requested for use with the robotic system; **AND**
4. Must hold privileges in, or demonstrate training and experience in, general laparoscopic procedures.
5. Required current experience: Demonstrated current competence and evidence of the performance of an adequate volume of experience with acceptable results, or completion of training program within the last twelve (12) months; first ten (10) cases must be proctored in the operating room by a physician holding robotic privileges at UNMH.

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Reappointment Requirements: Demonstrated current competence and evidence of the performance of an adequate number of requested procedures with acceptable outcomes in the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGES: USE OF A ROBOTIC-ASSISTED SYSTEM FOR OTOLARYNGOLOGY PROCEDURES

1. Biopsy and resection of tumors of the upper aerodigestive tract

Requested

QUALIFICATIONS FOR USE OF LASER

Criteria: To be eligible to apply for use of laser, the applicant must meet the following criteria:

1. Successful completion of an approved residency program in a specialty or subspecialty which included training in laser principles, or completion of an approved eight (8) to ten (10) hour minimum CME course which included training in laser principles; **AND**
2. Applicant should spend time after the basic training course in a clinical setting with an experienced operator who has been granted laser privileges and is 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 they have attended a wavelength and specialty-specific laser course and also present documentation as to the content of that course; **AND**
3. Required current experience: Demonstrated current competence and evidence of the performance of an acceptable volume of the requested procedure in the past twelve (12) months or completion of training in the past twelve (12) months.

Reappointment Requirements: Demonstrated current competence and evidence of the performance of an adequate number of requested procedures with acceptable outcomes in the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGES: USE OF LASER

Requested

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Acknowledgement of Practitioner

I have requested only those clinical 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. 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.

Signature

Date Signed

Clinical Director/Division Chief Recommendation(s)

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

Name: _____ Signature _____ Date _____

Name: _____ Signature _____ Date _____

Department Chair Recommendation

I have reviewed the requested clinical privileges and 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 conditions/modifications noted below
- Do not recommend the clinical privileges noted below

Explanation: _____

Department Chair Signature

Date Signed

Criteria approved by UNMH Board of Trustees on 02/28/14