

## UNMH Pathology Clinical Privileges

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

*All new applicants must meet the following requirements as approved by the UNMH Board of Trustees effective: 06/26/2015*

### **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. Please review both Core and Non-Core privileges. Select at least one Core privilege and any Non-Cores requested.

**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 Pathology (Forensic, anatomic and clinical)***

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***Initial Applicant*** - To be eligible to apply for privileges in pathology (forensic, anatomic, clinical), 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 clinical (laboratory) and/or anatomic pathology (which includes cytopathology).

AND/OR

Current certification or active participation in the examination process leading to certification in clinical and/or anatomic pathology by the American Board of Pathology or in Anatomic Pathology and/or Laboratory Medicine by the American Osteopathic Board of Pathology

AND

***Required Current Experience:*** Applicant must demonstrate full or part-time pathology services, reflective of the scope of privileges requested, for 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 pathology (forensic, anatomic, clinical), the reapplicant must meet the following criteria:

Current demonstrated competence and an adequate volume of experience demonstrating full or part-time pathology service 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.

<b>CORE PRIVILEGES: <i>Forensic Pathology (Autopsy Pathology)</i></b>
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Diagnosis, exclusion, and monitoring of disease by performance of autopsies including central nervous system and external examinations of UNMH patients. Adhere to medical staff policy regarding emergency and consultative call services.

**Requested**

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### **CORE PRIVILEGES: *Anatomic Pathology***

Diagnosis, exclusion, and monitoring of disease by general anatomical pathology examination of tissue specimens, cells and body fluids (cytopathology). This section also includes cytopathology, dermatopathology and neuropathology. Adhere to medical staff policy regarding emergency and consultative call services.

**Requested**

### **CORE PRIVILEGES: *Clinical Pathology***

Clinical laboratory tests on body fluids and secretions generally classified under the headings of microbiology, hematology, immunohematology, blood banking, clinical chemistry, immunology, and specialty-related clinical activities in cytogenetics, flow cytometry, HLA, and molecular genetics based on certifying agency requirements. Privileges include but are not limited to: oversight of performance of testing in accordance with CAP quality standards, interpretation and evaluation of special laboratory tests. Adhere to medical staff policy regarding emergency and consultative call services.

**Requested**

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### ***Qualifications for Molecular Genetic Pathology***

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***Initial Applicant*** - To be eligible to apply for privileges in molecular genetic pathology, the initial applicant must meet the following criteria:

Successful completion of an accredited ACGME or AOA residency in clinical and anatomic pathology, followed by successful completion of an accredited fellowship in molecular genetic pathology.

AND/OR

Current subspecialty certification or active participation in the examination process leading to subspecialty certification in molecular genetic pathology by the American Board of Pathology.

AND

Required Current Experience: [Full-time/part-time] molecular genetic pathology services, reflective of the privileges requested, for 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 molecular genetic pathology, the reapplicant must meet the following criteria:

Current demonstrated competence and an adequate volume of experience with acceptable results in the 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: Molecular Genetic Pathology***

Apply laboratory techniques of molecular biology and molecular genetics for diagnosis and management of disease in patients of all ages with Mendelian genetic disorders, disorders of human development, infectious diseases, and malignancies to assess the natural history of those disorders. Provide information about gene structure, function and alteration and apply laboratory techniques for diagnosis, treatment and prognosis for individuals with related disorders. Adhere to medical staff policy regarding emergency and consultative call services.

**Requested**

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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 Pathology***

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**Criteria:** Successful completion of an ACGME or AOA accredited post graduate training in anatomic and/or clinical pathology that included training in performance of requested procedure.

**Required Current Experience:** Demonstrated current competence and evidence of at least two (2) requested 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 at least four (4) requested procedures with acceptable results in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

### **NON-CORE PRIVILEGES: *Apheresis***

**Requested**

### **NON-CORE PRIVILEGES: *Bone Marrow Biopsy***

**Requested**

### **NON-CORE PRIVILEGES: *Specialty-related Molecular Genetic and Cytogenetic Interpretation***

**Requested**

### **NON-CORE PRIVILEGES: *Performance of Fine Needle Aspiration Biopsies***

**Requested**

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**NON-CORE PRIVILEGES: *Performance of Ultrasound-guided Fine Needle Aspiration Biopsies***

**Requested**

**NON-CORE PRIVILEGES: *Central Nervous System Examination on Hospital and Forensic Autopsy Cases (Neuropathology board certification required)***

**Requested**

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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:

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Division Chief Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Department Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Criteria approved by UNMH Board of Trustees on 06/26/2015