

UNMH Pediatric Endocrinology Clinical Privileges

Name:

Effective Dates: _____ To: _____

All new applicants must meet the following requirements as approved by the UNMH Board of Trustees effective: 08/28/2015

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.

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Qualifications for Pediatric Endocrinology

Initial privileges - *To be eligible to apply for core privileges in pediatric endocrinology, 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 pediatrics followed by successful completion of an accredited fellowship in pediatric endocrinology.

AND/OR

Current subspecialty certification or active participation in the examination process leading to subspecialty certification in pediatric endocrinology by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics.

AND

Required previous experience. Applicants for initial appointment must be able to demonstrate provision of inpatient or consultative services, reflective of the scope of privileges requested, to an acceptable volume patients in the past 12 months or demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

Reappointment requirements *To be eligible to renew core privileges in pediatric endocrinology, the applicant 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 the 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.

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CORE PRIVILEGES: Pediatrics Endocrinology

Evaluate, diagnose, consult, and provide treatment to infants, children, and adolescents with diseases or disorders resulting from an abnormality in the endocrine glands, including but not limited to diabetes mellitus, growth failure, unusual size for age, early or late pubertal development, hormone abnormalities secondary to birth defects, the genital region, and disorders of the thyroid, adrenal, and pituitary glands. 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

Pediatric Endocrinology 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. Basic laboratory techniques including interpretation
2. Interpretation of basic laboratory techniques
3. Interpretation of hormone assays
4. Perform and interpret stimulation and suppression tests (Provocation testing)
5. Perform history and physical exam

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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 08/28/2015