

UNMH Plastic Surgery Clinical Privileges

Name:

Effective Dates: _____ **To:** _____

All new applicants must meet the following requirements as approved by the UNMH Board of Trustees effective: 12/19/2014

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.

UNMH Plastic Surgery Clinical Privileges

Name:

Effective Dates: _____ To: _____

Qualifications for Plastic Surgery

Initial Applicant - *To be eligible to apply for privileges in plastic surgery, 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 plastic surgery.

AND

Current certification or active participation in the examination process leading to certification in plastic surgery by the American Board of Plastic Surgery or the American Osteopathic Board of Surgery in Plastic and Reconstructive Surgery.

AND

Required previous experience Applicants for initial appointment must be able to demonstrate the performance of an adequate number of plastic surgery procedures, reflective of the scope of privileges requested, during 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 (Renewal of Privileges) Requirements *To be eligible to renew privileges in plastic surgery, the reapplicant must meet the following criteria:*

Current demonstrated competence and an adequate volume of experience with demonstrated current competence and acceptable outcomes, 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.

CORE PRIVILEGES: Plastic Surgery

Admit, evaluate, diagnose, and provide consultation to patients of all ages presenting with congenital or acquired defects of the body's musculoskeletal system, craniomaxillofacial structures, hand, extremities, breast and trunk, and external genitalia and soft tissue, including the aesthetic management. 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 procedure list and such other procedures that are extensions of the same techniques and skills.

Requested

UNMH Plastic Surgery Clinical Privileges

Name:

Effective Dates: _____ To: _____

Plastic Surgery 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. Amputation of digits
2. Facial plastic surgery to include cosmetic surgery on the face, nose, external ear, eyelids, lips
3. Free tissue transfer flap with microvascular anastomosis
4. Hair transplantation, punch or strip
5. Liposuction or lipo-injection procedure for contour restoration, head and neck, trunk and extremities
6. Major head and neck radical cancer surgery and reconstruction.
7. Management of all forms of facial or maxillofacial trauma including fractures
8. Management of frontal sinus fractures
9. Management of patients with burns, including plastic procedures on the extremities
10. Microvascular procedures excluding replantation
11. Performance of history and physical exams
12. Plastic procedures of external and internal male and female genitalia excluding gender dysphoria or hypospadias
13. Plastic procedures on the female and male breast, including augmentation and reduction mammoplasties, postmastectomy reconstruction
14. Plastic reconstruction of all forms of congenital and acquired soft tissue anomalies, including those requiring the use of skin grafting procedures, the use of pedicle flaps, or tissue fillers
15. Plastic reconstruction of soft tissue disfigurement or scarring, for cosmetic or functional reasons
16. Removal of benign and malignant tumors of the skin
17. Resection of intra oral tumors, oral cavity, palate
18. Surgery of congenital anomalies, including revision of cleft lip and cleft palate

UNMH Plastic Surgery Clinical Privileges

Name: _____
Effective Dates: _____ To: _____

Qualifications for Surgery of the Hand

Initial Applicant - *To be eligible to apply for privileges in surgery of the hand, 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 general surgery, orthopedic surgery, or plastic surgery, and successful completion of an accredited fellowship in surgery of the hand

AND

Current subspecialty certification in surgery of the hand or active participation in the examination process leading to subspecialty certification in surgery of the hand by the American Board of Surgery or the American Board of Plastic Surgery; or achievement of a certificate of added qualifications in surgery of the hand by the American Board of Orthopedic Surgery; or achievement of a certificate of added qualifications in hand surgery by the American Osteopathic Board of Orthopedic Surgery.

AND

Required previous experience Applicants for initial appointment must be able to demonstrate the performance of an adequate number of plastic and reconstructive surgery procedures on the hand, reflective of the scope of privileges requested, during 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 (Renewal of Privileges) Requirements *To be eligible to renew privileges in surgery of the hand, the reapplicant must meet the following criteria:*

Current demonstrated competence and an adequate volume of experience with demonstrated current competence and acceptable outcomes, 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.

UNMH Plastic Surgery Clinical Privileges

Name:

Effective Dates: _____ To: _____

CORE PRIVILEGES: Surgery of the Hand

Admit, evaluate, diagnose, treat, provide consultation, and perform surgical procedures for patients of all ages presenting with diseases, injuries, and disorders, both congenital and acquired, of the hand, wrist, and related structures. 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 procedure list and such other procedures that are extensions of the same techniques and skills.

Requested

Surgery of the Hand 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. Arthroplasty of large and small joints, wrist or hand, including implants
2. Bone graft pertaining to the hand
3. Carpal tunnel decompression
4. Fasciotomy and fasciectomy
5. Fracture fixation with compression plates or wires
6. Microvascular procedures excluding replantation
7. Nerve graft
8. Neurorrhaphy
9. Open and closed reductions of fractures
10. Performance of history and physical exams
11. Removal of soft tissue mass, ganglion palm or wrist, flexor sheath, etc.
12. Repair of lacerations
13. Repair of rheumatoid arthritis deformity
14. Skin grafts
15. Tendon reconstruction (free graft, staged)
16. Tendon release, repair and fixation
17. Tendon transfers
18. Treatment of infections

UNMH Plastic 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 Use of Laser

Criteria: Successful completion of an approved residency in a specialty or subspecialty which included training in laser principles or completion of an approved 8 -10 hour minimum CME course which includes 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 they have provided documentation of training and experience. The applicant must supply a certificate documenting that she/he attended a wavelength and specialty-specific laser course and also present documentation as to the content of that course.

Required Current Experience Demonstrated current competence and evidence of the performance of an adequate volume of experience 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 the performance of an adequate volume of experience 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 Plastic Surgery Clinical Privileges

Name:

Effective Dates: _____ To: _____

Qualifications for Ultrasonic-Assisted Liposuction

Criteria: Successful completion of an accredited postgraduate training program in plastic surgery or general surgery and the performance of at least 50 surgical procedures designed to shape and contour the body; and evidence of at least 30 CME hours covering indications for, technical aspects of, and post-procedure management of liposuction (if not covered in the applicant's residency).

Required previous experience: Demonstrated current competence and evidence of the performance of an adequate number of ultrasonic assisted liposuction procedures with demonstrated current competence and acceptable outcomes in the past 12 months.

Reappointment requirements: Demonstrated current competence and evidence of the performance of an adequate number of ultrasonic-assisted liposuction procedures with demonstrated current competence and acceptable outcomes in the past 24 months based on the results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGES: Ultrasonic-Assisted Liposuction

Requested

Qualifications for Replantation Surgery

Criteria: Successful completion of an ACGME- or AOA- accredited one-year surgery of the hand program or an accredited one-year reconstructive microsurgery program. Applicant must qualify for and be granted privileges in surgery of the hand.

Required previous experience: Demonstrated current competence and evidence of the performance of an adequate number of reconstructive microsurgery procedures with demonstrated current competence and acceptable outcomes in the past 12 months. At least five of these procedures should involve replantation surgery.

Reappointment requirements: Demonstrated current competence and evidence of the performance of an adequate number of reconstructive microsurgery procedures with demonstrated current competence and acceptable outcomes in the past 24 months based on the results of ongoing professional practice evaluation and outcomes. At least five of these procedures should involve replantation surgery. In addition, continuing education related to replantation surgery should be required.

NON-CORE PRIVILEGES: Replantation Surgery

Requested

UNMH Plastic 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 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 12/19/2014