

Pharmacist Clinician Privileges

Name: _____ **Application Date:** _____

Initial privileges (initial appointment) | Requested

Renewal of privileges (reappointment) | Requested

Expansion of privileges (modification) | Requested

Clinic: _____ **Location:** _____

Instructions

Applicant: Check off the “Requested” box for each privilege requested. Applicants have the burden of producing information deemed adequate by the UNMMG Board 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 & Medical Director: 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 UNMMG clinics that have the appropriate equipment, license, staff and other support required to provide the services defined in this document. Site-specific services may be defined in clinic or department policy.
2. This document defines qualification 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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Policies Governing Scope of Practice

Medical Record Charting Responsibilities

Clearly, legibly, completely, and in timely fashion describe each service the provider provides to a patient in the clinic and relevant observations. Standard rules regarding authentication of, necessary content of, and required time frames for preparing and completing the medical record and portions thereof are applicable to all entries made.

Periodic Competence Assessment

Applicants must also be able to demonstrate they have maintained competence based on unbiased, objective results of care according to the Practice Oversight Committee's existing quality assurance mechanisms and by showing evidence that they have met the continued competence requirements established by the state licensing authority, applicable to the functions for which they are seeking to provide at this clinic. In addition, continuing education related to the specialty area of practice is recommended/required as mandated by licensure.

Qualifications for Pharmacist Clinician

Initial Applicant - To be eligible to apply for privileges in pharmacist clinician, the initial applicant must meet the following criteria:

Professional PharmD degree from an ACPE-accredited school or college of pharmacy, and current New Mexico Pharmacist (RPh) License, and current Pharmacist Clinician (PhC) license

AND

Successful completion of a one year professional pharmaceutical (clinical residency or fellowship) training in clinical pharmacotherapy within a clinical setting OR one year of commensurate clinical work experience

AND

New Mexico Board of Pharmacy Pharmacist Clinician Approved Protocol copy submitted as attachment with UNMMG Board

Continued...

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Required previous experience: Applicants must be able to demonstrate active clinical practice since completion of postgraduate training in the provision of services, reflective of the scope of privileges requested, or successful completion of a hospital affiliated residency, special clinical fellowship, or research within the past 12 months.

Reappointment (Renewal of Privileges) Requirements - To be eligible to renew privileges in clinical pharmacy, the reapplicant must continue to meet the appointment criteria and 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 results of ongoing professional practice evaluation and outcomes. Included documentation of PhC registration with NM State Medical Board. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

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CORE PRIVILEGES: *Pharmacist Clinician*

Pharmacist Clinicians may provide pharmaceutical care to patients at the UNM Medical Group and associated clinics. May provide medication therapy management to patients at the University of New Mexico Hospital and associated clinics. PhCs will collaborate with a physician or physicians who are currently appointed to the active or consulting medical staff within a scope of practice in the same area or specialty practice as the PhC. The supervising physician will provide collaboration with the PhC, provide consultation when requested, and assume responsibility for the care of the patient when requested by the PhC or in the interest of patient care. A PhC may provide other health care professionals with medication information and provide patient education materials and counseling concerning their disease state, risk factors, therapeutic lifestyle change recommendations, medication regimens, and monitoring parameters.

Request

Pharmacist Clinician -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. Generate referrals for smoking cessation, patient education classes or other programs as deemed clinically necessary
2. May initiate, modify or discontinue therapy as per attached NMBOP protocol
3. Measure and review routine patient vital signs including pulse, temperature, blood pressure and respirations
4. Medication Therapy Management (MTM)
5. Ordering appropriate laboratory tests and diagnostics according to NMBOP protocol
6. Prescriptive authority as outlined in NMBOP protocol
7. Focused history and physical as outlined in NMBOP protocol

UNM Medical Group, Inc., is a part of an association of healthcare providers established by the UNM Health Sciences Center Board of Directors under and pursuant to the provisions of the Review Organization Immunity Act, Section 41-9-1 et seq., NMSA 1978 ("ROIA"). The information and materials identified in this document were prepared for the purposes of peer review as described and defined in ROIA and are, therefore, confidential and not to be disclosed except as provided in ROIA.

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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 Prescriptive Authority of Controlled Substances

Criteria: Current New Mexico State Controlled Substance License and Current DEA and approved NMBOP protocol attached.

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: *Prescriptive Authority of Controlled Substances*

See Attached: *NMBOP protocol*

Request

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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) The UNMMG credentialed supervisor as per NMBOP protocol is: _____
- c) The UNMMG credentialed alternate supervisors as per NMBOP protocol are: _____
- d) Any changes, modifications, or updates to the New Mexico Board of Pharmacy Pharmacist Clinician Approved Protocol shall be submitted to the Office of Clinical Affairs as a modification or request for expansion or change in privileges.

Signed _____ Date _____

SOM Department Chair 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:

UNMMG credentialed NMBOP Protocol supervisor Signature: _____ Date _____

Department Chair: _____ Date: _____

Clinic Medical Director: _____ Date: _____

CMO or ACMO _____ Date: _____

Criteria Approved by UNMMG Board of Directors on 12/10/14