



# Psychiatry Clinical 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 & Clinic 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.

*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.*

## Psychiatry Clinical Privileges

### ***Qualifications for General Psychiatry***

***Initial privileges*** - *To be eligible to apply for privileges in general psychiatry, the 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 psychiatry.

AND

Current certification or active participation in the examination process leading to certification in psychiatry by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry.

**Required previous experience:** Applicants for initial appointment must be able to demonstrate the provision of inpatient, outpatient, or consultative services, reflective of the scope of privileges requested, for an acceptable number of patients 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 general psychiatry, 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. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

## Psychiatry Clinical Privileges

### **CORE PRIVILEGES: *General Psychiatry***

Evaluate, diagnose, treat, and provide consultation to adult patients and adolescents age 14 and older presenting with mental, behavioral, addictive, or emotional disorders (e.g., psychoses, depression, anxiety disorders, substance abuse disorders, developmental disabilities, sexual dysfunctions, and adjustment disorders). Evaluate, admit, provisionally diagnose and provide initial treatment for child and adolescent patients age 13 and younger. Privileges include providing consultation with physicians in other fields regarding mental, behavioral, or emotional disorders; pharmacotherapy; psychotherapy; family therapy; behavior modification; consultation to the courts; and emergency psychiatry; as well as the ordering of diagnostic laboratory tests and the prescription of medications. Includes the performance of history and physical exams. Assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.

**Requested**

## Psychiatry Clinical Privileges

### ***Qualifications for Child and Adolescent Psychiatry***

***Initial privileges*** -To be eligible to apply for privileges in child and adolescent psychiatry, the applicant must meet the following criteria:

Meet criteria for general psychiatry, plus successful completion of an accredited ACGME or AOA residency in child and adolescent psychiatry.

AND

Current subspecialty certification or active participation in the examination process leading to subspecialty certification in child and adolescent psychiatry by the American Board of Psychiatry and Neurology or Certificate of Special Qualifications in child and adolescent psychiatry by the American Osteopathic Board of Neurology and Psychiatry.

***Required previous experience:*** Applicants for initial appointment must be able to demonstrate the provision of inpatient, outpatient, or consultative services, reflective of the scope of privileges requested, for an acceptable number of patients 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 child and adolescent psychiatry, 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. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

## Psychiatry Clinical Privileges

### **CORE PRIVILEGES: *Child and Adolescent Psychiatry***

Evaluate, diagnose, treat, and provide consultation to children and adolescents who suffer from mental, behavioral, addictive, or emotional disorders. Privileges include being able to provide consultation with physicians in other fields regarding mental, behavioral, or emotional disorders and their interaction with physical disorders. Includes the performance of history and physical exams. Assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.

**Requested**

### ***Qualifications for Special Non-core Privileges in Transcranial Magnetic Stimulation (TMS):***

***Initial Requirements*** - To be eligible to apply for special non-core-privilege is transcranial magnetic stimulation, the applicant must meet qualifications for and hold General Psychiatry privileges within UNMMG, and meet the following criteria:

1. Successful completion of an ACGME or AOA-accredited residency in psychiatry; **AND**
2. Completion of device-specific orientation at UNMH or UNMMG; **AND**
3. Required current experience: Demonstrated current competence and evidence of the provision of at least ten (10) TMS treatments to at least two (2) patients during the past twelve (12) months, or completion of a certification course in the past thirty-six (36) months. Experience must have included the evaluation of the patient for treatment need and suitability and immediate post treatment follow-up and evaluation at the completion of the treatment course. It must have also included device operation, cortical mapping, motor threshold determination and coil placement, and safety monitoring

***Reappointment Requirements*** - *Demonstrated current competence and evidence of the provision of TMS treatments to an acceptable number of different patients during the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes.*

*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.*

## Psychiatry Clinical Privileges

### **NON-CORE PRIVILEGES: *Transcranial Magnetic Stimulation***

**Request**

## Psychiatry Clinical Privileges

### 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 UNMMG Clinics, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by UNMMG Clinic and medical staff policies and rules applicable to 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 \_\_\_\_\_

### Clinic Medical Director Recommendation(s)

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

Notes: \_\_\_\_\_

Clinic Medical Director: *(print & sign)* \_\_\_\_\_ Date: \_\_\_\_\_

UNMMG CMO or ACMO: \_\_\_\_\_ Date: \_\_\_\_\_

Criteria Approved by UNMMG Board of Directors on **10/30/2019**