

**OTOLARYNGOLOGY (ENT) CLINICAL PRIVILEGES**

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| <b>Name:</b> _____   |
| Effective from ____/____/____ to ____/____/____ (for MSO staff use only) |

All new applicants must meet the following requirements as approved by the governing body.

**Effective:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_.

**Initial Privileges (Initial Appointment)**

**Renewal of Privileges (Reappointment)**

**Applicant:** Please check the **“Requested”** box for each privilege requested.

Applicants have the burden of producing information and documentation 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 not recommended, provide the condition or explanation on the last page of this form.

**Other Requirements**

- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.
- Note that privileges granted may only be exercised at the site(s) designated by CCRMC and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.

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**QUALIFICATIONS FOR OTOLARYNGOLOGY**

***Initial Applicants:*** To be eligible to apply for privileges in Otolaryngology, the applicant must meet the following criteria:

1. Documentation of successful completion of an Accreditation Council for Graduate Medical Education (ACGME) – or American Osteopathic Association (AOA)–accredited residency in Otolaryngology

AND

2. Current certification or Board eligibility (with achievement of certification within the required time frame set forth by the respective Boards) leading to certification in Otolaryngology by the American Board of Otolaryngology or the American Osteopathic Board of Ophthalmology & Otolaryngology—Head and Neck Surgery.

AND

3. Documentation of at least 50 otolaryngologic procedures, reflective of the scope of privileges requested, in the past 24 months, or successful completion of an ACGME– or AOA–accredited residency within the past 24 months. Please provide clinical activity/procedure log.

***Renewal of Privileges:*** To be eligible to renew privileges in Otolaryngology, the applicant must meet the following criteria:

1. Documentation of Maintenance of Certification (ABMS) or OCC (On-Going Continuous Certification) is required.

AND

2. Current documented competence and an adequate volume of experience (50 otolaryngologic procedures) 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.

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***Core Privileges: Otolaryngology***

**Requested:** Admit, evaluate, diagnose, and provide consultation and comprehensive medical and surgical care to patients of all ages presenting with diseases, deformities, or disorders of the head and neck that affect the ears, nose, throat, respiratory and upper alimentary systems, and related structures of the head and neck. Head and neck oncology, facial plastic reconstructive surgery, rhinology, and the treatment of disorders of hearing and voice are also included. May provide care to patients in the intensive care setting. Assess, stabilize, and determine the disposition of patients with emergent conditions regarding emergency and consultative call services.

The core privileges in this specialty include the procedures on the attached procedures list and such other procedures that are extensions of the same techniques and skills, as determined by the department chair.

**CORE PROCEDURE/TREATMENT LIST**

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques, as determined by the department chair.

**To the Applicant:** If you wish to exclude any procedures, due to lack of current competency, please strike through the procedures that you do not wish to request and then initial and date.

**Otolaryngology**

- Endoscopy laryngoscopy/ nasopharyngoscopy – fiber-optic and rigid (diagnostic, biopsy, true vocal fold injection/thyroplasty; laser/cold knife microlaryngeal surgery/arytenoidectomy; microdebrider endoscopy); esophagoscopy (diagnostic, foreign body removal, dilation), bronchoscopy (diagnostic, foreign body removal, dilation, laser, fiber-optic)
- Harvesting of skin, fat, or bone grafts of the head and neck, hip, trunk, and extremities
- Incision/excisional biopsy
- Lip surgery including: lip shave wedge excision/reconstruction; upper/lower lip

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- resection/reconstruction
- Myocutaneous flap (pectorales, trapezius, sternocleidomastoid)
  - Needle biopsy/punch biopsy
  - Performance of history and physical exam
  - Plastic and reconstructive surgery- blepharoplasty, rhinoplasty, rhytidectomy, otoplasty, mentoplasty, liposuction, and implantation of autogenous, homologous, and allograft, and repair of lacerations
  - Reconstructive procedure of the upper airway
  - Reduction and internal fixation of facial fractures
  - Repair of fistulas – oral-antral, oral-nasal, oral-maxillary, oral-cutaneous, pharyngocutaneous, tracheocutaneous, esophagocutaneous
  - Surgery of the larynx, including external approach (e.g. laryngofissure, laryngeal framework surgery); internal/endoscopic approach (fiber-optic flexible and direct laryngoscopy, vocal fold surgery, laser surgery, and microdebrider surgery); biopsy, partial or total laryngectomy, fracture repair
  - Surgery of the nasal and paranasal sinuses: Including nasal septoplasty, septal perforation repair, inferior turbinoplasty, nasal valve surgery. Open and endoscopic sinus surgery of the frontal, maxillary, ethmoidal, sphenoid sinuses. Open and endoscopic maxillectomy.
  - Surgery of the oral cavity, including soft palate, tongue, mandible, (e.g. uvulopalatopharyngoplasty, tongue suspension and volume reduction, genioglossus advancement, lipectomy, hyoid suspension, partial/total glossectomy, floor of mouth resection, mandibulotomy/mandibulaectomy/resection of hard/soft palate)
  - Surgery of the pharynx, trachea, parapharyngeal space, i.e. tracheotomy, tracheal resection and repair, cervical esophagectomy, Zenker's diverticulum surgery (open and endoscopic), cricopharyngeal myotomy/myectomy, revision stenotic tracheostoma, partial/total pharyngectomy, pharyngeal reconstruction
  - Surgery of the salivary gland, including: parotidectomy, submandibular gland excision, ranula excision, plastic repair of salivary complex
  - Surgery of the thyroid/parathyroid: thyroid lobectomy/subtotal/total thyroidectomy, parathyroidectomy
  - Surgery on the ear, auditory canal, the tympanic membrane, and the contents of the middle ear (e.g. tympanoplasty, ossicular chain reconstruction, tympanomastoidectomy, labyrinthectomy, canaloplasty, stapedectomy, auriclectomy/wedge resection/reconstruction, temporal bone resection)
  - Surgical removal of teeth in association with radical resection
  - Tonsillectomy, adenoidectomy

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**Special Non-Core Privileges (See Specific Criteria)**

Non-core privileges are requested individually in addition to requesting the core. Each practitioner requesting non-core privileges must meet the specific threshold criteria as applicable to the applicant.

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***Non-Core Privileges: Administration of Sedation and Analgesia***

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**Administration of Sedation and Analgesia:**

**Conscious Sedation** (e.g. versed, morphine, fentanyl) – DOES NOT INCLUDE USE OF KETAMINE OR PROPOFOL

**Ketamine** (test required every 2 years)

**Propofol** (test required every 2 years)

***Criteria for Initial Request:***

1. Successful completion of an ACGME– or AOA–accredited post graduate training program which included training in administration of sedation and analgesia, including the necessary airway management skills, or department approved extra training and experience  
**AND**
2. Documented current competence and evidence of the performance of at least 5 cases (can be any combination) within the past 24 months, or completion of training within the past 24 months. Please provide clinical activity/procedure log.

***Criteria for Renewal of Privileges:***

1. Documented current competence and evidence of the performance of at least 5 cases (can be any combination) within the past 24 months.

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**FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)  
for initial applicants**

1. Retrospective or concurrent proctoring (chart review or direct observation) of at least 9 ENT patients in the care of whom the applicant significantly participated. FPPE/proctoring must be representative of the provider’s scope of practice.
2. Concurrent proctoring (direct observation) of at least 3 different procedures that are representative of procedures regularly preformed in the department. FPPE/proctoring must be representative of the provider’s scope of practice.
3. FPPE/Proctoring is also required for at least one (1) procedure/case of each of the requested “non-core” privileges.
4. FPPE should be concluded as soon as possible (i.e. within the first 3-4 months after starting work at CCRMC).
5. Completed FPPE forms must be submitted to the Credentialing Office.
6. It is the applicant’s ultimate responsibility to make sure that FPPE and submission of all required paperwork to the Credentialing Office takes place in a timely manner. Failure to do so may result in loss or limitation of privileges.
7. **For low volume providers: please see separate FPPE/proctoring guidelines.**
8. **For more detailed information, please see separate FPPE/proctoring guidelines.**

**ACKNOWLEDGMENT OF PRACTITIONER**

I have requested only those privileges for which by education, training, current experience, and documented performance I am qualified to perform and for which I wish to exercise at Contra Costa Regional Medical Center and I understand that:

- a. In exercising any clinical privileges granted, I will adhere 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** \_\_\_\_\_

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**DEPARTMENT / DIVISION CHAIR'S RECOMMENDATION**

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- Recommend All Requested Privileges**
- Recommend Privileges with the Following Conditions/Modifications:**
- Do Not Recommend the Following Requested Privileges:**

| Privilege | Condition/Modification/Explanation |
|-----------|------------------------------------|
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*Notes:*

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**[Department Chair] Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY**

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|---|-------------------|
| <b>Credentials Committee Approval</b>       | <b>Date</b> _____ |
| <b>Temporary Privileges</b>                 | <b>Date</b> _____ |
| <b>Medical Executive Committee Approval</b> | <b>Date</b> _____ |
| <b>Board of Supervisors Approval</b>        | <b>Date</b> _____ |