

PLASTIC SURGERY CLINICAL PRIVILEGES

Name: _____
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 PLASTIC SURGERY

Initial Applicants: To be eligible to apply for privileges in Plastic Surgery, 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 Plastic Surgery, or postgraduate training program in an appropriate medical specialty and successful completion of an accredited fellowship in Plastic Surgery.

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 Plastic Surgery by the American Board of Plastic Surgery or the American Osteopathic Board of Surgery in Plastic and Reconstructive Surgery

AND

3. Documented current experience: At least 50 plastic surgery procedures, reflective of the scope of privileges requested, within 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 Plastic Surgery, 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 plastic surgery procedures) with acceptable results, reflective of the scope of privileges requested, within the past 24 months, based on results of ongoing professional practice evaluation and outcomes.

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Core Privileges: Plastic Surgery

- Requested:*** Admit, evaluate, diagnose, and provide consultation to patients of all ages and surgically repair, reconstruct, or replace physical defect of form or function involving the skin, musculoskeletal system, craniomaxillofacial structures, hand, extremities, breast, trunk, and external genitalia or cosmetic enhancement of these areas of the body. 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.

Plastic surgery

- Performance of history and physical exam
- **Complex wound healing and burn treatment**
 - Acute and reconstructive burn treatment
 - Initial burn management
 - Surgical management of wounds and scars (any part of body)
- **Cosmetic surgery**
 - Breast augmentation
 - Breast lift (mastopexy)
 - Contouring (body, facial)

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- Cosmetic rhytidectomy, rhinoplasty, and blepharoplasty
- Endoscopic cosmetic surgery
- Laser therapy for vascular and cutaneous lesions
- Liposuction (including laser, UAL, PAL)
- Subcutaneous injections
- Skin peeling and dermabrasion
- Vein injection sclerotherapy

- **Reconstructive microsurgery**
 - Microvascular flaps and grafts/free tissue transfer
 - Replantation and revascularization of the upper and lower extremities and digits
 - Reconstruction of peripheral nerve injury

- **Reconstruction of congenital and acquired defects of the trunk and genitalia**
 - Chest and abdominal wall reconstruction
 - Gender reassignment
 - Repair of penis deformities
 - Vaginal reconstruction

- **Surgery of the breast**
 - Breast reconstruction
 - Breast reduction
 - Breast biopsy
 - Congenital anomalies
 - Mastectomy (subcutaneous and simple)

- **Surgery of the hand and extremity**
 - Amputation (upper and lower extremity)
 - Carpal tunnel syndrome (endoscopic and open)
 - Congenital anomalies
 - Dupuytren's contracture
 - Fractures of upper extremities, including the hand and wrist
 - Hand and upper extremity wounds
 - Surgery for rheumatoid arthritis
 - Tendon injuries
 - Tumors of the bones and soft tissues

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- **Treatment of facial disease and injuries, including maxillofacial structures**
 - Craniofacial surgery
 - Deformities of the nose, ear, jaw, and eyelid and cleft lip and palate
 - Facial fractures, including of the mandible
 - Facial deformity and wound treatment
 - Skull base surgery
 - Tumors of the head and neck

- **Treatment of skin neoplasms, diseases, and trauma**
 - Neoplasms of the head and neck surgery, including neoplasms of the head, neck, and oropharynx
 - Removal of benign and malignant lesions of the skin and soft tissue
 - Reconstruction by tissue transfer, including grafts and flaps
 - Reconstruction of soft tissue disfigurement/scar revisions

QUALIFICATIONS FOR SURGERY OF THE HAND AND UPPER EXTREMITY

Initial Applicants: To be eligible to apply for privileges in Surgery of the Hand and Upper Extremity, the applicant must meet the following criteria:

1. Successful completion of an ACGME- or AOA-accredited residency in general, orthopedic, or plastic surgery, followed by successful completion of an accredited fellowship in hand surgery, or equivalent training and experience.

AND

2. Documentation of performance of at least 20 procedures involving surgery of the hand, reflective of the scope of privileges requested, within the past 24 months, or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 24 months. Please provide clinical activity/procedure log.

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

1. Current documented competence and an adequate volume of experience: 20 procedures involving surgery of the hand with acceptable results, reflective of the scope of privileges requested, within the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Core Privileges: Surgery of the Hand and Upper Extremity

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- Requested:** Admit, evaluate, diagnose, treat, and provide consultation (including investigation, preservation, and restoration) to patients of all ages by medical, surgical, and rehabilitative means of all structures of the upper extremity directly affecting the form and function of the hand and wrist. May provide care to patients in the intensive care. 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.

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.

Surgery of the Hand and Upper Extremity

- Amputation (related to hand/upper extremity)
- Arthroscopy
- Bone grafts and corrective osteotomies
- Dupuytren’s contracture
- Fasciotomy, deep incision and drainage for infection, and wound debridement
- Foreign body and implant removal
- Joint and tendon sheath repairs, including release of contracture, synovectomy, arthroplasty with and without implant, arthrodesis, trigger finger release, and stiff joints that result from rheumatoid or other injury management of arthritis
- Joint repair and reconstruction, including contracture release and management of stiff joints
- Management of congenital deformities, including syndactyly, polydactyly, radial aplasia, and others
- Management of fingertip injuries
- Management of fractures and dislocations, including phalangeal or metacarpal with and without internal fixation; carpus, radius, and ulna with and without internal fixation; and injuries to joints and ligaments

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- Management of tumors of the bone and soft tissue
- Management of upper extremity vascular disorders and insufficiencies
- Nerve repair and reconstruction, including upper extremity peripheral nerves, nerve graft, neurolysis, neuroma management, and nerve decompression and transposition
- Osteonecrosis, including Kienbock's disease
- Performance of history and physical exam
- Replantation and revascularization
- Tendon sheath release
- Tendon transfer and tendon balancing
- Tenorrhaphy, including flexor tendon repair and graft, implantation of tendon spacer, extensor tendon repair, and tenolysis/tenodesis
- Thumb reconstruction, including pollicization, toe-hand transfer, and thumb metacarpal lengthening
- Treatment of thermal injuries
- Upper extremity pain management
- Wound closure, including skin grafts, tissue flaps (local, regional, and distant), and free microvascular tissue transfer

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

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.

Non-Core Privileges: Fluoroscopy

Fluoroscopy

Privilege to operate and/or supervise operation of fluoroscopy equipment.

Requirement: Current Fluoroscopy or Radiology X-Ray Supervisor and Operator Permit from CDPH

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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 plastic surgery 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

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medical staff bylaws or related documents.

Signed _____ **Date** _____

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

Notes:

[Department Chair] Signature: _____ **Date:** _____

FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY

Credentials Committee Approval _____ **Date** _____

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Temporary Privileges

Date _____

Medical Executive Committee Approval

Date _____

Board of Supervisors Approval

Date _____