

# Dermatology Clinical Privileges

Name: \_\_\_\_\_ Application Date: \_\_\_\_\_

Initial privileges (initial appointment)

Requested
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Renewal of privileges (reappointment)

Requested
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Expansion of privileges (modification)

Requested
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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.

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## Dermatology Clinical Privileges

### *Qualifications for Dermatology*

**Initial privileges** - To be eligible to apply for privileges in dermatology, 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 dermatology

AND

Current certification or active participation in the examination process, leading to specialty certification in allergy and immunology by the American Board of Dermatology or by the American Osteopathic Board of Dermatology.

AND

**Required current experience:** An adequate volume of inpatients or outpatients during the past twelve (12) months, or demonstrate successful completion of an ACGME or AOA accredited residency or clinical fellowship within the past twelve (12) months.

**Reappointment (Renewal of Privileges) Requirements** - To be eligible to renew privileges in allergy and immunology, 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.

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## Dermatology Clinical Privileges

*Continued...*

### **CORE PRIVILEGES: *Dermatology***

Admit, evaluate, diagnose, treat and provide consultation to patients of all ages, with benign and malignant disorders of the skin, mouth, external genitalia, hair, and nails, as well as sexually transmitted diseases. Assess, stabilize, and determine 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**

### ***Dermatology 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 you do not wish to request, then initial and date.

#### **Dermatology**

1. Performance of history and physical exam
2. Botulinum toxin injection
3. Chemical face peels
4. Collagen injections
5. Cryosurgery
6. Destruction of benign and malignant tumors
7. Electrosurgery
8. Excision of benign and malignant tumors with simple, intermediate repair techniques

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## **Dermatology Clinical Privileges**

9. Intralesional injections
10. Interpretation of specially prepared tissue sections, cellular scrapings, and smears of skin lesions by means of routine and special (electron and fluorescent) microscopes
11. Potassium hydroxide examination
12. Tzanck smears
13. Patch tests
14. Photomedicine, phototherapy, and topical/systemic pharmacotherapy
15. Sclerotherapy
16. Skin and nail biopsy
17. Soft tissue augmentation
18. Complex repair techniques including flaps and grafts

### ***Qualifications for Dermatopathology***

**Initial privileges** - *To be eligible to apply for privileges in dermatopathology, 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 dermatology followed by successful completion of a fellowship in dermatopathology.

AND

Current certification or active participation in the examination process, leading to specialty certification in dermatopathology by the American Board of Dermatology, or a certification of added qualifications (CAQ) in dermatopathology by the American Osteopathic Board of Dermatology.

AND

**Required current experience:** An adequate volume of inpatients or outpatients during the past twelve (12) months, or demonstrate successful completion of an ACGME or AOA accredited residency or clinical fellowship within the past twelve (12) months.

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## **Dermatology Clinical Privileges**

**Reappointment (Renewal of Privileges) Requirements** - To be eligible to renew privileges in dermatopathology, 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.

### **CORE PRIVILEGES: *Dermatopathology***

Diagnose and monitor diseases of the skin including infectious, immunologic, degenerative, and neoplastic diseases to patients of all ages. Assess and determine 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**

### ***Dermatopathology 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 you do not wish to request, then initial and date.

1. Examination and interpretation of specially prepared tissue sections, cellular scrapings, and smears of skin lesions by means of routine and special (electron and fluorescent) microscopes

### ***Qualifications for Procedural Dermatology***

**Initial privileges** - To be eligible to apply for privileges in procedural dermatology, the applicant must meet the following criteria:

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## Dermatology Clinical Privileges

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in dermatology followed by successful completion of a fellowship in procedural dermatology.

AND

Current certification or active participation in the examination process, leading to specialty certification in dermatology by the American Board of Dermatology, or the American Osteopathic Board of Dermatology.

AND

**Required current experience:** An adequate volume of inpatients or outpatients during the past twelve (12) months, or demonstrate successful completion of an ACGME or AOA accredited residency or clinical fellowship within the past twelve (12) months.

***Reappointment (Renewal of Privileges) Requirements*** - *To be eligible to renew privileges in procedural dermatology, 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.

## Dermatology Clinical Privileges

### **CORE PRIVILEGES: *Procedural Dermatology***

Admit, evaluate, diagnose, provide consultation, and treat diseases of the skin and adjacent mucous membranes, cutaneous appendages, hair, nails, and subcutaneous tissue to patients of all ages. Assess, stabilize, and determine 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 below procedure list and such other procedures that are extensions of the same techniques and skills.

**Requested**

### ***Procedural Dermatology Core Procedure 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 you do not wish to request, then initial and date.

1. Performance of history and physical exam
2. Cutaneous soft tissue augmentation with injectable filler material
3. Performance of destruction techniques (electrosurgical, cryosurgical, chemical, and laser)
4. Excision of benign and malignant skin lesions, followed by a layered closure
5. Hair transplantation
6. Nail surgery
7. Scalpel surgery
8. Skin rejuvenation techniques (dermabrasion, chemical peel, laser resurfacing, or rhinophyma correction)
9. Wedge excision (lip and ear)

## Dermatology Clinical Privileges

### 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

Exercise of the privilege requested including training, required experience, and maintenance of clinical competence.

### *Qualification for Use of Laser/Laser Phototherapy*

**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 the results of ongoing professional practice evaluation and outcomes.

### **NON-CORE PRIVILEGE: Use of Laser/Laser Phototherapy**

**Requested**



## **Dermatology Clinical Privileges**

### ***Qualifications for Dermabrasion (included in the procedural dermatology core)***

***Initial Privileges:*** Successful completion of an ACGME or AOA accredited residency program in dermatology that included dermabrasion training, or have completed an ACGME accredited procedural dermatology fellowship training program, or completion of hands on CME.

AND

***Required Current Experience:*** Demonstrated current competence and evidence of the performance of an adequate volume of dermabrasion procedures 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 dermabrasion procedures with acceptable results in the past 24 months based on the results of ongoing professional practice evaluation and outcomes.

***NON-CORE PRIVILEGE: Dermabrasion (included in the procedural dermatology core)***

**Requested**

# Dermatology 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 \_\_\_\_\_

**Signatures**

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: \_\_\_\_\_

**Department Chair: (Print & Sign)** \_\_\_\_\_ Date: \_\_\_\_\_

**UNMMG Medical Director: (Print & Sign)** \_\_\_\_\_ Date: \_\_\_\_\_

**CMO or ACMO** \_\_\_\_\_ Date: \_\_\_\_\_