

Orthopedics Surgery Clinical Privileges

Name: _____ Application Date: _____

Initial privileges (initial appointment)	<input type="checkbox"/> <input type="checkbox"/> Requested
Renewal of privileges (reappointment)	<input type="checkbox"/> <input type="checkbox"/> Requested
Expansion of privileges (modification)	<input type="checkbox"/> <input type="checkbox"/> 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.

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Qualifications for Orthopedic Surgery

Initial privileges - To be eligible to apply for privileges in orthopedic surgery, 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 orthopedic surgery;

AND

Current certification or active participation in the examination process, leading to specialty certification in orthopedic surgery by the American Board of Orthopedic Surgery or the American Osteopathic Board of Orthopedic Surgery;

AND

Required current experience: An adequate volume of general orthopedic procedures or trauma and fractures, hips, and knees; shoulders and elbows; foot and ankle; spine; hand; musculoskeletal oncology procedures, reflective of scope of privileges requested, 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 orthopedic surgery, the re-applicant must meet the following 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 physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

Continued...

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CORE PRIVILEGES: *Orthopedic Surgery*

Evaluate, diagnose, treat, and provide consultative services to patients of all ages to correct or treat various conditions, illnesses, and injuries of the extremities, spine, and associated structures by medical and physical means, including but not limited to, congenital deformities, trauma, infections, tumors, metabolic disturbances of the musculoskeletal system, deformities, injuries, and degenerative diseases of the spine, hands, feet, knee, hip, shoulder, and elbow, including primary and secondary muscular problems and the effects of central or peripheral nervous system lesions of the musculoskeletal system. The core privileges in this specialty include the procedures on the below noted procedure list and such other procedures that are extensions of the same techniques and skills.

Requested

Orthopedic Surgery 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. Performance of history and physical examination.
2. Application of splints or casts.
3. Application of skeletal traction.
4. Administration of local anesthesia.
5. Arthrocentesis and joint or soft tissue injections.
6. Biopsy and/or excision of soft tissue masses.
7. Closed reduction and immobilization of fractures and dislocations.
8. Debridement of soft tissues and closure of wounds.
9. Incision and drainage of soft tissue infections.
10. Removal of foreign body or implants.
11. Repair of muscle/tendon injuries.
12. Treatment of osteomyelitis.
13. Treatment of thermal injuries.
14. Use of autogenous or allogenic musculoskeletal grafts and biological health agents (OP-1, BMP, PRP, etc.)
15. Use of polymethylmethacrylate

Acknowledgment of Practitioner

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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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 ACO _____ Date: _____

Criteria Approved by UNMMG Board of Directors on **06-28-2018**