

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.

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.

Policies Governing Scope of Practice

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.

Medical Record Charting Responsibilities

Clearly, legibly, completely, and in timely fashion describe each service the provider provides to a patient in the hospital and relevant observations. Standard rules regarding authentication of, necessary content of, and required time frames for preparing and completing the medical record and portions thereof are applicable to all entries made.

Periodic Competence Assessment

Applicants must also be able to demonstrate they have maintained competence based on unbiased, objective results of care according to the Practice Oversight Committee's existing quality assurance mechanisms and by showing evidence that they have met the continued competence requirements established by the state licensing authority, applicable to the functions for which they are seeking to provide at this clinic. In addition, continuing education related to the specialty area of practice is recommended/required as mandated by licensure.

QUALIFICATIONS FOR PHYSICAL MEDICINE AND REHABILITATION

To be eligible to apply for clinical privileges in physical medicine and rehabilitation, the applicant must meet the following criteria:

Current demonstrated competence and an adequate level of current experience, documenting the ability to provide services at an acceptable level of quality and efficiency

AND

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in physical medicine and rehabilitation, or a combined pediatric/physical medicine and rehabilitation residency, or a combined internal medicine/physical medicine and rehabilitation residency;

AND

Current certification in, or active participation in the examination process leading to certification in, physical medicine and rehabilitation by the American Board of Physical Medicine and Rehabilitation or the American Osteopathic Board of Physical Medicine and Rehabilitation;

AND

Required current experience: Inpatient, outpatient, or consultative services for an acceptable volume of patients, reflective of the 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.

Renewal of Privileges: To be eligible to renew privileges in physical medicine and rehabilitation, the 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 twenty-four (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: Physical Medicine and Rehabilitation

Evaluate, diagnose, and provide consultation and management to patients of all ages with physical and cognitive impairments and disability. Includes the diagnosis and treatment of patients with painful or functionally limiting conditions, the management of co-morbidities and co-impairments, diagnostic and therapeutic injection procedures, electrodiagnostic medicine and emphasis on the prevention of complications of disability from secondary conditions. May provide care to patients in the intensive care setting in conformance with unit policies. 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 listed below and such other procedures that are extensions of the same technique and skill.

Requested

Physical Medicine and Rehabilitation Core Procedures List

This list is a sampling of procedures included in the physical medicine and rehabilitation 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. Diagnostic and therapeutic injections at the axial and appendicular structures (peripheral nerve, myoneural junction, sympathetic chain/ganglia, facet nerve, epidural – interlaminar, transforaminal, caudal, intervertebral discs)
3. Arterial puncture
4. Diagnostic and therapeutic arthrocentesis at the axial and appendicular joint structures and related soft tissue, both aspiration and injection (joints, bursae)
5. Percutaneous neurolysis, paralytic and non-paralytic, including chemolysis (chemical agents e.g. phenol, and biologic agents e.g. botulinum toxin), and thermocoagulation – intramuscular, peripheral nerve, cauda equine.
6. Impairment and disability evaluations
7. Ergonomic evaluations
8. Fitness for duty evaluations
9. Independent medical evaluations
10. Manipulation/mobilization – peripheral/spinal – direct/indirect, cranial (to exclude high velocity, low amplitude thrust techniques to the cervical spine)
11. Routine non-procedural medical care
12. Serial casting
13. Diagnostic and therapeutic soft tissue injections, including ligament, tendon sheath, muscle, fascia, prolotherapy
14. Skin biopsy for nerve fiber density

Continued ...

15. Work determination status
16. Performance and interpretation of:
 - a. Electrodiagnosis – electromyography (EMG), nerve conduction studies
 - b. Ergometric studies
 - c. Gait laboratory studies
 - d. Muscle/muscle motor point biopsies
 - e. Small, intermediate, or major joint arthrogram
 - f. Work physiology testing – treadmill and pulmonary ECG monitoring

QUALIFICATIONS FOR SPINAL CORD INJURY MEDICINE

To be eligible to apply for clinical privileges in spinal cord injury medicine, the applicant must meet the following criteria:

Current demonstrated competence and an adequate level of current experience, documenting the ability to provide services at an acceptable level of quality and efficiency

AND

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in physical medicine and rehabilitation, followed by an accredited fellowship in spinal cord injury medicine;

AND/OR

Current certification in, or active participation in the examination process leading to certification in, spinal cord injury medicine by the American Board of Physical Medicine and Rehabilitation;

AND

Required current experience: Inpatient, outpatient, or consultative services for an acceptable volume of patients, reflective of the 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.

Renewal of Privileges: To be eligible to renew privileges in spinal cord injury medicine, the 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 twentyfour (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: Spinal Cord Injury Medicine

Evaluate, diagnose, treat, provide consultation and management of patients of all ages with traumatic spinal cord injury and non-traumatic etiologies of spinal cord dysfunctions, including the prevention, diagnosis, and treatment of related medical, physical, psychological, and vocational disabilities and complications during the life of the patient. 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 listed below and such other procedures that are extensions of the same techniques and skills.

Requested

Spinal Cord Injury Medicine Core Procedures List

This list is a sampling of procedures included in the Spinal Cord Injury Medicine 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. Evaluation, prescription and supervision of medical and comprehensive rehabilitation goals and treatment plans for spinal cord injuries and syndromes
3. Manage abnormalities and complications in other body systems resulting from spinal cord injury
4. Manage skin problems utilizing various techniques of prevention
5. Treat, with appropriate consultation, complications such as deep vein thrombosis, pulmonary embolus, autonomic hyperreflexia, substance abuse, pain, spasticity, depression, and the sequelae of associated illnesses and pre-existing diseases
6. Recognize, diagnose, and coordinate treatment for respiratory complications
7. Recognize, diagnose and treat orthostatic hypotension and other cardiovascular abnormalities
8. Spinal cord rehabilitation, including neuromuscular, genito-urinary and other advanced techniques
9. Spinal immobilization

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 _____

Medical Director Recommendation

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: _____ Date: _____

Medical Director: _____ Date: _____

CMO or ACMO _____ Date: _____

Criteria Approved by UNMMG Board of Directors on 1/31/2017