UNMMG Internal Medicine Clinical Privileges

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 UNMMG 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.

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.
Qualifications for Internal Medicine

**Initial Applicant** - To be eligible to apply for privileges in internal medicine, the initial 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 internal medicine

AND

- Current certification or active participation in the examination process leading to certification in internal medicine by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine

AND

**Required current experience**: Applicants must be able to demonstrate provision of care for an adequate volume of patients, reflective of scope of privileges requested with acceptable outcomes during the past 12 months, or successful completion of an ACGME or AOA accredited residency or clinical fellowship within the past 12 months.

**Renewal of Privileges** - To be eligible to renew privileges in internal medicine, the reapplicant must meet the following criteria:

- Current demonstrated competence and an adequate volume and 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: Internal Medicine

Evaluate, diagnose, treat, and provide consultation to patients 16 years of age and older with common and complex illnesses, diseases, and functional disorders of the circulatory, respiratory, endocrine, metabolic, musculoskeletal, hematopoietic, gastroenteric, and genitourinary systems. 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.

☐ Request

Internal Medicine 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. Abdominal paracentesis
2. Arthrocentesis and joint injections
3. Burns, superficial and partial thickness
4. I & D abscess
5. Local anesthetic techniques
6. Lumbar puncture
7. Perform skin biopsy and excision or destruction of skin nodules or lesions
8. Perform history and physical exam
9. Placement of anterior and posterior nasal hemostatic packing
10. Interpretation of electrocardiograms
11. Remove non-penetrating corneal foreign body, nasal foreign body
12. Thoracentesis
13. Trigger point injections
14. Telemedicine
15. Microscopic diagnosis of urine and vaginal smears
16. Geriatric medicine
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 the exercise of the privilege requested including training, required experience, and maintenance of clinical competence.

Qualifications for Contraceptive Implant - insertion and removal

Criteria: Completion of training program required for device specific insertion

Required Current Experience: Demonstrated current competence and evidence of performance of an acceptable volume of device specific insertions and with acceptable results, 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 results of ongoing professional practice evaluation and outcomes.

Non-Core Privileges: Contraceptive Implant - insertion/removal

☐ Request

Qualifications for Ultrasound as adjunct for privileged procedures

Initial privileges: Applicant must demonstrate successful completion of an approved and recognized course or acceptable supervised training or acceptable experience.

AND

Required current experience: Demonstrated current competence and evidence of acceptable number of documented procedures in the past 12 months or completion of training in the past 12 months.

Renewal of privileges: Demonstrated current competence and evidence of attendance of acceptable number of documented procedures in the past 24 months based on results of quality assessment/improvement activities and outcomes.
NON-CORE PRIVILEGES: Ultrasound as adjunct for privileged procedures

☐ Requested

Qualifications for High Resolution Anoscopies (HRA)

Initial Requirements - To be eligible to apply for HRA privileges applicant must meet qualifications for CORE Internal Medicine privileges, and the following criteria:

1. Certificate documenting successful completion of HRA training course (i.e. IANS Standard HRA Course)
2. Observation of at least eight (8) HRA procedures by a privileged physician
3. Completion of six (6) proctored procedures by a privileged physician indicate date and facility site of patient care
4. Verification by the precepting physician that the physician requesting additional privileging has competency in HRA for evaluation of the anal canal in patients with abnormal anal cytology or prior abnormal anal pathology results

Reappointment (Renewal of Supplemental Privileges) Requirements - Current demonstrated competence and an adequate volume of experience with acceptable results (average ≥50 procedures annually), reflective of the scope of privileges requested, for the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes Attendance at a high resolution anoscopy or colposcopy continuing education course at least every two (2) years

NON-CORE PRIVILEGES: High Resolution Anoscopies (HRA)

☐ Request
Qualifications for Infrared Coagulation Therapy (ICT)

Qualifications for Infrared Coagulation Therapy NON-Core Privileges

Initial Requirements - To be eligible to apply for Infrared Coagulation Therapy privileges applicant must meet qualifications for CORE Internal Medicine privileges, and the following criteria:

1. Privileged to perform HRA
2. Observation of at least three (3) IRC procedures by a privileged physician
3. Completion of three (3) proctored procedures by a privileged physician; indicate date and facility site of patient care
4. Verification by the precepting physician that the physician requesting additional privileging has competency in IRC for HPV-induced disease of the anal canal and the medical decision-making around for whom this procedure is indicated
   - Troubleshooting equipment when scabs did not form (maintaining a dry interface, checking connections)
   - Widening field of anesthetic when pulse was experienced as a sharp pain by patient
   - Correct performance of procedures without complications

Reappointment (Renewal of Supplemental Privileges) Requirements - Current demonstrated competence and an adequate volume of experience with acceptable results (average ≥25 procedures annually), reflective of the scope of privileges requested, for the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes

NON-CORE PRIVILEGES: Infrared Coagulation Therapy (ICT)

☐ Request
**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:________________________________________________________________________________

UNNMG Medical Director: ___________________________ Date: ____________

ACMO/CMO: ___________________________ Date: ____________

Criteria Approved by UNMMG Board of Directors (EC) on 8/2/2021