

DETROIT MEDICAL CENTER

DEPARTMENT OF OTOLARYNGOLOGY
DELINEATION OF PRIVILEGES IN ORAL AND MAXILLOFACIAL SURGERY
ADULT/PEDIATRIC

Applicant Name: _____

PLEASE PRINT

QUALIFICATIONS:

Effective July 1, 2009, all new applicants to the DMC will be required to be board certified or in the active certification process in their practice specialty. See Board Certification addendum.

Core Privileges:

DMD or DDS, and successful completion of an approved residency training program in oral and maxillofacial surgery. Current board certification or active participation in the examination process leading to certification by the American Board of Oral and Maxillofacial Surgery within board requirements but not to exceed five (5) years. Applicant must hold the oral and maxillofacial surgery specialty license issued by the State of Michigan Board of Dentistry. In addition, applicant must provide documented clinical competence in the performance of a minimum of 20 cases of clinical oral and maxillofacial procedures in the past 24 months or have been meeting non-clinical requirements of an approved training program or fellowship, e.g. NIH basic research fellowship.

Special Procedures:

Proof of successful completion of an approved, recognized course when such exists, or acceptable supervised training in residency, fellowship or other acceptable program; and documented current competency.

Use of Laser:

Proof of completion of an accredited laser training program documenting laser care, physics and clinical indications for utilization of the specific laser therapy; or documentation from the chief of an accredited residency training program attesting to the training in specific laser therapy during residency; or documented experience in laser procedures and care, documented through submission of case logs for the previous 24 months.

Observation/Proctoring Requirements:

Performance is monitored through the focused professional performance evaluation process, departmental quality assessment and improvement processes.

Reappointment to Active staff:

Current demonstrated competence with acceptable results in the privileges requested as determined through quality assessment and improvement activities and outcomes, AND, the performance of at least 20 surgical cases and/or patient contacts (admissions, consults, DMC/WSU educational or clinic activity, etc.) in the previous 24 months in DMC-based facilities to allow for comprehensive ongoing professional performance evaluation.

Qualification for Reappointment to Affiliate staff: Verification from primary non-DMC hospital of current demonstrated competence with acceptable results in the privileges requested as determined through quality assessment and improvement activities and outcomes, AND, the performance of at least 20 surgical cases and/or patient contacts (admissions, consults, etc.) in the previous 24 months, AND/OR evidence of some DMC/WSU educational or clinic activity.

Those practitioners that do not meet minimum eligibility requirements to hold clinical privileges and/or have insufficient DMC based volume to provide for an ongoing professional practice evaluation and/or have an office-based practice only, but wish to maintain a DMC affiliation, may request Membership Only with No Clinical Privileges.

ADULT/PEDIATRIC CLINICAL PRIVILEGES IN ORAL AND MAXILLOFACIAL SURGERY

Applicant Name: _____

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PRIVILEGES REQUESTED:

(R)-Requested (A)-Recommend Approval as Requested (C)-Recommend with Conditions (N)-Not Recommended

Note: If recommendations for clinical privileges include a condition, modification or are not recommended, the specific condition and reason must be stated below or on the last page of this form and discussed with the physician.

Applicant: Please place a check mark in the (R) column ONLY for each privilege requested.

(R) (A) (C) (N)

MEMBERSHIP ONLY, NO CLINICAL PRIVILEGES

Practice is limited to outpatient office (ambulatory) only. No inpatient privileges.
Do Not Complete The Remainder Of This Form. Sign form on PAGE 2.

(R) (A) (C) (N)

ORAL AND MAXILLOFACIAL SURGERY CORE PRIVILEGES, includes:

Admission, work-up, history and physicals, and the performance of surgical procedures on patients who present with illnesses, injuries, and disorders of both the functional and aesthetic aspects of the hard and soft tissues of the oral and maxillofacial regions.

These privileges **DO NOT** include any of the following Special Procedures.

ORAL AND MAXILLOFACIAL SURGERY SPECIAL PROCEDURES

(See qualifications.)

(R) (A) (C) (N)

Arthroscopy of the temporomandibular joint

Rhinoplasty, blepharoplasty

Use of laser

Cleft palate and lip

Head and neck oncological surgery

Moderate Sedation (Patients 12 years of age and older) this category requires knowledge of the DMC Moderate Sedation Tier 1 Policy (and Tier 3 Children's Hospital policy for Pediatrics), acknowledgement to observe the policies and complete the Net Learning Modules on Moderate Sedation. My initials attest that I will comply with the policy and have completed the module.

Initials

Acknowledgment of Practitioner

By my signature below, I acknowledge that I have read and understand this delineation of privilege form and applicable standards, qualifications, and criteria for privileges.

Applicant Signature

Date

ADULT/PEDIATRIC CLINICAL PRIVILEGES IN ORAL AND MAXILLOFACIAL SURGERY

Applicant Name _____

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RECOMMENDATIONS

CHIEF OF SERVICE:

- Approved as requested
- Approved **with conditions/modifications, as listed below.**
- Do not recommend

Signature, Chief of Service

Date

MODIFICATIONS/CONDITIONS

Privileges	Modification/Condition

SPECIALIST-IN-CHIEF:

I certify that I have reviewed and evaluated the applicant's request for clinical privileges, credentials and other supporting documentation, and the recommendation that is made below takes all pertinent factors into consideration.

- Approved as requested
- Approved **with conditions/modifications, as listed.**
- Do not recommend

Signature, Specialist-in-Chief (or Designee)

Date

Joint Conference Committee Action: _____

Date

DETROIT MEDICAL CENTER

BOARD CERTIFICATION REQUIREMENTS

- Beginning July 1, 2009, all applicants to the DMC Medical Staff shall be Board Certified, or shall achieve Board Certification within five (5) years of completion of formal training. Relative to eligibility for board certification, completion of formal training (residency versus fellowship) is defined by the primary certification body for that specialty.
- Individual clinical department Board certification may be more stringent. If so, the department's requirements supersede the DMC minimum Board certification requirement.
- The Board certification must be in the specialty and specific practice which clinical privileges are requested.
- Board certification must be in a specialty recognized by the American Board of Medical Specialties, American Osteopathic Association, American Dental Association or the American Board of Foot and Ankle Surgery.
- If Board certification is time-limited, in all cases, the applicant will have a maximum of three (3) years to achieve re-certification, beginning with the expiration date of his/her current Board Certification, or will be voluntarily resigned from the Medical Staff.
- An extension of the Board certification or re-certification requirement may be granted by the Medical Executive Committee to the applicant who has obtained an extension from the requisite Board for reasons of significant health issues or military service.
- DMC medical staff members on staff prior to July 1, 2009, who are not Board certified will not be required to achieve Board certification. Eligibility for the Board certification waiver requires uninterrupted DMC Medical Staff membership since July 1, 2009.
- Under special circumstances, some outstanding applicants brought to the DMC may be ineligible for Board certification. These members will be considered by their departments on an individual case-by-case basis, and review by a subcommittee of the SICs, may be granted privileges without Board certification with a majority vote of the Medical Executive Committee and the Joint Conference Committee.