

DETROIT MEDICAL CENTER

DEPARTMENT OF PEDIATRIC SURGERY
DELINEATION OF PRIVILEGES IN PEDIATRIC TRANSPLANT SURGERY
(Excluding Cardiac)

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.

Pediatric Transplant Surgery:

EDUCATION/BOARD STATUS/TRAINING:

1. All applicants must have an MD, DO or international equivalent, e.g., Royal College of Surgeons, Canada (special circumstances only).
2. All applicants must be currently board certified by the American Board of Surgery or American Osteopathic Board of Surgery, or actively participating in the examination process leading to certification within five (5) years of completion of formal training.
3. All applicants must have completed a general surgery or urology residency **AND** successful completion of one of the following:
 - a two year transplant surgery fellowship at an ASTS approved training program that performs pediatric transplants.
 - one year transplant fellowship program with an additional one year of clinical experience within the past 24 months (applies to kidney transplants only), including pediatric transplant experience.
 - Three years of experience with a transplant program that meets the criteria for UNOS certification (experience completed within the past 24 months), including pediatric transplant experience.
4. Specific privileges may be recommended by the Chief of Pediatric Transplant Services at his/her discretion.
5. Maintenance of case logs of procedures are required. At a minimum, the following information must be included: date of procedure, patient identifier, CPT/ICD9 (or equivalent) procedure code, diagnosis, facility name signed by chief of the unit authenticating the log, date signed and contact information.
6. If program performs fewer than 10 liver tx per year, the primary surgeon must participate in an adult liver transplant program.
7. Validation of competency: First five cases

Affiliation via Membership Only Status:

N/A

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

(R)=Requested (A)=Recommended as Requested (N)=Not Recommended

Note: If recommendations for clinical privileges include a condition, modification or are not recommended, the specific condition and reason for same must be stated below.

(R) (A) (N) CORE PRIVILEGES

- Includes privileges to admit, evaluate, diagnose and treat abdominal solid organ transplant patients and perform routine procedures including those listed below:
- Organ procurements from deceased or living donors
 - Selection of recipients
 - Selection of donors (living and deceased)
 - Knowledge and interpretation of histocompatibility and tissue typing
 - Immediate postoperative recipient care
 - Inpatient transplant care
 - Postoperative transplant care
 - Management of immunosuppressive drugs
 - Management of allograft dysfunction
 - Interpretation of ancillary tests for allograft dysfunction
 - Performing allograft biopsy
 - Interpretation of allograft biopsy
 - Management of complications of allograft
 - Required cases over the past 24 months: 10 inpatient, ambulatory and/or consultative
 - Initial/General: Five (5) year cumulative experience with 25 transplants, and at least five (5) over 24 months as primary surgeon

(R) (A) (N)

- Reappointment:**
- Ongoing participation in the practice of the transplant program.
 - 30 category 1 Transplant CMEs within the past 24 months

(R) (A) (N)

- Special privileges:**
- Liver transplantation (Five (5) year cumulative experience with 25 transplants, and at least five (5) over 24 months as primary surgeon, adult or pediatric for initial privileges; perform at least 5 in the past 24 months as primary or first assistant, pediatric only thereafter)
- Kidney transplantation (Five (5) year cumulative experience with 25 transplants, and at least five (5) over 24 months as primary surgeon, adult or pediatric patients for initial privileges; perform at least 5 in the past 24 months as primary or first assistant, pediatric only thereafter)
- Intestinal transplantation and/or multivisceral transplantation (performed at least 5 in the past 24 months as primary or first assistant, adult or pediatric patients)
- General hepatobiliary surgery (perform at least 10 in the past 24 months, adults and pediatrics)

CLINICAL PRIVILEGES:

Acknowledgment of Practitioner

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

Signature, Applicant _____ Date _____

Pediatric Chief Recommendation (if applicable)

- Recommend as requested. Do not recommend.
- Recommend with conditions/modifications as listed.

Pediatric Chief Signature _____ Date _____

Children’s Hospital Medical Staff Operations Committee Recommendation (if applicable)

- Recommend as requested. Do not recommend.
- Recommend with conditions/modifications as listed.

Chair, CHM MSOC Signature _____ Date _____

Specialist-in-Chief Recommendations

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:

- Recommend as requested. Do not recommend.
- Recommend with conditions/modifications as listed.

Signature, Specialist-in-Chief _____ Date _____

Joint Conference Committee Approval: _____

Date

JCC approved 2.26.13

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.
- 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 Podiatric 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.
- 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.