

DETROIT MEDICAL CENTER

DEPARTMENT OF SURGERY

DELINEATION OF PRIVILEGES IN PLASTIC SURGERY

Applicant Name: _____

PLEASE PRINT

MINIMUM QUALIFICATIONS FOR CLINICAL PRIVILEGES IN PLASTIC SURGERY

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 attached addendum.

Plastic Surgery:

Current certification or active participation in the examination process leading to certification in plastic and/or reconstructive surgery by the American Board of Plastic Surgery or the American Osteopathic Board of Surgery with certification achieved within 5 years of completion of residency training.

Hand Surgery:

Current certification or active participation in the certification process leading to certification in Surgery, Plastic Surgery or Orthopedic Surgery and a Certificate of Special or Added Qualifications in Hand Surgery by the American Board of Surgery, Plastic Surgery or Orthopedic Surgery or the American Osteopathic Board of Surgery, which includes training in surgery of the hand.

Required Previous Experience:

Documentation of the performance of a minimum of 25 Plastic Surgery procedures during the past 24 months must be confirmed by the applicant's most recent program director or department chief and/or surgical case logs for the previous 24 months. Any exception to aforementioned criteria would need to be reviewed and approved by the Department of Surgery Advisory Committee and/or Chairman of the Department of Surgery.

Special Procedures:

Documentation (letter or certificate) of successful completion of an approved, recognized course when such exists, or acceptable supervised training in residency, fellowship or other acceptable program; and documentation of competence to obtain and retain clinical privileges as set forth in departmental policies governing the exercise of specific privileges. Documentation should include surgical case logs for those special privileges requested for the past 12 months. If less than 25 case, logs must be submitted for the previous 24 months.

Observation/Proctoring Requirements:

Monitoring through focused professional performance evaluation by observation of clinical performance in the OR, and departmental quality assessment and improvement activities.

Use of Laser:

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.

Reappointment Requirements

Current demonstrated competence and sufficient volume to evaluate ongoing quality of care without demonstrated variance from accepted standards and guidelines for clinical care as recommended by the Specialist-in-Chief of the Department of Surgery. Maintain Board Certification as defined by the appropriate specialty board

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Minimum Qualifications for Clinical Privileges in Plastic Surgery - Continued

Reappointment Requirements - Continued

Those practitioners that do not meet minimum eligibility requirements to hold clinical privileges and/or have insufficient inpatient 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 Affiliate Status, Membership Only with No Clinical Privileges.

The Specialist-in-Chief of Surgery reserves the right to modify, make conditional or not approve any requested privileges based on the applicant’s training and/or experience.

PRIVILEGES REQUESTED:

(R) Requested (A) Recommend 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 applicant.

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

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

REQUESTING MEMBERSHIP ONLY, NO CLINICAL PRIVILEGES

For those not applying for clinical privileges or is not eligible for privileges and wants to maintain a DMC affiliation. *(Do not complete the remainder of the form, Check ‘R’ box and go directly to the signature page).*

R	A	C	N	(R)=Requested (A)=Recommended as Requested (C)= Recommend with Conditions (N)= Not Recommended
<u>CORE PRIVILEGES IN PLASTIC SURGERY</u>				
				Performance of surgical procedures, including: admission and work up for patients of all ages presenting with both congenital and acquired defects of the body’s soft tissue including the aesthetic management and provision of consultation, in; <ul style="list-style-type: none"> ▪ Correction of congenital hand deformities ▪ Dupuytron’s contracture ▪ Major nerve repairs ▪ Hand reconstruction. Core privileges do not include any of the Special Procedures listed below or Pediatric Surgery Privileges (patients less then 16 years of age).

R	A	C	N	
				MODERATE SEDATION 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. _____ Initial

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R	A	C	N	PLASTIC SPECIAL PROCEDURES - (See Qualifications and Specific Criteria)
				Use of the Laser (<i>specify procedure and type of laser</i>) in facial cosmetic surgery Procedure: _____ Type of laser: _____
				Endoscopic carpal tunnel
				Liposuction
				Microsurgery
				Suction lipectomy
				Abdominoplasty
				Augmentation mammoplasty
				Blepharoplasty
				Brachioplasty
				Breast implant capsulotomy
				Breast reduction
				Brow lift
				Buttock lift
				Facial augmentation
				Face lift
				Gynecomastia reduction
				Autologous fat transfer
				Labioplasty
				Lip lift
				Mastopexy
				Neck lift
				Nipple correction
				Thigh lift
				Otoplasty
R	A	C	N	CORE PRIVILEGES IN HAND SURGERY
				<p>Admit, work up, diagnose and provide treatment, consultative services or surgical procedures to provide care to patients of all ages presenting with illness, injuries, and disorders of the hand and related structures. Including but not limited to:</p> <ul style="list-style-type: none"> • Consultation, evaluation and management of condition affecting the musculoskeletal system of the upper extremity. • Closed and open treatment of fractures and dislocations. • All surgical procedures involving bone, joint, nerve, muscle, tendon, bursa and skin, including amputations. • Biopsy and definitive management of primary malignant bone and soft tissue tumors in the upper extremities. • Complex reconstructive hand surgery. • Wrist arthroscopy • Microscope-assisted neurovascular surgery in the upper extremities. • Complex revision arthroscopy in the upper extremities. • Management of recurrent/complex joint infections in the upper extremities. <p>Core privileges do not include the following Special Procedures <u>or</u> Pediatric Hand Surgery Privileges. (patients less than 16 years of age)</p>

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R	A	C	N	HAND SURGERY SPECIAL PROCEDURES-(See Qualifications and Specific Criteria)
				Endoscopic carpal tunnel release

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 _____

RECOMMENDATIONS

Chief of Service/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, Chief of Service _____ Date _____

Signature, Specialist-in-Chief _____ Date _____

Joint Conference Committee Approval: _____
Date

JCC Approved:Rev 5-28-02; 12-22-09; 12-02-16; 10-30-2020

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, 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 with time-limited certifications will not be required to recertify.
- DMC medical staff members who obtain certification in specialty and subspecialty categories will be required to recertify in the area(s) of certification required by the certification body.
- 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.

JCC APPROVED 10.27.2017