LEVEL I CORE PRIVILEGES

Minimum Training and Experience  Minimum formal training: MD, DO, or equivalent degree. Completion of an ACGME accredited residency training program in ophthalmology. Minimum certification and Board status: Must have achieved certification in Ophthalmology by the American Board of Ophthalmology or be an active candidate, with certification within 2 years of initial appointment. Required previous experience: Documentation of clinical experience in the management of at least 50 patients with conditions included in the Ophthalmology scope of practice during the past twelve-month year. Current Competence: Determination of competence is based on the judgment of the Associate Chair for Clinical Affairs, the Director of Quality Assurance/Quality Improvement and the Department Chair, who will make use of treatment results and quality measures, when available.

FPPE Requirements: Outpatient monitoring activity: Monitor will conduct a patient record review of patients seen by said faculty during the first six months of employment. In the 2nd and 5th months of employment, 5 charts will be reviewed, for a total of 10 chart reviews. The new faculty and the monitor will meet in the 3rd and 6th month of employment to discuss the record reviews. Surgery monitoring activity (for faculty who perform surgery): Monitor will complete a review of all surgical cases performed by the new faculty during their first 6 months and identify unplanned returns to the operating room for complications of surgery within the first 30 postoperative days.

Scope of Practice/Privileges  Privileges include admission, evaluation, diagnosis, and the performance of surgical procedures on patients of all ages presenting with illnesses, injuries and disorders of the eye, including its related structures and visual pathways. These privileges include the provision of consultations, as well as the ordering of diagnostic studies and procedures related to the ophthalmologic problem. Delineation of special privileges is on an individual basis.

Privileges also include the following representative list, but it is not intended to be all-encompassing, but rather to reflect the categories/types of patient problems included in the description of privileges.

- Amblyopia evaluation and management
- Anesthesia administration: -local; -topical
- Anterior orbit lesion excision or biopsy including: -dermoid cysts; -lipodermoids; -vascular/lymphatic malformations; -epithelial cysts
- Anterior chamber tap
- Anterior segment surgery: -iris; -lens; -anterior chamber angle; -ciliary body
- Anterior vitrectomy/capsulectomy: -limbal incision; -pars plana incision
- Botulinum toxin treatment for functional (such as strabismus, blepharospasm) and cosmetic purposes
- Cataract surgery including: -intracapsular; -extracapsular; -phacoemulsification; -use of iris retractors and rings
- Conjunctiva and caruncle surgery including: -biopsy; -flaps; -grafts; -pinguecula; -pterygium; -excision of tumors and other lesions
• Contact lens, prescribe/modify
• Cornea/external diseases evaluation and management
• Corneal surgery including: -biopsy; -excision of lesion; -chelation
• Cryotherapy including: -skin; -conjunctiva; -cornea; -lens; -ciliary body; -retina
• Diagnostic procedures of the eye such as: -gonioscopy; -pachymetry; -indirect ophthalmoscopy with scleral depression
• Enucleation/evisceration
• Examination of eye under anesthesia
• Extraocular muscle surgery
• Eyelid surgery including: -chalazion incision and drainage; -excision of lesion; -trichiasis correction; -tarsorrhaphy; -canthotomy
• Foreign body removal: -eyelids; -fornix; -conjunctiva; -cornea; -intraocular; -anterior orbit
• Glaucoma evaluation and management
• Glaucoma surgery including: -trabeculectomy; -seton; -intraoperative/postoperative antimetabolite therapy; -goniotomy; -trabeculotomy
• Injection of therapeutic agents: -skin; -periocular tissue/lesion; -subconjunctival; -sub-Tenon’s capsule; -retrobulbar; -intracameral; -vitreous; -orbit
• Interpretation of ophthalmic diagnostic tests and procedures such as: -A/B mode ultrasound; -retinal electrophysiologic studies; -visual field testing; -fluorescent angiograms; -OCT imaging
• Ocular inflammatory disorders evaluation and management: -uveitis; -orbital inflammatory disorders; -periocular inflammatory disorders
• Intraocular lens and related procedures: -primary insertion; -secondary insertion; -removal; -reposition; -capsular tension rings
• Lacrimal drainage system surgery such as: -irrigation; -probing; -dilation; -intubation; -punctoplasty; -punctal occlusion; -infrastruct of inferior turbinate
• Laser surgery of the eye (must hold current laser privileges) such as: -peripheral iridotomy; -retinal photocoagulation; -capsulotomy; -pupiloplasty; -gonioplasty; -suture lysis; -trabeculoplasty; -cyclophotocoagulation
• Low vision evaluation/prescribing of low vision devices
• Lens disorders evaluation and treatment including: -cataract; -subluxation; -persistent fetal vasculature
• Neuro-ophthalmologic disorders evaluation and management such as: -cranial nerve palsy; -optic neuropathy; -temporal arteritis
• Nystagmus evaluation and management
• Orbital/adnexal disorders evaluation and management
• Orthoptic techniques
• Pupil dilation
• Refraction, manifest/cycloplegic
• Repair laceration and injury to ocular and periocular tissues including: -skin; -eyebrow; -eyelid; -canaliculus; -conjunctiva; -cornea; -iris; -lens; -sclera; -excision of prolapsing intraocular tissue; -allograft (donor sclera)
• Retina and vitreous disorders/lesions evaluation and management
• Sclerotomy
• Spectacle prescription
• Strabismus evaluation and management, including passive duction testing
• Syndromes, genetic disease, systemic disease with ophthalmic manifestations, evaluation and management, such as: -craniofacial disorders; -retinal dystrophies; -Down syndrome; -diabetes mellitus; -thyroid disease
• Temporal artery biopsy
• Vitreous tap

☐ Requested (Applicant)  ☐ Recommended approval (Service Chief/Chair)
LEVEL I CORE PRIVILEGES [NEURO-OPHTHALMOLOGY/NEUROLOGY ALTERNATIVE]

Minimum Training and Experience  Minimum formal training: MD, DO, or equivalent degree. Completion of an ACGME accredited residency training program in neurology. Current enrollment or completion of a fellowship in neuro-ophthalmology. Minimum certification and Board status: Must have achieved certification by the American Board of Psychiatry and Neurology or be an active candidate, with certification within 2 years of initial appointment. Required previous experience: Documentation of clinical experience in the management of at least 50 patients with conditions included in the Neuro-Ophthalmology scope of practice during the past twelve-month year. Current Competence: Determination of competence is based on the judgment of the Department Chair, who will make use of treatment results and quality measures, when available.

FPPE Requirements: Outpatient monitoring activity: Monitor will conduct a patient record review of patients seen by said faculty during the first six months of employment. In the 2nd and 5th months of employment, 5 charts will be reviewed, for a total of 10 chart reviews. The new faculty and the monitor will meet in the 3rd and 6th month of employment to discuss the record reviews.

Scope of Practice/Privileges  Privileges include admission, evaluation, diagnosis of patients of all ages presenting with illnesses, injuries and disorders of the eye, including its related structures and visual pathways. These privileges include the provision of consultations, as well as the ordering of diagnostic studies and procedures related to the ophthalmologic or neurologic problem.

Privileges also include the following representative list, but it is not intended to be all-encompassing, but rather to reflect the categories/types of patient problems included in the description of privileges.

- Amblyopia evaluation and management
- Anesthesia administration: -local; -topical
- Botulinum toxin treatment
- Conjunctival biopsy
- Contact lens, prescribing/modifications
- Cornea/external diseases evaluation and management
- Diagnostic procedures of the eye such as: -gonioscopy; -pachymetry; -indirect ophthalmoscopy with scleral depression
- Examination of eye under anesthesia
- Foreign body removal: -fornix; -conjunctiva; -cornea
- Glaucoma evaluation and management
- Interpretation of ophthalmic diagnostic tests and procedures such as: -A/B mode ultrasound; -retinal electrophysiologic studies; -visual field testing; -fluorescent angiograms; -OCT imaging
- Low vision evaluation/prescribing of low vision devices
- Lens disorders: -cataract; -subluxation
- Neuro-ophthalmologic disorders evaluation and management such as: -cranial nerve palsy; -optic neuropathy; -temporal arteritis
- Nystagmus evaluation and management
- Ocular inflammatory disorders evaluation and management: -uveitis; -orbital inflammatory disorders; -periocular inflammatory disorders
- Orbital/adnexal disorders evaluation and management
- Orthoptic techniques
- Pupil dilation
- Refraction, manifest/cycloplegic
- Retina and vitreous disorders/lesions evaluation and management
- Spectacle prescription
- Strabismus evaluation and management, including passive duction testing
- Syndromes, genetic disease, systemic disease with ophthalmic manifestations, evaluation and management, such as: -craniofacial disorders; -retinal dystrophies; -Down syndrome; -diabetes mellitus; -thyroid disease
- Temporal artery biopsy

☐ Requested (Applicant)  ☐ Recommended approval (Service Chief/Chair)
LEVEL II Privileges

These privileges require specialty training and are not considered part of the standard core privileges.

New faculty or faculty seeking new privileges
Must meet Minimum Training and Experience requirements for requested privileges.

Current faculty
Continued experience is documented by performance of at least 2 procedures of the specific type for which approval is requested within the previous privileging period, with documentation of such performance in the operating room log, treatment room log or equipment log, depending upon the type of procedure. If performance is below the privileging level, then the procedure for faculty seeking new privileges will be followed.

Refractive surgery

Scope of Practice/Privileges  Surgical for correction of refractive errors including procedures such as:

- Radial keratotomy
- Epikeratophakia
- Excimer laser corneal refractive surgery (must hold current laser privileges)
- Phakic intraocular lens insertion
- Intracorneal ring segment implantation

Minimum Training and Experience  Evidence, documented by recommendation letters, of training and performance of procedures during a cornea fellowship or equivalent experience, or clinical training with currently approved faculty including observations/assistance of at least 4 procedures, plus approved faculty supervision during performance of at least 2 procedures.

□ Requested (Applicant)  □ Recommended approval (Service Chief/Chair)

Keratoplasty and Keratoprosthesis

Scope of Practice/Privileges  Grafting and replacement procedures to restore function and clarity to the cornea such as:

- Penetrating keratoplasty
- Lamellar keratoplasty
- Endothelial keratoplasty
- Corneal autograft
- Keratoprosthesis insertion

Minimum Training and Experience  Evidence, documented by recommendation letters, of training and performance of procedures during a cornea fellowship or equivalent experience, or clinical training with currently approved faculty including observations/assistance of at least 4 procedures, plus approved faculty supervision during performance of at least 2 procedures.

□ Requested (Applicant)  □ Recommended approval (Service Chief/Chair)
Oculoplastic and Aesthetic Surgery

Scope of Practice/Privileges Procedures involving the orbit, adnexal tissue, eyebrows, forehead eyelids and face for reasons such as treatment of tumors, repair of trauma, correction of functional disorders, correction of deformity and improvement of appearance. Representative procedures include:

- Cosmetic surgery involving areas of the face: -chemical peel; -autologous graft; -allograft; -laser skin treatments (must hold current laser privileges)
- Functional and cosmetic surgery: -filler injection (e.g. Restylane); -fat transfer and fat injection; -hair transplantation
- Eyelid and periorbital surgery, to include all surgery on the eyelids and any tissues that can impact eyelid structure and/or function including: -brows and forehead; -cheek and temple; -canthi and nasal bridge; - glabella; -eyelid sling procedures; -eyelid and periocular tissue excision of tumors; -alloplastic implant placement and removal
- Harvesting of tissue for grafting from distant sites (such as nose, mouth, ear, leg, arm, torso, buttock) and repair of donor site: -bone; -fat; -skin; -cartilage; -mucous membrane; -fascia; -hard palate
- Lacrimal surgery, including any tissues and structures that participate in or influence the function of the lacrimal system such as: -lacrimal sac surgery; -intranasal surgery; - dacryocystorhinostomy
- Orbital and periorbital reconstructive surgery, to include: -flaps such as advancement flaps and pedicle flaps; -orbital bone fracture reduction, repair and fixation (including obtaining bone graft); -repair of complex lacerations; -excision of tumors in and around the orbit; -evisceration; -orbital exenteration (with or without bone, with or without socket reconstruction); -tissue grafting; -alloplastic implant placement and removal
- Orbital surgery, including obtaining access into the orbit including: -socket reconstructive surgery; -surgery of tissues around the globe, including muscles, nerves, vasculature and lacrimal system (including optic nerve sheath fenestration and orbital decompression to decompress the optic nerve); -surgery of the facial bones that affect orbital structure and/or function, including orbital decompression; -surgery of the sinuses surrounding the orbit; -orbital mass biopsy and excision, including treatment of vascular anomalies; -orbital exploratory surgery; -any other orbital surgery to protect, improve and/or restore ocular and orbital structure and/or function

Minimum Training and Experience Evidence, documented by recommendation letters, of training and performance of procedures during an ASOPRS-approved oculoplastics fellowship or equivalent experience or, in the case of specific procedures for which adequate experience did not occur during fellowship training, clinical training with currently approved faculty including observations/assistance of at least 4 procedures, plus approved faculty supervision during performance of at least 2 procedures.

☐ Requested (Applicant) ☐ Recommended approval (Service Chief/Chair)

Posterior Vitrectomy and Retina Surgery

Scope of Practice/Privileges Treatment of conditions of the vitreous, retina and choroid such as rhegmatogenous retinal detachment, tractional retinal detachment, proliferative vitreoretinopathy, primary and secondary malignancies, trauma and foreign body. Representative procedures include:

- Biopsy of retina and choroid
- Encircling band
- Exoplants
- Intracocular gas or silicone oil tamponade
- Intraocular therapeutic implant insertion
- Membrane dissection: -ciliary body; -vitreous cavity; -retina
- Photodynamic therapy (must hold current laser privileges)
- Pneumatic retinopexy
- Posterior vitrectomy
- Retinal endolaser treatment (must hold current laser privileges)
- Retinotomy
• Subretinal injection of pharmacologic/therapeutic agents

**Minimum Training and Experience**  Evidence, documented by recommendation letters, of training and performance of procedures during a retina fellowship or equivalent experience or, in the case of specific procedures for which adequate experience did not occur during fellowship training, clinical training with currently approved faculty including observations/assistance of at least 4 procedures, plus approved faculty supervision during performance of at least 2 procedures.

☐ Requested (Applicant)  ☐ Recommended approval (Service Chief/Chair)

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**Implantation of Retinal Prosthesis**

**Scope of Practice/Privileges**  Extraocular and intraocular placement of the components of a retinal prosthesis for treatment of impaired vision due to retinal disease.

**Minimum Training and Experience**  Must hold Level II privileges for Posterior Vitrectomy and Retina surgery. Observation of at least one surgical case, completion of wet lab practice of tacking the retinal array, didactic training mandated by the prosthesis vendor and observation of the first case by a surgeon with experience with this procedure.

☐ Requested (Applicant)  ☐ Recommended approval (Service Chief/Chair)

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**Placement of External Radiotherapeutic Source**

**Scope of Practice/Privileges**  Brachytherapy for treatment of malignancies and other proliferative disorders involving the eye and adnexa.

**Minimum Training and Experience**  Evidence, documented by recommendation letters, of training and performance of procedures during an ocular oncology or retina fellowship or equivalent experience, or performance of a "mini-fellowship" with a recognized expert in the use of such devices, or clinical training with currently approved faculty, including observation/assistance during at least 4 procedures, plus approved faculty supervision during performance of at least 2 procedures.

☐ Requested (Applicant)  ☐ Recommended approval (Service Chief/Chair)
SPECIAL PRIVILEGES

A separate application is required to APPLY or REAPPLY for the following Special Privileges:
► FLUOROSCOPY
► LASER
► ROBOTIC SURGICAL PLATFORM
► SEDATION PRIVILEGES FOR A NON-ANESTHESIOLOGIST

Please go to MLearning for Modules.

TO BE COMPLETED BY APPLICANT:

I meet the previously stated minimum criteria and request that my application be considered for the privileges as outlined above. I authorize and release from liability, any hospital, licensing board, certification board, individual or institution who in good faith and without malice, provides necessary information for the verification of my professional credentials for membership to the Medical Staff of The University of Michigan Health System.

Applicant Signature: ___________________________ Date: ______________

DEPARTMENT ACTION:

Approval: ___ As Requested ___ As modified, explain ________________

I have reviewed and/or discussed the privileges requested and find them to be commensurate with his/her training and experience, and recommend that his/her application proceed.

Justification for approval is based on careful review of the applicant’s education, postgraduate clinical training, demonstrated clinical proficiency and Board Certification or qualifications to sit for the Boards.

Department Chair: ___________________________ Date: ______

Service Chief: ___________________________ Date: ______

CREDENTIALS COMMITTEE ACTION:

Approval: ___ As Requested ___ Disapproved, explain ________________

Credentials Committee Member: ___________________________ Date: ______

EXECUTIVE COMMITTEE ON CLINICAL AFFAIRS ACTION:

Approval: ___ As Requested ___ Disapproved, explain ________________

Executive Committee On Clinical Affairs Member: ___________________________ Date: ______