LEVEL I CORE PRIVILEGES

Scope of Practice/Privileges

Demonstrated training and knowledge in Anatomy, Physiology, Pharmacology, Microbiology, Biochemistry, Genetics, Immunology, Allergy and Neurology relevant to the head, neck, ear, nose, throat and upper aerodigestive tract; the communication sciences, including a working knowledge of audiology, electrophysiology, speech and language pathology, performance and interpretation of videostroboscopy and the endocrine disorders as they relate to Otolaryngology.

Diagnosis, medical and surgical management of congenital anomalies, abnormal function, trauma and diseases in the regions and systems identified above.

Diagnosis, medical and surgical management of diseases and abnormalities of the upper aerodigestive tract and food passages.

Diagnosis and surgical management of congenital, inflammatory, neoplastic, and traumatic disorders of the head and neck including:
Paranasal sinus and septal surgery.
Surgery of the salivary glands and endocrine glands.
Diagnostic and therapeutic peroral endoscopy.
Surgery of the lymphatic tissues of head and neck.
Head and neck oncologic surgery.
Maxillofacial surgery of the head and neck particularly in relation to head and neck oncologic surgery and trauma.
Aesthetic and functional surgery of the head and neck, ears, facial skeleton, upper respiratory and upper alimentary system or skin of the scalp, face and neck.
Head and neck reconstructive surgery particularly as it relates to restoration of function and aesthetics after trauma or extensive oncologic surgery.
Surgery for restoration of voice and laryngeal disorders.

Pre and post operative care, including ICU care.
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.

- Evaluate, diagnose, consult and provide non-surgical/surgical care to patients of all ages with illnesses, injuries, and disorders of the head and neck, ears, upper respiratory/alimentary systems and related structures.
- Airway management
- Allergy treatment: - evaluation; - injections; - skin testing
- Auditory canal (all forms of surgery) contents of: -inner ear; -middle ear; - tympanic membrane
- Botulinum toxin treatment
- Bronchoscopy
- Caldwell Luc procedure
- Cananoplasty
- Cochlear implantation
- Cosmetic surgery of face, nose, ears, neck including: -chemical peel; -external ear; - eyelids; - face; - implantation of autogenous, homologous, and allograft; - liposuction; - lips; - repair of simple or complicated lacerations; - rhytidectomy, laser skin treatments (must hold current Laser Privileges)
- Cricopharyngeal myotomy
- Cryosurgery
- Dacryocystorhinostomy
- Dynamic posturography
- Endolymphatic sac surgery
- Endoscopy (flexible/rigid perioral) of the larynx, tracheobronchial tree, and esophagus to include: - biopsy; - excision; - foreign body removal; - stricture dilatation
- Epistaxis management
- Ethmoidectomy
- Extra cranial repair of peripheral nerves including cable grafting
- Frontal sinus fractures, reduction of
- Facial sling procedure
- Fistulas, repair of: - esophagocutaneous; - oral-antral; - oral-cutaneous; - oral-maxillary; - oral-nasal; - perilymphatic; - pharyngocutaneous; - tracheo-cutaneous
- Habilitation and rehabilitation, including: - balance; - chemoreception; - deglutition; - hearing; - respiration; - speech
- Harvesting of: - bone grafts (of the head and neck, hip, trunk, and extremities); - fat; - skin
- Head/neck tumor surgery
- Laryngectomy
- Laryngoscopy, with/without biopsy
- Larynx surgery, including: - biopsy; - partial/total laryngectomy
- Lip surgery, including: - flaps, local or distant; - lip shave; - partial/total resection with primary repair
- Mandibulotomy
- Mastoidectomy
- Maxillectomy, including: - composite resection; - glossectomy; - intraoral resection; - nasal resection; - oral cavity resection; - partial
- Maxillofacial trauma surgery including: - intermaxillary fixation; - wire/rigid fixation; - bone grafting
- Middle-ear ventilation tube placement
- Myocutaneous flaps (pectora les, trapezius, sternocleidomastoid)
- Myringoplasty
- Myringotomy
- Nasopharynx surgery, including: - ethmoid sinuses; - frontal and maxillary sinuses; - nasal mucosa and turbinates; - nasal septoplasty
- Neck abscess, drainage (adult/children)
- Neurovascular pedicle flaps (chest, shoulder, forehead, scalp, cheek)
- Oral cavity surgery including: - composite resection-primary; - mandibulectomy; - partial/total glossectomy; - tumor (with neck dissection)
- Oral pharynx surgery, and surgery of: - arytenoid cartilages; - epiglottis; - hypo pharynx
- Osteotomy, mandibular
- Otoplasty
- Paranasal sinus surgery (external/intranasal)
- Parapharyngeal reconstruction
- Parapharyngeal space mass, excision
- Parathyroid surgery
- Parotidectomy
- Pediatric airway control including: -tracheostomy; -tracheotomy
- Pituitary surgery, salivary glands, and lymphatic tissue of head/neck
- Posterior/middle fossa microsurgery
- Radical surgery of the head/neck, including: -radical excision of the maxillary antrum for tumor; -radical neck dissection
- Ranula excision
- Reconstructive surgery: -major myocutaneous flaps and harvesting of bone (from distant sites); -trachea; -upper airway
- Rhinoplasty
- Salivary duct and gland surgery, including: -plastic repair of salivary glands
- Septoplasty
- Sinus cysts, excision
- Sinus Endoscopy
- Skin grafting procedures (full/split thickness)
- Sleep apnea, surgery for correction
- Stapedectomy
- Stapedotomy
- Suspension microlaryngoscopy
- Teeth, surgical removal of (in association with radical resection)
- Temporal bone surgery
- Thyroid surgery for benign/malignant disease
- Thyroidectomy
- Tongue surgery, reduction/local tongue flaps
- Tonsillectomy/adenoidectomy
- Tracheostomy
- Tymanoplasty/mastoidectomy stapes surgery
- Tymanotomy
- Vascular malformations, resection
- Vestibular nerve section
- Vestibular testing

**Minimum Training and Experience**

**Basic Education:** M.D. or D.O.

**Specialty Training:** The American Board of Otolaryngology (ABO) is the certifying body which is a member of the American Board of Medical Specialties (ABMS). The ABO requires five years of postgraduate training including one year of general surgery and four years of OTO-HNS. Board certification is obtained after successful completion of the written and oral certifying examination of the ABO. In addition to residency training, fellowship training is available in the subspecialties of head and neck oncology, facial plastic and reconstructive surgery, pediatric otolaryngology, otology/neurotology, and allergy. The staff member must be board certified by the ABO.

**Required Previous Experience:**
Successful completion of an accredited Otolaryngology residency training program. Documentation of clinical experience in the management of at least 50 patients included in scope of practice during the past twelve month year.

**Licensure:**
Board certification by the ABO is verified the Office of Clinical Affairs. In addition a copy of the certificate is required. In addition to ABO certification, certification by a non ABMS board is recognized if that board has been deemed equivalent by a legitimate state medical licensing board.

**Current Competence:**
Competence is evaluated by the peer review mechanism as defined by letters of recommendation and continuous quality monitoring through monthly review in complication conference. Reappointment involves a review of surgical results, clinical judgment, and technical skills. This review is performed annually by the Department Chair and includes case review, review of QA activities and review of listing of all surgical procedures performed. This allows assessment of practice within the scope of these privileges. Completion of the review is documented in written format to the staff member.

**Continuing Medical Education:**
Pursuant to regulations of the Michigan Department of Licensing and Regulation Board of Medicine, 150 hours of approved CME activity is required for license renewal. As a current license is required to maintain privileges, the CME requirement is automatically fulfilled.

**Delineation of Specific Clinical Privileges:**
The Department of Otolaryngology-Head and Neck Surgery is divided into five Divisions: General Otolaryngology, Head and Neck, Facial Plastic and Reconstructive Surgery, Pediatric Otolaryngology and Otology/Neurotology. Each Division has, in addition to the general requirements, determined specific guidelines to be used in credentialing and recredentialing for Level II privileges.

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

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**GENERAL MEDICAL OTOLARYNGOLOGY**

**Scope of Practice/Privileges**

Privileges include work up, diagnosis, and provision of non-surgical treatment including examination and consultation for patients who are admitted or in need of care to treat general otolaryngology and general related medical problems. A general otolaryngologist must be skilled in the complete otolaryngologic physical examination and the evaluation and treatment of diseases of the head and neck, ears, nose, and throat.

The otolaryngology assessment includes detailed review of systems, pertinent current and past medical history, social and family histories and a pertinent general examination and specific physical examination related to the ears, nose and throat. The general otolaryngologist must be able to: 1) develop a provisional diagnosis and differential diagnosis, 2) decide on utilization of tests for further evaluation of the illness, 3) communicate a plan with the patient and/or responsible caregiver and the referring physician; 4) review and interpret any additional tests ordered; 5) render a final treatment plan, and 6) obtain appropriate referrals for other specialty care as required.

All general otolaryngologists must be able to incorporate into the evaluation the results of the following studies: EMG, EEG, evoked potentials, routine x-rays, CT, MRI, PET, vestibular testing and other audiologic testing results. General medical otolaryngology privileges include appropriate office-based medical procedures and treatments such as microscopic otoscopy, myringotomy, flexible naso-laryngopharyngoscopy, video-stroboscopy, nasal endoscopy, superficial biopsy, fine needle aspiration biopsy, control of epistaxis and other minor diagnostic or treatment procedures specific to otolaryngology that may require administration of local anesthetics.

**Minimum Training and Experience**

**Basic Education:** M.D. or D.O. Training in Otolaryngology, Neuro-otology, or Pediatric Otolaryngology, and has completed training in a specialty program in Otolaryngology approved by the Accrediting Council for Graduate Medical Education (ACGME) and Board-certified in their field, or be within five years of completion of their residency or fellowship training program. All training must conform with the guidelines and requirements of the ACGME.
Current Competence:
Competence is evaluated by the peer review mechanism as defined by letters of recommendation and continuous quality monitoring through monthly review in complication conference. Reappointment involves a review of clinical judgment and technical skills, complications, billing compliance, meeting attendance and liability review. This review is performed annually by the Department Chair or designee. This allows assessment of practice within the scope of these privileges. Completion of the review is documented in written format to the staff member.

Recredentialing criteria for existing faculty includes review by the Service Chief and verification of volume of patient activity (24 patients in 12 months on an inpatient service or 50 outpatient in an outpatient clinic).

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

LEVEL II

Scope of Practice/Privileges

Microvascular reconstruction head and neck traumatic or oncologic defects.

Minimum Training and Experience  Requires either documented preceptorship or fellowship, or extensive clinical experience in microvascular free tissue transfer. Continued privileging requires documentation of at least three cases of free tissue transfer per year.

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

Scope of Practice/Privileges

Functional endoscopic sinus surgery

Minimum Training and Experience

Requires either satisfactory completion of a postgraduate endoscopic sinus surgery course or documentation of training and experience in an accredited residency training program, or equivalent documentation of experience. Continued privileging requires documentation of at least three cases per year.

☐ Requested (Applicant)  ☐ Recommended approval (Service Chief/Chair)
Scope of Practice/Privileges

Cochlear Implantation

Minimum Training and Experience:
Completion of otology fellowship or approval of Otology Division Director. Mentored participation in at least 10 implant surgeries. Documented knowledge of selection criteria and rehabilitation methods. Participation in multidisciplinary Cochlear Implant Team:

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

Scope of Practice/Privileges

Transtemporal approaches to the temporal bone and cerebellopontine angle

Minimum Training and Experience

Completion of otology fellowship. Support of collaborating neurosurgeon when indicated.

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

Scope of Practice/Privileges

Advanced posterior-lateral skull base surgery
(Transtemporal approach to clivus, pterional approach, etc.)

Minimum Training and Experience

Completion of otology or cranial base fellowship. Participation in multidisciplinary skull base program. Support of collaborating neurosurgeon.

☐ Requested (Applicant)  ☐ Recommended approval (Service Chief/Chair)
Scope of Practice/Privileges

ULTRASOUND-GUIDED PROCEDURES

Minimum Training and Experience

To be granted privileges in Ultrasound in Otolaryngology, surgeons must have both basic and specific qualifications:

Basic qualifications:
a. When residency and/or fellowship did include documented training and personal experience with performance of ultrasound-guided interventional procedures, the surgeon will be eligible for verification of qualifications in the basic use of Ultrasound on review of their documentation from their program director.
b. When residency or fellowship training did not include education and personal experience in the use of ultrasound: completion of a basic educational program in ultrasound physics and instrumentation - providing documentation similar to American College of Surgeons Level II - provides verification of qualifications in the use of ultrasound guidance for interventional procedures.

Specific qualifications:
In addition to the basic ultrasound qualifications, surgeons are required to be qualified in the area of their area of technology application. Examples of specific ultrasound applications are: evaluation of the head and neck disease: including the face, parotid, and neck. This requires current competence in the management of the relevant clinical condition together with clinical expertise and training in ultrasound for the purpose of extending the physical exam. This includes the ability to distinguish abnormal findings in order to perform ultrasound-guided procedures in the relevant clinical condition. These qualifications can be demonstrated by completion of an approved educational program in ultrasound pertaining to the head and neck, either supported by satisfactory documentation from residency or fellowship training, or through completion of a specific American College of Surgeons Level II course.

Reappointment of qualifications:
To maintain proficiency in ultrasound applications, surgeons must perform 50 examinations per year utilizing ultrasound as an extension of the physical examination. Surgeons will have regular ultrasound-related Category 1 CME and must attend at least one AOA-HNS meeting every two years to participate in sessions that include discussions related to the use of ultrasound. Surgeons will hold annual internal reviews of ultrasound guided interventional procedure activity.

As part of quality control, all studies will have at least one image loaded into PACS. If an exam is discrepant from the patient’s clinical course or from other images, the findings will be presented for peer review at a routine morbidity and mortality conference.

☐ 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 URL: www.med.umich.edu/i/oca for instructions, or contact your Clinical Department Representative.

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 (please 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 Not Approved (please explain)

Credentials Committee Member: _______________ Date: ______

EXECUTIVE COMMITTEE ON CLINICAL AFFAIRS ACTION:

 Approval as Requested Not Approved (please explain)

Executive Committee On Clinical Affairs - Member: _______________ Date: ______