



OTOLARYNGOLOGY – HEAD AND NECK SURGERY CLINICAL PRIVILEGES

Name: _____

Applicant: Check off the “Requested” box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

Service Chief / Department Chair: Check the appropriate box for recommendation on this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

Other Requirements

- Note that privileges granted may only be exercised at the site(s) and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.
- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

QUALIFICATIONS FOR OTOLARYNGOLOGY

Initial Applicants - To be eligible to apply for privileges in otolaryngology, the initial applicant must meet the following criteria:

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) in otolaryngology or American Osteopathic Association (AOA) accredited residency in otolaryngology/facial plastic surgery or the Royal College of Physicians and Surgeons of Canada or similar training.

AND

Current certification or board eligible (with achievement of certification within five years of completion of training) leading to certification in otolaryngology by the American Board of Otolaryngology or the American Osteopathic Board of Ophthalmology and Otolaryngology – Head and Neck Surgery or international equivalent.

AND

Required Current Experience: Demonstrated current competence and evidence of at least 50 otolaryngology surgery procedures, reflective of the scope of privileges requested, during the last 12 months, or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.



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CORE PRIVILEGES – OTOLARYNGOLOGY

Applicant: Requested Initial **Requested Renewal**

Service Chief/Chair: Recommended **Not Recommended**

Admit, evaluate, diagnose, treat and provide consultation and comprehensive medical and surgical care to patients of all ages, presenting with diseases, deformities, or disorders of the head and neck that affect the ears, nose, throat, the respiratory and upper alimentary systems and related structures of the head and neck. Head and neck oncology and facial plastic reconstructive surgery and the treatment of disorders of hearing and voice are also included. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

Focused Professional Practice Evaluation (FPPE NEW HIRE/NEW PRIVILEGE) guidelines: New physicians will be monitored for their initial five (5) major operative procedures to include a representative mix of core otolaryngology privileges granted. Methods must include direct observation, and may include case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

Reappointment (Renewal of Privilege) Requirements - To be eligible to renew privileges in otolaryngology, the re-applicant must meet the following criteria:

Maintenance of Certification

AND

Current demonstrated competence and an adequate volume of experience (100 core otolaryngology surgery procedures) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

QUALIFICATIONS FOR GENERAL MEDICAL OTOLARYNGOLOGY

Initial Applicants - To be eligible to apply for privileges in general medical otolaryngology, the initial applicant must meet the following criteria:

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) in otolaryngology or American Osteopathic Association (AOA) accredited residency in otolaryngology/facial plastic surgery or the Royal College of Physicians and Surgeons of Canada or similar training

AND

Current certification or board eligible (with achievement of certification within five years of completion of training) leading to certification in otolaryngology by the American Board of Otolaryngology or the American Osteopathic Board of Ophthalmology and Otolaryngology – Head and Neck Surgery or international equivalent.



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AND

Required Current Experience: Demonstrated current competence and evidence of at least 50 patients, reflective of the scope of general medical otolaryngology privileges requested, during the last 12 months, or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.

CORE PRIVILEGES – GENERAL MEDICAL OTOLARYNGOLOGY

Applicant: Requested Initial **Requested Renewal**

Service Chief/Chair: Recommended **Not Recommended**

Admit, evaluate, diagnose, treat, and provide consultation to patients of all ages, presenting with diseases, deformities, or disorders of the head and neck that affect the ears, nose, throat, the respiratory and upper alimentary systems and related structures of the head and neck. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

Focused Professional Practice Evaluation (FPPE NEW HIRE/NEW PRIVILEGE) guidelines: New physicians will be monitored for their initial five (5) patient encounters that are a representative mix of general medical otolaryngology privileges granted. Methods may include case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback. Direct observation must be included for office based procedures.

Reappointment (Renewal of Privilege) Requirements - To be eligible to renew privileges in general medical otolaryngology, the re-applicant must meet the following criteria:

Maintenance of Certification

AND

Current demonstrated competence and an adequate volume of experience (100 patients) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)

Non-Core Privileges are requested individually in addition to requesting the core. Each individual requesting Non-Core Privileges must meet the specific threshold criteria as applicable to the initial applicant or re-applicant.



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NEUROTOLOGY

Applicant: Requested Initial **Requested Renewal**

Service Chief/Chair: Recommended **Not Recommended**

Admit, evaluate, diagnose, treat, and provide consultation to patients of all ages, presenting with diseases of the ear and temporal bone, lateral skull base and related structures including disorders of hearing and balance. Includes medical and surgical management skills for the care of diseases and disorders of the petrous apex, infratemporal fossa, internal auditory canals, cranial nerves and lateral skull base, in conjunction with neurological surgery. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The privileges in this specialty include diagnose and treat disorders of the lateral temporal bone and its associated structures, surgical procedures of the lateral temporal bone including the cochlea, cerebellopontine angle and associated cranial nerves and blood vessels, surgical procedures of the posterior lateral skull base including transtemporal approach to the clivus and pterional approach and such other procedures that are extensions of the same techniques and skills.

Criteria: Must be eligible for and be granted general otolaryngology core privileges and successful completion of an Accreditation Council for Graduate Medical Education (ACGME) in otolaryngology or American Osteopathic Association (AOA) accredited residency in otolaryngology/facial plastic surgery followed by successful completion of an ACGME-accredited fellowship in neurotology. Current subspecialty certification or board eligible (with achievement of certification within five years of completion of training) leading to subspecialty certification in neurotology by the American Board of Otolaryngology or international equivalent. **Required Current Experience:** Required Current Experience: Demonstrated current competence and evidence of at least 10 neurotological surgery procedures, reflective of the scope of privileges requested, in the last 12 months, or successful completion of an ACGME-accredited fellowship within the past 12 months. **FPPE NEW HIRE/NEW PRIVILEGE:** New physicians will be monitored for their initial five (5) major operative procedures to include a representative mix of neurotology privileges granted. Methods must include direct observation, and may include case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback. **Renewal of Privilege:** Current demonstrated competence and an adequate volume of experience (10 neurotological surgical procedures) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

ULTRASOUND GUIDED PROCEDURES

Applicant: Requested Initial **Requested Renewal**

Service Chief/Chair: Recommended **Not Recommended**

Criteria: Successful completion of an approved residency in a specialty or subspecialty which included training in ultrasound-guided interventional procedures or 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 and practitioner must also be qualified in the area of the application of the



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technology e.g., evaluation of the head and neck disease including the face, parotid, and neck. **Required Current Experience:** Demonstrated current competence and evidence of the performance of at least 50 ultrasound guided procedures in the past 12 months or completion of training in the past 12 months. **FPPE NEW HIRE/NEW PRIVILEGE:** The first two ultrasound procedures will be proctored. **Renewal of Privilege:** Demonstrated current competence and evidence of the performance of at least 50 ultrasound guided procedures per year in the past 24 months based on results of ongoing professional practice evaluation and outcomes. Surgeons will have regular ultrasound-related Category 1 CME and must attend at least one AAO-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.

COCHLEAR IMPLANTATION

Applicant: Requested Initial **Requested Renewal**

Service Chief/Chair: Recommended **Not Recommended**

Criteria: Must be eligible for and be granted general otolaryngology core privileges and successful completion of ACGME accredited neurotology or pediatric otolaryngology fellowship. **Required Current Experience:** Demonstrated current competence and evidence of the performance of at least 5 (five) cochlear implant procedures in the past 12 months or successful completion of clinical fellowship in the past 12 months. **FPPE NEW HIRE/NEW PRIVILEGE:** New physicians will have their first 10 procedures completed under direct observation. **Renewal of Privilege:** Demonstrated current competence and evidence of the performance of at least 10 cochlear implant procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

VENTRAL SKULL BASE SURGERY (OPEN AND ENDOSCOPIC)

Applicant: Requested Initial **Requested Renewal**

Service Chief/Chair: Recommended **Not Recommended**

Criteria: Must be eligible for and be granted general otolaryngology core privileges and successful completion of a ventral skull base surgery fellowship. **Required Current Experience:** Demonstrated current competence and evidence of the performance of at least 10 ventral skull base procedures in the past 12 months or successful completion of clinical fellowship in the past 12 months. **FPPE NEW HIRE/NEW PRIVILEGE:** New physicians will have their first 5 procedures completed under direct observation. **Renewal of Privilege:** Demonstrated current competence and evidence of the performance of at least 20 ventral skull base procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.



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Name: _____

MICROVASCULAR RECONSTRUCTION OF HEAD AND NECK WOUNDS AND DEFECTS

Applicant: Requested Initial Requested Renewal

Service Chief/Chair: Recommended Not Recommended

Criteria: Must be eligible for and be granted general otolaryngology core privileges and successful completion of a microvascular reconstructive surgery fellowship. **Required Current Experience:** Demonstrated current competence and evidence of the performance of at least (20) microvascular reconstructive surgery procedures in the past 12 months or successful completion of clinical fellowship in the past 12 months. **FPPE NEW HIRE/NEW PRIVILEGE:** New physicians will have their first 10 procedures completed under direct observation. **Renewal of Privilege:** Demonstrated current competence and evidence of the performance of at least 10 microvascular reconstructive surgery procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

RECONSTRUCTIVE PROCEDURE OF THE UPPER AIRWAY LESS THAN 18 YEARS OF AGE)

Applicant: Requested Initial Requested Renewal

Service Chief/Chair: Recommended Not Recommended

Criteria: Must be eligible for and be granted general otolaryngology core privileges and successful completion of ACGME accredited pediatric otolaryngology fellowship. **Required Current Experience:** Demonstrated current competence and evidence of the performance of at least 5 airway reconstructive procedures in the past 12 months or successful completion of clinical fellowship in the past 12 months. **FPPE NEW HIRE/NEW PRIVILEGE:** New physicians will have their first 5 procedures completed under direct observation. **Renewal of Privilege:** Demonstrated current competence and evidence of the performance of at least 5 airway reconstructive procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

ELECTIVE COSMETIC PROCEDURES

Applicant: Requested Initial Requested Renewal

Service Chief/Chair: Recommended Not Recommended

Criteria: Must be eligible for and be granted general otolaryngology core privileges. **Required Current Experience:** Demonstrated current competence and evidence of the performance of at least 10 cosmetic procedures in the past 12 months or successful completion of training the past 12 months. **FPPE NEW HIRE/NEW PRIVILEGE:** New physicians will have their first 5 procedures completed under direct observation. **Renewal of Privilege:** Demonstrated current competence and evidence of the performance of at least 5 cosmetic procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Includes: cosmetic and functional rhinoplasty, blepharoplasty, forehead lift, rhytidectomy, mentoplasty, liposuction, skin resurfacing (chemical, mechanical, or laser), facial implants, facial fillers, and neurotoxins



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TRANSORAL THYROID AND PARATHYROID SURGERY

Applicant: Requested Initial **Requested Renewal**

Service Chief/Chair: Recommended **Not Recommended**

Criteria: Must be eligible for and be granted general otolaryngology core privileges and successful completion of an American Head and Neck Society head and neck Oncology fellowship. And, attend a course of at least eight (8) hours duration, with experience in the laboratory setting including personally performing the procedure on cadaver specimens and the performance of a cadaveric dissection.

Required Current Experience: Demonstrated current competence and evidence of the performance of at least five (5) transoral thyroid or parathyroid procedures in the past 12 months or successful completion of training the past 12 months. **FPPE NEW HIRE/NEW PRIVILEGE:** New physicians will have their first 2 procedures completed under direct observation by an expert preceptor who currently performs the procedure. **Renewal of Privilege:** Demonstrated current competence and evidence of the performance of at least ten (10) transoral thyroid or parathyroid surgical procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes or attend a course with a cadaveric dissection.

UMHS INSTITUTIONAL PRIVILEGES (SEE SPECIFIC CRITERIA)

Institutional Privileges are requested individually in addition to requesting the core. Each individual requesting Institutional Privileges must meet the specific threshold criteria as applicable to the initial applicant or re-applicant. FPPE for new hires (NEW HIRE) and new privilege (NEW PRIVILEGE) requests is included with each respective privilege description.



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USE OF LASER

Applicant: Requested Initial **Requested Renewal**

Service Chief/Chair: Recommended **Not Recommended**

Criteria: Successful completion of an approved residency in a specialty or subspecialty which included training in laser principles and documented hands-on experience with the laser type for which privileges are requested or completion of an appropriate CME course which includes training in laser principles and hands-on experience with the laser type for which privileges are requested during the course. The applicant must supply documented proof from their program director if the training was during residency/fellowship or a certificate from the CME course documenting that they attended a wavelength and specialty-specific laser course and also present documentation as to the content of that course. Practitioner agrees to limit practice to only the specific laser types (e.g. CO2, pulsed dye, diode, holmium, etc.) for which they have provided documentation of training and experience. **Required Current Experience:** Demonstrated current competence and evidence of the performance of at least six (6) procedures in the past 24 months or completion of training in the past 12 months. **FPPE NEW HIRE/NEW PRIVILEGE:** All new applicants will be proctored for their first two (2) cases by a provider with experience with the specific laser being used, unless none are available on staff, in which instance the proctor will be a provider with privileges for use of the most reasonably similar laser. **Renewal of Privilege:** Demonstrated current competence and evidence of the performance of at least six (6) procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

ADMINISTRATION OF MODERATE SEDATION AND ANALGESIA

Applicant: Requested Initial **Requested Renewal**

Service Chief/Chair: Recommended **Not Recommended**

Criteria: Successful completion of the UMHS online course and test for Moderate Sedation. Documentation of course completion must be submitted with this request. Current certification in one of the following: BLS, ACLS, ATLS, PALS, or NRP, or privileged to practice in one of the following specialties: Emergency Medicine (Adult or Pediatrics), Oral and Maxillofacial Surgery, or Critical Care (Adult, Pediatric, or Neonatal). **FPPE NEW HIRE/NEW PRIVILEGE:** All new applicants will be proctored for their first three (3) cases. **Renewal of Privilege:** Successful completion of the UMHS online course and test for Moderate Sedation. Documentation of course completion must be submitted with this request.



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CORE PROCEDURE LIST

This list is not intended to be an all-encompassing procedure list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques.

To the applicant: If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, initial, and date.

Otolaryngology

1. Perform history and physical exam
2. Endoscopic examination and treatment of the structures of the head and neck and upper aerodigestive tract (eg direct laryngoscopy, laryngoscopy, nasopharyngoscopy, trans nasal esophagoscopy, bronchoscopy, esophagoscopy, true vocal fold injection thyroplasty, foreign body removal, dilation, laser ablation of vocal fold lesions).
3. Surgery of the ear including the auricle, external auditory canal and contents of the middle ear space and their associated structures (e.g. tympanoplasty, typanomastoidectomy, labyrinthectomy, mastoidectomy, canaloplasty, stapedectomy, auriculectomy/wedge resection/reconstruction).
4. Surgery of the larynx and trachea, including external approaches and endoscopic procedures (e.g. laryngofissure, laryngeal framework surgery; vocal fold surgery, partial or total laryngectomy, tracheo-esophageal fistula repair, tracheocutaneous fistula repair, fracture repair, revision stenotic tracheostoma).
5. Surgery of the nasal and paranasal sinuses and related structures including external and endoscopic surgical procedures (e.g. surgery of the nasal mucosa and turbinates, nasal septoplasty, inferior turbinoplasty, maxillary antrostomy (Caldwell Luc), ethmoidectomy, sphenoidectomy, frontal sinusotomy, repair of CSF fistula, dacryocystorhinostomy).
6. Surgery of the oral cavity (e.g. tongue suspension and volume reduction, genioglossus advancement, sagittal split osteotomy with advancement, hyoid suspension, partial/total glossectomy, floor of mouth resection, mandibulotomy, mandibulectomy, cleft palate and lip repair, resection hard or soft palate).
7. Surgery of the neck including its associated spaces, lymph nodes, blood vessels, nerves, and muscles.
8. Surgery of the pharynx and cervical esophagus, i.e. uvulopalatopharyngoplasty, cervical esophagectomy, Zenker's diverticulum surgery (open and endoscopic), mediastinal exploration or dissection, cricopharyngeal myotomy/myectomy, partial/total pharyngectomy, pharyngeal reconstruction).
9. Surgery of the trachea (e.g. tracheotomy, tracheal resection and repair),
10. Surgery of the salivary glands (e.g sialoendoscopy, removal of sialoliths, sublingual and submandibular resection, parotidectomy, ranula excision, plastic repair or relocation of salivary ducts)
11. Surgery of the thyroid and parathyroid glands (e.g. thyroid lobectomy, subtotal/total thyroidectomy, thyroidectomy, parathyroidectomy, parathyroid reimplantation).



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12. Reconstruction and repair defects and wounds of the head and neck including the use of implants, grafts and local and regional flaps (e.g. skin grafts, forehead flap, pectoralis flap, trapezius flap, latissimus flap, split calvarial bone graft, rib cartilage)
13. Harvesting of skin, fat, or bone grafts (e.g. full thickness or split thickness skin grafts, dermal graft, abdominal fat graft, rib cartilage, calvarial bone or iliac crest bone grafts)
14. Incision/excisional, needle, punch and endoscopic biopsy (e.g. excision and closure of benign and malignant neoplasms of the skin, lip shave or wedge excision, reconstruction of upper / lower lip)
15. Plastic surgery and reconstructive surgery incidental to otolaryngology procedures listed above including: blepharoplasty, rhinoplasty, otoplasty, liposuction, injection of neurotoxins and fillers, and implantation of autogenous, homologous, and allograft, and repair of lacerations
16. Surgical removal of teeth when required in association with other procedures.
17. Repair of facial fractures and facial trauma (e.g. mandible fracture repair, orbital floor fracture repair, frontal sinus fracture repair, maxillary fracture repair, nasoethmoidal fracture repair.).
18. Includes general medical otolaryngology procedures as noted below

General Medical Otolaryngology

1. Perform history and physical exam
2. Incorporate the following studies into the patient evaluation: EMG, EEG, evoked potentials, routine x-rays, CT, MRI, PET, vestibular testing and other audiologic testing results
3. Office based medical procedures and treatments e.g., 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 or may not require administration of local anesthetics



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ACKNOWLEDGEMENT OF PRACTITIONER

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at Michigan Medicine, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Signed _____ **Date** _____

SERVICE CHIEF / DEPARTMENT CHAIR'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege	Condition/Modification/Explanation
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Notes

Service Chief Signature _____ **Date** _____

Department Chair Signature _____ **Date** _____

FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY

Credentials Committee Action _____ **Date** _____

Executive Committee on Clinical Affairs Action _____ **Date** _____

Governing Board Action _____ **Date** _____