



Delineation of Privileges

Department of Surgery/ Section of Plastic and Reconstructive Surgery

_____ *Applicant's Name* _____
Date *First* *MI* *Last*

Instructions: Check the box corresponding to the privileges that you are requesting. Applicants requesting privileges should only request those privileges when the minimum criteria has been met.

Minimum threshold for requesting core privileges in Department / Service

I meet the following mentioned minimum criteria and request that my application be considered for the privileges as outlined below.

LEVEL I

Requested	Granted	Scope of Practice / Privileges	Minimum Training and Experience
<input type="checkbox"/>	<input type="checkbox"/>	<p><u>Scope of Practice/Privileges</u></p> <p>Physicians in this type of program may or may not have been exposed to significant amounts of head and neck cancer surgery. As a result, specific privileges are found in Level I and Level II privileges.</p> <p>A. Plastic Surgery is a surgical specialty which consists of the treatment (using surgical, medical and physical therapeutic methods) of disease, impairment, deformity, or psychological reactions to abnormalities of the following body regions and systems:</p> <ol style="list-style-type: none"> 1. Skin and subcutaneous tissue of the entire body 2. Hand, forearm, and arm 3. Facial region including the facial skeleton, mouth, and lips 4. Eyelids and lacrimal drainage system 5. External ear 6. Nose and nasal passages 7. Breast 8. Scalp 9. Peripheral nervous system 10. External genitalia 	<p>All new and current faculty must provide proof of:</p> <ol style="list-style-type: none"> 1. MD, DO or equivalent international medical degree, and 2. Completion of an ACGME-approved plastic surgery residency program or equivalent foreign program if approved by the Section Head of Plastic Surgery, and 3. Current American Board of Plastic Surgery certification by the examination process or equivalent from their home country
<input type="checkbox"/>	<input type="checkbox"/>	<p>B. The conditions of these regions and systems treated by Plastic surgery may result from</p>	

		developmental, congenital, and acquired defects; the results of trauma; neoplasms; inflammatory conditions; infectious processes; metabolic disorders; psychological responses.	
<input type="checkbox"/>	<input type="checkbox"/>	C. Treatment of such conditions includes transplantation of skin, fat, fascia, cartilage, bone, muscle, tendon, nerve, and microvascular surgical procedures.	
<input type="checkbox"/>	<input type="checkbox"/>	D. The training and techniques of Plastic Surgery also include knowledge of and technique of administration of local and regional anesthesia; pre-and postoperative care for the above conditions; participation with members of other departments of the medical staff in transplantation of other organs.	
<input type="checkbox"/>	<input type="checkbox"/>	1. Congenital defects of the head and neck, including clefts of the lip and palate; and craniofacial surgery.	<p>New faculty must provide:</p> <ol style="list-style-type: none"> Two letters of reference from colleagues aware of applicant's performance, or A letter of satisfactory completion from the Director of the Fellowship or Residency program if the request for privileges immediately follows a Fellowship or Residency. <p>Current faculty must demonstrate:</p> <ol style="list-style-type: none"> Continued experience in the area as documented by Department-Sanctioned clinical activity including 100 cases in the previous privileging period as attested to by the Department Administrator or designate. That at the time of reprivileging, the Section Head of Plastic Surgery, or designate, has reviewed all departmental quality assurance activities for the previous privileging period and determined that such peer evaluation of performance has been satisfactorily met for reprivileging. Unusual or unexpected incidents or volume will be reported to the Chair of Surgery
<input type="checkbox"/>	<input type="checkbox"/>	2. Neoplasms of the head and neck, including oro-pharynx, neck dissections and endoscopy as well as pharyngo-esophageal reconstructions.	
<input type="checkbox"/>	<input type="checkbox"/>	General medical surgical management of the core types of cases in this specialty.	
<input type="checkbox"/>	<input type="checkbox"/>	3. Craniomaxillofacial surgery, including soft tissue and bony injury of the face, neck and jaw/TMJ deformities.	
<input type="checkbox"/>	<input type="checkbox"/>	4. Cosmetic surgery of the head, face, neck, trunk, and extremities	
<input type="checkbox"/>	<input type="checkbox"/>	5. Plastic surgery of the breast	
<input type="checkbox"/>	<input type="checkbox"/>	6. Surgery of the hand/upper extremities including cosmetic surgery, reconstructive surgery, soft tissue surgery of the hand and upper extremity including nerve, bone and vascular repairs.	
<input type="checkbox"/>	<input type="checkbox"/>	7. Plastic surgery of the lower extremities.	
<input type="checkbox"/>	<input type="checkbox"/>	8. Surgery of congenital and acquired defects of the trunk and genitalia.	
<input type="checkbox"/>	<input type="checkbox"/>	9. Burn management (acute and reconstructive)	

<input type="checkbox"/>	<input type="checkbox"/>	10. Surgery of benign and malignant lesions of the skin and soft tissues including extirpation and reconstruction	
<input type="checkbox"/>	<input type="checkbox"/>	11. Reconstruction of the scalp, eyelids and eyebrows, ear, nose, facial muscles, lips and cheek.	

LEVEL II

Requested	Granted	Privileges	Minimum Training and Experience
		<p>All facets of the surgical management of head and neck cancer surgery requires an adequate level of documented experience in this area during residency.</p>	
		<p>Laser Surgery:</p>	<p>All new and current faculty must provide proof of:</p>
		<p><u><i>A separate Application for Laser Surgery is required and must be processed through the Credentialing Committee and ECCA.</i></u></p>	<p>1. Meeting level I minimal training and experience, and</p>
		<p><u><i>A Focused Professional Practice Evaluation is also required.</i></u></p>	<p>2. University of Michigan Medical Center Laser Certification.</p> <p>New faculty must provide documentation of</p>
			<p>1. Post-graduate coursework or experience in laser surgery as approved by the Section Head of Plastic Surgery</p> <p>Current faculty must demonstrate:</p>
			<p>1. Continued experience documented by performance of a minimum of ten relevant cases in the previous privileging period as attested to by the Department Administrator or designate.</p> <p>If volume requirement is met at other institution(s), a letter is required from said institution documenting number and compliance from Chief(s) of service.</p> <p>If volume requirement is not met at time of reappointment you must undergo:</p>
			<p>a) Continuing medical education consisting of 12 hours of AMA credits and privileges for comparable open procedures in plastic Surgery.</p> <p>b) Proctoring of 5 cases with physician responsible for securing proctor</p> <p>c) Attestation of training program director, or chief(s) of service of current institution(s) as to clinical competence in above procedures.</p>

			<p>2. That at the time of reprivileging, the Section Head of Plastic Surgery, or designate, has reviewed all departmental quality assurance activities for the previous privileging period and determined that such peer evaluation of performance has been satisfactorily met for reprivileging. Unusual or unexpected incidents or volume will be reported to the Chair of Surgery.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>Endoscopy</p> <p>Aesthetic surgery including:</p> <ol style="list-style-type: none"> 1. Subgaleal and subperiosteal forehead lift 2. SMAS, deep plane, composite and subperiosteal face lift 3. Neck lift 4. Mass Excision 5. Augmentation mammoplasty 6. Abdominoplasty <p>Reconstructive Surgery including:</p> <ol style="list-style-type: none"> 1. Tissue expander placement 2. Muscle harvest 3. Vein harvest 4. Nerve harvest <p>Diagnostic Sinus Association with Management of Facial Fracture</p> <p>Carpal Tunnel Surgery</p>	<p>All new and current faculty must provide proof of:</p> <ol style="list-style-type: none"> 1. Meeting level I minimal training and experience. 2. Attestation of training program director, or chief(s) of service of current institution(s) as to clinical competence in above procedures. <p>New faculty must provide documentation of:</p> <ol style="list-style-type: none"> 1. Post -graduate coursework or experience in endoscopy as approved by the Section Head of Plastic Surgery <p>Current faculty must demonstrate:</p> <ol style="list-style-type: none"> 1. Continued experience documented by performance of a minimum of ten relevant cases in the previous privileging period as attested to by the Department Administrator or designate. <p>If volume requirement is met at other institution(s), a letter is required from said institution documenting number and compliance from Chief(s) of service.</p> <p>If volume requirement is not met at time of reappointment you must undergo:</p> <ol style="list-style-type: none"> a) Continuing medical education consisting of 12 hours of AMA credits

			<p>and privileges for comparable open procedures in Plastic Surgery.</p> <p>b) Proctoring of 5 cases with physician responsible for securing proctor</p> <p>c) Attestation of training program director, or chief(s) of service of current institution(s) as to clinical competence in above procedures.</p> <p>2. That at the time of repriviliging, the Section Head of Plastic Surgery, or designate, has reviewed all departmental quality assurance activities for the previous privileging period and determined that such peer evaluation of performance has been satisfactorily met for repriviliging. Unusual or unexpected incidents or volume will be reported to the Chair of Surgery.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>Ultrasonic liposuction</p>	<p>All new and current faculty must provide proof of:</p> <ol style="list-style-type: none"> 1. Meeting level I minimal training and experience. 2. Attestation of training program director, or chief(s) of service of current institution(s) as to clinical competence in above procedures. <p>New faculty must provide documentation of:</p> <ol style="list-style-type: none"> 1. Post-graduate coursework or experience in skin resurfacing as approved by the Section Head of Plastic Surgery. <p>Current faculty must demonstrate:</p> <ol style="list-style-type: none"> 1. Continued experience documented by performance of a minimum of ten relevant cases in the previous privileging period as attested to by the Department Administrator or designate. <p>If volume requirement is met at other institution(s), a letter is required from said institution documenting number and compliance from Chief(s) of service.</p> <p>If volume requirement is not met at time of reappointment you must undergo:</p> <ol style="list-style-type: none"> a) Continuing medical education consisting of 12 hours of AMA credits and privileges for

			<p>comparable open procedures in Plastic Surgery</p> <ul style="list-style-type: none"> b) Proctoring of 5 cases with physician responsible for securing proctor c) Attestation of training program director, or chief(s) of service of current institution(s) as to clinical competence in above procedures. <p>2. That at the time of repriviliging, the Associate Chair of Surgery, or designate, has reviewed all departmental quality assurance activities for the previous privileging period and determined that such peer evaluation of performance has been satisfactorily met for repriviliging. Unusual or unexpected incidents or volume will be reported to the Chair of Surgery.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>Placement of osseo-integrated implants</p>	<p>All new and current faculty must provide proof of:</p> <ul style="list-style-type: none"> 1. Meeting level I minimal training and experience. 2. Attestation of training program director, or chief(s) of service of current institution(s) as to clinical competence in above procedures. <p>New faculty must provide documentation of:</p> <ul style="list-style-type: none"> 1. Post-graduate coursework or experience in skin resurfacing as approved by the Section Head of Plastic Surgery. <p>Current faculty must demonstrate:</p> <ul style="list-style-type: none"> 1. Continued experience documented by performance of a minimum of five relevant cases in the previous privileging period as attested to by the Department Administrator or designate. <p>If volume requirement is met at other institution(s), a letter is required from said institution documenting number and compliance from Chief(s) of service.</p> <p>If volume requirement is not met at time of reappointment you must undergo:</p> <ul style="list-style-type: none"> a) Continuing medical education consisting of 12 hours of AMA credits and privileges for comparable open procedures in Plastic

			<p>Surgery</p> <p>b) Proctoring of 10 cases with physician responsible for securing proctor</p> <p>c) Attestation of training program director, or chief(s) of service of current institution(s) as to clinical competence in above procedures.</p> <p>2. That at the time of repriviliging, the Section Head of Plastic Surgery, or designate, has reviewed all departmental quality assurance activities for the previous privileging period and determined that such peer evaluation of performance has been satisfactorily met for repriviliging. Unusual or unexpected incidents or volume will be reported to the Chair of Surgery.</p>
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LEVEL III

Requested	Granted	Privileges	Additional Education, Training and Experience
<input type="checkbox"/>	<input type="checkbox"/>	Craniofacial surgery limited to those procedures requiring an intra-cranial/extra-cranial approach	<p>All new and current faculty must provide proof of:</p> <p>1. Meeting level I minimal training and experience, and</p> <p>New faculty must provide documentation of</p> <p>1. Completion of an ACGME-approved craniofacial fellowship or equivalent foreign or national training if approved by the Section Head of Plastic Surgery.</p> <p>Current faculty must demonstrate:</p> <p>1. Continued experience documented by performance of a minimum of five relevant cases in the previous privileging period as attested to by the Department Administrator or designate.</p> <p>If volume requirement is met at other institution(s), a letter is required from said institution documenting number and compliance from Chief(s) of service.</p> <p>If volume requirement is not met at time of reappointment you must undergo:</p> <p>a) Continuing medical education consisting of 12 hours of AMA credits and privileges for</p>

			<p>comparable open procedures in Plastic Surgery</p> <p>b) Proctoring of 5 cases with physician responsible for securing proctor</p> <p>c) Attestation of training program director, or chief(s) of service of current institution(s) as to clinical competence in above procedures.</p> <p>2. That at the time of reprivileging, the Section Head of Plastic Surgery, or designate, has reviewed all departmental quality assurance activities for the previous privileging period and determined that such peer evaluation of performance has been satisfactorily met for reprivileging. Unusual or unexpected incidents or volume will be reported to the Chair of Surgery.</p>
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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 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 _____

LEVEL IV PRIVILEGES

FOR PHYSICIANS OUTSIDE OF THE DEPARTMENT OF SURGERY/SECTION OF PLASTIC SURGERY

Scope of Practice/Privileges

1. Sharp debridement of wounds, including skin, subcutaneous tissue, granulation tissue, muscle and bone.
2. Biopsy of wounds, including bone biopsy
3. Chemical cauterization of wounds or lesions (e.g. silver nitrate)
4. Surgical excision of skin and/or subcutaneous lesions, with closure, under local anesthesia.
5. Application of advanced (cellular) wound therapies (e.g. Apligraf)

Minimum Training and Experience

MD, DO, or equivalent international medical degree and
 Valid and current appointment to the Medical Staff of the University of Michigan Health System, and
 Completion of plastic surgery training whether in an ACGME-approved plastic surgery residency program, or
 an equivalent foreign program if approved by the Section Head of Plastic Surgery.

TO BE COMPLETED BY APPLICANT:

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 _____