



PLASTIC 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 the last page of 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 PLASTIC SURGERY

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

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in plastic surgery.

AND

Current certification or board eligible (with achievement of certification within five years of completion of training) leading to certification in plastic surgery by the American Board of Plastic Surgery or American Board of Otolaryngology; or the American Osteopathic Board of Surgery in Plastic and Reconstructive Surgery, or the American Osteopathic Board of Ophthalmology and Otolaryngology – Head and Neck Surgery; or UMHS approved international equivalent.

AND

Required Current Experience: Successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months or the performance of at least fifty (50) plastic surgery procedures, reflective of the scope of privileges requested, during the past 12 months. Surgery of the Hand or Craniofacial procedures may be included to meet volume requirements.



PLASTIC SURGERY CLINICAL PRIVILEGES

Name: _____

CORE PRIVILEGES – PLASTIC SURGERY

Applicant: Requested Initial

Requested Renewal

Service Chief/Chair: Recommended

Not Recommended

Admit, evaluate, diagnose, provide consultation, and surgically repair, reconstruct, or replace physical defect of form or function involving the skin, scalp, eyelids and eyebrows, external ear, nose and nasal passages, facial muscles, lips, cheek, musculoskeletal system, craniomaxillofacial structures, hand, forearm, arm, upper and lower extremities, breast and trunk, external genitalia, and peripheral nervous system, or cosmetic enhancement of these areas of the body to patients of all ages. 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 plastic surgery 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 plastic surgery, the re-applicant must meet the following criteria:

Board certification, board eligibility (with achievement of certification within five years of completion of training), or UMHS approved international equivalent.

AND

Current demonstrated competence and experience with at least one hundred (100) plastic and reconstructive surgery procedures, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

QUALIFICATIONS FOR CRANIOFACIAL PLASTIC SURGERY (ADVANCED)

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

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in Plastic Surgery, Otolaryngology, or Oral Surgery followed by successful completion of a clinical fellowship in craniofacial plastic surgery

AND



PLASTIC SURGERY CLINICAL PRIVILEGES

Name: _____

Current certification or board eligible (with achievement of certification within five years of completion of training) leading to certification in plastic surgery by the American Board of Plastic Surgery, or the American Board of Otolaryngology, or the American Board of Oral and Maxillofacial Surgery; or the American Osteopathic Board of Surgery in Plastic and Reconstructive Surgery; or UMHS approved international equivalent.

AND

Required Current Experience: Demonstrated current competence and evidence of at least twenty-five (25) craniofacial plastic surgery procedures reflective of the scope of privileges requested, in the past 12 months or the successful completion of a clinical fellowship within the past 12 months.

CORE PRIVILEGES –CRANIOFACIAL PLASTIC SURGERY (ADVANCED)

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 conditions or disorders requiring reconstructive procedures within the head, face, neck and associated structures, including cutaneous head and neck oncology and reconstruction, management of maxillofacial trauma, bone and soft tissue repair, and neural 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 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 craniofacial plastic surgery 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 Privileges) Requirements - To be eligible to renew privileges in craniofacial plastic surgery, the re-applicant must meet the following criteria:

Board certification, board eligibility (with achievement of certification within five years of completion of training), or UMHS approved international equivalent

AND

Current demonstrated competence and experience with at least fifty (50) craniofacial procedures, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.



PLASTIC SURGERY CLINICAL PRIVILEGES

Name: _____

QUALIFICATIONS FOR SURGERY OF THE HAND (ADVANCED)

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

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in General Surgery, Orthopedic Surgery, or Plastic Surgery and successful completion of an accredited fellowship in surgery of the hand.

AND

Current subspecialty certification in surgery of the hand or board eligible (with achievement of certification within five years of completion of training) leading to subspecialty certification in surgery of the hand by the American Board of Surgery, American Board of Plastic Surgery, or American Board of Orthopedic Surgery; or the American Osteopathic Board of Surgery in Plastic and Reconstructive Surgery, or American Osteopathic Board of Orthopedic Surgery; or UMHS approved international equivalent.

AND

Required Current Experience: Demonstrated current competence and evidence of at least fifty (50) surgical procedures on the internal structures of the hand and related structures 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.

CORE PRIVILEGES – SURGERY OF THE HAND (ADVANCED)

Applicant: Requested Initial

Requested Renewal

Service Chief/Chair: Recommended

Not Recommended

Admit, evaluate, diagnose, treat, provide consultation (includes investigation, preservation, and restoration) for patients of all ages by medical, surgical, and rehabilitative means of all structures of the upper extremity directly affecting the form and function of the hand and wrist. 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 hand surgery 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 Privileges) Requirements - To be eligible to renew privileges in surgery of the hand, the re-applicant must meet the following criteria:



PLASTIC SURGERY CLINICAL PRIVILEGES

Name: _____

Board certification, board eligibility (with achievement of certification within five years of completion of training), or UMHS approved international equivalent

AND

Current demonstrated competence and experience with at least one hundred (100) surgical procedures on the internal structures of the hand and related structures, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

SPECIAL INSTITUTIONAL PRIVILEGES (SEPARATE APPLICATION REQUIRED)

A separate application is required to APPLY or REAPPLY for the following Special Privileges:

- ▶ FLUOROSCOPY
- ▶ HYPERBARIC OXYGEN THERAPY
- ▶ LASER
- ▶ ROBOTIC SURGICAL PLATFORM
- ▶ CHEMOTHERAPY (FOR NON-ONCOLOGIST)
- ▶ SEDATION PRIVILEGES (FOR A NON-ANESTHESIOLOGIST)
- ▶ BATTLEFIELD AURICULAR ACUPUNCTURE

PLEASE go to URL: www.med.umich.edu/i/oca/mss/pdocs for instructions, or contact your Clinical Department Representative.



PLASTIC SURGERY CLINICAL PRIVILEGES

Name: _____

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.

Plastic Surgery

Perform history and physical exam

Cosmetic surgery

1. Abdominoplasty
2. Breast augmentation
3. Breast lift (mastopexy)
4. Contouring (body, facial)
5. Cosmetic rhytidectomy, rhinoplasty, blepharoplasty, brow lifts
6. Endoscopic cosmetic surgery
7. Laser therapy
8. Liposuction (including laser, UAL, PAL)
9. Mass Excision
10. Neck lift
11. Placement of osseo-integrated implants
12. Skin peeling and dermabrasion
13. SMAS, deep plane, composite and subperiosteal face lift
14. Subcutaneous injections
15. Subgaleal and subperiosteal forehead lift
16. Vein injection sclerotherapy
17. Otoplasty
18. Fat grafting
19. Fillers
20. Botox
21. Other implants (chest, calf, etc.)
22. Breast reduction
23. Genital surgery
24. Genioplasty (osseous or implant based)
25. Facial Implants
26. Implants in trunk or extremities
27. Tracheal shave



PLASTIC SURGERY CLINICAL PRIVILEGES

Name: _____

Complex wound healing and burn treatment

1. Acute and reconstructive burn treatment
2. Initial burn management
3. Reconstructive burn surgery

Craniofacial Plastic Surgery

1. Correction of aesthetic deformities of the head and neck
2. Treatment of facial diseases and injuries including maxillofacial structures
3. Management of congenital and acquired anomalies of the skin, scalp, soft tissues, bone, tendons, and nerves of head and neck structures
4. Management of facial wounds, fractures and tumors of the head and neck
5. Fabrication of dental splints
6. Skin grafts and flaps (pedicle and free flap)
7. Repair of congenital facial defects (hemangiomas, cleft lip and palate, nasal abnormalities)
8. Reanimation/rehabilitation of the paralyzed face
9. Nerve repair
10. Periorbital surgery
11. Biomedical implant insertion
12. Bone grafting techniques

Reconstruction of congenital and acquired defects of the extremities, trunk and genitalia.

1. Chest and abdominal wall reconstruction
2. Gender affirmation surgery
3. Penile reconstruction
4. Scrotal reconstruction
5. Spine reconstruction
6. Trunk reconstruction
7. Upper and lower extremity reconstruction
8. Head and neck reconstruction
9. Vaginal reconstruction
10. Chest and abdominal reconstruction

Reconstructive surgery

1. Endoscopic reconstruction surgery
2. Tissue expander placement
3. Muscle harvest
4. Vein harvest
5. Nerve harvest
6. Skin harvest
7. Artery harvest



PLASTIC SURGERY CLINICAL PRIVILEGES

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8. Bone harvest
9. Hair harvest
10. Fascia harvest
11. Mucosa harvest
12. Tendon harvest
13. Pedicle flaps of all varieties

Reconstructive microsurgery

1. Microvascular transfer of tissue flaps and grafts/free tissue transfer
2. Replantation and revascularization of the upper and lower extremities, digits, or other amputated or partially amputated parts
3. Reconstruction of peripheral nerve injury
4. Lymphatic procedures
5. Vascular reconstruction
6. Nerve reconstruction
7. Nerve resection
8. Nerve decompression
9. Nerve grafts (autogenous, alloplastic, or synthetic)

Surgery of the breast

1. Breast reconstruction
2. Breast reduction
3. Breast lift
4. Breast biopsy
5. Congenital anomalies
6. Mastectomy (subcutaneous and simple)
7. Nipple reconstruction/reduction/graft
8. Nipple tattooing

Treatment of Skin Neoplasms, Diseases and Trauma

1. Neoplasms of the head and neck surgery, including neoplasms of the head and neck, and the oropharynx
2. Endoscopic procedures
3. Pharyngo-esophageal reconstruction
4. Reconstruction by tissue transfer, including grafts and flaps
5. Reconstruction of soft tissue disfigurement / scar revisions
6. Removal of benign and malignant lesions of the skin and soft tissue
7. Neoplasms of the bone, muscle, skin, tendon, nerve, fat, vessels



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Treatment of facial disease and injuries including maxillofacial structures

1. Deformities – nose, ear, jaw, eyelid, cleft lip, and palate
2. Facial deformity and wound treatment
3. Facial fractures including the mandible
4. Tumors of the head and neck
5. Reconstructive management of defects after ablative surgery for malignancy about the maxillofacial region, including pedicle and free flap surgery and bone grafting techniques.

Surgery of the hand and extremities

1. Carpal tunnel syndrome (endoscopic and open)
2. Congenital anomalies
3. Fractures of the hand and wrist
4. Hand wounds
5. Surgery for rheumatoid arthritis
6. Tendon injuries
7. Amputation (related to hand / upper extremity)
8. Bone grafts and corrective osteotomies
9. Dupuytren's contracture
10. Fasciotomy, deep incision and drainage for infection, wound debridement, and compartment syndrome
11. Foreign body and implant removal
12. Joint and tendon sheath repairs of the hand and wrist, including release of contracture, synovectomy, arthroplasty with and without implant, arthrodesis, trigger finger release, and stiff joints that result from rheumatoid or other injury management of arthritis
13. Joint repair and reconstruction of the hand and wrist, including contracture release and management of stiff joints
14. Management of fingertip injuries
15. Management (operative and non-operative) of fractures and dislocations of the hand and wrist, including phalangeal or metacarpal with and without internal fixation; carpus, radius, and ulna with and without internal fixation; and injuries to joints and ligaments
16. Management or Co-management of tumors of the bone and soft tissue with musculoskeletal oncologist, as applicable
17. Management of upper extremity vascular disorders and insufficiencies
18. Nerve repair and reconstruction, including upper extremity peripheral nerves, nerve graft, neurolysis, neuroma management, nerve decompression and transposition
19. Replantation and revascularization
20. Tendon sheath release
21. Tendon transfer and tendon balancing
22. Tenorrhaphy, including flexor tendon repair and graft, implantation of tendon spacer, extensor tendon repair, and tenolysis/tenodesis
23. Thumb reconstruction, including pollicization, toe-hand transfer, and thumb metacarpal lengthening



PLASTIC SURGERY CLINICAL PRIVILEGES

Name: _____

24. Treatment of thermal injuries
25. Upper extremity pain management
26. Wound closure, including skin grafts, tissue flaps (local, regional and distant) and free microvascular tissue transfer

Craniofacial Plastic Surgery - Advanced (As a subspecialty of Plastic Surgery)

1. Perform history and physical exam
2. In addition to all those core procedures listed above related to craniofacial surgery that all plastic surgeons are trained to perform, advanced craniofacial plastic surgery includes:
 - a. Operative management of craniosynostosis
 - b. Cranial vault expansion
 - c. Cephalohematoma
 - d. Operative treatment of frontonasal dysplasia and encephalocele
 - e. Operative treatment of neurofibromatosis of the skull
 - f. Distraction osteogenesis of the craniofacial skeleton
 - g. Orthognathic surgery (excluding genioplasty, which falls under general plastic surgery)
 - h. Operative reconstruction of congenital deformities of the temporomandibular joint

Surgery of the Hand - Advanced (As a subspecialty of Plastic Surgery)

1. Perform history and physical exam
2. In addition to all those core procedures listed above related to hand surgery that all plastic surgeons are trained to perform, advanced surgery of the hand includes:
 - a. Arthroscopy of the hand/wrist/DRUJ
 - b. Implant arthroplasty of the hand/wrist/DRUJ
 - c. Operative management of carpal fractures, carpal non-unions, and/or carpal avascular necrosis
 - d. Operative management of distal radius fractures, disorders of the DRUJ, forearm fractures
 - e. Osteoplasty/osteotomy of the distal radius and/or ulna
 - f. Operative management of wrist/forearm contractures and/or arthritis
 - g. Brachial plexus exploration, repair, and/or reconstruction
 - h. Distraction osteogenesis and/or external distractors/fixators of the hand/wrist
 - i. Toe-to-hand reconstruction and pollicization surgery
 - j. Complex congenital hand reconstruction
 - k. Complex rheumatoid hand reconstruction



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Name: _____

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.

Practitioner Printed Name _____

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. _____	_____

Notes

Service Chief Printed Name _____

Service Chief Signature _____ **Date** _____

Department Chair Printed Name _____

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** _____