

Name: _____ **Application Date:** _____

Initial privileges (initial appointment)

| Requested

Renewal of privileges (reappointment)

| Requested

Expansion of privileges (modification)

| Requested

Clinic: _____ **Location:** _____

Instructions

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

Medical Director: 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

1. Note that privileges granted may only be exercised at UNMMG clinics that have the appropriate equipment, license, staff and other support required to provide the services defined in this document. Site-specific services may be defined in clinic or department policy.
2. This document defines qualification to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

Policies Governing Scope of Practice

Medical Record Charting Responsibilities

Clearly, legibly, completely, and in timely fashion describe each service the provider provides to a patient in the hospital and relevant observations. Standard rules regarding authentication of, necessary content of, and required time frames for preparing and completing the medical record and portions thereof are applicable to all entries made.

Periodic Competence Assessment

Applicants must also be able to demonstrate they have maintained competence based on unbiased, objective results of care according to the Practice Oversight Committee's existing quality assurance mechanisms and by showing evidence that they have met the continued competence requirements established by the state licensing authority, applicable to the functions for which they are seeking to provide at this clinic. In addition, continuing education related to the specialty area of practice is recommended/required as mandated by licensure.

QUALIFICATIONS FOR PAIN MEDICINE (Non-Interventional)

To be eligible to apply for clinical privileges in pain medicine, the applicant must meet the following criteria:

Current demonstrated competence and an adequate level of current experience, documenting the ability to provide services at an acceptable level of quality and efficiency

AND

Successful completion of an Accreditation Council on Graduate Medical Education (ACGME)– or American Osteopathic Association (AOA)–accredited residency in a relevant medical specialty followed by successful completion of an ACGME- or AOA-accredited fellowship in pain medicine of at least 12 months duration.

AND/OR

Extensive past experience or Non-ACGME Fellowship Training

AND/OR

Current subspecialty certification or active participation in the examination process leading to subspecialty certification in pain medicine by the American Board of Anesthesiology, the American Board of Psychiatry and Neurology, the American Board of Physical Medicine and Rehabilitation or current certification or active participation in the examination process leading to certification by the American Board of Pain Medicine.

AND

Required Current Experience: Active inpatient, outpatient, or consultative pain medicine services reflective of the scope of privileges requested, during the past 12 months, or successful completion of an accredited residency, or clinical fellowship within the past 12 months.

Renewal of Privileges: To be eligible to renew privileges in pain medicine, the applicant must meet the following criteria: Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES: Pain Medicine (Non-Interventional)

Evaluate, diagnose, treat and provide consultation to patients with acute and chronic pain in the age range determined by core departmental privileges. 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 advanced pain medicine include basic pain medicine core and the procedures on the following procedure list and such other procedures that are extensions of the same techniques and skills.

Requested

Core Non-Interventional Procedures List

This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

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

1. Behavioral modification and feedback techniques
2. Chemical neuromuscular denervation (e.g., Botox injection)
3. Diagnosis and non-invasive treatment of chronic and cancer related pain
4. Injection of joint and bursa, including knee and shoulder joint injections
5. Management of chronic headache
6. Modality therapy and physical/occupational therapy referral
7. Perform history and physical exam
8. Recognition and management of therapies, side effects, and complications of pharmacologic agents used in management of pain
9. Rehabilitative and restorative therapy
10. Stress management and relaxation techniques
11. Superficial electrical stimulation techniques (e.g., TENS)
12. Trigger point injection

QUALIFICATIONS FOR PAIN MEDICINE (Interventional)

To be eligible to apply for clinical privileges in pain medicine, the applicant must meet the following criteria:

Current demonstrated competence and an adequate level of current experience, documenting the ability to provide services at an acceptable level of quality and efficiency

AND

Successful completion of an Accreditation Council on Graduate Medical Education (ACGME)– or American Osteopathic Association (AOA)–accredited residency in a relevant medical specialty followed by successful completion of an ACGME- or AOA-accredited fellowship in pain medicine of at least 12 months duration

AND/OR

Current subspecialty certification or active participation in the examination process leading to subspecialty certification in pain medicine by the American Board of Anesthesiology, the American Board of Psychiatry and Neurology, the American Board of Physical Medicine and Rehabilitation or current certification or active participation in the examination process leading to certification by the American Board of Pain Medicine.

AND

Required Current Experience: Active inpatient, outpatient, or consultative pain medicine services reflective of the scope of privileges requested, during the past 12 months, or successful completion of an accredited residency, or clinical fellowship within the past 12 months.

Renewal of Privileges: To be eligible to renew privileges in pain medicine, the applicant must meet the following criteria: Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past twentyfour (24) months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

QUALIFICATIONS FOR HYPNOSIS FOR PAIN MANAGEMENT

Criteria: Physicians with evidence of at least 40 hours of post degree training that included at least 20 hours of individualized training by a practitioner experienced in the procedure.

Required Current Experience: Demonstrated current competence and evidence of the performance of hypnotherapy procedures in the past 12 months or completion of training in the past 12 months.

Renewal of Privilege: Demonstrated current competence and evidence of the performance of hypnotherapy procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGE: Hypnosis for Pain Management

Requested

Acknowledgment 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 UNMMG Clinics, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by UNMMG Clinic and medical staff policies and rules applicable to 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 _____

Medical Director 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:

Notes: _____

Department Chair: _____ Date: _____

Medical Director: _____ Date: _____

CMO: _____ Date: _____

Criteria Approved by UNMMG Board of Directors on 1-31-17