
General Information

All applicants must meet the qualifications, conditions and responsibilities as set forth in MLH Credentials Policies. Policies are located on www.methodistmd.org

Applicants seeking appointment, reappointment, and/or clinical privileges have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current clinical competence, character, ethics, and other qualifications and for resolving any doubts about an individual's qualifications.

Other requirements:

- Applicants will be requested to provide documentation of practice and current clinical competence as defined on the attached competency grid for initial granting and reappointment of privileges.
- 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.
- Privileges granted may be exercised only at the Hospitals that offer the service/specialty, have sufficient space, equipment, staffing, and other resources required to support the privilege.
- Requests for clinical privileges that are subject to an exclusive contract will not be processed except as consistent with the contract.

Evaluating Current Clinical Competence at time of Reappointment:

MLH Data will be obtained and analyzed as available from EMR reporting systems or Health Information Management.

If minimal activity/low volume, then the applicant should supply case logs from other facilities' HIM department or practice billing systems to meet the minimum requirement(s) to be considered for the privilege. Source of the logs must be denoted.

The preferable format for external case logs is Excel or PDF from the sourced system. Handwritten case logs are generally not accepted.

Case logs should include a blinded or partial patient number for case distinction, date of service, type of service (inpatient or outpatient), location of service, diagnostic code and/or procedure codes, and performing provider where applicable.

**Delineation of Clinical Privileges
Specialty of Plastic Surgery**

Unified Medical Staff: Memphis Hospitals & Olive Branch Hospital

Privilege	Initial Application Required Education and/or Training	Initial Application Current Clinical Competence (CCC)	Reappointment Retrospective review of cases performed at MLH facility (FPPE)
Plastic & Reconstructive Surgery Core	Current certification by the American Board of Plastic Surgery, or the American Osteopathic Board of Surgery for Plastic Surgery. OR Successful completion of an ACGME or AOA accredited post-graduate training program in general surgery and board certification within 5 years of completion.	Case log or procedure list from primary practice facility for the previous 12 month time period. Any complications/poor outcomes should be delineated and accompanied by an explanation.	FPPE: First 5 cases
Robotic Surgery	1. Applicants whose formal surgical training included robotic surgery: Training director letter validating competence in robotic surgery OR 2. Applicants without formal surgical training in robotic surgery: Training Certificate validating completion of a robotic surgery training course which included didactic and laboratory training	1. Applicants whose formal surgical training included robotic surgery: Case log from training reflecting applicant was primary surgeon OR If training logs are not available, privilege will be initially granted with a limit requiring five successful cases evidenced by retrospective review. OR 2. Applicants without formal surgical training in robotic surgery: Privilege initially granted with a limit requiring concurrent proctoring of five successfully completed cases.	FPPE: First 5 cases Case log documenting the performance of at least 10 procedures over the previous 24 months

Core Privileges

Plastic & Reconstructive Surgery Core Privilege:

Admit, evaluate, diagnose, provide consultation to patients of all ages, except as specifically excluded from practice, presenting with congenital and/or acquired defects of the body's musculoskeletal system, craniomaxillofacial structures, hand, extremities, breast and trunk and external genitalia and soft tissue including the aesthetic management.

Access, stabilize and determine disposition of patients with emergency conditions consistent with the Medical Staff policy regarding emergency or consultative services.

Specific procedures commonly performed by plastic surgeons include, but are not limited to:

Reconstructive Treatment

skin and soft tissue neoplasms, diseases and trauma:

- Reconstruction of all forms of congenital and acquired skin and soft tissue anomalies
- Benign and malignant lesions of the skin and soft tissue
- Grafts and flaps
- Scar revisions
- Laser therapy

Reconstructive Microsurgery

- Free tissue transfers
- Replantation and revascularization of the upper and lower extremities
- Reconstruction of peripheral nerve injury

Surgery of the hand and extremities:

- Hand wounds
- Tendon injuries
- Fractures of the hand and wrist
- Carpal tunnel syndrome (endoscopic and open)
- Dupuytren's contracture
- Surgery for rheumatoid arthritis
- Congenital anomalies
- Tumors of the bones and soft tissues

Reconstructive Surgery

Facial and Maxillofacial congenital disorders, diseases and injuries:

- Facial fractures, including the mandible
- Nose deformity
- Ear deformity
- Jaw deformity
- Eyelid deformity
- Cleft lip and palate deformities
- Correction of facial paralysis
- Craniofacial surgery
- Skull base surgery
- Facial deformity and wound treatment
- Tumors of the head and neck including oral cavity
- Resection of intra oral tumors, oral cavity, palate

Male and Female breast, including:

- Plastic procedures of the breast (including augmentation, reduction, reconstruction, biopsy)
- Treatment of Congenital anomalies (Gynecomastia or Poland's)
- Mastectomy (subcutaneous, simple)

Chest and Abdomen, including:

- Chest reconstruction
- Abdominal wall and Trunk reconstruction
- Body Reconstruction following Massive Weight Loss (MWL)

congenital and acquired defects of the trunk and genitalia

- Plastic procedures of external and internal genitalia (including Vaginal reconstruction, Repair of penis deformities and Gender reassignment)
- Chest and abdominal wall reconstruction (e.g. hernia repair)
- Body Reconstruction following Massive Weight Loss (MWL)

Cosmetic Plastic Surgery

- Body contouring
- Facial contouring
- Breast augmentation
- Breast lift (mastopexy)
- Rhytidectomy
- Rhinoplasty
- Injections of Botox and / or of soft-tissue filler material
- Skin Resurfacing (Chemical peels, Dermabrasion)
- Vein injection (Sclerotherapy)
- Liposuction (including fat grafting)
- Endoscopic cosmetic surgery
- Laser therapy for vascular and cutaneous lesions

Treatment of Burns and Complex wounds

- Burn management and Reconstruction
- Evaluation and treatment of complex wounds

Skin Surgery

- Skin Resurfacing (Chemical, Mechanical or Photoelectric (ie Laser, IPL etc)
- Hair transplantation, punch or strip

Special Privileges

The physician requesting special privileges must meet the minimum criteria for the specialty core and demonstrate the appropriate post graduate training and/or demonstrate successful completion of an approved, recognized course when such exists, or other acceptable experience.

Administration of moderate sedation:

See Credentialing Policy for Sedation and Analgesia by Non-Anesthesiologists.

Requires: Separate DOP, ACLS, NRP or PALS certification



Unified Medical Staff: Memphis Hospitals & Olive Branch Hospital

Delineation of Clinical Privileges
Specialty of Plastic Surgery

Plastic & Reconstructive Surgery Clinical Privileges

Check below the particular privileges desired in Plastic & Reconstructive Surgery for each facility:

Please check (✓) applicable age categories for each privilege requested.

Privilege Description	Methodist Healthcare – Memphis Hospitals (MHMH) Germantown, Le Bonheur Medical Center, North, South & University, Outpatient Clinics & Diagnostic Facilities				Methodist Healthcare – Olive Branch Hospital (MHOBH)
Age Limitations	Neonates (0-28 days)	Infants (29 days– 2 Years)	Children & Adolescents (2-18 years)	Adults & Adolescents (13-& Above)	Adults & Adolescents (13-& Above)
Plastic & Reconstructive Surgery Core					
Special Privileges					
Robotic Surgery					
Limitations	Clinical privileges are granted only to the extent privileges are available at each facility.				
	Darkly shaded areas represent privileges not available to any practitioner due to the privilege not being offered by the facility.				

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 the facilities indicated above, to the extent services are available at each facility, and I understand that:

(a) In exercising any clinical privileges granted, I am constrained by facility 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

Physician's Signature

Date

Printed Name