

DOP INSTRUCTIONS

1. Complete the attached DOP
2. Use the current privilege roster we have provided in your packet to cross-reference privileges if needed
3. Identify the privileges you need then check each facility box where the privilege will be practiced (see IMAGE #1)
4. If you currently hold a privilege requiring maintenance criteria (see IMAGE #2 as an example) you must submit the required documentation to keep the privilege. Maintenance criteria is highlighted throughout the DOP for you. **No Maintenance – No Privilege**
5. If you are requesting a privilege you do not already hold (check your privilege roster),
 - You must meet the initial criteria detailed on the DOP
 - Privileges for which you have not selected or do not meet the minimum criteria cannot be performed.
 - If you wish to perform privileges and do not have the minimum required criteria or documentation as outlined on the delineation of privileges form, you will need to request permission to proctor through Medical Staff Services.
6. Return all pages of the DOP by email or fax (jpeg images not accepted)

IMAGE #1

You need privilege CALL-1 at Pineville, Cabarrus and Stanly so this is how your request should look

Please check appropriate blocks when applying for privileges:

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLV		ALLERGY AND IMMUNOLOGY CORE PRIVILEGES
	X		N/A		X		X		N/A	CALL-1	Privileges to evaluate, diagnose, and manage patients of all ages presenting with conditions or disorders involving the immune system, both acquired and congenital.
<p>NOTE: Privileges include but are not limited to: asthma, anaphylaxis, rhinitis, eczema, urticaria, and adverse reactions to drugs, foods, and insect stings as well as immune deficiency diseases (both acquired and congenital), defects in host defense, and problems related to autoimmune disease, organ transplantation or malignancies of the immune system. Privileges also include allergy testing and desensitization.</p> <p>These core privileges do not include any of the special procedures listed below.</p>											

IMAGE #2

Maintenance Criteria for Continued Privileges (CHEM-1):

The Physician must perform a minimum of ten (10) representative samples of Adult Hematology Core procedures over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for Adult Hematology Core privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any Adult Hematology Core privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

**ATRIUM HEALTH
REAPPOINTMENT DOP
PLASTIC SURGERY**

Print Name

	YES		NO*	I have participated in direct patient care in the hospital setting and/or outpatient practice setting within the past two (2) years.
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***If the answer is No, please do not complete this form. Contact the Medical Staff Office at (704) 355-2147 for additional instructions regarding the required proctoring process.**

To be eligible for core privileges in Plastic Surgery, the applicant must meet the following qualifications:

- If the applicant is not currently certified in Plastic Surgery by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA) the applicant must:
 1. Provide documentation of successful completion of an ACGME accredited residency training program in Plastic Surgery, within the past five (5) years; **AND**
 2. Demonstrate performance of surgical procedures for at least one hundred and fifty (150) patients in the past two (2) years in the area of plastic surgery.

- If the applicant is currently certified in Plastic Surgery by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA), the applicant must:
 1. Provide documentation of specialty certification in Plastic Surgery from the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA); **AND**
 1. Demonstrate performance of surgical procedures for least one hundred and fifty (150) patients in the past two (2) years in the area of plastic of surgery; **AND**
 2. Plastic surgeons who are ACGME or AOA fellowship trained in Plastic Surgery within the Head and Neck or Surgery of the Hand, must demonstrate that they have managed at least one hundred and fifty (150) patients in their subspecialty during the past two (2) years.

NOTE 1: Physicians must apply for “CORE” privileges in order to be eligible for clinical privileges in the specialty of Plastic Surgery at any facility within Atrium Health.

NOTE 2: “CORE” privileges cannot be amended or altered in any way.

NOTE 3: Please note that the exercise of certain privileges enumerated herein is necessarily limited by the operational, and resource constraints of the facility. All procedures must be performed within a clinical setting with the capabilities and organizational structure required to provide appropriate support.

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	Cleveland		PLASTIC SURGERY CORE PRIVILEGES
			N/A							CPSU-1	Evaluate, diagnose, and provide consultation to patients of all ages with congenital and/or acquired defects of the body’s musculoskeletal system, craniomaxillofacial structures, hand, extremities, breast, trunk, external genitalia, and soft tissue, including the aesthetic management.

NOTE: Plastic Surgery Core Privileges include facial plastic surgery to include cosmetic surgery on the face, nose, external ear, eyelids, and lips; free tissue transfer flap with microvascular anastomosis; hair transplantation, punch or strip; liposuction or lipo-injection procedure for contour restoration, head and neck, trunk and extremities; major head and neck radical cancer surgery and reconstruction; management of all forms of facial or maxillofacial trauma including fractures; management of patients with burns, including plastic procedures on the extremities; plastic procedures of external and internal male and female genitalia including gender dysphoria or hypospadias; gender reassignment surgery; plastic procedures on the female and male breast, including augmentation and reduction mammoplasties, postmastectomy reconstruction; plastic reconstruction of all forms of congenital and acquired soft tissue anomalies, including those requiring the use of skin-grafting procedures, the use of pedicle flaps, or collagen injection; plastic reconstruction of soft tissue disfigurement or scarring, for cosmetic or functional reasons; removal of benign and malignant tumors of the skin; resection of intra oral tumors, oral cavity, palate; surgery of congenital anomalies, including cleft lip and cleft palate; cryotherapy; use of adjunct energy sources such as lasers.

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	Cleveland		PLASTIC SURGERY HAND CORE PRIVILEGES (ONLY)
			N/A							CPSU-2	Evaluate, diagnose, treat, provide consultation, and perform surgical procedures for patients of all ages presenting with diseases, injuries and disorders, both congenital and acquired, of the hand, wrist, and related structures.

Plastic Surgery Hand Core privileges shall include arthroplasty of large and small joints, including implants; bone graft pertaining to the hand; carpal tunnel decompression; fasciotomy and fasciectomy; fracture fixation with compression plates or wires; lacerations; microvascular procedures; nerve graft; neuroorrhaphy; open and closed reductions of fractures; removal of soft tissue mass, ganglion palm or wrist, flexor sheath; repair of rheumatoid arthritis deformity; skin grafts; tendon reconstruction (free graft, staged); tendon release, repair and fixation; tendon transfers; treatment of infections; replant.

Maintenance Criteria for Continued Core Privileges:

The Physician must submit a minimum of one hundred and fifty (150) representative samples of Plastic Surgery Hand Core Privileges over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

*** SPECIAL PRIVILEGES WITH QUALIFICATIONS AND/OR SPECIFIC CRITERIA - PROVIDE THE NUMBER OF PROCEDURES PERFORMED WITHIN THE PAST TWO YEARS AND FACILITY WHERE THE PROCEDURES WERE PERFORMED.**

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE	PLASTIC SURGERY SPECIAL PRIVILEGE	Minimum Number Required	Number Performed Within The Past 2 Years	Location
			N/A						N/A	Must apply for and maintain Core Privileges CPSU-3*	5		Mid Face and Mandibular Osteotomies

Maintenance Criteria for Continued Privileges: - CPSU-3

The Physician must submit a minimum of five (5) procedures over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	Cleveland		CORE PLASTIC SURGERY PRIVILEGES – REHABILITATION HOSPITAL SETTING ONLY
N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	CPSU-4	Privileges include evaluation and management, as well as procedures approved for performance within the acute rehabilitation setting, in conjunction with the comprehensive rehabilitation treatment plan.

PRIVILEGES REQUESTED BY:

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform, and that I wish to exercise at Atrium Health 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 a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

I attest that I am not currently a user of illegal drugs or do not currently abuse the use of legal drugs.

I attest that I do not have a physical or mental condition which could affect my motor skills or ability to exercise the clinical privileges requested or that I require an accommodation in order to exercise the privileges requested safely and competently.

Signature

Date

Print Name

CPSU-3 MID FACE AND MANDIBULAR OSTEOTOMIES

Short Definition: Surgical correction of malocclusion with midface or mandibular osteotomies (orthognathic surgery). Maxillary osteotomies at the LeFort I, LeFort II and LeFort III levels as well as mandibular osteotomies (except for genioplasty) to correct malocclusion.

The applicant must meet the following:

1. Provide documentation of the successful completion of a residency program in Plastic Surgery within the past two (2) years and have written documentation from the Program Director demonstrating competency in Mid Face and Mandibular Osteotomies; **OR**
 - a. Provide a minimum number of five (5) cases performed within the past two (2) years; **OR**
2. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Mid Face and Mandibular Osteotomies. You must provide documentation of proctoring for five (5) procedures.