Oral and Maxillofacial Surgery Privileges

REAPPOINTMENT 2015-2016
Effective from July 1, 2015 to June 30, 2016

Name: _____________________________________________

☐ Initial privileges (initial appointment) ☐ Renewal of privileges (reappointment)

All new applicants must meet the following requirements as approved by the Health Authority or Hospital, effective: 11/Dec/2014.

Applicant: Check the “Requested” box for each privilege requested. Applicants are responsible for producing required documentation for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges. Please provide this supporting information separately.

[Department/Program Head or Leaders/ Chief]: Check the appropriate box for recommendation on the last page of this form and include your recommendation for any required evaluation. If recommended with conditions or not recommended, provide the condition or explanation on the last page of this form.

With respect to the "standards for currency", the currency for exams or procedures suggested as a threshold are developed by practitioners in the field and are believed to be fair and reasonable and are not intended as a barrier to practice or service delivery. The focus of the standard is on those who are close to or below the threshold, so the situation can be discussed with the department head, and is not on the precise number for those who are well above the threshold. Regardless of the currency number, acceptable results must be demonstrated, especially for procedures with significant risk. Please review the four principles document for more information.

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.

Note: The dictionary will be reviewed over time to ensure it is reflective of current practices, procedures and technologies.

Grandparenting: Practitioners holding privileges prior to implementation of the dictionary will continue to hold those privileges as long as they meet currency and quality requirements.
Description

Oral and Maxillofacial Surgery is the branch and specialty of dentistry which is concerned with and includes the diagnosis, surgical and adjunctive treatment of disorders, diseases, injuries, and defects involving the functional and aesthetic aspects of the hard and soft tissues of the oral and maxillofacial regions and related structures.

Qualifications for Oral and Maxillofacial Surgery

Initial privileges: To be eligible to apply for privileges in oral and maxillofacial surgery, the applicant must meet the following criteria:
Certified specialist in Oral and Maxillofacial Surgery or restricted to specialty license in Oral and Maxillofacial Surgery from the College of Dental Surgeons of British Columbia (CDSBC)
AND
Required current experience:
Completion of an accredited residency program in Oral and Maxillofacial Surgery within the past 24 months OR fulfillment of specialty licensure requirements for hours of practice and continuing education (900 hours over the previous three years and 90 hours of CE credits).
For the highlighted procedures, the applicant must submit a case log of surgical experience.

Renewal of privileges: To be eligible to renew privileges in Oral and Maxillofacial Surgery, the applicant must meet the following criteria:
Fulfillment of specialty licensure requirements for hours of practice and continuing education (900 hours over the previous three years and 90 hours of CE credits, including 45 hours within the specialty) and participation in a hospital on-call schedule.

Return to currency:
- Individual assessment whereby training objectives and duration of training should be agreed upon by the surgeon and department head where privileges are being requested.
- Verification of skills by the department head or training supervisor (or his or her delegate).
Core Privileges

- **Requested** Admit, evaluate, diagnose, and provide consultation and comprehensive medical and surgical care to patients presenting with diseases, deformities, disorders or injuries of the oral and maxillofacial related structures. Assess, stabilize, and determine the 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 procedures list and such other procedures that are extensions of the same techniques and skills.

Core Procedures List

This is not intended to be an all-encompassing procedures 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 the procedures that you do not wish to request and then initial and date.

- **Patient Assessment:** includes complete history and physical examination to assess the medical, surgical, and anesthetic risks of the patient, and admission of oral and maxillofacial patients
- **Dentoalveolar surgery:** includes management of odontogenic infections; erupted, unerupted, and impacted teeth, including third molar extractions and defects and deformities of the dentoalveolar complex
- **Trauma surgery:** includes fractured and luxated teeth; alveolar process injuries; mandibular angle, body, ramus, and symphysis injuries; mandibular condyle injuries and dislocation; maxillary, zygomatic, orbital, and nasal bone injuries; naso-orbital-ethmoid complex injuries; frontal bone and frontal sinus injuries (site specific); auricle and scalp injuries; oral/perioral, periorbital, perinasal, and facial soft tissue injuries; airway obstruction; cricothyroidotomies and tracheostomies
- **Pathology:** diagnosis and management of pathological conditions, such as, cysts of bone; benign bone tumors; osteomyelitis; osteoradionecrosis; metabolic and dystrophic bone

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1 Based on AAOMS, *Oral and Maxillofacial Surgery Core Privileges and Criteria for Granting Privileges*
Oral and Maxillofacial Surgery Privileges

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diseases; soft tissue cysts; benign soft tissue tumors; vascular malformations of soft tissue and bone; mucosal diseases; salivary gland diseases, infections, local or systemic. Surgical procedures include, but are not limited to maxillary sinus procedures, cystectomy of bone and soft tissue, sialolithotomy, sialoadenectomy, management of head and neck infections; and trigeminal nerve surgery

- **Reconstructive surgery:** includes harvesting of bone and soft tissue grafts and the insertion of implants. Sites for harvesting may include, but are not limited to the calvaria (site specific), rib (site specific), ilium, tibia, maxilla, mandible, mucosa, and skin. Reconstructive procedures include, but are not limited to vestibuloplasties; augmentation procedures; TMJ reconstruction; management of continuity defects; insertion of implants; and other reconstructive surgery of the oral and maxillofacial region

- **Orthognathic surgery:** includes the surgical correction of functional and aesthetic maxillofacial deformities of the mandible, maxilla, zygoma, and other facial bones. Surgical procedures include, but are not limited to ramus and body procedures; subapical segmental osteotomies; LeFort I procedures

- **Cleft and craniofacial surgery:** includes correction of maxillary alveolar cleft; residual maxillofacial skeletal deformities (secondary)

- **Temporomandibular joint surgery**—includes treatment of masticatory muscle disorders; internal derangements; degenerative joint disease; rheumatoid, infectious, and gouty arthritis; mandibular dislocation (recurrent or persistent); ankylosis and restricted jaw motion; and condylar hyperplasia or hypoplasia: surgical procedures include but are not imputed to temporomandibular joint replacement; temporomandibular joint arthroscopy; arthrocentesis

- **Facial cosmetic surgery:** includes, but is not limited to genioplasty; lipectomy; dermabrasion; scar revision; correction of maxillofacial contour deformities; cheiloplasty and cervical liposuction
Non-core Privileges (See Specific Criteria)
Non-core privileges may be requested by individuals who have additional education, training and experience, demonstrating competency in these areas. Non-core privileges are requested individually in addition to requesting the core. Each individual requesting non-core privileges should meet the specific threshold criteria as outlined.

Non-core privileges: Advanced Head and Neck Oncology Surgery
- **Requested** Malignant bone tumors
- **Requested** Malignant soft tissue tumors

**Initial privileges:** To be eligible to apply for privileges in advanced head and neck oncology surgery, the applicant must meet the following criteria:
- Successful completion of an accredited fellowship in advanced head and neck oncology surgery
- OR successful completion of an academically accredited training program with a letter of attestation of competence by program director for the requested advanced procedures
- OR have held this privilege prior to May 2015,

AND

**Required current experience:** At least 5 advanced head and neck oncology surgery procedures per year averaged over the past 24 months, OR successful completion of a clinical fellowship within the past 12 months.

**Renewal of privileges:** Current demonstrated competence and sufficient experience (at least 5 advanced head and neck oncology surgery procedures per year, averaged over the past 36 months), reflective of the scope of privileges requested, based on successful ongoing professional practice evaluation.

**Return to currency:** As a minimum, evaluation by a colleague who holds these privileges in advanced head and neck oncology surgery for a period of time sufficient for the mentor to attest to skill.
Non-core privileges: Advanced Cleft and Craniofacial Surgery

- Requested LeFort II
- Requested LeFort III
- Requested Correction of primary cleft lip and palate
- Requested Velopharyngeal incompetence
- Requested Residual cleft lip and/or nasal deformities (secondary)
- Requested Craniofacial deformities (intracranial approach)
- Requested Orbital and naso-orbital deformities

Initial privileges: To be eligible to apply for privileges in advanced cleft and craniofacial surgery, the applicant must meet the following criteria:

- Successful completion of an accredited fellowship in advanced craniofacial surgery
- OR successful completion of an academically accredited training program with a letter of attestation of competence by program director for the requested advanced procedures
- OR have held this privilege prior to May 2015,
  AND

Required current experience: At least 5 advanced craniofacial surgery procedures per year averaged over the past 24 months, OR successful completion of a clinical fellowship within the past 12 months.

Renewal of privileges: Current demonstrated competence and sufficient experience (at least 5 advanced craniofacial surgery procedures per year, averaged over the past 36 months), reflective of the scope of privileges requested, based on successful ongoing professional practice evaluation.

Return to currency: As a minimum, evaluation by a colleague who holds these privileges in advanced craniofacial surgery for a period of time sufficient for the mentor to attest to skill.
Non-core privileges: Advanced Facial Cosmetic Surgery

- Requested Rhinoplasty
- Requested Blepharoplasty
- Requested Rhytidectomy
- Requested Otoplasty

Initial privileges: To be eligible to apply for privileges in advanced facial cosmetic surgery, the applicant must meet the following criteria:

Successful completion of an accredited fellowship in advanced facial cosmetic surgery
OR successful completion of an academically accredited training program with a letter of attestation of competence by program director for the requested advanced procedures
OR have held this privilege prior to May 2015,

AND

Required current experience: At least 5 advanced facial cosmetic surgery procedures per year averaged over the past 24 months, OR successful completion of a clinical fellowship within the past 12 months.

Renewal of privileges: Current demonstrated competence and sufficient experience (at least 5 advanced facial cosmetic surgery procedures per year, averaged over the past 36 months), reflective of the scope of privileges requested, based on successful ongoing professional practice evaluation.

Return to currency: As a minimum, evaluation by a colleague who holds these privileges in advanced facial cosmetic surgery for a period of time sufficient for the mentor to attest to skill.

Context Specific Privileges
Context refers to the capacity of a facility to support an activity

Context-specific privileges: Procedural Sedation
Requested

See “Hospital Policy for Sedation and Analgesia by Nonanesthesiologists.”
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 ________________________________________________________________,

[Enter Facility Name]

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.

Signed: ________________________________ Date: ________________________________

[Department/Program Head or Leaders/Chief]'s Recommendation

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

❑ Recommend all requested privileges
❑ Recommend privileges with the following conditions/modifications:
❑ Do not recommend the following requested privileges:

Privilege Condition/modification/explanation
Notes:
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

[Department/Program Head or Leaders/Chief] Signature: ________________________________
Date: ________________________________