



Surgery - Oral/Maxillofacial Surgery KHHM Delineation of Privileges

Applicant's Name:

Instructions:

1. Click the **Request** checkbox to request a group of privileges.
2. **Uncheck** any privileges you do not want to request in that group.
3. Check off any special privileges you want to request.
4. Sign/Date form and Submit with required documentation.
5. 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 doubts related to qualification of requested privileges.

Note:

Privileges granted may only be exercised at the site(s) and setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.

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.

Required Qualifications

Education/Training	Must have successfully completed a Commission on Dental Accreditation-accredited residency in oral and maxillofacial surgery that includes training for procedures of the soft and hard tissues as well as history and physicals.
Certification	The applicant physician must possess current board certification by the specialty board most commonly applicable to his or her specialty, or become board certified as such within six years of completing his or her residency program or receiving medical staff membership or clinical privileges.
Clinical Experience (Initial)	The oral and maxillofacial surgeon (OMS), who is a recent graduate (within two years), of an oral and maxillofacial surgery residency must be able to demonstrate that he or she has successfully performed major oral and maxillofacial surgery on a minimum of 75 patients during the OMS residency, no more than five of whom required dentoalveolar surgery. The categories of major surgery include trauma, pathology, orthognathic, reconstructive, and esthetic. For a major surgical case to be counted toward meeting this requirement, the OMS must have been the operating surgeon or have been supervised by a credentialed OMS. AND The OMS, who has completed oral and maxillofacial surgery training in excess of two years before application for initial privileges, must be able to document successful performance of at least three cases in the past 12 months in each of the major surgery categories for which privileges are requested. For procedures that overlap with other specialties, the minimum number of procedures required for privileges must be the same for all specialties.
Clinical Experience	Current demonstrated competence and an adequate volume of experience (three cases in each of

(Reappointment)

the major surgery categories—trauma, pathology, orthognathic, reconstructive, and esthetic) with acceptable results, reflective of the scope of privileges requested, for the past 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.

Primary Privileges Oral/Maxillofacial Surgery

Description: Core Privileges include Admit, evaluate, diagnose, treat, and provide consultation to patients with pathology, injuries, and disorders of both the functional and aesthetic aspects of the hard and soft tissues of the head, mouth, teeth, gums, jaws, and neck, perform surgical procedures and post-operative management. Assess, stabilize, and determine disposition of patients with emergent conditions. 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.

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
	Admit and manage patients in non-critical care and unmonitored settings	
	Cleft and craniofacial surgery, including correction of primary cleft lip and palate, velopharyngeal incompetence, residual cleft lip or nasal deformities (secondary), maxillary alveolar cleft, residual maxillofacial skeletal deformities (secondary), craniofacial deformities (intracranial approach), orbital and naso-orbital deformities. (initial appointees must show additional operative experience of 5 procedures)*	
	Consultation privileges in Oral/Maxillofacial Surgery	
	Dentoalveolar surgery, including management of odontogenic infections; erupted, unerupted, and impacted teeth, including third molar extractions and defects and deformities of the dentoalveolar complex	
	Orthognathic surgery, including the surgical correction of functional and aesthetic orofacial and craniofacial 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, II, and III procedures, and craniofacial operations.	
	Pathology: diagnosis and management of pathological conditions, such as cyst of bone, benign and malignant bone tumors; osteomyelitis; osteoradionecrosis; metabolic and dystrophic bone diseases; soft-tissue cysts; benign and malignant 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	
	Perform History and Physical Examinations	
	Reconstructive surgery, including harvesting of bone and soft-tissue grafts and the insertion of implants. Sites for harvesting may include, but are not limited to the calvaria, rib, ilium, fibula, tibia, mucosa, and skin. Reconstructive procedures include but are not limited to vestibuloplasties, augmentation procedures, TMJ reconstruction, management of continuity defects, insertion of implants, facial cleft repair, and other reconstructive surgery of the oral and maxillofacial region.	
	Temporomandibular joint surgery, including 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	
	Trauma surgery, including 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; auricle and scalp injuries; oral/perioral, perinasal, and facial soft-tissue injuries; airway obstruction; cricothyroidotomies; and tracheostomies	

Facial Cosmetic Surgery

Description: Including but is not limited to rhinoplasty, blepharoplasty, rhytidectomy, genioplasty, lipectomy, dermabrasion, otoplasty, scar revision, and correction of maxillofacial contour deformities.

Qualifications

Education/Training Documentation of current competence and evidence of performance of the procedure within the past 24 months.

Clinical Experience (Reappointment) Documentation of current competence and an adequate volume of experience with acceptable results reflective of the privileges requested within the past 24 months.

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
	Facial Cosmetic Surgery	

Special Privileges Oral/Maxillofacial Surgery

Description: The below special privileges are not routinely part of the post-graduate training program. Additional proof of training and/or experience may be necessary to request the privilege and is noted within the privilege block. If documentation is required, please submit all required elements with your application/reapplication.

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
	Special Privileges Oral/Maxillofacial Surgery	

Laser

Description: Successful completion of an approved residency in a specialty or subspecialty that included training in laser principles or provide documentation appropriate to the specific laser to be utilized. Practitioner agrees to limit practice to only the specific laser types for which they have been provided documentation of training and experience.

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
	Laser	

Fluoroscopy

Description: Fluoroscopy - All practitioners requesting fluoroscopically-guided procedures at this hospital are required to take a competency assessment examination prior to being granted these privileges. Practitioners may submit documentation of competency from another hospital for consideration by the Radiology Department Chair. Please contact the Medical Staff Office.

Request	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
	Fluoroscopy	

Mild/Moderate Sedation

Description: Moderate Sedation (Requires written examination - please contact Medical Staff Office) Current ACLS certification is also required.

Request	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
	Mild/Moderate Sedation	

Acknowledgment of Applicant

I hereby request the clinical privileges as indicated. I understand that such privileges include rendering of all associated diagnostic and supportive measures necessary in performance of the privileges I have requested, and in treating associated diseases with adequate consultation when indicated.

I recognize that in emergency situations where immediate life-saving action is necessary, any member of the medical staff is authorized to perform such life-saving treatment as may be required.

I further understand that any and all privileges granted me shall be commensurate with my documented training and demonstrated competence, judgment and capabilities. The Credentials and Executive Committees of the medical staff and the Board of Trustees of the hospital reserve the right to grant or limit my privileges in accord with my continuing performance in rendering patient care.

Practitioner's Signature

Date

Department Chair Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

	Recommend all requested privileges
	Do not recommend any of the requested privileges
	Recommend privileges with the following conditions/modifications/deletions (listed below)

Privilege	Condition/Modification/Deletion/Explanation

Additional Comments

Signature of Department Chair/Designee

Date