



Ophthalmology Soin 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 and 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	
Membership	To be eligible to apply for core privileges in ophthalmology, the initial applicant must meet the following criteria:
Education/Training	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)- or American Osteopathic Association (AOA)-accredited residency in ophthalmology.
Certification	Current certification or active participation in the examination process with achievement of certification within six years leading to certification in ophthalmology by the American Board of Ophthalmology or the American Osteopathic Board of Ophthalmology and Otolaryngology - Head and Neck Surgery.
Clinical Experience (Initial)	Applicants for initial appointment must be able to demonstrate performance of at least 50 ophthalmologic procedures, reflective of the scope of privileges requested, in the past 12 months or demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.
Clinical Experience (Reappointment)	Current demonstrated competence and an adequate volume of experience 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.

Core Privileges Ophthalmology

Description: 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.

Request	Request all privileges listed below.
NOIN	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
	- Currently granted privileges
	Admit, evaluate, diagnose, treat, and provide consultation, order diagnostic studies and procedures, and perform surgical and nonsurgical procedures on patients of all ages with ocular and visual disorders, including the eyelid and orbit affecting the eye and the visual pathways. May provide care to patients in the intensive care setting in conformance with unit policies. 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 this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.
	Procedures (This listing includes procedures typically performed by physicians in this specialty. Other procedures that are extensions of the same techniques and skills may also be performed.)
	A and B-mode ultrasound examination
	Anterior limbal approach or pars plana automated vitrectomy
	Conjunctiva surgery, including grafts, flaps, tumors, pterygium, pinguecula
	Corneal surgery, including diathermy, traumatic repair but excluding keratoplasty, keratotomy and refractive surgery
	Corneal/scleral laceration repair
	Cryotherapy for ciliary body for uncontrolled painful glaucoma
	Glaucoma surgery with intraoperative/postoperative antimetabolite therapy, primary trabeculectomy surgery
	Glaucoma, reoperation, Seton/tube surgery
	Injection of intravitreal medications
	Intra and extracapsular cataract extraction with or without lens implant, or phacoemulsification
	Laser peripheral iridotomy, trabeculoplasty, pupilo/gonioplasty, suture lysis; pan-retinal photocoagulation, macular photocoagulation, repair of retinal tears, capsulotomy, cyclophotocoagulation, sclerostomy, lysis
	Lid and ocular adnexal surgery, including plastic procedures, chalazion, ptosis, repair of malposition, repair of laceration, blepharospasm repair, tumors, flaps, enucleation, evisceration
	Nasolacrimal surgery including dacryocystectomy, dacryocystorhinostomy, excision of lacrimal sac mass, probing and irrigation, balloon dacryoplasty
	Orbit surgery, including removal of the globe and contents of the orbit, exploration by lateral orbitotomy, exenteration, blowouts, rim repairs, tumor and foreign body removal
	Perform history and physical exam
	Removal of anterior or posterior segment foreign body
	Retrobulbar or peribulbar injections for medical delivery or chemical denervation for pain control
	Strabismus surgery

Photorefractive Keratectomy

Qualifications

Education/Training Successful completion of an ACGME- or AOA-accredited residency program in ophthalmology followed by a fellowship or experience in refractive or corneal surgery. In addition, successful completion of an FDA-approved postgraduate PRK course.

Clinical Experience (Initial) Demonstrated current competence and evidence of the performance in the past 12 months.

Clinical Experience (Reappointment) Demonstrated current competence and evidence of the performance in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Request	<i>Request all privileges listed below.</i>
SOIN	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
	- Currently granted privileges
	Photorefractive Keratectomy

Phakic Intraocular Lens (IOL) Implant Surgery

Qualifications

Education/Training Successful completion of an ACGME- or AOA-accredited residency in ophthalmology. In addition, applicants must complete a formal training course in phakic IOL implant surgery.

Clinical Experience (Initial) Demonstrated current competence and evidence of the performance of at least 10 IOL surgery procedures in the past 12 months.

Clinical Experience (Reappointment) Demonstrated current competence and evidence of the performance in the past 24 months based on results of ongoing professional practice evaluation and outcomes. In addition, continuing education related to phakic IOL implant surgery should be required.

Request	<i>Request all privileges listed below.</i>
	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.

NIOB	
	- Currently granted privileges
	Phakic Intraocular Lens (IOL) Implant Surgery

Corneal Transplants (Penetrating Keratoplasty)

Qualifications

Education/Training Successful completion of an ACGME- or AOA-accredited residency in ophthalmology. If residency training did not include performing corneal transplants, applicants must have completed a training program that included performing corneal transplants.

Clinical Experience (Initial) Demonstrated current competence and evidence of the performance of at least 12 corneal transplant procedures in the past 12 months.

Clinical Experience (Reappointment) Demonstrated current competence and evidence of the performance in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Request	<i>Request all privileges listed below.</i>
NOIN	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
	- Currently granted privileges
	Corneal Transplants (Penetrating Keratoplasty)

Retina and Vitreous Surgery

Qualifications

Education/Training Successful completion of an ACGME- or AOA-accredited residency in ophthalmology followed by successful completion of a fellowship in vitreo retinal surgery or the equivalent in training and experience.

Clinical Experience (Initial) Demonstrated current competence and evidence of the performance, reflective of the scope of privileges requested, in the past 12 months.

Clinical Experience (Reappointment) Demonstrated current competence and evidence of the performance, reflective of the scope of privileges requested, in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Request	<i>Request all privileges listed below.</i>
	Click shaded blue check box to Request all privileges.

NIOS	Uncheck any privileges you do not want to request.
	- Currently granted privileges
	Closed system vitrectomy including peeling epiretinal or subretinal membranes
	Macular photocoagulation
	Pneumatic retinopexy
	Scleral buckle procedures

Acknowledgment of Applicant

I have requested only those privileges for which by education, training, current experience, and demonstrated competency I believe that I am competent to perform and that I wish to exercise at SoIn Medical Center, and I understand that:

- A. In exercising any clinical privileges granted, I am constrained by applicable 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.

Practitioner's Signature _____
Date

Clinical Service Chair Recommendation - Privileges

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

<input type="checkbox"/>	Recommend all requested privileges
<input type="checkbox"/>	Do not recommend any of the requested privileges
<input type="checkbox"/>	Recommend privileges with the following conditions/modifications/deletions (listed below)

Privilege	Condition/Modification/Deletion/Explanation

Clinical Service Chair Recommendation - Additional Comments

Clinical Service Chair Signature

Date