

Oral and Maxillofacial Surgery Privileges

Name: _____

Effective from ____/____/____ to ____/____/____

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

All new applicants should meet the following requirements as approved by the governing body, effective: December 11, 2014

Applicant: Check the “Requested” box for each privilege requested. Applicants are responsible for producing required documentation for a proper evaluation of current skill, 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.

Current experience is an estimate of the level of activity below which a collegial discussion about support should be triggered. It is not a disqualifier. This discussion should be guided not only by the expectations and standards outlined in the dictionary but also by the risks inherent in the privilege being discussed and by similar activities that contribute to the skill under consideration. This is an opportunity to reflect with a respected colleague on one’s professional practice and to deliberately plan an approach to skills maintenance.

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.

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Grandparenting: Practitioners holding privileges prior to implementation of the dictionary will continue to hold those privileges as long as they meet current experience 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.

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Return to practice:

- 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

Core privileges are offered to ALL members in the discipline as long as the facility can support those activities.

Requested 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 privileges: Admitting Privileges

Requested: Full Admitting

Core Procedures List (Based on AAOMS, *Oral and Maxillofacial Surgery Core Privileges and Criteria for Granting Privileges*)

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 there is a procedure you wish to NOT perform, then please type into the *Comments* field.

- **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

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- **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 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

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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 should 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 skill by program director for the requested advanced procedures

OR have held this privilege prior to May 2015,

AND

Recommended 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 skill and sufficient experience (at least 5 advanced head and neck oncology surgery procedures per year, averaged over the past

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36 months), reflective of the scope of privileges requested, based on successful ongoing professional practice evaluation.

Return to practice: 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 in-skill
- 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 should 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 skill by program director for the requested advanced procedures

OR have held this privilege prior to May 2015,

AND

Recommended 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 skill 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.

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Return to practice: 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 should 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 skill by program director for the requested advanced procedures
OR have held this privilege prior to May 2015,

AND

Recommended 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 skill 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 practice: 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.



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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."

For Reference Only



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Process for requesting privileges not included in the dictionary

Where a member of the medical staff requests a privilege not included in the core, non-core or context specific privileges for a discipline, the following process will be followed.

1. The practitioner will request a **Change Request Form** from the Medical Affairs Office. This will be submitted to the head of department or chief of staff as part of the electronic application process
2. The practitioner will complete the privileges section of the **Change Request Form** and submit with the following information; the privilege requested, the location within the facility where the privilege would be exercised, and the relevant training and experience held by the practitioner in this area.
3. The department head or chief of staff, in consultation with the senior medical administrator and medical administrator responsible for the facility, will determine if the requested privilege can be supported at that site.
4. Where it is deemed appropriate, the practitioner, the department head or chief of staff and the senior medical administrator will agree on any additional training required, and a minimum level of activity required to maintain the privilege. The specific minimum number requirement indicating the level of experience needed to demonstrate skill to obtain clinical privileges for the requested procedure must be evidence-based. Where no supporting literature exists for a specific number, the criteria are established by the consensus of a multidisciplinary group of practitioners who do not have self-interest in creating an artificially high volume requirement.
5. Any additional training will be done in a facility that normally trains practitioners in this activity. Exceptions may be granted in circumstances where all that is required is training by a member of the medical staff who holds the privilege in question.
6. On satisfactory completion of training, the department head or chief of staff may recommend to the governing body through the medical advisory committee that the privilege be granted.

The privileging dictionaries on this site (bcmqi.ca) are the official versions. They will be reviewed beginning in 2016. In the meantime if you have any questions or comments please contact your medical administration office or the BC MQI Office by completing the [Provincial Privileging Dictionary Feedback form](#).

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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 the facility I am applying, 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:

Name of Department / Division / Program: _____

Name of Medical Leader: _____

Title: _____

Signature: _____

Date: _____

