



## Clinical Privileges Profile Ophthalmology

### Kettering Medical Center System

- Kettering Medical Center       Sycamore Medical Center  
(consultative privileges only)

**Applicant:** Check off the “Requested” box for each privilege requested. 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 any doubts related to qualifications for requested privileges.

**Clinical Service Chief:** Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

#### **Other Requirements**

- Note that 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.
- If on call, all ophthalmologists should respond within 45 minutes or have an alternate who is able to respond within the 45 minute time frame.

#### **QUALIFICATIONS FOR OPHTHALMOLOGY**

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**To be eligible to apply for core privileges in ophthalmology, the initial applicant must meet the following criteria:**

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)– or American Osteopathic Association (AOA)–accredited residency in ophthalmology.

AND/OR

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.

**Required previous experience:** 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.

**Reappointment requirements:** To be eligible to renew core privileges in ophthalmology, the applicant must meet the following maintenance of privilege criteria:

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.

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## CORE PRIVILEGES

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### OPHTHALMOLOGY CORE PRIVILEGES

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- Requested** 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.

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### SPECIAL NONCORE PRIVILEGES (SEE SPECIFIC CRITERIA)

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If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required previous experience, and for maintenance of clinical competence.

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### PHOTOREFRACTIVE KERATECTOMY

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**Criteria:** 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.

**Required previous experience:** Demonstrated current competence and evidence of the performance in the past 12 months.

**Maintenance of privilege:** Demonstrated current competence and evidence of the performance in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

- Requested**

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### PHAKIC INTRAOCULAR LENS (IOL) IMPLANT SURGERY

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**Criteria:** 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.

**Required previous experience:** Demonstrated current competence and evidence of the performance of at least 10 IOL surgery procedures in the past 12 months.

**Maintenance of privilege:** 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.

- Requested**

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#### CORNEAL RING IMPLANTS

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**Criteria:** Successful completion of an accredited residency in ophthalmology and an approved course in corneal ring implant procedures and performance of at least 25 corneal ring implants, the first five of which were performed under the supervision of an experienced surgeon.

**Required previous experience:** Demonstrated current competence and evidence of the performance in the past 12 months.

**Maintenance of privilege:** Performance of corneal rings implant in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

**Requested**

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#### CORNEAL TRANSPLANTS (PENETRATING KERATOPLASTY)

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**Criteria:** 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.

**Required previous experience:** Demonstrated current competence and evidence of the performance of at least 12 corneal transplant procedures in the past 12 months.

**Maintenance of privilege:** Demonstrated current competence and evidence of the performance in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

**Requested**

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#### RETINA AND VITREOUS SURGERY

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**Criteria:** 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.

**Required previous experience:** Demonstrated current competence and evidence of the performance, reflective of the scope of privileges requested, in the past 12 months.

**Maintenance of privilege:** 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.

- Requested** Closed system vitrectomy including peeling epiretinal or subretinal membranes
- Requested** Pneumatic retinopexy
- Requested** Scleral buckle procedures
- Requested** Macular photocoagulation

## CORE PROCEDURE LIST

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*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.*

**To the applicant:** If you wish to exclude any procedures, please strike through those procedures that you do not wish to request, initial, and date.

1. A- and B-mode ultrasound examination
2. Anterior limbal approach or pars plana automated vitrectomy
3. Conjunctiva surgery, including grafts, flaps, tumors, pterygium, pinguecula
4. Corneal surgery, including diathermy, traumatic repair but excluding keratoplasty, keratotomy and refractive surgery
5. Corneal/scleral laceration repair
6. Cryotherapy for ciliary body for uncontrolled painful glaucoma
7. Glaucoma surgery with intraoperative/postoperative antimetabolite therapy, primary trabeculectomy surgery
8. Glaucoma, reoperation, Seton/tube surgery
9. Injection of intravitreal medications
10. Intra and extracapsular cataract extraction with or without lens implant, or phacoemulsification
11. Laser peripheral iridotomy, trabeculoplasty, pupilo/gonioplasty, suture lysis; pan-retinal photocoagulation, macular photocoagulation, repair of retinal tears, capsulotomy, cyclophotocoagulation, sclerostomy, lysis
12. Lid and ocular adnexal surgery, including plastic procedures, chalazion, ptosis, repair of malposition, repair of laceration, blepharospasm repair, tumors, flaps, enucleation, evisceration
13. Nasolacrimal surgery including dacryocystectomy, dacryocystorhinostomy, excision of lacrimal sac mass, probing and irrigation, balloon dacryoplasty
14. 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
15. Perform history and physical exam
16. Removal of anterior or posterior segment foreign body
17. Retrobulbar or peribulbar injections for medical delivery or chemical denervation for pain control
18. Strabismus surgery
19. Use of local anesthetics and parenteral sedation for ophthalmologic conditions

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**ACKNOWLEDGEMENT OF PRACTITIONER**

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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 Hospital, 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.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**CLINICAL SERVICE CHIEF'S RECOMMENDATION**

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I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

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

<b>Privilege</b>	<b>Condition/Modification/Explanation</b>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

**Notes**  
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**Clinical Service Chief Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**FOR MEDICAL STAFF OFFICE USE ONLY**

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**Credentials Committee action** **Date:** \_\_\_\_\_  
**Medical Executive Committee action** **Date:** \_\_\_\_\_  
**Board of Directors action** **Date:** \_\_\_\_\_