

**UPMC
Delineation of Privileges Request
Criteria Summary Sheet**

Facility: **Childrens Hospital of Pittsburgh of UPMC, North**

Specialty: **PLASTIC SURGERY**

KNOWLEDGE	Successful Completion of an ACGME/AOA, accredited program or equivalent foreign degree
TRAINING	The successful completion of an approved (ACGME/AOA) post graduate residency program in Plastic Surgery
CERTIFICATION	American Board certified/eligible (must achieve certification within five (5) years of becoming eligible to sit for exam) in Plastic Surgery. If the applicant has qualifications equivalent to American Board certification from a foreign country, the Chief of Pediatric Plastic Surgery with the agreement of the Surgeon-In-Chief, may recommend privileges at an appropriate level.
OTHER	<p>For Procedural Sedation privileges: Must show PALS, ATLS, or ACLS Certification</p> <p>For General Plastic Surgery Core</p> <ul style="list-style-type: none"> ▪ An equivalent foreign degree can be accepted in place of knowledge core criteria above. ▪ American Board certified/eligible (must achieve certification within five (5) years of becoming eligible to sit for exam) in Plastic Surgery. ▪ If the applicant has qualifications equivalent to American Board certification from a foreign country, the Chief of Pediatric Plastic Surgery with the agreement of the Surgeon-In-Chief, may recommend privileges at an appropriate level. ▪ Evaluation and recommendation of qualifications is required for all applicants from the Chief of Pediatric Plastic Surgery and Surgeon-In-Chief ▪ Exceptions may be considered in unusual circumstances with the approval of the Chief of Pediatric Plastic Surgery with the agreement of the Surgeon-In-Chief, and CHP credentials and medical executive committees. <p>For Pediatric Plastic Surgery Core:</p> <ul style="list-style-type: none"> ▪ Meet requirement of General Plastic Surgery Core.

- The applicant must have completed an additional 1 year clinical fellowship training classifying themselves as a “specialty plastic surgeon” (i.e. craniofacial surgery, hand surgery, pediatric plastic surgery).
- The applicant must demonstrate, by means of a case/procedure log, the successful management of at least 100 pediatric plastic surgery cases to verify technical competency as determined by the Chief of Pediatric Plastic Surgery within the last year of practice or fellowship. Experience garnered during training may be included.

For Specific/Special Plastic Surgery Privileges:

- Applicant must qualify for General Plastic Surgery Core and, in addition, have a specific area of expertise not currently in the scope of Pediatric Plastic Surgery Core, such as craniofacial surgery, laser surgery, and complex congenital hand surgery. Specific privileges must be requested.

References:

- Reference letters from 2 Plastic Surgeons familiar with the applicant’s Pediatric Experience or “Specific/Special Expertise experience” and 2 Pediatric Plastic Surgeon (craniofacial, hand) that the applicant has worked with during the preceding two years are required.

Reappointment to Active or Affiliate Staff:

- **CME Requirements**
 - must document evidence (listing of course, date, CME’s awarded) of a minimum of 30 Category I Continuing Medical Education hours related to plastic surgery or specialty plastic surgery during the preceding 24 months.
Note: Five (5) of these credits must be patient safety/risk management credits and should be clearly marked

Reappointment of Special Surgical Procedures:

To be reappointed with privileges in the following, adequate maintenance of proficiency must be demonstrated:

- **Cleft Surgery:** To be re-credentialed to perform primary cleft surgery: a minimum of 12 primary/secondary cleft cases, performed in the preceding year and demonstration of competency as determined by Chief of Pediatric Plastic Surgery and Surgeon-In-Chief, must be provided.
- **Craniofacial Surgery:** To be re-credentialed to perform

	<p>complicated congenital cleft-craniofacial anomalies and transcranial procedures, requiring coordination with pediatric neurosurgery: a minimum of 12 cases performed in the preceding year and demonstration of competency as determined by Chief of Pediatric Plastic Surgery and the Surgeon-In-Chief, must be provided.</p> <ul style="list-style-type: none">▪ Procedural Sedation (attach current copy of PALS/ATLS/ACL or CHP Sedation Training certificate)▪ Pediatric Hand Surgery: To be re-credentialed to perform complicated congenital anomalies (i.e. thumb hypoplasia requiring pollicization, reconstructions requiring microvascular reconstruction): a minimum of 12 cases in the preceding year and demonstration of competency as determined by Chief of Pediatric Plastic Surgery and Surgeon-In-Chief, must be performed.
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