UCSF Health

Department of Surgery_2022
Privileges Request Form

I am requesting the specific privileges marked below. I understand that I may request additional privileges, or privileges in another Clinical Department, at any time. I also understand that granting of these privileges is subject to verification of proficiency by the Chair of the Department, the Credential Committee of the Medical Staff, and/or any other person or body appropriately designated under the Bylaws, Rules and Regulations of the Medical Staff. I understand that in an emergency (any situation in which any delay in administering treatment would result in serious harm to the patient or an immediate threat to the life of the patient), I am authorized to treat any medical disease and/or perform any medical or surgical procedures indicated that is within the scope of my license.

Basic Education/Certificates: M.D. or D.O.; Foreign equivalency

Minimum Formal Training: Successful completion of an Accreditation Council on Graduate Medical Education (ACGME) or verifiable equivalent non-U.S. training program in General Surgery that fulfills all eligibility requirements for General Surgery board certification by the ABS or an acceptable equivalent specialty board in a foreign country

CATEGORY 1
Basic Privileges

Requested	Privilege Description	Initial Criteria	Renewal Criteria	Proctoring
	A - General Surgery	Successful completion of an Accreditation Council on Graduate Medical Education (ACGME) or verifiable equivalent non-U.S. training program in General Surgery that fulfills all eligibility requirements for General Surgery board certification by the ABS or an acceptable equivalent specialty board in a foreign country; and incorporates structured experience in laparoscopic surgery.	Demonstrated current competence and documentation (as reviewed by the Chair/Chief) of successful treatment to a minimum of 20 patients for the past 24 months based on results of quality assessment-improvement activities and outcomes.	Five (5) observed operative cases and/or 15 retrospective reviews of operative cases

	1 - Preoperative, operative and post-operative care of patients with conditions of the abdomen, alimentary tract and skin and soft tissue.			
	2 - Abdomen General • Insertion/removal peritoneal dialysis catheter • diagnostic minimally invasive surgery • open exploratory laparotomy • open drainage abdominal abscess Hernia • open/minimally invasive repair of inguinal & femoral hernia • open/minimally invasive repair of ventral hernia Biliary • open/minimally invasive cholecystectomy with or without cholangiography • open common bile duct exploration • choledochoscopy • choledochoenteric anastomosis Liver • open/minimally invasive liver biopsy • drainage liver abscess Spleen • open/minimally invasive splenectomy • partial splenectomy/splenorrhapy Pancreas • distal pancreatectomy • open pancreatic debridement for necrosis • drainage pancreatic pseudocyst			
	3 - Alimentary Tract Stomach • percutaneous endoscopic gastrostomy • open gastrostomy • partial/total gastrectomy • repair duodenal perforation • truncal vagotomy & drainage Small intestine • open/minimally invasive small bowel resection • open/minimally invasive adhesiolysis • ilestomy, ilestomy closure • open/minimally invasive feeding jejunostomy • superior mesenteric artery embolectomy/thrombectomy Large intestine • open/minimally invasive appendectomy • open/minimally invasive partial colectomy • colostomy, colostomy closure			
	4 - Skin & Soft Tissue • excisional & incisional biopsy of skin/soft tissue lesions • incision, drainage, debridement for soft tissue infections			

	B - Complex General Surgery (note: will concurrently have with Category 1, A. – General Surgery)	Successful completion of an Accreditation Council on Graduate Medical Education (ACGME) or verifiable equivalent non-U.S. training program in General Surgery that fulfills all eligibility requirements for General Surgery board certification by the ABS or an acceptable equivalent specialty board in a foreign country; and incorporates structured experience in laparoscopic surgery; and completion of clinical fellowship in HPB, oncologic, melanoma, bariatric, laparoscopic, liver transplant (ASTS) surgery or equivalent training, skill and ability.	Demonstrated current competence and documentation (as reviewed by the Chair/Chief) of successful treatment to a minimum of 20 patients for the past 24 months based on results of quality assessment-improvement activities and outcomes.	Five (5) observed operative cases and/or 15 retrospective reviews of operative cases
	1 - Preoperative, operative and post-operative care of patients with complex benign or malignant conditions of the abdomen, alimentary tract, skin and soft tissue; and bariatric procedures.			
	2 - Abdomen General			

	• Open/minimally invasive retroperitoneal lymph node dissection Hernia • component separation abdominal wall reconstruction			
	3 - Biliary • open/minimally invasive commom bile duct exploration • operation for gallbladder cancer • operation for bile duct cancer • excision choledochal cyst • transduodenal sphincteroplasty • repair acute common bile duct injury • fuse bile ducts and bowel			
	4 - Liver • open/minimally invasive segmentectomy/lobectomy • intraoperative ultrasound of liver • portal systemic shunt • fuse liver ducts and bowel			
	5 - Pancreas • open/minimally invasive/endoscopic pancreatic debridement for necrosis • pancreaticoduodenectomy • total pancreatectomy • ampullary resection for tumor • longitudinal pancreatiocojejunostomy • intraoperative pancreatic ultrasound			
	6 - Alimentary Tract Esophagus • total esophagectomy • esophagogastrectomy • cricopharyngeal myotomy with excision Zenker's diverticulum • open/minimally invasive Heller myotomy • open/minimally invasive antireflux procedure • open/minimally invasive repair of paresophageal hernia • repair/resection of perforated esophagus			
	7 - Stomach • open/minimally invasive gastric resection • proximal gastric vagotomy • revisional procedures for postgastrectomy syndromes			
	8 - Skin & Soft Tissue (Melanoma, Sarcoma) • regional lymphadenectomy • sentinel lymphatic node dissection • heated limb perfusion • limb amputation			

	7 - Bariatric Surgery • open/minimally invasive gastric bypass • open/minimally invasive sleeve gastrectomy • lap band • duodenal switch • revision			
	C - Colorectal Surgery In addition to having proficiency in the field of general surgery, colon and rectal surgeons have acquired particular skills and knowledge with regard to the medical and surgical management of diseases of the intestinal tract, colon and rectum, anal canal and perianal area.	Successful completion of an Accreditation Council on Graduate Medical Education (ACGME) or verifiable equivalent non-U.S. training program in General Surgery that fulfills all eligibility requirements for General Surgery board certification by the ABS or an acceptable equivalent specialty board in a foreign country; and incorporates structured experience in laparoscopic surgery, and Current Board Certification Eligibility and/or enrolled in the certification process leading to certification in Colon and Rectal Surgery by the relevant ABS or acceptable international equivalent specialty board	Demonstrated current competence and documentation (as reviewed by the Chair/Chief) of successful treatment to a minimum of 20 patients for the past 24 months based on results of quality assessment-improvement activities and outcomes.	Five (5) observed operative cases and/or 15 retrospective reviews of operative cases

		in Colon and Rectal Surgery.		
	1 - Preoperative, operative and post-operative care of patients with complex benign or malignant conditions of the intestinal tract, rectum, anal canal, perianal area and contiguous organs and tissues secondarily involved. Anorectal • Excisional hemorrhoidectomy (total) – conventional, PPH • Fistulotomy • Endorectal advancement flap • Sphincteroplasty • Internal sphincterotomy • Transanal excision (total) • Transanal endoscopic microsurgery • Ligation of intersphincteric fistula tract Abdominal • Strictureplasty • Segmental colectomy (including ileocolic resection) • Laparoscopic resections • Lower anterior resection (total)- straight anastomosis, with colon pouch or coloplasty (stapled/ hand sewn) • Abdominoperineal resection • Transanal excision (total) • Proctocolectomy -with ileostomy, with ileoanal reservoir, stapled anastomosis, hand sewn • Prolapse repair (total) –abdominal, perineal • Stomas- stoma complications (parastomal hernia, stenosis retraction prolapse, fistula) • Total pelvic exenteration • Sacral nerve stimulation for fetal incontinence Diagnostic Procedures • Sigmoidoscopy • Colonoscopy • EURS/EAUS • Pelvic Floor evaluation			
	D - Endocrine Surgery In addition to having proficiency in the field of general surgery, endocrine surgeons have acquired particular skills and knowledge with regard to the medical and surgical management of diseases of the endocrine system	Successful completion of an Accreditation Council on Graduate Medical Education (ACGME) or verifiable equivalent non-U.S. training program in General Surgery that fulfills all eligibility requirements for	Demonstrated current competence and documentation (as reviewed by the Chair/Chief) of successful treatment to a minimum of 20 patients for the past 24 months based on results of quality assessment-improvement activities and outcomes.	Five (5) observed operative cases and/or 15 retrospective reviews of operative cases.

		General Surgery board certification by the ABS or an acceptable equivalent specialty board in a foreign country; and incorporates structured experience in laparoscopic surgery, and completion of American Association of Endocrine Surgeons clinical fellowship or equivalent training, skill and ability.		
	1 - Preoperative, operative and post-operative care of patients with complex benign or malignant conditions of the thyroid, parathyroid, adrenal glands and neuroendocrine tumors.			
	E - Breast Surgery In addition to having proficiency in the field of general surgery, breast surgeons have acquired particular skills and knowledge with regard to the medical and surgical management of diseases of the breast.	Successful completion of an Accreditation Council on Graduate Medical Education (ACGME) or verifiable equivalent non-U.S. training program in General Surgery that fulfills all eligibility requirements for General Surgery board certification by the ABS or an acceptable equivalent specialty board	Demonstrated current competence and documentation (as reviewed by the Chair/Chief) of successful treatment to a minimum of 20 patients for the past 24 months based on results of quality assessment-improvement activities and outcomes.	Five (5) observed operative cases and/or 15 retrospective reviews of operative cases

		in a foreign country; and incorporates structured experience in laparoscopic surgery, and Completion of Society of Surgical Oncology breast clinical fellowship or equivalent training, skill and ability.		
	1 - Preoperative, operative and post-operative care of patients with complex benign or malignant conditions of the breast • Breast biopsy (with or without needle localization) • Wire localization biopsy • Stereotactic breast biopsy • Breast biopsy with sonographic guidance • Biopsy/removal lymph nodes • Sentinel lymph node biopsy • Duct excision • Excision/Removal breast lesion • Nipple exploration • Aspiration of breast cyst • Lumpectomy • Simple (complete/partial) mastectomy • Modified radical mastectomy with or without skin sparing • Drainage/debridement of lesion • Chest wall resection • Axillary lymph node dissection • Sentinel lymph node mapping • Radiosurgery of breast lesions • Simple reconstruction			
	F - Abdominal Transplant In addition to having proficiency in the field of general surgery, abdominal transplant surgeons have acquired particular skills and knowledge with regard to the medical and surgical management of end-stage organ diseases amenable to transplantation	Successful completion of an Accreditation Council on Graduate Medical Education (ACGME) or verifiable equivalent non-U.S. training program in General Surgery	Demonstrated current competence and documentation (as reviewed by the Chair/Chief) of successful treatment to a minimum of 20 patients for the past 24 months based on results of quality assessment-improvement activities and outcomes.	Five (5) observed operative cases and/or 15 retrospective reviews of operative cases

		that fulfills all eligibility requirements for General Surgery board certification by the ABS or an acceptable equivalent specialty board in a foreign country; and incorporates structured experience in laparoscopic surgery, and Completion of American Society of Transplant Surgeons clinical fellowship or equivalent training, skill and ability.		
	1 - En bloc abdominal organ retrieval			
	2 - Live donor nephrectomy (open/laparoscopic)			
	3 - Transplant nephrectomy			
	4 - Cadaveric kidney transplantation			
	5 - Live donor kidney transplantation			
	6 - Pancreas transplantation (allograft)			
	7 - Live donor hepatectomy			
	8 - Cadaveric liver transplantation			
	9 - Live donor liver transplantation			
	10 - Intestinal transplantation			

	11 - Ureteral revision/ stent			
	12 - Lymphocele drainage			
	13 - Vascular reconstruction/revision			
	14 - Liver/kidney biopsy			
	15 - AV fistula			
	G - Cardiac Surgery			
	1 - Basic Cardiac: Preoperative, operative and post-operative care of patients involving diseases, disorders and injuries of the arterial, venous and lymphatic circulatory systems, and heart vessels. Examples include the following: · Interventional procedures (e.g., intra-aortic balloon pump insertion/removal, intravascular ultrasound, transvenous pacemaker insertion, image-guided intervention over a wire, percutaneous tracheostomy, pleural drainage catheter insertion, ultrasound-guided pigtail catheter placement for pleural drainage, radiofrequency ablation.) · Cannulation for peripheral or central cardiopulmonary bypass · Circulatory assist insertion and management (IABP, peripheral and central ECMO) · Pericardiocentesis · Sternotomy · Conduit preparation: Internal mammary and/or radial artery, greater saphenous vein harvest · Sternal incision and debridement for sternal wound infection · Sternal Wire removal · Re-exploration for bleeding · Harvesting of heart, lungs, or heart-lung for transplantation	Successful completion of an Accreditation Council on Graduate Medical Education (ACGME) or verifiable equivalent non-U.S. training program in Thoracic Surgery that fulfills all eligibility requirements for board certification by the ABS or an acceptable equivalent specialty board in a foreign country; and incorporates structured experience in laparoscopic surgery; and current Board Certification eligibility and/or enrolled in the certification process leading to certification in Thoracic Surgery	Demonstrate current competence, professionalism, acceptable quality, volume experience (treatment to a minimum of 20 patients for the past 24 months based on results of quality assessment-improvement activities and outcomes), or at the discretion of the Chair/Chief.	Five (5) observed operative cases and/or 15 retrospective reviews of operative cases

		by the relevant ABS or acceptable international equivalent specialty board in Thoracic Surgery.		
	2 - Advanced Cardiac Surgery Procedures upon the heart and surrounding structures for the management of acquired/congenital cardiac disease, including surgery upon the pericardium, coronary arteries, the valves, great vessels, and other internal structures of the heart · Acquired valvular heart disease (mitral valve, aortic valve, tricuspid valve, pulmonary valve replacement/repair) · Myocardial revascularization · Re-do sternotomy · Aortic procedures (ascending aorta/aortic root replacement, descending aortic replacement, aortic dissection, aortic trauma.) · Arrhythmia surgery (left atrial or biatrial maze, pulmonary vein isolation, right sided maze, isthmus ablation, posterior left atrial ablation (Convergence), VATS MAZE, left atrial appendage clipping) · Cardiac tumor excision (e.g., myxoma) · Closure of atrial or ventricular septal defects	Successful completion of an Accreditation Council on Graduate Medical Education (ACGME) or verifiable equivalent non-U.S. training program in Thoracic Surgery that fulfills all eligibility requirements for board certification by the ABS or an acceptable equivalent specialty board in a foreign country; and incorporates structured experience in laparoscopic surgery; and current Board Certification eligibility and/or enrolled in the certification process leading to certification in Thoracic Surgery by the relevant ABS or acceptable international equivalent	Demonstrate current competence, professionalism, acceptable quality, volume experience (minimum of 25 completed cases requiring cardiopulmonary bypass documented as primary surgeon per year), or at the discretion of the Chair/Chief.	Five (5) observed operative cases and/or 15 retrospective reviews of operative cases

		specialty board in Thoracic Surgery.		
	3 - Basic Thoracic: Preoperative, operative and post-operative care of patients involving diseases, disorders and injuries of the thoracic cavity and related structures, including the chest wall. Lung • Major anatomic resections (segmentectomy, lobectomy, pneumonectomy) • VATS/robotic anatomic resections • Open or VATS lung biopsy/wedge resection Pleura • Major (decortication, pleurectomy decortication, extrapleural pneumonectomy, tumor resection) • Minor (biopsy, pleurectomy, VATS sympatehectomy, VATS Bleb resection, VATS pleurodesis) • Chest Wall and Diaphragm • Chest wall resection, pectus repair, diaphragm resection of plication, repair of Morgagni, Bochdalek, traumatic hernia Mediastinum • Tumor/cyste/mass resection via open, VATS, or robotic technique Tracheobronchial-airway • Tracheal-bronchial resection/ reconstruction, laryngotracheal resection/reconstruction, airway anastomosis Esophagus • Esophagectomy (open/ minimally invasive) • Benign esophagus-major repair of perforation, drain perforation, diverticulectomy, myotomy, hiatal hernia repair Circulatory assist (IAMP, ECMO)	Successful completion of an Accreditation Council on Graduate Medical Education (ACGME) or verifiable equivalent non-U.S. training program in Thoracic Surgery that fulfills all eligibility requirements for board certification by the ABS or an acceptable equivalent specialty board in a foreign country; and incorporates structured experience in laparoscopic surgery; and current Board Certification eligibility and/or enrolled in the certification process leading to certification in Thoracic Surgery by the relevant ABS or acceptable international equivalent specialty board in Thoracic Surgery.	Demonstrate current competence, professionalism, acceptable quality, volume experience (treatment to a minimum of 20 patients for the past 24 months based on results of quality assessment-improvement activities and outcomes), or at the discretion of the Chair/Chief.	Five (5) observed operative cases and/or 15 retrospective reviews of operative cases

	a - Diagnostic and therapeutic procedures • Bronchoscopy • Mediastinal Assessment • Mediastinoscopy • EB:US/FNA • Chamberlain or mediastinal node dissection			
	4 - Heart and Lung Transplant Cardiopulmonary (heart-lung) Transplantation Preoperative, operative and post-operative care of patients with end stage cardiac and pulmonary disease requiring surgical replacement of the heart and lungs.	Completion of ASTS clinical fellowship heart-lung transplantation, ABTS cardio-pulmonary transplant fellowship, or equivalent training, skill and ability.	Demonstrate current competence, professionalism, and evidence of the performance of heart or heart/lung transplant procedures during the past 24 months based on results of ongoing professional practice evaluation and outcomes.	Five (5) observed operative cases and/or 15 retrospective reviews of operative cases
	a - Transplantation of the heart , adult			
	b - Transplantation of the heart, pediatric			
	c - Transplantation of the lung, adult			
	d - Transplantation of the lung, pediatric			
	e - En bloc thoracic retrieval			
	5 - Congenital Cardiac Surgery Congenital Cardiac Surgery Preoperative, operative and post-operative care of patients with heart defects that may be present at birth and can occasionally go undiagnosed into adulthood. •Replacement, Pulmonary Valve •Repair Heart Septum Defect •Repair Single Ventricle •Repair Of Heart Chambers •Major Vessel Shunt •Repair Heart Septum Defects •Repair Single Ventricle •Valvuloplasty, Tricuspid •Repair Heart Septum Defect •Repair Of Heart Defects •Remove Aorta Constriction •Revise Major Vessel •Revision, Subvalvular Tissue	Completion of ABTS congenital cardiac surgery fellowship or equivalent training, skill and ability.		

	•Repair Heart-Vein Defect(S) •Repair Anomaly W/Conduit •Repair Of Sternum Separation •Revision Of Heart Chamber •Revise Major Vessel •Repair Great Vessels Defect •Repair Septal Defect •Replacement Of Mitral Valve •Revise Ventricle Muscle •Repair Of Heart Defects •Ascending Aortic Graft •Valvuloplasty, Tricuspid			
	H - Vascular and Endovascular Surgery	Successful completion of an Accreditation Council on Graduate Medical Education (ACGME) or verifiable equivalent non-U.S. training program in Vascular and Endovascular Surgery that fulfills all eligibility requirements for board certification by the ABS or an acceptable equivalent specialty board in a foreign country; and incorporates structured experience in endovascular surgery; and current Board Certification eligibility and/or enrolled in the certification process leading to certification in	Demonstrated current competence and documentation (as reviewed by the Chair/Chief) of successful treatment to a minimum of 20 patients for the past 24 months based on results of quality assessment-improvement activities and outcomes.	Five (5) observed operative cases and/or 15 retrospective reviews of operative cases

		Vascular and Endovascular Surgery by the relevant ABS or acceptable international equivalent specialty board in Vascular and Endovascular Surgery.		
	1 - Preoperative, operative and post-operative care of patients involving diseases of the arterial, venous, and lymphatic circulatory systems, exclusive of those circulatory vessels intrinsic to the heart and intracranial vessels Aneurysm repair infrarenal aorto-iliac, suprarenal AAA, thoracic aortic aneurysm, thoracoabdominal aortic aneurysm, femoral aneurysm, popliteal aneurysm, repair other aneurysms Cerebrovascular carotid endarterectomy, excise carotid body tumor, vertebral artery operation, direct repair aortic arch branches, cervical bypass, repair or bypass aortic arch branches Periph obstructive aorto-iliac/femoral bypass, femoral endarterectomy, other endarterectomy, femoral-popliteal bypass, infrapopliteal bypass, revise lower extremity bypass, embolectomy/thrombectomy artery/ graft thrombectomy, other major peripheral Abdominal obstructive visceral artery endarterectomy/- bypass, renal endarterectomy bypass, other abdominal vascular repair Upper extremity arm bypass,endarterectomy, repair, thoracic outlet decompression, other upper extremity Extra-anatomic axillo-femoral bypass, axillo-popliteal-tibial bypass, femoral femoral by-pass, other extra anatomic Venous portal systemic shunt, operation for varicose veins, sclerotherapy,periph vein, embolectomy/thrombectomy, major venous reconstruction, repair a-v malformation, other venous operation Other Sympathectomy, lymphatic procedure, explore artery, explore post-op bleed, major vascular ligations, excise infected graft peripheral excise infected graft abdomen-thorax, repair graft-enteric fistula, psyeudoaneurysm injection, exploratory laparotomy, exploratory thoracotomy, median sternotomy, nephrectomy Vascular access			

	a-v fistula, a-v graft, percutaneous – other access, revision, A-V access Amputations Digit, transmetatarsal, below/above knee, upper extremity, hip disarticulation Trauma repair thoracic vessels, neck vessels , abdominal vessels,, peripheral vessels fasciotomy Diagnostic Angiography			
	2 - Basic endovascular diagnostic privileges • Diagnostic angiography, venography • Percutaneous access • Ultrasound-guided percutaneous access • Aortic and/or iliac aneurysm repair			
	3 - Basic endovascular therapeutic privileges • Percutaneous transluminal angioplasty • Insertion of stents and stent-grafts • Catheter-directed thrombolysis • Mechanical thrombectomy • Transcatheter coil placement • Insertion of indwelling vascular catheters/filters • Insertion of vascular closure device • Transcatheter particulate embolization, only as adjunct to another peripheral procedure			
	4 - Cerebrovascular interventions • Arch & arch branch angiography • Selective arch branch angiography • Percutaneous transluminal angioplasty • Embolic protection device use • Insertion of stents and stent-grafts			
	5 - Thoracic endovascular aortic/aneurysm repair (TEVAR) Diagnostic and therapeutic endovascular thoracic aortic procedures (e.g., TEVAR)	Successful completion of an Accreditation Council on Graduate Medical Education (ACGME) or verifiable equivalent non-U.S. training program in Thoracic Surgery that fulfills all eligibility requirements for	Demonstrate current competence, professionalism, acceptable quality, volume experience (treatment to a minimum of 20 patients for the past 24 months based on results of quality assessment-improvement activities and outcomes), or at the discretion of the Chair/Chief.	Five (5) observed operative cases and/or 10 retrospective reviews of operative cases

		board certification by the ABS or an acceptable equivalent specialty board in a foreign country; and current Board Certification eligibility and/or enrolled in the certification process leading to certification in Thoracic Surgery by the relevant ABS or acceptable international equivalent specialty board in Thoracic Surgery. Additional requirements include successful completion of 10 TEVAR procedures		
	6 - SPECIAL noncore privileges in Vascular Surgery If desired, noncore privileges are requested individually in addition to requesting the core. Each individual provider requesting noncore privileges must meet the specific threshold criteria governing the exercise of the privilege requested, including training, required previous experience, and maintenance of clinical competence			
	a - TCAR – Transcarotid Artery Revascularization	1) Must possess active privileges in vascular surgery or neurosurgery that includes performance of Carotid endarterectomy 2) Certificate of completion of required TCAR	Minimum of 3 TCAR cases required during the past 2 years	(1) encounters with satisfactory outcomes for each requested procedure must be submitted to complete proctoring

		device training (e.g. T.E.S.T. Drive training module from Silk Road) 3) 2 proctored TCAR procedures (directly observed).		
	I - Plastic and Reconstructive Surgery Functional and aesthetic management of congenital acquired and traumatic defects of the face, neck, body, and extremities.	Successful completion of an Accreditation Council on Graduate Medical Education (ACGME) or verifiable equivalent non-U.S. training program in Plastic and Reconstructive Surgery that fulfills all eligibility requirements for board certification by the ABS or an acceptable equivalent specialty board in a foreign country.	Demonstrated current competence and documentation (as reviewed by the Chair/Chief) of successful treatment to a minimum of 20 patients for the past 24 months based on results of quality assessment-improvement activities and outcomes.	Five (5) observed operative cases and/or 15 retrospective reviews of operative cases
	1 - Preoperative, operative and post-operative care of patients congenital and acquired defects of the body's soft tissue. • Aesthetic (cosmetic) surgery of the head & neck, trunk & extremities • Burn reconstruction • Cranio-maxillofacial trauma, including fractures • Gender reassignment surgery • Head & neck surgery, including neoplasms of the head, neck and oropharynx • Microsurgical techniques applicable to plastic surgery • Surgery of benign & malignant lesions of the skin & soft tissue • Plastic surgery of the breast • Plastic surgery of the hand/upper extremities			

	• Plastic surgery of the lower extremities • Plastic surgery of the trunk and genitalia • Reconstruction by tissue transfer, including flaps & grafts			
	2 - Complex Craniofacial Surgery: Preoperative, operative and post-operative care of both pediatric and adult patients with complex congenital and acquired craniomaxillofacial abnormalities. • Cleft lip, cleft palate • Craniomaxillofacial defects-major craniofacial reconstruction, mandible, maxilla • LeFort III • Hypertelorism • Craniosynostosis • Resection of arteriovenous malformation			
	3 - Complex Hand Surgery: Preoperative, operative and post-operative care of both pediatric and adult patients with post-traumatic reconstruction, congenital anomalies and reconstruction of arthritic hand, wrist and elbow, microsurgical reconstruction for limb salvage of malignant tumors, and pediatric hand reconstruction. • Reconstruction hand deformities • Open treatment of wrist fractures • Tendon transfers, tendon grafts • Arthroplasty with implant • Wrist arthroscopy • Carpal tunnel release • Nerve decompressions • Replantation of fingers and/or hand • Bone grafts hands/fingers			
	J - Pediatric Surgery In addition to having proficiency in the field of general surgery, pediatric surgeons have acquired particular skills and knowledge with regard to the medical and surgical management of congenital and acquired abnormalities and diseases in the neonatal and pediatric age groups.	Successful completion of an Accreditation Council on Graduate Medical Education (ACGME) or verifiable equivalent non-U.S. training program in General Surgery that fulfills all eligibility requirements for General Surgery board certification by the ABS or an acceptable equivalent specialty board	Demonstrated current competence and documentation (as reviewed by the Chair/Chief) of successful treatment to a minimum of 20 patients for the past 24 months based on results of quality assessment-improvement activities and outcomes.	Five (5) observed operative cases and/or 15 retrospective reviews of operative cases

		in a foreign country; and incorporates structured experience in laparoscopic surgery; and current Board Certification eligibility and/or enrolled in the certification process leading to certification in Pediatric Surgery by the relevant ABS or acceptable international equivalent specialty board in Pediatric Surgery.		
	1 - Preoperative, operative and post-operative care of patients (neonatal and pediatric age groups, as well as older children) with developmental, inflammatory, neoplastic or traumatic congenital and acquired abnormalities and diseases. • Repair of birth defects • Trauma surgery • Diagnosis and surgical care of tumors • Endoscopic procedures (bronchoscopy, esophagogastroduodenoscopy, colonoscopy, cystoscopy, lararscopy and thorasacoscopy • Surgical procedures in these areas of primary responsibility: • Alimentary tract • Abdomen and contents • Breasts, skin and soft tissue • Head and neck • Vascular system (excluding intracranial vessels and heart) • Thoracic (including chest wall and intrathoracic) • Endocrine system (including thyroid, parathyroid, adrenal and endocrine pancreas) • Extremity surgery • Comprehensive management of trauma including musculoskeletal, hand and head injuries • Care of critically ill children with underlying surgical conditions			
	2 - Fetal surgery: Preoperative, operative and post-operative care of patients undergoing surgical techniques used to treat birth defects in fetuses who are still in the pregnant uterus. • Open fetal surgery			

	• Hysterotomy for repair of fetal myelomeningocele (spina bifida) • Hysterotomy for resection of Sacrococcygeal Teratoma • Hysterotomy and Fetal Thoracotomy for Fetal Lung Tumors • Hysterotomy for resection of Cervical Teratoma • Fetoscopic surgery • Fetoscopic Balloon Tracheal Occlusion for Congenital Diaphragmatic Hernia • Fetoscopic laser ablation of intertwine vessels in the treatment of Twin-Twin Transfusion Syndrome • Fetoscopic Bladder Cystoscopy for Urinary Obstruction • Fetal Balloon Valvuloplasty • Fetoscopic lysis of Amniotic Bands • Fetal image-guided surgery • Transcutaneous Radiofrequency Ablation of an Anomalous Twin/or for TRAP (Twin Reversed Arterial Perfusion) • Fetal fluid drainage (vesicocentesis, thoracocentesis, paracentesis) • Fetal shunt placement, including ultrasound guidance • Exit procedure • EXIT Procedure (Ex-Utero Intrapartum Treatment) with fetal airway obstruction			
	K - Critical Care In addition to having proficiency in the field of general surgery, critical care surgeons have acquired particular skills and knowledge with regard to the care of patients with acute, life-threatening or potentially life-threatening surgical conditions.	Successful completion of an Accreditation Council on Graduate Medical Education (ACGME) or verifiable equivalent non-U.S. training program in General Surgery that fulfills all eligibility requirements for General Surgery board certification by the ABS or an acceptable equivalent specialty board in a foreign country; and incorporates structured experience in laparoscopic surgery; and current Board Certification eligibility and/or	Demonstrated current competence and documentation (as reviewed by the Chair/Chief) of successful treatment to a minimum of 20 patients for the past 24 months based on results of quality assessment-improvement activities and outcomes.	Five (5) observed operative cases and/or 15 retrospective reviews of operative cases

		enrolled in the certification process leading to certification in Surgical Critical Care by the relevant ABS or acceptable international equivalent specialty board in Surgical Critical Care.		
	1 - Critical care of patients hospitalized in Intensive Care Units including (but not limited to) comprehensive management of mechanical ventilation, nutrition, cardiovascular support, diagnosis and management of infections, management of shock, critical care of burn patients, critical care of neurologic and neurosurgical patients.			
	2 - Special procedures Endotracheal intubation, airway management; patient controlled analgesia and epidural analgesia; measurement of compartment pressures; cardiac pacing, defibrillation and cardioversion			

CATEGORY 2
Diagnostic and Monitoring Procedures

Requested	Privilege Description	Initial Criteria	Renewal Criteria	Proctoring
	1 - Arterial line			
	2 - Central venous catheter (module required)			
	3 - Chest tube			
	4 - Thoracentesis			
	5 - Paracentesis			

CATEGORY 3
Special Privileges

Requested	Privilege Description	Initial Criteria	Renewal Criteria	Proctoring
	1 - Laser surgery (safety training module required)			
	2 - Minimally invasive/Laparoscopic/Videoscopic surgery (certification of training required if			

	ACGME General Surgery completed prior to 1990)			
	a) - Xi Surgical System: Certification of training required prior to granting of privilege - Excluding all Hepato-Pancreato-Biliary (HPB) robotic surgery procedures			
	b) - SP Surgical System: Certification of training required prior to granting of privilege.			
	4 - Moderate sedation (module required)			
	5 - Endoscopy			
	6 - Fluoroscopy (Certification from CA Radiologic Health Branch required)			
	7 - Proctoscopy			
	8 - Ventricular Assist Devices (VAD) Implantation and Management Privileges	To apply for privileges for managing and/or performing VAD, the applicant must meet the following criteria: 1. Current board eligible or certified in American Board of Thoracic Surgery (or foreign equivalent) 2. Have adequate training / experience and approval from program leadership shown by: a. Trained and/or experienced in	1. Manage at least 5 VAD patients per year. 2. Maintain board certification as outlined above 3. Approval by the UCSF Transplant/Mechanical Circulatory Support Medical Director a. Performed at UCSFMC as primary surgeon 10 or more long-term ventricular assist device implantation procedures with satisfactory outcomes in the past two years and at least 3 in the last year; OR b. Co-surgeon for 10 cases with a physician privileged at UCSFMC for VAD implantation	5 Proctored initial VAD encounters AND 5 Proctored VAD implants

		advanced heart failure therapies and mechanical circulatory support AND b. Letter of support from the UCSF Medical Circulatory Support Medical Director or Surgical Director. AND c. Have performed 10 or more long-term VAD implants either during fellowship training, or as primary surgeon, with satisfactory outcomes in the past two years at another center prior to joining UCSFMC staff.		
	9 - Adult Structural Cardiac Intervention (non-TAVR) including PFO/ASD/VSD/PDA device closures) occlusion of collaterals, transcatheter pulmonic/mitral and tricuspid valve replacement/repair (including Mitraclip).			
	10 - Transcatheter Aortic Valve Replacement(TAVR) - Description: All TAVR cases are to be performed in the presence of a fluoroscopy licensed attending physician.			
	11 - Prophylactic Salpingectomy	Credentialed to perform	5 cases performed in the past 2 years upon	4 salpingectomies (i.e. 2 patients

		intra-abdominal surgical procedures at UCSF and completed observation of 1 case	re-credentialing	assuming each has bilateral salpingectomy) proctored by credentialed Ob-Gyn physician.

CATEGORY 4
Limited Privileges

Requested	Privilege Description	Initial Criteria	Renewal Criteria	Proctoring
	1 - Non surgical management			
	a - Kidney transplant surgery (adult), non surgical management			
	b - Kidney transplant surgery (pediatric), non surgical management			
	c - Liver transplant surgery (adult), non surgical management			
	d - Liver transplant surgery (pediatric), non surgical management			
	e - General surgery, non surgical management			
	f - Pediatric surgery, non surgical management			
	g - Cardiothoracic surgery, non surgical management			
	h - Plastic surgery, non surgical management			
	i - Vascular surgery, non surgical management			
	2 - Limited Vascular Surgery Privileges Vascular surgery, Venous Insufficiency Procedures (vein ablation, ligation, striping, venoplasty, phlebectomy, sclerotherapy, and venous-related wound debridement) Initial Criteria – applicant must meet at least one of the following criteria: • Verified training in a vascular surgery training program and/or board certification; or • Practicing surgeon with 20 vein cases in the past 24 months			

	a - Assisting Surgeon			
	1 - General Surgery			
	2 - Abdominal Transplant			
	3 - Endocrine Surgery			
	4 - Breast Surgery			
	5 - Cardiac Surgery			
	6 - Thoracic Surgery			
	7 - Heart-Lung Transplant			
	8 - Congenital Cardiac Surgery			
	9 - Vascular Surgery			
	10 - Endovascular Surgery			
	11 - Plastic & Reconstructive Surgery			
	12 - Pediatric Surgery			
	13 - Fetal Surgery			

Admitting Services

Requested	Privilege Description	Initial Criteria	Renewal Criteria	Proctoring
	Adult Surgery	N/A		N/A
	Pediatric Surgery	N/A		N/A
	Cardiothoracic Surgery	N/A		N/A
	Plastic Surgery	N/A		N/A
	Vascular Surgery	N/A		N/A

	Kidney Transplant	N/A		N/A
	Liver Transplant	N/A		N/A
	Consult Privileges Only	N/A		N/A
	LPPHC - I'm applying for Courtesy Consultative Privileges at UCSF Langley Porter Psychiatric Hospital and Clinics (LPPHC)	N/A		N/A
	Ambulatory Surgery Center (ASC) Privileges, Peninsula Outpatient Center (POPC) ASC General Surgery: Preoperative, operative and post-operative care of patients with conditions of the abdomen, alimentary tract and skin and soft tissue.	N/A		N/A
	POPC-ASC - Abdomen, Hernia: Open/minimally invasive repair of inguinal & femoral hernia and Open/minimally invasive repair of ventral hernia	N/A		N/A
	POPC-ASC Abdomen, Hernia: Open/minimally invasive repair of inguinal & femoral hernia and Open/minimally invasive repair of ventral hernia	N/A		N/A
	POPC-ASC - Skin & Soft Tissue: Excisional & incisional biopsy of skin/soft tissue lesions and Incision, drainage, debridement for soft tissue infections	N/A		N/A
	POPC-ASC - Complex General Surgery – Skin & Soft Tissue (Melanoma, Sarcoma): Regional lymphadenectomy and Sentinel lymphatic node dissection	N/A		N/A
	POPC-ASC - Colorectal Surgery: Preoperative, operative and post-operative care of patients with complex benign or malignant conditions of the intestinal tract, rectum, anal canal, perianal area and contiguous organs and tissues secondarily involved.	N/A		N/A
	POPC-ASC - Anorectal: Excisional hemorrhoidectomy (total) – conventional, PPH, Fistulotomy, Endorectal advancement flap, Sphincteroplasty, Internal sphincterotomy, Transanal excision (total), Transanal endoscopic microsurgery, and Ligation of intersphincteric fistula tract	N/A		N/A
	POPC-ASC - Diagnostic Procedures: Sigmoidoscopy, Colonoscopy, EURS/EAUS and Pelvic Floor evaluation	N/A		N/A
	POPC-ASC - Endocrine Surgery - Preoperative, operative and post-operative care of patients with complex benign or malignant conditions of the thyroid, parathyroid, adrenal glands and neuroendocrine tumors. Thyroid (partial or total thyroidectomy), Retrosternal goiter / multinodular goiter, Thyroid lobectomy, Total / near-total thyroidectomy, Compartment Oriented lymph node dissections of the neck, Reoperative / completion thyroidectomy, Parathyroid (parathyroidectomy), Finding the inferior, superior and ectopic parathyroid glands, Reoperative parathyroidectomy, Image directed/ unilateral/	N/A		N/A

	four gland exploration, Subtotal/ toal parathyroidectomy with autotransplantation, and Cryopreservation			
	POPC-ASC - Breast Surgery - Preoperative, operative and post-operative care of patients with complex benign or malignant conditions of the breast Breast biopsy (with or without needle localization), Wire localization biopsy, Stereotactic breast biopsy, Breast biopsy with sonographic guidance, Biopsy/removal lymph nodes, Sentinel lymph node biopsy, Duct excision, Excision/Removal breast lesion, Nipple exploration, Aspiration of breast cyst, Lumpectomy, Simple (complete/partial) mastectomy, Modified radical mastectomy with or without skin sparing, Drainage/debridement of lesion, Chest wall resection, Axillary lymph node dissection, Sentinel lymph node mapping, Radiosurgery of breast lesions, and Simple reconstruction	N/A		N/A
	POPC-ASC - Vascular and Endovascular Surgery: Preoperative, operative and post-operative care of patients involving diseases of the arterial, venous, and lymphatic circulatory systems, exclusive of those circulatory vessels intrinsic to the heart and intracranial vessels	N/A		N/A
	POPC-ASC - Venous: operation for varicose veins, sclerotherapy, periph vein, other venous operation	N/A		N/A
	POPC-ASC - Vascular Access: a-v fistula, a-v graft, percutaneous – other access, revision, A-V access	N/A		N/A
	POPC-ASC - Amputations: Digit, transmetatarsal	N/A		N/A
	POPC-ASC - Diagnostic : angiography	N/A		N/A
	POPC-ASC - Basic endovascular diagnostic privileges: Diagnostic angiography, venography, Percutaneous access, and Ultrasound-guided percutaneous access	N/A		N/A
	POPC-ASC - Basic endovascular therapeutic privileges: Insertion of vascular closure device	N/A		N/A
	POPC-ASC - Plastic and Reconstructive Surgery - Functional and aesthetic management of congenital acquired and traumatic defects of the face, neck, body, and extremities. Preoperative, operative, and post-operative care of patients congenital and acquired effects of the body’s soft tissue. Aesthetic (cosmetic) surgery of the head & neck, trunk & extremities, Burn reconstruction, Gender reassignment surgery, Head & neck surgery, including neoplasms of the head, neck and oropharynx, Surgery of benign & malignant lesions of the skin & soft tissue, Plastic surgery of the breast, Plastic surgery of the hand/upper extremities, Plastic surgery of the lower extremities, and Plastic surgery of the trunk and genitalia	N/A		N/A
	POPC-ASC - Complex Hand Surgery: Preoperative, operative and post-operative care of both pediatric and adult patients with post-traumatic reconstruction, congenital anomalies and reconstruction of arthritic hand, wrist and elbow, microsurgical reconstruction for limb salvage of malignant tumors, and pediatric hand reconstruction.	N/A		N/A

	Reconstruction hand deformities, Open treatment of wrist fractures, Tendon transfers, tendon grafts, Arthroplasty with implant, Wrist arthroscopy, Carpal tunnel release, Nerve decompressions, and Bone grafts hands/fingers			

APPLICANT'S SIGNATURE: _____

Date: _____

DEPARTMENTAL REVIEW AND RECOMMENDATION

I am not aware of any physical or mental health status issue that could in any way impair this individual's abilities to practice within the privileges requested.

_____ _____

UCSF Division Chief Signature Date

_____ _____

UCSF Department Chair Signature Date