

GENERAL SURGERY CLINICAL PRIVILEGES

Name: _____
Effective from ____/____/____ to ____/____/____ (for MSO staff use only)

All new applicants must meet the following requirements as approved by the governing body.

Effective: _____/_____/_____.

Initial Privileges (Initial Appointment)

Renewal of Privileges (Reappointment)

Applicant: Please check the **“Requested”** box for each privilege requested.

Applicants have the burden of producing information and documentation 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.

Department Chair: Check the appropriate box for recommendation on the last page of this form. If not recommended, provide the condition or explanation on the last page of this form.

Other Requirements

- 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 that privileges granted may only be exercised at the site(s) designated by CCRMC and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.

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QUALIFICATIONS FOR GENERAL SURGERY

Initial Applicants: To be eligible to apply for privileges in General Surgery, the applicant must meet the following criteria:

1. Documentation of successful completion of an Accreditation Council for Graduate Medical Education (ACGME) – or American Osteopathic Association (AOA)–accredited residency in general surgery

AND

2. Documentation of current Board certification or board eligible (with achievement of certification within the required time frame set forth by the respective Boards) leading to certification in general surgery by the American Board of Surgery or the American Osteopathic Board of Surgery.

AND

3. ***Documentation of required current experience:*** At least 100 general surgery procedures, reflective of the scope of privileges requested, within the past 24 months, or documented successful completion of an ACGME– or AOA– accredited residency or clinical fellowship within the past 24 months. Please provide a clinical activity/procedure log.

Renewal of Privileges: To be eligible to renew privileges in General Surgery, the applicant must meet the following criteria:

1. Maintenance of Certification or Osteopathic Ongoing Certification is required.

AND

2. Current documented competence and an adequate volume of experience (100 surgical patients) with acceptable results, reflective of the scope of privileges requested, within the past 24 months based on results of ongoing professional practice evaluation and outcomes.

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Core Privileges: General Surgery - Adolescent (≥ 14 years of age) and Adult Patients

Requested: Admit, evaluate, diagnose, consult, perform history and physical, and provide pre-, intra-, and postoperative care and perform surgical procedures to patients of all ages to correct or treat various conditions, diseases, disorders, and injuries of the following: alimentary tract; skin, soft tissues, and breast; endocrine system; head and neck; surgical oncology; trauma (in emergency) and the vascular system. May provide care to patients in the intensive care setting, as well as any other appropriate location in the Hospital or Health centers. Assess, stabilize, and determine disposition of patients with emergent conditions 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, as determined by the department chair.

CORE TREATMENT/ PROCEDURE LIST

This is not intended to be an all-encompassing list of treatments. 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, as determined by the department chair.

To the Applicant: If you wish to exclude any procedures, due to lack of current competency, please strike through the procedures that you do not wish to request and then initial and date.

Adolescent (≥ 14 years of age) and Adult General Surgery

- Abdominoperineal resection
- Anorectal surgery (fistula, rectal lesion, hemorrhoidectomy, including stapled hemorrhoidectomy, incision/drainage and debridement of perirectal abscess)
- Appendectomy
- Breast: complete mastectomy with or without axillary lymph node dissection; excision of breast lesion, breast biopsy, incision and drainage of abscess, modified radical mastectomy, operation for gynecomastia, partial mastectomy with or without lymph node dissection, radical mastectomy, subcutaneous mastectomy.
- Colon surgery for benign or malignant disease, including colotomy, colostomy
- Correction of intestinal obstruction
- Drainage of intra-abdominal, deep ischio-rectal abscess
- Endocrine surgery (thyroidectomy and neck dissection, parathyroidectomy)
- Endoscopy (anoscopy, proctosigmoidoscopy - rigid with biopsy, with polypectomy/tumor

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- excision, colonoscopy with polypectomy, esophagogastroduodenoscopy (EGD) with or without biopsy/PEG placement, intraoperative)
- Enterostomy (feeding or decompression)
 - Excision of pilonidal cyst/marsupialization
 - Exploration and repair of traumatic soft tissue, musculo-facial injury
 - Exploration laparotomy for traumatic injury
 - Gastric operations for cancer (radical, partial, or total gastrectomy)
 - Gastroduodenal surgery
 - Incision and drainage of abscesses and cysts
 - Incision and drainage of pelvic abscess
 - Initial evaluation and management of the neuro trauma patient
 - IV access procedures, central venous catheter, and ports
 - Laparoscopic procedures (diagnostic, appendectomy, cholecystectomy, lysis of adhesions) – for advanced procedures, please see non-core laparoscopic procedures.
 - Laparotomy for diagnostic or exploratory purposes, or for management of intra-abdominal sepsis or trauma
 - Liver biopsy (intra operative), liver resection
 - Lower extremity amputations including: above knee, and below knee; transmetatarsal, and digits
 - Management of burns
 - Management of intra-abdominal trauma, including injury, observation, paracentesis, and lavage
 - Management of multiple trauma
 - Management of soft-tissue tumors, inflammation and infection
 - Management of trauma patient in ICU setting
 - Operations of gallbladder, biliary tract, bile ducts, and hepatic ducts, excluding biliary tract reconstruction
 - Peritoneal drainage procedures for relief of ascites
 - Pyloromyotomy
 - Radical regional lymph node dissections
 - Repair of perforated viscus (gastric, small intestine, large intestine)
 - Scalene node biopsy
 - Selective vagotomy
 - Skin grafts (partial thickness, simple)
 - Small bowel surgery for benign or malignant disease, incision, excision, resection, and enterostomy of small intestine
 - Splenectomy (trauma, staging, therapeutic)
 - Surgery of the abdominal wall, including management of all forms of hernias, including diaphragmatic hernias, and orchiectomy in association with hernia repair
 - Surgical treatment of penetrating or crush injuries where soft tissue, musculo-skeletal or organ trauma has occurred
 - Thoracentesis
 - Tracheostomy
 - Tube thoracostomy

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- Vein ligation and stripping

Non-Core Privileges

Initial Appointment Requirements

To be eligible to apply for a special procedure/technique listed below, the applicant must meet the qualifications for General Surgery Core Privileges **and** document successful completion of an approved/recognized course, or acceptable supervised training in a residency or fellowship that included hands-on training under the supervision of a qualified preceptor for the privilege requested below, and provide documentation of competence in performing at least the minimum required for that procedure within the past 24 months, and meet any additionally listed criteria.

Reappointment Requirements

To be eligible for reappointment, the applicant must be able to document that they have maintained competence by showing evidence that they have successfully performed at least the minimum required for that procedure within the past 24 months, based on results of ongoing professional practice evaluation and outcomes.

- Advanced Laparoscopic Procedures:** Colectomy, Splenectomy, Adrenalectomy, Nephrectomy, Nissen, Fundoplication, Inguinal Hernia Repair, etc.

Requirement: Minimum of 3 (three) procedures during the past 24 months.

Administration of Sedation and Analgesia:

- Conscious Sedation** (e.g. versed, morphine, fentanyl) – DOES NOT INCLUDE USE OF KETAMINE OR PROPOFOL
- Ketamine** (test required every 2 years)
- Propofol** (test required every 2 years)

Criteria for Initial Request:

1. Successful completion of an ACGME– or AOA–accredited post graduate training program which included training in administration of sedation and analgesia, including the necessary airway management skills, or department-approved extra training and experience

AND

2. Documented current competence and evidence of the performance of at least 5 cases (can be any combination) within the past 24 months, or completion of training within the past 24 months.
Please provide clinical activity/procedure log.

Criteria for Renewal of Privileges:

1. Documented current competence and evidence of the performance of at least 5 cases (can be any combination) within the past 24 months.

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☐ Fluoroscopy

Privilege to operate and/or supervise operation of fluoroscopy equipment.

Requirement: Current Fluoroscopy or Radiology X-Ray Supervisor and Operator Permit from CDPH.

**FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)
for initial applicants**

1. Retrospective or concurrent proctoring (chart review or direct observation) of at least 9 hospitalized patients in the care of whom the applicant significantly participated. FPPE/proctoring must be representative of the provider’s scope of practice.
2. Concurrent proctoring (direct observation) of at least 3 different procedures that are representative of procedures regularly preformed in the department. FPPE/proctoring must be representative of the provider’s scope of practice.
3. FPPE/Proctoring is also required for at least one (1) procedure/case of each of the requested “non-core” privileges.
4. FPPE should be concluded as soon as possible (i.e. within the first 3-4 months after starting work at CCRMC).
5. Completed FPPE forms must be submitted to the Credentialing Office.
6. It is the applicant’s ultimate responsibility to make sure that FPPE and submission of all required paperwork to the Credentialing Office takes place in a timely manner. Failure to do so may result in loss or limitation of privileges.
7. **For low volume providers: please see separate FPPE/proctoring guidelines.**
8. **For more detailed information, please see separate FPPE/proctoring guidelines.**

ACKNOWLEDGMENT OF PRACTITIONER

I have requested only those privileges for which by education, training, current experience, and documented performance I am qualified to perform and for which I wish to exercise at Contra Costa Regional Medical Center and I understand that:

- a. In exercising any clinical privileges granted, I will adhere 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 _____

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DEPARTMENT / DIVISION CHAIR'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:

[Department Chair] Signature: _____ **Date:** _____

FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY

Credentials Committee Approval	Date _____
Temporary Privileges	Date _____
Medical Executive Committee Approval	Date _____
Board of Supervisors Approval	Date _____