



Privileges in General Surgery
(Including Transplant Surgery)

Name: _____
Please Print

MEDICAL STAFF CATEGORY REQUESTED:

- Active** – Uses Stanford Hospital & Clinics (SHC) as a primary hospital and regularly admits/treats, consults, patients at this facility, or is regularly involved in medical staff functions. (Minimum 11 pt contacts per year)
- Courtesy-Teaching** – Treats SHC patients only when incident to performing clinical teaching responsibilities. Must have teaching appointment with the Stanford School of Medicine
- ONLY** provide care of patients in the SHC Emergency Department, ASC, Cath Lab, Cancer Center or Endo Unit – requires Active or Courtesy Status at LPCH

Please indicate any teaching title you may hold with the Stanford School of Medicine:

- Faculty (MCL, UTL or CE) Adjunct Clinical Faculty

Teaching Title: _____

- Surgical Assist Only** – Successful completion of an ACGME or AOA-accredited residency/fellowship in general surgery

REQUESTED	PROCEDURE	INITIAL CRITERIA	RENEWAL CRITERIA	PROCTORING REQUIREMENTS
CORE PRIVILEGES				
<input type="checkbox"/>	<p><u>Privileges included in the Core:</u> Privileges to admit, evaluate, diagnose, consult, perform history and physical exam, provide pre-, intra- and postoperative surgical care and perform surgical procedures including:</p> <p><u>Cross out & INITIAL any privilege/s you are not applying for in this set of Basic Privileges</u></p> <ul style="list-style-type: none"> • Conditions, illnesses and injuries of the alimentary tract, abdomen and its contents (except as specified in Additional Privileges) • Breasts, skin and soft tissue (except as specified in Additional Privileges) • Head and neck, including trauma, vascular, endocrine, congenital, and oncologic disorders – particularly tumors of the skin, salivary glands, thyroid, parathyroid, and oral cavity • Endocrine system, including thyroid, parathyroid, adrenal, and endocrine pancreas • Insertion and management of chest tubes and central venous catheters • Lumbar puncture • Pericardiocentesis, tracheostomy, paracentesis, thoracentesis • Basic laparoscopy including diagnostic, laparoscopic appendectomy, laparoscopic cholecystectomy, hernia 	<p>Successful completion of an ACGME or AOA-accredited residency/fellowship in general surgery or foreign equivalent training.</p> <p align="center"><u>AND</u></p> <p>Current certification or active participation in the examination process leading to certification in general surgery by the American Board of Surgery or the American Osteopathic Board of Surgery or foreign equivalent training/board.</p>	<p><i>Reappointments: please be prepared to provide a list of cases performed at facilities other than SHC if requested</i> Appropriate number of cases performed per year as based on Category _____# of cases in 2 years</p> <p>Minimum 50 cases required</p>	<p>12 chart reviews 3 observations</p>

SPECIAL PRIVILEGES (MUST ALSO MEET THE CRITERIA ABOVE)				
REQUESTED	PROCEDURE	ADDITIONAL CREDENTIALING CRITERIA	# of Cases performed in past 2 yrs **	Proctoring Requirements
<input type="checkbox"/>	Administration of Moderate Sedation	In accordance with Hospital Sedation Policy and completion of the SHC sedation exam	Sedation exam every 4 years	5 chart reviews
<input type="checkbox"/>	Use of fluoroscopy equipment (or supervision of other staff using the equipment)	'Radiology Supervisor and Operator Certificate' or 'Fluoroscopy Supervisor and Operator Permit' required	Maintenance of valid Fluoroscopy or Radiology Certificate	
<input type="checkbox"/>	Treatment of patients in outpatient clinics at Stanford Hospital & Clinics	Must have teaching appointment through the Stanford School of Medicine.		
<input type="checkbox"/>	Admit, treat, perform surgical procedures, or provide follow-up care for inpatients ages 14 years or younger	Must have membership and privileges at Lucile Packard Children's Hospital		
<input type="checkbox"/>	Advanced laparoscopic including Nissens, adrenals, spleens, bowels, pancreas	Successful completion of laparoscopic surgery fellowship OR Training with didactic experience, hands on experience, participation as first assistant and performance of the operation under proctorship.	_____ # of cases in 2 years Minimum five (5) cases required	3 chart reviews 1 observations
<input type="checkbox"/>	Percutaneous endoscopic gastrostomy (PEG)	Formal Fellowship Training in Gastroenterology or a Residency in General Surgery	_____ # of cases in 2 years Minimum five (5) cases required	3 chart reviews 1 observations
<input type="checkbox"/>	Liver surgery excluding biopsy	Successful completion of Hepato-Biliary-Pancreatic fellowship OR Training with didactic experience, hands on experience, participation as first assistant and performance of the operation under proctorship	_____ # of cases in 2 years Minimum five (5) cases required	3 chart reviews 1 observations
<input type="checkbox"/>	Pancreatic surgery	Successful completion of Hepato-Biliary-Pancreatic fellowship OR Training with didactic experience, hands on experience, participation as first assistant and performance of the operation under proctorship	_____ # of cases in 2 years Minimum five (5) cases required	3 chart reviews 1 observations
<input type="checkbox"/>	Ileo-anal pull through	Colorectal Surgery Fellowship	_____ # of cases in 2 years Minimum 10 cases required	3 chart reviews 1 observations
<input type="checkbox"/>	Trauma	Trauma training by fellowship or experience of 100 documented cases (must provide documentation log) Must complete separate Trauma privilege form and meet all criteria	_____ # of cases in 2 years Minimum 5 cases required	3 chart reviews 1 observations
<input type="checkbox"/>	Surgical critical care	Must complete separate Critical Care Privilege Form and meet all criteria Fellowship in Surgical Critical Care	_____ # of cases in 2 years Minimum five (5) cases required	3 chart reviews 1 observations
<input type="checkbox"/>	Colonoscopy	Completion of a colorectal fellowship OR completion of an accredited gastroenterology subspecialty training program	_____ # of cases in 2 years Minimum 5 cases required	3 chart reviews 1 observations

<input type="checkbox"/>	Radiosurgery of Breast Lesions	<ul style="list-style-type: none"> • Acuray training course • Observe ten (10) cases • Proctored for 5-10 cases • Stanford XRT letter of approval • Letter from co-director of cyberknife procedure 	<p>_____# of cases in 2 years</p> <p>Minimum 5 cases required</p>	3 chart reviews 1 observations
<input type="checkbox"/>	Sentinel node biopsy for cancer	Proficiency in the standard diagnosis and surgical management of breast cancer and/or melanoma. Successful completion of an approved course leading to the ability to evaluate the patient for and perform the sentinel node mapping procedure	<p>_____# of cases in 2 years</p> <p>Minimum five (5) cases required</p>	3 chart reviews 1 observations
<input type="checkbox"/>	Breast biopsy with sonographic guidance	Demonstrate credentials in a course for breast biopsy with ultrasound guidance and have documentation that it has been done effectively in 10 patients	<p>_____# of cases in 2 years</p> <p>Minimum five (5) cases required</p>	3 chart reviews 1 observations
<input type="checkbox"/>	Robotic surgery	<ul style="list-style-type: none"> • Advanced laparoscopic and thoracoscopic training • Intuitive two-day training course • Fundamentals of laparoscopic surgery course (recommended) FLS • Five (5) cases assisted by an approved surgeon • Ten (10) cases proctored by an approved surgeon 	<p>_____# of cases in 2 years</p> <p>Minimum five (5) cases required</p>	3 chart reviews 1 observations
<input type="checkbox"/>	Use of Laser Type of Laser _____	Training during residency or document completion of Laser Course	<p>____# of cases/year</p> <p>Minimum 2 cases required</p>	1 Chart Review
<input type="checkbox"/>	Intestinal and Multi-organ abdominal transplantation	Completion of an American Society of Transplantation Surgery approved Fellowship in multi-organ transplantation	<p>_____# of cases in 2 years</p> <p>Minimum 4 cases required</p>	2 chart reviews 2 observations
<input type="checkbox"/>	Kidney Transplantation Surgery	Completion of an American Society of Transplantation Surgery approved Fellowship in multi-organ transplantation	<p>_____# of cases in 2 years</p> <p>Minimum 15 case required</p>	3 chart reviews 3 observations
<input type="checkbox"/>	Liver Transplantation Surgery	Completion of an American Society of Transplantation Surgery approved Fellowship in multi-organ transplantation	<p>_____# of cases in 2 years</p> <p>Minimum 10 case required</p>	3 chart reviews 3 observations
<input type="checkbox"/>	Pancreas Transplantation Surgery	Completion of an American Society of Transplantation Surgery approved Fellowship in multi-organ transplantation	<p>_____# of cases in 2 years</p> <p>Minimum 5 case required</p>	2 chart reviews 2 observations
<input type="checkbox"/>	Bariatric surgery (see Advanced Laparoscopic Surgery) Accepted Standard Bariatric Surgery Procedures: Roux-en-Y Gastric Bypass, Adjustable Gastric Banding, Sleeve Gastrectomy, Urgent or Emergent Surgery Due to Complications from Bariatric Surgery, Revisional Bariatric Surgery. Any additional procedure for weight loss not on the Accepted Standard Bariatric Surgery Procedures List must be approved in advance by the Chief of Bariatric Surgery.	Requirements for newly trained surgeons (less than 3 years from residency/fellowship completion) <ul style="list-style-type: none"> • Successful completion of an ACGME approved General Surgery residency or equivalent for foreign trained physicians • Satisfactorily completed a general surgery residency and performed at least 100 laparoscopic bariatric operations and at least 10 open bariatric procedures OR • Satisfactorily completed a general surgery residency followed by a Fellowship Council approved bariatric surgery fellowship where at least 100 laparoscopic bariatric operations and at least 10 open bariatric procedures are performed OR 	<p>_____# of cases in 2 years</p> <p>All surgeons must maintain at least 100 cases over 24 months and submit case logs (see Appendix 2) annually to the Chief of Bariatric</p>	Must be successfully proctored in the OR by the Chief of Bariatric Surgery for 3 cases with a total of 10 cases to be submitted in writing adhering to the Appendix 2 format. Until proctoring is

		<ul style="list-style-type: none"> • Satisfactorily completed a general surgery residency with 10 open bariatric procedures followed by a Fellowship Council approved bariatric surgery fellowship where at least 100 laparoscopic bariatric operations were performed. • Certification by American Board of Surgery (ABS) or American Osteopathic Board of Surgery (AOBS); or, ABS/AOBS board eligible, which is contingent upon completion of oral ABS/AOBS or equivalent for foreign trained physicians. <p>Surgeon credentialing criteria: Requirements for established surgeons (beyond 3 years of residency/fellowship completion)</p> <ul style="list-style-type: none"> • Completion of general surgery residency and Fellowship Council bariatric fellowship OR ,if no fellowship performed, documentation of 500 lifetime bariatric cases • Certification or re-certification by American Board of Surgery (ABS) or American Osteopathic Board of Surgery (AOBS); or, ABS/AOBS board eligible, which is contingent upon completion of oral ABS/AOBS. • Non-Board Certified Surgeons will not be considered for Stanford University Medical Center Privileging in Bariatric Surgery. • Documentation of 12 bariatric surgery CME credits in past two years (may include courses or meetings) • Surgeon experience: 100 approved cases over past 24 months. Applying surgeons must submit their past two year bariatric experience to the Director of Bariatric Surgery using the Appendix 2 case log format. Based upon review, privileges will be granted on a procedure by procedure basis for the Accepted Standard Bariatric Surgery Procedures. 	<p>Surgery. Each bariatric surgeon who successfully performs 500 bariatric cases at Stanford will always be considered a bariatric surgeon in good standing from a volume standard.</p>	<p>complete, privileges are temporary.</p>
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**** On a separate sheet of paper, please describe any major, unexpected complications you have encountered for any of the Core Privileges or Additional Privileges you are requesting**

NOTE: PROCTORING IS REQUIRED FOR ALL INITIAL PRIVILEGES REQUESTED and MUST BE COMPLETED WITHIN 12 MONTHS

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 that I wish to exercise at Stanford Hospital & Clinics. I also acknowledge that my professional malpractice insurance extends to all privilege I have requested.

I understand that 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.

Applicant Signature: _____ Date _____

If sending by email, type your name in the box above.
 If sending by mail, please print first and then sign.

Stanford University Medical Center Privileges in Bariatric Surgery

All criteria are taken directly from the American College of Surgeons Bariatric Surgery Center of Excellence Manual (<http://www.acsbscn.org/Public/AboutBSCN.aspx>)

There must be documentation of appropriate training and experience with verification by the Chief of Bariatric Surgery at Stanford University Medical Center. To facilitate this verification, a work sheet is provided (Appendix 1). Please check to see if you are a new, experienced or re-credentialing bariatric surgeon. Surgeon credentialing criteria are procedure specific. In other words, surgeons credentialed in laparoscopic procedures do not qualify for credentialing in open procedures, etc...

Surgeon Credentialing Criteria

- I. **Surgeon Credentialing Criteria: Requirements for newly trained surgeons** (less than 3 years from residency/fellowship completion)
 - A. Successful completion of an ACGME approved General Surgery residency
 - B. Satisfactorily completed a general surgery residency and performed at least 100 laparoscopic bariatric operations and at least 10 open bariatric procedures OR

Satisfactorily completed a general surgery residency followed by a Fellowship Council approved bariatric surgery fellowship where at least 100 laparoscopic bariatric operations and at least 10 open bariatric procedures are performed OR

Satisfactorily completed a general surgery residency with 10 open bariatric procedures followed by a Fellowship Council approved bariatric surgery fellowship where at least 100 laparoscopic bariatric operations were performed.
 - C. Certification by American Board of Surgery (ABS) or American Osteopathic Board of Surgery (AOBS); or, ABS/AOBS board eligible, which is contingent upon completion of oral ABS/AOBS.
 - D. Non-Board Certified Surgeons will not be considered for Stanford University Medical Center Privileging in Bariatric Surgery.
 - E. All new bariatric surgeons must be successfully proctored in the OR by the Chief of Bariatric Surgery for 3 cases with a total of 10 cases to be submitted in writing adhering to the Appendix 2 format. Until proctoring is complete, privileges are temporary.
 - F. **Accepted Standard Bariatric Surgery Procedures:** Roux-en-Y Gastric Bypass, Adjustable Gastric Banding, Sleeve Gastrectomy, Urgent or Emergent Surgery Due to Complications from Bariatric Surgery, Revisional Bariatric Surgery. Any additional procedure for weight loss not on the Accepted Standard Bariatric Surgery Procedures List must be approved in advance by the Chief of Bariatric Surgery.

- II. Surgeon credentialing criteria: Requirements for established surgeons (beyond 3 years of residency/fellowship completion)
- a. Completion of general surgery residency and Fellowship Council bariatric fellowship OR ,if no fellowship performed, documentation of 500 lifetime bariatric cases
 - b. Certification or re-certification by American Board of Surgery (ABS) or American Osteopathic Board of Surgery (AOBS); or, ABS/AOBS board eligible, which is contingent upon completion of oral ABS/AOBS.
 - c. Non-Board Certified Surgeons will not be considered for Stanford University Medical Center Privileging in Bariatric Surgery.
 - d. Documentation of 12 bariatric surgery CME credits in past two years (may include courses or meetings)
 - e. Surgeon experience: 100 approved cases over past 24 months. Applying surgeons must submit their past two year bariatric experience to the Director of Bariatric Surgery using the Appendix 2 case log format. Based upon review, privileges will be granted on a procedure by procedure basis for the Accepted Standard Bariatric Surgery Procedures.
 - f. All new bariatric surgeons must be successfully proctored in the OR by the Chief of Bariatric Surgery for 3 cases with a total of 10 cases to be submitted in writing adhering to the Appendix 2 format. Until proctoring is complete, privileges are temporary.
 - g. **Accepted Standard Bariatric Surgery Procedures:** Roux-en-Y Gastric Bypass, Adjustable Gastric Banding, Sleeve Gastrectomy, Urgent or Emergent Surgery Due to Complications from Bariatric Surgery, Revisional Bariatric Surgery. Any additional procedure for weight loss not on the Accepted Standard Bariatric Surgery Procedures List must be approved in advance by the Chief of Bariatric Surgery.
 - h. All surgeons agree to document at least 75% one and five year follow-up (phone, mail, email, or clinic are acceptable) of their bariatric patients and to not have any substantial deviation of bariatric surgery outcomes from accepted norms or benchmarks. Annually each bariatric surgeon must submit their cases logs to the Chief of Bariatric Surgery by June 30 of each year adhering to the Appendix 2 format.
- III. Surgeon credentialing criteria: Re-credentialing requirements
- a. All bariatric surgery credentials must be renewed at least every two years.
 - b. Surgical Volume: all surgeons must maintain at least 100 cases over 24 months and submit case logs (see Appendix 2) annually to the Chief of Bariatric Surgery. Each bariatric surgeon who successfully performs 500 bariatric cases at Stanford will always be considered a bariatric surgeon in good standing from a volume standard.

- c. Annually each bariatric surgeon must submit their cases logs to the Chief of Bariatric Surgery by June 30 of each year adhering to the Appendix 2 format.
- d. All surgeons agree to document at least 75% one and five year follow-up of their bariatric patients and to not have any substantial deviation of bariatric surgery outcomes from accepted norms or benchmarks.
- e. **Accepted Standard Bariatric Surgery Procedures:** Roux-en-Y Gastric Bypass, Adjustable Gastric Banding, Sleeve Gastrectomy, Urgent or Emergent Surgery Due to Complications from Bariatric Surgery, Revisional Bariatric Surgery. Any additional procedure for weight loss not on the Accepted Standard Bariatric Surgery Procedures List must be approved in advance by the Chief of Bariatric Surgery.

IV. Ancillary Requirements

a. Practice Requirements

All bariatric surgical practices must have at least two bariatric surgeons. A bariatric surgical practice is defined as a group of at least 2 bariatric surgeons who maintain a call schedule, clinic and/or billing together.

b. Quality Improvement

All Bariatric surgery practices must submit in writing a quality improvement plan every two years including best practices like a clinical roadmap or electronic order set and a monitoring plan like a bariatric specific morbidity and mortality conference or maintenance of case log.

c. Call Schedule

Each bariatric surgeon must provide an on-call schedule to the Stanford University Division of General Surgery on-call scheduler by the 25th of each month. It is required that all on-call coverage for bariatric surgery be provided by a bariatric surgeon for each bariatric surgical practice.

d. Clinic

Bariatric surgeons must demonstrate that their bariatric surgery clinics have the following accommodations for the bariatric patient in accordance with ACS bariatric clinic standards. **Weight Appropriate Accommodations:** Room Furniture, Scales, Wheelchairs, Floor Mounted Toilets, Doorways, Blood Pressure Cuffs, Gowns, Gurneys.

Appendix 1

Bariatric Surgery Privileging Worksheet

Name _____ **Clinic Affiliation** _____

Type of Credentialing: New_Young Surgeon _____ New_ Experienced Surgeon _____

Re-credentialing _____

Training Gen Surg Residency Year Completed _____ Where _____

Bariatric Fellowship Year Completed _____ Where _____

>500 Cases Lifetime _____

Case Log Submission Date Submitted _____ Date Approved _____

Bariatric CME (past 2 yrs) Type _____ Amount _____

Call Schedule Date Submitted _____ Date Approved _____

Clinic Review Review Performed _____

QI Program Date Submitted _____ Date Approved _____

Proctoring 3 OR Cases _____ First 10 cases log _____

Chief of Bariatric Surgery Approval Signature and Date _____

Appendix 2

Bariatric Surgeon Case Log (for past 2 years, subject to verification via hospital and clinic notes)

Hospitals where you have had bariatric surgery privileges _____
Have you ever had any privileges revoked (if yes, please detail on another page) _____
Number of TOTAL Bariatric Surgery Procedures in past 24 months _____
Number of Laparoscopic Bariatric Procedures Converted to Open in past 24 months _____

Number of Laparoscopic Roux en Y Gastric Bypass in past 24 months _____
Average: Age _____ %Female _____ Preop BMI _____ %Excess Weight Loss 1YR _____
Mortality _____ # Re-Op or Readmissions _____
Morbidity (#'s) GI Leak _____ PE _____ CVA _____ MI _____
Operative SBO _____ Wound Infection _____

Number of Open Roux en Y Gastric Bypass in past 24 months _____
Average: Age _____ %Female _____ Preop BMI _____ %Excess Weight Loss 1YR _____
Mortality _____ # Re-Op or Readmissions _____
Morbidity (#'s) GI Leak _____ PE _____ CVA _____ MI _____
Operative SBO _____ Wound Infection _____

Number of Laparoscopic Adjustable Gastric Band in past 24 months _____
Average: Age _____ %Female _____ Preop BMI _____ %Excess Weight Loss 1YR _____
Mortality _____ # Re-Op or Readmissions _____
Morbidity (#'s) GI Perforation _____ PE _____ CVA _____ MI _____
Band Slip/Prolapse _____ Wound Infection _____

Number of Open Adjustable Gastric Band in past 24 months _____
Average: Age _____ %Female _____ Preop BMI _____ %Excess Weight Loss 1YR _____
Mortality _____ # Re-Op or Readmissions _____
Morbidity (#'s) GI Perforation _____ PE _____ CVA _____ MI _____
Band Slip/Prolapse _____ Wound Infection _____

Number of Laparoscopic Sleeve Gastrectomy in past 24 months _____
Average: Age _____ %Female _____ Preop BMI _____ %Excess Weight Loss 1YR _____
Mortality _____ # Re-Op or Readmissions _____
Morbidity (#'s) GI Leak _____ PE _____ CVA _____ MI _____
Operative SBO _____ Wound Infection _____

Number of Open Sleeve Gastrectomy in past 24 months _____
Average: Age _____ %Female _____ Preop BMI _____ %Excess Weight Loss 1YR _____
Mortality _____ # Re-Op or Readmissions _____
Morbidity (#'s) GI Leak _____ PE _____ CVA _____ MI _____
Operative SBO _____ Wound Infection _____

Number of Laparoscopic Revisional Bariatric Surgeries in past 24 months _____
Average: Age _____ %Female _____ Preop BMI _____ %Excess Weight Loss 1YR _____
Mortality _____ # Re-Op or Readmissions _____
Morbidity (#'s) GI Leak _____ PE _____ CVA _____ MI _____
Operative SBO _____ Wound Infection _____

Number of Open Revisional Bariatric Surgeries in past 24 months _____

Average: Age _____ %Female _____ Preop BMI _____ %Excess Weight Loss 1YR _____

Mortality _____ #Readmissions _____

Morbidity (#'s) GI Leak _____ PE _____ CVA _____ MI _____

Operative SBO _____ Wound Infection _____

Number of Urgent/Emergent Bariatric Related Surgeries in past 24 months _____

Cause for Surgery (List All, use additional page if necessary) _____

Mortality _____ #Readmissions _____

Morbidity (#'s) GI Perforation _____ PE _____ CVA _____ MI _____

Operative SBO _____ Wound Infection _____

I attest that the information submitted is accurate and honest.

Print Name _____ Date _____

Signature _____