

**General Surgery dictionary
was approved by PMSEC on September 14, 2017**

REVIEW PANEL COMPOSITION

The panel was composed of two co-chairs with expertise in the provincial privileging dictionaries and 11 subject matter experts, who work across 7 of the province's health authorities.

RECORD OF REVIEW PANEL DECISIONS AND CRITERIA IDENTIFIED:

Below are decisions made by the review panel and/or criteria identified by the panel to guide discussion of clinical practice and standards.

1. Keep the core procedures list broad to reflect general surgery training

The panel was in agreement that the core procedures list should be kept high level and broad in content to reflect general surgery training and to avoid getting too granular.

2. The privileging dictionary does not replace clinical judgment

The document is meant to support an assessment of competency for technical procedures based on training and current experience. This document does not address the broader application of clinical judgment on whether such procedures are required.

3. Modify privileging content and criteria to reflect general surgeons' expectations and standards

The panel was in agreement that criteria for privileges in the general surgery dictionary should reflect expectations and standards agreed upon by general surgeons. For privileges that exist in multiple dictionaries, content and criteria may vary depending on decisions made by those subject matter experts.

4. New non-core privilege - Recommendations for Credentialing of General Surgeons performing pacemaker implants

The panel reviewed recommendations developed by the SSC-supported BC Provincial Pacemaker Project (P6) for the development of pacemaker insertion as a new non-core privilege. The recommendations for initial privileges was revised from the original suggested 75 procedures to 50 procedures to be completed in training program performing under supervision of expert implanter with the remaining 25 procedures to be completed with a local mentor.

Non-core privileges

Decision / Revision: Criteria for non-core privileges in general surgery dictionary reflect expectations and standards agreed upon by general surgeons

Engagement Method: Panel discussion

ORIGINAL	REVISION
<p>In the initial version, criteria for non-core head and neck were established by the Otolaryngology panel members</p> <ul style="list-style-type: none"> Recommended current experience: 5 cases performed over the previous two years with acceptable results 	<p><u>C1:</u> Criteria have been revised according to general surgeons' decision</p> <ul style="list-style-type: none"> Initial privileges/Current experience: Fellowship training beyond residency that includes training in head and neck surgery AND/OR demonstrated training and expertise to the satisfaction of the appropriate medical leader.

Decision / Revision: General surgery panel and the BC Provincial Pacemaker Project (P6) jointly composed the new non-core privilege pacemaker implantation.

Engagement Method: P6 recommendation and panel discussion

ORIGINAL	REVISION
<ul style="list-style-type: none"> Not applicable 	<p><u>C2:</u> Panel members reviewed the recommendation proposed by the P6 project and revised it to align with their scope of practice</p> <p>Non-core privileges: Pacemaker Implantation</p>

General Surgery Clinical Privileges

Name: _____

Effective from _____/_____/_____ to _____/_____/_____

- Initial privileges (initial appointment)
- Renewal of privileges (reappointment)

All new applicants must meet the following requirements as approved by the governing body, effective: September 14, 2017.

Instructions:

Applicant: Check the “Requested” box for each privilege requested. Applicants are responsible for producing required documentation to allow for a proper evaluation of current skill, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges. Please provide this supporting information by uploading the appropriate documents

Medical/Clinical leaders: Check the appropriate box for recommendation on the last page of this form and include your recommendation for any required evaluation. If recommended with conditions or not recommended, provide the condition or explanation on the last page of this form.

Current experience: Current experience thresholds suggested in this document were developed by practitioners in the field, and are *not* intended as a barrier to practice or to service delivery. They are *not* intended as rigid cutoffs, below which clinical privileges must be restricted or removed. Instead, medical/clinical leaders are encouraged to initiate discussions with those practitioners who are close to or below the thresholds, to ensure that mechanisms are in place to ensure adequate practitioner experience and patient outcomes.

Other requirements: Note that even if applicants meet skill or experience requirements, each site will determine if the requested privilege can be supported at that site. Privileges granted may only be exercised at the site(s) and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.

This document is focused on defining qualifications related to training and current experience to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

Context: The care of patients presenting with complex problems or uncommon diseases requires access to multidisciplinary groups, experienced teams and institutions with the

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necessary subspecialties and infrastructure for appropriate care.

Grandparenting: Practitioners holding privileges prior to implementation of the dictionary will continue to hold those privileges as long as they meet current experience and quality requirements

Continuous Professional Development (CPD): Where suggested in this document, CPD requirements reflect those professional development activities which are eligible for:

1. credit under the Royal College of Physicians and Surgeons of Canada's Maintenance of Certification (MOC) program;
2. the College of Family Physicians of Canada Mainpro+;
3. those professional development activities held in foreign jurisdictions which would be eligible under the MOC/Mainpro program if held in Canada; or
4. equivalent CPD or Quality Assurance activities for other practitioners.

Planned vs. Unplanned (Emergency) Care: The scope of privileges granted to any individual practitioner is based on considerations of patient care under "normal circumstances." In the setting of risk to life or limb, the rules of privilege are not meant to constrain practitioners from acting in the best interest of a patient.

Note: The dictionary will be reviewed over time to ensure it is reflective of current practices, procedures and technologies.

Core privilege: Types of activities a recent graduate of the discipline can reasonably be expected to perform at a specific facility. Under core privileges in this dictionary, if there is a procedure you wish to NOT perform please type into the *Comments* field.

Non-core privilege: Types of activities that require further training, experience and demonstrated skill. Non-core privileges are requested in addition to requesting core. Individuals requesting these privileges should meet the specific threshold criteria associated to such non-core privileges.

Restricted procedures: Some dictionaries have procedures identified by the Ministry of Health as [DESIGNATED A RESTRICTED SERVICE BY THE MEDICAL SERVICES COMMISSION]. Privileges identified as restricted procedures may be flagged in this document. Where it appears, the restricted procedures flag is for administrative tracking only and has no impact on clinical content.

General Surgery Clinical Privileges

Definition

The specialty of General Surgery embraces the principles and techniques of safe and effective surgical care of the whole person of any age, and is the parent discipline of all surgical specialties. The General Surgeon is an eclectic surgical specialist whose practice deals mainly with the alimentary tract, trauma and critical care, endocrine and breast diseases, cancer surgery and endoscopy. By virtue of training, special interest or circumstance the practice of General Surgery may be narrowly focused or may extend to diseases or injuries affecting virtually any system of the body. Modern general surgical practice includes skill in communication and collaboration, teaching and research, health care management and advocacy, professionalism and continuing professional development.

Qualifications for General Surgery

Initial privileges: To be eligible to apply for privileges in general surgery, the applicant should meet the following criteria:

Be certified as a general surgeon by the Royal College of Physicians and Surgeons of Canada (RCPSC)

OR

Be recognized as a specialist general surgeon by the College of Physicians and Surgeons of British Columbia (CPSBC) by virtue of other credentials that are acceptable to both the CPSBC and the governing body of the Health Authority and its Affiliate(s).

AND

Recommended current experience: Overall clinical experience of 320 hours a year of which 84 hours a year represent elective and emergent surgical time as the primary operator averaged over two years OR completion of residency or clinical fellowship within the past two years.

Renewal of privileges: To be eligible to renew privileges in general surgery, the applicant will normally meet the following criteria:

Current demonstrated skill and an adequate volume of experience (Overall clinical experience of 320 hours a year of which 84 hours a year represent elective and emergent surgical time as the primary operator, averaged over three years), with acceptable results reflective of the scope of privileges requested. Adherence to the requirements of the Medical Staff Bylaws and Medical Staff Rules, including the

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requirement to participate equitably in an on call schedule. Regardless of the average, no more than one year can be non-operative.

Recognizing that other surgical skills are transferable, surgeons doing colonoscopy are expected to do an average of 75 procedures a year with acceptable results, averaged over three years.

Return to Practice: An individualized assessment with a prescribed schedule of mentored surgical experience followed by confirmation of skill by a privileged member of the division of general surgery.

See the instructions to medical leaders. Each case requires a focused discussion, and where prudent a prescribed schedule of mentored surgical experience, with skill confirmed by a privileged member of the division of general surgery.

Core privileges are offered to ALL members in the discipline as long as the facility can support those activities.

Core privileges: General surgery

Requested Evaluate, diagnose, consult, and provide pre-, intra-, and postoperative care and perform surgical procedures to correct or treat various conditions, diseases, disorders, and injuries of the alimentary tract; skin, soft tissues, and breast; endocrine system; head and neck; surgical oncology; trauma; and the vascular system. 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 procedures list and such other procedures that are extensions of the same techniques and skills.

Core privileges: Admitting privileges

Requested: Full Admitting

Core procedures list

This is not intended to be an all-encompassing procedures list. 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.

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To the applicant: If there is a procedure you wish to NOT perform, then please type into the *Comments* field.

Head and neck

- Management of benign neck lesions to include biopsy and excision
- Surgical airway management
- Surgical management of thyroid disease to include cancer
- Surgical management of parathyroid disease
- Lymph node biopsy

Breast and Lymphatics

- Surgical management of benign breast disease
- Surgical management of breast cancer
- Sentinel node biopsy
- Axillary lymph node dissection

Chest

- Management of diaphragmatic hernia, excluding children under the age of 24 months*
- Tube thoracostomy

Abdomen and retroperitoneum

- Upper GI tract
 - Surgical management of benign gastro-duodenal disease
 - Surgical management of malignant gastric disease
 - Total gastrectomy**
 - Upper GI endoscopy – diagnostic*
 - Upper GI endoscopy – therapeutic*
 - Endoscopic management of upper GI bleeding*
 - Surgical management of benign esophageal disease*
 - Antireflux surgery*
 - Heller myotomy*
 - Hiatal hernia*
 - Zenker's diverticulum*
- Hepatopancreatic biliary
 - Surgical management of benign biliary disease
 - Common bile duct exploration*
 - Surgical management of distal pancreatic disease
 - Liver biopsies, non-segmental liver resections

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- Lower GI (small and large bowel)
 - surgical management of benign and malignant disease
 - diagnostic endoscopy
 - therapeutic endoscopy
- Solid organs excluding liver
 - Surgical management of splenic disease
 - Surgical management of adrenal disease*
- Abdominal wall
 - Surgical management of groin hernia
 - Surgical management of ventral hernia
 - Complex abdominal wall reconstruction

Pelvis

- Anus
 - Surgical management of benign anal disease
- Rectum
 - Surgical management of benign rectal disease
 - Transanal excision of rectal tumours
 - Surgical management of malignant rectal disease

Extremities and soft tissue

- Surgical management of benign and malignant skin conditions
- Surgical management of benign soft tissue conditions
- Surgical management of malignant soft tissue masses*

Vascular

- Vascular access procedures
- Temporal artery biopsy
- Varicose vein ligation and management of venous stasis disease*

Pediatric surgery**

- Appendectomy in children
- Umbilical or epigastric hernia repair in children
- Inguinal hernia repair in children
- Laparotomy for acute abdomen in children
- Laparotomy for intestinal obstruction in children
- lymph node biopsy for suspected infection or lymphoma
- Incision and drainage of superficial abscesses
- Excision of benign lesions of the skin and subcutaneous tissue
- Pilonidal disease

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- Pyloromyotomy for pyloric stenosis

Note:

All items with (*) or (**) require discussion of indications and demonstration/documentation of skill with a member satisfactory to the appropriate medical leader who holds this privilege within the organization or recommendation on skill in these procedures by the appropriate medical leader of the last site where privileges were held.

All items with (**) also must be in the context of appropriate anesthesia and postoperative care

Non-core privileges (see specific criteria)

- Are permits for activities that require further training, experience and demonstrated skill.
- Are requested individually in addition to requesting the core.
- Each individual requesting non-core privileges should meet the specific threshold criteria as outlined.

Non-core privileges: Complex pediatric surgery under two years of age

Requested

Initial privileges: Fellowship training beyond residency that includes training in pediatric surgery AND/OR demonstrated training and expertise to the satisfaction of the appropriate medical leader

Recommended current experience: Have acted as the primary surgeon for an average of at least ten complex pediatric procedures a year averaged over the past two years.

Renewal of privileges: Have acted as the primary surgeon for an average of at least ten complex pediatric procedures a year averaged over the past three years.

Non-core privileges: Head and Neck Surgery

- Requested Surgical management of aerodigestive tract malignancies
- Requested Surgical management of salivary gland disease.
- Requested Regional lymph node dissection
- Requested Adenotonsillectomy

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Initial privileges/Current experience: Fellowship training beyond residency that includes training in head and neck surgery AND/OR demonstrated training and expertise to the satisfaction of the appropriate medical leader.

Renewal of privileges: Review of cases performed if deemed necessary and discussion with appropriate medical leader.

Return to practice: As a minimum, mentoring with a colleague who holds this non-core privilege for a period of time sufficient for the mentor to attest to skill.

Non-core privileges: Esophageal Surgery

Requested

Esophagectomy and other surgical management of malignant esophageal disease

Initial privileges: Fellowship training beyond residency that includes training in esophageal surgery AND/OR demonstrated training and expertise to the satisfaction of the appropriate medical leader.

AND

Context: Requires multidisciplinary oncology team, intensive care beds, total parenteral nutrition, transfusion services, and ability to do frozen sections.

AND

Recommended current experience: Recommendation on this procedure from the appropriate medical leader of the last site the surgeon had privileges.

Renewal of privileges: Demonstrated ongoing skill, review of cases performed if deemed necessary and discussion with the appropriate medical leader.

Return to practice: As a minimum, observation by a colleague who holds this non-core privilege for a period of time sufficient to demonstrate skill.

Non-core privileges: Advanced Endoscopic Techniques

Requested Endoscopic ultrasound – current experience 100 procedures a year averaged over three years

Requested ERCP – current experience of 50 procedures a year averaged over three years

Requested Placement of digestive tract stents



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Initial privileges: Fellowship training or equivalent in advanced endoscopic techniques AND/OR demonstrated training and expertise to the satisfaction of the appropriate medical leader.

AND

Recommended current experience: have completed training within the past 24 months or recommendation on skill in these procedures by the appropriate medical leader of the last site where privileges were held.

Renewal of privileges: Demonstrated ongoing skill, review of cases performed if deemed necessary and discussion with the appropriate medical leader.

Return to practice: As a minimum, observation by a colleague who holds this non-core privilege for a period of time sufficient to demonstrate skill.

Non-core privileges: Hepatopancreaticobiliary Surgery

- Requested Surgical management of malignant biliary disease
- Requested Surgical management of proximal pancreatic disease
- Requested Liver resection, segmental or greater

Initial privileges: Fellowship training beyond residency that includes training in hepatobiliary surgery AND/OR demonstrated training and expertise to the satisfaction of the appropriate medical leader.

AND

Context: intensive care beds, total parenteral nutrition, and transfusion services

AND

Recommended current experience: Documented skilled management of these procedures at the last site where the surgeon held privileges or was trained within the past year

Renewal of privileges: Demonstrated ongoing skill in these procedures and disease management within the past three years. Review of cases if deemed necessary and discussion with the appropriate medical leader.

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Return to practice: As a minimum, observation by a colleague who holds this non-core privilege for a period of time sufficient to demonstrate skill.

Non-core privileges: Colorectal Surgery

- Requested** Complex anal vaginal/ rectovaginal fistula repair
- Requested** Surgical management of fecal incontinence
- Requested** Transanal endoscopic microsurgery for high rectal lesions
- Requested** Pelvic pouch surgery

Initial privileges: Fellowship training beyond residency that includes training in colorectal surgery AND/OR demonstrated training and expertise to the satisfaction of the appropriate medical leader.

AND

Recommended current experience: Documented skilled management of these procedures at the last site where the surgeon held privileges or was trained within the past year

Renewal of privileges: Demonstrated ongoing skill in these procedures and disease management within the past three years. Review of cases if deemed necessary and discussion with appropriate medical leader.

Return to practice: As a minimum, mentoring with a colleague who holds this non-core privilege for a period of time sufficient for the mentor to attest to skill.

Non-core privileges: Plastic/Hand Surgery

- Requested:** Carpal tunnel release/ dupuytren's contracture/ trigger finger/ ganglia
- Requested:** Tendon repair
- Requested:** Flaps for skin closure – advancement/ Z-plasty
- Requested:** Full thickness skin grafts for closures

Evaluate, diagnose, surgically treat and provide consultation to patients presenting with surgical disorders of the hand or requiring plastic repair.

Initial privileges: Fellowship training beyond residency that includes training in plastic/hand surgery AND/OR demonstrated training and expertise to the satisfaction of the appropriate medical leader

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AND

Recommended current experience: Current sufficient and demonstrated experience, reflective of the scope of privileges requested, based on results of ongoing professional practice evaluation and outcomes acceptable to the appropriate medical leader.

Renewal of privileges: Demonstrated ongoing skill in these procedures and disease management within the past three years. Review of cases if deemed necessary and discussion with appropriate medical leader.

Return to practice: As a minimum, mentoring with a colleague who holds this non-core privilege for a period of time sufficient for the mentor to attest to skill.

Non-core privileges: Gynecological Surgery

- Requested:** Laproscopic procedures: ovarian cystectomy/ salpingo-oophorectomy/ sterilization/ lysis of adhesions/ management of ectopic pregnancy)
- Requested:** Total abdominal hysterectomy: ovarian cystectomy/ salpingo-oophorectomy
- Requested:** Dilation and curettage
- Requested:** Cesarean section
- Requested:** Management of ectopic pregnancy – open gynecologic procedures
- Requested:** Management of post-partum hemorrhage/manual remove of placenta
- Requested:** Evacuation of the pregnant uterus: dilation and curettage up to 14 weeks in size
- Requested:** Repair of perineal and vaginal tears (including 3rd and 4th degree tears and cervical lacerations)
- Requested:** Drainage and marsupialization of bartholin's gland abscess
- Requested:** Paracervical block and pudendal block

Evaluate, diagnose, treat (surgically and medically), and provide consultation to patients presenting with medical and surgical disorders of the female reproductive system.

Initial privileges: Fellowship training beyond residency that includes training in gynecological surgery AND/OR demonstrated training and expertise to the satisfaction of the appropriate medical leader

AND



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Recommended current experience: Current sufficient and demonstrated experience, reflective of the scope of privileges requested, based on results of ongoing professional practice evaluation and outcomes acceptable to the appropriate medical leader.

Renewal of privileges: Demonstrated ongoing skill in these procedures and disease management within the past three years. Review of cases if deemed necessary and discussion with appropriate medical leader.

Return to practice: As a minimum, mentoring with a colleague who holds this non-core privilege for a period of time sufficient for the mentor to attest to skill.

Non-core privileges: Urology Procedures

- Requested:** Cystotomy repair-minimally invasive procedure
- Requested:** Cystotomy repair
- Requested:** Hydrocele repair
- Requested:** Orchidectomy
- Requested:** Vasectomy

Evaluate, diagnose, treat (surgically and medically), and provide consultation to patients presenting with medical and surgical disorders of the genitourinary system.

Initial privileges: Fellowship training beyond residency that includes training in urology AND/OR demonstrated training and expertise to the satisfaction of the appropriate medical leader

AND

Recommended current experience: Current sufficient and demonstrated experience, reflective of the scope of privileges requested, based on results of ongoing professional practice evaluation and outcomes acceptable to the appropriate medical leader.

Renewal of privileges: Demonstrated ongoing skill in these procedures and disease management within the past three years. Review of cases if deemed necessary and discussion with appropriate medical leader.

Return to practice: As a minimum, mentoring with a colleague who holds this non-core privilege for a period of time sufficient for the mentor to attest to skill.



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Non-core privileges: Pacemaker Management

Requested: Pacemaker generator replacement

Requested: Pacemaker revision

Requested: Pacemaker replacement

Evaluate, diagnose, treat (surgically and medically), and provide consultation to patients presenting with need for pacemaker management.

Initial privileges: Fellowship training beyond residency that includes training in pacemaker management AND/OR demonstrated training and expertise to the satisfaction of the appropriate medical leader

AND

Recommended current experience: Current sufficient and demonstrated experience, reflective of the scope of privileges requested, based on results of ongoing professional practice evaluation and outcomes acceptable to the appropriate medical leader.

Renewal of privileges: Demonstrated ongoing skill in these procedures and disease management within the past three years. Review of cases if deemed necessary and discussion with appropriate medical leader.

Return to practice: As a minimum, mentoring with a colleague who holds this non-core privilege for a period of time sufficient for the mentor to attest to skill.

Non-core privileges: Pacemaker Implantation

Requested: Pacemaker Implantation

Initial privileges: To be eligible to apply for initial privileges for implanting pacemakers the surgeon will have completed an intensive course on pacemaker implant technique, lead interrogation, device troubleshooting and management of complications.

AND

Recommended current experience: demonstrated skill in implanting pacemakers and adequate experience (greater than 25 pacemaker procedures per year) within the last 24 months.

OR



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Successful completion of a training program wherein over 50 device implant procedures are performed under direct supervision of an expert implanter and 25 device implant procedures in a supervised environment with a local mentor within the last 24 months (expert implanter = demonstrated excellence at device implants and over 500 procedures performed).

Renewal of privileges: Demonstrated skill in implantation of pacemakers and adequate experience (minimum of 25 implants per year) in the last 36 months. Royal College or equivalent MOC requirements for CPD/CME and experience not to be interrupted for more than 12 consecutive months.

Context specific privileges

Context refers to the capacity of a facility to support an activity

Complex Multidisciplinary Surgery

Requested Specific Pediatric Procedures (Please specify in comments)

Requires appropriate Anesthesia and nursing support

Requested Complex Surgery Oncology

The care of complex patients with cancer and patients with uncommon, advanced and recurrent cancers requires access to multidisciplinary tumor groups, experienced surgical teams and institutions with the necessary subspecialties and infrastructure for appropriate perioperative care.

Requested Bariatric

Requires bariatric assessment team (e.g. dietitian, occupational therapist, exercise physiologist, mental health support, bariatric medicine physician, medical specialty support, etc.), specialized bariatric equipment, and two bariatric surgeons

Requested Organ Transplantation

Requires multidisciplinary team and facility acceptable to the Provincial Health Services Authority

Context specific privileges: Administration of sedation and analgesia

Requested

See "Hospital Policy for Sedation and Analgesia by Nonanesthesiologists."

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Process to request privileges not included in the dictionary for your discipline

Complete this section if you wish to request a privilege that is not included in the core, non-core or context specific privileges for your discipline. Please note that additional privileges are not automatically granted, but are reviewed to ensure alignment with site requirements and capacity.

Instructions

To request additional privileges—that is, privileges *not* included in your discipline dictionary—please provide the following information in the comments box below:

- a) the privilege requested
- b) the location within the facility where the privilege would be exercised, and
- c) the relevant training and experience held by the practitioner in this area

Your request for additional privileges will be submitted to the appropriate medical leader to determine if the requested privilege can be supported at the specified site, and if so, which training requirements must be met.

Additional Privilege

Requested Not Requested

Comments:

Dictionary content and feedback

The privileging dictionaries on this site (bcmqi.ca) are the official versions.

Dictionary content will be updated in cycles of review and refresh, as listed at the bcmqi.ca dictionary review hub. You can provide input on a dictionary at any time, by submitting a [Request for a Revision to a Privileging Dictionary](#) form to your local medical administration or the BC MQI office.

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Acknowledgement of Practitioner

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at the facility I am applying, 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.

Signed: _____ Date: _____

Medical / Clinical Leader'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:

Name of Department / Division/ Program/ Facility:

Name of Medical Leader:

Title:

Signature:

Date: