



Carolinas HealthCare System
NorthEast

**Bariatric Surgery
Delineation of Privileges**

I have reviewed the DOP/Roster provided to me by MSS and confirm as indicated below:

- ☐ My DOP is accurate and reflects privileges relevant to my current practice
- ☐ I have listed privileges that should be removed:

Printed Name: _____

Signature: _____

Date: _____

If your roster indicates that you hold any of the privileges listed below, you must provide the maintenance criteria as described, in order to maintain the privilege. Your maintenance criteria and attestation must be returned together.

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

- Demonstrated current competence and evidence of the performance of at least 25 bariatric procedures as the primary surgeon in the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges. Specialty specific CME is required.

STOP:

UNLESS YOU ARE REQUESTING NEW PRIVILEGES, YOU DO NOT NEED TO GO BEYOND THIS POINT.



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**Bariatric Surgery
Delineation of Privileges**

Name: _____

- ☐ Initial appointment
- ☐ Reappointment
- ☐ Updated DOP

Applicant: Check off the “Requested” box for each privilege requested. Applicants have the burden of producing information 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.

Other Requirements: Note that privileges granted may be exercised only at the site(s) and/or settings(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document.

NOTE 1: Applicant must apply for “CORE” privileges in order to be eligible for special procedure clinical privileges at Carolinas HealthCare System NorthEast.

NOTE 2: “CORE” privileges cannot be amended or altered in any way.

QUALIFICATIONS FOR BARIATRIC SURGERY

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

- MD/DO who has completed an ACGME/AOA accredited residency in general surgery followed by completion of an approved fellowship in open and advanced laparoscopic bariatric surgery. Applicants not meeting fellowship criteria must demonstrate equivalent structured training or equivalent practice experience.

And

- Current certification or active participation in the examination process (with achievement of certification within the timeframe specified in the medical staff bylaws) leading to certification in general surgery by the American Board of Surgery or the American Osteopathic Board of Surgery.

And

Required current experience: Must have training in surgical techniques approved for weight loss surgery at Carolinas HealthCare System NorthEast as recommended by MEC. After initial training, practitioner should be proctored for two (2) cases, and provide documentation of proctorship after training unless they have received this training at another institution. If training and experience were provided at another institution or during residency/fellowship training, a letter of reference from the Chairman of the Department or Residency Director attesting to competency will meet this requirement.

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

- Demonstrated current competence and evidence of the performance of at least 25 bariatric procedures as the primary surgeon in the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges. Specialty specific CME is required.



Carolinan HealthCare System NorthEast

Core Privileges: Bariatric Surgery

☐ Requested

Privileges include the performance of restrictive/mal-absorptive surgical procedures (including related admission, consultation, work-up, pre and post-operative care) for weight loss. Privileges include gastric bypass, including the Roux-en-y technique and biliary and gastrointestinal procedures (including diagnostic/exploratory laparoscopy, exploratory laparotomy, gastric resection, revision of gastrojejunal anastomosis, repair of perforated peptic ulcer, gastrostomy tube, jejunostomy tube, cholecystectomy, gastroscopy, gastrotomy for ERCP, liver biopsy, reduction/repair internal hernia and small bowel resection) when related to prior bariatric surgery. Physicians must also provide for the management of short term and long term suspected bariatric related complications. Privileges include the provision of care prior to and post-operatively to include diet and behavior modification.

Core Privilege: Telemedicine

☐ Requested

Telemedicine privileges are defined as privileges for the use of electronic communication or other communication technologies to provide or support clinical care at a distance. Telemedicine privileges shall include consulting, prescribing, rendering a diagnosis or otherwise providing clinical treatment to a patient using Telemedicine.

PLEASE NOTE: Telemedicine activities require prior approval from the Medical Executive Committee.

Special Non-core Privileges

Non-core privileges are requested individually in addition to requesting the core. Each individual requesting non-core privileges must meet the specific threshold criteria as applicable to the applicant.

Non-Core Privilege: Laparoscopic Adjustable Gastric Banding

☐ Requested

1. Completion of an approved course; **AND**
2. Proctoring of the first two (2) cases by a physician currently credentialed in the procedure; **AND**
3. Verification by the approved proctoring physician that the Applicant was successfully proctored for a minimum of two (2) procedures.

Non-Core Privilege: Stomaphyx

☐ Requested

1. Demonstrate successful completion of an approved and recognized course or acceptable supervised training in residency, fellowship, or other acceptable experience; **AND**
2. Provide documentation of competence in performing that procedure.

Non-Core Privilege: ROSE (Revisonal Obesity Surgery Endoscopic)

☐ Requested

1. Demonstrate successful completion of an approved and recognized course or acceptable supervised training in residency, fellowship, or other acceptable experience; **AND**
2. Provide documentation of competence in performing that procedure.



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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 that I wish to exercise at Carolinus HealthCare System NorthEast 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 a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.
- (c) Adverse clinical privilege(s) actions are subject to the reporting requirements of the National Practitioner Data Bank and North Carolina Medical Board.

Signed _____

Date _____

Print Name _____