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**Department of Otolaryngology - Head And Neck Surgery (OHNS) ([List of Core Privileges](#))****I CORE PRIVILEGE**

Training and Experience Requirements for Initial Privileging:

1. Board-Certified or eligible for Board Certification.

Initial / FPPE:

1. The Chair is responsible for selecting a proctor or proctors to evaluate the individual's performance in the operating room and prepare a written report describing the type of cases observed.
2. If unsatisfactory, the reason(s) will be stated.
3. A minimum of five (5) cases will be proctored, which reflect the spectrum of the core procedures unless prior arrangements for performance of other surgical procedures have been made with the Chair.

Maintenance / Reappointment:

1. A minimum of five (5) cases per year reflecting the spectrum of the core procedures unless prior arrangements for performance of other surgical procedures have been made with the Chair.

**II ORTHOGNATHIC SURGERY**

Orthognathic surgery privileges include: midface and mandibular sliding osteotomies for the treatment of sleep apnea.

Training and Experience Requirements for Initial Privileging:

1. Board-Certified or eligible for Board Certification.
  - A. Completion of additional training no less than six (6) months in duration with an experience in maxillomandibular advancement to treat obstructive sleep apnea (OSA) that includes direct involvement with a minimum of twenty (20) surgical cases.
  - B. Sufficient background and training demonstrated by surgical experience of at least ten (10) cases.

Initial / FPPE:

1. The Chair is responsible for selecting a proctor or proctors to evaluate the individual's performance in the operating room and prepare a written report describing the type of cases observed.
2. If unsatisfactory, the reason(s) will be stated.
3. A minimum of five (5) cases will be proctored; the proctor may request a greater number of cases to satisfy competency.

Maintenance / Reappointment:

1. Perform at least two orthognathic cases per year or four cases within two years.

**III MICROVASCULAR SURGERY**

Microvascular surgery privileges include: free flap reconstruction/ transfers, and replantation.

Training and Experience Requirements for Initial Privileging:

1. Board Certified or eligible for Board Certification; AND
2. Must have met the criteria for Core Privileges in the Department of OHNS; AND
3. Must additionally have completed a fellowship in head and neck OR plastic surgery that includes exposure to microvascular surgery OR have documentation of successful training of the procedure during residency training; OR have been previously certified to perform microvascular surgery at another US hospital and have demonstrated proficiency and acceptable success rates.

Initial / FPPE:

1. Proctoring by a privileged OHNS surgeon is necessary.
2. The number will be determined by the Chair or designee.

Maintenance / Reappointment:

1. Perform at least two microvascular cases per year or four cases within two years.
2. Significant failure rates will require focus review by the Department of HNS Chair or designee privileged to perform microvascular anastomoses.

#### **IV SKULL BASE SURGERY**

Skull base tumors and lesions in all locations of the skull base (e.g. foramen magnum, jugular foramen, cerebellopontine angle, petrous apex, petroclival junction, sphenoid, anterior cranial fossa, etc.) that are considered part of the privileges include acoustic neuromas/vestibular schwannomas, schwannomas of other cranial nerves (including nerves V-XII), facial nerve neuromas, vascular tumors (hemangiomas), lipomas, metastatic lesions found within the cerebellopontine angle, meningiomas, and glomus tumors. A variety of surgical approaches can be used to remove these tumors, often, though not always in conjunction with neurosurgery or related skull base specialties (ophthalmology, plastic surgery, etc...)

Training and Experience Requirements for Initial Privileging:

1. Board Certified or eligible for Board Certification; AND
2. Met the criteria for Core Privileges in Head and Neck Surgery within the Department of OHNS; AND one of the following:
  - A. Completed an Otology or Neurotology fellowship beyond the required otolaryngology residency or demonstrated experience of at least 10 cases. An Otology fellowship provides the surgeon with additional experience and expertise in neurotology and skull base surgery, including such procedures as craniotomies for cerebellopontine angle tumors (eg. translabyrinthine, middle fossa, retrosigmoid) and major skull base surgery (tumors of the petrous bone, clivus, foramen magnum, jugular foramen, cavernous sinus, etc.).
  - B. Sinus Fellowship; OR
  - C. Head oncology; OR
  - D. Sufficient background and training demonstrated by surgical experience of at least 10 cases.

Initial / FPPE:

1. Proctoring of 2 skull base procedures by a privileged surgeon.

Maintenance / Reappointment:

1. Perform at least 2 skull base tumor resection cases, or 2 skull base approaches per year, or a combination of the two.

#### **V COCHLEAR IMPLANTS**

Training and Experience Requirements for Initial Privileging:

1. Board Certified or eligible for Board Certification; AND
2. Met the criteria core privileges in the Department of OHNS; AND
3. Completed an Otology or Pediatric OHNS Fellowship beyond the required otolaryngology residency. The Otology Fellowship must have included additional training in the diagnosis, management, prevention, cure, and care of patients with diseases of the ear and temporal bone, including disorders of hearing and balance, and cochlear implantation through a comprehensive program.

Initial / FPPE:

1. Proctoring by a surgeon who has the privilege is necessary.
2. The number of cases to be proctored will be determined by the Department OHNS Chair or designee privileged to perform the privilege.

Maintenance / Reappointment:

1. Perform at least 2 cochlear implant cases per year.

#### **VI Sedation**

Moderate sedation

View sedation module and submit post-test, ACLS certification or appropriate training

## **VII Fluoroscopy**

CA State Certification Required

## **VIII Percutaneous Gastrostomy Placement**

### **IX ULTRASOUND - Neck**

Training and Experience Requirements for Initial Privileging:

1. Completion of 25 hours of didactic training in ultrasonography and successful completion of 100 neck ultrasound examinations, in which the candidate performs, evaluates and interprets sonograms under the supervision of a physician who is:

- Credentialed in neck ultrasonography; OR
- Board Certified in Radiology; OR
- Previously certified in neck ultrasound at another U.S. hospital according to standards consistent with the guidelines of the American College of Surgeons or the American Academy of Otolaryngology/Head and Neck Surgery.

Initial / FPPE:

1. Proctored by a surgeon or radiologist who has the privilege.

Maintenance / Reappointment:

1. Perform forty (40) neck ultrasound procedures within the two-year period.

### **A Anatomic Evaluation**

(Examples: Lymph nodes, Salivary gland masses, Neck masses, Parathyroid/thyroid masses, Following treatment for thyroid/head and neck cancer)

Training and Experience Requirements for Initial Privileging:

1. 100 examinations required for initial privileges

Initial / FPPE:

1. Proctoring by a surgeon who is privileged to perform this procedure.
2. The number will be determined by the Department of OHNS Chair or designee.

Maintenance / Reappointment:

1. Perform 40 examinations within a two-year period required for reappointment of privileges.

### **B Procedural Guidance**

(Example: Needle placement in neck masses)

Training and Experience Requirements for Initial Privileging:

1. Ten (10) required for initial privileges

Initial / FPPE:

1. Proctoring by a surgeon who has the privilege.
2. The number will be determined by the Chair or designee.

Maintenance / Reappointment:

1. Perform six (6) procedures within a two-year period.

## **X Robotic Surgery**

### **A Robotic Surgery Si**

Initial Appointment criteria:

Completion of training required prior to granting of privileges in robotic surgery; and five (5) proctored cases as assistant or primary surgeon.

**Reappointment Criteria:**

Completion of five (5) cases a year as assistant or primary surgeon.

**B Robotic Surgery SP**

Initial Appointment criteria:

Must be board certified or board eligible within their surgical specialty and eligible to be credentialed at UCSF Hospitals in laparoscopic/endoscopic surgery.

- AND -

Completion of a three-hour hands-on robotics system overview plus the web-based Intuitive Robotics course. Must have attended an approved hands-on training practicum in the use of the Da Vinci SP surgical platform (documentation required).

Proctoring:

Complete 5 proctored patient cases within 12 months of completing the Da Vinci course. If a credentialed surgeon is not available to serve as a proctor, a second surgical attending who has completed the Intuitive Training but has not been proctored on the SP Robot may co-attend a case and may "proctor" each other, and both surgeons may receive credit for a proctored case.

Surgeons that completed training outside UCSF Health Care System with the following conditions may be granted initial SP robotic privileges without undergoing proctored cases:

1. Prior training and experience in the use of the SP robotic platform, such as training obtained at another institution,
2. Privileges to perform SP robotic cases at another Joint Commission – accredited facility,
3. Experience with a minimum of 6 robotic SP cases in the prior 12 months

Reappointment Criteria:

Performed a minimum of 12 SP robotic procedures within the past two years. (If renewal criteria not met, they will need to complete two proctored patient cases on the da Vinci SP Surgical System).

**XI Educational Core Privilege**

Minimum required: Five (5) clinic sessions in two(2) years.

**ADMSE Admitting Services**

I expect to admit and care for patients under my own name on OHNS Service

**OL Otolaryngology Service**

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PRINT NAME - APPLICANT

SIGNATURE

DATE

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PRINT NAME - PROCTOR / SUPERVISING PHYSICIAN

SIGNATURE - SUPERVISING PHYSICIAN

DATE

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PRINT NAME - DEPARTMENT CHIEF

SIGNATURE - DEPARTMENT CHIEF

DATE

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PRINT NAME - DEPARTMENT CHAIR

SIGNATURE - DEPARTMENT CHAIR

DATE





# UCS= Medical Center

## I. Head and Neck Core Privileges (see guide/Ine s for training requirements):

- • • u NE OUT all category(ies) or individual privileges that you will NOT be performing at UCSF

### **Head and Neck:**

#### **Salivary Glands**

Parapharyngeal space tumor  
Parotidectomy with nerve graft  
Submandibular gland resection

#### **Nose and Maxilla**

Rhinectomy  
Lateral rhinectomy  
Maxillectomy  
Maxillectomy and orbital exenteration  
Excision angiofibroma  
Excision other nasopharyngeal tumor  
Excision tumor ethmoid cribriform plate  
Nasal polypectomy

Lip shave  
Wedge resection  
Excision and flap reconstruction

#### **Oral Cavity**

Local resection cancer mouth  
Hemiglossectomy  
Composite resection of mouth  
Mandibular resection

#### **Ear**

Excision pinna  
Temporal bone resection

#### **Otologic**

Myringotomy  
Tympanoplasty I  
Repair fistula (OW, RW)  
Labyrinthectomy  
Tympanoplasty II-IV w/o mastoidectomy  
Simple mastoidectomy  
Modified radical mastoidectomy  
Ossiculoplasty  
Stapedectomy  
Facial nerve decompression  
Facial nerve graft, repair or substitution  
Decompression membranous labyrinth

#### **Otologic(cont):**

Cochleosacculotomy

Neurorrhaphy  
Reconstruction aural atresia  
Repair of CSF leak

#### **Plastic and Reconstructive**

Reconstruction external ear  
Otoplasty  
Rhinoplasty  
Mentoplasty  
Rhytidectomy  
Blepharoplasty  
Repair of facial lacerations  
Reduction, Reconstruction, and Fixation of Facial Fractures  
Laryngoplasty  
Tracheoplasty  
Pedicle flap procedures  
Skin resurfacing  
Cosmetic Injection

#### **Grafts:**

Split thickness skin  
Full thickness skin  
Microsurgical free flap  
Fascial sling procedures  
Oroantral fistula repair  
Choanal atresia repair

Cleft lip repair  
Cleft palate repair  
Pharyngeal flap  
TMJ surgery  
Excision skin lesions  
Scar revisions

#### **Other:**

N/A

# IJrsF Medical Center

## **Larynx**

Thyrotomy  
Vertical hemilaryngectomy  
Supraglottic laryngectomy  
Total Laryngectomy  
Laryngopharyngectomy  
Surgical speech fistula  
Repair laryngeal fracture  
Section recurrent laryngeal nerve  
Arytenoidectomy, arytenoidopexy  
Thyroid lobectomy  
Subtotal thyroidectomy  
Total thyroidectomy  
  
Pharyngoesophagectomy  
Cervical esophagostomy for feeding  
Pharyngeal diverticulectomy  
Tracheotomy  
Tracheal resection and repair

Major vessel ligation  
Major vessel repair  
Congenital cysts  
Brachial cleft  
Thyroglossal duct cyst  
Dermoid  
Lymphangioma, cystic hygroma

## **Endoscopy**

Direct laryngoscopy  
Laryngoscopy & excision  
Microdirect laryngoscopy with microflap dissection  
Microdirect laryngoscopy with resection of tumor  
Vocal cord injection  
Esophagoscopy  
Bronchoscopy  
Pan-endoscopy  
Mediastinoscopy

## **General**

Adenoidectomy  
Tonsillectomy  
Tonsillectomy and Adenoidectomy  
Uvulopalatopharyngoplasty  
Submucous resection of septum  
Nasal septoplasty  
Turbinectomy  
Dacryocystorhinostomy, open  
Caldwell Luc  
Transantral ligation of vessels  
Vidian neurectomy  
Mid-face degloving  
Osteoplastic frontal sinusotomy  
External ethmoidectomy  
Frontoethmoidectomy  
Frontal sinus trephine  
Endonasal sinus surgery  
    Intra-nasalethmoidectomy  
    Sphenoidotomy  
    Radical pan-sinusotomy  
    Intranasal pan-sinusotomy  
    Intranasal dacryocystorhinostomy  
    Intranasal antrostomy  
    Hypophysectomy, transnasal approach  
    Intranasal frontal sinusotomy  
    CSF leak repair procedures  
    Orbital decompression  
    Other procedures

## **Neck**

Carotid body tumor resection  
I & D neck abscess  
Complete neck dissection  
Modified neck dissection  
Cervical node biopsy  
Scalene node biopsy  
Thyroidectomy  
Parathyroidectomy

## **Laser Surgery**

Laser Surgery using a variety of lasers

UCSF DEPARTMENT OF OTOLARYNGOLOGY/HEAD & NECK SURGERY  
PRIVILEGE/ PROCTORING/ REPRIVILEGING CRITERIA

PRIVILEGE/DEFINITION	CRITERIA
<p><b>CORE PRIVILEGE</b></p>	<p><b>Training and Experience Requirements for Initial Privileging:</b></p> <p>1. Board-Certified or eligible for Board Certification.</p> <p><b>Initial / FPPE:</b></p> <p>1. The Chair is responsible for selecting a proctor or proctors to evaluate the individual's performance in the operating room and prepare a written report describing the type of cases observed.</p> <p>2. If unsatisfactory, the reason(s) will be stated.</p> <p>3. A minimum of five (5) cases will be proctored, which reflect the <b>spectrum of the core procedures</b> unless prior arrangements for performance of other surgical procedures have been made with the Chair.</p> <p><b>Maintenance/ Reappointment :</b></p> <p>1. A minimum of five (5) cases <b>per year</b> reflecting the <b>spectrum of the core procedures</b> unless prior arrangements for performance of other surgical procedures have been made with the Chair.</p>
<p><b>II. ORTHOGNATHIC SURGERY:</b></p> <p>Orthognathic surgery privileges include: midface and mandibular sliding osteotomies for the treatment of sleep apnea.</p>	<p><b>Training and Experience Requirements for Initial Privileging:</b></p> <p>1. Board-Certified or eligible for Board Certification.</p> <p>A. Completion of additional training no less than six (6) months in duration with an experience in maxillomandibular advancement to treat obstructive sleep apnea (OSA) that includes direct involvement with a minimum of twenty (20) surgical cases.</p> <p>8. Sufficient background and training demonstrated by surgical experience of at least ten (10) cases.</p> <p><b>Initial/ FPPE:</b></p> <p>1. The Chair is responsible for selecting a proctor or proctors to evaluate the individual's performance in the operating room and prepare a written report describing the type of cases observed.</p> <p>2. If unsatisfactory, the reason(s) will be stated.</p> <p>3. A minimum of five (5) cases will be proctored; the proctor may request a greater number of cases to satisfy competency.</p> <p><b>Maintenance / Reappointment :</b></p> <p>1. Perform at least two orthognathic cases <b>per year</b> or four cases <b>within two years..</b></p>
<p><b>III. MICROVASCULAR SURGERY:</b></p> <p>Microvascular surgery privileges include: free flap reconstruction/ transfers, and replantation.</p>	<p><b>Training and Experience Requirements for Initial Privileging:</b></p> <p>1. Board Certified or eligible for Board Certification ; AND</p> <p>2. Must have met the criteria for Core Privileges in the Department of OHNS; AND</p> <p>3. Must additionally have completed a fellowship in head and neck OR plastic surgery that includes exposure to microvascular surgery OR have documentation of successful training of the procedure during residency training; OR have been previously certified to perform microvascular</p>

	<p>surgery at another US hospital and have demonstrated proficiency and acceptable success rates.</p> <p><b>Initial / FPPE:</b></p> <ol style="list-style-type: none"> <li>1. Proctoring by a privileged OHNS surgeon is necessary.</li> <li>2. The number will be determined by the Chair or designee.</li> </ol> <p><b>Maintenance / Reappointment :</b></p> <ol style="list-style-type: none"> <li>1. Perform at least two microvascular cases <b>per year</b> or four cases within <b>two years</b>.</li> <li>2. Significant failure rates will require focus review by the Department of HNS Chair or designee privileged to perform microvascular anastomoses.</li> </ol>
<p><b>IV. SKULL BASE SURGERY:</b></p> <p>Skull base tumors and lesions in all locations of the skull base (e.g. foramen magnum, jugular foramen, cerebellopontine angle, petrous apex, petroclival junction, sphenoid, anterior cranial fossa, etc.) that are considered part of the privileges include acoustic neuromas/ vestibular schwannomas, schwannomas of other cranial nerves (including nerves V-XII), facial nerve neuromas, vascular tumors (hemangiomas), lipomas, metastatic lesions found within the cerebellopontine angle, meningiomas, and glomus tumors. A variety of surgical approaches can be used to remove these tumors, often, though not always in conjunction with neurosurgery or related skull base specialties (ophthalmology, plastic surgery, etc...).</p>	<p><b>Training and Experience Requirements for Initial Privileging:</b></p> <ol style="list-style-type: none"> <li>1. Board Certified or eligible for Board Certification; AND</li> <li>2. Met the criteria for Core Privileges in Head and Neck Surgery within the Department of OHNS; AND one of the following:             <ol style="list-style-type: none"> <li>A. Completed an Otology or Neurotology fellowship beyond the required otolaryngology residency or demonstrated experience of at least 10 cases. An Otology fellowship provides the surgeon with additional experience and expertise in neurotology and skull base surgery, including such procedures as craniotomies for cerebellopontine angle tumors (eg. translabyrinthine, middle fossa, retrosigmoid) and major skull base surgery (tumors of the petrous bone, clivus, foramen magnum, jugular foramen, cavernous sinus, etc.).</li> <li>B. Sinus Fellowship; OR</li> <li>C. Head oncology; OR</li> <li>D. Sufficient background and training demonstrated by surgical experience of at least 10 cases.</li> </ol> </li> </ol> <p><b>Initial / FPPE:</b></p> <ol style="list-style-type: none"> <li>1. Proctoring of 2 skull base procedures by a privileged surgeon.</li> </ol> <p><b>Maintenance / Reappointment:</b></p> <ol style="list-style-type: none"> <li>1. Perform at least 2 skull base tumor resection cases, or 2 skull base approaches per year, or a combination of the two.</li> </ol>
<p><b>V. COCHLEAR IMPLANTS</b></p>	<p><b>Training and Experience Requirements for Initial Privileging</b></p> <ol style="list-style-type: none"> <li>1. Board Certified or eligible for Board Certification; AND</li> <li>2. Met the criteria core privileges in the Department of OHNS; AND</li> <li>3. Completed an Otology or Pediatric OHNS Fellowship beyond the required otolaryngology residency. The Otology Fellowship must have included additional training in the diagnosis, management, prevention, cure, and care of patients with diseases of the ear and temporal bone, including disorders of hearing and balance, and cochlear implantation through a comprehensive program.</li> </ol> <p><b>Initial/ FPPE:</b></p> <ol style="list-style-type: none"> <li>1. Proctoring by a surgeon who has the privilege is necessary.</li> <li>2. The number of cases to be proctored will be determined by the Department OHNS Chair or designee privileged to perform the privilege.</li> </ol> <p><b>Maintenance/ Reappointment :</b></p> <ol style="list-style-type: none"> <li>1. Perform at least 2 cochlear implant cases per year.</li> </ol>

<p><b>IX. ULTRASOUND - Neck</b></p>	<p><b>Training and Experience Requirements for Initial Privileging:</b></p> <p>1. Completion of 25 hours of didactic training in ultrasonography and successful completion of 100 neck ultrasound examinations, in which the candidate performs, evaluates and interprets sonograms under the supervision of a physician who is:</p> <ul style="list-style-type: none"> <li>• Credentialed in neck ultrasonography; <b>OR</b></li> <li>• Board Certified in Radiology; <b>OR</b></li> <li>• Previously certified in neck ultrasound at another U.S. hospital according to standards consistent with the guidelines of the American College of Surgeons or the American Academy of Otolaryngology/Head and Neck Surgery.</li> </ul> <p><b>Initial/ FPPE:</b></p> <p>1. Proctored by a surgeon or radiologist who has the privilege.</p> <p><b>Maintenance / Reappointment:</b></p> <p>1. Perform forty (40) neck ultrasound procedures within the two-year period.</p>
<p><b>A. Anatomic Evaluation</b> (Examples: Lymph nodes, Salivary gland masses, Neck masses, Parathyroid/ thyroid masses Following treatment for thyroid/head and neck cancer)</p>	<p><b>Training and Experience Requirements for Initial Privileging:</b></p> <p>1. 100 examinations required for initial privileges</p> <p><b>Initial/ FPPE:</b></p> <p>1. Proctoring by a surgeon who is privileged to perform this procedure. 2. The number will be determined by the Department of OHNS Chair or designee.</p> <p><b>Maintenance / Reappointment :</b></p> <p>1. Perform 40 examinations within a two-year period required for reappointment of privileges.</p>
<p><b>B. Procedural Guidance:</b> (Example: Needle placement in neck masses)</p>	<p><b>Training and Experience Requirements for Initial Privileging:</b></p> <p>1. Ten (10) required for initial privileges</p> <p><b>Initial/ FPPE:</b></p> <p>1. Proctoring by a surgeon who has the privilege. 2. The number will be determined by the Chair or designee.</p> <p><b>Maintenance / Reappointment:</b></p> <p>1. Perform six (6) procedures within a two-year period.</p>
<p><b>X. Robotic Surgery</b></p>	<p><b>Initial Appointment criteria:</b> Training certificate in robotic surgery; and five (5) proctored cases.</p> <p><b>Reappointment Criteria:</b> Completion of five (5) cases a year.</p>