

University of California
San Francisco



DEPARTMENT OF MEDICINE



ZUCKERBERG SAN FRANCISCO GENERAL HOSPITAL

Peter Ganz, MD

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Please address reply to:

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Credentials Committee
Zuckerberg San Francisco General Hospital

Dear Members of the Credentials Committee,

I hereby request a change in the proctoring requirements for appointment and reappointment, with privileges in **Interventional Cardiology**. Specifically I would like to create a **Core Privileges** category that includes interventional cardiology procedures that are now considered routine and basic in this field. The Core Privileges category should include the following:

- Right and left heart catheterization;
- Diagnostic coronary angiography;
- Percutaneous coronary interventions, including coronary angioplasty, coronary stent implantation, thrombectomy; intravascular ultrasound; fractional flow reserve measurements;
- Valvuloplasty;
- Intra-aortic balloon pump placement;
- Temporary transvenous pacemaker insertion;
- Central venous line placement;
- Placement of intravenous cooling catheters;
- Pericardiocentesis;
- Myocardial biopsy.

The core privileges category will replace the current proctoring criteria in which the procedures are separately enumerated and assessed.

I also request that the Prerequisite for the Core Privilege in Interventional Cardiology should be: Currently Board Admissible, Certified or Re-certified in Interventional Cardiology. The proctoring requirement for appointment will be review of five cases that include any of the elements listed under core privileges. The proctoring requirement for reappointment will be review of three cases that include any of the elements listed under core privileges.

I suggest leaving the “Diagnostic Radiology: Fluoroscopy” requirement for interventional cardiology privileges as a separate category, unchanged.

These changes are reasonable and desirable because all of the procedures listed in the core privileges category are now considered routine and basic procedures when performed by interventional cardiologists. Several of the interventional cardiologists who cover the ZSFG Catheterization Laboratory do so only infrequently, and often mainly at nights, weekends and holidays. As a result they sometimes do not have a sufficient case volume here at ZSFG for evaluation. Some specific procedures, for example pericardiocentesis, are performed infrequently, making specific review of a required number of that procedure not feasible. All of our covering interventional cardiologists are highly experienced and highly competent. Some of them work primarily at other UCSF affiliated hospitals and do high-volume work there. They are highly competent as well as essential to the smooth functioning of our program at ZSFG.

I believe that these proposed changes will significantly improve our credentialing process for interventional cardiology to the benefit of our patients while maintaining an high level of safety. I thank you for considering the core privileges category in interventional cardiology.

Sincerely,

A handwritten signature in black ink that reads "Peter Ganz". The signature is written in a cursive style with a long, sweeping horizontal line extending to the right from the end of the name.

Peter Ganz, MD