

OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES

Name: _____
Effective from ____/____/____ to ____/____/____ (for MSO staff use only)

All new applicants must meet the following requirements as approved by the governing body.

Effective: _____/_____/_____.

Initial Privileges (Initial Appointment)

Renewal of Privileges (Reappointment)

Applicant: Please check the “*Requested*” box for each privilege requested.

Applicants have the burden of producing information and documentation 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.

Department Chair: Check the appropriate box for recommendation on the last page of this form. If not recommended, provide the condition or explanation on the last page of this form.

Other Requirements

- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.
- Note that privileges granted may only be exercised at the site(s) designated by CCRMC and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.

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QUALIFICATIONS FOR OBSTETRICS AND GYNECOLOGY

Initial Applicants: To be eligible to apply for privileges in obstetrics and gynecology (OB/GYN), the applicant must meet the following criteria:

EITHER

Pathway A:

1. Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) – or American Osteopathic Association (AOA)–accredited residency in OB/GYN

AND

2. Documentation of current Board Certification or Board Eligibility in OB/GYN (with achievement of certification within the required time frame set forth by the respective Boards) by the American Board of Obstetrics and Gynecology (ABOG), or the American Osteopathic Board of Obstetrics and Gynecology (AOBOG).

OR

Pathway B:

1. Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) – or American Osteopathic Association (AOA)–accredited residency in Family Medicine

AND

2. OB fellowship, or Department approved experience equivalent to OB fellowship

AND

3. Documentation of Board Certification or Board Eligibility in Family Medicine (with achievement of certification within the required time frame set forth by the respective Boards) by the American Board of Family Medicine (ABFM), or American Osteopathic Board of Family Physicians (AOBFP)

AND

(The following are required for both pathways; this applies to OB/GYN trained as well as Family Medicine trained providers.)

1. Documented Recent Experience (Within the past 24 months):
 - For Inpatient obstetrics privileges: at least 60 deliveries including at least 10 C-sections.

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- For Ambulatory Obstetrics at least 300 perinatal visits.
- For Surgical/Inpatient GYN privileges the performance of at least 30 gynecological surgical procedures including at least 6 major abdominal cases.
- For Ambulatory GYN at least 300 GYN clinic visits, reflective of the scope of privileges requested.

Please provide clinical activity/procedure log.

OR

2. Successful completion of an ACGME– or AOA–accredited residency or clinical fellowship within the past 24 months.

Renewal of Privileges: To be eligible to renew privileges in OB/GYN, the applicant must meet the following criteria:

1. Maintenance of Certification or Osteopathic Ongoing Certification is required.
2. Documented Recent Experience (Within the past 24 months):
 - For Inpatient Obstetrics privileges, at least 60 deliveries including at least 10 C-sections.
 - For Ambulatory Obstetrics at least 300 visits.
 - For Surgical/Inpatient GYN privileges the performance of at least 30 gynecological surgical procedures including at least 6 major abdominal cases.
 - For Ambulatory GYN at least 300 GYN clinic visits, reflective of the scope of privileges requested.

Core Privileges: Obstetrics

Requested: Ambulatory Obstetrics

Evaluate, diagnose, treat, and provide consultation to adolescent and adult female patients who are pregnant, including major medical diseases that are complicating factors in pregnancy, and general primary care for women who are pregnant, may become pregnant, or postpartum.

Requested: Inpatient Obstetrics

Evaluate, diagnose, admit, treat, and provide consultation to adolescent and adult female patients who are pregnant, intending to become pregnant, or post pregnancy, including major

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medical diseases that are complicating factors in pregnancy. Assess, stabilize, determine the disposition, and participate in the care of patients with emergent conditions and provide consultative call services at any location in the hospital.

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, as determined by the department chair.

CORE PROCEDURES/TREATMENT LIST OBSTETRICS

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, as determined by the department chair.

To the Applicant: If you wish to exclude any procedures, due to lack of current competency, please strike through the procedures that you do not wish to request and then initial and date.

Obstetrics (General)

- Advanced Prenatal Care (Patients with more severe pregnancy complications and chronic medical problems such as: CHTN on meds, GDM/DM II on insulin or with HbA1c > 6.5, 3 or more SABs < 13 weeks, pregnancy loss > 13 weeks including IUD and cervical insufficiency, h/o preterm birth < 37 weeks, Di/di twins, +RPR, HBsAg+, BMI > 60, H/o PreE in 2 pregnancies or prior to 37 weeks, hypothyroidism, shortened cervix < 2.5 cm, IUGR, Persistent placenta previa, anemia Hb < 8, significant fibroids/uterine anomalies, or more complicated conditions with MFM consultation (see MFM section))
- Ambulatory postpartum care including treatment of breastfeeding complications and postpartum depression.
- Amniotomy, placement of internal fetal (FSE), insertion of intrauterine pressure catheter, amnioinfusion
- Cervical Cerclage
- Cesarean hysterectomy and incidental bladder repair during cesarean section
- Cesarean section and cesarean section with tubal sterilization
- Contraception prescription and management
- External version of fetal malpresentation
- First trimester surgical abortions and uterine evacuation for abnormal pregnancy
- Immediate care of the newborn including resuscitation and initial admission orders
- Induction and augmentation of labor
- Interpretation of fetal heart rate monitoring

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- Intrapartum pudendal and para-cervical blocks
- Management of complicated pregnancies, inclusive of such conditions as preeclampsia with severe features, third-trimester bleeding, intrauterine growth restriction, premature labor/PPROM, fetal demise and placental abnormalities.
- Management of early pregnancy complications including medication management of spontaneous abortion, and identification and medical treatment of ectopic pregnancy
- Manual removal of placenta and postpartum uterine curettage
- Medication abortion
- Obstetric ultrasound including fetal position, number, placental location, biometry and cervical length
- Operative vaginal delivery, including the use of obstetric vacuum extractor and/or forceps
- Performance of history and physical exam
- Performance of multifetal deliveries
- Placement and removal of IUD
- Placement and removal of progestin implant (company certification of training required)
- Planned breech vaginal birth of a singleton pregnancy
- Postpartum tubal sterilization including incidental umbilical hernia repair without mesh
- Repair of cervical lacerations
- Repair of first and second-degree perineal and vaginal lacerations
- Repair of third and fourth-degree perineal lacerations
- Routine management of antepartum, intrapartum and postpartum inpatients including common pregnancy complications
- Second trimester abortion and uterine evacuation for abnormal pregnancy
- Standard Prenatal Care (low risk patients and those with: BMI ≤ 60 , CHTN with BP < 150/100 no meds, GDM on diet or orals HbA1c < 6.5, AMA, H/o PreE ≥ 37 wks, Hx of 1-3 cesarean sections, substance use including buprenorphine, cholestasis of pregnancy, size/dates discrepancies with EFW > 10%, anemia Hb >8) Provide care of patients with advanced prenatal conditions with consultation from an advanced prenatal provider.
- Treatment of medical and surgical complications in pregnancy
- Treatment of medical and surgical conditions incidental to pregnancy
- Vaginal birth including vaginal birth after cesarean section

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Core Privileges: Gynecology

Requested: Ambulatory Gynecology

Evaluate, diagnose, treat, and provide consultation necessary to treat female patients of all ages presenting with disorders of the female reproductive system, genitourinary system and breasts. Provide incidental general primary care for women.

Requested: Inpatient and Surgical Gynecology

Evaluate, diagnose, admit, treat, provide consultation and pre-, intra-, and postoperative care necessary to treat female patients of all ages presenting with injuries and disorders of the female reproductive system, the genitourinary system, and non-surgical disorders of the breasts. Assess, stabilize, determine the disposition, and participate in the care of patients with emergent conditions and provide consultative call services at any location in the hospital.

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, as determined by the department chair.

CORE PROCEDURES/TREATMENT LIST GYNECOLOGY

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, as determined by the department chair.

To the Applicant: If you wish to exclude any procedures, due to lack of current competency, please strike through the procedures that you do not wish to request and then initial and date.

Gynecology (General)

- Abdominal hysterectomy and myomectomy
- Aspiration of breast masses
- Care of gynecologic conditions including abnormal uterine bleeding, infertility, contraception, endometriosis, chronic pelvic pain, ovarian cysts, urinary incontinence, and pelvic infections
- Cervical cone

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- Colpocleisis
- Colposcopy and cervical biopsy
- Cystoscopy as part of a gynecological procedure
- Diagnostic laparoscopy, laparoscopic salpingectomy, and salpingostomy
- Diagnostic and therapeutic dilation and curettage
- Diagnostic hysteroscopy
- Endometrial ablation
- Gynecologic procedures including endometrial biopsy, placement of Ward catheter, marsupialization of a Bartholin's gland cyst, hymenectomy and removal or drainage of other vulvar and vaginal cysts.
- Incidental appendectomy
- Incidental bladder repair
- Incidental umbilical hernia repair
- Incision and drainage of pelvic abscesses
- Laparoscopic hysterectomy, myomectomy and laparoscopic assisted vaginal hysterectomy
- Laparoscopy and laparotomy for adnexal surgery, including ovarian cystectomy, oophorectomy, and ablation or excision of endometriosis
- LEEP
- Limited gynecologic ultrasound and saline sonohystogram,
- Limited gynecologic ultrasound, saline sonohystogram,
- Operation for treatment of urinary stress incontinence with vaginal approach, retropubic urethral suspension, and sling procedure
- Operative hysteroscopy including excision of polyps, leiomyomas, and metroplasty
- Performance of history and physical exam
- Place catheter for hysterosalpingogram
- Placement and removal of IUD
- Placement and removal of progestin implant (company certification of training required)
- Treatment with chemotherapy of ectopic pregnancy and gestational trophoblastic disease
- Tuboplasty and other infertility surgery (not microsurgical)
- Uterosacral vaginal vault fixation, paravaginal repair
- Uterovaginal, vesicovaginal, rectovaginal, and other fistula repair
- Vaginal hysterectomy
- Vulvar biopsy
- Vulvectomy, simple

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Core Privileges: Gynecologic Oncology

- Requested:*** Evaluate, diagnose, admit, treat, and provide consultation and surgical and therapeutic treatment to female patients with gynecologic cancer and complications, including carcinomas of the cervix, ovary and fallopian tubes, uterus, vulva, and vagina and the performance of procedures on the bowel, urethra, and bladder. Assess, stabilize, determine the disposition, and participate in the care of patients with emergent conditions regarding emergency and consultative call services at any location in the hospital.

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, as determined by the department chair.

QUALIFICATIONS FOR GYNECOLOGIC ONCOLOGY

Initial Applicants: To be eligible to apply for privileges in gynecologic oncology, the applicant must meet the following criteria:

1. Documentation of successful completion of an Accreditation Council for Graduate Medical Education (ACGME) – or American Osteopathic Association (AOA)–accredited residency in OB/GYN, plus an ABOG– or AOA–approved fellowship in gynecologic oncology.

AND

2. ***Required current experience:*** At least 30 gynecologic oncology procedures, reflective of the scope of privileges requested within the past 24 months, or successful completion of an ACGME– or AOA–accredited residency or clinical fellowship within the past 24 months. Please provide clinical activity/procedure log.

Renewal of Privileges: To be eligible to renew privileges in gynecologic oncology, the applicant must meet the following criteria:

1. Current documented competence and an adequate volume of experience (30 gynecologic oncology procedures) with acceptable results, reflective of the scope of privileges requested, within the past 24 months, based on results of ongoing professional practice evaluation and outcomes.

CORE PROCEDURES/TREATMENT LIST – GYNECOLOGIC ONCOLOGY

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

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organization and inherent activities/procedures/privileges requiring similar skill sets and techniques, as determined by the department chair.

To the Applicant: If you wish to exclude any procedures, due to lack of current competency, please strike through the procedures that you do not wish to request and then initial and date.

Gynecologic Oncology

- Complicated adnexal surgery as for endometriosis or after pelvic infection
- Evaluation procedures (cystoscopies, laparoscopies, colposcopies and loop excisions, sigmoidoscopies, breast mass fine-needle aspirations, and needle biopsies)
- Hysterectomy (vaginal, abdominal, radical, laparoscopic assisted)
- Incision and drainage of abdominal or perineal abscesses
- Insertion of intracavity radiation application
- Lymph node dissections (inguinal, femoral, pelvic, para-aortic)
- Management of operative and postoperative complications
- Microsurgery
- Myocutaneous flaps, skin grafting
- Omentectomies
- Pelvic exenteration (anterior, posterior, total)
- Performance of history and physical exam
- Reconstruction procedures, including development of neovagina (split-thickness skin grafts, pedicle grafts, and myocutaneous grafts) and development of a new pelvic floor (omental pedicle grafts and transposition of muscle grafts)
- Salpingo-oophorectomies
- Surgery of the gastrointestinal tract and upper abdomen, including placements of feeding jejunostomy/gastrostomy, resections and reanastomosis of small bowel, bypass procedures of small bowel, mucous fistula formations of small bowel, ileostomies, repair of fistulas, resection and reanastomosis of large bowel (including low-anterior resection and reanastomosis), bypass procedures of the large bowel, mucous fistula formations of large bowel, colostomies, splenectomies, and liver biopsies
- Surgery of the urinary tract: cystectomy (partial, total), repairs of vesicovaginal fistulas (primary, secondary), cystotomy, ureteroneocystostomies with and without bladder flaps or psoas fixation, end-to-end ureteral reanastomoses, transuretero-ureterostomies, small-bowel interpositions, cutaneous ureterostomies, repairs of intraoperative injuries to the ureter, and conduits developed from the ileum and colon
- Treatment of malignant disease with chemotherapy
- Treatment of malignant disease with chemotherapy, including gestational trophoblastic disease

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- Vaginectomy (simple, radical)
- Vulvectomy (skinning, simple, partial, radical)

Core Privileges: Maternal-Fetal Medicine

QUALIFICATIONS FOR MATERNAL – MATERNAL-FETAL MEDICINE

Initial Applicants: To be eligible to apply for privileges in maternal-fetal medicine, the applicant must meet the following criteria:

1. Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) – or American Osteopathic Association (AOA)–accredited residency in OB/GYN, plus an ABOG– or AOA–approved fellowship in maternal and fetal medicine or equivalent experience.

AND

2. Provision of care to at least 50 patients, reflective of the scope of privileges requested, within the past 24 months, or successful completion of an ACGME– or AOA–accredited residency or clinical fellowship within the past 24 months. Please provide clinical activity/procedure log.

Renewal of Privileges: To be eligible to renew privileges in maternal–fetal medicine, the applicant must meet the following criteria:

Current documented competence and an adequate volume of experience (50 patients) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Maternal Fetal Medicine

Requested: Ambulatory Maternal Fetal Medicine

Evaluate, diagnose, treat, and provide consultation to adolescent and adult female patients with medical and surgical complications of pregnancy, such as maternal cardiac, pulmonary, and metabolic complications, connective tissue disorders, and fetal malformations, conditions, or disease in the outpatient clinic setting

Requested: Inpatient Maternal Fetal Medicine Consultation

Provide consultation to inpatient adolescent and adult female patients with medical and surgical complications of pregnancy, such as maternal cardiac, pulmonary, and metabolic

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complications, connective tissue disorders, and fetal malformations, conditions, or disease. Assess, stabilize, determine the disposition, and participate in the care of patients with emergent conditions and needing consultative call services at any location in the hospital. 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, as determined by the department chair.

CORE PROCEDURES/TREATMENT LIST – MATERNAL –FETAL MEDICINE

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, as determined by the department chair.

To the Applicant: If you wish to exclude any procedures, due to lack of current competency, please strike through the procedures that you do not wish to request and then initial and date.

Maternal Fetal Medicine

- Abdominal Cerclage
- Amnioreduction
- Cephalocentesis
- Cesarean hysterectomy
- Chorionic villi sampling
- Complicated cesarean delivery including large fibroids, abnormal placental implantation, multiple prior surgeries, and uterine anomalies
- Delivery of pregnancies with mono, mono twins or multiple gestation with triplets or higher order
- Genetic amniocentesis
- Interoperative support to obstetrician as requested, including operative first assist
- Intrauterine fetal therapy (thoracentesis, paracentesis, administration of medications, placement of thoracic shunt, and placement of urinary catheter)
- In-utero fetal transfusion
- MFM Prenatal care (pregnant patients with the highest risk pregnancy and chronic medical conditions. Examples include chronic kidney disease, chronic pulmonary disease, cirrhosis, coagulation disorders, H/o PE or DVT. History of PE or DVT, Congenital heart disease, coronary artery disease, CHF or cardiomyopathy, Lupus/Sjogren's, CAD, APL syndrome, RA, multiple sclerosis, seizure disorder, sickle cell disease, thalassemia, mono/mono and mono/di twins, Triplets or higher multiples, DM type 1, isoimmunization, HIV, Hyperthyroidism, Placenta accrete, ITP with plt<

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100K, documented fetal structural anomalies, IUGR with EFW < 3% at < 37 weeks)

- Percutaneous umbilical blood sampling
- Performance of history and physical exam
- Planned breech delivery (spontaneous, assisted, application of forceps)
- Standard and advanced prenatal care
- Ultrasound examination, including first-, second-, and third-trimester targeted anatomic fetal evaluation and cardiac evaluation, including color Doppler, Doppler velocimetry (fetal umbilical artery, fetal middle cerebral artery, and maternal uterine artery), cervical and placental evaluation, and 3-D and 4-D ultrasound

Core Privileges: Female Pelvic Medicine and Reconstructive Surgery

- Requested:*** Evaluate, diagnose, admit, treat, provide consultation and pre-, intra-, and postoperative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the genitourinary system. Includes diagnosis and management of genitourinary and rectovaginal fistulae, urethral diverticula, injuries to the genitourinary tract, congenital anomalies, infectious and noninfectious irritative conditions of the lower urinary tract and pelvic floor, and the management of genitourinary complications of spinal cord injuries. Assess, stabilize, determine the disposition, and participate in the care of patients with emergent conditions regarding emergency and consultative call services at any location in the hospital. 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.

QUALIFICATIONS FOR FEMALE PELVIC MEDICINE AND RECONSTRUCTIVE SURGERY (UROGYNECOLOGY)

Initial Applicants: To be eligible to apply for privileges in female pelvic medicine and reconstructive surgery, the applicant must meet the following criteria:

1. Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) – or American Osteopathic Association (AOA)–accredited residency in OB/GYN, plus an ABOG-approved fellowship in female pelvic medicine and reconstructive surgery/urogynecology, or AOA–approved fellowship in female pelvic medicine and reconstructive surgery or approved equivalent experience.

AND

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- Documentation of at least 40 female pelvic medicine and reconstructive surgical procedures, reflective of the scope of privileges requested, within the past 24 months, or successful completion of an ACGME– or AOA–accredited residency or clinical fellowship within the past 24 months. Please provide clinical activity/procedure log.

Renewal of Privileges: To be eligible to renew privileges in female pelvic medicine and reconstructive surgery, the applicant must meet the following criteria:

- Current documented competence and an adequate volume of experience (at least 40 female pelvic medicine and reconstructive surgical procedures with acceptable results, reflective of the scope of privileges requested, within the past 24 months, based on results of ongoing professional practice evaluation and outcomes.

CORE PROCEDURES/TREATMENT LIST – FEMALE PELVIC MEDICINE AND RECONSTRUCTIVE SURGERY

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, as determined by the department chair.

To the Applicant: If you wish to exclude any procedures, due to lack of current competency, please strike through the procedures that you do not wish to request and then initial and date.

Female Pelvic Medicine and Reconstructive Surgery

- Abdominal (closure or repair of enterocele, transabdominal sacrocolpopexy, paravaginal repair)
- Anal incontinence procedures
 - Augmentation cystoplasty, supravescical diversion, sacral nerve stimulator implantation, and bladder denervation
 - Bowel resection
 - Colostomy
- Continence procedures for genuine stress incontinence
- Continence procedures for overflow incontinence due to anatomic obstruction following continence surgery
 - Continent vesicotomy or supravescical diversion
 - Cutting of one or more suspending sutures
 - Dynamic (stimulated muscle transposition)

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- Long-needle procedures (e.g., Pereyra, Raz, Stamey, Gittes, Muzsnai)
- Muscle transposition
- Other surgical procedures for treating urinary incontinence
- Pelvic floor dysfunction and genital prolapse procedures
- Performance and interpretation of diagnostic tests for urinary incontinence and lower urinary tract dysfunction, fecal incontinence, and pelvic organ prolapse
- Performance of history and physical exam
 - Periurethral bulk injections (e.g., polytef, collagen, fat)
 - Placement of an artificial urinary sphincter
 - Retropubic urethrolysis with or without repeat bladder neck suspension
 - Retropubic urethropex (e.g., Marshall-Marchetti-Krantz, Burch, and paravaginal defect repair)
 - Retrorectal repair
 - Revision, removal, or release of a suburethral sling
 - Sling procedures (e.g., fascia lata, rectus fascia, heterologous materials, vaginal wall)
 - Sphincteroplasty
 - Urethral closure and suprapubic cystotomy
 - Vaginal (transvaginal hysterectomy with or without colporrhaphy, anterior and posterior colporrhaphy and perineorrhaphy, paravaginal repair, Manchester operation, enterocele repair, vagina vault suspension, colpocleisis, retrorectal levator plasty and postanal repair)
 - Vaginal urethropexy (e.g., bladder neck placcation, vaginal paravaginal defect repair)

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Core Privileges: Reproductive Endocrinology

- Requested:** Evaluate, diagnose, admit, treat, and provide inpatient or outpatient consultation to adolescent and adult patients with problems of fertility. Assess, stabilize, determine the disposition, and participate in the care of patients with emergent conditions and provide consultative call services at any location in the hospital.
- 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, as determined by the department chair.

QUALIFICATIONS FOR REPRODUCTIVE ENDOCRINOLOGY

Initial Applicants: To be eligible to apply for privileges in reproductive endocrinology, the applicant must meet the following criteria:

1. Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) – or American Osteopathic Association (AOA)–accredited residency in OB/GYN, plus an ABOG– or AOA–approved fellowship in reproductive endocrinology.
- AND**
2. Documented experience of at least 50 reproductive endocrinology procedures, reflective of the scope of privileges requested, within the past 24 months, or successful completion of an ACGME– or AOA–accredited residency or clinical fellowship within the past 24 months. Please provide clinical activity/procedure log.

Renewal of Privileges: To be eligible to renew privileges in reproductive endocrinology, the applicant must meet the following criteria:

1. Current documented competence and an adequate volume of experience (at least 50 reproductive endocrinology procedures) with acceptable results, reflective of the scope of privileges requested, within the past 24 months, based on results of ongoing professional practice evaluation and outcomes.

CORE PROCEDURES/TREATMENT 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 you wish to exclude any procedures, due to lack of current competency, please strike through the procedures that you do not wish to request and then initial and date.

Reproductive Endocrinology

- Clinic consultation for conditions including primary and secondary infertility, PCOs, endometriosis, congenital endocrine disorders, reproductive endocrine pathology and genetic abnormalities impacting fertility.
- Diagnostic and therapeutic techniques, including hysterosalpingography, sonohysterography, tubal canalization, and endoscopy (laparoscopy and hysteroscopy)
- Fertility restoration, including laparoscopy and laparotomy techniques used to reverse sterilization
- Infertility surgery, including all techniques used for reconstruction of uterine anomalies, myomectomies, resection of uterine synechiae, cervical cerclage, tuboplasty, resection of pelvic adhesions, ovarian cystectomies, staging and treating endometriosis, including pre- and postoperative medical adjunctive therapy
- Intrauterine insemination
- Performance of history and physical exam
- Surgical treatment of ambiguous genitalia, including construction of unambiguous, functional female external genitalia and vagina (e.g., vaginoplasty, clitoral reduction, exteriorization of the vagina, feminizing genitoplasty, and techniques for prophylactic gonadectomy)
- Surgical treatment of developmental disorders, including all techniques used for neovaginal construction (dilation and surgical methods), correction of imperforate hymen, removal of vaginal and uterine septae, and correction of müllerian abnormalities

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Special Non-Core Privileges (See Specific Criteria)
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 Privileges: Use of Laser

Use of Laser

Criteria for Initial Request:

1. Successful completion of an approved residency in a specialty or subspecialty that included training in laser principles or completion of an approved 8-10 hour continuing medical education course that included training in laser principles. An applicant for this privilege should spend time after the basic training course in a clinical setting with an experienced operator, acting as a preceptor, who has been granted laser privileges. Practitioner agrees to limit practice to only the specific laser types for which he or she has provided documentation of training and experience. The applicant must supply a certificate documenting that he or she attended a wavelength and specialty-specific laser course and also present documentation as to the content of that course.

AND

2. Documented current competence and evidence of the performance of at least 10 procedures within the past 24 months, or completion of training within the past 24 months. Please provide clinical activity/procedure log.

Criteria for Renewal of Privileges:

1. Documented current competence and evidence of the performance of at least 10 procedures within the past 24 months, based on results of ongoing professional practice evaluation and outcomes.

Non-Core Privileges: Administration of Sedation and Analgesia

Administration of Sedation and Analgesia:

- Conscious Sedation** (e.g. versed, morphine, fentanyl) – DOES NOT INCLUDE USE OF KETAMINE OR PROPOFOL
- Ketamine** (test required every 2 years)
- Propofol** (test required every 2 years)

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Criteria for Initial Request:

1. Successful completion of an ACGME– or AOA–accredited post graduate training program which included training in administration of sedation and analgesia, including the necessary airway management skills, or department-approved extra training and experience.

AND

2. Documented current competence and evidence of the performance of at least 5 cases (can be any combination) within the past 24 months, or completion of training within the past 24 months. Please provide clinical activity/procedure log.

Criteria for Renewal of Privileges:

1. Documented current competence and evidence of the performance of at least 5 cases (can be any combination) within the past 24 months.

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**FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)
for initial applicants**

Inpatient (OB/GYN):

1. Retrospective or concurrent proctoring (chart review or direct observation) of at least 9 hospitalized patients in the care of whom the applicant significantly participated. FPPE/proctoring has to be representative of the provider’s scope of practice.
2. Concurrent proctoring (direct observation) of at least 3 different procedures that are representative of procedures regularly performed in the department. FPPE/proctoring has to be representative of the provider’s scope of practice.

Outpatient (OB/GYN)

3. Chart review (“retrospective proctoring”) of at least 3 charts from 3 different clinic days (totaling a minimum of 9 charts). FPPE/proctoring has to be representative of the provider’s scope of practice.
4. Concurrent proctoring (direct observation) of at least 3 different procedures that are representative of procedures regularly performed in the department. FPPE/proctoring has to be representative of the provider’s scope of practice.
5. **Providers who do inpatient and outpatient work need to be proctored in both.**
6. FPPE/Proctoring is also required for at least one (1) procedure/case of each of the requested “non-core” privileges.
7. FPPE should be concluded as soon as possible (i.e. within the first 3-4 months after starting work at CCRM).
8. Completed FPPE forms have to be submitted to the Credentialing Office.
9. It is the applicant’s ultimate responsibility to make sure that FPPE and submission of all required paperwork to the Credentialing Office takes place in a timely manner. Failure to do so may result in loss or limitation of privileges.
10. **For low volume providers (gynecologic oncology, maternal-fetal medicine, female pelvic medicine and reconstructive surgery, reproductive endocrinology): please see separate FPPE/proctoring guidelines.**
11. **For more detailed information, please see separate FPPE/proctoring guidelines.**

ACKNOWLEDGMENT OF PRACTITIONER

I have requested only those privileges for which by education, training, current experience, and documented performance I am qualified to perform and for which I wish to exercise at Contra Costa Regional Medical Center and I understand that:

- a. In exercising any clinical privileges granted, I will adhere 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.

Name: _____
Effective from ____/____/____ to ____/____/____ (for MSO staff use only)

Signed _____	Date _____
DEPARTMENT / DIVISION CHAIR'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:

[Department Chair] Signature: _____ **Date:** _____

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Credentials Committee Approval	Date _____
Temporary Privileges	Date _____
Medical Executive Committee Approval	Date _____
Board of Supervisors Approval	Date _____