

Name: _____ **Application Date:** _____

Initial privileges (initial appointment)

Requested

Renewal of privileges (reappointment)

Requested

Expansion of privileges (modification)

Requested

Clinic: _____ **Location:** _____

Instructions

Applicant: Check off the “Requested” box for each privilege requested. Applicants have the burden of producing information deemed adequate by the UNMMG Board for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

Medical Director: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

Other Requirements

1. Note that privileges granted may only be exercised at UNMMG clinics that have the appropriate equipment, license, staff and other support required to provide the services defined in this document. Site-specific services may be defined in clinic or department policy.
2. This document defines qualification to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

Policies Governing Scope of Practice

Medical Record Charting Responsibilities

Clearly, legibly, completely, and in timely fashion describe each service the provider provides to a patient in the clinic and relevant observations. Standard rules regarding authentication of, necessary content of, and required time frames for preparing and completing the medical record and portions thereof are applicable to all entries made.

Periodic Competence Assessment

Applicants must also be able to demonstrate they have maintained competence based on unbiased, objective results of care according to the Practice Oversight Committee's existing quality assurance mechanisms and by showing evidence that they have met the continued competence requirements established by the state licensing authority, applicable to the functions for which they are seeking to provide at this clinic. In addition, continuing education related to the specialty area of practice is recommended/required as mandated by licensure.

Qualifications for Obstetrics and Gynecology

Initial Applicant - To be eligible to apply for privileges in obstetrics and gynecology, the applicant must meet the following criteria:

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in obstetrics and gynecology.

AND

Current certification or active participation in the examination process leading to certification in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology.

AND

Required current experience: Provision of care for an adequate volume of deliveries and gynecological surgical procedures in the past 12 months, reflective of the scope of privileges requested in the past 12 months or successful completion of an ACGME or AOA accredited residency or clinical fellowship within the past 12 month

Reappointment (Renewal of Privileges) Requirements- To be eligible to review privileges in Obstetrics and Gynecology, the reapplicant must continue to meet the appointment criteria and must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience 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. Evidence of current ability to perform privileges requested is requested of all applicants for renewal of privileges.

CORE PRIVILEGES: *Obstetrics*

Evaluate, diagnose, treat and provide consultation to adolescent and adult female patients, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical diseases that are complicating factors in pregnancy. 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 procedure list and such other procedures that are extensions of the same techniques and skills

 Request***Obstetrics Core Procedures List***

This list is a sampling of procedures included in the core. This is not intended to be all encompassing list but rather reflective of the categories/types of procedures included in the core.

To the applicant: If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, then initial and date.

1. Perform history and physical exam
2. Amniocentesis
3. Application and induction of labor
4. Cesarean hysterectomy, cesarean section
5. Cerclage
6. Cervical Biopsy or conization of cervix in pregnancy
7. Interpretation of fetal monitoring
8. Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, post-datism, third trimester bleeding, intrauterine growth restriction, premature rupture of membranes, premature labor, and placental abnormalities.
9. Management of patients with/without medical, surgical or obstetrical complications for normal labor including toxemia, therapeutic abortion, threatened abortion, normal puerperal patient, normal antepartum and postpartum care, postpartum complications, fetal demise.
10. Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques
11. Paracervical blocks
12. Treatment of medical and surgical complications of pregnancy
13. Transvaginal and transabdominal ultrasound

CORE PRIVILEGES: *Gynecology*

Evaluate, diagnose, treat and provide consultation, pre-, intra- and post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the mammary glands. 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 procedure list and such other procedures that are extensions of the same techniques and skills.

 Requested***Gynecology Core Procedures List***

This list is a sampling of procedures included in the core. This is not intended to be an all encompassing list but rather reflective of the categories/types of procedures included in the core.

To the applicant: If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, then initial and date.

1. Aspiration of breast masses
2. Cervical biopsy including conization
3. Colposcopy
4. Diagnostic and therapeutic D & C
5. Therapeutic D&E
6. Insertion and removal of intrauterine devices (IUD)
7. Contraceptive implant insertion and removal
8. Bartholin's cyst marsupialization
9. Transvaginal and transabdominal ultrasound
10. Gynecologic diagnostic procedures including ultrasonography and other relevant imaging techniques
11. Hysteroscopy, diagnostic or ablative excluding use of resection technique
12. I & D of pelvic abscess
13. Nexplanon/Implanon insertion and removal
14. Endometrial ablation
15. Operations for sterilization (tubal ligation) – hysteroscopic sterilization
16. Perform history and physical exam
17. Vulvar biopsy
18. Voiding trials

Continued...

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19. Foley placement/eval
20. Excision of cutaneous and subcutaneous lesions, tumors, and nodules
21. Incision and drainage of drainage abscesses
22. Performance of local anesthetic techniques
23. Performance of simple skin biopsy
24. Peripheral nerve blocks
25. Suturing in uncomplicated lacerations
26. Suturing in complicated lacerations
27. Trigger point injections
28. Pap smears
29. Wound management
30. Management of labor (term and preterm)
31. Vaginal deliveries and related procedures
32. All other procedures related to normal delivery and complications related to normal delivery
33. Management of common intrapartum problems
34. Management of common postpartum problems
35. Prenatal care
36. Performance of history and physical exam
37. Appropriate screening and examination (including breast examination)
38. Cryosurgery/cautery for benign disease
39. Culdocentesis
40. Endometrial biopsy
41. Excision/biopsy of vulval lesions
42. Microscopic diagnosis of urine and vaginal smears
43. Removal of foreign bodies from the vagina
44. Loop electrical excision for cervical dysplasia

Qualifications for Reproductive Endocrinology

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

As for Obstetrics and Gynecology above, plus an American Board of Obstetrics and Gynecology (ABOG) or an American Osteopathic Association (AOA) approved fellowship in reproductive endocrinology.

AND

Current subspecialty certification or active participation in the examination process leading to subspecialty certification in maternal-fetal medicine by the American Board of Obstetrics and Gynecology or a Certificate of Special Qualifications by the American Osteopathic Board of Obstetrics and Gynecology.

AND

Required current experience: Provision of care to an adequate volume of patients, reflective of the scope of privileges requested, in the past 12 months, or successful completion of an ACGME or AOA accredited residency or clinical fellowship within the past 12 months.

Reappointment (Renewal of Privileges) Requirements - To be eligible to renew privileges in reproductive endocrinology, the reapplicant must continue to meet the appointment criteria and must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience 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. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

Reproductive Endocrinology Core Procedures List

This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

To the applicant: If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, then initial and date.

Requested

1. Perform history and physical exam
2. Fertility restoration including: laparoscopy and laparotomy techniques used to reverse sterilization
3. Diagnostic and therapeutic techniques including: hysterosalpingography, sonohysterography, tubal canalization and endoscopy (laparoscopy and hysteroscopy)
4. 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 post-operative medical adjunctive therapy
5. 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, correction of müllerian abnormalities
6. Surgical treatment of ambiguous genitalia including construction of unambiguous function female external genitalia and vagina (e.g. vaginoplasty, clitoral reduction, exteriorization of the vagina and feminizing genitoplasty; techniques for prophylactic gonadectomy)

Acknowledgment 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 UNMMG Clinics, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by UNMMG Clinic and medical staff policies and rules applicable to 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 _____

SOM Department Chair Recommendation(s)

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

Notes: _____

Department Chair: *(sign & date)* _____ Date: _____

Clinic Medical Director: *(sign & date)* _____ Date: _____

UNMMG CMO: _____ Date: _____

Criteria Approved by UNMMG Board of Directors on **10/8/14**

REVISION Date: 9/3/15