|  |  |  |  |
| --- | --- | --- | --- |
| **OBSTETRICAL AND GYNECOLOGY CORE PRIVILEGES** ***Criteria:*** a)  Active licensure to practice in the state of California; b)  Current board certification, or active participation in the examination process leading to certification, by the American Board of Obstetrics and Gynecology or American Osteopathic Board of Obstetrics and Gynecology, with achievement of certification within four years of initial appointment; **OR (if on staff prior to July 1, 2011),** Successful completion of an ACGME or AOA approved accredited residency/fellowship program in the specialty/sub-specialty, requiring verification by a Training Director regarding experience and demonstrated competence to perform the procedure(s) being requested; c)  Demonstrated evidence of ongoing clinical practice, OR, successful completion of an ACGME or AOA accredited residency/clinical fellowship, reflective of the scope of privileges requested, during the past 24 months. ***Proctoring Requirement:***   A minimum of six (6) cases under direct observation, unless specified that retrospective proctoring is acceptable, in accordance with the specific procedures outlined below: OB CORE:   One (1) vaginal delivery (retrospectively proctored) and two (2) Cesarean-Sections  GYN CORE:   One (1) abdominal hysterectomy; one major vaginal procedure; one (1) procedure other than a D&C GYN ONCOLOGISTS   A minimum of four (4) cases under the Gyn Core privilege listing to include one minor procedure and three (3) major procedures (with one procedure being a vaginal procedure) REPRODUCTIVE ENDOCRINOLOGY/INFERTILITY:   A minimum of four (4) cases under the Gyn Core privilege listing to include one minor procedure and three major procedures. CONSULT ONLY PRIVILEGES:   A minimum of six (6) consultation cases. |  |  |  |
| **GENERAL PRIVILEGES** | \_\_\_ | \_\_\_ | \_\_\_ |
| Obstetrical Admitting Privileges | \_\_\_ | \_\_\_ | \_\_\_ |
| Gynecology Admitting Privileges | \_\_\_ | \_\_\_ | \_\_\_ |
| Surgical Assist Privileges ONLY Includes surgical assisting in obstetrical or gynecological surgery procedures only.   Physicians granted "Surgical Assist Privileges Only" do NOT have privileges to admit patients, perform consultations, provide care independently, perform medical History and Physical Examinations, prescribe medications or to perform surgical or invasive procedures as the primary operator. | \_\_\_ | \_\_\_ | \_\_\_ |
| Consultation Privileges ONLY Includes privileges to perform consultations for obstetrical or gynecological patients ONLY.   Physicians granted "Consultation Privileges ONLY" do NOT have privileges to admit patients, provide care independently, perform medical History and Physical Examinations, write orders, prescribe medications, perform surgical or invasive procedures or to assist with surgical or invasive procedures. | \_\_\_ | \_\_\_ | \_\_\_ |
| Sedation Analgesia ***Criteria:***   a) Requires successful completion of the Sedation Assessment Test; b) Evidence of current ACLS and/or PALS certification from the American Heart Association; AND c) Evidence of completion of an Airway Management Course | \_\_\_ | \_\_\_ | \_\_\_ |
| a) Adult Sedation | \_\_\_ | \_\_\_ | \_\_\_ |
| b) Pediatric Sedation (17 years and under) | \_\_\_ | \_\_\_ | \_\_\_ |
| **OBSTETRICAL CORE PRIVILEGES** Includes the management and coordination of care, treatment and services, including:   Medical history and physical examinations, consultations and prescribing medication in accordance with DEA certificate. ***Criteria****:* Requires successful completion of approved Breast Feeding course/test.  Confirmation of previous completion is acceptable.   (www.wellstart.org - click on "BFUSA Physician Training and Certification Process") | \_\_\_ | \_\_\_ | \_\_\_ |
| Management of normal labor, including the following types of deliveries: | \_\_\_ | \_\_\_ | \_\_\_ |
| a)      Vacuum assisted | \_\_\_ | \_\_\_ | \_\_\_ |
| b)      Low forceps | \_\_\_ | \_\_\_ | \_\_\_ |
| c)      Mid forceps | \_\_\_ | \_\_\_ | \_\_\_ |
| d)      Version extraction | \_\_\_ | \_\_\_ | \_\_\_ |
| e)      Cesarean Section | \_\_\_ | \_\_\_ | \_\_\_ |
| Destructive procedures (procedures greater than 20 weeks gestation requires consultation) | \_\_\_ | \_\_\_ | \_\_\_ |
| Cerclage:   Abdominal (Requires consultation with a Maternal/Fetal Medicine specialist) | \_\_\_ | \_\_\_ | \_\_\_ |
| Cerclage:   Vaginal | \_\_\_ | \_\_\_ | \_\_\_ |
| Amnio infusions | \_\_\_ | \_\_\_ | \_\_\_ |
| Internal fetal monitoring | \_\_\_ | \_\_\_ | \_\_\_ |
| Sampling of fetal scalp blood | \_\_\_ | \_\_\_ | \_\_\_ |
| Circumcision | \_\_\_ | \_\_\_ | \_\_\_ |
| Management of premature rupture of membranes and premature labor and delivery. | \_\_\_ | \_\_\_ | \_\_\_ |
| Treatment of complications of pregnancy, including the following: | \_\_\_ | \_\_\_ | \_\_\_ |
| a)      Pregnancy-induced hypertension | \_\_\_ | \_\_\_ | \_\_\_ |
| b)      Chronic hypertension | \_\_\_ | \_\_\_ | \_\_\_ |
| c)      Diabetes mellitus | \_\_\_ | \_\_\_ | \_\_\_ |
| d)      Renal disease | \_\_\_ | \_\_\_ | \_\_\_ |
| e)      Coagulopathies | \_\_\_ | \_\_\_ | \_\_\_ |
| f)      Cardiac disease | \_\_\_ | \_\_\_ | \_\_\_ |
| g)      Anemias and hemoglobinopathies | \_\_\_ | \_\_\_ | \_\_\_ |
| h)      Thyroid disease | \_\_\_ | \_\_\_ | \_\_\_ |
| i)      Sexually transmitted disease | \_\_\_ | \_\_\_ | \_\_\_ |
| j)      Pulmonary disease | \_\_\_ | \_\_\_ | \_\_\_ |
| k)      Thromboembolic disorders | \_\_\_ | \_\_\_ | \_\_\_ |
| l)      Infectious disease | \_\_\_ | \_\_\_ | \_\_\_ |
| m)      Breech presentation | \_\_\_ | \_\_\_ | \_\_\_ |
| Amniocentesis:   Second and Third trimester | \_\_\_ | \_\_\_ | \_\_\_ |
| Obstetrical ultrasound | \_\_\_ | \_\_\_ | \_\_\_ |
| Antepartum oxytocin challenge test | \_\_\_ | \_\_\_ | \_\_\_ |
| External version of breech | \_\_\_ | \_\_\_ | \_\_\_ |
| Management of abnormal presentation of fetus: | \_\_\_ | \_\_\_ | \_\_\_ |
| a)      Breech Cesarean-section | \_\_\_ | \_\_\_ | \_\_\_ |
| b)      Classical | \_\_\_ | \_\_\_ | \_\_\_ |
| c)      Low cervical transverse | \_\_\_ | \_\_\_ | \_\_\_ |
| d)      Low cervical vertical | \_\_\_ | \_\_\_ | \_\_\_ |
| Induction of labor with oxytocin | \_\_\_ | \_\_\_ | \_\_\_ |
| Augmentation of labor with oxytocin | \_\_\_ | \_\_\_ | \_\_\_ |
| Multiple pregnancy | \_\_\_ | \_\_\_ | \_\_\_ |
| Cesarean hysterectomy | \_\_\_ | \_\_\_ | \_\_\_ |
| Management of postpartum complications: | \_\_\_ | \_\_\_ | \_\_\_ |
| a)      Severe anemia | \_\_\_ | \_\_\_ | \_\_\_ |
| b)      Severe infection | \_\_\_ | \_\_\_ | \_\_\_ |
| c)      Severe hemorrhage | \_\_\_ | \_\_\_ | \_\_\_ |
| Hypogastric artery ligation | \_\_\_ | \_\_\_ | \_\_\_ |
| Management of intrauterine fetal demise | \_\_\_ | \_\_\_ | \_\_\_ |
| Administration of fetal lung maturity inducers | \_\_\_ | \_\_\_ | \_\_\_ |
| Management of high-risk pregnancy inclusive of: | \_\_\_ | \_\_\_ | \_\_\_ |
| a)      Pre-eclampsia | \_\_\_ | \_\_\_ | \_\_\_ |
| b)      Post-dates | \_\_\_ | \_\_\_ | \_\_\_ |
| c)      Third trimester bleeding | \_\_\_ | \_\_\_ | \_\_\_ |
| d)      Intrauterine growth retardation | \_\_\_ | \_\_\_ | \_\_\_ |
| Vaginal Birth after Cesarean-section (VBAC) | \_\_\_ | \_\_\_ | \_\_\_ |
| Fetal Heart Tracing Reading ***Criteria:***  Requires Competency Testing at appointment and reappointment. | \_\_\_ | \_\_\_ | \_\_\_ |
| **GYNECOLOGY CORE PRIVILEGES** Includes the management and coordination of care, treatment and services, including:   Medical history and physical examinations, consultations and prescribing medication in accordance with DEA certificate. | \_\_\_ | \_\_\_ | \_\_\_ |
| Cerclage:   Abdominal | \_\_\_ | \_\_\_ | \_\_\_ |
| Dilatation and Curettage (D&C) | \_\_\_ | \_\_\_ | \_\_\_ |
| Incision and drainage of Bartholin cyst or perineal abscess (ACC) | \_\_\_ | \_\_\_ | \_\_\_ |
| Incision and drainage of breast abscess | \_\_\_ | \_\_\_ | \_\_\_ |
| Cervical biopsy and vulvar biopsy (ACC) | \_\_\_ | \_\_\_ | \_\_\_ |
| Marsupialization of Bartholin cyst | \_\_\_ | \_\_\_ | \_\_\_ |
| Pap smear (ACC) | \_\_\_ | \_\_\_ | \_\_\_ |
| Laparotomy | \_\_\_ | \_\_\_ | \_\_\_ |
| Abdominal and Vaginal Operation for removal of: | \_\_\_ | \_\_\_ | \_\_\_ |
| a)      Uterus | \_\_\_ | \_\_\_ | \_\_\_ |
| b)      Cervix | \_\_\_ | \_\_\_ | \_\_\_ |
| c)      Oviducts | \_\_\_ | \_\_\_ | \_\_\_ |
| d)      Ovaries | \_\_\_ | \_\_\_ | \_\_\_ |
| e)      Appendix | \_\_\_ | \_\_\_ | \_\_\_ |
| Operation for urinary stress incontinence: | \_\_\_ | \_\_\_ | \_\_\_ |
| a)      Vaginal approach | \_\_\_ | \_\_\_ | \_\_\_ |
| b)      Retropubic urethral suspension | \_\_\_ | \_\_\_ | \_\_\_ |
| Fistula repair:   Recto-vaginal | \_\_\_ | \_\_\_ | \_\_\_ |
| Hernia repair:   incisional and umbilical | \_\_\_ | \_\_\_ | \_\_\_ |
| Operation for non-invasive carcinoma of: | \_\_\_ | \_\_\_ | \_\_\_ |
| a)      Vulva | \_\_\_ | \_\_\_ | \_\_\_ |
| b)      Vagina | \_\_\_ | \_\_\_ | \_\_\_ |
| c)      Uterus | \_\_\_ | \_\_\_ | \_\_\_ |
| d)      Ovary | \_\_\_ | \_\_\_ | \_\_\_ |
| e)      Cervix | \_\_\_ | \_\_\_ | \_\_\_ |
| Repair of rectocele, enterocele, cystocele | \_\_\_ | \_\_\_ | \_\_\_ |
| Coloplasty | \_\_\_ | \_\_\_ | \_\_\_ |
| Colpocleisis | \_\_\_ | \_\_\_ | \_\_\_ |
| Myomectomy | \_\_\_ | \_\_\_ | \_\_\_ |
| Incidental appendectomy | \_\_\_ | \_\_\_ | \_\_\_ |
| Cystoscopy | \_\_\_ | \_\_\_ | \_\_\_ |
| Hysterosalpingography | \_\_\_ | \_\_\_ | \_\_\_ |
| Proctoscopy | \_\_\_ | \_\_\_ | \_\_\_ |
| Sacro-spinous ligament vaginal suspension | \_\_\_ | \_\_\_ | \_\_\_ |
| Management of ectopic pregnancy and other accidents of pregnancy (missed, incomplete or complete abortion) | \_\_\_ | \_\_\_ | \_\_\_ |
| D & C on pregnant uterus less than 12 weeks gestational size | \_\_\_ | \_\_\_ | \_\_\_ |
| D & C for molar pregnancy | \_\_\_ | \_\_\_ | \_\_\_ |
| Metroplasty | \_\_\_ | \_\_\_ | \_\_\_ |
| Treatment of Aschermann's syndrome | \_\_\_ | \_\_\_ | \_\_\_ |
| Colposcopy (ACC) | \_\_\_ | \_\_\_ | \_\_\_ |
| Culdoscopy | \_\_\_ | \_\_\_ | \_\_\_ |
| Cystectomy | \_\_\_ | \_\_\_ | \_\_\_ |
| Conization of cervix | \_\_\_ | \_\_\_ | \_\_\_ |
| Lysis of adhesions: | \_\_\_ | \_\_\_ | \_\_\_ |
| a)         Intra-abdominal "Free-hand use" | \_\_\_ | \_\_\_ | \_\_\_ |
| b)         Microscopically directed | \_\_\_ | \_\_\_ | \_\_\_ |
| Oncologic debulking procedures (Intra-abdominal "free-hand use") | \_\_\_ | \_\_\_ | \_\_\_ |
| Adnexal surgery (including ectopic pregnancy, tubal ligation, oophorectomy, salpingectomy or tuboplasty) | \_\_\_ | \_\_\_ | \_\_\_ |
| Loop electrosurgical excision procedures (LEEP) | \_\_\_ | \_\_\_ | \_\_\_ |
| Excisional biopsy of superficial breast or axillary lesion, which may be performed under the following limited circumstances:   Lesion is documented as non-malignant by mammography, ultrasound, or fine-needle aspiration; lesion is superficial | \_\_\_ | \_\_\_ | \_\_\_ |
| Laparoscopy: | \_\_\_ | \_\_\_ | \_\_\_ |
| a)      Diagnostic | \_\_\_ | \_\_\_ | \_\_\_ |
| b)      Tubal sterilization | \_\_\_ | \_\_\_ | \_\_\_ |
| c)      Fulguration of lesions of ovary, pelvic viscera or peritoneal surface | \_\_\_ | \_\_\_ | \_\_\_ |
| d)      Lysis of adhesions | \_\_\_ | \_\_\_ | \_\_\_ |
| e)      Biopsy of peritoneal surface(s) | \_\_\_ | \_\_\_ | \_\_\_ |
| f)      Aspiration | \_\_\_ | \_\_\_ | \_\_\_ |
| g)      Removal of foreign body (e.g. IUD) | \_\_\_ | \_\_\_ | \_\_\_ |
| h)      Oophorectomy | \_\_\_ | \_\_\_ | \_\_\_ |
| i)      Ovarian cystectomy | \_\_\_ | \_\_\_ | \_\_\_ |
| Hysteroscopy: | \_\_\_ | \_\_\_ | \_\_\_ |
| a)   Diagnostic | \_\_\_ | \_\_\_ | \_\_\_ |
| b)   Directed biopsy or polypectomy | \_\_\_ | \_\_\_ | \_\_\_ |
| c)   Lysis of intrauterine adhesions | \_\_\_ | \_\_\_ | \_\_\_ |
| Treatment of ectopic pregnancy | \_\_\_ | \_\_\_ | \_\_\_ |
| Ovarian Cystectomy | \_\_\_ | \_\_\_ | \_\_\_ |
| Oophorectomy | \_\_\_ | \_\_\_ | \_\_\_ |
| Salpingectomy | \_\_\_ | \_\_\_ | \_\_\_ |
| Myomectomy | \_\_\_ | \_\_\_ | \_\_\_ |
| Appendectomy | \_\_\_ | \_\_\_ | \_\_\_ |
| Operative hysteroscopy to include: Septal incision, myomectomy, endometrial ablation, any method | \_\_\_ | \_\_\_ | \_\_\_ |
| **OBSTETRICS AND GYNECOLOGY SUPPLEMENTAL PRIVILEGES**    ***Criteria:***  Must meet the criteria outlined for Core Obstetrical and Gynecology privileges; ***Proctoring Requirement:*** A minimum of one (1) case to be proctored for each supplemental privilege requested, unless otherwise noted. |  |  |  |
| **Supplemental OBSTETRICAL Privileges** | \_\_\_ | \_\_\_ | \_\_\_ |
| a)   Extraperitoneal Cesarean Section | \_\_\_ | \_\_\_ | \_\_\_ |
| b)   Periumbilical Blood Sampling | \_\_\_ | \_\_\_ | \_\_\_ |
| c)   Transabdominal amnio infusion using criteria.       ***Criteria:***   2nd trimester amniocentesis ability | \_\_\_ | \_\_\_ | \_\_\_ |
| **Supplemental GYNECOLOGY Privileges** | \_\_\_ | \_\_\_ | \_\_\_ |
| a)   Operation for urinary stress incontinence:   sling procedure | \_\_\_ | \_\_\_ | \_\_\_ |
| b)   Fistula repair:   Vesico-vaginal | \_\_\_ | \_\_\_ | \_\_\_ |
| c)   LASER THERAPY for cervix, vagina, vulva, perineum - **colposcopically directed**:             (select laser types 1, 2, and/or 3 below) | \_\_\_ | \_\_\_ | \_\_\_ |
| 1)   ARGON/KTP | \_\_\_ | \_\_\_ | \_\_\_ |
| 2)   C02 | \_\_\_ | \_\_\_ | \_\_\_ |
| 3)   Nd: YAG | \_\_\_ | \_\_\_ | \_\_\_ |
| d)   LASER THERAPY for cervix, vagina, vulva, perineum - **free hand**:             (select laser types 1, 2, and/or 3 below) | \_\_\_ | \_\_\_ | \_\_\_ |
| 1)   ARGON/KTP | \_\_\_ | \_\_\_ | \_\_\_ |
| 2)   C02 | \_\_\_ | \_\_\_ | \_\_\_ |
| 3)   Nd: YAG | \_\_\_ | \_\_\_ | \_\_\_ |
| e)   ARGON beam coagulator therapy - **free hand** | \_\_\_ | \_\_\_ | \_\_\_ |
| f)   ARGON beam coagulator therapy - **endoscopic** | \_\_\_ | \_\_\_ | \_\_\_ |
| **Supplemental GYNECOLOGIC ONCOLOGY Privileges** | \_\_\_ | \_\_\_ | \_\_\_ |
| a)   Ureterovaginal fistula | \_\_\_ | \_\_\_ | \_\_\_ |
| b)   Radical Trachelectomy | \_\_\_ | \_\_\_ | \_\_\_ |
| c)   Treatment of malignant disease with chemotherapy to include gestational Trophoblastic disease | \_\_\_ | \_\_\_ | \_\_\_ |
| d)   Radical hysterectomy for treatment of invasive carcinoma of cervix | \_\_\_ | \_\_\_ | \_\_\_ |
| e)   Radical surgery for treatment of gynecological malignancy to include procedures on bowel, ureter, bladder, as indicated | \_\_\_ | \_\_\_ | \_\_\_ |
| f)   Treatment of invasive carcinoma of vulva by radical vulvectomy and reconstruction with split thickness or pedicle graft | \_\_\_ | \_\_\_ | \_\_\_ |
| g)   Treatment of invasive carcinoma of the vagina by radical vaginectomy and reconstruction with split thickness or pedicle graft. | \_\_\_ | \_\_\_ | \_\_\_ |
| h)   Node dissection | \_\_\_ | \_\_\_ | \_\_\_ |
| i)  Standard CHEMOTHERAPY Privileges ***Proctoring Requirements:***  A minimum of one case from each of the following: | \_\_\_ | \_\_\_ | \_\_\_ |
| 1)  Intraperitoneal Therapy | \_\_\_ | \_\_\_ | \_\_\_ |
| 2)  Chemotherapy via SQ access port | \_\_\_ | \_\_\_ | \_\_\_ |
| **Supplemental REPRODUCTIVE ENDOCRINOLOGY/INFERTILITY** | \_\_\_ | \_\_\_ | \_\_\_ |
| a)   Gamete/Zygote intrafallopian transfer (requires support staff) | \_\_\_ | \_\_\_ | \_\_\_ |
| b)   Techniques of IVF, including transabdominal/transvaginal ova (requires support staff) | \_\_\_ | \_\_\_ | \_\_\_ |
| c)   Microsurgical tubal operations: | \_\_\_ | \_\_\_ | \_\_\_ |
| 1)   Salpingolysis/salpingoplasty/salpingotomy | \_\_\_ | \_\_\_ | \_\_\_ |
| 2)   Tubal anastomosis | \_\_\_ | \_\_\_ | \_\_\_ |
| 3)   Tubal reimplantation | \_\_\_ | \_\_\_ | \_\_\_ |
| **Supplemental LAPAROSCOPIC Privileges**  ***Criteria:***   Current staff members may provide certification of completion of a CME approved laparoscopic training program/course in the specific privilege requested.   Physicians must currently be privileged for analogous "open" procedures. ***Proctoring Requirement:***   A minimum of one case from each letter defined in category "a" through "c". |  |  |  |
| **Supplemental LAPAROSCOPIC Privileges**: | \_\_\_ | \_\_\_ | \_\_\_ |
| a)   Laparoscopic operative procedures to include:          1)   Myomectomy          2)   Laparoscopic assisted vaginal hysterectomy (LAVH)          3)   Neosalpingostomy/fimbrioplasty          4)   Laparoscopic Supercervical hysterectomy (LSH)          5)   Laparoscopic hysterectomy (LH) | \_\_\_ | \_\_\_ | \_\_\_ |
| b)   Laparoscopic operative procedures to include:          1)   Vaginal vault suspension          2)   Uterine suspension          3)   Cystourethropexy | \_\_\_ | \_\_\_ | \_\_\_ |
| c)   Laparoscopic radical procedures to include:       1)   Laparoscopic radical hysterectomy with retroperitoneal pelvic lymph node sampling       2)   Total pelvic lymphadenectomy       3)   Periaortic lymph node sampling       4)   Presacral neurectomy | \_\_\_ | \_\_\_ | \_\_\_ |
| **Supplemental ROBOTIC ASSISTED LAPAROSCOPIC Privileges -** *(REQUIRES REVIEW BY THE ROBOTIC COMMITTEE CHAIR)*  ***Criteria:***   Applicants must be Board Certified or qualified for certification by the American Board of Obstetrics and Gynecology.   Must have current Supplemental (advanced) laparoscopic privileges and open privileges in the specific procedure being requested.   Must provide documentation of course attendance, training or experience in basic laparoscopy.   Must provide documentation/certification of completion of training for Robotic Assisted Minimally Invasive Surgery with Intuitive Surgical da Vinci Surgical System Training Program, AND meet one of the following:   ***ROUTE 1:***  Requires previous practice experience via an accredited residency or fellowship program with documented clinical experience of a minimum of twenty (20) robotic assisted procedures with at least ten (10) as the primary. ***Proctoring Requirement - ROUTE 1:***  At least the first three (3) cases as the primary surgeon (one case from each letter defined category "a" through "c".  If proctoring in "c" first, physicians do not have to be proctored in "a" or "b".), proctored by two different surgeons who have performed a minimum of ten (10) robotic procedures.  ***ROUTE 2:***  Completion of an approved residency or fellowship program in the surgical specialty.  The physician must maintain Supplemental (advanced) laparoscopy privileges. ***Proctoring Requirement - ROUTE 2:***  At least the first five (5) cases as the primary surgeon (one case from each letter defined category "a" through "c".  If proctored in "c" first, physicians do not have to be proctored in "a" or "b".), proctored by two different surgeons who have performed a minimum of ten (10) robotic procedures.  ***Competency Requirement - either route:***  Performance of at least five (5) robotic procedures per year to maintain robotic privileges.  Physicians who fails to meet the competency requirements will be required to undergo proctoring of at least three (3) cases. |  |  |  |
| **Supplemental ROBOTIC ASSISTED LAPAROSCOPIC Procedures** | \_\_\_ | \_\_\_ | \_\_\_ |
| a)   Robotic-assisted Laparoscopic operative procedures to include:             1)   Laparoscopic assisted vaginal hysterectomy (LAVH)             2)   Neosalpingostomy/fimbrioplasty             3)   Laparoscopic Supercervical hysterectomy (LSH)             4)   Laparoscopic hysterectomy (LH) | \_\_\_ | \_\_\_ | \_\_\_ |
| b)   Robotic-assisted Laparoscopic operative procedures to include:                   1)   Vaginal vault suspension                   2)   Uterine suspension                   3)   Cystourethropexy                   ***Criteria:***   Applicants for this privilege must hold Robotic assisted laparoscopic operative procedures as                   outlined in "a" above. | \_\_\_ | \_\_\_ | \_\_\_ |
| c)   Robotic-assisted Laparoscopic Radical Procedures to include:          1)   Laparoscopic radical hysterectomy with retroperitoneal pelvic lymph node sampling          2)   Total pelvic lymphadenectomy          3)   Periaortic lymph node sampling          4)   Presacral neurectomy | \_\_\_ | \_\_\_ | \_\_\_ |
| **MATERNAL/FETAL MEDICINE PRIVILEGES *Criteria:*** 1) Completion of an ACGME or AOA accredited Obstetrics and Gynecology Residency training program, followed by successful completion of an ACGME or AOA accredited Fellowship in Maternal-Fetal Medicine, AND/OR current subspecialty certification or Active participation in the examination process leading to subspecialty certification in Maternal Fetal Medicine by the ABOG or completion of a certification of special qualification by the AOBOG.  New Fellowship graduates will be given up to 24 months following completion of the training program to become Active Candidates for Certification.  2)  Required current experience for initial appointment or reappointment: Provision of care to at least 25 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.  At least 25% of continuing education submitted will be in maternal/fetal management. |  |  |  |
| **Maternal Fetal Medicine Core Privielges** | \_\_\_ | \_\_\_ | \_\_\_ |
| **Perinatology Core** Includes the ability to admit, evaluate, diagnose, provide consultation, and treat female patients, ages 14 and older, with high risk medical and surgical complications of pregnancy such as maternal cardiac, pulmonary, metabolic, connective tissue disorders and fetal malformations conditions of diseases. | \_\_\_ | \_\_\_ | \_\_\_ |
| **FETAL SURGERY PRIVILEGES** ***Criteria*:** 1)  Meet criteria for Maternal/Fetal Medicine Privileges, as outlined above.  2)  Documentation of successful completion of an ACGME or AOA accredited Perinatal Surgery Fellowship training program;  **OR,** a minimum of one year of formal training in fetal interventional surgery as part of a multidisciplinary team.  This training should include proctoring for initial cases.  A letter of reference should come from the director of the training program.  A letter of reference should also come from the Chief of Pediatric Surgery AND/OR Ob/Gyn AND/OR Neonatology where the applicant most recently practiced. 3)  Required current experience: Provision of care to at least 10 patients, reflective of the scope of privileges requested, in the past 12 months or successful completion of an approved training program within the past 12 months or successful completion of an approved training program within the past 12 months.  Continuing education in fetal surgery is required.   ***Proctoring***:  A minimum of two (2) procedures from each privilege group.  Proctoring of the Perinatology core privileges will be waived.  Additional proctoring may be required upon recommendation of the Department Chair. |  |  |  |
| **Fetal Surgery Core Privileges (listed below in groups)** *If you do not wish to be granted, or no longer perform an item listed in the core, you may strike through that procedure and initial the cross-out.* | \_\_\_ | \_\_\_ | \_\_\_ |
| a)  Operative Fetoscopy      Selective laser photocoagulation of communicating vessels, umbilical cord occlusion, laser of tumor, laser of vasa previa, release of amniotic bands, laser of chorioangioma, tracheal occlusion, spina bifida, fetal pacemaker for congenital heart block. | \_\_\_ | \_\_\_ | \_\_\_ |
| b)  Needle/Probe Procedures      RFA (Radiofrequency ablation), cordiocentesis (fetal blood sampling), intrauterine transfusion, amnioinfusion, amnioreduction, amniopath, fetal tumor sclerotherapy, fetal cardiac balloon valvuloplasty,      thoracocentesis, vesicocentesis, paracentesis, cephalocentesis, pericardiocentesis, fetal biopsy, intraamniotic injection of medications. | \_\_\_ | \_\_\_ | \_\_\_ |
| c)  Fetal Shunt Placement      Vesicoamniotic shunt, thoracoamniotic shunt, abdominoamniotic shunt, pericardioamniotic shunt, renal shunt | \_\_\_ | \_\_\_ | \_\_\_ |
| d)  EXIT (Ex Utero Intrapartum Treatment Procedure) Deliveries | \_\_\_ | \_\_\_ | \_\_\_ |
| *Revised: 04/27/2006; 09/28/06; 10/26/06; 05/12/09; 9/23/10; 01/24/2013; 05/23/2013; 06/25/2015 10/22/2015* |  |  |  |
| **ACKNOWLEDGEMENT OF THE PRACTITIONER:** I have requested only those privileges for which my education, training, current experience and demonstrated performance I am qualified to perform, and that I wish to exercise at Huntington Hospital, and I understand that: a) in exercising my 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.   **Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Date:\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |  |
| **DEPARTMENT CHAIR RECOMMENDATIONS**  I have reviewed the requested clinical privileges and supportive documentation for the above named applicant and recommend action on the privileges as noted above.  Applicant may perform privileges and procedures as indicated: \_\_\_\_\_\_ YES   \_\_\_\_\_\_ NO  Exceptions/Limitations (Please Specify):   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| **APPROVALS:** |  |  |  |
| **Robotic Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |  |
| **Department Chair \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |  |
| **Credential Committee Date: \_\_\_\_\_\_\_\_\_\_** |  |  |  |
| **Medical Executive Committee Date: \_\_\_\_\_\_\_\_\_\_** |  |  |  |
| **Board of Directors Approved on: \_\_\_\_\_\_\_\_\_\_** |  |  |  |