



**OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

**Applicant:** Check off the “Requested” box for each privilege requested. Applicants have the burden of producing information 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.

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

**Other Requirements**

- Note that privileges granted may only be exercised at the site(s) and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.
- 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.

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**QUALIFICATIONS FOR CORE OBSTETRICS**

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**Initial Applicants** - To be eligible to apply for privileges in obstetrics, the initial 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 board eligible (with achievement of certification within five years of completion of training) leading to certification in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology or UMHS approved international equivalent.

AND

Required Current Experience: Demonstrated current competence and evidence of care for at least twenty-five (25) obstetric patients 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 months.



**OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

**CORE PRIVILEGES – CORE OBSTETRICS**

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**Applicant: Requested Initial**

**Requested Renewal**

**Service Chief/Chair: Recommended**

**Not Recommended**

Admit, evaluate, diagnose, treat, and provide consultation to adolescent and adult 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. May provide care to patients in the intensive care setting in conformance with unit policies. 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.

***Focused Professional Practice Evaluation (FPPE NEW HIRE/NEW PRIVILEGE<sup>1</sup>) guidelines:*** New hires will be monitored for no less than six (6) months. A minimum of three (3) cesarean deliveries must be proctored. A minimum of five (5) patients will be reviewed by the committee specifically evaluating for quality based on validated quality improvement indicators. Methods may include direct observation, case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

***Reappointment (Renewal of Privilege) Requirements*** – To be eligible to renew privileges in obstetrics, the reapplicant must meet the following criteria:

Board certification, board eligibility (with achievement of certification within five years of completion of training), or UMHS approved international equivalent.

AND

Current demonstrated competence and experience with at least fifty (50) obstetric patients, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Participation in Ob/Gyn Department Ultrasound QI/QA.

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**QUALIFICATIONS FOR CORE GYNECOLOGY**

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***Initial Applicants*** - To be eligible to apply for privileges in gynecology, the initial 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

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<sup>1</sup> A physician with existing privileges who requests a new privilege will be monitored for a minimum of three (3) procedures.



**OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

Current certification or board eligible (with achievement of certification within five years of completion of training) leading to certification in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology or UMHS approved international equivalent.

AND

Required Current Experience: Demonstrated current competence and evidence of at least twenty-five (25) gynecological 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 months.

**CORE PRIVILEGES – GYNECOLOGY**

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**Applicant: Requested Initial**

**Requested Renewal**

**Service Chief/Chair: Recommended**

**Not Recommended**

Admit, evaluate, diagnose, treat, and provide consultation, pre-, intra- and post-operative care necessary to correct or treat 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. May provide care to patients in the intensive care setting in conformance with unit policies. 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.

***Focused Professional Practice Evaluation (FPPE NEW HIRE/NEW PRIVILEGE<sup>2</sup>) guidelines:*** New hires will be monitored for no less than six (6) months. A minimum of three (3) procedures must be proctored. Qualifying gynecology cases for proctoring are laparotomy, operative laparoscopy, operative hysteroscopy or hysterectomy. A minimum of five (5) procedures will be reviewed by the committee specifically evaluating for quality based on validated quality improvement indicators. Methods must include direct observation and may include case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

***Reappointment (Renewal of Privilege) Requirements*** - To be eligible to renew privileges in gynecology, the reapplicant must meet the following criteria:

Board Certification, board eligibility (with achievement of certification within five years of completion of training), or UMHS approved international equivalent

AND

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<sup>2</sup> A physician with existing privileges who requests a new privilege will be monitored for a minimum of three (3) procedures.



**OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

Current demonstrated competence and experience with at least fifty (50) gynecological procedures, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

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**QUALIFICATIONS FOR CORE OUTPATIENT/AMBULATORY CARE ONLY - OBSTETRICS**

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**Initial Applicants** - To be eligible to apply for obstetrics privileges in the outpatient ambulatory environment only, the initial 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 board eligible (with achievement of certification within five years of completion of training) leading to certification in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology or UMHS approved international equivalent.

AND

Required Current Experience: Demonstrated current competence and evidence of at least fifty (50) patients 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 months.

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**CORE PRIVILEGES – OUTPATIENT/AMBULATORY CARE ONLY - OBSTETRICS**

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**Applicant: Requested Initial**

**Requested Renewal**

**Service Chief/Chair: Recommended**

**Not Recommended**

Evaluate, diagnose, consult, and treat female patients of all ages for pregnancy or postpartum care, or with gynecologic or genitourinary illnesses, diseases, disorders or injuries in the outpatient or ambulatory setting. These privileges do not include inpatient care of pregnancy or procedures requiring moderate sedation, regional, or general anesthesia. 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.

(Note: outpatient ultrasound privileges should be selected in the Obstetric Ultrasound section)

**Focused Professional Practice Evaluation (FPPE NEW HIRE/NEW PRIVILEGE<sup>3</sup>) guidelines:** New hires will be monitored for no less than six (6) months. A minimum of five (5) patients will be reviewed by the committee specifically evaluating for quality based on validated quality improvement indicators. Methods may include direct observation, case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

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<sup>3</sup> A physician with existing privileges who requests a new privilege will be monitored for a minimum of three (3) procedures.



**OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

**Reappointment (Renewal of Privilege) Requirements** - To be eligible to renew privileges in obstetrics in the outpatient / ambulatory environment, the reapplicant must meet the following criteria:

Board Certification, board eligibility (with achievement of certification within five years of completion of training), or UMHS approved international equivalent

AND

Current demonstrated competence and experience with at least one hundred (100) patients, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Participation in Ob/Gyn Department Ultrasound QI/QA.

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**QUALIFICATIONS FOR CORE OUTPATIENT/AMBULATORY CARE ONLY - GYNECOLOGY**

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**Initial Applicants** - To be eligible to apply for gynecology privileges in the outpatient ambulatory environment only, the initial 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 board eligible (with achievement of certification within five years of completion of training) leading to certification in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology or UMHS approved international equivalent.

AND

Required Current Experience: Demonstrated current competence and evidence of at least fifty (50) patients 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 months.

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**CORE PRIVILEGES – OUTPATIENT/AMBULATORY CARE ONLY - GYNECOLOGY**

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**Applicant: Requested Initial**

**Requested Renewal**

**Service Chief/Chair: Recommended**

**Not Recommended**

Evaluate, diagnose, consult, and treat female patients of all ages for gynecology and routine healthcare for women. This care includes gynecologic or genitourinary illnesses, diseases, disorders or injuries in the outpatient or ambulatory setting and non-surgically treat disorders and injuries of the mammary glands. These privileges do not include inpatient gynecology care or procedures requiring moderate sedation, regional, or general anesthesia. 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.



**OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

***Focused Professional Practice Evaluation (FPPE NEW HIRE/NEW PRIVILEGE<sup>4</sup>) guidelines:*** New hires will be monitored for no less than six (6) months. A minimum of five (5) procedures will be reviewed by the committee specifically evaluating for quality based on validated quality improvement indicators. Methods must include direct observation and may include case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

***Reappointment (Renewal of Privilege) Requirements*** - To be eligible to renew privileges in gynecology in the outpatient / ambulatory environment, the reapplicant must meet the following criteria:

Board Certification, board eligibility (with achievement of certification within five years of completion of training), or UMHS approved international equivalent

AND

Current demonstrated competence and experience with at least one-hundred (100) patients, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

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**QUALIFICATIONS FOR FEMALE PELVIC MEDICINE AND RECONSTRUCTIVE SURGERY (UROGYNECOLOGY)**

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

Core gynecology privileges

AND

Successful completion of an American Board of Obstetrics and Gynecology (ABOG) approved fellowship in female pelvic medicine and reconstructive surgery/urogynecology or AOA approved fellowship in female pelvic medicine and reconstructive surgery

AND

Current subspecialty certification or board eligible (with achievement of certification within five years of completion of training) leading to subspecialty certification in female pelvic medicine and reconstructive surgery by the American Board of Obstetrics and Gynecology or AOA Certificate of Special Qualification (CSQ) in female pelvic medicine/reconstructive surgery or UMHS approved international equivalent.

AND

Required Current Experience: Demonstrated current competence and evidence of at least twenty-five (25) female pelvic medicine and reconstructive surgical procedures, reflective of the scope of privileges requested, in the past 12 months, or successful completion of an ACGME- or AOA-accredited clinical fellowship within the past 12 months.

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<sup>4</sup> A physician with existing privileges who requests a new privilege will be monitored for a minimum of three (3) procedures.



**OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

**CORE PRIVILEGES – FEMALE PELVIC MEDICINE AND RECONSTRUCTIVE SURGERY (UROGYNECOLOGY)**

**Applicant: Requested Initial**

**Requested Renewal**

**Service Chief/Chair: Recommended**

**Not Recommended**

Admit, evaluate, diagnose, treat, and provide consultation, pre-, intra- and post-operative care necessary to correct or treat patients of all ages presenting with injuries and disorders of the genitourinary system. Includes diagnosis and management of genito-urinary and rectovaginal fistulae, urethral diverticula, injuries to the genitourinary tract, congenital anomalies, infectious and non-infectious irritative conditions of the lower urinary tract and pelvic floor, and the management of genitourinary complications of spinal cord injuries. May provide care to patients in the intensive care setting in conformance with unit policies. 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.

***Focused Professional Practice Evaluation (FPPE NH/NP):*** New hires will be monitored for no less than six (6) months. A minimum of five (5) procedures will be reviewed by the committee specifically evaluating for quality based on validated quality improvement indicators. Methods must include direct observation and may include case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

***Renewal of Privilege:*** Demonstrated current competence and experience with at least fifty (50) procedures, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes

**QUALIFICATIONS FOR REPRODUCTIVE ENDOCRINOLOGY**

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

Core gynecology privileges

AND

Successful completion of an American Board of Obstetrics and Gynecology (ABOG) or an American Osteopathic Association (AOA) approved fellowship in reproductive endocrinology.

AND

Current subspecialty certification or board eligible (with achievement of certification within five years of completion of training) leading to subspecialty certification in reproductive endocrinology by the American Board of Obstetrics and Gynecology or a Certificate of Special Qualifications in reproductive endocrinology from the American Osteopathic Board of Obstetrics and Gynecology or UMHS approved international equivalent.

AND



**OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

Required Current Experience: Demonstrated current competence and evidence of at least fifty (50) reproductive endocrinology procedures, reflective of the scope of privileges requested, in the past 12 months, or successful completion of an ACGME- or AOA-accredited clinical fellowship within the past 12 months.

**CORE PRIVILEGES - REPRODUCTIVE ENDOCRINOLOGY**

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**Applicant: Requested Initial**

**Requested Renewal**

**Service Chief/Chair: Recommended**

**Not Recommended**

Admit, evaluate, diagnose, treat, and provide inpatient or outpatient consultation to adolescent and adult patients with problems of fertility. May provide care to patients in the intensive care setting in conformance with unit policies. 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.

**Focused Professional Practice Evaluation (FPPE NH/NP):** New hires will be monitored for no less than six (6) months. A minimum of five (5) procedures will be reviewed by the committee specifically evaluating for quality based on validated quality improvement indicators. Methods must include direct observation and may include case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

**Renewal of Privilege:** Demonstrated current competence and experience with at least one-hundred (100) reproductive endocrinology procedures, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

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**QUALIFICATIONS FOR GYNECOLOGIC ONCOLOGY**

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**Initial applicants** - To be eligible to apply for privileges in gynecologic oncology, the initial applicant must meet the following criteria:

Core gynecology privileges

AND

Successful completion of an American Board of Obstetrics and Gynecology (ABOG) or American Osteopathic Association (AOA) approved fellowship in gynecologic oncology

AND

Current subspecialty certification or board eligible (with achievement of certification within five years of completion of training) leading to subspecialty certification in gynecologic oncology by the American Board of Obstetrics and Gynecology or a Certificate of Special Qualifications by the American Osteopathic Board of Obstetrics and Gynecology or UMHS approved international equivalent.

AND





**OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

Required Current Experience: Demonstrated current competence and evidence of at least twenty-five (25) gynecologic oncology procedures, reflective of the scope of privileges requested in the past 12 months, or successful completion of an ACGME- or AOA-accredited clinical fellowship within the past 12 months.

**CORE PRIVILEGES - GYNECOLOGIC ONCOLOGY**

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**Applicant: Requested Initial**

**Requested Renewal**

**Service Chief/Chair: Recommended**

**Not Recommended**

Admit, evaluate, diagnose, treat, provide consultation and surgical and therapeutic treatment to patients, with gynecologic cancer and complications resulting there from, including carcinomas of the cervix, ovary, and fallopian tubes, uterus, vulva, and vagina and the performance of procedures on the bowel, urethra, and bladder as indicated. May provide care to patients in the intensive care setting in conformance with unit policies. 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.

**Focused Professional Practice Evaluation (FPPE NEW HIRE/NEW PRIVILEGE<sup>5</sup>) guidelines:** New hires will be monitored for no less than six (6) months. A minimum of five (5) procedures will be reviewed by the committee specifically evaluating for quality based on validated quality improvement indicators. Methods must include direct observation and may include case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

**Reappointment (Renewal of Privilege) Requirements** - Demonstrated current competence and experience with at least fifty (50) gynecologic oncology procedures, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

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**QUALIFICATIONS FOR MATERNAL FETAL MEDICINE**

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

Core obstetrics privileges

AND

Successful completion of an American Board of Obstetrics and Gynecology (ABOG) or American Osteopathic Association (AOA) approved fellowship in maternal and fetal medicine.

AND

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<sup>5</sup> A physician with existing privileges who requests a new privilege will be monitored for a minimum of three (3) procedures.



**OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

Current subspecialty certification or board eligible (with achievement of certification within five years of completion of training) 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 or UMHS approved international equivalent.

AND

Required Current Experience: Demonstrated current competence and evidence of the provision of care to at least fifty (50) procedures, reflective of the scope of privileges requested, in the past 12 months or successful completion of an ACGME- or AOA-accredited clinical fellowship within the past 12 months.

**CORE PRIVILEGES – MATERNAL FETAL MEDICINE**

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**Applicant: Requested Initial**

**Requested Renewal**

**Service Chief/Chair: Recommended**

**Not Recommended**

Admit, evaluate, diagnose, treat, and provide consultation to adolescent and adult patients with medical and surgical complications of pregnancy such as maternal cardiac, pulmonary, metabolic, connective tissue disorders, and fetal malformations, conditions, or disease. May provide care to patients in the intensive care setting in conformance with unit policies. 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.

**Focused Professional Practice Evaluation (FPPE NH/NP):** New hires will be monitored for no less than six (6) months. A minimum of five (5) patients will be reviewed by the committee specifically evaluating for quality based on validated quality improvement indicators. Methods must include direct observation and may include case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

**Renewal of Privilege:** Demonstrated current competence and experience with at least one hundred (100) procedures, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

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**NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)**

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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 initial applicant or reapplicant.



**OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

**HIGH COMPLEXITY OPERATIVE VAGINAL DELIVERY – VACUUM/FORCEPS**

**Applicant: Requested Initial**

**Requested Renewal**

**Service Chief/Chair: Recommended**

**Not Recommended**

***Scope of practice:***

<u>Station</u>	<u>Position</u>
2 or above	Any
Below 2	OT, OP, or with greater than 45-degree rotation

**Criteria:** Successful completion of an ACGME- or AOA-accredited post-graduate training program in OB/GYN that included training in the high complexity operative vaginal delivery – vacuum/forceps, or the equivalent in training and experience.

**Required Current Experience:** Demonstrated current competence and evidence of at least one (1) procedure in the past 12 months or completion of training in the past 12 months or completion of Ob/Gyn Department Operative Vaginal Delivery Simulation in the last 12 months.

**Focused Professional Practice Evaluation (FPPE NH/NP):** All new applicants will be proctored for their first one (1) procedure. Methods must include direct observation and may include case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback. If no procedures are logged within the first six months, the FPPE will be considered met by successful completion of Ob/Gyn Department Operative Vaginal Delivery Simulation.

**Renewal of Privilege:** Demonstrated current competence based on results of ongoing professional practice evaluation and outcomes and participation in Ob/Gyn Department Operative Vaginal Delivery Simulation in the past 24 months.

**MANAGEMENT OF PLANNED VAGINAL BREECH IN VIABLE PREGNANCY**

**Applicant: Requested Initial**

**Requested Renewal**

**Service Chief/Chair: Recommended**

**Not Recommended**

**Criteria:** Successful completion of an ACGME- or AOA-accredited post-graduate training program in OB/GYN that included training in the management of planned vaginal breech in viable pregnancy, or the equivalent in training and experience.

**Required Current Experience:** Demonstrated current competence and evidence of at least one (1) procedure in the past 12 months or completion of training in the past 12 months or completion of Ob/Gyn Department Breech Vaginal Delivery Simulation in the past 12 months.

**Focused Professional Practice Evaluation (FPPE NH/NP):** All new applicants will be proctored for their first one (1) procedure. Methods must include direct observation and may include case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback. If no procedures are logged within the first six months, the FPPE will be considered met by successful completion of Ob/Gyn Department Breech Vaginal Delivery Simulation.



**OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

**Renewal of Privilege:** Demonstrated current competence based on results of ongoing professional practice evaluation and outcomes and mandatory participation in Ob/Gyn Department Breech Vaginal Delivery Simulation in the past 24 months.

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**MANAGEMENT OF PLANNED AFTER-COMING BREECH TWIN**

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**Applicant: Requested Initial**

**Requested Renewal**

**Service Chief/Chair: Recommended**

**Not Recommended**

**Criteria:** Successful completion of an ACGME- or AOA-accredited post-graduate training program in OB/GYN that included training in the management of planned after-coming breech twin, or the equivalent in training and experience or completion of Ob/Gyn Department Breech Vaginal Delivery Simulation in the past 12 months.

**Required Current Experience:** Demonstrated current competence and evidence of at least one (1) procedure in the past 12 months or completion of training in the past 12 months or completion of Ob/Gyn Department Breech Vaginal Delivery Simulation in the past 12 months.

**Focused Professional Practice Evaluation (FPPE NH/NP):**

All new applicants will be proctored for their first one (1) procedure. Methods must include direct observation and may include case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback. If no procedures are logged within the first six months, the FPPE will be considered met by successful completion of Ob/Gyn Department Breech Vaginal Delivery Simulation.

**Renewal of Privilege:** Demonstrated current competence based on results of ongoing professional practice evaluation and outcomes and mandatory participation in Ob/Gyn Department Breech Vaginal Delivery Simulation in the past 24 months.

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**DILATION AND EVACUATION – 15+0 TO 20+6 WEEKS GESTATION**

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**Applicant: Requested Initial**

**Requested Renewal**

**Service Chief/Chair: Recommended**

**Not Recommended**

**Criteria:** Successful completion of an ACGME- or AOA-accredited post-graduate training program in OB/GYN that included training in the dilation and evacuation – 15+0 to 20+6 weeks gestation by measured size, or the equivalent in training and experience.

**Required Current Experience:** Demonstrated current competence and evidence of at least eight (8) procedures in the past 12 months or completion of training in the past 12 months

**Focused Professional Practice Evaluation (FPPE NH/NP):** All new applicants will be proctored for their first three (3) procedures. Methods must include direct observation and may include case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.



**OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

**Renewal of Privilege:** Demonstrated current competence and evidence of at least fifteen (15) dilation and evacuation procedures (15 to 20+6 weeks gestation) in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

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**DILATION AND EVACUATION – 21+0 TO 23+6 WEEKS GESTATION**

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**Applicant: Requested Initial**

**Requested Renewal**

**Service Chief/Chair: Recommended**

**Not Recommended**

**Criteria:** Successful completion of an ACGME- or AOA-accredited post-graduate training program in OB/GYN that included training in the dilation and evacuation – 21+0 to 23+6 weeks gestation by measured size, or the equivalent in training and experience.

**Required Current Experience:** Demonstrated current competence and evidence of at least eight (8) procedures in the past 12 months or completion of training in the past 12 months

**Focused Professional Practice Evaluation (FPPE NH/NP):** All new applicants will be proctored for their first three (3) procedures. Methods must include direct observation and may include case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

**Renewal of Privilege:** Demonstrated current competence and evidence of at least fifteen (15) procedures (21+0 to 23+6 weeks gestation by measured size) in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

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**PLANNED CESAREAN HYSTERECTOMY**

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**Applicant: Requested Initial**

**Requested Renewal**

**Service Chief/Chair: Recommended**

**Not Recommended**

**Criteria:** Successful completion of an ACGME- or AOA-accredited post-graduate training program in OB/GYN that included training in the planned cesarean hysterectomy, or the equivalent in training and experience. “Cesarean hysterectomy” is meant to include all hysterectomies after delivery and includes cesarean hysterectomy, hysterectomy after vaginal birth, postpartum hysterectomy and gravid hysterectomy.

**Required Current Experience:** Demonstrated current competence and evidence of at least ten (10) of any abdominal hysterectomy procedure in the past 12 months or completion of training in the past 12 months.

**Focused Professional Practice Evaluation (FPPE NH/NP):** All new applicants will be proctored for their first three (3) cesarean hysterectomy procedures. Methods must include direct observation and may include case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

**Renewal of Privilege:** Demonstrated current competence and evidence of at least ten (10) of any abdominal hysterectomy procedure in the past 24 months based on results of ongoing professional practice evaluation and outcomes. If primary surgeon case volume is less than ten (10) cases in 24



**OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

months, faculty will be placed on FPPE-LV. Surgeons with a primary surgeon case volume of ten to nineteen (10-19) cases will be enrolled in the MiPROMOTE program as a component of their OPPE. Surgeons with twenty (20) or more cases in 24 months will have the privilege renewed and be monitored by routine OPPE.

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**CHORIONIC VILLI SAMPLING**

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**Applicant: Requested Initial**

**Requested Renewal**

**Service Chief/Chair: Recommended**

**Not Recommended**

**Criteria:** Successful completion of an ACGME- or AOA-accredited post-graduate training program in maternal fetal medicine that included training in chorionic villi sampling or the equivalent in training and experience.

**Required Current Experience:** Demonstrated current competence and evidence of at least five (5) procedures in the past 12 months or completion of training in the past 12 months.

**Focused Professional Practice Evaluation (FPPE NH/NP):** All new applicants will be proctored for their first three (3) procedures. Methods may include direct observation, case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

**Renewal of Privilege:** Demonstrated current competence and evidence of at least ten (10) procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

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**ULTRASOUND-GUIDED NEEDLE PLACMENT FOR FETAL INTERVENTIONS**

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**Applicant: Requested Initial**

**Requested Renewal**

**Service Chief/Chair: Recommended**

**Not Recommended**

**Criteria:** Successful completion of an ACGME- or AOA-accredited post-graduate training program in maternal fetal medicine, or the equivalent in training and experience in ultrasound-guided needle placement for fetal interventions. Examples of fetal interventions include percutaneous umbilical blood sampling (PUBS), in utero fetal transfusion, drainage of fetal fluid or placement of fetal shunt, cephalocentesis, thoracentesis, paracentesis, vesicocentesis, administration of medications, and intracardiac needle placement for balloon valvuloplasty.

**Required Current Experience:** Demonstrated current competence and evidence of at least five (5) procedures in the past 12 months for each procedure requested or completion of training in the past 12 months.

**Focused Professional Practice Evaluation (FPPE NH/NP):** All new applicants will be proctored for their first three (3) procedures. Methods may include direct observation, case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

**Renewal of Privilege:** Demonstrated current competence and evidence of at least ten (10) procedures in the past 24 months for each procedure requested based on results of ongoing professional practice evaluation and outcomes.



**OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

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**ABDOMINAL CERCLAGE**

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**Applicant: Requested Initial**

**Requested Renewal**

**Service Chief/Chair: Recommended**

**Not Recommended**

**Criteria:** Successful completion of an ACGME- or AOA-accredited post-graduate training program in maternal fetal medicine that included training in abdominal cerclage or the equivalent in training and experience.

**Required Current Experience:** Demonstrated current competence and evidence of at least one (1) procedure in the past 12 months for each procedure requested or completion of training in the past 12 months.

**Focused Professional Practice Evaluation (FPPE NH/NP):** All new applicants will be proctored for their first two (2) procedures. Methods may include direct observation, case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

**Renewal of Privilege:** Demonstrated current competence and evidence of at least two (2) procedures in the past 24 months for each procedure requested based on results of ongoing professional practice evaluation and outcomes.

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**LASER ABLATION OF PLACENTAL VESSELS FOR TWIN-TWIN TRANSFUSION SYNDROME**

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**Applicant: Requested Initial**

**Requested Renewal**

**Service Chief/Chair: Recommended**

**Not Recommended**

**Criteria:** Successful completion of an ACGME- or AOA-accredited post-graduate training program in maternal fetal medicine that included training laser ablation of placental vessels for twin-twin transfusion syndrome or the equivalent in training and experience. The Michigan Medicine Laser Module is also required and is a separate request.

**Required Current Experience:** Demonstrated current competence and evidence of at least ten (10) cases with at least four (4) cases with an anterior placenta in the past 12 months or completion of training in the past 12 months.

**Focused Professional Practice Evaluation (FPPE NH/NP):** All new applicants will be proctored for their first ten (10) procedures as the primary laser operator, with at least four (4) cases with an anterior placenta. Methods must include direct observation and may include case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

**Renewal of Privilege:** Demonstrated current competence and evidence of at least ten (10) cases (primary or assistant) with at least four (4) cases as the primary surgeon in the past 24 months for each procedure requested based on results of ongoing professional practice evaluation and outcomes.



**OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

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**GYNECOLOGIC ULTRASOUND – COMPREHENSIVE GYNECOLOGIC PELVIC ULTRASOUND**

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**Applicant: Requested Initial**

**Requested Renewal**

**Service Chief/Chair: Recommended**

**Not Recommended**

**Criteria:** Successful completion of an ACGME- or AOA-accredited residency in obstetrics/gynecology that included training in comprehensive gynecologic pelvic ultrasound or the equivalent in training and experience.

**Required Current Experience:** Demonstrated current competence and evidence of at least twenty-five (25) comprehensive gynecologic pelvic ultrasound procedures in the past 12 months or completion of training in the past 12 months.

**Focused Professional Practice Evaluation (FPPE NH/NP) guidelines:** New physicians will be monitored for at least three (3) procedures. Methods must include direct observation and may include case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

**Renewal of Privilege:** Demonstrated current competence and evidence of at least fifty (50) total comprehensive gynecologic pelvic ultrasound procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

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**GYNECOLOGIC ULTRASOUND – SALINE INFUSION SONOHYSTEROGRAPHY**

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**Applicant: Requested Initial**

**Requested Renewal**

**Service Chief/Chair: Recommended**

**Not Recommended**

**Criteria:** Successful completion of an ACGME- or AOA-accredited residency in obstetrics/gynecology that included training in saline infusion sonohysterography or the equivalent in training and experience.

**Required Current Experience:** Demonstrated current competence and evidence of at least twenty-five (25) saline infusion sonohysterography ultrasound procedures in the past 12 months or completion of training in the past 12 months.

**Focused Professional Practice Evaluation (FPPE NH/NP) guidelines:** New physicians will be monitored for at least three (3) procedures. Methods must include direct observation and may include case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

**Renewal of Privilege:** Demonstrated current competence and evidence of at least fifty (50) total saline infusion sonohysterography ultrasound procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.





**OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

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**LAPAROSCOPIC HYSTERECTOMY (INCLUDES TOTAL, SUPRACERVICAL AND LAPAROSCOPIC ASSISTED)**

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**Applicant: Requested Initial**

**Requested Renewal**

**Service Chief/Chair: Recommended**

**Not Recommended**

**Criteria:** Successful completion of an ACGME- or AOA-accredited post-graduate training program in OB/GYN that included training in total laparoscopic hysterectomy and laparoscopic supracervical hysterectomy or completion of a fellowship that includes minimally invasive gynecologic surgery.

**Required Current Experience:** Demonstrated current competence and evidence of at least ten (10) procedures in the past 12 months or completion of training in the past 12 months.

**Focused Professional Practice Evaluation (FPPE NH/NP):** Five (5) proctored procedures one (1) of which must be proctored by a fellowship trained surgeon (MIS, GYO, Urogyn). To demonstrate competence, the surgeon does the following independent of the proctor: greater than 50% of case independently, colpotomy and cuff closure. Methods must include direct observation and may include case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

**Renewal of Privilege:** Demonstrated current competence and evidence of at least ten (10) of laparoscopic hysterectomy procedure in the past 24 months based on results of ongoing professional practice evaluation and outcomes. If primary surgeon case volume is less than ten (10) cases in 24 months, faculty will be placed on FPPE-LV. Surgeons with a primary surgeon case volume of ten to nineteen (10-19) cases will be enrolled in the MiPROMOTE program as a component of their OPPE. Surgeons with twenty (20) or more cases in 24 months will have the privilege renewed and be monitored by routine OPPE.

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**VAGINAL HYSTERECTOMY**

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**Applicant: Requested Initial**

**Requested Renewal**

**Service Chief/Chair: Recommended**

**Not Recommended**

**Criteria:** Successful completion of an ACGME- or AOA-accredited post-graduate training program in OB/GYN that included training in vaginal hysterectomy.

**Required Current Experience:** Demonstrated current competence and evidence of at least ten (10) procedures in the past 12 months or completion of training in the past 12 months.

**Focused Professional Practice Evaluation (FPPE NH/NP):** Five (5) proctored procedures one (1) of which must be proctored by a fellowship trained surgeon (MIS, GYO, Urogyn). To demonstrate competence, the surgeon does the following independent of the proctor: greater than 50% of case independently. Methods must include direct observation and may include case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.



**OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

**Renewal of Privilege:** Demonstrated current competence and evidence of at least ten (10) of any vaginal hysterectomy procedure in the past 24 months based on results of ongoing professional practice evaluation and outcomes. If primary surgeon case volume is less than ten (10) cases in 24 months, faculty will be placed on FPPE-LV. Surgeons with a primary surgeon case volume of ten to nineteen (10-19) cases will be enrolled in the MiPROMOTE program as a component of their OPPE. Surgeons with twenty (20) or more cases in 24 months will have the privilege renewed and be monitored by routine OPPE.

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**ABDOMINAL HYSTERECTOMY (INCLUDES TOTAL AND SUPRACERVICAL ABDOMINAL HYSTERECTOMY)**

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**Applicant: Requested Initial**

**Requested Renewal**

**Service Chief/Chair: Recommended**

**Not Recommended**

**Criteria:** Successful completion of an ACGME- or AOA-accredited post-graduate training program in OB/GYN that included training in abdominal hysterectomy.

**Required Current Experience:** Demonstrated current competence and evidence of at least ten (10) hysterectomy procedures in the past 12 months of any route of hysterectomy or completion of training in the past 12 months.

**Focused Professional Practice Evaluation (FPPE NH/NP):** Five (5) proctored hysterectomy (of any route) procedures one (1) of which must be proctored by a fellowship trained surgeon (MIS, GYO, Urogyn). To demonstrate competence, the surgeon does the following independent of the proctor: greater than 50% of case independently. Methods must include direct observation and may include case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

**Renewal of Privilege:** Demonstrated current competence and evidence of at least ten (10) total hysterectomy procedures of any route (abdominal, laparoscopic, or vaginal) in the past 24 months based on results of ongoing professional practice evaluation and outcomes. If primary surgeon case volume (of any route of hysterectomy) is less than ten (10) cases in 24 months, faculty will be placed on FPPE-LV. Surgeons with a primary surgeon case volume (of any route of hysterectomy) of ten to nineteen (10-19) cases will be enrolled in the MiPROMOTE program as a component of their OPPE. Surgeons with twenty (20) or more cases (of any route of hysterectomy) in 24 months will have the privilege renewed and be monitored by routine OPPE.



**OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

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**LAPAROSCOPIC AND ROBOTIC MYOMECTOMY (ROBOTIC ASSISTED REQUIRES ROBOTIC PRIVILEGES)**

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**Applicant: Requested Initial**

**Requested Renewal**

**Service Chief/Chair: Recommended**

**Not Recommended**

**Criteria:** Must have and maintain core gynecology privileges plus successful completion of post-graduate training fellowship program in gynecologic surgery that included training in laparoscopic and robotic myomectomy.

**Required Current Experience:** Demonstrated current competence and evidence of at least ten (10) procedures in the past 12 months or completion of training in the past 12 months and completion of a post-graduate gynecologic surgery fellowship training program

**Focused Professional Practice Evaluation (FPPE NH/NP) guidelines:** New physicians will be monitored for at least three (3) procedures. Methods must include direct observation and may include case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

**Renewal of Privilege:** Demonstrated current competence and evidence of at least twenty (20) Laparoscopic/Robotic procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

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**ABDOMINAL MYOMECTOMY**

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**Applicant: Requested Initial**

**Requested Renewal**

**Service Chief/Chair: Recommended**

**Not Recommended**

**Criteria:** Must have and maintain core gynecology privileges plus, successful completion of an ACGME- or AOA-accredited post-graduate training program in OB/GYN that included training in abdominal myomectomy or completion of a hands on CME.

**Required Current Experience:** Demonstrated current competence and evidence of at least ten (10) laparoscopic or abdominal procedures in the past 12 months or completion of training in the past 12 months or completion fellowship program in gynecologic surgery.

**Focused Professional Practice Evaluation (FPPE NH/NP) guidelines:** New physicians will be monitored for at least three (3) procedures. Methods must include direct observation and may include case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

**Renewal of Privilege:** Demonstrated current competence and evidence of at least twenty (20) total myomectomies (laparoscopic and abdominal) procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.



**OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

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**NEOVAGINA DEVELOPMENT (E.G. VECCHIETTI PROCEDURE)**

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**Applicant: Requested Initial**

**Requested Renewal**

**Service Chief/Chair: Recommended**

**Not Recommended**

**Criteria:** Must have and maintain core gynecology privileges plus, successful completion of an ACGME- or AOA-accredited post-graduate training program in OB/GYN and completion of a fellowship that included training in laparoscopic neovagina development

**Required Current Experience:** Demonstrated current competence and evidence of at least one (1) procedures in the past 12 months or completion of training in the past 12 months

**Focused Professional Practice Evaluation (FPPE NH/NP) guidelines:** New physicians will be monitored for at least three (3) procedures. Methods must include direct observation and may include case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

**Renewal of Privilege:** Demonstrated current competence and evidence of at least two (2) procedures (as primary or assisting surgeon) in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

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**ADVANCED HYSTEROSCOPY PROCEDURES-USING ELECTROCAUTERY**

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**Applicant: Requested Initial**

**Requested Renewal**

**Service Chief/Chair: Recommended**

**Not Recommended**

**Criteria:** Must have and maintain core gynecology privileges plus, successful completion of an ACGME- or AOA-accredited post-graduate training program in OB/GYN that included training of advanced hysteroscopic procedures using electrocautery, including myomectomy, septum resection, planned lysis of adhesions, rollerball endometrial ablation or endomyometrial resection

**Required Current Experience:** Demonstrated current competence and evidence of at least three (3) advanced hysteroscopy procedures using electrocautery in the past 12 months or completion of training in the past 12 months or completion of a post-graduate gynecologic surgery fellowship training program

**Focused Professional Practice Evaluation (FPPE NH/NP) guidelines:** New physicians will be monitored for at least three (3) procedures. Methods must include direct observation and may include case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

**Renewal of Privilege:** Demonstrated current competence and evidence of at least five (5) advanced hysteroscopy procedures using electrocautery in the past 24 months based on results of ongoing professional practice evaluation and outcomes.



**OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

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**TOTAL VULVECTOMY FOR NON-MALIGNANT (NON-INVASIVE) INDICATORS**

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**Applicant: Requested Initial**

**Requested Renewal**

**Service Chief/Chair: Recommended**

**Not Recommended**

**Criteria:** Must have and maintain core gynecology privileges plus, successful completion of an ACGME- or AOA-accredited post-graduate training program in OB/GYN that included training in total vulvectomy for non-malignant indicators procedures or completion of a hands on CME.

**Required Current Experience:** Demonstrated current competence and evidence of at least three (3) procedures in the past 12 months or completion of training in the past 12 months.

**Focused Professional Practice Evaluation (FPPE NH/NP) guidelines:** New physicians will be monitored for at least three (3) procedures. Methods must include direct observation and may include case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

**Renewal of Privilege:** Demonstrated current competence and evidence of at least six (6) procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

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**ADVANCED VULVECTOMY PROCEDURES**

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**Applicant: Requested Initial**

**Requested Renewal**

**Service Chief/Chair: Recommended**

**Not Recommended**

Advanced Vulvectomy Procedures include:

1. Radical vulvectomy without lymphadenectomy for non-malignant (non-invasive) indications
2. Split or full thickness skin graft and flaps to genital tract as part of tissue reconstruction

**Criteria:** Must have and maintain core gynecology privileges plus, total Vulvectomy privileges, plus successful completion of an ACGME- or AOA-accredited post-graduate training program in OB/GYN that included training in advanced vulvectomy procedures or completion of a hands on competency based surgical training.

**Required Current Experience:** Demonstrated current competence and evidence of at least three (3) advanced vulvectomy procedures in the past 12 months as the primary operating surgeon or assisting surgeon or completion of training in the past 12 months.

**Focused Professional Practice Evaluation (FPPE NH/NP) guidelines:** New physicians will be monitored for at least 2 procedures as a primary surgeon or 4 procedures as an assisting surgeon. Methods must include direct observation and may include case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.



**OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

**Renewal of Privilege:** Demonstrated current competence and evidence of at least six (6) advanced vulvectomy procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

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**MANUAL VACUUM ASPIRATION (MVA) (NON OB/GYN PRACTITIONER - FAMILY MEDICINE ONLY)**

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**Applicant: Requested Initial**

**Requested Renewal**

**Service Chief/Chair: Recommended**

**Not Recommended**

**Criteria:** Applicant must be trained and board certified outside of Obstetrics and Gynecology in the training area of Family Medicine. Applicant must have received training in the performance of Manual Vacuum Aspiration and performed a minimum of twenty (20) supervised procedures by an Ob/Gyn faculty member.

**Required Current Experience:** Demonstrated current competence and evidence of at least ten (10) procedures in the past 12 months for each procedure requested or completion of training in the past 12 months.

**Focused Professional Practice Evaluation (FPPE NH/NP):** New physicians will be monitored for at least three (3) procedures. Monitoring of manual vacuum aspiration outcomes will be performed for the first six (6) months including rates of complication according to gynecologic quality indicators. A monitor will review on a monthly basis through the Quality Improvement Committee of Obstetrics and Gynecology and any outliers or concerns will be reported to the Director of Gynecology, Service Chief or Department Chair. A monitor will meet with the faculty member at six (6) months to review all related activities.

**Renewal of Privilege:** Demonstrated current competence and evidence at least twenty (20) procedures in the past 24 months for each procedure requested based on results of ongoing professional practice evaluation and outcomes.

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**CESAREAN DELIVERY (WITH OR WITHOUT TUBAL LIGATION) (NON OB/GYN PRACTITIONER – FAMILY MEDICINE ONLY)**

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**Applicant: Requested Initial**

**Requested Renewal**

**Service Chief/Chair: Recommended**

**Not Recommended**

**Scope of practice:** Routine cesarean delivery without risk factors that predict a higher risk for complications or morbidity. The following high risk cesarean deliveries must be referred to an obstetrician for operative management. History of non-low transverse cesarean delivery; cesarean delivery on an early pre-term pregnancy (less than 32 weeks); placenta previa (known or suspected); placenta accreta, increta or percreta (known or suspected); known extensive pelvic adhesions; primary and repeat cesarean delivery with pre-pregnancy BMI greater than 40; major fetal anomalies; fetal back up or traverse fetal lie; maternal coagulopathy; known uterine fibroids that could complicate low transverse cesarean or increase risk of hemorrhage; maternal medical problems that would make anesthesia hazardous or require general anesthesia; or multiple gestation



**OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

**Criteria:** Applicant must be trained and board certified outside of Obstetrics and Gynecology in the training area of Family Medicine. Applicant must have received training in the performance of cesarean delivery and performed a minimum of one-hundred (100) supervised procedures by a board certified faculty member with cesarean delivery privileges at an accredited US training program.

**Required Current Experience:** Demonstrated current competence and evidence of at least eight (8) procedures in the past 12 months for each procedure requested or completion of training in the past 12 months.

**Focused Professional Practice Evaluation (FPPE NH/NP):** New physicians will be monitored for at least five (5) procedures. Monitoring of cesarean delivery outcomes will be performed for the first six (6) months including rates of complication according to obstetric quality indicators. A monitor will review on a monthly basis through the Quality Improvement Committee of Obstetrics and Gynecology and any outliers or concerns will be reported to the Director of Obstetrics, service chief or department chair. A monitor will meet with the faculty member at six (6) months to review all related activities.

**Renewal of Privilege:** Demonstrated current competence and evidence at least fifteen (15) procedures in the past 24 months for each procedure requested based on results of ongoing professional practice evaluation and outcomes.



**OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

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**SPECIAL INSTITUTIONAL PRIVILEGES (SEPARATE APPLICATION REQUIRED)**

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**A separate application is required to APPLY or REAPPLY for the following Special Privileges:**

- ▶ FLUOROSCOPY
- ▶ HYPERBARIC OXYGEN THERAPY
- ▶ LASER
- ▶ ROBOTIC SURGICAL PLATFORM
- ▶ CHEMOTHERAPY (FOR NON-ONCOLOGIST)
- ▶ SEDATION PRIVILEGES (FOR A NON-ANESTHESIOLOGIST)
- ▶ BATTLEFIELD AURICULAR ACUPUNCTURE

**PLEASE go to URL: [www.med.umich.edu/i/oca/mss/pdocs](http://www.med.umich.edu/i/oca/mss/pdocs) for instructions, or contact your Clinical Department Representative.**





**OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

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**CORE PROCEDURE LIST**

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*This list is not intended to be an all-encompassing procedure 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.*

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

**Obstetrics**

1. Antepartum Care
  - a. Ambulatory, routine, urgent, and emergency care in the office and hospital settings, in all venues.
  - b. History and physical exam
  - c. Hospitalization and inpatient care for obstetric, medical, and/or surgical problems/complications of pregnancy, postpartum LARC placement, including intrauterine device (IUD) and implants.
  
2. Labor and Delivery - Management of normal and abnormal labors, including:
  - a. Amniotomy
  - b. Electronic fetal/maternal monitoring
  - c. Oxytocin use
  - d. Scalp blood sampling
  - e. Parenteral analgesia
  - f. Amnio-infusion, and other indicated procedures
  - g. Induction of labor, including oxytocin use
  - h. Balloon placement and management for cervical ripening
  - i. Prostaglandin administration
  - j. Laminaria insertion
  - k. Spontaneous vaginal deliveries, including episiotomy
  - l. Repair of obstetrical lacerations including 3rd and 4th degree lacerations
  - m. Manual removal of placenta, and other indicated procedures
  - n. Trial Of Labor After Cesarean
  - o. Vaginal Birth After Cesarean
  - p. Low complexity operative vaginal delivery (vacuum or forceps). Low complexity vaginal delivery is defined as below +2 station; requiring no or <45 degree rotation.
  - q. External cephalic version
  - r. Emergency breech vaginal delivery including Piper forceps
  - s. Multiple pregnancy vaginal delivery, cephalic presentations
  - t. Emergency delivery of after-coming breech twin
  - u. Emergency podalic version of after-coming twin
  - v. Emergency and scheduled Cesarean delivery
  - w. Unplanned / emergency cesarean hysterectomy or unplanned / emergency hysterectomy after vaginal delivery



**OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

- x. Management of postpartum hemorrhage - medical and surgical
  - y. Management of infections
  - z. Complications of pregnancy and puerperium
  - aa. Immediate care of the newborn including resuscitation
3. Obstetric Anesthesia
- a. Paracervical block
  - b. Pudendal block
  - c. Local infiltration
  - d. Nitrous Oxide
4. Evacuation of intra-uterine pregnancy contents
- a. Surgical- Manual Vacuum Aspiration (MVA) or Dilation & Curettage (up to 14+6 weeks gestation by measured size)
  - b. Medical evacuation of intra-uterine pregnancy contents, including medical abortion
  - c. Hysterotomy
  - d. Dilation & Curettage for retained placenta and/or products of conception.
  - e. Unplanned / Emergency Dilation and Evacuation
5. Ultrasound
- a. First trimester scan for viability, pregnancy location, crown rump length (CRL), dating
  - b. Biophysical profile (BPP), amniotic fluid index, fetal presentation, placental location, viability
  - c. Follow-up ultrasound, biometry for estimated fetal weight
  - d. Transvaginal cervical length
  - e. Ultrasound for intrauterine procedure guidance
6. Other procedures
- a. Postpartum tubal sterilization, tubal sterilization during cesarean delivery including bilateral salpingectomy
  - b. Cystoscopy to evaluate for injury

**Gynecology**

1. Health Maintenance and management of routine healthcare of women. History and physical exam. Ambulatory, urgent, and emergency care in the office and hospital settings, in all venues. Office procedures.
2. Vulva, Introitus, and Perineum
- a. Vulvoscopy with or without biopsy
  - b. Incision and drainage of abscesses including Bartholin's and Skene's gland; excision and/or marsupialization of Bartholin's gland cyst/duct
  - c. Destruction of lesions by electrocautery, chemicals or cryotherapy, laser (requires laser privileges)
  - d. Hymenotomy
  - e. Hymenectomy
  - f. Perineorrhaphy
  - g. Wide Local Excision



**OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

- h. Repair of perineal and vaginal lacerations
- 3. Vagina
  - a. Biopsy
  - b. Excision of cyst, septum, or lesions
  - c. Destruction of lesions by electrocautery, chemicals or cryotherapy, laser (requires laser privileges)
- 4. Cervix
  - a. Colposcopy with or without biopsy
  - b. Dilation
  - c. Endocervical curettage
  - d. Destruction of lesions by electrocautery, cryotherapy, laser (requires laser privileges)
  - e. Conization of cervix by cold-knife
  - f. Conization of cervix by laser (requires laser privileges)
  - g. Loop excision procedures
- 5. Uterus
  - a. Endometrial biopsy
  - b. Curettage, diagnostic and/or therapeutic
  - c. Evacuation of uterine pregnancy contents
    - i. Surgical-Manual vacuum aspiration (MVA) or dilation and curettage (Curettage (up to 14+6 weeks gestation by measured size)
    - ii. Medical evacuation of uterine pregnancy contents, including medical abortion
    - iii. Hysterotomy
    - iv. Unplanned / Emergency Dilation and Evacuation
  - d. Emergency/unplanned abdominal hysterectomy
  - e. Emergency / unplanned vaginal hysterectomy
  - f. Resection of pedunculated (type 7) subserosal fibroids (laparotomy or laparoscopy)
- 6. Adnexal and Intraoperative (Laparoscopy or laparotomy):
  - a. Salpingectomy; total or partial salpingo-oophorectomy
  - b. Ectopic pregnancy removal by: salpingectomy, salpingotomy
  - c. Sterilization procedures (excluding hysteroscopic sterilization)
  - d. Exploratory Laparoscopy or Laparotomy
  - e. Adhesiolysis
  - f. Removal / drainage of tubo-ovarian abscess
  - g. Ovarian biopsy, cyst drainage, cystectomy
  - h. Destruction of endometriosis
  - i. chromopertubation (dye)
- 7. Hysteroscopy
  - a. Diagnostic
  - b. Global endometrial ablation
  - c. Hysteroscopic polypectomy, with forceps or electrocautery or morcellation device (e.g. MyoSure), incidental adhesiolysis, incidental septum resection
  - d. Hysteroscopic myomectomy with hysteroscopic morcellator (e.g. MyoSure)



**OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

8. GYN Ultrasound

- a. Ultrasound guidance of intrauterine procedure
- b. Limited GYN Ultrasound, including IUD location and retained products of conception
- c. First trimester scan for viability, pregnancy location, crown rump length (CRL)

9. Other Procedures

- a. repair superficial bowel serosal laceration
- b. repair simple bladder laceration
- c. diagnostic cystoscopy to evaluate for injury
- d. wound/incision complication
- e. pessary/diaphragm fitting
- f. trigger point injections
- g. Pelvic floor Botox injections
- h. Catheter placement for Saline infusion sonohysterogram
- i. Hysterosalpingogram
- j. IUD placement and removal
- k. Contraceptive implant placement and removal

**Outpatient / Ambulatory Care Only – Obstetrics**

- 1. Prenatal Care and management of routine and complicated obstetric and medical problems/complications of pregnancy, History and physical exam
- 2. Electronic fetal/maternal monitoring, non-stress test performance and interpretation
- 3. Prostaglandin administration
- 4. Laminaria insertion
- 5. Manual Vacuum Aspiration (MVA)
- 6. Postpartum care and management of routine and complicated obstetric and medical problems/complications of pregnancy
- 7. IUD placement and removal
- 8. Nexplanon placement and removal
- 9. Diaphragm fitting
- 10. Pessary fitting
- 11. Health Maintenance and management of routine healthcare of women, history and physical exam
- 12. Ultrasound
  - a. First trimester scan for viability, pregnancy location, crown rump length (CRL), dating,
  - b. Biophysical profile (BPP), amniotic fluid index, fetal presentation, placental location, viability
  - c. Follow-up ultrasound, biometry for estimated fetal weight
  - d. Transvaginal cervical length
  - e. Ultrasound for intrauterine procedure guidance

**Outpatient / Ambulatory Care Only – Gynecology**

- 1. Health Maintenance and management of routine healthcare of women, history and physical exam
- 2. Vulvoscopy with or without biopsy



**OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

3. Incision and drainage of abscesses including Bartholin's and Skene's gland; excision and/or marsupialization of Bartholin's gland cyst/duct
4. Destruction of vulva, vaginal, or cervical lesions by electrocautery, chemicals or cryotherapy, laser (requires laser privileges)
5. Colposcopy with or without biopsy, cervical dilation, ECC
6. LEEP
7. IUD placement and removal
8. Hysteroscopy
9. MVA
10. Catheter placement for Saline infusion sonohysterogram
11. Hysterosalpingogram
12. Nexplanon insertion and removal
13. Endometrial biopsy
14. Pessary fitting and placement
15. Diaphragm fitting
16. Trigger point injections
17. Pelvic Floor Botox injections
18. GYN Ultrasound
  - a. Ultrasound guidance of intrauterine procedure
  - b. Limited GYN Ultrasound, including IUD location and retained products of conception
  - c. First trimester scan for viability, pregnancy location, crown rump length (CRL)

**Female Pelvic Medicine and Reconstructive Surgery (urogynecology)**

1. Perform history and physical exam

***Commonly Performed Prolapse***

1. Colpocleisis
2. Colpopexy, intraperitoneal (high uterosacral ligament suspension, McCall's culdeplasty)
3. Colpopexy, extra peritoneal (Sacrospinous ligament suspension, iliococcygeus suspension)
4. Colpopexy, sacral (insertion of graft placed via laparoscopic or abdominal approach) (Robotic assisted requires robotic privileges.)
5. Colporrhaphy—anterior, posterior repair, and perineorrhaphy
6. Enterocele repair
7. Hysterectomy, vaginal
8. Paravaginal repair
9. Placement of mesh/biologic grafts vaginally to repair prolapse
10. Posterior tibial nerve stimulation (PTNS)
11. Repair of complex obstetric lacerations

***Commonly Performed Urinary Incontinence***

1. Cystoscopy with intravesical injection (e.g. OnabotulinumtoxinA)
2. Mid-urethral incontinence procedures (Tension-free Vaginal Tape (TVT) and other similar anti-incontinence procedures)
3. Periurethral bulking injections with or without cystoscopy



**OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

4. Pubovaginal sling (with autologous fascia or other graft)
5. Paravaginal repairs
6. Retropubic urethropexy with/without suprapubic cystotomy
7. Urodynamic testing, performance and interpretation

***Less frequently performed procedures***

1. Anal sphincteroplasty, retrorectal repair
2. Cystoscopy with ureteral stent placement
3. Fistula repair, vesico-vaginal, urethra-vaginal, uretero-vaginal
4. Fistula, recto-vaginal; fistulotomy, seton placement
5. Graft harvesting (Rectus fascia, Fascia Lata, or Martius graft) as part of fistula, diverticulectomy repair)
6. Mesh excision
7. Revision or removal of suspending sutures, sub-urethral slings
8. Urethral diverticulectomy repair
9. Urethral polypectomy
10. Urethral prolapse excision
11. Anal sphincter ultrasound
12. Sacral neuromodulation
13. McEndoe vaginoplasty
14. Cystotomy repair

**Reproductive Endocrinology**

1. Perform history and physical exam
2. Artificial insemination
3. Artificial insemination
4. Assisted reproductive technologies (ART)
5. Clomiphene citrate more than four (4) cycles
6. Embryo transfer
7. GIFT/ZIFT
8. Gonadotropin therapy
9. Hysterosalpingogram
10. Hysteroscopic tubal cannulation
11. IVF (oocyte retrieval by any method)
12. Laparoscopy (infertility treatment, tubal reconstructive surgery)
13. Laparotomy (tubal reconstructive surgery to include tubal re-anastomosis, for primary treatment)
14. Ovulation induction
15. Advanced hysteroscopy with electrosurgery (Hysteroscopic intrauterine septum resection, hysteroscopic lysis of intrauterine adhesions)
16. Tubal reanastomosis, laparoscopic or abdominal (Robotic assisted requires robotic privileges.)



**OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

17. Ultrasound including the following:
- Comprehensive pelvic ultrasound, gynecology
  - First trimester scan for viability, pregnancy location, crown rump length (CRL), dating
  - Ultrasound for follicle monitoring
  - Ultrasound for guidance of oocyte retrieval
  - Ultrasound guidance of intra-uterine procedures
  - Saline infusion sonohysterography and contrast infusion sonohysterography

**Gynecologic Oncology**

- Perform history and physical exam
- Appendectomy (incidental or planned)
- Radical, modified radical, or simple hysterectomy with or without pelvic and para-aortic lymphadenectomy; hysterectomy and radical hysterectomy after cesarean or vaginal delivery; fertility sparing procedures including radical trachelectomy; radical vaginectomy. (Robotic assisted requires robotic privileges.)
- Radical vulvectomy with or without inguinal lymphadenectomy and/or reconstructive procedures (e.g. rhomboid flap, tensor fascia lata flap, split thickness skin graft, gracilis flap, gluteus maximus flap, and transposition flap)
- Pelvic exenteration including any or all of the following: Anterior, posterior, or total pelvic exenteration; urinary conduit (e.g. ileal, colon, or continent types); vaginoplasty (e.g. split thickness skin graft, gracilis flap, rectus flap, etc.); bowel resection and anastomosis
- Ovarian cancer staging and radical cytoreduction, including (but not limited to) bowel resection, CUSA, Argon beam ablation, diaphragm stripping, splenectomy, etc.
- Radiation brachytherapy applications (e.g. Fletcher Suite, Smit sleeve, interstitial template, etc.)
- Chemotherapy for gyn malignancies; central venous vascular and intraperitoneal access port insertion
- Laparoscopic cancer staging procedures; sentinel node mapping procedures
- Cystoscopy with or without biopsy and/or ureteral stenting; sigmoidoscopy; hysteroscopy.
- Panniculectomy; herniorrhaphy with or without mesh
- Repair of fistulae from GI or urinary tract, ureteral repair or ureteroneocystotomy

**Maternal Fetal Medicine**

- Perform history and physical exam
- Amniocentesis, any trimester, for any indication
- Medical fetal therapy (i.e. medication given to the mother to treat fetal abnormalities)
- Amnioreduction
- Intracardiac fetal injection
- Selective reduction and termination
- Interoperative support to obstetrician as requested including operative first assist
- Transvaginal cervical cerclage



**OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

9. Ultrasound including the following:
  - a) First trimester comprehensive ultrasound
  - b) Basic fetal survey including multiples
  - c) Targeted fetal survey including multiple
  - d) Nuchal Translucency
  - e) Doppler velocimetry





**OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

**ACKNOWLEDGEMENT 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 Michigan Medicine, and I understand that:

- a. In exercising any 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 situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

**Practitioner Printed Name** \_\_\_\_\_

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**SERVICE CHIEF / DEPARTMENT CHAIR'S RECOMMENDATION**

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:

<b>Privilege</b>	<b>Condition/Modification/Explanation</b>
1. _____	_____
2. _____	_____
3. _____	_____

**Notes**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Service Chief Printed Name** \_\_\_\_\_

**Service Chief Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Department Chair Printed Name** \_\_\_\_\_

**Department Chair Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY**  
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**Credentials Committee Action** \_\_\_\_\_ **Date** \_\_\_\_\_

**Executive Committee on Clinical Affairs Action** \_\_\_\_\_ **Date** \_\_\_\_\_

**Governing Board Action** \_\_\_\_\_ **Date** \_\_\_\_\_