

**ATRIUM HEALTH
REAPPOINTMENT DELINEATION OF PRIVILEGES
SPECIALTY OF OBSTETRICS AND GYNECOLOGY**

	YES		NO**	I have participated in direct patient care in the hospital setting within the past two (2) years.
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****If the answer is “No”, please do not complete this form. Contact the Medical Staff Office at (704) 355-2147 for additional instructions regarding the required proctoring process.**

Initial appointment Reappointment Updated DOP Request for Clinical Privileges

To be eligible for core privileges in Obstetrics and Gynecology, the applicant must meet the following qualifications:

- If the applicant is not a Diplomate of the American Board of Obstetrics and Gynecology (ABOG) or the American Osteopathic Board of Obstetrics and Gynecology (AOBOG) the applicant must provide:
 1. Documentation of successful completion, within the past five (5) years, of an ACGME or AOA accredited residency training program in Obstetrics and Gynecology; **AND**
 2. If applying for Obstetrical or Obstetrics Hospitalist privileges, submit documentation of the performance of at least fifty (50) obstetrical procedures during the past two (2) years, **AND**
 3. If applying for Gynecological privileges, submit documentation of the performance of at least twenty-five (25) gynecological surgical procedures during the past two (2) years.

- If the applicant is currently a Diplomate of the American Board of Obstetrics and Gynecology (ABOG) or the American Osteopathic Board of Obstetrics and Gynecology (AOBOG), the applicant must provide:
 1. Provide documentation of certification from the American Board of Obstetrics and Gynecology (ABOG) or the American Osteopathic Board of Obstetrics and Gynecology (AOBOG); **AND**
 2. If applying for Obstetrical or Obstetrics Hospitalist privileges, submit documentation of the performance of at least fifty (50) obstetrical procedures during the past two (2) years, **AND**
 3. If applying for Gynecological privileges, submit documentation of the performance of at least twenty-five (25) gynecological surgical procedures during the past two (2) years.

NOTE 1: Physicians must apply for “CORE” privileges in order to be eligible for clinical privileges in the specialty of Obstetrics and Gynecology at any facility within Atrium Health.

NOTE 2: “CORE” privileges cannot be amended or altered in any way.

NOTE 3: Please note that the exercise of certain privileges enumerated herein is necessarily limited by the operational, and resource constraints of the facility. All procedures must be performed within a clinical setting with the capabilities and organizational structure required to provide appropriate support.

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		OBSTETRICS CORE PRIVILEGES
			N/A							COB-1	Privileges to evaluate, diagnose, treat and provide consultation to female patients presenting in any condition or state of pregnancy, including those with injuries and disorders of the reproductive system. Privileges include, but are not limited to, amniocentesis; amniotomy; induction, augmentation, and management of labor and the puerperium; vaginal deliveries and related procedures; cesarean sections and related procedures, including tubal occlusion for sterilization and cesarean hysterectomy; procedures related to normal and complicated delivery including management of postpartum hemorrhage; resuscitation and intubation of the newborn; newborn circumcision; and management of all high-risk pregnancies, including major medical diseases that are complicating factors in pregnancy, except for those special procedure privileges listed below; use of adjunct energy sources such as lasers and cryosurgery.

Maintenance Criteria for Continued Privileges (COB-1)

The Physician must submit a minimum of twenty-five (25) cases over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

Print Name _____

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		CORE OBSTETRICS AND GYNECOLOGY PRIVILEGES – REHABILITATION HOSPITAL SETTING <u>ONLY</u>
N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	COBG-1	Privileges include evaluation and management, as well as procedures approved for performance within the acute rehabilitation setting, in conjunction with the comprehensive rehabilitation treatment plan.

***SPECIAL PRIVILEGES WITH QUALIFICATIONS AND/OR SPECIFIC CRITERIA - PROVIDE THE NUMBER OF PROCEDURES PERFORMED WITHIN THE PAST TWO YEARS AND FACILITY WHERE THE PROCEDURES WERE PERFORMED.**

MATERNAL AND FETAL MEDICINE:

1. Documentation of successful completion of an ABOG-approved or AOBOG-approved Maternal and Fetal Medicine fellowship program within the past five (5) years; **OR**
2. Documentation of subspecialty certification in Maternal and Fetal Medicine by the American Board of Obstetrics and Gynecology or Certification of Special Qualifications (CSQ) in Maternal and Fetal Medicine.

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		MATERNAL AND FETAL MEDICINE CORE PRIVILEGES			
			N/A							COB-2	Privileges to evaluate, diagnose, provide consultation to and treat patients with medical and surgical complications of pregnancy, such as maternal cardiac, pulmonary, metabolic, infectious, and connective tissue disorders, and fetal malformations, conditions or disease. Privileges include, but are not limited to, maternal and fetal monitoring and invasive fetal testing and therapy; use of adjunct energy sources such as lasers and cryosurgery.			
CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland	MATERNAL AND FETAL MEDICINE– SPECIAL PRIVILEGE		Minimum Number Required	Number Performed Within The Past 2 Years	Location
	N/A	N/A	N/A							COB-2(a)*	Fetoscopy	5		
	N/A	N/A	N/A							COB-2(b)*	Fetoscopic Laser Photocoagulation (FLP)	5		
	N/A	N/A	N/A							COB-2(c)*	Needle Based Ablation (NBA)	2		

MATERNAL AND FETAL MEDICINE– SPECIAL PRIVILEGE
Must apply for and maintain Maternal and Fetal Medicine Core Privileges (COB-2)

Print Name _____

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		GYNECOLOGY CORE OUTPATIENT PRIVILEGES <i>Privilege for physicians who are exclusively working in a hospital based clinic.</i>
			N/A							CGYN-1	Privileges to provide medical services and participation in teaching activities involving the care of outpatients in the Department of Obstetrics and Gynecology, in hospital based clinics that are on the hospital license when their participation is requested by the respective Chairman of the Department. These privileges shall include management of clinical problems which fall within the purview of Obstetrics and Gynecology including routine prenatal care.

Maintenance Criteria for Continued Privileges (CGYN-1)

- 1. Provide documentation from the Practitioners outpatient practice setting to include a minimum of ten (10) representative Outpatient Gynecology Core patient encounters. These must be cases that you have managed in the most recent two (2) years; AND**
- 2. Submission of a Peer Review Evaluation Form completed by one of the Applicant's peers that refers patients to or practices with the Applicant.**

Print Name _____

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		GYNECOLOGY CORE PRIVILEGES
			N/A							CGYN-2	Privileges to evaluate, diagnose, provide consultation for, and provide pre-operative, intra-operative and post-operative care necessary to treat female patients of all ages presenting with illnesses, injuries, and disorders of, or related to, the gynecological or genitourinary system, and non-surgical treatment of illnesses and injuries of the mammary glands. Privileges include, but are not limited to, treatment of ectopic pregnancy and intrauterine pregnancy and associated complications during the first and second trimester; surgical sterilization; use of adjunct energy sources such as lasers and cryosurgery; diagnostic laparoscopy; tubal occlusion for sterilization; tubal chromotubation; adhesiolysis; destruction of minimum (stage I & II) foci of endometriosis; ovarian biopsy; ovarian puncture; fimbrioplasty, and aspiration of cysts; extensive adhesiolysis; round ligament uterine suspension; treatment for ectopic pregnancy; ovarian cystectomy; salpingo oophorectomy; and treatment of moderate and severe endometriosis (stage III & IV).

Maintenance Criteria for Continued Privileges (CGYN-2):

The Physician must submit a minimum of fifteen (15) cases over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

Print Name _____

REPRODUCTIVE ENDOCRINOLOGY AND INFERTILITY:

1. Documentation of successful completion of an ABOG-approved or AOBG-approved Reproductive Endocrinology and Infertility fellowship program within the past five (5) years; **OR**
2. Documentation of subspecialty certification in Reproductive Endocrinology and Infertility by the American Board of Obstetrics and Gynecology or Certification of Special Qualification (CSQ) in Reproductive Endocrinology.

****NOTE:** All applicants must provide documentation of previous experience in assisted reproductive technologies such as in vitro fertilization, gamete intrafallopian transfer, or zygote intrafallopian transfer and must present evidence of appropriate training and qualifications to perform procedures associated with assisted reproductive technologies with demonstration of the cognitive and technical skills necessary to perform these procedures.

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE		REPRODUCTIVE ENDOCRINOLOGY AND INFERTILITY CORE PRIVILEGES
			N/A							CGYN-3	Privileges to evaluate, diagnosis, treat, and act as consultant for, patients presenting with problems of congenital or acquired gynecologic abnormalities, or of infertility, including all aspects of assisted reproductive technologies. Privileges include, but are not limited to, microsurgical tubal re- anastomosis and tubo-uterine implantation, Mullerian dysgenesis surgeries, perineoplasties and vaginoplasties.

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE	REPRODUCTIVE ENDOCRINOLOGY AND INFERTILITY SPECIAL PRIVILEGES	Minimum Number Required	Number Performed Within The Past 2 Years	Location
			N/A							Must apply for and maintain Reproductive Endocrinology and Infertility Core Privileges (CGYN-3) CGYN-3(a)*	3		Fertiloscopy

Print Name _____

GYNECOLOGIC ONCOLOGY:

1. Documentation of successful completion of an ABOG-approved or an AOBG-approved Gynecologic Oncology fellowship program within the past five (5) years; **OR**
1. Documentation of subspecialty certification in Gynecologic Oncology by the American Board of Obstetrics and Gynecology or Certification of Special Qualification (CSQ) in Gynecologic Oncology.

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE		GYNECOLOGIC ONCOLOGY CORE PRIVILEGES
			N/A							CGYN-4	Privileges to evaluate, diagnose, consult and provide surgical and therapeutic treatment to women with malignant disease, including carcinomas of the cervix, ovary and fallopian tubes, uterus, vulva and vagina. Also included within this core set of privileges are rigid sigmoidoscopy, chemotherapy, minimally invasive or open procedures including total, subtotal, supracervical, laparoscopic assisted vaginal abdominal, or radical hysterectomy, diagnostic or operative hysteroscopy, radical abdominopelvic procedures including tumor reductive surgery, vulvectomy, and staging, by lymphadenectomy, lymphatic mapping, pelvic exenteration and the performance of separate or concomitant procedures on the bowel, urethra, ureters, and bladder as indicated, including but not limited to cystoscopy, ileostomy, colostomy, and vaginal or vulvar reconstruction.

FEMALE PELVIC MEDICINE AND RECONSTRUCTIVE SURGERY (UROGYNECOLOGY):

1. Documentation of successful completion, within the past five (5) years, of an ACGME or AOA accredited residency training program in Obstetrics and Gynecology; **OR**
1. Documentation of current status as Diplomate of the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology; **AND**
2. Documentation of successful completion of either a two (2) year or a three (3) year fellowship program in Female Pelvic Medicine and Reconstructive Surgery or in Female Urology; **AND**
3. Documentation of the performance of at least twenty-five (25) female pelvic medicine and reconstructive surgical procedures during the past two (2) years.

Print Name _____

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE		FEMALE PELVIC MEDICINE AND RECONSTRUCTIVE SURGERY (UROGYNECOLOGY) CORE PRIVILEGES
			N/A							CGYN-5	Privileges to evaluate, diagnose, treat and provide consultation and pre, intra and postoperative care and medical management for the care of women with pelvic floor disorders. Specialized procedures and reconstructive operations of the female pelvis for the treatment of urinary or fecal dysfunction.

NOTE: Privileges include but are limited to, diagnostic and treatment modalities include multi-channel urodynamic testing, endoanal ultrasound, bladder instillation therapies, diagnostic and operative cystoscopy, ureteral stent placement, transurethral injection of bulk-enhancing agents, use of grafts for reconstructive procedures, specialized endoscopic operations (such as sacral colpopexy), placement of sacral neuromodulators under fluoroscopic guidance, neovaginal reconstruction; cystometrics; anal manometry; EMG; vaginal graft use for support (synthetic, xenografts and cadaveric); urinary incontinence procedures; fecal incontinence procedures; rectal prolapse/rectopexy; vesicovaginal; rectovaginal uterovesical fistula; omental flaps grafts; martius grafts; exploration of retroperitoneum; reconstruction procedures on external female genitalia requiring prosthetic implants or foreign material; urinary bladder surgery for benign disease, including partial resection and removal of foreign bodies; urethral suspension procedures; urethrolisis; fascia lata; rectus fascia harvesting; resection of bladder or urethro-vesical diverticulum; resection/fulguration of urethro-vesical lesions.

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE	FEMALE PELVIC MEDICINE AND RECONSTRUCTIVE SURGERY (UROGYNECOLOGY) SPECIAL PRIVILEGES	Minimum Number Required	Number Performed Within The Past 2 Years	Location
			N/A							Must apply for and maintain Female Pelvic Medicine and Reconstructive Surgery Core Privileges (CGYN-5)			
			N/A							CGYN-5(a)*	Ureteral Reimplant	5	
			N/A							CGYN-5(b)*	Urinary Diversion Procedures	5	
			N/A							CGYN-5(c)*	Colostomy	5	
			N/A							CGYN-5(d)*	Female Sphincter Prothesis	5	
			N/A							CGYN-5(e)*	Artificial Anal Sphincter	5	
			N/A							CGYN-5(f)*	Interstim Therapy (sacral neuromodulation therapy)	5	
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CGYN-5(g)*	Gender affirming surgery: transgender male to female vaginoplasty for the treatment of gender dysphoria	5	

Print Name _____

*** SPECIAL PRIVILEGES WITH QUALIFICATIONS AND/OR SPECIFIC CRITERIA - PROVIDE THE NUMBER OF PROCEDURES PERFORMED WITHIN THE PAST TWO YEARS AND FACILITY WHERE THE PROCEDURES WERE PERFORMED.**

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE	GYNECOLOGY SPECIAL PRIVILEGES	Minimum Number Required	Number Performed Within The Past 2 Years	Location
			N/A							Must apply for and maintain Core Privileges			
			N/A							CGYN-6 *	Tubal reconstruction	5	
			N/A							CGYN-7 *	Vaginal or pelvic reconstructive or support procedures	5	
			N/A							CGYN-8*	Urinary incontinence procedures, including pubo-vesical sling	5	
			N/A							CGYN-9*	Incidental Appendectomy	3	
CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE	HYSTEROSCOPY SPECIAL PRIVILEGES	Minimum Number Required	Number Performed Within The Past 2 Years	Location
			N/A							Must apply for and maintain Core Privileges			
			N/A							CGYN-10*	Hysteroscopy – Diagnostic Diagnostic privilege is not required when you apply for and maintain the Operative privilege.	10	
			N/A							CGYN-11*	Hysteroscopy – Operative	10	
CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE	CYSTOSCOPY AND URETHROSCOPY	Minimum Number Required	Number Performed Within The Past 2 Years	Location
			N/A							Must apply for and maintain Core Privileges			
			N/A							CGYN-12*	Diagnostic intra-/post-operative inspection of the bladder or urethral injury (for review and approval by Urology)	3	

Print Name _____

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE	DA VINCI SURGICAL ROBOT		Minimum Number Required	Number Performed Within The Past 2 Years	Location
			N/A				N/A	N/A		Must apply for and maintain Core Privileges				
										CGYN-13*	da Vinci Surgical Robot	See Criteria		
CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE	TRANSLAPAROSCOPIC ABLATION		Minimum Number Required	Number Performed Within The Past 2 Years	Location
										Must apply for and maintain Core Privileges				
N/A	N/A		N/A							CGYN-14*	Uterine Myomas	3		
CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE	ADVANCED LAPAROSCOPY		Minimum Number Required	Number Performed Within The Past 2 Years	Location
										Must apply for and maintain Core Privileges				
										CGYN-17*	Advanced Laparoscopy			
			N/A							CGYN-17(a)*	Myomectomy	5		
			N/A							CGYN-17(b)*	Retropubic cystourethropexy	5		
			N/A							CGYN-17(c)*	Assisted vaginal hysterectomy	5		
			N/A							CGYN-17(d)*	Laparoscopy with intra-abdominal laser	5		
			N/A							CGYN-17(e)*	Uterosacral nerve ablation	5		
											Hysterectomy			
			N/A							CGYN-17(f)*	Laparoscopic Total Hysterectomy	5		
			N/A							CGYN-17(g)*	Laparoscopic Supracervical Hysterectomy	5		
			N/A							CGYN-17(h)*	Sacral Colpopexy	3		

Print Name _____

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE		OBSTETRICS HOSPITALIST CORE PRIVILEGES <i>Privilege for physicians who are exclusively contracted as an OB hospitalist.</i>
			N/A							COBG-2	Privileges to evaluate, diagnose, treat and provide consultation to female patients presenting in any obstetric or gynecological disorders or injuries. Privileges include, but are not limited to, amniocentesis; amniotomy; induction, augmentation, and management of labor and the puerperium; vaginal deliveries and related procedures; cesarean sections and related procedures, including tubal occlusion for sterilization and cesarean hysterectomy; procedures related to normal and complicated delivery including management of postpartum hemorrhage; resuscitation and intubation of the newborn; newborn circumcision; and management of all high-risk pregnancies, including major medical diseases that are complicating factors in pregnancy, except for those special procedure privileges listed below; use of adjunct energy sources such as lasers and cryosurgery; diagnostic laparoscopy; tubal occlusion for sterilization; treatment of ectopic pregnancy.

Maintenance Criteria for Continued Privileges (COBG-2)

The Physician must submit a minimum of twenty-five (25) cases over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

PRIVILEGES REQUESTED BY:

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 Atrium Health 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 a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

I attest that I am not currently a user of illegal drugs or do not currently abuse the use of legal drugs.

I attest that I do not have a physical or mental condition which could affect my motor skills or ability to exercise the clinical privileges requested or that I require an accommodation in order to exercise the privileges requested safely and competently.

Signature

Date

Printed Name

COB-2(a) FETOSCOPY

DEFINITION: Fetoscopy is a technology that allows direct visualization of the fetus during pregnancy through small diameter endoscopes. Instruments can be used to perform operations within the uterus on the fetus, the cord, placenta or membranes.

SPECIFIC SKILLS AND TRAINING REQUIRED:

1. Provide documentation of the successful completion of an ABOG-approved or AOBOG-approved Maternal and Fetal Medicine fellowship program within the past two (2) years and have written documentation from the Program Director demonstrating competency in Fetoscopy; **OR**
1. Documentation of subspecialty certification in Maternal and Fetal Medicine by the American Board of Obstetrics and Gynecology or Certification of Special Qualifications (CSQ) in Maternal and Fetal Medicine; **AND**
1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Fetoscopy. You must provide documentation of proctoring for five (5) procedures.

Maintenance Criteria for Continued Privileges:

The Physician must perform a minimum of two (2) Fetoscopy procedures over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

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COB-2(b) FETOSCOPIC LASER PHOTOCOAGULATION (FLP)

DEFINITION: This procedure utilizes the fetoscope to identify aberrant placental arterio-venous connections between monozygotic twins and interrupt the blood flow through these abnormal connections with laser photocoagulation.

SPECIFIC SKILLS AND TRAINING REQUIRED:

1. Provide documentation of the successful completion of an ABOG-approved or AOBOG-approved Maternal and Fetal Medicine fellowship program within the past two (2) years and have written documentation from the Program Director demonstrating competency in Fetoscopic Laser Photocoagulation; **OR**
1. Documentation of subspecialty certification in Maternal and Fetal Medicine by the American Board of Obstetrics and Gynecology or Certification of Special Qualifications (CSQ) in Maternal and Fetal Medicine; **AND**
2. Evidence of physics and safety training with the laser; **OR**
2. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Fetoscopic Laser Photocoagulation. You must provide documentation of proctoring for five (5) procedures.

Maintenance Criteria for Continued Privileges:

The Physician must perform a minimum of two (2) FLP procedures over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

COB-2(c) NEEDLE BASED ABLATION (NBA)

DEFINITION: This procedure utilizes a needle inserted into the uterus that emits energy for fetal therapy.

SPECIFIC SKILLS AND TRAINING REQUIRED:

1. Provide documentation of the successful completion of an ABOG-approved or AOBOG-approved Maternal and Fetal Medicine fellowship program within the past two (2) years and have written documentation from the Program Director demonstrating competency in Needle Based Ablation; **OR**
1. Documentation of subspecialty certification in Maternal and Fetal Medicine by the American Board of Obstetrics and Gynecology or Certification of Special Qualifications (CSQ) in Maternal and Fetal Medicine; **AND**
2. Evidence of physics and safety training with needle based ablative procedures (NBA); **OR**
2. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Needle Based Ablation. You must provide documentation of proctoring for five (5) procedures.

Maintenance Criteria for Continued Privileges:

The Physician must perform a minimum of two (2) NBA procedures over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

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CGYN-3(a) FERTILOSCOPY

DEFINITION: Gynecologic surgery performed with an endoscope modified to make it suitable for trans-vaginal placement, used in the diagnosis of female infertility and limited treatment including ablation of endometriosis, adhesiolysis, and ovarian drilling. Hysteroscopy and chromopertubation are performed during the combined Fertiloscopy procedure.

SPECIFIC SKILLS AND TRAINING REQUIRED:

1. Apply for and maintain privileges in Diagnostic and Operative Hysteroscopy (CGYN-10 and CGYN-11) and Advanced Laparoscopy (CGYN-17); **AND**
2. Provide documentation of the successful completion of a residency program in Obstetrics and Gynecology within the past two (2) years and have written documentation from the Program Director demonstrating competency in Fertiloscopy; **OR**
2. Provide documentation of successful completion of a formal course on Fertiloscopy where the practicum included a classroom training session of theory, direct observation of one or more Fertiloscopy procedures by a mentor, and a proctoring session in which the trainee can be directly observed in at least three (3) cases. Provide documentation from the training program of the successfully proctored cases and final certification of successful completion of the formal course; **OR**
2. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Fertiloscopy. You must provide documentation of proctoring for three (3) procedures.

MAINTENANCE CRITERIA FOR CONTINUED PRIVILEGES:

The Physician must submit a minimum of ten (10) Fertiloscopy procedures over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

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CGYN-5 (a) – (e) URETERAL REIMPLANT; URINARY DIVERSION PROCEDURES; COLOSTOMY; FEMALE SPHINCTER PROTHESIS; ARTIFICIAL ANAL SPHINCTER

SPECIFIC SKILLS AND TRAINING REQUIRED:

1. Provide documentation of the successful completion of a residency or fellowship program within the past two (2) years and have written documentation from the Program Director demonstrating competency in each procedure requested; **OR**
1. Provide a minimum number of five (5) cases performed of each procedure requested within the past two (2) years; **OR**
1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform each procedure requested. You must provide documentation of proctoring for five (5) procedures for each procedure requested.

CGYN-5 (f) INTERSTIM THERAPY (SACRAL NEUROMODULATION THERAPY)

DEFINITION: The therapy involves electrical stimulation of the sacral nerves (in the sacrum through either S-3 or S-4) via a totally implantable system that includes a lead, implantable pulse generator (IPG), and an extension, which connects the lead to the IPG.

SPECIFIC SKILLS AND TRAINING REQUIRED:

1. Provide documentation of the successful completion of a residency program in Obstetrics and Gynecology within the past two (2) years and have written documentation from the Program Director demonstrating competency in Interstim Therapy (Sacral Neuromodulation Therapy);

OR

1. Documentation of successful completion of an accredited formal course/workshop on sacral neuromodulation therapy; **AND**
 2. Documentation from the applicant's current director/chief attesting to sufficient experience and competence. Provide documentation that demonstrates proficiency as evidenced by quality data, i.e., case log to include outcomes, on five (5) cases within the past two (2) years; **OR**
2. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Interstim Therapy. You must provide documentation of proctoring for five (5) procedures.

MAINTENANCE CRITERIA FOR CONTINUED PRIVILEGES:

The Physician must perform a minimum of five (5) Interstim Therapy procedures over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

CGYN-5 (g) GENDER AFFIRMING SURGERY: TRANSGENDER MALE TO FEMALE VAGINOPLASTY FOR THE TREATMENT OF GENDER DYSPHORIA

DEFINITION: Male to female feminizing genital gender affirming surgery includes the removal of the penis and testicles and surgical construction of neovagina and external female genitalia to include vulvar, labia, and neoclitoris. The following is a brief overview of the traditional procedural approach: Patient is taken to operating room and undergoes general anesthesia and positioned in lithotomy follow by sterile preparation and draping for perineum procedure. Transurethral Foley catheter is placed. Scrotal split thickness graft is excised. Bilateral orchiectomy to external ring is performed. The Penile skin is removed in a degloving fashion. The neoclitoris is constructed from glans penis. The neurovascular bundle is isolated. The urethra is isolated and separated from the corporal bodies. The Corporal bodies and bulbocavernosus are excised. Vaginal cavity if desired is created by dissection of vesico-rectal space over Denovilliers fascia. The vaginal graft is sewn over a stent/form and inserted into neovaginal space. Clitoral and urethroplasty are completed. External vulvar reconstruction is completed with skin closure and application of pressure dressing. **REFERENCES:** Book: Comprehensive Care of the Transgender Patient by Cecile A. Ferrando Surgical Management of the Transgender Patient by Loren S. Schechter

SKILLS AND TRAINING REQUIRED: Formal training and completion of residency in Obstetrics and Gynecology and fellowship training in Female Pelvic Medicine and Reconstructive Surgery (UroGynecology) or advanced pelvic surgery fellowship with subspecialty training in transgender surgery.

1. Provide documentation of the successful completion of a Residency program in Obstetrics and Gynecology **AND**
2. Provide documentation of the successful completion of Fellowship training in Female Pelvic Medicine **AND**
3. Provide documentation of the successful completion of Reconstructive Surgery (UroGynecology) **OR**
3. Provide documentation of the successful completion Advanced Pelvic Surgery Fellowship with Subspecialty Training in Transgender Surgery **AND**
4. Provide documentation that demonstrates proficiency as evidenced by quality data, i.e., case log to include outcomes, on five (5) cases within the past two (2) years; **OR**
4. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform transgender surgery and vaginoplasty. You must provide documentation of proctoring for five (5) procedures.

MAINTENANCE CRITERIA FOR CONTINUED PRIVILEGES:

The Physician must perform a minimum of ten (10) Gender Reaffirming Surgeries over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

CGYN-6 TUBAL RECONSTRUCTION

SPECIFIC SKILLS AND TRAINING REQUIRED:

1. Provide documentation of the successful completion of a residency program in Obstetrics and Gynecology within the past two (2) years and have written documentation from the Program Director demonstrating competency in Tubal Reconstruction; **OR**
1. Provide a minimum number of five (5) cases performed within the past two (2) years; **OR**
1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Tubal Reconstruction y. You must provide documentation of proctoring for five (5) procedures.

Maintenance Criteria for Continued Privileges:

The Physician must perform a minimum of two (2) Tubal Reconstruction procedures over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

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CGYN-7 VAGINAL OR PELVIC RECONSTRUCTIVE OR SUPPORT PROCEDURES

SPECIFIC SKILLS AND TRAINING REQUIRED:

1. Provide documentation of the successful completion of a residency program in Obstetrics and Gynecology within the past two (2) years and have written documentation from the Program Director demonstrating competency in Vaginal Or Pelvic Reconstructive Or Support Procedures; **OR**
1. Provide a minimum number of five (5) cases performed within the past two (2) years; **OR**
1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Vaginal Or Pelvic Reconstructive Or Support Procedures. You must provide documentation of proctoring for five (5) procedures.

Maintenance Criteria for Continued Privileges:

The Physician must perform a minimum of two (2) Vaginal Or Pelvic Reconstructive Or Support Procedures over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

CGYN-8 URINARY INCONTINENCE PROCEDURES, INCLUDING PUBO-VESICAL SLING

SPECIFIC SKILLS AND TRAINING REQUIRED:

1. Provide documentation of the successful completion of a residency program in Obstetrics and Gynecology within the past two (2) years and have written documentation from the Program Director demonstrating competency in Urinary Incontinence Procedures, Including Pubo-Vesical Sling; **OR**
1. Provide a minimum number of five (5) cases performed within the past two (2) years; **OR**
1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Urinary Incontinence Procedures, Including Pubo-Vesical Sling. You must provide documentation of proctoring for five (5) procedures.

Maintenance Criteria for Continued Privileges:

The Physician must perform a minimum of two (2) Urinary Incontinence Procedures, Including Pubo-Vesical Sling procedures over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

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CGYN-9 INCIDENTAL APPEDECTOMY

SPECIFIC SKILLS AND TRAINING REQUIRED:

1. Provide documentation of the successful completion of a residency program in Obstetrics and Gynecology within the past two (2) years and have written documentation from the Program Director demonstrating competency in Incidental Appendectomy; **OR**
1. Provide a minimum number of three (3) cases performed within the past two (2) years; **OR**
1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Incidental Appendectomy. You must provide documentation of proctoring for ten (10) procedures.

Maintenance Criteria for Continued Privileges:

The Physician must perform a minimum of one (1) Incidental Appendectomy procedures over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

CGYN-10 HYSTEROSCOPY – DIAGNOSTIC

Diagnostic privilege is not required when you apply for and maintain Operative privilege.

SPECIFIC SKILLS AND TRAINING REQUIRED:

1. Provide documentation of the successful completion of a residency program in Obstetrics and Gynecology within the past two (2) years and have written documentation from the Program Director demonstrating competency in Diagnostic Hysteroscopy; **OR**
1. Provide a minimum number of ten (10) cases performed within the past two (2) years; **OR**
1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Diagnostic Hysteroscopy. You must provide documentation of proctoring for ten (10) procedures.

Maintenance Criteria for Continued Privileges:

The Physician must perform a minimum of five (5) Diagnostic Hysteroscopy procedures over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

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CGYN-11 HYSTEROSCOPY – OPERATIVE

Diagnostic privilege is not required when you apply for and maintain Operative privilege.

SPECIFIC SKILLS AND TRAINING REQUIRED:

1. Provide documentation of the successful completion of a residency program in Obstetrics and Gynecology within the past two (2) years and have written documentation from the Program Director demonstrating competency in Operative Hysteroscopy; **OR**
1. Provide a minimum number of ten (10) cases performed within the past two (2) years; **OR**
1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Operative Hysteroscopy. You must provide documentation of proctoring for ten (10) procedures.

Maintenance Criteria for Continued Privileges:

The Physician must perform a minimum of five (5) Operative Hysteroscopy procedures over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

CGYN-12 CYSTOSCOPY AND URETHROSCOPY: DIAGNOSTIC INTRA-/POST-OPERATIVE INSPECTION OF THE BLADDER OR URETHRAL INJURY

DEFINITION-CYSTOSCOPY: A lighted scope placed inside the urethra or bladder to diagnose pathology.

DEFINITION-URETHROSCOPY: A lighted scope placed inside the urethra or bladder to detect injury post surgery.

SPECIFIC SKILLS AND TRAINING REQUIRED:

1. Provide documentation of the successful completion of a residency program in Obstetrics and Gynecology within the past two (2) years and have written documentation from the Program Director demonstrating competency in Cystoscopy and Urethroscopy; **OR**
1. Provide a minimum number of three (3) cases performed within the past two (2) years; **OR**
1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Cystoscopy and Urethroscopy. You must provide documentation of proctoring for three (3) procedures.

Maintenance Criteria for Continued Privileges:

The Physician must perform a minimum of one (1) Cystoscopy and Urethroscopy procedures over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

CGYN-13 DA VINCI SURGICAL ROBOT

SHORT DEFINITION - The da Vinci surgical system itself is a large console, controlled by the surgeon, with three interactive robotic arms, specialized surgical instrumentation, and a high-performance video system. The video system provides surgeons with a highly magnified, three-dimensional view of a patient's interior, while the surgical instrumentation allows for improved precision and manipulation in tight spaces.

The applicant must meet the following:

1. Apply for and maintain privileges for Advanced Laparoscopy (CGYN-17); **AND**
2. Provide verification from the Residency or Fellowship program director that the Applicant has been trained in da Vinci and has proficiently performed three (3) da Vinci cases within the past two (2) years.

OR

1. Apply for and maintain privileges for Advanced Laparoscopy (CGYN-17); **AND**
2. Documentation of successful completion of a formal course on the da Vinci system offered through Intuitive Surgical; **AND**
3. Verification by the approved Robotics Proctoring Physician that the Applicant was successfully proctored for a minimum of three (3) robotic-assisted patient cases; **OR**
3. Documentation of proficiently performing three (3) da Vinci cases within the past two (2) years; **OR**
3. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform da Vinci Surgical Robot. You must provide documentation of proctoring for three (3) procedures.

Maintenance Criteria for Continued Privileges:

The Physician must perform a minimum of two (2) da Vinci procedures over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

CGYN-14 TRANSLAPAROSCOPIC ABLATION

DEFINITION: Minimally invasive gynecologic surgery for use in laparoscopic ablation of uterine fibroids under laparoscopic ultrasound guidance.

SKILLS AND TRAINING:

The applicant must meet the following:

1. Apply for and meet the necessary criteria to be granted privileges for Advanced Laparoscopy (CGYN-17); **AND**
2. Provide documentation of the successful completion of a residency program in Obstetrics and Gynecology within the past two (2) years and have written documentation from the Program Director demonstrating competency in Translaparoscopic Ablation; **OR**
2. Provide documentation of successful completion of a formal course on Translaparoscopic Ablation where the practicum was trained with at least four (4) hours or greater of didactic training; **OR**
2. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Translaparoscopic Ablation. You must provide documentation of proctoring for three (3) procedures.

Maintenance Criteria for Continued Privileges:

The Physician must submit a minimum of six (6) Translaparoscopic Ablation procedures over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

GYN-17 ADVANCED LAPAROSCOPY

DEFINITION: Gynecologic surgery done with the placement of a laparoscope and trochars for manipulation of internal gynecologic organs with transection of major vessels, endoscopic suturing, extirpation of the uterus or appendix, or use of the tissue morcellator.

SPECIFIC SKILLS AND TRAINING REQUIRED: Obstetric and Gynecology training including general surgical skills with surgical procedures routinely performed by gynecologists. Skills are to include the ability to operate through a scope including experience with complications that may occur. If a laser is to be used to perform the procedure, the physician must have laser privileges. Obstetrician-gynecologists who have the skills, training, and qualifications to perform Advanced Laparoscopy may request privileges to perform Advanced Laparoscopy for procedures which they have been approved to perform via standard laparotomy techniques or through standard abdominal incision.

QUALIFICATIONS:

The applicant must meet the following:

1. Provide documentation of the successful completion of a residency program in Obstetrics and Gynecology within the past two (2) years and have written documentation from the Program Director demonstrating competency in Advanced Laparoscopy; **OR**
1. Provide a minimum number of ten (10) cases performed within the past two (2) years; **OR**
1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Advanced Laparoscopy. You must provide documentation of proctoring for ten (10) procedures.

MAINTENANCE CRITERIA FOR CONTINUED PRIVILEGES:

The Physician must perform a minimum of five (5) Advanced Laparoscopic procedures over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

CASE LOG

Physician's Name: _____

Date: _____

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