

**MEMORIAL MEDICAL CENTER**

2450 South Telshor Blvd. Las Cruces, NM 88011

**OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES**

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

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Effective from: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

- Initial appointment
- Reappointment

*All new applicants must meet the following requirements as approved by the governing body effective \_\_\_\_/\_\_\_\_/\_\_\_\_.*

*If any privileges are covered by an exclusive contract or an employment contract, practitioners who are not a party to the contract are not eligible to request the privilege(s), regardless of education, training, and experience. Exclusive or employment contracts are indicated by [EC].*

**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.

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

**Other Requirements**

- Note that privileges granted may only be exercised at the site(s) and setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.
- 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.

**QUALIFICATIONS FOR OBSTETRICS AND GYNECOLOGY**

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***To be eligible to apply for core privileges in obstetrics and 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 which is a minimum of four (4) years in length.

AND

Current NRP certification

AND

Current certification or; active participation in the examination process leading to certification in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology, within 5 years.

AND

Professional liability insurance coverage issued by a recognized company and in an amount equal to or greater than the limits established by the governing body.

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***Required previous experience:*** Applicants for initial appointment must be able to demonstrate provision of inpatient service to at least 12 patients over the past 12 months (October-September).

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**Reappointment requirements:** To be eligible to renew core privileges in obstetrics and gynecology, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

**CORE PRIVILEGES**

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**OBSTETRIC CORE PRIVILEGES**

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- Requested** Admit, evaluate, diagnose, treat, and provide consultation to female patients presenting in any condition or stage of pregnancy as well as injuries and disorders of the reproductive system. Performance of routine prenatal and postpartum care, employ obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques, manage all high-risk pregnancies, including major medical diseases that are complicating factors in pregnancy, perform vaginal deliveries including the use of forceps and vacuum extraction, vaginal breech and vaginal multifetal deliveries, manual removal of placenta, repair of obstetric lacerations, cesarean deliveries and related procedures, care for newborns, including resuscitation and intubation.

**GYNECOLOGY CORE PRIVILEGES**

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- Requested** Admit, evaluate, diagnose, treat, and provide consultation to female patients of all ages presenting with illnesses, injuries, and disorders of the gynecological or genitourinary system. Performance of gynecology screenings, which include clinical breast exams, pelvic exams, Pap smears, and colposcopies with vulvar, vaginal and cervical biopsy, provide the full range of commonly employed gynecologic diagnostic procedures, including ultrasonography and other relevant imaging techniques, treat vaginitis, sexually transmitted diseases, abnormal uterine bleeding and pelvic pain, perform the insertion of intrauterine devices, suction curettage for pregnancy termination, termination and management of incomplete, missed or inevitable abortion, tubal sterilization, adnexal surgery including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy, abdominal and vaginal hysterectomy, exploratory laparotomy, for diagnosis and treatment of pelvic pain, pelvic mass, hemoperitoneum, endometriosis and adhesions, diagnosis and manage pelvic floor dysfunction, including experience with the various operations for its correction, management of urinary incontinence, laparoscopic procedures.

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

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If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required previous experience, and for maintenance of clinical competence.

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**USE OF LASER**

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**Criteria:** Successful completion of an ACGME/AOA accredited residency or fellowship program that included training in laser procedures. Applicants may also become competent in

**Required previous experience:** Demonstrate successful performance of at least 5 laser procedures.

**Maintenance of privilege:** Demonstrated current competence and evidence of the performance of at least [n] laser procedures over the reappointment cycle based on results of ongoing professional practice evaluation and outcomes.

Requested

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**TRANSCERVICAL BALLOON TUBOPLASTY**

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**Criteria:** Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in

**Required previous experience:** Demonstrated current competence and evidence of the performance of at least

**Maintenance of privilege:** Demonstrated current competence and evidence of the performance of at least 5 in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Requested

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**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 that I wish to exercise at Hospital, 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.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**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. _____	_____
4. _____	_____

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

**[Department Chair/Chief] Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**FOR MEDICAL STAFF OFFICE USE ONLY**  
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**Credentials Committee action** **Date:** \_\_\_\_\_

**Medical Executive Committee action** **Date:** \_\_\_\_\_

**Board of Trustee action** **Date:** \_\_\_\_\_

