INSTRUCTIONS

All new applicants must meet the following requirements as approved by the UNM SRMC Board of Directors effective: 03/21/2012

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.

Clinical Service Chief: 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 be exercised only at UNM SRMC and in 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.
To be eligible to apply for core 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 post-graduate training program in obstetrics and gynecology.

AND

Current certification by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology 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 3 years.

Notwithstanding the foregoing, applicants for clinical privileges may seek an exception to this Board Certification requirement under Section 2.004 of the Bylaws of the Medical Staff of UNM Sandoval Regional Medical Center (the "Medical Staff Bylaws") and may be granted clinical privileges if such applicant is determined, in accordance with Section 2.004 of the Medical Staff Bylaws, to have qualified for one or more of these exceptions.

Required Previous Experience: Applicants for initial appointment must be able to demonstrate the performance of relevant gynecological surgical procedures (including major abdominal cases) in the privileges requested in the past 12 months or demonstrate successful completion of a hospital-affiliated accredited residency, or sub-specialty clinical fellowship within the past 12 months.

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

Current demonstrated competence and an adequate volume of experience in Gynecological Surgery with acceptable results, reflective of the scope of privileges requested based on ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges, and the renewal of privileges must be approved by the Clinical Service Chief.
GYNECOLOGY CORE PRIVILEGES

Admit, evaluate, diagnose, treat and provide consultation, preoperative, intraoperative and postoperative care necessary to correct or treat female patients of all ages including critically ill patients in the intensive care unit 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 (except as specifically excluded from practice). Performs history and physical exams.

Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

☐ Requested

SUBSPECIALTY CORE PRIVILEGES

The following subspecialty core privileges must be requested separately in addition to requesting the core privileges. The qualifications for Subspecialty Core Privileges will be evaluated based on current standards and approved on a case-by-case basis by the Clinical Service Chief.

MAINTENANCE OF SUBSPECIALTY CORE PRIVILEGES

Current demonstrated competence in subspecialty core privileges with acceptable results reflective of the scope of privileges requested and current standards will be routinely assessed based on the results of ongoing professional practice evaluation and outcomes. Subspecialty Core Privileges must be renewed as part of the regular renewal of privileges by the Clinical Service Chief.

Criteria: As for Obstetrics and Gynecology above, plus an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) postgraduate fellowship in female pelvic medicine and reconstructive surgery/urogynecology or an equivalent body of training and experience.
Admit, evaluate, diagnose, treat and provide consultation preoperative, intraoperative, and postoperative care necessary to correct or treat female patients (including critically ill patients in the intensive care unit) of all ages presenting with injuries and disorders of the genitourinary system. Performs history and physical exams.

Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.

☐ Requested

**UROLOGY PROCEDURES LIST**

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

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

1. Collagen injection
2. Cystoscopy
3. Cystotomy/cystostomy
4. Multichannel urodynamic testing
5. Paravaginal repair
6. Pubovaginal urethral suspension/sling
7. Sacrocolpopexy
8. Sacrospinous ligament suspension
9. Uterosacral culposuspension
10. Excision diverticulum
11. Urethral Fistula repair
12. Urethral catheter placement
13. Operative cystoscopy including cystoscopic biopsies, fulguration, and bladder injections including Onabotulinum toxin injections)
SACRAL NERVE STIMULATION FOR URINARY CONTROL

Criteria: Successful completion of an ACGME or AOA accredited training program in urology or in urogynecology. Applicants must have completed a training course in InterStim Therapy and should be proctored in their initial neurostimulator implant cases.

☐ Requested

USE OF ROBOTIC-ASSISTED SYSTEM FOR GYNECOLOGIC PROCEDURES (HYSTERECTOMY, SALPINGO-OOPHORECTOMY, AND MICROSURGICAL FALLOPIAN TUBE REANASTOMOSIS)

Criteria: Physician must have privileges to perform the procedures being requested for use with the robotic systems and have privileges or demonstrated training in general laparoscopic procedures. Successful completion of a hands on training practicum in the use of robotic systems or equivalent residency or fellowship training. In addition, physician must submit to the Credentials Committee clinical goals for the use of robotics. Proctoring may be required by the Credentialing Committee.

☐ Requested

USE OF LASER

Criteria: Successful completion of an approved residency in a specialty or subspecialty that included training in laser principles and use, or completion of equivalent training in laser principles and use with an appropriate body of experience. Practitioner agrees to limit his or her practice to only the specific laser types for which he or she has provided documentation of training and experience.

☐ Requested
Name: 
Effective Dates: __________ To: __________

**Administration of Sedation and Analgesia privileges**
See hospital policy for sedation and analgesia by non-anesthesiologists.
☐ Check here to request Moderate Sedation privileges form (Separate form)

**Limited Ultrasound for Guided Procedure**
☐ Check here to request Limited Ultrasound Guided Procedure privileges form (Separate form)
This list is a sampling of procedures included in the core. It is not intended to be an all-encompassing list, but rather is reflective of the categories/types of procedures included in the core.

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

1. Adnexal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy
2. Aspiration of breast masses
3. Cervical biopsy including conization
4. Colpocleisis
5. Colpoplasty
6. Colposcopy
7. Cystoscopy as part of gynecological procedure
8. Diagnostic and Therapeutic D & C
9. Diagnostic and Operative Laparoscopy
10. Endometrial ablation-global techniques
11. Exploratory laparotomy, for diagnosis and treatment of pelvic pain, pelvic mass, hemoperitoneum, endometriosis, and adhesions
12. Gynecologic sonography, transabdominal, transvaginal
13. Hysterectomy, abdominal
14. Hysterosalpingography
15. Hysteroscopy, diagnostic
16. I & D of pelvic abscess
17. Incidental appendectomy
18. Metroplasty
19. Myomectomy, abdominal, laparoscopic or transvaginal
20. Operation for treatment of urinary stress incontinence; vaginal approach, retropubic urethral suspension, sling procedure
21. Operations for female sterilization (tuballigation)-laparoscopic or via laparotomy
22. Repair of rectocele, enterocele, cystocele, or pelvic prolapse
23. Tuboplasty and other infertility surgery (not microsurgical)
24. Uterosacral vaginal vault fixation, paravaginal repair
25. Uterovaginal fistula
26. Vesicovaginal fistula, rectovaginal fistula repair
27. Vulvabio
28. Vulvectomy, simple
29. Hysteroscopy, operative including resectoscope
30. Transvaginal tubal sterilization (Essure, Adiana)
31. Dilation and Evacuation
32. Management of vulvar abscess or mass including Bartholin’s abscesses
33. Excision of Bartholin’s gland/cyst
34. IUD insertion/removal
35. Endometrial biopsy
36. Hysterectomy, vaginal
37. Hysterectomy, laparoscopic assisted
38. Hysterectomy, total laparoscopic
Acknowledgment of Practitioner

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at UNM SRMC, 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.

Signed _______________________________ Date _____________________

Clinical Service Chief’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:

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Notes:
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Print Name ____________________________________ Signature __________________ Date _____________________

Clinical Service Chief or Designee Signature