

Privileges in Obstetrics and Gynecology

Applicant's Name:

Instructions:

- 1. Click the **Request** checkbox to request a group of **Core Privileges**.
- 2. **Uncheck** any privileges you do not want to request in this group.
- 3. Individually check off any **Special Privileges** you want to request.
- 4. Sign form electronically and submit with all required documentation.
- 5. To have **Administration of Sedation** privileges you must complete LPCH Sedation Privilege form (contact your medical staff coordinator for the form)

Required Qualifications

Initial Core Criteria Education/Training

Obstetrics and/or Gynecology - Successful completion of an ACGME or AOA accredited Residency training program in Obstetrics and/or Gynecology or foreign equivalent training. Family Practice - Successful completion of an ACGME or AOA accredited Residency training program in Obstetrics and Gynecology or Family Medicine (with training in obstetrics) or foreign equivalent training.

Must complete the Dignity in Childcare and Pregnancy Parts 1-3

Obstetrics

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 in Obstetrics and Gynecology by the American Osteopathic Board of Obstetrics & Gynecology or foreign equivalent training/board.

Applicants must become board certified within 5 years of completion of residency and be recertified as required by the American Board of Obstetrics and Gynecology (ABOG)

Documentation or attestation of the management of obstetrical and gynecological problems for at least 100 inpatients or outpatients as the attending physician (or senior resident), required during the past 2 years

Completion of the LPCH Required Electronic Fetal Heart Rate Monitoring Course taken every two years

Gynecology

Current certification or active participation in the examination process leading to certification in Gynecology or Obstetrics by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology or foreign equivalent training/board.

Applicants must become board certified within five (5) years of completion of residency and be recertified as required by ABOG.

Documentation or attestation of the management of obstetrical and gynecological problems for at least 100 inpatients or outpatients as the attending physician (or senior resident), required during the past 2 years

Reproductive Endocrinology and Infertility

Subspecialty board certification or active candidacy with full subspecialty certification required within five (5) years or completion of fellowship, and ongoing recertification or foreign equivalent training/board.

FPPE FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS

Core Privileges

Request	Request all privileges listed below. Uncheck any privileges that you do not want to request.	Dept Chair Rec
	Obstetrics: Privileges include, but are not limited to: (Complex Procedures Requiring Additional Training are not Included in the Core Privileges)	
	Privileges to admit, evaluate, consult, perform history and physical exam, and provide treatment for female patients in any condition or stage of pregnancy	
	Management of ante-, intra-, and post-partum patients Surgical procedures such as evacuation of the uterus in 1st, 2nd, and 3rd trimester fetal loss; cesarean delivery; instrumental vaginal delivery	
	Repair of genital tract lacerations including vaginal, cervical, and uterine lesions Hysterectomy and adnexal surgery	
	Fetal assessment using basic level I ultrasound and standard techniques of electronic fetal monitoring	
	Management of medical and surgical complications of pregnancy such as hypertensive disorders, diabetes, appendicitis and pyelonephritis	
	Management of pregnancy complications including incompetent cervix, pre-term labor, pre-term rupture of the membranes, and post partum hemorrhage and infection	
	Management of malpresentations and multiple gestations	
	Gynecology: (Complex Procedures Requiring Additional Training are not Included in the Core Privileges)	
	Privileges to evaluate, diagnose, consult, perform history and physical, and provide pre-, intra-, and post-operative care necessary to correct or treat female patients presenting with illness, injuries, and disorders of the gynecological or genitourinary system, and non-surgical treatment of illnesses and injuries of the mammary glands. Includes use of laparoscope; hysteroscopy, diagnostic or operative.	
	First trimester surgical evacuation of the uterus	
	Management of abnormal uterine bleeding and menstrual disorders	
	Management of gynecologic tumors, excluding malignancies	
	Management of gynecologic infections	
	Laparoscopy, hysteroscopy, hysterectomy, dilatation and curettage	
	Reproductive Endocrinology and Infertility	
	Special procedures required for in vitro fertilization, and microsurgery related to infertility	

Qualifications

Renewal Criteria

Obstetrics - Minimum of 40 Core obstetric cases required during the past 2 years; Completion of the LPCH Required Electronic Fetal Heart Rate Monitoring Course taken every two years. Gynecology - Minimum of 10 Core gynecologic cases required during the past 2 years Reproductive Endocrinology and Infertility - Minimum 5 cases each oocyte retrievals; embryo transfers; office hysteroscopie required during the past two years Must complete the Dignity in Childcare and Pregnancy Parts 1-3

FPPE - Area is managed by Medical Staff Office. Please make NO selections

Core - Obstetrics (Chart Review)

Core - Gynecology (Chart Review)

Core - Reproductive Endocrinology and Infertility (Chart Review)

Special Privileges

Description: Must also meet Required Qualifications for Core Privileges

Treatment of Patients in Outpatient Clinics at Lucile Packard Children's Hospital [Criteria - Teaching appointment required] Use of Fluoroscopy Equipment (or supervision of other staff using the equipment) [Criteria - Valid Radiology Supervisor and Operator Certificate or Fluoroscopy Supervisor and Operator Permit Required] Obstetric - Complex Procedures: Level 2 Ultrasound [Initial Criteria - Fellowship in Maternal-Fetal Medicine (MFM) or Pediatric Radiology; 300 procedures/ 2-years Applicants must become board certified within five (5) years of completion of fellowship in subspecialty of Maternal-Fetal Medicine and be recertified as required by ABOG. Documentation log required. Renewal Criteria - Minimum 300 cases required in the past two years.] Invasive fetal procedures [Initial Criteria - Fellowship in Maternal-Fetal Medicine (MFM) with documented training in invasive procedures. Applicants must become board certified within five (5) years of completion of fellowship in the subspecialty of Maternal-Fetal Medicine and be recertified as required by ABOG. Renewal Criteria - A minimum of 5 cases in the last two years, either Stanford or at a collaborating institution. Privileges include but are not limited to: Genetic Amniocentesis, chorionic villus sampling (CVS), percutaneous umbilical blood sampling and in-utero fetal transfusion (PUBS/IUT), amnioreduction, amnioinfusion (not in labor), in utero fetal shunt placement, fetal cardiac needle placement, fetal eduction (multi-fetal pregnancy reduction of twins, triplets and higher order multiples), septostomy, fetal drainage of fluid from lung, pericardium, bladder, abdomen and other viscera and cavities, Ex Utero Intrapartum Treatment(EXIT).] Invasive fetoscopic-assisted procedures (CRITERIA - Initial: Completed fellowship in Maternal-Fetal Medicine or Pediatric Surgery and be recertified as required by their respective boards. Renewal: A minimum of 5 cases in the last two years, either at Stanford or at a collaborating institution. Privileges include but	Request	Request all privileges listed below. Uncheck any privileges that you do not want to request.	Dept Chair Rec
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- - - - - - - - - -		Gynecology - Complex Procedures:	

Management of gynecologic cancer - medical and surgical [Initial Criteria - Fellowship in GYN Oncology; 60 cases/ 2 years Applicants must become board certified within five (5) years of completion of fellowship in subspecialty of Gynecologic Oncology and be recertified as required by ABOG. Documentation log required. Renewal Criteria - Minimum 50 cases required in the past two years.]	
Radical hysterectomy, lymphodenectomy, and other radical surgery [Initial Criteria - Fellowship in GYN Oncology; 10 cases/ 2 years. Applicants must become board certified within five (5) years of completion of fellowship in subspecialty of Gynecologic Oncology and be recertified as required by ABOG. Documentation log required. Renewal Criteria - Minimum 10 cases required in the past two years.]	
Construction of neo-vagina, and surgical remodeling of genitalia [Initial Criteria - Fellowship in GYN Oncology, UroGynecology, PAG (Pediatric and Adolescent Gynecology) or documented experience; 5 cases/ 2 years Applicants must become board certified within five (5) years of completion of fellowship in subspecialty of Gynecologic Oncology and be recertified as required by ABOG. Documentation log required. Renewal Criteria - Minimum 5 cases required in the past two years.]	
Fistula repair [Initial Criteria - Documentation of OBG Residency, number of cases performed, letter from Residency Director; or Fellowship in UroGynecology or Gynecology; 2 cases/ 2 years. Documentation log required. Renewal Criteria - Minimum 2 cases required in the past two years.]	
C02 Laser procedures [Initial Criteria - Documentation of training during Residency or Fellowship or documentation of 10 cases performed in the last 2 years, case log required. Renewal Criteria - Minimum 10 cases required in the past two years.]	
SHC Emergency Medicine Physicians:	
Assist only in care of OB patients under supervision by OB Faculty doing Exams, Deliveries and C-Sections. [Initial Criteria - Meeting Core Privilege criteria for OB training or equivalency is not required. Current active privileges at SHC in Emergency Medicine. Renewal Criteria - Minimum 10 cases required in the past two years.]	

FPPE - Area is managed by Medical Staff Office. Please make NO selections

Level 2 Ultrasound (Chart Review)

Invasive fetal procedures (Chart Review)

Invasive fetoscopic-assisted procedures (Chart Review)

Management of gynecologic cancer (Chart Review)

Termination of pregnancy by dilatation and evacuation - 2nd trimester (Chart Review)

Management of gynecologic cancer - medical and surgical (Chart Review)

Radical hysterectomy, lymphodenectomy, and other radical surgery (Chart Review)

Construction of neo-vagina, and surgical remodeling of genetalia (Chart Review)

Fistula repair (Chart Review)

C02 Laser procedures (Chart Review)

SHC Emergency Medicine Physicians (Chart Review)

Acknowledgment of Applicant

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 Stanford Children's Health. I also acknowledge that my professional malpractice insurance extends to all privilege I have requested.

I acknowledge I have met the minimum number of cases required as identified for privileges.

I understand that 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.

Labor and Delivery - I attest that as part of my medical education I completed training and competency evaluation to perform pH testing (waived test category) for patient care.

v clicking on the "Submit" button below Lb	ve electronically signed, dated and submitted this Date
rivilege request	o decironically signed, dated and submitted this Date
Service Chief Recommendati	n - Privileges
have reviewed the requested clinical r	vileges and supporting documentation and make the following recommendation(s):
iavo roviowod trio roquodioa diriloar p	vilogoo and capporaling decommendation and make the following recommendation(e).
Privilege	Condition/Modification/Deletion/Explanation
90	
ervice Chief Recommendation - FPF	Requirements
ervice Chief/Designee - By clicking or	he 'Submit' button below, I have Date
ectronically signed, dated and approv	d this privilege request