

**General Information**

All applicants must meet the qualifications, conditions and responsibilities as set forth in MLH Credentials Policies. Policies are located on [www.methodistmd.org](http://www.methodistmd.org)

Applicants seeking appointment, reappointment, and/or clinical privileges have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current clinical competence, character, ethics, and other qualifications and for resolving any doubts about an individual's qualifications.

Other requirements:

- Applicants will be requested to provide documentation of practice and current clinical competence as defined on the attached competency grid for initial granting and reappointment of privileges.
- 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.
- Privileges granted may be exercised only at the Hospitals that offer the service/specialty, have sufficient space, equipment, staffing, and other resources required to support the privilege.
- Requests for clinical privileges that are subject to an exclusive contract will not be processed except as consistent with the contract.

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**Evaluating Current Clinical Competence at time of Reappointment:**

MLH Data will be obtained and analyzed as available from EMR reporting systems or Health Information Management.

If minimal activity/low volume, then the applicant should supply case logs from other facilities' HIM department or practice billing systems to meet the minimum requirement(s) to be considered for the privilege. Source of the logs must be denoted.

The preferable format for external case logs is Excel or PDF from the sourced system. Handwritten case logs are generally not accepted.

Case logs should include a blinded or partial patient number for case distinction, date of service, type of service (inpatient or outpatient), location of service, diagnostic code and/or procedure codes, and performing provider where applicable.



**Unified Medical Staff: Memphis Hospitals & Olive Branch Hospital**

**Delineation of Clinical Privileges  
Specialty of Obstetrics & Gynecology**

<b>Privilege</b>	<b>Initial Application: Required Education or Training</b>	<b>Initial Application: Current Clinical Competence:</b>	<b>Reappointment: Retrospective review of cases performed at MLH facility (FPPE)</b>
<b>Obstetrics Core</b>	Current certification by the American Board of Obstetrics & Gynecology or the American Osteopathic Board of Obstetrics & Gynecology.  <b>Or</b> Successful completion of an ACGME or AOA accredited post-graduate training program in Obstetrics & Gynecology and board certification within 5 years of completion.	Case logs and procedure list from primary practice facility for the previous 12 month time period.  Any complications/poor outcomes should be delineated and accompanied by an explanation.	FPPE: First 5 cases Intrapartum Management of: 3 vaginal deliveries 2 cesarean section deliveries
<b>Gynecology Core</b>	Current certification by the American Board of Obstetrics & Gynecology or the American Osteopathic Board of Obstetrics & Gynecology  <b>Or</b> Successful completion of an ACGME or AOA accredited post-graduate training program in Obstetrics & Gynecology and board certification within 5 years of completion.	Case logs and procedure list from primary practice facility for the previous 12 month time period.  Any complications/poor outcomes should be delineated and accompanied by an explanation.	FPPE: First 5 major cases, including at least: vaginal or open hysterectomy (1) laparoscopic procedure (1) hysteroscopic procedure (1)
<i>Pediatric Gynecology</i>  LIMIT TO: Le Bonheur, Age range 0 - 18	Maintain privileges in Gynecology Core	N/A	FPPE: First 5 cases
<b>Gynecology Oncology Core</b>	Current certification in Gynecology Oncology by the American Board of Obstetrics & Gynecology or the American Osteopathic Board of Obstetrics & Gynecology.  <b>Or</b> Successful completion of an ACGME or AOA accredited post-graduate training program in Gynecology Oncology and board certification within 5 years of completion.	Case logs and procedure list from primary practice facility for the previous 12 month time period.  Any complications/poor outcomes should be delineated and accompanied by an explanation.	FPPE: First 5 cases
<b>Urogynecology Core</b>	Current certification in Urogynecology Oncology by the American Board of Obstetrics & Gynecology.  <b>Or</b> Successful completion of an ACGME accredited post-graduate training program in Urogynecology and board certification within 5 years of completion.	Case logs and procedure list from primary practice facility for the previous 12 month time period.  Any complications/poor outcomes should be delineated and accompanied by an explanation.	FPPE: First 5 cases



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<b>Reproductive Endocrinology Core</b>	Current certification in Reproductive Endocrinology by the American Board of Obstetrics & Gynecology.  <b>Or</b> Successful completion of an ACGME accredited post-graduate training program in Reproductive Endocrinology and board certification within 5 years of completion.	Case logs and procedure list from primary practice facility for the previous 12 month time period.  Any complications/poor outcomes should be delineated and accompanied by an explanation.	FPPE: First 5 cases
<b>Maternal Fetal Medicine Core</b>	Current certification in Maternal & Fetal Medicine by the American Board of Obstetrics & Gynecology.  <b>Or</b> Successful completion of an ACGME accredited post-graduate training program in Maternal & Fetal Medicine and board certification within 5 years of completion.	Case logs and procedure list from primary practice facility for the previous 12 month time period.  Any complications/poor outcomes should be delineated and accompanied by an explanation.	FPPE: First 5 cases
<i>Use of Laser</i>	Completion of an approved eight hour minimum CME course which includes training in: <ul style="list-style-type: none"><li>• laser principles and safety</li><li>• basic laser physics</li><li>• laser tissue interaction</li><li>• discussions of the clinical specialty field</li></ul> And hands-on experience with lasers.  A letter outlining the content and successful completion of course must be submitted.  <b>Or</b> documentation of successful completion of an approved residency in a specialty or subspecialty which included training in: <ul style="list-style-type: none"><li>• laser principles and safety</li><li>• basic laser physics</li><li>• laser tissue interaction</li><li>• discussions of the clinical specialty field</li></ul> and a minimum of six hours observation And hands-on experience with lasers.		FPPE: First 5 cases  Case log documenting 5 procedures within the previous 24 months.



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<i>Hemorrhoidectomy</i>	Completion of a course in above-mentioned procedure with a minimum of 2 hours Category 1 CME  <b>Or</b> Documentation of training in this particular procedure by an approved residency training program.	Case log documenting the performance of at least 1 procedure within the previous 12 months.  Any complications/poor outcomes should be delineated and accompanied by an explanation.	FPPE: First 3 cases  Case log documenting the performance of at least 2 procedures within the previous 24 months
<i>Hyperthermic Intraoperative Chemo perfusion (HIPEC)</i>  -LIMIT TO UNIVERSITY ONLY	Maintain privileges in Gynecology Oncology <b>and</b> Successful completion of training in HIPEC either in residency or fellowship with training director validation letter or through CME validated by a training certificate.	If HIPEC training was part of fellowship training and training was completed < 2 years prior to application for the privilege, applicant must provide case log documenting 4 successfully completed cases.  <b>OR</b> If performing the procedure at an outside facility, applicant must provide a case log of 4 cases successfully performed within the past 24 months.  <b>OR</b> If HIPEC training was part of fellowship training and training was completed > 2 years prior to application for the privilege, and applicant has not independently performed 4 cases within the past 24 months: Successful completion of four (4) proctored cases as evidenced by proctor evaluation forms.	FPPE: First 2 cases  Case log documenting 4 cases within the previous 24 months.
<i>Transobturator and Transvaginal Sling</i>	Completion of a course in above-mentioned procedure with a minimum of 2 hours Category 1 CME or documentation of training in this particular procedure by an approved residency training program.	Case log documenting the performance of at least 5 procedures within the previous 12 months.  Any complications/poor outcomes should be delineated and accompanied by an explanation.	FPPE: First 3 cases  Case log documenting the performance of at least 10 procedures within the previous 24 months.
<i>Insertion of Ureteral Stents</i>	Documentation of training during an approved residency training program and attestation of competence from Program/Training Director.	Case log documenting the performance of at least 5 procedures within the previous 12 months.  Any complications/poor outcomes should be delineated and accompanied by an explanation.	FPPE: First 5 cases  Case log documenting the performance of at least 10 procedures within the previous 24 months.



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Privilege	Initial Application: Required Education or Training	Initial Application: Current Clinical Competence:	Reappointment: Retrospective review of cases performed at MLH facility (FPPE)
<b>Robotic Surgery</b>	<ol style="list-style-type: none"><li>Applicants whose formal surgical training included robotic surgery: Training director letter validating competence in robotic surgery</li></ol> <p><b>OR</b></p> <ol style="list-style-type: none"><li>Applicants without formal surgical training in robotic surgery: Training Certificate validating completion of a robotic surgery training course which included didactic and laboratory training</li></ol>	<ol style="list-style-type: none"><li>Applicants whose formal surgical training included robotic surgery: Case log from training reflecting applicant was primary surgeon</li></ol> <p><b>OR</b></p> <p>If training logs are not available, privilege will be initially granted with a limit requiring five successful cases evidenced by retrospective review.</p> <p><b>OR</b></p> <ol style="list-style-type: none"><li>Applicants without formal surgical training in robotic surgery: Privilege initially granted with a limit requiring concurrent proctoring of five (5) successfully completed cases.</li></ol>	<p>FPPE: First 5 cases</p> <p>Case log documenting the performance of at least 10 procedures within the previous 24 months.</p>

## Core Privileges

The core privileges in the following specialties include procedures outlined in lists and such other procedures that are extensions of the same techniques and skills.

### Obstetrics Core

Admit evaluate, diagnose, treat and provide consultation to female 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.

Access, stabilize and determine disposition of patients with emergency conditions consistent with the Medical Staff policy regarding emergency or consultative services.

The attached procedure list reflects the scope of practice included in this core.

- Administration of fetal lung maturity inducers
- Amniocentesis
- Amnio infusion
- Amniotomy or oxytocin induction
- Application of internal fetal and uterine monitors
- Augmentation and induction of labor by use of oxytocin or prostaglandins
- Cesarean hysterectomy, cesarean section
- Cervical biopsy or conization of cervix in pregnancy
- Cerclage
- Circumcision
- D&C for obstetrical indications
- External cephalic version
- Hypogastric artery ligation
- Manual or surgical removal of placenta
- Obstetrical ultrasound (Category 1 = fetal position, placenta localization)
- Pudendal and paracervical blocks
- Repair of fourth-degree perineal lacerations or of cervical laceration
- Vaginal birth after Cesarean section
- Management of high-risk pregnancy inclusive of such conditions as pre-eclampsia, postdatism, third trimester bleeding, intrauterine growth retardation, premature rupture of membranes, premature labor, and multiple gestation
- Management of patients with/without medical, surgical, or obstetrical complications for normal labor, including pre-eclampsia, threatened abortion, normal puerperal patient, normal antepartum and postpartum care, postpartum complications, and fetal demise
- Operative vaginal delivery (including forceps and rotation, vacuum extraction, breech extraction, internal podalic version, and extraction)
- Treatment of medical complications of pregnancy, including pregnancy-induced hypertension, chronic hypertension, diabetes mellitus, renal disease, coagulopathies, cardiac disease, anemias and hemoglobinopathies, thyroid disease, sexually transmitted disease, pulmonary disease, thromboembolic disorders, infectious disease, ectopic pregnancy and other accidents of pregnancy, such as incomplete, complete, or missed abortion

## Gynecology Core

Admit, evaluate, diagnose, treat and provide consultation and surgical and therapeutic treatment to female patients with gynecologic cancer and complications resulting therefrom, including carcinomas of the cervix, ovary and fallopian tubes, uterus, vulva, and vagina. Also, included within this core set of privileges are microsurgery, chemotherapy, radical hysterectomy, vulvectomy and staging by lymphadenectomy, pelvic exenteration, and the performance of procedures on the bowel, urethra, and bladder as indicated.

Access, stabilize and determine disposition of patients with emergency conditions consistent with the Medical Staff policy regarding emergency or consultative services.

The attached procedure list reflects the scope of practice included in this core.

- Adnexal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy
- Aspiration of breast masses/cysts
- Cervical biopsy/conization- knife, LEEP
- Circumcision
- Colpocleisis
- Colpoplasty
- Colposcopy
- Diagnostic Cystoscopy
- Diagnostic D&C
- D&C for abortion, less than 14 weeks
- Diagnostic laparoscopy
- Exploratory laparotomy, for diagnosis and treatment of pelvic pain, pelvic mass, hemoperitoneum, endometriosis, and adhesions
- Endometrial ablation (any method)
- Female urodynamic evaluation
- Gynecologic sonography
- Hymenotomy
- Hysterectomy: abdominal, vaginal, including laparoscopic
- Hysterosalpingography
- Hysteroscopy: diagnostic and operative
- I&D: Bartholin cyst, perineal abscess, pelvic abscess
- Incidental appendectomy
- Incisional hernia repair
- Laceration repairs: bladder, bowel
- Marsupialization of Bartholin cyst/abscess
- Minor gynecological surgical procedures (endometrial biopsy, dilation and curettage, treatment of Bartholin cyst and abscess)
- Myomectomy
- Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary, or cervix
- Operations for sterilization (tubal ligation)
- Operation for treatment of urinary stress incontinence; vaginal approach, retropubic urethral suspension
- Operations for treatment of benign pelvic disease: D&C with conization, laparotomy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, oophorectomy
- Operation for uterine bleeding (abnormal and dysfunctional)
- Operative laparoscopy for pelvic pain and infertility
- Repair of rectocele, enterocele, cystocele, or pelvic prolapse
- Tubal sterilization
- Tuboplasty and other infertility surgery (not microsurgical)
- Uterosacral vaginal vault fixation
- Vaginoscopy
- Vesicovaginal fistula, rectovaginal fistula repair
- Vulvar biopsy
- Vulvectomy, simple
- Vulvoplasty

## Gynecology Oncology Core

Admit, evaluate, diagnose, treat, provide consultation and surgical and therapeutic treatment to female patients with gynecologic cancer and complications resulting there from, including carcinomas of the cervix, ovary and fallopian tubes, uterus, vulva, and vagina.

Also, included within this core set of privileges are microsurgery, chemotherapy, radical hysterectomy, vulvectomy and staging by lymphadenectomy, pelvic exenteration, and the performance of procedures on the bowel, urethra, and bladder as indicated.

Access, stabilize and determine disposition of patients with emergency conditions consistent with the Medical Staff policy regarding emergency or consultative services.

The core privileges in this specialty include the procedures on the attached list and such other procedures that are extensions of the same techniques and skills:

- Myocutaneous flaps, skin grafting
- Para-aortic and pelvic lymph node dissection
- Pelvic exenteration
- Radical hysterectomy for treatment of invasive carcinoma of the cervix
- Radical surgery for treatment of gynecological malignancy to include procedures on bowel, ureter, bladder, as indicated.
- Treatment of invasive carcinoma of the vagina by radical vaginectomy and other related surgery
- Treatment of invasive carcinoma of vulva by radical vulvectomy with groin dissection
- Treatment of malignant disease with chemotherapy to include gestational trophoblastic disease
- Uterine/vaginal isotope implants
- Uterovaginal fistula
- Portacath
- Flexible sigmoidoscopy
- Removal of urinary stents
- Insertion of ureteral stents
- Tumor debulking to include distal pancreatectomy, splenectomy and diaphragm resection
- Liver biopsy and resection

## Urogynecology Oncology Core

Admit evaluate, diagnose, treat, provide consultation and surgical therapeutic treatment to female patients with urogynecological diseases including cystocele, rectocele, enterocele, genuine stress urinary incontinence, and vaginal vault prolapse.

Access, stabilize and determine disposition of patients with emergency conditions consistent with the Medical Staff policy regarding emergency or consultative services.

The attached procedure list reflects the scope of practice included in this core.

- Diagnostic Cystoscopy
- Urethroscopy
- Endoscopic procedures of urinary bladder, urethra and upper tracts
- Open surgery of urinary bladder
- Sling procedure



## Reproductive Endocrinology Core

Admit and/or outpatient evaluations, diagnose, treat and provide consultation to patients presenting with problems of fertility.

Privileges include but are not limited to; laparoscopic retrieval of oocytes, ultrasound retrieval of oocytes, embryo transfer, microsurgical tubal reanastomosis and tubouterine implantation, microsurgery as related to fertility, intra-abdominal transfer of gametes and zygotes, culture and fertilization of oocytes, treatment of Asherman's syndrome.

Access, stabilize and determine disposition of patients with emergency conditions consistent with the Medical Staff policy regarding emergency or consultative services.

The attached procedure list reflects the scope of practice included in this core.

- Gamete intrafallopian transfer
- Infertility and endocrine evaluation, including ovulation induction, diagnosis and treatment of hirsutism, amenorrhea, hyperprolactinemia
- Laparoscopic retrieval of oocytes
- Technique of IVF including transabdominal/transvaginal ova harvesting, embryo transfer
- Treatment of Asherman's syndrome
- Ultrasound retrieval of oocytes

## Maternal-Fetal Core

Admit, evaluate, diagnose, treat and provide consultation to female patients with medical and surgical complications of pregnancy such as maternal cardiac, pulmonary, metabolic, connective tissue disorders, and fetal malformations, conditions, or disease.

Privileges include but are not limited to: targeted OB ultrasound, fetoscopy, embryoscopy, in utero shunt placement, in utero fetal transfusion, percutaneous umbilical blood sampling, laparoscopic enterolysis, and diagnostic laparoscopy.

Access, stabilize and determine disposition of patients with emergency conditions consistent with the Medical Staff policy regarding emergency or consultative services.

The attached procedure list reflects the scope of practice included in this core.

- Intrauterine transfusion
- Chorionic villous sampling
- Percutaneous umbilical blood sampling (PUBS)
- Placement of shunts (intrauterine, bladder, chest, etc.)
- Targeted obstetrical ultrasound

## Special Privileges

The physician requesting special privileges must meet the minimum criteria for the specialty core and demonstrate the appropriate post graduate training and/or demonstrate successful completion of an approved, recognized course when such exists, or other acceptable experience.

### Moderate Sedation Administration

See Credentialing Policy for Sedation and Analgesia by Non-Anesthesiologists.

Requires: Separate DOP, ACLS, NRP or PALS certification



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**Delineation of Clinical Privileges  
Specialty of Obstetrics & Gynecology**

## Obstetrics & Gynecology Clinical Privileges

Check below the particular privileges desired in Gastroenterology for each facility:

Please check (✓) applicable age categories for each privilege requested.

Privilege Description	Methodist Healthcare – Memphis Hospitals (MHMH) Germantown, Le Bonheur Medical Center, North, South & University, Outpatient Clinics & Diagnostic Facilities				Methodist Healthcare – Olive Branch Hospital (MHOBH)
Age Limitations	Neonates (0 - 28 days)	Infants (29 days – 2 Years)	Children & Adolescents (2 - 18 years)	Adults & Adolescents (13 & Above)	Adults & Adolescents (13 & Above, except OB Core, All Ages)
Obstetrics Core					
Gynecology Core					
Gynecology Oncology Core					
Urogynecology Core					
Reproductive Endocrinology Core					
Maternal-fetal Medicine Core					
Special Privileges					
Use of Laser					
Hemorrhoidectomy					
Robotic surgery					
Transobturator & Transvaginal Sling					
Insertion of Ureteral Stents					
Hyperthermic Intraperitoneal Chemo perfusion (HIPEC) -LIMIT TO UNIVERSITY ONLY					
Pediatric Gynecology LIMIT TO: Le Bonheur					
Limitations	Clinical privileges are granted only to the extent privileges are available at each facility.				
	Darkly shaded areas represent privileges not available to any practitioner due to the privilege not being offered by the facility.				



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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 for which I wish to exercise at the facilities indicated above, to the extent services are available at each facility, and I understand that:

- (a) In exercising any clinical privileges granted, I am constrained by facility 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

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name