



Surgical Privileges Form: Obstetrics & Gynecology

Clinical Privileges Request

(Advanced Privileges/for Specialty Only)

Applicant's Name:

Scope of Practice:

License No. (If Any):

Facility :

Date:

Instructions

For applicant:

1. Please note that you should sign next to each requested privilege.
2. Please use this sign (v) for the requested privilege.
3. Please leave any procedures you do not want to apply for blank and do not use (X) sign.
4. Please do not write additional privilege out of your scope of practice, as it will not be accepted.
5. Please do not write anything in the "for committee Use "section.
6. For additional privilege, do not choose the already granted privilege.
7. Please attach the previous approval of surgical privilege when you apply for additional privilege.
8. Please note that you can apply for Appeal within one month of the date of Issuance of the Privilege.
9. You can only apply Once for Appeal per a single Privilege Application.

For committee:

1. Please note that the final decision must be signed by minimum 2 committee members.
2. Please use this sign (v) for recommended and not-recommended privilege.
3. Please note that granting privileges under supervision is not permitted. Please do not write "under supervision" note next to any privilege.
4. Please specify the reasons for rejection (if applicable); for example (require experience, logbook is insufficient, need additional courses, etc.)



Surgical Privileges Form: Obstetrics & Gynecology

Clinical Privileges Request

(Advanced Privileges/for Specialty Only)

Outpatient Procedures

Privileges	For applicant use		For committee use		
	<i>Request</i>	<i>Signature</i>	<i>Recommended</i>	<i>Not Recommended</i>	<i>Reason for rejection (if any)</i>
1. Colposcopy					
2. Vulvoscopy + vaginoscopy					
3. LLETZ					
4. Insertion of HRT implant					
5. Insertion/removal of inplanon/norplan implants					

RADIOLOGY PROCEDURES

Privileges	For applicant use		For committee use		
	<i>Request</i>	<i>Signature</i>	<i>recommended</i>	<i>Not Recommended</i>	<i>Reason for rejection (if any)</i>
1. Hycosyexamination					



Surgical Privileges Form: Obstetrics & Gynecology

Clinical Privileges Request

(Advanced Privileges/for Specialty Only)

LABOR ROOM PROCEDURES

Privileges	For applicant use		For committee use		
	<i>Request</i>	<i>Signature</i>	<i>recommended</i>	<i>Not Recommended</i>	<i>Reason for rejection (if any)</i>
1. Induction/ Augmentation of labour					
2. Artificial rupture of membranes					
3. Application of foetal scalp electrode					
4. Foetal blood sampling					
5. Cord blood collection for stem cell reservation					
6. Normal vaginal delivery					
7. Forceps/ Vacuum assisted delivery					
8. Episiotomy and repair					
9. Repair of 1st and 2nd degree tears					
10. External cephalic version					
11. Breech assisted delivery					
12. Breech extraction					
13. Twin delivery					



Surgical Privileges Form: Obstetrics & Gynecology

Clinical Privileges Request

(Advanced Privileges/for Specialty Only)

OPERATING THEATRE PROCEDURES

Privileges	For applicant use		For committee use		
	<i>Request</i>	<i>Signature</i>	<i>recommended</i>	<i>Not Recommended</i>	<i>Reason for rejection (if any)</i>
1. Manual removal of placenta					
2. Repair of cervical tear					
3. Cervical cerclage procedures					
4. Lower segment caesarean section					
5. Dilatation and curettage /removal of products of conception					
6. Suction evacuation of the uterus					
7. Incision/excision of hymen					
8. Excision of vulva/vaginal lesions					
9. Incision and drainage of vulval abscess/haematoma					
10. Marsupialisation + Excision of bartholin					
11. Total abdominal hysterectomy +/-bilateral salpingo-oophorectomy					
12. Oophorectomy/ ovarian cystectomy					



Surgical Privileges Form: Obstetrics & Gynecology

Clinical Privileges Request

(Advanced Privileges/for Specialty Only)

Privileges	For applicant use		For committee use		
	<i>Request</i>	<i>Signature</i>	<i>recommended</i>	<i>Not Recommended</i>	<i>Reason for rejection (if any)</i>
13. Salpingectomy					
14. Laparotomy and drainage of pelvic abscess					
15. Vaginal hysterectomy +/- salpingo-oophorectomy					
16. Diagnostic hysteroscopy					
17. Diagnostic laparoscopy +/- sterilization					
18. Anterior vaginal repair					
19. Posterior vaginal repair +/- perineorrhapy					
20. Repair of enerochoele					
21. Robotic Surgery Please specify:					



Surgical Privileges Form: Obstetrics & Gynecology

Clinical Privileges Request

(Advanced Privileges/for Specialty Only)

GYNAE/OBS PROCEDURES

Privileges	For applicant use		For committee use		
	<i>Request</i>	<i>Signature</i>	<i>recommended</i>	<i>Not Recommended</i>	<i>Reason for rejection (if any)</i>
1. Microwave endometrial ablation					
2. Thermachoice endometrial ablation					
3. Other endometrial procedure					
4. Hysteroscopic resection of fibroids/ septae					
5. Manchester repair					
6. Tubal reconstruction/ anastomosis					
7. Insertion of uterine balloon					
8. Repair of 3rd degree tear					
9. Repair of 4th degree tear					
10. Caesarean hysterectomy					
11. Abdominal cerclage					
12. B Lynch Sutures					
13. Surgical management of placenta incerta/accreta					
14. Repair of ruptured uterus					



Surgical Privileges Form: Obstetrics & Gynecology

Clinical Privileges Request

(Advanced Privileges/for Specialty Only)

FETO MATERNAL MEDICINE PROCEDURES

Privileges	For applicant use		For committee use		
	<i>Request</i>	<i>Signature</i>	<i>recommended</i>	<i>Not Recommended</i>	<i>Reason for rejection (if any)</i>
1. Transvaginal/abdominal Obstetric ultrasound examination					
2. Detailed anomaly scan (level3)					
3. Prenatal diagnosis					
4. Foetal screening and assessment					
5. Amniocentesis					
6. Amnio-infusion/reduction					
7. Chorionic villus biopsy					



Surgical Privileges Form: Obstetrics & Gynecology

Clinical Privileges Request

(Advanced Privileges/for Specialty Only)

Assisted reproduction Procedures

Privileges	For applicant use		For committee use		
	<i>Request</i>	<i>Signature</i>	<i>recommended</i>	<i>Not Recommended</i>	<i>Reason for rejection (if any)</i>
1. Prescribing of gonadotrophins					
2. Prescribing of Clomiphene citrate					
3. Prescribing of GnRH agonists					
4. Intra-uterine insemination					
5. Oocyte retrieval (transvaginal/ transabdominal/ transurethral)					
6. Laproscopic oocyte retrieval or embryo transfer					
7. Transvaginal intra-uterine embryo transfer					
8. Transvaginal aspiration of ovarian cysts					



Surgical Privileges Form: Obstetrics & Gynecology

Clinical Privileges Request

(Advanced Privileges/for Specialty Only)

Laparoscopic Procedures

Privileges	For applicant use		For committee use		
	<i>Request</i>	<i>Signature</i>	<i>recommended</i>	<i>Not Recommended</i>	<i>Reason for rejection (if any)</i>
1. Laparoscopic assisted vaginal hysterectomy +/- oophorectomy					
2. Laparoscopic oophorectomy or ovarian cystectomy					
3. Laparoscopic salpingectomy or salpingostomy					
4. Laparoscopic adhesiolysis					
5. Laparoscopic ovarian drilling					
6. Laparoscopic ablation of endometriosis					
7. Laparoscopic vault suspension					
8. Laparoscopic uterine suspension					
9. Laparoscopic transaction of uterosacral nerve					
10. Laparoscopic lymphadenectomy					



Surgical Privileges Form: Obstetrics & Gynecology

Clinical Privileges Request

(Advanced Privileges/for Specialty Only)

Urogynae procedures

Privileges	For applicant use		For committee use		
	<i>Request</i>	<i>Signature</i>	<i>recommended</i>	<i>Not Recommended</i>	<i>Reason for rejection (if any)</i>
1. Vaginal repairs involving the use of meshes					
2. Sarco-spinous fixation					
3. Injection of bulking agents/ Botox					
4. Sacro-colpopexy					
5. Ventro-suspension (abdominal)					
6. Colposuspension					
7. Insertion of TVT (tension-free vaginal tape)					
8. Insertion of TOT (Trans obturator tape placement)					
9. Urethral dilatation					
10. Cystoscopy					
11. Fenton Repair					
12. Le fort procedure					
13. Vulval/vaginal reconstructive plastic procedures					



Surgical Privileges Form: Obstetrics & Gynecology

Clinical Privileges Request

(Advanced Privileges/for Specialty Only)

Gynae Oncology Procedures

Privileges	For applicant use		For committee use		
	<i>Request</i>	<i>Signature</i>	<i>recommended</i>	<i>Not Recommended</i>	<i>Reason for rejection (if any)</i>
1. Laser ablation of preinvasive disease of vulva/ vaginal/cervix					
2. Radical hysterectomy					
3. Radical vulvectomy					
4. Pelvic/Para-aortic and groin node dissection					
5. Omentectomy					
6. Debulking of ovarian malignancy					

High risk Privileges

It includes high risk procedures, services, administration of high risk drugs and high risk due to the use of instrumentation or the use of implantable medical devices require skills in implementation, calibration and monitoring. Evidence of training must be provided.

These are high risk privileges that the physician were able to maintain/ perform the minima number of times required in the past year



Surgical Privileges Form: Obstetrics & Gynecology
(Advanced Privileges/for Specialty Only)

Clinical Privileges Request

Invasive Fetal Diagnostic Procedures

Privileges	For applicant use		For committee use		
	<i>Request</i>	<i>Signature</i>	<i>recommended</i>	<i>Not Recommended</i>	<i>Reason for rejection (if any)</i>
1. Fetal reduction					
2. Intrauterine fetal blood sampling. Transfusion and insertion of fetal shunts					

Major Laparoscopic Surgical Procedures

Privileges	<i>For applicant use</i>		<i>For committee use</i>		
	<i>Request</i>	<i>Signature</i>	<i>recommended</i>	<i>Not Recommended</i>	<i>Reason for rejection (if any)</i>
1. Laparoscopic hysterectomy					
2. Laparoscopic myomectomy					
3. Dissection of severe endometriosis including deep pelvic nodules					
4. Pelvic lymph node dissection					



Surgical Privileges Form: Obstetrics & Gynecology
(Advanced Privileges/for Specialty Only)

Clinical Privileges Request

Additional Privileges

Privileges	For applicant use		For committee use		
	<i>Request</i>	<i>Signature</i>	<i>recommended</i>	<i>Not Recommended</i>	<i>Reason for rejection (if any)</i>

Notes:

- If additional privilege(s) are desired, please indicate this in the space provided above.
- You must submit along with this application all necessary document(s) to support your request. If documentation is incomplete, your request will not be accepted.
- Granting privileges under supervision is no longer permitted



Surgical Privileges Form: Obstetrics & Gynecology

Clinical Privileges Request

(Advanced Privileges/for Specialty Only)

By signing below, I acknowledge that I have read, understand, and agree to abide by DHP standards for privileging. I have requested only those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and wish to exercise, and I understand that:

- a) In exercising any clinical privileges granted, I am constrained by DHP's 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 recognized policies and rules.

.....
Applicant's signature (Stamp if any)

.....
Date

.....
Medical Director (of the facility the applicant will perform surgeries in) Stamp & Signature

.....
Date



Surgical Privileges Form: Obstetrics & Gynecology
(Advanced Privileges/for Specialty Only)

Clinical Privileges Request

For Committee use only

Committee Decision:

Evaluation type:

- By Interview virtual / personal
- By documents only
- Or both

Other comments:

.....

Evaluation Committee Chairman:

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and I have made the above-noted recommendation(s).

.....
Chairperson's Stamp & signature

.....
Date

Other Committee Members:

.....
1) Name

.....
Date

.....
1) Name

.....
Date