

Gynecological Reproductive Endocrinology and Infertility Clinical Privileges

Name: _____

Effective from ____/____/____ to ____/____/____

- Initial privileges (initial appointment) Renewal of privileges (reappointment)

All new applicants should meet the following requirements as approved by the governing body, effective: April 30, 2015.

Applicant: Check the “Requested” box for each privilege requested. Applicants are responsible for producing required documentation for a proper evaluation of current skill, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges. Please provide this supporting information separately.

[Department/Program Head or Leaders/ Chief]: Check the appropriate box for recommendation on the last page of this form and include your recommendation for any required evaluation. If recommended with conditions or not recommended, provide the condition or explanation on the last page of this form.

Current experience is an estimate of the level of activity below which a collegial discussion about support should be triggered. It is not a disqualifier. This discussion should be guided not only by the expectations and standards outlined in the dictionary but also by the risks inherent in the privilege being discussed and by similar activities that contribute to the skill under consideration. This is an opportunity to reflect with a respected colleague on one's professional practice and to deliberately plan an approach to skills maintenance.

Other requirements

- Note that privileges granted may only be exercised at the site(s) and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.
- This document is focused on defining qualifications related to skill to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

Note: The dictionary will be reviewed over time to ensure it is reflective of current practices, procedures and technologies.

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Grandparenting: Practitioners holding privileges prior to implementation of the dictionary will continue to hold those privileges as long as they meet current experience and quality requirements.

Description

Gynecological Reproductive Endocrinology and Infertility (GREI) is a subspecialty of Obstetrics and Gynecology. It is concerned with the prevention, diagnosis and treatment of those disorders of the reproductive endocrine system that interfere with reproductive health at any age, and endocrine and other conditions that interfere with the human procreative process.

Qualifications for Gynecological Reproductive Endocrinology and Infertility

Initial privileges: To be eligible to apply for privileges in Gynecological Reproductive Endocrinology and Infertility, the applicant should meet the following criteria:

Be certified as a sub-specialist in Gynecological Reproductive Endocrinology & Infertility by the Royal College of Physicians and Surgeons of Canada (RCPSC)

AND/OR

Be recognized as a sub-specialist in Gynecological Reproductive Endocrinology and Infertility by the College of Physicians and Surgeons of British Columbia (CPSBC) by virtue of credentials earned in another country that are acceptable to both the CPSBC and the governing body of the Health Authority and its Affiliate(s).

AND

Recommended current experience: Practice that includes a minimum of 0.5 FTE in a GREI program, with a minimum of 100 GREI procedures performed per year, reflective of the scope of privileges requested, and averaged over the previous 24 months **OR** successful completion of fellowship training in the past 24 months

Renewal of privileges: Practice that includes a minimum of 0.5 FTE in a GREI program, with a minimum of 100 GREI procedures performed per year, reflective of the scope of privileges requested, and averaged over the previous 36 months



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Return to currency: Mentorship training (under a minimum of two GREI sub-specialists) to return to appropriate skill level.

Core privileges: Gynecological Reproductive Endocrinology and Infertility

Core privileges are offered to ALL members in the discipline as long as the facility can support those activities.

Requested Provides inpatient or outpatient consultation to adolescent and adult patients with problems of fertility. The core privileges in this specialty include the procedures on the attached procedures list and such other procedures that are extensions of the same techniques and skills.

Core privileges: Admitting Privileges

Requested: Full Admitting

Core procedures list: Gynecological Reproductive Endocrinology and Infertility

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform in British Columbia and inherent activities/procedures/privileges requiring similar skill sets and techniques.

To the applicant: If there is a procedure you wish to NOT perform, then please type into the *Comments* field.

- transvaginal ultrasound
- transvaginal oocyte retrieval and cyst aspiration
- embryo transfer
- paracentesis
- artificial insemination
- ovulation induction for assisted reproductive technologies
- management of ovarian hyperstimulation

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Non-core Privileges (See Specific Criteria)

Non-core privileges may be requested for by individuals who have further training, experience and demonstrated skill.

Non-core privileges are requested individually in addition to requesting the core.

Each individual requesting non-core privileges should meet the specific threshold criteria as outlined.

Non-core privileges: Sub-Specialist Gynecological Reproductive Endocrinology and Infertility

- Requested** Reversal of tubal sterilization
- Requested** Sono-hysterosalpingogram
- Requested** Abdominal oocyte retrieval

Laparoscopy:

- Requested** neosalpingostomy and tuboplasty
- Requested** treatment of advanced endometriosis
- Requested** myomectomy

Hysteroscopy:

- Requested** myomectomy
- Requested** polypectomy
- Requested** lysis of adhesions
- Requested** resection of uterine septum
- Requested** sterilization

Initial privileges: Evidence of successful completion of recognized training in the requested non-core gynecological reproductive endocrinology and infertility procedures AND

Recommended current experience: minimum of 80 surgical hours per year averaged over the previous 24 months **OR** successful completion of training in the requested procedure within the past 24 months

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Renewal of privileges: minimum of 80 surgical hours per year averaged over the previous 36 months

Return to currency: Mentorship training [under a minimum of two GREI sub-specialists who hold the requested privilege(s)] to return to appropriate skill level.

Context Specific Privileges

Context refers to the capacity of a facility to support an activity

Context-specific privileges: Administration of sedation and analgesia

Requested

See "Hospital Policy for Sedation and Analgesia by Non-anesthesiologists"

For Reference

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Process for requesting privileges not included in the dictionary

Where a member of the medical staff requests a privilege not included in the core, non-core or context specific privileges for a discipline, the following process will be followed.

1. The practitioner will request a **Change Request Form** from the Medical Affairs Office. This will be submitted to the head of department or chief of staff as part of the electronic application process
2. The practitioner will complete the privileges section of the **Change Request Form** and submit with the following information; the privilege requested, the location within the facility where the privilege would be exercised, and the relevant training and experience held by the practitioner in this area.
3. The department head or chief of staff, in consultation with the senior medical administrator and medical administrator responsible for the facility, will determine if the requested privilege can be supported at that site.
4. Where it is deemed appropriate, the practitioner, the department head or chief of staff and the senior medical administrator will agree on any additional training required, and a minimum level of activity required to maintain the privilege. The specific minimum number requirement indicating the level of experience needed to demonstrate skill to obtain clinical privileges for the requested procedure must be evidence-based. Where no supporting literature exists for a specific number, the criteria are established by the consensus of a multidisciplinary group of practitioners who do not have self-interest in creating an artificially high volume requirement.
5. Any additional training will be done in a facility that normally trains practitioners in this activity. Exceptions may be granted in circumstances where all that is required is training by a member of the medical staff who holds the privilege in question.
6. On satisfactory completion of training, the department head or chief of staff may recommend to the governing body through the medical advisory committee that the privilege be granted.

The privileging dictionaries on this site (bcmqi.ca) are the official versions. They will be reviewed beginning in 2016. In the meantime if you have any questions or comments please contact your medical administration office or the BC MQI Office by completing the [Provincial Privileging Dictionary Feedback form](#).



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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 the facility I am applying, and I understand that:

- a. In exercising any clinical privileges granted, I am governed 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: _____

Department/Program Head or Leaders/Chief's Recommendation

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- Recommend all requested privileges
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege Condition/modification/explanation

Notes: _____

Name of Department / Division / Program: _____

Name of Medical Leader: _____

Title: _____

Signature: _____

Date: _____