

Description of Service

Alberta Health Services (AHS) Medical Staff who are specialists in Obstetrics and Gynecology (or its associated subspecialties) and have privileges in the Department of Obstetrics and Gynecology provide safe, high quality care for obstetrical and gynecologic patients in AHS facilities across the province. The specialty encompasses medical, surgical, obstetrical and gynecologic knowledge and skills for the prevention, diagnosis and management of a broad range of conditions affecting women's gynecological and reproductive health. Working to provide a patient-focused, quality health system that is accessible and sustainable for all Albertans, the department also offers subspecialty care including gynecological oncology, reproductive endocrinology, maternal fetal medicine, urogynecology, and minimally invasive surgery.¹

Obstetrics and Gynecology privileges may include admitting, evaluating, diagnosing, treating (medical and/or surgical management), to female patients of all ages presenting in any condition or stage of pregnancy or female patients presenting with illnesses, injuries, and disorders of the gynecological or genitourinary system including the ability to assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. Providing consultation based on the designated position profile (clinical; education; research; service), and/or limited Medical Staff activity including providing assistance with surgical procedures or extender activity for required obstetric and gynecological service coverage may also be requested and included.

Zone Medical Staff Organization

Zone	Department(s)	Section(s)	
South	Obstetrics & Gynecology	Generalist	
Calgary	Obstetrics & Gynecology	Generalist Gynecological oncology* Maternal fetal medicine* Minimally invasive gynecologic surgery (migs) Reproductive endocrinology & infertility* Urogynecology Pediatric Gynecology	
Central	Obstetrics & Gynecology	Generalist	
(Women's nealth) Urogynecology		Gynecological oncology* Maternal fetal Medicine* Reproductive endocrine & infertility* Urogynecology Minimally invasive gynecologic surgery (migs)	
North	Women's Health	Women's Health	

¹ Royal College of Physicians and Surgeons of Canada – Objectives of Training in the specialty of Obstetrics and Gynecology 2013.

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* indicates Royal College of Physicians and Surgeons of Canada Subspecialty Training Required

College of Physicians and Surgeons of Alberta (CPSA) Requirements

The CPSA grants practice permits but does not guarantee that an individual will be granted an AHS Medical Staff appointment or privileges. It is AHS's role and responsibility to screen and evaluate the qualifications of Practitioners in relation to the specific procedures and patient care services they will be providing at specific sites before granting an appointment and clinical privileges.

Physicians with expertise in a particular area of practice may require CPSA approval separate from the CPSA licensure and AHS privileging process for specific services. These services typically fall into the non-invasive diagnostics group. Please refer to the CPSA website for a list of practice areas requiring approval

http://www.cpsa.ca/accreditation/physician-approvals/.

Minimum Education and Training Requirements:

- 1. Appropriate licensure with the College of Physicians and Surgeons of Alberta, AND
- 2. Credentials satisfactory to the Zone Clinical Department Head (ZCDH), Zone Application Review Committee (ZARC) and/or the Chief Medical Officer (CMO), including:
 - Successful completion of a Royal College of Physicians and Surgeons of Canada (RCPSC) accredited residency program and fellowship in the RCPSC (FRCPC); OR
 - Equivalent international training and certification satisfactory to the ZCDH, ZARC and/or CMO.

These are minimum requirements. The ZCDH, ZARC and/or the CMO may determine that additional education, training or experience is required. The ZCDH, ZARC and/or CMO may also determine that an individual has developed competency in a particular area, without having completed a fellowship, through an equivalent combination of education, training and experience. In addition to the minimum requirements listed above, additional education, training and experience may be required at the discretion of the ZCDH, ZARC and/or the CMO, to grant certain clinical privileges. These specifics are reflected in the following list. Whether a particular combination of education, training and experience meets the requirements will be determined by the ZCDH.

Privileges Requiring Additional Education, Training and Experience

The list identifies privileges that require additional specialty training and documentation of

evidence that the practitioner has received recognized postgraduate education, training or an appropriate level of experience to safely provide the service.

Clinical Privilege List and Medical Staff Bylaws

The AHS Medical Staff Bylaws state that the clinical privileges granted to a Practitioner "define the diagnostic or therapeutic Procedures or other Patient care services a Practitioner is deemed competent to perform, the Facility(ies) and Zone(s) within which the Practitioner is eligible to provide care and services to Patients; and the specified AHS Programs and Professional services...that the Practitioner is eligible to access." ²

No recommendation on Clinical Privileges is meant to prevent any licensed Practitioner from performing any medical procedure on any person in an emergency situation where failure to perform that procedure may result in death or serious injury or harm to the person.³

Nothing in this document or the attached List of Obstetrics and Gynecology Clinical Privileges replaces the processes or requirements set out in the AHS Medical Staff Bylaws and Rules. This document and its attachments are intended to supplement and more fully describe the application of the AHS Bylaws and Rules in the context of Obstetrics and Gynecology Clinical Privileges.

The AHS Medical Staff Bylaws and Rules can be found on the AHS website at http://www.albertahealthservices.ca/7086.asp.

Interpretation of the Clinical Privilege List

This Clinical Privilege list was developed with consideration given to the Royal College of Physicians and Surgeons of Canada's Competency Based Medical Education model. The following list describes and reflects the categories/types of patient services included in the scope of Obstetrics and Gynecology privileges available to members of the AHS Medical Staff with the necessary and required education, training and experience. When granted, Obstetrics and Gynecology privileges includes to perform the noted procedure using various techniques and approaches as appropriate for the patient, unless a specific technique or approach is specified. The Zone Clinical Department Head's recommendation regarding specifics of an individual's privileges and any associated techniques will be provided to ZARC and the CMO for their consideration.

The Medical Staff Rules define the minimum review period for the privilege list⁴.

² AHS Medical Staff Bylaws 3.0.2

³ AHS Medical Staff Rules 3.4.3(e)

⁴ AHS Medical Staff Rules, 3.4.3(f)(ii)).



Sites of Clinical Privileges

A delineation of the sites of clinical activity is a required component of clinical privileges (AHS Medical Staff Bylaws, 3.2.1(c) and 3.2.7). Clinical privileges will reflect the site (or sites) where the Physician physically provides the clinical services. A Physician privileged in the specialty may have clinical privileges at multiple sites if they travel to multiple sites to provide clinical services as approved by the ZCDH, ZARC and/or the CMO. Privileges may only be granted at the site(s) and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.

	Site A	Site B	Site C	Site D	Site E
Privilege 1					
Privilege 2					
Privilege 3					
Privilege 4					

The table above indicates what privileges are available at which sites:

- Privilege 1 is available at all sites
- Privilege 2 is available at sites A, C,D and E
- Privilege 3 is available at sites A and C
- Privilege 4 is available at sites B, D and E

Proctoring Requirements

The Zone Clinical Department Head may determine that a period of proctoring is required in certain situations. Proctoring can be defined as...:

"The term *proctor* is often used to mean observe, supervise, mentor, monitor, or directly assess...*proctoring* reflects a process by which an individual is reviewed and evaluated over time to ensure competence, and proctor identifies the person performing the assessment." *The Medical Staff Handbook, A Guide to Joint Commission Standards*, Second Edition.

"Proctoring is a process of direct observation that allows for the focused evaluation of current physician competency in carrying out actual clinical care and takes both cognitive and procedural abilities into account. If the proctor observes potential or imminent patient harm during the proctoring process, it may be ethically appropriate for him or her to intervene. "Proctoring and FPPE: Strategies for Verifying Physician Competence, Second Edition. Robert J. Marder, MD, CMSL, and Mark A. Smith, MD, MBA, CMSL.



External cephalic version

Management of shoulder dystocia

Abdominal Cervical Cerclage (laparoscopy or Laparotomy)

Obstetrics and Gynecology Clinical Privilege List

OBSTETRICS GENERALIST Royal College of Physicians and Surgeons of Canada specialty training in Obstetrics and Gynecology or a combination of education, training and experience satisfactory to the ZCDH, ZMD and CMO is required. Admitting Includes; assessment, evaluating, consulting, diagnosing, treating (medical/surgical options) and surgical assistant privileges. Consultation Includes; conduct history and assessment for the purpose of making recommendations related to care and treatment. **Surgical Assistant** At the direction of the surgeon, provides aid in technical functions in the OR. **Clinical Privilege** Wound care management Vaginal delivery Vaginal delivery of multiple gestation Vacuum extraction (low/outlet) Vacuum extraction (mid) Forceps delivery (mid/low) Mid-cavity rotation forceps delivery Episiotomy and repair Repair of perineal and vaginal tears, including third and fourth degree tears and cervical lacerations Evacuation of the pregnant uterus by suction or Dilatation and curettage, less than 14 weeks (TA) Evacuation of the pregnant uterus by Dilatation and evacuation, greater than 14 weeks (TA) Evacuation of the pregnant uterus, curettage following vaginal delivery for retained products Manual removal of the placenta Cesarean hysterectomy Cesarean section (primary and repeat) including low transverse, low vertical or classical cesarean section Repair of uterine rupture Paracervical block and pudendal block Non-surgical and surgical management of moderate and severe post-partum hemorrhage, including the use of П uterine compression sutures Cervical cerclage, elective and emergent



Dilatation and curettage of the uterus

Cervix Cerclage

Obstetrics and Gynecology Clinical Privilege List

GYNECOLOGY GENERALIST Royal College of Physicians and Surgeons of Canada specialty training in Obstetrics and Gynecology or a combination of education, training and experience satisfactory to the ZCDH, ZMD and CMO is required. Admitting Includes; assessment, evaluating, consulting, diagnosing, treating (medical/surgical options) and surgical assistant privileges. Consultation ☐ Includes; conduct history and assessment for the purpose of making recommendations related to care and treatment. Surgical Assistant At the direction of the surgeon, provides aid in technical functions in the OR. **Clinical Privilege** Wound care management Laparotomy-abdominal/open Total Hysterectomy: benign disorders or low grade cancer endometrial, such as; dysmenorrhea, endometriosis, gender dysphoria, menorrhagia, menopausal, post-menopausal, fibroids Sub-total hysterectomy (benign disorders) **Uterine Myomectomy** Pelvic Surgery: endometriosis / infection / inflammation / adhesions Ovarian Cystectomy (benign) Salpingo-oophorectomy (benign or cancer) Oophorectomy (benign or cancer) Omentectomy (cancer) **Ectopic Pregnancy Surgery Tubo-ovarian Abscess** Hydrosalpinges Surgery П Tubal ligation / salpingectomy Fallopian Tubal Re-anastomosis Retro-peritoneal lymph node dissection Vaginal Entry or Approach Examination under Anesthetic Vaginal hysterectomy Vaginal salpingectomy Vaginal salpingo-oophorectomy Vulvar Abscess Management Vaginal foreign body removal Uterus / Cervix IUCD Insertion / Removal

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Cervix (erosion, ectropian, stenosis, polyp)
Cervix Colposcopy
Cervix Cone Biopsy
Laser for Cervix / vagina / vulva
Endometrial Ablation surgery / procedure
Endometrial evaluation (biopsy; hysteroscopy diagnostic or therapeutic)
Gynecological Endoscopy (hysteroscopy/laparoscopy)
Hysteroscopy - Diagnostic
Therapeutic / Operative Surgery: sterilization/uterine septum/leiomyomectomy/ polyps/synechiae resection
Endometrial ablation surgery
Laparoscopic Surgery Diagnostic
Laparoscopic Total Hysterectomy with or without Mocellator
Laparoscopic Assisted Vaginal Hysterectomy
Laparoscopic Assisted ovarian cystectomy
Laparoscopic Assisted salpingo-oophorectomy
Laparoscopic Assisted oophorectomy
Laparoscopic Assisted ectopic pregnancy excision: linear salpingostomy/ salpingectomy
Laparoscopic Assisted endometriosis stage 1/2 pelvic surgery
Laparoscopic Assisted endometriosis stage ¾
Laparoscopic Assisted myomectomy
Laparoscopic Assisted cervical cerclage
Laparoscopic Assisted bilateral endometrioma >4cm
Laparoscopic Assisted lysis of adhesions
Laparoscopic Assisted sterilization
Other Procedures or Surgeries (some procedures are ambulatory – outpatient)
Wound management / Dehiscence
Vulva procedures - Biopsy and or limited large excision
Labial cysts/ Hypertrophic Labia / labial or Vulvar Lesions
Simple Vulvectomy
Trachelectomy
Ultrasound guided drainage of ovarian follicles
Ultrasound guided drainage of ovarian cysts
Ultrasound guided drainage of paracentesis
Uro-Gynecology procedures (see Uro-Gynecology Section for complete list)
Anterior Repair
Posterior repair
Enterocele Repair
Vault suspension by uterosacral plication
Primary Incontinence Procedures: Stress Incontinence Management Retropubic mid-urethral sling "TVT "/ Transobturator mid-urethral sling "TOT"

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	Limited Cystoscopy: for post-operative evaluation of sling placement, ureteric function, and bladder integrity after TAH/TLH/C-Section
	LeFort Procedure / Colpoclesis
Gy	MATERNAL FETAL MEDICINE Lyal College of Physicians and Surgeons of Canada specialty training in Obstetrics and recology and recognized sub-specialty training in Maternal Fetal Medicine or a combination of ucation, training and experience satisfactory to the ZCDH, ZMD and CMO is required.
	Admitting Includes; assessment, evaluating, consulting, diagnosing, treating (medical/surgical options) and surgical assistant privileges.
	Consultation Includes; conduct history and assessment for the purpose of making recommendations related to care and treatment.
	Surgical Assistant At the direction of the surgeon, provides aid in technical functions in the OR.
Cli	nical Privilege
	Wound care management
	Diagnostic
	Amniocentesis with ultra sound guidance
	Chorionic villus sampling (trans cervical) ultra sound guidance
	Chorionic villus sampling (trans abdominal) ultra sound guidance
	Full diagnostic ultrasound
	Nuchal translucency
	Fetal invasive needle diagnostic evaluation (thorax and bladder) ultra sound guidance
	Cordocentesis with ultra sound guidance
	Therapeutic
	Intrauterine transfusion with ultra sound guidance
	Fetal reduction with ultra sound guidance
	Fetal shunts ultra sound guidance (bladder/thorax)
	Radio frequency ablation with ultrasound guidance

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□ Ultra sound guidance mono chorionic twin pathology (twin to twin laser therapy)



D.	GYNECOLOGIC ONCOLOGY		
	Royal College of Physicians and Surgeons of Canada specialty training in Obstetrics and Gynecology and recognized sub-specialty training in Gynecologic Oncology or a combination of		
	ucation, training and experience satisfactory to the ZCDH, ZMD and CMO is required.		
	Admitting		
	Includes; assessment, evaluating, consulting, diagnosing, treating (medical/surgical options) and surgical assistant privileges.		
	Consultation		
	Includes; conduct history and assessment for the purpose of making recommendations related to care and treatment.		
	Surgical Assistant At the direction of the surgeon, provides aid in technical functions in the OR.		
Cli	nical Privilege		
	Wound care management		
	Administration of gynaecologic-related cytotoxic chemotherapy		
	Hyperthermic intraperitoneal chemotherapy (HIPEC)		
	Insertion of a therapeutic device into the vagina and / or uterus for delivery of radiation		
	Oncology Surgery (Gynecology; Colo-rectal; Urology; Vascular) as per speciality training		
	Radical Excision Vulva; Radical Excision Uterus, Cervix and Adnexa		
	Bowel Resection and Enterotomy Repair, colostomy, ileostomy		
	Appendectomy		
	Cystotomy, Excision and Repair, ureteral reimplantation, formation of continent pouch and ileal conduit		
	Retroperitoneal lymph node dissection / excision (including sentinel lymph node)		
	Pelvic Vascular exposure and ligation		
	Abdominal tumour debulking surgery from diaphragm to pelvis		
	Pelvic exenteration and related reconstruction including grafts		
	Vulva Cancer		
	Colposcopic vulvar examination		
	Biopsy / wide Excision		
	Simple Vulvectomy		
	Radical Vulvectomy (and inguinofemoral lymph node dissection)		
	Recto-vaginal fistula repair		
	Vagina Cancer		
	Cancer related vaginal examination and surgery		
	Cervix Cancer		
	Colposcopy and cancer related evaluations and treatments		
	Surgery (local; vaginal; pelvic) related to the evaluation and treatment of Cervical Cancer (approach by laparotomy and/or endoscopy)		
	Radical Hysterectomy		

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Uterine Cancer
Endometrial evaluation (biopsy; hysteroscopy diagnostic or therapeutic)
Surgery (local; pelvic) related to the evaluation and treatment of Uterine Cancer (approach by laparotomy and / or endoscopy)
Fallopian / Ovarian Cancer
Surgery (local; pelvic; abdominal) related to the evaluation and treatment of Fallopian / Ovarian Cancer (approach by laparotomy and / or endoscopy)
SURGICAL ROBOTICS (limited to Gynecology Oncology and selected sites)
Surgical procedures which utilize Robotics.

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Microsurgical Tubal Surgery

Laser Laparoscopy

Gynecological Endoscopy/Laparoscopy (as per generalist privileges)

Laparotomy-abdominal/open approach (as per generalist privileges)

Obstetrics and Gynecology Clinical Privilege List

REPRODUCTIVE ENDOCRINOLOGY

Royal College of Physicians and Surgeons of Canada specialty training in Obstetrics and Gynecology and recognized sub-specialty training in Reproductive Endocrinology or a combination of education, training and experience satisfactory to the ZCDH, ZMD and CMO is required. Admitting Includes; assessment, evaluating, consulting, diagnosing, treating (medical/surgical options) and surgical assistant privileges. Consultation Includes; conduct history and assessment for the purpose of making recommendations related to care and treatment. **Surgical Assistant** At the direction of the surgeon, provides aid in technical functions in the OR. **Clinical Privilege** Wound care management Administration and Monitoring of Gonadotrophin therapy Electroejaculation Percutaneous Sperm Retrieval Vibrostimulation Oocyte Retrieval IVF (Embryo Transfer) Vaginal Ultrasound Saline infusion sonohysterogram (SIS) Intrauterine insemination (IUI) Hysterosalpingogram (HSG) **REI Surgery** Hysteroscopic diagnostic Hysteroscopic therapeutic Falloposcopy

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UROGYNECOLOGY Royal College of Physicians and Surgeons of Canada specialty training in Obstetrics and Gynecology and recognized sub-specialty training in Urogynecology or a combination of education, training and experience satisfactory to the ZCDH, ZMD and CMO is required **Admittina** Includes; assessment, evaluating, consulting, diagnosing, treating (medical/surgical options) and surgical assistant privileges. Consultation Includes; conduct history and assessment for the purpose of making recommendations related to care and treatment. **Surgical Assistant** At the direction of the surgeon, provides aid in technical functions in the OR. **Clinical Privilege** Wound care management Incontinence procedures Retropubic midurethral sling* Transobturator midurethral sling* Single incision – "mini" – sling Burch urethropexy - laparotomy / laparoscopy Pubovaginal – "two team" – sling –by laparotomy or laparoscopy Urethral bulking **Open/Laparotomy Procedures** Abdominal paravaginal repair Abdominal Sacrocolpopexy with mesh Abdominal uterosacral vaginal vault suspension Abdominal enterocele repair +/- mesh Ureterolysis Vesico-vaginal fistula repair Open pre-sacral neurectomy Abdominal removal of pelvic mesh, or prolapse/incontinence device Transvaginal mesh repair for apical, anterior, posterior or enterocele related prolapse Uterosacral vaginal vault suspension Sacrospinous vaginal vault suspension **Vaginal Procedures** Anterior colporrhaphy without mesh, primary/first repair* Repeat anterior colporrhaphy without mesh Posterior colporrhaphy without mesh, primary/first repair* Repeat posterior colporrhaphy without mesh Vaginal para-vaginal repair

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Vaginal vesicovaginal fistula repair including closure of upper vagina (Latzsko)



Rectovaginal fistula repair
Vaginal removal of pelvic mesh, or prolapse/incontinence device
Vaginal MSK/trigger point injection for pelvic pain
Laparoscopic Surgeries
Laparoscopic pre-sacral neurectomy
Laparopsic sacrocolpopexy
Laparoscopic uterosacral vaginal vault suspension
Laparoscopic Ureterolysis
Laparoscopic vesico-vaginal fistula repair
Laparoscopic paravaginal repair
Laparosopic pubovaginal sling
Laparoscopic removal of pelvic mesh, or prolapse/incontinence device
Cystoscopic Surgeries
Cystoscopy
Ureteral stenting
Intravesical bladder injections – such as Botox
Bladder biopsy
Urethral stenting/catheterization for patency post procedure
Cystoscopic removal of pelvic mesh, or prolapse/incontinence device
Implantation (Single or Staged) of Interstim device
Pelvic floor ultrasound
Other Procedures
 Periurethral injections +/- bulking

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PAEDIATRIC GYNECOLOGY Royal College of Physicians and Surgeons of Canada specialty training in Obstetrics and Gynecology and recognized sub-specialty training in Paediatric Gynecology or a combination of education, training and experience satisfactory to the ZCDH, ZMD and CMO is required. Admitting Includes; assessment, evaluating, consulting, diagnosing, treating (medical/surgical options) and surgical assistant privileges. Consultation Includes; conduct history and assessment for the purpose of making recommendations related to care and treatment. **Surgical Assistant** At the direction of the surgeon, provides aid in technical functions in the OR. **Clinical Privilege** Wound care management Hymenorraphy Repair of vertical vaginal septum Repair of congenital abnormalities of the vulva Repair of transverse vaginal septum +/- skin graft McIndoe procedure for repair of mullerian agenesis Correction of disorders of sexual development Bilateral gonadectomy Malignancies oopheropexy/ovarian biopsy for ovarian/fertility preservation Surgical correction of virilizing disorders / pathology / genitalia