Background

Gynecologic oncology is the medical subspecialty of obstetrics and gynecology concerned with the study and treatment of cancers of the female reproductive organs such as ovarian, cervical, or uterine cancer. Gynecologic oncologists provide consultation on and comprehensive management of women with gynecologic cancer and its complications in settings where all effective forms of cancer therapy are available.

These practitioners are trained both as surgeons and specialty oncologists and can prescribe and oversee all aspects of a woman’s treatment. Gynecological oncologists perform surgery on the female reproductive system, as well as on all the organs of the pelvic and abdominal tissues and organs that may be involved if cancer has spread. They are also most likely to be well versed in the latest treatments in gynecologic oncology, including the experimental ones.

The American Board of Medical Specialties recognizes gynecologic oncology as a subspecialty of obstetrics and gynecology. Gynecologic oncologists receive their specialized training in fellowship programs approved by the American Board of Obstetrics and Gynecology (ABOG) or the American Osteopathic Board of Obstetrics and Gynecology (AOBOG). The three-year training program should include clinical experience that provides a sufficient variety of inpatient and outpatient cases so fellows will become capable of performing all appropriate diagnostic and therapeutic procedures relevant to the subspecialty.

Involved specialties

Gynecologic oncologists

Positions of specialty boards

ABOG

The ABOG sets training standards, examines, and certifies subspecialists in gynecologic oncology. Candidates for certification must have passed both the written and oral examinations for ABOG certification in obstetrics and gynecology. In addition, candidates must pass a written and oral examination in gynecologic oncology.
Fellowship training must last at least three years, with a minimum of 24 months devoted to clinical gynecologic oncology and 12 months of protected time for research and graduate-level course work during which no more than 10% of time may be devoted to clinical duties. Experience in the management of gynecologic cancer and its complications that fellows should gain in a training program includes the following:

➤ Radical operations on reproductive organs and surgical procedures of the gastrointestinal and urinary tracts, including intestinal resection and bypass and urinary diversion and bypass.
➤ Dissection of inguinal, pelvic, and periaortic lymph nodes using open laparotomy and minimally invasive surgical techniques.
➤ Restorative plastic reconstructive surgery and adjunctive procedures including cystoscopy, sigmoidoscopy, paracentesis, thoracentesis, and placement of central venous catheters.
➤ Understanding of the principles of radiobiology and radiation physics to a level that allows a fellow to be a contributing member of a team that decides the course of treatment, plans for radiotherapy, and application of radioactive materials.
➤ Knowledge and administration of agents used to treat cancer, including but not limited to chemotherapy, targeted therapies, and biologics. Fellows should also be able to recognize and manage complications associated with the use of such agents.

Fellows must also be able to provide critical care to patients with a gynecologic malignancy. Diagnosis and management of disorders of the breast may also be included in fellowship training.

In order to take the gynecologic oncology examination, candidates must have:

➤ An unrestricted license to practice medicine in the state or territory of the United States or province of Canada in which the candidate practices.
➤ Completed an ABOG-approved gynecologic oncology fellowship program.
➤ Satisfactorily completed two university graduate-level courses. One course should be in quantitative techniques that includes biostatistics and other areas such as epidemiology and research design and implementation. The second course must be relevant to gynecologic oncology.

Written examination questions will focus on subjects outlined in the Guide to Learning in Gynecologic Oncology.

In order to take the gynecologic oncology oral exam, candidates must:

➤ Be certified diplomates of the ABOG
➤ Have passed the gynecologic oncology written examination
➤ Have an unrestricted license to practice medicine in the state or territory of the United States or province of Canada in which the candidate practices
➤ Have good moral and ethical character
➤ Have full and unrestricted hospital privileges
➤ Have gained and can document not less than 12 months of experience in practice as a subspecialist in a center or centers providing or having ready access to essential diagnostic and therapeutic facilities
➤ Provide a case list
➤ Submit an approved thesis

Candidates must provide a case list of hospitalized gynecologic oncology patients and all other hospitalized patients in whose care the candidate significantly participated during the one-year period prior to taking the oral examination—the time period must be from January 1 to December 31.

Gynecologic cases include any woman for which the candidate had personal responsibility for the professional management (medical and/or surgical) and care (does not include cases in which the candidate consulted or only had administrative responsibility) of the following conditions:
➤ Pre-invasive or invasive cancer of female reproduction organs
➤ Conditions, such as infection, fistulae, or obstruction, resulting from the growth of gynecologic cancer or from related therapy
➤ Clinical conditions that are likely to be gynecologic cancer but cannot be identified or clarified until surgery

For nonsurgical conditions, candidates must give the admission diagnosis and the final clinical diagnosis for cases without tissue for histological diagnosis. For surgical conditions, candidates must give the preoperative diagnosis and list their role in the surgical procedure for each case according to one of the following categories:
➤ Surgeon: operating surgeon assisted by others
➤ Co-surgeon: operating surgeon for major portion of the procedure
➤ Instructor: first assistant to a trainee who is the surgeon
➤ Assistant: scrubbed on an operation but not acting in one of the above categories

For evaluation of candidates’ ability to function as a gynecologic oncologist, they must include a minimum of 50 cases with invasive neoplasms of sufficient variety and severity. The case list must also include patients having radical surgical procedures, insertions of radioactive isotopes, and chemotherapy.

**AOA/AOBOG**

The American Osteopathic Association (AOA) grants certification in the subspecialty of gynecologic oncology through the AOBOG. Candidates for subspecialty certification must:
➤ Hold certification in OB/GYN by the AOA through the AOBOG.
➤ Complete a gynecologic oncology training program approved by the American College of Osteopathic Obstetricians and Gynecologists (ACOOG) and the AOA.
Prepare a log of clinical activity in gynecologic oncology that includes a minimum of 12 cases with no more than three cases having a similar diagnosis. The AOBOG requires that the cases be representative of clinical activity within 12 months prior to submitting an exam application. Cases must be chosen from the following seven topics: adnexal cancers, cervical cancers, ovarian cancers, uterine cancers, vulvar cancers, chromosome changes in cancer, and premalignant lesions.

Be a primary author of a paper related to gynecologic oncology that is published or accepted for publication in a peer review journal.

Hold an unrestricted medical license in the state or territory where practice is being conducted.

Demonstrate conformity to the standards as set forth in the AOA Code of Ethics.

Be a member in good standing of the AOA or the Canadian Osteopathic Association for a continuous period of two years.

**Positions of societies, academies, colleges, and associations**

**AOA/ACOOG**

As outlined in the *Basic Standards for Fellowship Training in Gynecologic Oncology*, the AOA and ACOOG set standards to provide the fellow with advanced and concentrated training in gynecologic oncology and to prepare the fellow for examination for certification in his or her subspecialty.

The purpose of gynecologic oncology training is to:

- Provide advanced didactic and clinical training in medical and surgical complications of gynecologic oncology
- Develop expertise in current diagnostic and treatment modalities utilized in the care of patients with gynecologic cancer
- Integrate the osteopathic philosophy, including principles and practice, as it relates to gynecologic oncology
- Provide progressive experience and increasing responsibility in patient care

A fellowship training program in gynecologic oncology must be three years in duration and provide the fellow with the following competencies:

- Interpersonal and communication skills
  - Develop appropriate doctor-patient relationships
  - Exhibit effective listening, written, and oral communication skills in professional interactions with patients and other health professionals
- System-based practice
  - Understand national and local healthcare delivery systems, including their impact on patient care and professional practice
  - Be an advocate for quality healthcare on the patient’s behalf and assist patients in their interactions with the medical system
Gynecologic oncology

➤ Medical knowledge
   – Be competent in the understanding and application of clinical medicine to patient care
   – Know and apply the foundations of clinical and behavioral medicine in gynecologic oncology
➤ Osteopathic philosophy and osteopathic manipulative treatment (OMT)
   – Understand and apply OMT appropriate to obstetrics and gynecology
   – Integrate osteopathic concepts and OMT into patient medical care
   – Understand and integrate osteopathic concepts into all clinical and patient care activities
➤ Practice-based learning and improvement
   – Self-evaluate clinical practice patterns and practice-based improvement activities using a systematic methodology
   – Understand research methods, medical informatics, and the application of technology as applied to medicine
➤ Professionalism
   – Respect patients and families and advocate for the primacy of a patient’s welfare and autonomy
   – Adhere to ethical principles in the practice of medicine
   – Be aware and attentive to a patient’s culture, religion, age, gender, sexual orientation, and mental and physical disabilities
➤ Patient care
   – Demonstrate ability to diagnose, treat, and perform procedures appropriate to obstetrics and gynecology
   – Provide healthcare services consistent with osteopathic philosophy, including preventive medicine and health promotion based on current scientific evidence and understanding of behavioral medicine

An AOA-approved fellowship training program must be three years in duration and must provide the following experiences during training:
➤ Integration of osteopathic philosophy, principles, and practice as they relate to gynecologic oncology
➤ Basic science training emphasizing the relationship of anatomy, pathology, physiology, biochemistry, and bacteriology as they relate to gynecologic oncology
➤ Two courses: 1) statistics relative to the gathering, dissemination, and interpretation of biomedical information; 2) biomedical information and dissemination (e.g., computer science in biomedical data gathering, thesis preparation, healthcare administration) to enable the fellow to integrate his or her skills into the present-day medical healthcare system
➤ Outpatient evaluation of gynecologic oncology patients including:
   – An opportunity to supervise high-risk pregnancy clinics under the direction of an attending gynecologic oncologist
   – Evaluation of diagnostic tests and treatment of gynecologic oncology patients
- Management of both inpatients and outpatients with pre-invasive
disease or invasive cancer of the cervix, vagina, and vulva; endometrial
hyperplasia; adenocarcinoma or sarcoma of the uterus; carcinoma of
the fallopian tube; epithelial ovarian cancer; and germ cell and stromal
tumors of the ovary; principles, toxicity, and mechanisms of action of
chemotherapy, genetics of cancer, and biostatistics; radiation oncology; termi-
nal care
- Preoperative, postoperative, and intensive care management of the
gynecologic oncology patients
- Chemo-pharmacology and therapeutics of all related chemicals and
physical modalities utilized in the diagnosis and management of
gynecologic patients
➤ Provide effective content with regard to behavioral characteristics involved in
the interaction between the fellow, the patient, and the teaching staff
➤ Enhance the ability of the fellow to understand the contingencies of health
and illness and the development of a mature concern regarding the quality of
patient care
➤ Investigational research training, both in the clinic and laboratory, to advance
knowledge in gynecologic oncology and the osteopathic profession

To be considered for fellowship training in gynecologic oncology, the
candidate must:
➤ Have graduated from an AOA-accredited college of osteopathic medicine
➤ Have satisfactorily completed an AOA-approved residency program in
obstetrics and gynecology
➤ Hold an AOA membership
➤ Hold a medical license in the state in which the fellowship training occurs
➤ Have applied for the AOBOG general OB/GYN certification exam and have
taken the written portion of the exam

ACOG

The American College of Obstetricians and Gynecologists (ACOG) is a private,
voluntary, nonprofit membership organization of physicians who provide
healthcare for women. Its purpose is to serve as a strong advocate for quality
healthcare for women; maintain the highest standards of clinical practice and
continuing education for its members; promote patient education and stimulate
patient understanding of and involvement in medical care; and increase aware-
ness among its members and the public of the changing issues facing women’s
healthcare.

To become a fellow of the ACOG, physicians must meet the following
requirements:
➤ Be board certified in obstetrics and gynecology
➤ Have completed an obstetrics and gynecology residency program within the
geographic confines of the ACOG
➤ Hold an active license to practice medicine
➤ Show continuous involvement in training and/or professional activities to obstetrics and/or gynecology within the last five years
➤ Practiced in the community from which application is made for a minimum of 12 months
➤ Have two endorsements from active fellows of the ACOG

**SGO**

The Society of Gynecologic Oncologists (SGO) is a national surgical specialty society of physicians who are trained in the comprehensive management of women with malignancies of the reproductive tract. Its purpose is to improve the care of women with gynecologic cancer by encouraging research; disseminate knowledge, which will raise the standards of practice in the prevention and treatment of gynecologic malignancies; and cooperate with other organizations interested in women’s healthcare, oncology, and related fields.

SGO’s members make it the leading organization of gynecologic oncologists in the United States. Primarily gynecologic oncologists, the members are women’s cancer specialists who have received an additional three to four years of intensive medical training in the study and treatment of malignancies arising in the female reproductive tract—the ovaries, endometrium, cervix, vulva, and vagina.

SGO members also include gynecologic oncologists from the international community and related medical specialists such as medical oncologists and radiation oncologists. SGO members provide unified, comprehensive medical and surgical care to women with reproductive tract cancers from diagnosis to completion of treatment, such as radiation therapy, supportive care, and surgery.

Full members of the SGO must meet the following requirements:
➤ Be a diplomate of the ABOG or its equivalent
➤ Have completed an ABOG-approved post-residency fellowship training program in gynecologic oncology
➤ Be certified in special competence in gynecologic oncology

**Positions of accreditation bodies**

**CMS**

CMS has no formal position concerning the delineation of privileges for gynecologic oncology. However, CMS’ *Conditions of Participation (CoP)* define a requirement for a criteria-based privileging process in §482.22(c)(6) stating, “The bylaws must include criteria for determining the privileges to be granted to individual practitioners and a procedure for applying the criteria to individuals requesting privileges.”
§482.12(a)(6) states, “The governing body must assure that the medical staff bylaws describe the privileging process. The process articulated in the bylaws, rules or regulations must include criteria for determining the privileges that may be granted to individual practitioners and a procedure for applying the criteria to individual practitioners that considers:

➤ Individual character
➤ Individual competence
➤ Individual training
➤ Individual experience
➤ Individual judgment

The governing body must ensure that the hospital’s bylaws governing medical staff membership or the granting of privileges apply equally to all practitioners in each professional category of practitioners.”

Specific privileges must reflect activities that the majority of practitioners in that category can perform competently and that the hospital can support. Privileges are not granted for tasks, procedures, or activities that are not conducted within the hospital, regardless of the practitioner’s ability to perform them.

Each practitioner must be individually evaluated for requested privileges. It cannot be assumed that every practitioner can perform every task, activity, or privilege specific to a specialty, nor can it be assumed that the practitioner should be automatically granted the full range of privileges. The individual practitioner’s ability to perform each task, activity, or privilege must be individually assessed.

CMS also requires that the organization have a process to ensure that practitioners granted privileges are working within the scope of those privileges.

CMS’ CoPs include the need for a periodic appraisal of practitioners appointed to the medical staff/granted medical staff privileges (§482.22[a][1]). In the absence of a state law that establishes a time frame for the periodic appraisal, CMS recommends that an appraisal be conducted at least every 24 months. The purpose of the periodic appraisal is to determine whether clinical privileges or membership should be continued, discontinued, revised, or otherwise changed.

**The Joint Commission**

The Joint Commission has no formal position concerning the delineation of privileges for gynecologic oncology. However, in its Comprehensive Accreditation Manual for Hospitals, The Joint Commission states, “The hospital collects information regarding each practitioner’s current license status, training, experience, competence, and ability to perform the requested privilege” (MS.06.01.03).
In the introduction for MS.06.01.03, The Joint Commission states that there must be a reliable and consistent system in place to process applications and verify credentials. The organized medical staff must then review and evaluate the data collected. The resultant privilege recommendations to the governing body are based on the assessment of the data.

The Joint Commission introduces MS.06.01.05 by stating, “The organized medical staff is responsible for planning and implementing a privileging process.” It goes on to state that this process typically includes:

➤ Developing and approving a procedures list
➤ Processing the application
➤ Evaluating applicant-specific information
➤ Submitting recommendations to the governing body for applicant-specific delineated privileges
➤ Notifying the applicant, relevant personnel, and, as required by law, external entities of the privileging decision
➤ Monitoring the use of privileges and quality-of-care issues

MS.06.01.05 further states, “The decision to grant or deny a privilege(s) and/or to renew an existing privilege(s) is an objective, evidence-based process.”

The EPs for standard MS.06.01.05 include several requirements as follows:

➤ The need for all licensed independent practitioners who provide care, treatment, and services to have a current license, certification, or registration, as required by law and regulation
➤ Established criteria as recommended by the organized medical staff and approved by the governing body with specific evaluation of current licensure and/or certification, specific relevant training, evidence of physical ability, professional practice review data from the applicant’s current organization, peer and/or faculty recommendation, and a review of the practitioner’s performance within the hospital (for renewal of privileges)
➤ Consistent application of criteria
➤ A clearly defined (documented) procedure for processing clinical privilege requests that is approved by the organized medical staff
➤ Documentation and confirmation of the applicant’s statement that no health problems exist that would affect his or her ability to perform privileges requested
➤ A query of the NPDB for initial privileges, renewal of privileges, and when a new privilege is requested
➤ Written peer recommendations that address the practitioner’s current medical/clinical knowledge, technical and clinical skills, clinical judgment, interpersonal skills, communication skills, and professionalism
➤ A list of specific challenges or concerns that the organized medical staff must evaluate prior to recommending privileges (MS.06.01.05, EP 9)
A process to determine whether there is sufficient clinical performance information to make a decision related to privileges

A decision (action) on the completed application for privileges that occurs within the time period specified in the organization’s medical staff bylaws

Information regarding any changes to practitioners’ clinical privileges (updated as they occur)

The Joint Commission further states, “The organized medical staff reviews and analyzes information regarding each requesting practitioner’s current licensure status, training, experience, current competence, and ability to perform the requested privilege” (MS.06.01.07).

In the EPs for standard MS.06.01.07, The Joint Commission states that the information review and analysis process is clearly defined and that the decision process must be timely. The organization, based on recommendations by the organized medical staff and approval by the governing body, develops criteria that will be considered in the decision to grant, limit, or deny a request for privileges. The criteria must be consistently applied and directly relate to the quality of care, treatment, and services. Ultimately, the governing body or delegated governing body has the final authority for granting, renewing, or denying clinical privileges. Privileges may not be granted for a period beyond two years.

Criteria that determine a practitioner’s ability to provide patient care, treatment, and services within the scope of the privilege(s) requested are consistently evaluated.

The Joint Commission further states, “Ongoing professional practice evaluation information is factored into the decision to maintain existing privilege(s), to revise existing privileges, or to revoke an existing privilege prior to or at the time of renewal” (MS.08.01.03).

In the EPs for MS.08.01.03, The Joint Commission says there is a clearly defined process facilitating the evaluation of each practitioner’s professional practice, in which the type of information collected is determined by individual departments and approved by the organized medical staff. Information resulting from the ongoing professional practice evaluation is used to determine whether to continue, limit, or revoke any existing privilege.

**HFAP**

The Healthcare Facilities Accreditation Program (HFAP) has no formal position concerning the delineation of privileges for gynecologic oncology. The bylaws must include the criteria for determining the privileges to be granted to the individual practitioners and the procedure for applying the criteria to individuals requesting privileges (03.01.09). Privileges are granted based on the medical staff’s review of an individual practitioner’s qualifications and its recommendation regarding that individual practitioner to the governing body.
It is also required that the organization have a process to ensure that practitioners granted privileges are working within the scope of those privileges.

Privileges must be granted within the capabilities of the facility. For example, if an organization is not capable of performing open-heart surgery, no physician should be granted that privilege.

In the explanation for standard 03.01.13 related to membership selection criteria, HFAP states, “Basic criteria listed in the bylaws, or the credentials manual, include the items listed in this standard. (Emphasis is placed on training and competence in the requested privileges.)”

The bylaws also define the mechanisms by which the clinical departments, if applicable, or the medical staff as a whole establish criteria for specific privilege delineation.

Periodic appraisals of the suitability for membership and clinical privileges is required to determine whether the individual practitioner’s clinical privileges should be approved, continued, discontinued, revised, or otherwise changed (03.00.04). The appraisals are to be conducted at least every 24 months.

The medical staff is accountable to the governing body for the quality of medical care provided, and quality assessment and performance improvement (03.02.01) information must be used in the process of evaluating and acting on re-privileging and reappointment requests from members and other credentialed staff.

**DNV**

Det Norske Veritas (DNV) has no formal position concerning the delineation of privileges for gynecologic oncology. MS.12 Standard Requirement (SR) #1 states, “The medical staff bylaws shall include criteria for determining the privileges to be granted to individual practitioners and a procedure for applying the criteria to those individuals that request privileges.”

The governing body shall ensure that under no circumstances is medical staff membership or professional privileges in the organization dependent solely upon certification, fellowship, or membership in a specialty body or society.

Regarding the Medical Staff Standards related to Clinical Privileges (MS.12), DNV requires specific provisions within the medical staff bylaws for:

- The consideration of automatic suspension of clinical privileges in the following circumstances: revocation/restriction of licensure; revocation, suspension, or probation of a DEA license; failure to maintain professional liability insurance as specified; and noncompliance with written medical record delinquency/deficiency requirements
Immediate and automatic suspension of clinical privileges due to the termination or revocation of the practitioner’s Medicare/Medicaid status

➤ Fair hearing and appeal

The Interpretive Guidelines also state that core privileges for general surgery and surgical subspecialties are acceptable as long as the core is properly defined.

DNV also requires a mechanism (outlined in the bylaws) to ensure that all individuals provide services only within the scope of privileges granted (MS.12, SR.4).

Clinical privileges (and appointments or reappointments) are for a period as defined by state law or, if permitted by state law, not to exceed three years (MS.12, SR.2).

Individual practitioner performance data must be measured, utilized, and evaluated as a part of the decision-making for appointment and reappointment. Although not specifically stated, this would apply to the individual practitioner’s respective delineation of privilege requests.

CRC draft criteria

The following draft criteria are intended to serve solely as a starting point for the development of an institution’s policy regarding this practice area. The core privileges and accompanying procedure list are not meant to be all-encompassing. They define the types of activities, procedures, and privileges that the majority of practitioners in this specialty perform. Additionally, it cannot be expected or required that practitioners perform every procedure listed. Instruct practitioners that they may strikethrough or delete any procedures they do not wish to request.

Minimum threshold criteria for requesting core privileges in gynecologic oncology

Basic education: MD or DO

Minimal formal training: Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)— or AOA-accredited residency in OB/GYN, plus an ABOG- or AOA-approved fellowship in gynecologic oncology.

AND/OR

Current subspecialty certification or active participation in the examination process (with achievement of certification within [n] years) leading to subspecialty certification in gynecologic oncology by the ABOG or completion of a certificate of special qualifications by the AOBOG.
Required current experience: At least 12 gynecologic oncology procedures, reflective of the scope of privileges requested, in the past 12 months or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.

References
If the applicant is recently trained, a letter of reference should come from the director of the applicant’s training program. Alternatively, a letter of reference may come from the applicable department chair and/or clinical service chief at the facility where the applicant most recently practiced.

Core privileges in gynecologic oncology
Core privileges in gynecologic oncology include the ability to admit, evaluate, diagnose, treat, and provide consultation and surgical and therapeutic treatment to female patients with gynecologic cancer and resulting complications, including carcinomas of the cervix, ovary and fallopian tubes, uterus, vulva, and vagina, and the performance of procedures on the bowel, urethra, and bladder. Physicians also may provide care to patients in the intensive care setting in conformance with unit policies. They should also be able to assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.

Core privileges in this specialty include but are not limited to the following procedures and such other procedures that are extensions of the same techniques and skills:
➤ Performance of history and physical exam
➤ Treatment of malignant disease with chemotherapy
➤ Lymphadenectomies (inguinal, femoral, pelvic, para-aortic)
➤ Microsurgery
➤ Myocutaneous flaps, skin grafting
➤ Para-aortic and pelvic lymph node dissection
➤ Pelvic exenteration (anterior, posterior, total)
➤ Hysterectomy (vaginal, abdominal, radical, laparoscopic assisted)
➤ Vaginectomy (simple, radical)
➤ Vulvectomy (skinning, simple, partial, radical)
➤ Treatment of malignant disease with chemotherapy, including gestational trophoblastic disease
➤ Insertion of intracavity radiation application
➤ Salpingo-oophorectomies
➤ Omenectomies
➤ Surgery of the gastrointestinal tract and upper abdomen, including placements of feeding jejunostomy/gastrostomy, resections and reanastomosis of small bowel, bypass procedures of small bowel, mucous fistula formations of
small bowel, ileostomies, repair of fistulas, resection and reanastomosis of large bowel (including low-anterior resection and reanastomosis), bypass procedures of the large bowel, mucous fistula formations of large bowel, colostomies, splenectomies, and liver biopsies

- Surgery of the urinary tract: cystectomy (partial, total), repairs of vesicovaginal fistulas (primary, secondary), cystotomy, ureteroneocystostomies with and without bladder flaps or psoas fixation, end-to-end ureteral reanastomoses, transuretero-ureterostomies, small-bowel interpositions, cutaneous ureterostomies, repairs of intraoperative injuries to the ureter, and conduits developed from the ileum and colon

- Incision and drainage of abdominal or perineal abscesses

- Reconstruction procedures, including development of neovagina (split-thickness skin grafts, pedicle grafts, and myocutaneous grafts) and development of a new pelvic floor (omental pedicle grafts and transposition of muscle grafts)

- Evaluation procedures, including cystoscopies, laparoscopies, colposcopies and loop excisions, sigmoidoscopies, breast mass fine-needle aspirations, and needle biopsies

- Management of operative and postoperative complications

Special noncore privileges in gynecologic oncology

If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the specific threshold criteria governing the exercise of the privilege requested, including training, required previous experience, and maintenance of clinical competence.

Reappointment

Reappointment should be based on unbiased, objective results of care according to a hospital’s quality assurance mechanism.

To be eligible to renew privileges in gynecologic oncology, the applicant must demonstrate current competence and an adequate volume of experience (24 gynecologic oncology procedures) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

In addition, continuing education related to gynecologic oncology should be required.
For more information

American Board of Obstetrics and Gynecology
2915 Vine Street
Dallas, TX 75204-1069
Telephone: 214/871-1619
Fax: 214/871-1943
Website: www.abog.org

American College of Obstetrics and Gynecology
P.O. Box 96920
Washington, DC 20090-6920
Telephone: 202/638-5577
Website: www.acog.org

American College of Osteopathic Obstetricians and Gynecologists
8851 Camp Bowie West, Suite 120
Fort Worth, TX 76116
Telephone: 817/377-0421
Fax: 817/377-0439
Website: www.acoog.org

American Osteopathic Association
142 East Ontario Street
Chicago, IL 60611
Telephone: 312/202-8000
Fax: 312/202-8200
Website: www.aoa-net.org

American Osteopathic Board of Obstetrics and Gynecology
1010 Dixie Highway, Suite 313
Chicago Heights, IL 60411
Telephone: 708/755-2490
Fax: 708/755-2495
Website: www.aobog.org

Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244
Telephone: 877/267-2323
Website: www.cms.hhs.gov
Gynecologic oncology

Practice area 112

DNV Healthcare, Inc.
400 Techne Center Drive, Suite 350
Milford, OH 45150
Website: www.dnvaccreditation.com

Healthcare Facilities Accreditation Program
142 E. Ontario Street
Chicago, IL 60611
Telephone: 312/202-8258
Website: www.hfap.org

The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
Telephone: 630/792-5000
Fax: 630/792-5005
Website: www.jointcommission.org

Society of Gynecologic Oncologists
401 North Michigan Avenue
Chicago, IL 60611
Telephone: 312/644-6610
Fax: 312/673-6959
Website: www.sgo.org

The information contained in this document is general. It has been designed and is intended for use by hospitals and their credentials committees in developing their own local approaches and policies for various credentialing issues. This information, including the materials, opinions, and draft criteria set forth herein, should not be adopted for use without careful consideration, discussion, additional research by physicians and counsel in local settings, and adaptation to local needs. The Credentialing Resource Center does not provide legal or clinical advice; for such advice, the counsel of competent individuals in these fields must be obtained.

Reproduction in any form outside the recipient’s institution is forbidden without prior written permission. Copyright © 2011 HCPro, Inc., Danvers, MA 01923.