DELINEATION OF MATERNAL-FETAL MEDICINE PRIVILEGES

APPLICANT’S NAME:______________________________________________________________

Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any concerns related to qualifications for requested privileges. 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 competency to exercise clinical privileges.

**Category One – Maternal-Fetal Medicine Core** – To be eligible for category one privileges the applicant must meet the following education and training requirements:

- Successful completion of an ACGME or AOA accredited residency in obstetrics and gynecology, or equivalent as outlined in the Medical/Dental Staff Bylaws; **AND**
- Successful completion of a recognized fellowship in Maternal and Fetal Medicine, or equivalent as outlined in the Medical/Dental Staff Bylaws; **AND**
- Current certification by an approved American Board of Medical Specialties certifying body in obstetrics and gynecology - maternal-fetal medicine or American Osteopathic Association obstetrics and gynecology – maternal-fetal medicine, or an equivalent Board as defined in the Medical/Dental Staff Bylaws; or must become certified in the physician’s appropriate specialty or sub-specialty area within the time frame outlined in the Medical/Dental Staff Bylaws; or meet the criteria and be approved for a board certification waiver as outlined in the Medical/Dental Staff Bylaws.

**Initial Competency Requirements:**
Each initial applicant shall submit documentation, either from their training program or from another Joint Commission accredited institution, of at least 12 cases from within the past 12 months demonstrating the provision of inpatient and consultative services in maternal fetal medicine, where the applicant functioned as the attending physician or as a maternal fetal medicine fellow.

**Focused Review:** The assigned proctor will perform retrospective chart reviews and/or direct observations on, at a minimum, 10 patient encounters (representative of the entire core), for all newly granted clinical privileges. For applicants who currently hold privileges at a Children’s Health facility, the Division Director may assign a tiered approach to FPPE in accordance to M/D Staff Policy #3.05 – Focused Professional Practice Evaluations (FPPE). If a new applicant is unable to provide documentation that meets the initial case log criteria, the Division Director shall recommend an additional level of FPPE in accordance to the FPPE policy.

**Reappointment Criteria for Maternal-Fetal Medicine Core:** Each practitioner must be able to provide documentation, either internal documentation from Children’s Health or documentation from another Joint Commission accredited institution, of at least 24 cases from within the past 24 months demonstrating the provision of inpatient or consultative services for maternal fetal medicine, where the applicant functioned as the attending physician. If an applicant is unable to provide documentation that meets this criterion the Division Director will recommend an additional level of FPPE in accordance to M/D Staff Policy #3.05 – Focused Professional Practice Evaluations.
DELINEATION OF MATERNAL-FETAL MEDICINE PRIVILEGES

APPLICANT’S NAME:______________________________

<table>
<thead>
<tr>
<th>Request</th>
<th>Maternal-Fetal Medicine Core Privileges in MATERNAL-FETAL MEDICINE</th>
<th>Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Privileges to evaluate, conduct histories and physicals, diagnose, consult, and provide non-surgical and surgical care 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 (see attached list).</td>
<td>Maternal-Fetal Medicine Core Privileges may be exercised at all inpatient and outpatient areas at Children’s Medical Center Dallas.</td>
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</table>

Maternal-Fetal Medicine CorePrivileges will include but are not limited to the following: Please note if you do not want to request a privilege that is automatically included in the core, submit this request in writing. Any additional procedures requested that are not listed below must be submitted in writing to the Division Director of Maternal-Fetal Medicine for consideration.

- Chorionic villi sampling*
- Amniocentesis**
- General obstetrical ultrasound**
- Comprehensive obstetrical ultrasound including Doppler studies**
- Biophysical profile**
- Percutaneous umbilical blood sampling (PUBS)*
- Microseptostomy**
- Amnioinfusion*
- Placental biopsy*
- Instillation of medications via umbilical cord*
- Fetal thoracentesis*
- Fetal bladder catheter instillation*
- Invasive fetal procedures (including fetal thoracocentesis, puncture of fetal bladder)*

* Typically performed in an outpatient setting at less than 24 weeks.
** Typically performed in an outpatient setting at any gestational age.
I hereby request clinical privileges in the specialty and/or subspecialty fields as shown on this form and attest that I have only requested those privileges for which by education, training and current experience I am qualified to perform and wish to exercise at Children’s Health. I further understand that:

- Privileges requested may differ from those finally approved;
- Completion of this form, at the present time, does not preclude me from requesting additional privileges in the future;
- I shall be authorized to treat, in a life-threatening emergency, any medical disease or perform any medically appropriate or surgical procedure to save life or limb or alleviate suffering of the patient that I am attending until proper consultation can be obtained;
- Staff appointments and clinical privileges will be made in conformance with the existing Medical/Dental Staff Bylaws, Rules and Regulations and policies and procedures of the Medical/Dental Staff and shall be evaluated biennially;
- Staff privileges may also be evaluated as deemed necessary based on concerns identified through the peer review process, or during the ongoing professional practice or focused professional practice evaluation processes;
- Failure to obtain board certification as outlined above in the timeframe required by the Medical/Dental Staff Bylaws, or non-compliance with Children’s policies, Medical/Dental Staff Bylaws, Rules and Regulations, or Code of Ethical Conduct may constitute grounds for non-renewal or restriction/limitation of clinical privileges.

By my signature, I agree to be bound by the Medical/Dental Staff Bylaws, Rules and Regulations, and the policies and procedures of Children’s Health. I understand that non-compliance with any of these documents may constitute grounds for termination or restriction of privileges.

Applicant’s Signature       Date

APPROVALS

If Applicable | NO | YES

| Exceptions to above recommended by Division Director: | | |

Exceptions recommended:

REVIEWED/APPROVED BY:

Division Director, Maternal-Fetal Medicine- Robyn Horsager-Bohrer, MD

Signature: ___________________________ Date: __________

Surgeon-In-Chief, Robert Foglia, MD

Signature: ___________________________ Date: __________