

DETROIT MEDICAL CENTER

DEPARTMENT OF PEDIATRIC UROLOGY  
DELINEATION OF PRIVILEGES

Applicant Name \_\_\_\_\_

Please Print

**QUALIFICATIONS:**

*Effective July 1, 2009, all new applicants to the DMC will be required to be board certified or in the active certification process in their practice specialty.*

Practitioners applying for membership and/or privileges in the Department of Pediatric Urology **must** be Board Certified by the American Board of Urology (ABU), or in the active certification process, with certification attained **within 4 years** of completing residency or fellowship training. A one year extension may be requested, but no Urologist may be eligible for privileged without ABU certification **after 5 years** from the completion of the residency or Fellowship.

**Initial applicants:** If you will only be referring patients to the DMC/Children's Hospital of Michigan, but wish to maintain an affiliation, please apply for Membership Only (no clinical privileges). This will allow an affiliation without having to meet other medical staff requirements.

**Reappointment Requirements:**

Current demonstrated competence and an adequate volume of current experience with acceptable results in the privileges requested for the past 24 months as a result of quality assessment/improvement activities and ongoing professional performance evaluation outcomes.

**Those practitioners that do not meet minimum eligibility requirements to hold clinical privileges and/or have insufficient DMC based volume to provide for an ongoing professional practice evaluation and/or have an office-based practice only, but wish to maintain a DMC affiliation, may request Membership Only (no clinical privileges).**

(R) (A) (C) (N)

I am requesting:

**MEMBERSHIP ONLY (NO CLINICAL PRIVILEGES)**

Do not complete the remainder of the form, go to page 6, sign and date.

**REQUESTING PEDIATRIC PRIVILEGES:**

Two groups of urologists may be granted privileges in Pediatric Urology.

**1. General Urologists**

**Basic criteria:** General urologists with demonstrated training in the treatment of children may be granted privileges to treat children **five (5) years of age and older**. They should have completed training in an accredited ACGME/AOA program and be certified by the American Board of Urologists or equivalent recognized by DMC. Privileges will be granted on a procedure by procedure basis according to training received and the judgment of the Chief of Pediatric Urology.

**Reappointment criteria:** Reappointments to the Department of Pediatric Urology will be based on current demonstrated competence and an adequate volume with acceptable results in the privileges requested for the past 24 months.. This evaluation process will utilize information regarding clinical activity and outcomes as a result of quality assessment/improvement activities

DEPARTMENT OF PEDIATRIC UROLOGY DELINEATION OF PRIVILEGES

Applicant Name \_\_\_\_\_  
**Please Print**

2. **Pediatric Urologists**

**Basic criteria:**

Pediatric Urologists are those urologists who have completed a Pediatric Urology fellowship program and who may treat children **four (4) years of age and younger**. Rare exceptions to this rule will be made for senior individuals who have finished residency training before 1998 and may not have completed formal fellowship training, but have a full time practice of Pediatric Urology and have made significant contributions to the field.

All Applicants **must** be Board Certified by the American Board of Urology (ABU), or in the active certification process, with certification attained within **4 years** of completing residency or fellowship training. A one year extension may be requested, but no Urologist may be eligible for privileges without ABU certification after 5 years. In addition, applicants **must** have the Subspecialty Certificate in Pediatric Urology, or be eligible to take this examination. The Subspecialty Certificate in Pediatric Urology must be attained within 4 years of completing Pediatric Urology Fellowship training. A one year extension may be requested, but no Urologist will be eligible for Pediatric privileges without Subspecialty Certification after 5 years from the completion of Fellowship.

**Reappointment criteria:**

To be eligible for reappointment, Pediatric Urologists must have performed at least **10** procedures per year at CHM. Reappointments will be based on current demonstrated competence and acceptable outcomes in the privileges requested as a result of ongoing professional performance evaluations. Those not meeting minimum reappointment criteria may maintain a DMC affiliation via Membership Only category as defined above.

DEPARTMENT OF PEDIATRIC UROLOGY DELINEATION OF PRIVILEGES

Applicant Name \_\_\_\_\_  
 \_\_\_\_\_  
**Please Print**

**Applicant:** Place a check mark in the (R) box only of requested privileges. Then check box(s) indicating age group(s) you wish to exercise the privileges:

**P1 = (0 through 4 years of age)** and/or, **P2 = (5 years of age and older)**

**(R)-Requested (A)-Recommend Approval as Requested (C)-Recommend with Conditions (N)-Not Recommended**

*Dept Chief: If recommendations for clinical privileges include a condition, modification or are not recommended, the specific condition and reason for same **must** be stated below and discussed with the applicant.*

**(R) (A) (C) (N)**

**PEDIATRIC UROLOGY CORE PRIVILEGES**

Admit, work-up and treat, both surgical and medical patients presenting with illnesses or injuries of the genitourinary system. The following procedures may be performed by a general urologist on children five (5) years of age and over: circumcision, meatotomy, exploration for torsion of testis, hydrocelectomy, excision of appendix, testes, orchiectomy, unilateral; orchipexy, unilateral; reduction of torsion of testes; cystoscopy, infant female; cystoscopy, infant male; cystoscopy and retrogrades, infant female. Exceptions for additional procedures can be made in emergency situations.

**PEDIATRIC UROLOGY SPECIAL PRIVILEGES:**

**RENAL**

<b>(R)</b>	<b>(A)</b>	<b>(C)</b>	<b>(N)</b>		<b>(P1)</b>	<b>(P2)</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bilateral nephrectomy	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bilateral nephrectomy – cadaver donor	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nephrectomy, multicystic kidney	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nephrectomy for Wilms’ Tumor	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nephrectomy, Thoraco-abdominal	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Partial nephrectomy with or without ureterectomy	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Uretero-pyelostomy	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cutaneous pyelostomy	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Renal biopsy, closed	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Renal biopsy, open	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Percutaneous nephrostomy	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Endourology	<input type="checkbox"/>	<input type="checkbox"/>

**URETERAL**

<b>(R)</b>	<b>(A)</b>	<b>(C)</b>	<b>(N)</b>		<b>(P1)</b>	<b>(P2)</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cutaneous Ureterostomy	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Uretero-Ureterostomy	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ureterectomy	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ureteroneocystostomy	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reduction Ureteroplasty (tapering) with reimplantation	<input type="checkbox"/>	<input type="checkbox"/>

DEPARTMENT OF PEDIATRIC UROLOGY DELINEATION OF PRIVILEGES

Applicant Name \_\_\_\_\_

**Please Print**

**PEDIATRIC UROLOGY SPECIAL PRIVILEGES** – Continued

**BLADDER**

<b>(R)</b>	<b>(A)</b>	<b>(C)</b>	<b>(N)</b>		<b>(P1)</b>	<b>(P2)</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cystostomy, percutaneous	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cystostomy, open	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cutaneous vesicostomy	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diverticulectomy	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Psoas Hitch/Boari flap	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cystoplasty	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bladder neck reconstruction for incontinence	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cystostomy and harvesting of bladder mucosal graft	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bladder exstrophy closure	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insertion of Scott inflatable sphincter	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cystectomy	<input type="checkbox"/>	<input type="checkbox"/>

**GENITALIA (MALE)**

<b>(R)</b>	<b>(A)</b>	<b>(C)</b>	<b>(N)</b>		<b>(P1)</b>	<b>(P2)</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Circumcision	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meatotomy/Meatoplasty	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hydrocelectomy	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inguinal hernia repair	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Orchiectomy	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Orchiopexy	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reduction of torsion of testes	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Repair & plastic operation on penis for epispadias, <i>one stage</i>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Repair & plastic operation on penis for hypospadias, <i>multiple staged</i>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin graft or mucosal graft	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Varicocelectomy	<input type="checkbox"/>	<input type="checkbox"/>

**GENITALIA (FEMALE)**

<b>(R)</b>	<b>(A)</b>	<b>(C)</b>	<b>(N)</b>		<b>(P1)</b>	<b>(P2)</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Colporrhaphy	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vaginoplasty or pull thru	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pelvic examination under anesthesia	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Incision, vulva or perineum	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excision of lesion of vulva or perineum	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clitoral recession with vulvoplasty	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inguinal hernia repair	<input type="checkbox"/>	<input type="checkbox"/>

**ENDOSCOPY**

<b>(R)</b>	<b>(A)</b>	<b>(C)</b>	<b>(N)</b>		<b>(P1)</b>	<b>(P2)</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cystoscopy, infant male/female	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cystoscopy and retrogrades, infant male/female	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cystoscopy and ultrasonic lithotripsy	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transurethral incision of posterior urethral valves	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Biopsy of bladder	<input type="checkbox"/>	<input type="checkbox"/>





## DETROIT MEDICAL CENTER

### **BOARD CERTIFICATION REQUIREMENTS**

- Beginning July 1, 2009, all applicants to the DMC Medical Staff shall be Board Certified, or shall achieve Board Certification within five (5) years of completion of formal training.
- Individual clinical department Board certification may be more stringent. If so, the department's requirements supersede the DMC minimum Board certification requirement.
- The Board certification must be in the specialty and specific practice which clinical privileges are requested.
- Board certification must be in a specialty recognized by the American Board of Medical Specialties, American Osteopathic Association, American Dental Association or the American Board of Podiatric Surgery.
- If Board certification is time-limited, in all cases, the applicant will have a maximum of three (3) years to achieve re-certification, beginning with the expiration date of his/her current Board Certification, or will be voluntarily resigned from the Medical Staff.
- DMC medical staff members on staff prior **to July 1, 2009**, who are not Board certified will not be required to achieve Board certification. Eligibility for the Board certification waiver requires uninterrupted DMC Medical Staff membership since July 1, 2009.
- Under special circumstances, some outstanding applicants brought to the DMC may be ineligible for Board certification. These members will be considered by their departments on an individual case-by-case basis, and review by a subcommittee of the SICs, may be granted privileges without Board certification with a majority vote of the Medical Executive Committee and the Joint Conference Committee.

JCC APPROVED 2.26.2013