

DETROIT MEDICAL CENTER
DEPARTMENT OF UROLOGY
DELINEATION OF ADULT 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 board certification process) in their practice specialty. See attached addendum.

ADULT UROLOGY:

Practitioners applying for membership and/or privileges in the Department of Urology **must** be Board Certified by the American Board of Urology (ABU) or American Osteopathic Association Board certified, 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 or AOA certification **after 5 years** from the completion of the residency or fellowship.

- (a) I am in the active certification process and within 4 years of residency/fellowship YES NO
Date of completion of fellowship/residency_____.
- (b) ABU or AOA Certificate attached YES NO
- (c) I am grandfathered (joined DMC medical staff before July, 2009). YES NO

REAPPOINTMENT QUALIFICATION:

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

- (a) I am in requesting Membership Only with No Clinical Privileges:
 YES NO

If Yes, STOP AND DO NOT FILL OUT ANY FURTHER
Go to page 6, sign and date.

DEPARTMENT OF UROLOGY DELINEATION OF PRIVILEGES

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PRIVILEGES REQUESTED:

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

Note: If recommendations for clinical privileges include a condition, modification or are not recommended, the specific condition and reason must be stated below or on the last page of this form and discussed with the physician.

Applicant: Please place a check mark in the (R) column ONLY for each privilege requested.

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

ADULT UROLOGY CORE PRIVILEGES

Admit, work-up and treat, both surgical and medical patients presenting with illnesses or injuries of the genitourinary system. Special procedures for which threshold criteria have been established, and must be met as listed below.

ADULT UROLOGY SPECIAL PROCEDURES

Robotic Training

All applicants for robotic privileges must have completed one of two options for robotic training:

1. Successful completion of an approved surgical residency or fellowship which included robotic surgery. This requires a letter from their program director stating the applicant successfully completed at least 10 cases. OR
2. Completion of an approved robotics basic course that includes hands on practice training. The applicant must submit a copy of the certification of completion. It is recommended that the surgeon perform at least two cases as soon as possible following the offsite robotic training.

Proctoring

1. The Medical Staff requires proctoring for at least the three initial robotic cases. This is the minimum for exceptionally good candidates such as surgeons who are residency trained or who have extensive prior laparoscopic or simulator experience. Surgeons who have successfully completed a post-residency minimally invasive fellowship may be exempted from proctoring. The applicable Department Chair should recommend the amount of proctoring needed with the approval of the Credentials Committee. Advanced privileges may require additional proctoring.
2. The Medical Staff, with the recommendation of the applicable Department Chair, must approve all proctors. Proctors must have demonstrated success in using the robot for the privilege for which they are proctoring.
3. Proctors should be of the same specialty as the applicant.
4. Proctors must complete an evaluation form for each case they proctor.
5. Proctors may be either Medical Staff members or external experts, approved by the robotic manufacturer. The Medical Staff must approve all proctors.

Maintenance of Privileges

1. For each applicant granted robotic privileges, the Medical Staff completes a focused professional practice evaluation after six months following initial privileging to evaluate competence and evaluates metrics such as the percentage of robotic case conversions (from robotic to open) and complication rate of robotic cases (compared with open).
2. The Medical Staff recommends successful performance of at least 8 robotic surgery cases in a two year period (coinciding with the credentialing cycle) for recertification.

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- 3. If less than 20 cases are performed in any two year period, the Medical Staff may require that a certain number of subsequent cases be proctored by an approved proctor.
- 4. The Medical Staff encourages surgeons to access simulators for ongoing experience and case preparation.

NOTE: When appending cases, do not send unedited patient procedure lists. Either send ONLY the cases requested or clearly mark each patient you intend for us to examine from the list. Applications with unmarked patient procedure lists will be returned.

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

REQUEST FOR INITIAL ROBOTIC SURGICAL CREDENTIALS

A. Trained in residency/fellowship within last 2 years, completed ≥ 10 cases as operator, and letter of competency from residency/Fellowship attached documenting 10 cases completed as operating surgeon AND 3 documented proctored cases completed (proctoring evaluation form and outcome data from proctored cases attached). Proctoring is waived for those having completed a robotic or endourology Fellowship with significant independent robotic experience.

- | | | |
|--|------------------------------|-----------------------------|
| Does this apply to you? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Letter of competency attached | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Proctoring form and outcome data of
3 proctored cases attached | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| I have completed a Fellowship with
significant robotic experience and request
waiver of proctoring requirement | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

OR

B. Not trained in residency/fellowship but completed an approved robotics basic course including hands on training with letter of completion AND 3 documented proctored cases completed (proctoring evaluation form and outcome data from proctored cases attached). Doctor will schedule cases with proctor as co-surgeon until all 3 cases are completed.

- | | | |
|---|------------------------------|-----------------------------|
| Does this apply to you? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Letter of completion attached | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Proctoring form and outcome data of
3 proctored cases attached | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

NOTE: Proctors should have privileging for advanced urology robotic cases at the DMC or be external experts approved by the robotics manufacturer and also approved by The Medical Staff.

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

BASIC UROLOGICAL ROBOTIC SURGICAL PRIVILEGES

1. Radical prostatectomy ≤ 100 grams without prior radiation or cryotherapy
 2. Obturator lymph node resection
 3. Pyeloplasty
 4. Pyelotomy
 5. Simple cystorraphy
 6. Ureterolysis
 7. Pelvic or iliac lymph node resection
 8. Simple robotic prostatectomy
 9. Simple or radical nephrectomy
 10. Sacroculpopexy, burch procedure, other pelvic reconstruction procedures
- ALL on patients with BMI < 35

Maintenance of privileges for basic urological robotic surgical credentials requires at least **8** robotic cases every 2 years. Physicians without **8** cases/2 years will perform their next 2 cases with a proctor.

I already have basic urological robotic surgical credentials, am reapplying, and have 8 cases/2 years logs logs included and clearly marked **YES** **NO**

I already have basic urological robotic surgical credentials, am reapplying, I do not have 8 cases/2 years, understand I will perform my next 2 basic urology robot case with a proctor **YES** **NO**

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

ADVANCED UROLOGICAL ROBOTIC SURGICAL PRIVILEGES

1. Radical prostatectomy > 100 grams, or any size with prior radiation or cryotherapy
2. Fistula repair
3. Any radical pelvic exenteration procedure
4. Partial nephrectomy
5. Partial or total adrenalectomy
6. Simple cystectomy
7. Radical cystectomy (must also have active OPEN radical cystectomy privileges)
8. Any procedure under basic urology credentials performed on a patient with BMI ≥ 35
9. Any procedures NOT listed under basic robotic urology credentials

A new robotic surgeon must have 15 cases from the basic group before requesting advanced urology surgery credentials.

15 case logs with cases clearly marked included **YES** **NO**

When performing the first two ADVANCED cases, cases must be co-boarded with a proctor.

Proctoring form and outcome data of 2 proctored cases attached **YES** **NO**

I have completed a Fellowship with significant robotic experience and request waiver of proctoring requirement **YES** **NO**

I am requesting grandfathering for Advanced Robotic cases because I have 15 cases completed from the basic group, have completed 8 cases in the last 2 years, and have already completed 2 advanced cases **YES** **NO**

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

OPEN RADICAL CYSTECTOMY WITH URINARY RECONSTRUCTION
(Ileal loop, Neobladder, Continent Urinary Reservoir, etc.)

Do not request unless you supply proof of competency through one of the two avenues below.

1. Trained in residency/Fellowship within last 2 years, and logs provided showing ≥ 6 cases performed as primary surgeon:

Does this apply to you? YES NO
Surgical log (> 6 cases attached) YES NO

-OR-

2. Evidence of active performance of the procedure in the last 2 years with an average of **at least 1 case a year** (attach log).

Does this apply to you? YES NO
Surgical log (> 1 case/yr attached) YES NO

RENAL AUTO TRANSPLANT OR CADAVERIC TRANSPLANT

Do not request unless you supply proof of competency through one of the two avenues below.

1. Proof of successful completion of a transplant Fellowship (attached)

Does this apply to you? YES NO
Proof of Fellowship attached YES NO

-OR-

2. Evidence of active performance of the procedure in the last 2 years with an average of **at least 2 cases a year** (attach log).

Does this apply to you? YES NO
Surgical log (>2 cases/yr attached) YES NO

DEPARTMENT OF UROLOGY DELINEATION OF PRIVILEGES

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

REQUEST FOR PROSTATE CRYOABLATION

A. Evidence of active performance of the procedure with at least 3 cases in the last 2 years (attach log)

Does this apply to you? YES NO
Surgical log (3 or more cases/2 yrs) YES NO

OR

B. Trained in residency/fellowship within last 2 years, completed > 5 cases as operator, and letter of competency from residency/Fellowship attached documenting 5 cases completed as operating surgeon.

Does this apply to you? YES NO
Letter of competency attached YES NO

OR

C. Not trained in residency/fellowship but completed an online or in-person course (may be industry sponsored) AND 3 documented proctored cases completed (proctoring evaluation form and outcome data from proctored cases attached). Doctor will schedule cases with proctor as co-surgeon until all 3 cases are completed.

Does this apply to you? YES NO
Letter of completion attached YES NO
Proctoring form and outcome data of
3 proctored cases attached YES NO

NOTE: Proctors should have privileging for cryoablation at the DMC or be external experts approved by the cryotherapy manufacturer and also approved by The Medical Staff.

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

MODERATE SEDATION

This category requires knowledge of the DMC Moderate Sedation Tier 1 Policy (and Tier 3 Children's Hospital policy for Pediatrics), acknowledgement to observe the policies and complete the Net Learning Modules on Moderate Sedation. My initials attest that I will comply with the policy and have completed the module. **Do NOT request moderate sedation privileges unless you intend to perform moderate sedation, are up to date with the online education modules required, and plan to comply with the many rules involved in maintenance of this certification.**

Initials-

DEPARTMENT OF UROLOGY DELINEATION OF PRIVILEGES

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Acknowledgment of Practitioner

By my signature below, I acknowledge that I have read and understand this privilege delineation form and applicable standards and criteria for privileges.

Applicant _____ Date _____

Department Chief/Specialist-in-Chief Recommendations

I certify that I have reviewed and evaluated the applicant's request for clinical privileges, credentials and other supporting documentation, and the recommendation that is made below takes all pertinent factors into consideration:

- Recommend as requested Do not recommend
- Recommend with conditions/modifications as listed.

Primary Hospital, Chief of Urology or designee Signature _____ Date _____

Specialist-in-Chief, or designee Signature _____ Date _____

Joint Conference Committee Action: _____
Date _____

JCC Revised 9.27.11: 11.21.14: 12.19.14
JCC Revised 03.30.18

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. Relative to eligibility for board certification, completion of formal training (residency versus fellowship) is defined by the primary certification body for that specialty.
- 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 Foot and Ankle Surgery.
- If Board certification is time-limited, 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 with time-limited certification will not be required to recertify.
- DMC medical staff members who obtain certification in specialty and subspecialty categories will be required to recertify in the area(s) of certification required by the certification body
- An extension of the Board certification or re-certification requirement may be granted by the Medical Executive Committee to the applicant who has obtained an extension from the requisite Board for reasons of significant health issues or military service.
- 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 10.27.2017