Applicant: Check off the “Requested” box for each privilege requested. 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 doubts related to qualifications for requested privileges.

Clinical Service Chief: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

Other Requirements

1. Note that privileges granted may only be exercised at the site(s) and setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.

2. This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

Qualifications for Urology

To be eligible to apply for core privileges in urology, the initial applicant must meet the following criteria:

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)– or American Osteopathic Association (AOA)–accredited residency in urology.

AND

Current certification or active participation in the examination process with achievement of certification within six years leading to certification in urology by the American Board of Urology or the American Osteopathic Board of Surgery (Urological Surgery).

Required previous experience: Applicants for initial appointment must be able to demonstrate performance of at least 50 urological procedures in a hospital operating room setting, reflective of the scope of privileges requested, during the past 12 months, or demonstrate successful completion of an ACGME- or AOA-accredited residency, or clinical fellowship within the past 12 months.
**Reappointment requirements:** To be eligible to renew core privileges in urology, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience (100 urological procedures in a hospital operating room setting) 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 ability to perform privileges requested is required of all applicants for renewal of privileges.

**CORE PRIVILEGES**

**UROLOGY CORE PRIVILEGES**

- **Requested** Admit, evaluate, diagnose, treat (surgically or medically), and provide consultation to patients of all ages presenting with medical and surgical disorders of the genitourinary system and the adrenal gland and including endoscopic, percutaneous, and open surgery of congenital and acquired conditions of the urinary and reproductive systems and their contiguous structures. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

**SPECIAL NONCORE PRIVILEGES (SEE SPECIFIC CRITERIA)**

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.

**LAPAROSCOPIC RADICAL PROSTATECTOMY (LRP)**

- **Criteria:** Successful completion of an ACGME- or AOA-accredited residency in urology or general surgery that included training in minimally invasive surgery for LRP or completion of a hands-on CME in LRP, which was supervised by an experienced LRP surgeon. All applicants should also have the ability to perform open radical retropubic prostatectomies.

- **Required previous experience:** Demonstrated current competence and evidence of the performance of at least 5 laparoscopic procedures in the past 12 months.

- **Maintenance of privilege:** Demonstrated current competence and evidence of the performance of at least 10 laparoscopic procedures which included 5 LRPs in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

- **Requested**

**LAPAROSCOPIC NEPHRECTOMY**

- **Criteria:** Successful completion of an ACGME or AOA accredited residency in urology that included training in laparoscopic kidney surgery. If applicant does not have such formal training, he or she should be able to demonstrate equivalent training that included procedures proctored by an experienced laparoscopic kidney surgeon. Applicant must also have privileges to perform all corresponding open kidney procedures for which he is requesting laparoscopic privileges.

- **Required previous experience:** Demonstrated current competence and evidence of the performance of at least 5 laparoscopic kidney procedures in the past 24 months. Robotic assisted kidney procedures, if performed by the applicant, count towards this requirement.
**Maintenance of privilege:** Demonstrated current competence and evidence of the performance of at least 5 laparoscopic kidney procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes. Robotic assisted kidney procedures, if performed by the applicant, count towards this requirement. In addition, continuing education related to laparoscopic kidney procedures is recommended.

☐ **Requested**

**ROBOTIC ASSISTED SURGERY (PLEASE SEE SEPARATE CRITERIA – APPLICANTS MUST COMPLETE THE REQUIREMENTS AS OUTLINED IN THE CRITERIA AND SUBMIT SUPPORTING DOCUMENTATION TO THE MEDICAL STAFF OFFICE)*

☐ **Requested**

*Not applicable to Sycamore Medical Center

**FLUOROSCOPY**

☐ **Requested** Must demonstrate competence – initial applicants must complete online quiz; reapplicants must complete annual attestations.

**ADMINISTRATION OF SEDATION AND ANALGESIA**

☐ **Requested** See Hospital Policy for Moderate Sedation

**CORE PROCEDURE LIST**

*This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.*

**To the applicant:** If you wish to exclude any procedures, please strike through those procedures that you do not wish to request, initial, and date.

1. All forms of prostate ablation and removal, including needle biopsy
2. Anterior pelvic exenteration (male and female)
3. Appendectomy, as a component of a urologic procedure
4. Bladder instillation treatments for benign and malignant diseases
5. Bowel resection and/or creation of enterostomy as a component of a urologic procedure
6. Closure of wound evisceration
7. Creation of neobladder, including orthotopic reconstruction and cutaneous continent diversion
8. Creation of ileal conduit
9. Endoscopy of the genito-urinary system for the diagnosis and treatment of benign and malignant processes, including biopsy, resection, the use of lasers, and insertion/removal of stents
10. Extracorporeal shock wave lithotripsy (ESWL)*
11. Inguinal herniorrhaphy as related to a urologic operation
12. Laparotomy for urologic related conditions
13. Lymph node dissection- inguinal, retroperitoneal, or pelvic
14. Management of congenital anomalies, open or endoscopic, of the genitourinary tract, including epispadias, hypospadias, and urethral valves
15. Microsurgery for epididymo-vasotomy and vaso-vasotomy
16. Open stone surgery on the kidney, ureter, and bladder
17. Percutaneous aspiration or tube insertion as it relates to a urologic procedure or condition
18. Performance and evaluation of urodynamics studies
19. Performance of history and physical examination
20. Plastic and reconstructive procedures on the ureter, bladder, urethra, genitalia, and kidney
21. Prostate brachytherapy
22. Renal surgery through an established nephrostomy or pyelostomy, including percutaneous nephrolithotomy (PCNL)
23. Sacral nerve stimulation for urinary control
24. Surgery to correct pelvic prolapse, including grafting (all material types) using vaginal or abdominal approach
25. Surgery to restore urinary continence, including peri-urethral injections, insertion of artificial sphincter, and insertion of all mesh slings (synthetic or biologic)
26. Surgery of the testicle, scrotum, epididymis and vas deferens, including biopsy, excision, reduction of torsion, and orchiopexy.
27. Surgery upon the adrenal gland
28. Surgery upon the kidney, including removal, partial removal, reconstruction, for benign and malignant processes, including cryo and thermal ablation techniques
29. Surgery upon the penis and foreskin for reconstruction of treatment of benign and malignant disease, including grafting, laser ablation, and insertion of prosthetic devices
30. Surgery upon the ureter and renal pelvis
31. Surgery upon the urinary bladder for benign or malignant disease, including partial and complete resection, diverticulectomy, and reconstruction
32. Urethral fistula repair, including all forms of grafting
33. Ventral/flank herniorrhaphy as related to a urologic operation

*Not applicable to Sycamore Medical Center

ACKNOWLEDGEMENT OF PRACTITIONER

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and that I wish to exercise at Hospital, and I understand that:

a. In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.

b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Signature: ____________________________ Date: ______________

CLINICAL SERVICE CHIEF’S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

☐ Recommend all requested privileges.
☐ Recommend privileges with the following conditions/modifications:
☐ Do not recommend the following requested privileges:

<table>
<thead>
<tr>
<th>Privilege</th>
<th>Condition/Modification/Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
</tbody>
</table>

Notes

__________________________________________
Clinical Service Chief Signature: ___________________________    Date: ____________

______________________________________________________________________________

FOR MEDICAL STAFF OFFICE USE ONLY

Credentials Committee action    Date: ____________
Medical Executive Committee action     Date: ____________
Board of Directors    Date: ____________

Adopted: November 11, 2010

Revised: Credentials Committee  7/9/2012
Medical Executive Committee  7/17/2012
Board of Trustees  8/1/12
July 8, 2013 (Credentials); July 16, 2013 (MEC & BOT)