

Urology Clinical Privileges

Name: _____

Effective from ____/____/____ to ____/____/____

- Initial privileges (initial appointment) Renewal of privileges (reappointment)

All new applicants should meet the following requirements as approved by the governing body, effective: February 18, 2015

Applicant: Check the “Requested” box for each privilege requested. Applicants are responsible for producing required documentation for a proper evaluation of current skill, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges. Please provide this supporting information separately.

[Department/Program Head or Leaders/ Chief]: Check the appropriate box for recommendation on the last page of this form and include your recommendation for any required evaluation. If recommended with conditions or not recommended, provide the condition or explanation on the last page of this form.

Current experience is an estimate of the level of activity below which a collegial discussion about support should be triggered. It is not a disqualifier. This discussion should be guided not only by the expectations and standards outlined in the dictionary but also by the risks inherent in the privilege being discussed and by similar activities that contribute to the skill under consideration. This is an opportunity to reflect with a respected colleague on one's professional practice and to deliberately plan an approach to skills maintenance.

Other requirements

- 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. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

Note: The dictionary will be reviewed over time to ensure it is reflective of current practices, procedures and technologies.

Urology Clinical Privileges

Grandparenting: Practitioners holding privileges prior to implementation of the dictionary will continue to hold those privileges as long as they meet current experience and quality requirements.

Definition

Urology is the medical and surgical management of health and diseases of the genitourinary tract and associated anatomic structures, in adults and children.

Qualifications for Urology

Initial privileges: To be eligible to apply for privileges in urology, the applicant should meet the following criteria:

Current certification in Urology by the Royal College of Physicians and Surgeons of Canada

OR

Recognition of certification as an Urologist by the College of Physicians and Surgeons of British Columbia by virtue of credentials earned in another jurisdiction that are acceptable to both the College and the governing body of the Health Authority and its Affiliate(s).

AND

Recommended current experience: At least 75 hours per year of Urology operating room time, exclusive of diagnostic cystoscopy over the past 24 months, reflective of the scope of privileges requested, OR successful completion of a residency or clinical fellowship within the past 24 months.

Physicians employing fluoroscopic techniques during procedures will have a current radiation safety course.

Renewal of privileges: To be eligible to renew privileges in urology, the applicant should meet the following criteria:

Demonstrated active Urology practice with documented CME over the previous privileging cycle.

Current demonstrated competence and sufficient experience (at least 75 hours per year of Urology operating room time, exclusive of diagnostic cystoscopy over the past 36

Urology Clinical Privileges

months), reflective of the scope of privileges requested, based on results of ongoing professional practice evaluation and outcomes acceptable to the department head. Physicians employing fluoroscopic techniques during procedures will have a current radiation safety course.

Return to practice: As a minimum, mentoring with a colleague who holds core privileges in Urology for a period of time sufficient for the mentor to attest to proficiency.

Core privileges: Urology

Core privileges are offered to ALL members in the discipline as long as the facility can support those activities.

Requested Evaluate, diagnose, treat (surgically or medically), and provide consultation to patients presenting with medical and surgical disorders of the genitourinary system and the adrenal gland, 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 the 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 procedures list and such other procedures that are extensions of the same techniques and skills.

Core privileges: Admitting Privileges

Requested: Full Admitting

Core procedures list

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques.

To the applicant: If there is a procedure you wish to NOT perform, then please type into the *Comments* field.

Urology Clinical 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.

Endoscopic and Percutaneous Procedures

- Cystoscopy and urethroscopy, ureteric catheterization including ureteric stent insertion and removal, retrograde pyelography
- Urethral dilatation and visual internal urethrotomy
- Transurethral biopsy of bladder and urethra
- Transurethral resection of prostate
- Transurethral resection of bladder tumours
- Transurethral resection/incision of orthotopic ureterocele
- Manipulation of bladder calculi including litholopaxy
- Ureteroscopy, lithotripsy and basket extraction of ureteric calculi
- Endoscopic injection for vesico - ureteric reflux
- Suprapubic catheter insertion
- Percutaneous renal surgery including nephrolithotomy with ultrasound/ electrohydraulic/ laser lithotripsy
- Transrectal ultrasound guided biopsy of the prostate
- Endoscopic pyeloplasty (endopyelotomy)
- Extra - corporeal shock wave lithotripsy
- Transurethral incision of external sphincter

Open Surgical Procedures

- Circumcision
- Suprapubic cystostomy
- Urethral meatotomy, meatoplasty
- Meatal repair for glanular hypospadias
- Fulguration of venereal warts
- Biopsy of penile lesions
- Vasectomy
- Scrotal surgery - hydrocele, epididymal cyst, epididymectomy, simple orchidectomy, testicular biopsy
- Cavemosal shunting procedures for priapism
- Varicocele repair
- Pediatric indirect hernia repair
- Orchidopexy for inguinal testis
- Radical orchidectomy
- Repair of testicular torsion
- Procedures for correction of female stress urinary incontinence
- Uretero-neocystostomy
- Repair of urinary fistulae - involving bladder, urethra, ureter, kidney
- Urinary diversion procedures - ileal conduits
- Radical cystectomy and anterior pelvic exenteration

Urology Clinical Privileges

- Procedures for ureteral and bladder trauma repair
- Pelvic lymphadenectomy
- Pyeloplasty for ureteropelvic junction obstruction
- Nephrectomy (simple and radical)
- Partial nephrectomy for cancer
- Nephroureterectomy
- Uretero – ureterostomy
- Partial penectomy
- Renal biopsy
- Nephrolithotomy and ureterolithotomy
- Ureterolysis, ureteroplasty, uretero - pyelostomy
- Cutaneous ureterostomy/pyelostomy
- Procedures for renal trauma repair
- Vasovasostomy
- Perineal urethrostomy
- Trans–uretero-ureterostomy
- Procedures for correction of penile curvature and Peyronie's disease
- Penectomy
- Urethrectomy
- Augmentation cystoplasty
- Continent urinary reservoir
- Drainage of perinephric, perivesical and retroperitoneal abscess
- Adrenalectomy including surgery of pheochromocytoma
- Insertion of testicular prosthesis
- Insertion of penile prosthesis
- Insertion of artificial urinary sphincter
- Simple retropubic prostatectomy
- Radical nephrectomy with vena cava thrombus below diaphragm
- Procedures for correction of male stress urinary incontinence

Radical Prostatectomy

- Radical prostatectomy via open and/or MIS approach

Laparoscopic Procedures

- Laparoscopic nephrectomy (simple and radical)
- Laparoscopic orchiopexy/orchiectomy for abdominal testis
- Adrenalectomy
- Pyeloplasty
- Partial nephrectomy

Urology Clinical Privileges

Non-core Privileges (See Specific Criteria)

Non-core privileges are permits for activities that require further training, experience and demonstrated skill.

Non-core privileges are requested individually in addition to requesting the core.

Each individual requesting non-core privileges should meet the specific threshold criteria as outlined.

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.

Non-core privileges: Pediatric

The list of procedures below is not exhaustive, and is meant to illustrate the type of procedures performed by pediatric urologists including other procedures that may be extensions of the same techniques used in the procedures listed below.

- Requested** Resection of posterior urethral valves (for pediatric)
- Requested** Vesicostomy
- Requested** Correction of hypospadias and epispadias
- Requested** Surgical reconstruction for exstrophy
- Requested** Nephrectomy for malignancy
- Requested** Partial nephrectomy for patients under age 18 months

Initial privileges: Successful completion of a postgraduate training program in pediatric urology

AND

Recommended current experience: Demonstrated active pediatric urology practice (160 hours including 60 hours of dedicated pediatric operating time per year over the previous 24 months) with documented CME OR completion of fellowship within 24 months.

Renewal of privileges: Demonstrated active pediatric urology practice (160 hours including 60 hours of dedicated pediatric operating time per year over the previous 36 months) with documented CME.



Urology Clinical Privileges

Return to practice: Individualized evaluation by a pediatric urologist in a centre that routinely trains pediatric urologists, or pediatric surgeons, for a period of time sufficient for the mentor to attest to proficiency.

Non-core privileges: Oncology

- Requested** Inguinal lymphadenectomy for carcinoma penis
- Requested** Retroperitoneal lymph node dissection
- Requested** Removal of vena caval thrombus above the hepatic for carcinoma of the kidney

Initial privileges: Successful completion of a postgraduate training program in Oncology,

AND

Recommended current experience: Demonstrated active Oncology practice (160 hours per year over the previous 24 months) with documented CME OR completion of fellowship within 24 months.

Renewal of privileges: Demonstrated active Oncology practice (160 hours per year over the previous 36 months) with documented CME.

Return to practice: As a minimum, mentoring with a colleague who holds this non-core privilege for a period of time sufficient for the mentor to attest to proficiency.

Non-core privileges: Endourology

- Requested** Percutaneous renal access

Initial privileges: Successful completion of a postgraduate training program in Endourology,

AND

Recommended current experience: At least 75 hours per year of Endourology operating room time, over the past 24 months, reflective of the scope of privileges requested, OR successful completion of a residency or clinical fellowship in Endourology within the past 24 months.

Renewal of privileges: Demonstrated active Endourology practice with documented CME over the previous privileging cycle.



Urology Clinical Privileges

Current demonstrated skill and sufficient experience (at least 75 hours per year of Endourology operating room time, over the past 36 months), reflective of the scope of privileges requested, based on results of ongoing professional practice evaluation and outcomes acceptable to the department head.

Return to practice: As a minimum, mentoring with a colleague who holds this non-core privilege for a period of time sufficient for the mentor to attest to proficiency.

Non-core privileges: Transplant

Requested Cadaveric and live donor renal harvesting for transplantation

Requested Renal transplantation

Initial privileges: Successful completion of a postgraduate training program in transplant surgery

AND

Recommendd current experience: sufficient experience (in association with BC transplant program), over the past 24 months, reflective of the scope of privileges requested, OR successful completion of a residency or clinical fellowship within the past 24 months.

Renewal of privileges: Demonstrated active transplant practice with documented CME over the previous privileging cycle.

Current demonstrated skill and sufficient experience (in association with BC transplant program), over the past 36 months, reflective of the scope of privileges requested, based on results of ongoing professional practice evaluation and outcomes acceptable to the department head. Renal Transplant surgery is provided within a multidisciplinary team that is supported by BC Transplant. Urologists can only apply for transplant privileges in sites that have been designated to provide these services and where they are supported by an appropriate multidisciplinary team.

Return to practice: Acceptable skills as assessed by the BC transplant program.

Non-core privileges: Reconstructive

Requested Elective urethral reconstruction for anterior urethral strictures and pelvic fracture distraction injuries



Urology Clinical Privileges

- Requested** Epididymo-vasostomy with microscope
- Requested** Repair of urogenital prolapse (excluding procedures for stress urinary incontinence)

Initial privileges: Successful completion of a postgraduate training program in reconstructive surgery,

AND

Recommended current experience: Demonstrated active reconstructive surgical practice (5 procedures per year) with documented CME OR completion of fellowship within 24 months.

Renewal of privileges: Demonstrated active reconstructive surgical practice (5 procedures per year over the previous 36 months) with documented CME.

Return to practice: As a minimum, mentoring with a colleague who holds this non-core privilege for a period of time sufficient for the mentor to attest to proficiency.

Context Specific Privileges

Context refers to the capacity of a facility to support an activity

None identified at this time.

For Reference Only

Urology Clinical Privileges

Process for requesting privileges not included in the dictionary

Where a member of the medical staff requests a privilege not included in the core, non-core or context specific privileges for a discipline, the following process will be followed.

1. The practitioner will request a **Change Request Form** from the Medical Affairs Office. This will be submitted to the head of department or chief of staff as part of the electronic application process
2. The practitioner will complete the privileges section of the **Change Request Form** and submit with the following information; the privilege requested, the location within the facility where the privilege would be exercised, and the relevant training and experience held by the practitioner in this area.
3. The department head or chief of staff, in consultation with the senior medical administrator and medical administrator responsible for the facility, will determine if the requested privilege can be supported at that site.
4. Where it is deemed appropriate, the practitioner, the department head or chief of staff and the senior medical administrator will agree on any additional training required, and a minimum level of activity required to maintain the privilege. The specific minimum number requirement indicating the level of experience needed to demonstrate skill to obtain clinical privileges for the requested procedure must be evidence-based. Where no supporting literature exists for a specific number, the criteria are established by the consensus of a multidisciplinary group of practitioners who do not have self-interest in creating an artificially high volume requirement.
5. Any additional training will be done in a facility that normally trains practitioners in this activity. Exceptions may be granted in circumstances where all that is required is training by a member of the medical staff who holds the privilege in question.
6. On satisfactory completion of training, the department head or chief of staff may recommend to the governing body through the medical advisory committee that the privilege be granted.

The privileging dictionaries on this site (bcmqi.ca) are the official versions. They will be reviewed beginning in 2016. In the meantime if you have any questions or comments please contact your medical administration office or the BC MQI Office by completing the [Provincial Privileging Dictionary Feedback form](#).

Urology Clinical Privileges

Acknowledgment of Practitioner

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at the facility I am applying, 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.

Signed: _____ Date: _____

Department/Program Head or Leaders/Chief's Recommendation

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

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

Privilege Condition/modification/explanation
Notes:

Name of Department / Division / Program: _____

Name of Medical Leader: _____

Title: _____

Signature: _____

Date: _____