

The Urology dictionary was approved by PMSEC on July 12, 2018.

REVIEW PANEL COMPOSITION

The panel was composed of two co-chairs with expertise in the provincial privileging dictionaries and 6 subject matter experts, who work across 5 of the province's health authorities with representation from the BC Urology Society.

RECORD OF REVIEW PANEL DECISIONS AND CRITERIA IDENTIFIED

Below are panel decisions and/or criteria identified to guide discussion of clinical practice and standards.

1. Use training requirements to define current experience

The panel defines current experience by specifying training requirements associated to most non-core privilege. The training requirements replace the procedure numbers that previously defined current experience.

2. Epididymo vasostomy from non-core reconstructive procedures

This procedure is performed concurrently with vasovasostomy, which is core to urology.

3. Added Robotic Surgery as a non-core privilege

The use of robotic-assisted system for urologic procedures was added as a non-core privilege.

Non core privileges

Decision / Revision: Remove specific hour requirement hours to acceptable results.

Engagement Method: Panel discussion

ORIGINAL	REVISION
<p>Recommended current experience: Demonstrated active xxx urology practice (160 hours including 60 hours of dedicated xxx operating time per year over the previous 24 months) with documented CME or completion of fellowship within 24 months.</p> <p>Renewal of privileges: Demonstrated active xxx urology practice (160 hours including 60 hours of dedicated xxx operating time per year over the previous 36 months) with documented CME.</p>	<p>Recommended current experience: C1: Full or part time services, (e.g. pediatric/ oncology) reflective of the scope of privileges requested for the past 24 months with acceptable results or successful completion of postgraduate fellowship in the past 24 months.</p> <p>Renewal of privileges: Current demonstrated skill and an adequate volume of full- or part-time experience with acceptable results, reflective of the scope of the privilege requested, (minimum of 24 weeks working in the discipline for the past 36 months) based on results of ongoing professional practice evaluation and outcomes.</p>

Decision / Revision: Revise non-core renal transplant privileges

Engagement Method: Panel discussion

ORIGINAL	REVISION
<p><input type="checkbox"/> Requested Cadaveric and live donor renal harvesting for transplantation</p> <p><input type="checkbox"/> Requested Renal transplantation</p> <p>N/A</p> <p>N/A</p> <p>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 appropriate medical leader. 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.</p>	<p>C2:</p> <p><input type="checkbox"/> Requested Cadaveric and live donor procurement for transplantation</p> <p><input type="checkbox"/> Requested Organ and tissue transplantation</p> <p><input type="checkbox"/> Requested Transplant allograft nephrectomy</p> <p><input type="checkbox"/> Requested Transplant collecting system reconstruction</p> <p>Renewal of privileges: Demonstrated active transplant practice with documented CME over the previous privileging cycle. Current demonstrated skill and sufficient experience, 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 appropriate medical leader. Transplant surgery is provided within a multidisciplinary team. 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.</p>

Non core privileges

Decision / Revision: Added robotic assisted system for urologic procedures added as a non-core privilege.

Engagement Method: Panel discussion

ORIGINAL	REVISION
NA	<p>C3: Non-core privileges: Use of robotic-assisted system for urologic procedures</p> <p><input type="checkbox"/> Requested</p> <p>Initial privileges: To be eligible to apply for privileges in urology robotics, the applicant should meet the following criteria:</p> <ul style="list-style-type: none"> • Level of experience and training acceptable to the appropriate medical leader • On-going CME as required by the program <p>Renewal of privileges: To be eligible to renew privileges in urology robotics, the applicant should meet the following criteria:</p> <ul style="list-style-type: none"> • Level of experience acceptable to the appropriate medical leader • On-going CME as required by the program <p>Return to practice:</p> <ul style="list-style-type: none"> • Individual assessment whereby training objectives and duration should be agreed upon by the appropriate medical leader where privileges are being requested. • Confirmation of skill by the surgical director of the program or designate(s).

Urology Clinical Privileges

Name: _____
Effective from: ____/____/____ to ____/____/____

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

All new applicants must meet the following requirements as approved by the governing body, effective: July 12, 2018

Instructions:

Applicant: Check the “Requested” box for each privilege requested. Applicants are responsible for producing required documentation to allow 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 by uploading the appropriate documents. Privileges should not be requested (checked off) and cannot be granted unless the specific criteria associated with the privilege are met.

Medical/Clinical leaders: 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: Current experience thresholds suggested in this document were developed by practitioners in the field, and are *not* intended as a barrier to practice or to service delivery. They are *not* intended as rigid cut offs, below which clinical privileges must be restricted or removed. Instead, medical/clinical leaders are encouraged to initiate discussions with those practitioners who are close to or below the thresholds, to ensure that mechanisms are in place to ensure adequate practitioner experience and patient outcomes.

Other requirements: Note that even if applicants meet skill or experience requirements, each site will determine if the requested privilege can be supported at that site. 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 training and current experience to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

Exemption requests: A request for exemption from meeting specific credentialing requirements for a core or non-core privilege may be made; however, these will be reviewed on a case-by-case basis by the provincial credentialing & privileging oversight committee (CPOC) to determine if an expert panel should be convened to consider the request.

Context: The care of patients presenting with complex problems or uncommon diseases requires access to multidisciplinary groups, experienced teams and institutions with the

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necessary subspecialties and infrastructure for appropriate care.

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.

Continuous Professional Development (CPD): Where suggested in this document, CPD requirements reflect those professional development activities which are eligible for:

1. credit under the Royal College of Physicians and Surgeons of Canada's (Maintenance of Certification (MOC) program;
2. the College of Family Physicians of Canada Mainpro+;
3. those professional development activities held in foreign jurisdictions which would be eligible under the MOC/Mainpro program if held in Canada; or
4. equivalent CPD or Quality Assurance activities for other practitioners.

Planned vs. Unplanned (Emergency) Care: The scope of privileges granted to any individual practitioner is based on considerations of patient care under "normal circumstances." In the setting of risk to life or limb, the rules of privilege are not meant to constrain practitioners from acting in the best interest of a patient.

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

Core privilege: Types of activities a recent graduate of the discipline can reasonably be expected to perform at a specific facility. Under core privileges in this dictionary, if there is a procedure you wish to NOT perform please type into the *Comments* field.

Non-core privilege: Types of activities that require further training, experience and demonstrated skill. Non-core privileges are requested in addition to requesting core. Individuals requesting these privileges should meet the specific threshold criteria associated to such non-core privileges.

Context specific privileges: Privileges that take into account what medical services and procedures a facility can support.

Additional privilege: An additional privilege is any privilege that is not included in the core, non-core, or context-specific privileges dictionary for your discipline. Additional privileges already listed in this document were previously requested by others who practice in your discipline; they may or may not be relevant to you. If there are any privileges not listed in your dictionary that you wish to request, please complete an additional privilege request form and attach any evidence of training to support your request.

Restricted procedures: Some dictionaries have procedures identified by the Ministry of Health as [DESIGNATED A RESTRICTED SERVICE BY THE MEDICAL SERVICES COMMISSION]. Privileges identified as restricted procedures may be flagged in this document. Where it

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appears, the restricted procedures flag is for administrative tracking only, and has no impact on clinical content.

Reference Only

Urology Clinical Privileges

Definition

Urology is the medical and surgical management of health and diseases of the genito-urinary 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 a 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.

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 months), reflective of the scope of privileges requested, based on results of ongoing professional practice evaluation and outcomes acceptable to the appropriate medical leader.

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

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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 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.

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
- Uteroscopy, 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

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- Biopsy of penile lesions
- Vasectomy
- Scrotal surgery - hydrocele, epididymal cyst, epididymectomy, simple orchidectomy, testicular biopsy
- Cavernosal 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
- Procedures to repair genitourinary trauma
- Pelvic lymphadenectomy
- Pyeloplasty for ureteropelvic junction obstruction
- Nephrectomy (simple and radical)
- Partial nephrectomy
- 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
- 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

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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

Core privileges: Admitting Privileges

☐ Requested: Full Admitting

Non-core privileges (see specific criteria):

- Are permits for activities that require further training, experience and demonstrated skill.
- 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: Full- or part-time pediatric services, reflective of the scope of privileges requested, for the past 24 months with acceptable results or successful completion of postgraduate fellowship in the past 24 months

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Renewal of privileges: Current demonstrated skill and an adequate volume of full- or part-time experience with acceptable results, reflective of the scope of the privilege requested, (minimum of 24 weeks working in the discipline for the past 36 months) based on results of ongoing professional practice evaluation and outcomes.

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 inflow of the hepatic veins for carcinoma of the kidney

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

Recommended current experience: Full- or part-time oncology services, reflective of the scope of privileges requested, for the past 24 months with acceptable results or successful completion of postgraduate fellowship in the past 24 months

Renewal of privileges: Current demonstrated skill and an adequate volume of full- or part-time experience with acceptable results, reflective of the scope of the privilege requested, (minimum of 24 weeks working in the discipline for the past 36 months) based on results of ongoing professional practice evaluation and outcomes.

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

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Recommended current experience: Full- or part-time endourology, reflective of scope of privileges requested in the past 12 months or successful completion of postgraduate fellowship in the past 12 months.

Renewal of privileges: Current demonstrated skill and an adequate volume of full- or part-time experience with acceptable results, reflective of the scope of the privilege requested, (minimum of 24 weeks working in the discipline for the past 36 months) based on results of ongoing professional practice evaluation and outcomes.

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 procurement for transplantation
- ☐ **Requested** Organ and tissue transplantation
- ☐ **Requested** Transplant allograft nephrectomy
- ☐ **Requested** Transplant collecting system reconstruction

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

AND

Recommended current experience: sufficient experience (in association with an established 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, 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 appropriate medical leader. Transplant surgery is provided within a multidisciplinary team.

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 multi disciplinary team.

Return to practice: Acceptable skills as assessed by the appropriate local medical leader.

Non-core privileges: Reconstructive

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- ☐ **Requested** Elective urethral reconstruction for anterior urethral strictures and pelvic fracture distraction injuries
- ☐ **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: Full- or part-time reconstructive surgical services, reflective of the scope of privileges requested, for the past 24 months with acceptable results or successful completion of postgraduate fellowship in the past 24 months.

Renewal of privileges: Current demonstrated skill and an adequate volume of full- or part-time experience with acceptable results, reflective of the scope of the privilege requested, (minimum of 24 weeks working in the discipline for the past 36 months) based on results of ongoing professional practice evaluation and outcomes.

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: Use of robotic-assisted system for urologic procedures

- ☐ **Requested**

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

- Level of experience and training acceptable to the appropriate medical leader
- On-going CME as required by the program

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

- Level of experience acceptable to the appropriate medical leader
- On-going CME as required by the program

Return to practice:

- Individual assessment whereby training objectives and duration should be agreed upon by the appropriate medical leader where privileges are being requested.
- Confirmation of skill by the surgical director of the program or designate(s).

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Additional privileges

Definition: An additional privilege is any privilege that is not included in the core, non-core, or context-specific privileges dictionary for your discipline.

To request a privilege that is not included in the core, non-core, or context specific privileges for your discipline, notify your medical leader or local credentialing office.

A credentialing coordinator will send you an additional privilege request form to complete.

Instructions

On the additional privilege request form, you'll be asked to provide the following details:

- a) the privilege requested (*the procedure or activity you are requesting*)
- b) the site or facility where the privilege would be exercised, and
- c) your relevant training, experience or certification, if applicable.

Your request for additional privileges will be submitted to your medical leader. Please note that additional privileges are not automatically granted, but are reviewed to determine alignment with the site capacity and to ensure training requirements are met.

Dictionary content and feedback

The privileging dictionaries on this site (bcmqi.ca) are the official versions.

Dictionary content will be updated as according to the review schedule posted at the bcmqi.ca dictionary review hub. You can provide input on a dictionary at any time, by submitting a [Dictionary Feedback](#) form to the BC MQI office.

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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 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: _____

Medical / Clinical Leader'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/ Facility:

Name of Medical Leader:

Title:

Signature:

Date: