



CORE UROLOGY SERVICES

Qualifications (adult): To be eligible to apply for privileges in urology services, the applicant must meet the following qualifications:

- Current board certification or active participation in the examination process leading to certification in Urological surgery by the American Board of Urology or the American Osteopathic Board of Surgery (Urological Surgery); **OR**
- Successful completion of an ACGME- or AOA-accredited post-graduate training program in urology and board certification within 5 years of program completion; **AND**
- Documentation of the performance of at least 50 Urological procedures during the past 24 months, or demonstrate successful participation in a hospital-affiliated formalized residency or special clinical fellowship.
- New applicants may be requested to provide documentation of the number and types of hospital cases during the past 24 months. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.

(R)= Recommended as Requested (A)=Approved as Requested (C)=Recommended with Condition(s) (N)=Not Recommended

Requested						
Yes	No		(R)	(A)	(N)	(C) Condition/Reason(s)
		ADULT CORE PRIVILEGES:				
		<p>Admit, evaluate, diagnose, treat (surgically or medically) and provide consultation to patients over the age of 13, except as specifically excluded from practice, presenting with malignant 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.</p> <p>The core privileges in this specialty include, but are not limited to the procedures listed below and such other procedures that are extensions of the same techniques and skills.</p> <ul style="list-style-type: none"> • Prostatectomy, including biopsy • Anterior Pelvic exenteration • Appendectomy as component of urologic procedure • Bladder instillation of anticarcinogenic agents • Bowel resection as a component of urologic procedure • Circumcision • Continent reservoirs • Creation of neobladders • Cystolithotomy • Cystoscopy • Endoscopic destruction of urethral valves, child • Enterostomy as component of urologic procedure • Excision of retroperitoneum • Extracorporeal shock wave lithotripsy • Female sphincter prosthesis • Ileal or intestinal conduit • Inguinal herniorrhaphy as related to urologic operation • Insertion of totally indwelling ureteral stent • Laparoscopic surgery, urologic for disease of the urinary tract (Except for Laparoscopic Nephrectomy) • Laparotomy for diagnostic or exploratory purposes (uroloci related conditions) 				

- Lymph node dissection-inguinal, retroperitoneal, or iliac
- Male sphincter prosthesis
- Management of congenital anomalies of the genitourinary tract, including epispadias
- Microscopic surgery-epididymovasostomy, vasovasotomy
- Open renal stone surgery
- Open renal biopsy
- Operation for Peyronie's disease, including grafting
- Operation for urethral fistula
- Other plastic and reconstructive procedures on external male genitalia
- Pelvic and inguinal lymph node biopsy
- Percutaneous nephrolithotripsy
- Periurethral collagen injections
- Plastic and reconstructive procedures on ureter, bladder, and urethra
- Reconstructive procedures on external genitalia requiring prosthetic implants or foreign materials
- Reconstructive surgery of upper and lower urinary tract
- Renal endoscopy through established nephrostomy or pyelostomy
- Release of labial fusion
- Surgery of the testicle, scrotum, epididymis, and vas deferens, including biopsy, excision and reduction of testicular torsion and orchiopexy
- Surgery upon the adrenal gland
- Open surgery upon the kidney, including total or partial nephrectomy for malignant or benign disease, including radical transthoracic nephrectomy
- Surgery upon the penis
- Surgery upon the ureter and renal pelvis
- Surgery upon the urinary bladder for benign or malignant disease, including partial resection and removal of stones and foreign bodies
- Testicular biopsy
- Total or simple cystectomy
- Transurethral surgery, including resection of prostate and bladder tumors
- Transvesical ureterolithotomy
- Ureteral substitution
- Uretero-calyceal anastomosis
- Ureteroscopy
- Urethral suspension procedures
- Ventral/flank herniorrhaphy as related to urologic operation
- Visual urethrotomy

(Note: You may mark through any privileges you will not be doing at this facility and do not wish to request)

Qualifications (pediatric): To be eligible to apply for privileges in pediatric urology, an applicant must meet the following qualifications:

- Current board certification in Urological surgery by the American Board of Urology and ACGME accredited postgraduate training in pediatric urology; **OR**
- Successful completion of an ACGME accredited post-graduate training program in urology during which at least three (3) years were devoted to Urological surgery, and a minimum of one (1) additional year of formal training in pediatric urology, or demonstrable equivalent experience and board certification within 5 years of program completion; **AND**
- Age-specific documentation of the provision of at least 100 pediatric Urological procedures during the past 24 months.
- New applicants may be requested to provide documentation of the number and types of hospital cases during the past 24 months. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.

(R)= Recommended as Requested (A)=Approved as Requested (C)=Recommended with Condition(s) (N)=Not Recommended

Yes	No	PEDIATRIC CORE PRIVILEGES:	(R)	(A)	(N)	(C) Condition/Reason(s)
		<p>Admit, evaluate, diagnose, consult and treat patients from neonates to below the age of 13 presenting with acquired or congenital diseases or disorders of the reproductive and genitourinary systems. The procedures below reflect the scope of practice included in the core, but are not limited to the procedures listed.</p> <ul style="list-style-type: none"> • Circumcision • Correction of ambiguous genitalia • Cystoscopy and retrogrades • Endoscopic incision or fulguration, urethral valves • Epispadias repair • Excision of appendix testis • Hydrocelectomy • Meatotomy • Operations for hypospadias (correction of penile chordee; first, second, third stage; repair of urethrocutaneous fistula repair or penoplasty) • Orchiectomy • Orchiopexy • Reconstructive surgery of upper and lower urinary tract • Reduction of torsion of testes • Secondary plastic repair, injured membranous urethra • Ureteroneocystostomy with plastic narrowing • Release of labial fusion • Vaginal reconstruction • Repair of bladder exstrophy • Deflux injection for reflux 				

Special procedures/techniques (see Qualifications and/or specific criteria*)

Physicians seeking special privileges outside of the core must demonstrate to the Credential/MEC/Board that they are competent to perform the privilege requested by any of these methods: 1) demonstrate successful completion of an approved, recognized course when such exists with a reference attesting to current competency; 2) have performed the procedure in high enough volume that any quality trends might be detectable; or 3) have a proctor attest to clinical competency.

Yes	No	SPECIAL PROCEDURES:	(R)	(A)	(N)	(C) Condition/Reason(s)
		<p>Radioactive seed implantation for prostate cancer (in collaboration with radiation oncologist)</p> <p><i>[Requires: If the residency did not include prostate seed implantation training, the applicant should be required to demonstrate successful completion of an accredited course in prostate seed implantation and evidence of being proctored in at least three cases by a physician experienced in prostate seed implantation, plus demonstrated performance of at least 5 to 10 prostate seed implantation procedures during the past 12 months and CME that relate to prostate seed implantation techniques and equipment.]</i></p>				
		<p>Transurethral needle ablation of the prostate (TUNA)</p> <p><i>[Requires: Documentation of formal training and successful completion of an accredited residency in urology; with competence in TUNA. It is recommended that a physician who did not receive residency training in this area participate in a one-and one-half day course devoted to TUNA, including a didactic portion and a hands-on session involving the observation of two patient treatments.]</i></p>				

		<p>Laparoscopic orchiopexy</p> <p><i>[Requires: Successful completion of an ACGME accredited residency program in Urology. Applicants must also have completed a laparoscopic surgery training program and been proctored in at least three cases by a physician experienced in laparoscopic orchiopexy procedures.]</i></p>				
		<p>Laparoscopic Nephrectomy</p> <p><i>[Requires: Successful completion of an ACGME accredited residency. Current credentials to perform open nephrectomy, documentation of attendance of an animate lab training course, and have been proctored for a total of three cases by a General Surgeon with laparoscopic training experience or a Urologist with extensive laparoscopic experience. Residents would be required to have a case log including three cases, five years proctoring by a General Surgeon or Urologist with laparoscopic experience, be credentialed for open Nephrectomy post residency and provide documentatuion of attendance of a course involving animate lab training experience.]</i></p>				
		<p>Sacral Nerve Therapy For Bladder Control</p> <p><i>[Requires: Successful completion of an ACGME accredited residency program in Urology. If not included in Residency training, applicants must provide documentation of completion of a training program for sacral nerve therapy for bladder control and proctoring of three cases.]</i></p>				
		<p>Administration of Moderate Sedation</p> <p><i>[Requires: ACLS certification, pass proficiency exam, or have received training through residency program, documentation required]</i></p>				

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 Teche Regional Medical Center.

Signature of Applicant

Date

Printed Name

I have reviewed the requested clinical privileges and supporting documentation and recommend as indicated above.

Signature of Service or Department Chair

Date



HEALTH STATEMENT

TO CHIEF OF SERVICE / CHIEF OF STAFF

1. I HEREBY CERTIFY THAT I POSSESS THE NECESSARY COGNITIVE AND MOTOR SKILLS TO SAFELY PERFORM ALL PRIVILEGES REQUESTED AND DECLARE MYSELF TO BE FREE FROM ANY CONDITION, ILLNESS, OR INFECTIOUS DISEASE THAT COULD COMPROMISE PATIENT CARE OR MY ABILITY TO PERFORM THE PRIVILEGES REQUESTED.

YES NO

2. IF NO, DO YOU HAVE A PHYSICAL OR MENTAL CONDITION OR ILLNESS (INCLUDING ANY CHEMICAL OR ALCOHOL DEPENDENCY) WHICH COULD AFFECT YOUR ABILITY TO EXERCISE THE CLINICAL PRIVILEGES REQUESTED WITHOUT SPECIAL ACCOMMODATIONS IN ORDER FOR YOU TO EXERCISE THE PRIVILEGES REQUESTED SAFELY AND COMPETENTLY? TO ANSWER THIS QUESTION APPROPRIATELY, PLEASE REPORT ANY CONDITION WHICH IS, OR MAY BE INFECTIOUS, COULD AFFECT MOTOR SKILLS, COGNITIVE ABILITY OR JUDGMENT, OR COULD POTENTIALLY ADVERSELY AFFECT YOUR ABILITY TO CARE FOR PATIENTS OR TO INTERACT APPROPRIATELY WITH OTHER CAREGIVERS.

YES NO

If yes, please explain:

3. HAVE YOU TESTED POSITIVE FOR THE TUBERCULIN SKIN TEST? YES NO
If yes, please give date of positive skin test. _____
If no, when was your last PPD test? _____

REGARDLESS OF HOW THIS QUESTION IS ANSWERED, THE APPLICATION WILL BE PROCESSED IN THE USUAL AND CUSTOMARY MANNER. IF YOU HAVE ANSWERED THIS QUESTION AFFIRMATIVELY AND ARE FOUND TO BE PROFESSIONALLY QUALIFIED FOR MEDICAL STAFF APPOINTMENT AND CLINICALLY COMPETENT TO PERFORM THE CLINICAL PRIVILEGES REQUESTED, YOU WILL BE GIVEN AN OPPORTUNITY TO MEET WITH THE EXECUTIVE COMMITTEE TO DETERMINE WHAT ACCOMMODATIONS, IF ANY, ARE NECESSARY TO ALLOW YOU TO PRACTICE SAFELY.

SIGNATURE OF APPLICANT

DATE

CHIEF OF SERVICE

DATE