INSTRUCTIONS

All new applicants must meet the following requirements as approved by the UNM SRMC Board of Directors effective: 11/26/2014

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:

Note that privileges granted may be exercised only at UNM SRMC and in 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.

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 & Requirements for Robotic Assisted Surgery

PURPOSE: This document is intended to identify and stipulate the requirements for privileges in robotic assisted surgery for all surgeons operating at SRMC. These criteria will be monitored and enforced by the Robotics Peer Review Committee (RPRC), which reports to the hospital’s Medical Executive Committee (MEC).

A. General Requirements:
1. In order to apply for robotic assisted surgery privileges the Applicant must be Board Certified or Board Eligible in his/her surgical specialty, or have equivalent training and experience approved by the Credentials Committee, the Medical Executive Committee (MEC) and the Board.
2. The Applicant must have privileges to perform the procedure without robotic assistance and must be a member in good standing of the SRMC medical staff. If the individual does not have privileges to perform the procedure s/he must also complete the basic procedure privileges requirements.

B. Initial (Basic) Privileging Requirements
1. Applicant must meet the requirements to be awarded a certificate of training by an approved robotic surgery training course:
   a. Completing a computer based on-line training modules to familiarize the Applicant with the technical aspects of the robot being utilized.
   b. A live case observation.
   c. Bedside training by a robot manufacturer representative or other qualified trainer for docking, bedside assisting and resolving bedside robotic system issues.
   d. A live animal lab course.
   e. Passing designated basic simulator exercises with a score of ≥ 80%.

   In lieu of an approved training course, the Applicant may document appropriate training in residency or fellowship, including a case log of robotic assisted cases and two letters of reference from supervising residency or fellowship attending.

2. The Applicant will be required to complete at least two (2) proctored robotic assisted surgery cases utilizing an approved proctor (see definitions below) and assisted by a surgeon in the same specialty who is privileged to assist at robotic surgery (see definitions below).
3. Each proctor will complete a proctoring assessment form for each case and make recommendations regarding the Applicant’s ability to safely and independently robotically perform the specific procedure. The proctor will comment not only on the Applicant’s technical ability to set up and monitor the robot, but also the skill and safety with which the Applicant was able to robotically perform the procedure.
4. After completing the required training and proctored cases with satisfactory reviews from the proctor, the Applicant will be granted privileges, but requiring a Focused Professional Practice Evaluation (FPPE) for RPRC review of the next five (5) robotic cases, after which the RPRC may require additional training or proctoring, or allow for normal progression. For these five cases, the first assistant must have robotic assisted surgery privileges for the same privileges/procedure being requested. If the RPRC focused review is favorable, the robotics committee will recommend granting...
basic privileges to the Applicant. The Applicant will be allowed at that time to schedule cases and use a non-surgeon as a first assistant (if appropriate) on a probationary basis prior to the final approval by the Credentials Committee. If the review is not favorable, additional proctored cases may be recommended for individuals by RPRC, reporting to the Credentialing Committee and MEC.

5. The five robotic cases as noted above must be performed within the first 120 days of being approved to perform robotic surgery. Failure to do so may require one or more of the following: a) simulator training, b) additional proctored cases, c) providing documentation of cases performed at another institution to include a letter of recommendation from the chief of surgery, d) re-training.

6. If an Applicant has extensive prior experience within the past twelve months or has been directly proctored elsewhere, the Credentials Committee will review that documentation and may recommend waiver of the initial directly proctored cases. However a minimum of the first five robotic cases will be retrospectively reviewed by the RPRC for skill and outcome. The Credentials Committee, after review of the Applicant’s documentation, may also elect to approve advanced privileges. a Focused Professional Practice Evaluation (FPPE) for RPRC review of the next five (5) robotic cases, after which the RPRC may require additional training or proctoring, or allow for normal progression. The rest of the process is unchanged.

**Maintaining Privileges in Robotics (Recertification Every 2 Years)**

1. To maintain full robotic privileges, the surgeon must perform a minimum of fifteen (15) robotic procedures per calendar year (cases from other institutions included).

2. If a surgeon performed less than fifteen cases (total) in the previous year, that surgeon is no longer current and will need to accomplish the following before being allowed to schedule robotic assisted surgery:
   a. Surgeons in either basic or advanced category will be required to have a proctor on the first case (at the surgeon’s expense or no-fee proctoring as part of Medical Staff membership).
   b. Surgeons will need to achieve a score of at least 85% on designated annual recertification simulator exercises before being able to schedule a case.
   c. The first proctored basic case and the next four basic cases will undergo focused review by the RPRC. If in the Advanced Category, the first two advanced cases will undergo focused review by the RPRC and must be assisted by another surgeon with Advanced Privileges.
   d. Surgeons will be notified if the reviews are favorable and a recommendation will be made to the hospital’s MEC to re-grant full robotic privileges at the appropriate basic or advanced level, or if additional training or experience is required.

3. If a surgeon has advanced robotic privileges, at least five of the cases per year must be advanced cases. If a surgeon performs fewer than this, that surgeon will need to have one proctored case and five reviewed cases before reestablishing full robotic privileges.
   a. Robotic surgeons are encouraged to assist at robotic surgery to help maintain familiarity with the instrumentation and with advancing and new technologies. If more than four months elapse between cases it is required that the first assistant is privileged in robotic assisted surgery.

4. If a surgeon does not perform a robotic surgery in a three month period (90 days), then that surgeon will be required to complete designated simulator exercises appropriate for that surgeon’s level of privileging with a score of at least 85% before being allowed to schedule and perform a robotic surgery.
5. Robotic surgeons are encouraged to assist at robotic surgery at least once per quarter to help maintain familiarity with the instrumentation and with advancing and new technologies and to be more aware of issues that occur with robotic surgery at the bedside and within the OR suite.

**PRIOR PRIVILEGING:**
1. The Credentials Committee and MEC may take previous training and experience into consideration.
2. If an Applicant comes to SRMC with prior training and experience such as training obtained during residency or at another institution, and if that Applicant is currently privileged to perform robotic cases at another TJC accredited facility, and if that Applicant has performed a minimum of fifteen (15) robotic cases in the prior twelve (12) months, that Applicant may be granted initial privileges without undergoing proctored cases. That Applicant’s next five cases will undergo focused review by the RPRC, and another robotic trained surgeon must assist that Applicant until granted robotic privileges by the MEC and Board.
3. If an Applicant has full robotic privileges at another institution but has performed less than fifteen (15) cases in the prior twelve months, then that Applicant will be required to complete the requirements as listed above under: MAINTAINING PRIVILEGES IN ROBOTICS.
4. If an Applicant was trained in a residency or fellowship, then the basic credentialing criteria stated in “Initial Credentialing Requirements” should generally apply. That Applicant will need to complete any missing items not documented in Initial Privileging Requirements, before being allowed to start performing robotic surgery. The exception to this rule would be documentation of extensive experience as a robotic console operator, ideally > 50 cases. The initial two cases will require proctoring if applying for initial (basic) privileges, and one case will need to be proctored if applying for advanced privileges. Focused review by the RPRC will be required.
5. The RPRC and Credentialing Committee reserves the right to review, recommend, modify and apply these requirements as needed after review of each individual applicant.
1. A physician already privileged to do robotic surgery at SRMC or at another TJC accredited facility, or to first assist robotic surgery at another facility, may be granted robotic first assistant privileges. If privileged at another facility a case log and satisfactory references must be provided.
2. If privileges are granted the Applicant first assistant must scrub and assist on two (2) successfully completed robotic procedures with an Applicant who has been approved for basic robotic privileges. The Applicant shall serve as the supervisor, and must complete a form that will be reviewed by the RPRC. In addition the scrub nurse will also complete an assessment regarding the assistant’s ability to work smoothly with nursing staff.
3. This number may be increased at the discretion of the RPRC depending on the number of cases previously performed or assisted and the supervision reports.
4. If not previously privileged to perform robotic surgery or first assist, as described above, the Applicant must complete four (4) hours of hands-on robotic orientation and skill testing conducted by a robot manufacturer representative.
5. The Applicant must also do one case observation of a robotic procedure cases including set-up, patient positioning and orientation of equipment prior to assisting at the first case. The Intuitive representative will inform the Office of Medical Staff Affairs of this completed training.
6. If a robotic assistant surgeon comes to SRMC with prior training and experience s/he may be apply for and be granted robotic first assistant privileges without further training if all of the following conditions are met:
   a. documentation of training obtained at another institution equivalent to that required in this policy, and
   b. the Applicant robotic assistant is currently privileged to perform robotic cases at another TJC accredited facility, and
   c. the Applicant assistant has assisted at a minimum of five robotic cases in the prior twelve (12) months
   then that Applicant assistant may be granted initial privileges without undergoing proctored cases or further training. Such robotic assistants’ next five cases will be retrospectively reviewed as with any physician requesting new privileges.

DEFINITIONS:

Proctor: A proctor is a board certified surgeon who is privileged to robotically perform, and has performed, the specific procedure being proctored in his/her respective institution; and who has performed at least 20 cases as the primary surgeon. If there is no one available with this number of cases, the RCS will approve proctors on a case by case basis. A proctor may not function as an assistant surgeon while proctoring.

As for initial medical staff appointees, proctors are assigned by the Credentials Committee or its designee on the advice of the RCS and the Office of Medical Staff Affairs, taking into account the applicant’s preferences. The assigned proctor may be a medical staff member or may be from outside
the medical staff if s/he can be appropriately licensed and privileged.

**Mentor:** A mentor is a surgeon who meets all of the requirements of a proctor, but who teaches and helps train Applicants on new robotic procedures. A mentor should have extensive experience performing those procedures for which the Applicant requests training. Mentors are a voluntary role and are approved by the Credentials Committee on the advice of the RCS and the Office of Medical Staff Affairs. The mentor may also be the Applicant’s proctor. A mentor is a surgeon who meets all of the requirements of a proctor, but who also can function to teach and help train Applicants on new robotic procedures for them. A mentor should have extensive experience performing those procedures for which the Applicant requests training e.g. have performed at least 30 cases of the specific procedure being mentored. Mentors are approved by the department on the advice of the Robotics Committee and the Medical Staff Office. A mentor surgeon may also assist at the procedure being mentored.

**Robotic Trained Assistant:** To assist at surgery, the surgeon may either be already privileged to perform robotic assisted surgery; or the surgeon must be a surgeon with privileges to perform the basic non-robotic procedure and the surgeon must have completed an in-service session with a robotic manufacturer’s representative or other qualified trainer on docking the robot as well as working with and managing the patient side cart prior to scheduling the case. The trainer will need to inform the RPRC and the Medical Staff Office of this completed training. For non-physician assistants, see attachment 4.

☐ Requested

**SUGGESTED BASIC PROCEDURES FOR ALL APPLICANTS:**
1. Cholecystectomy
2. Gastric banding
3. Appendectomy
4. Simple hernia repairs
5. Right colectomy
6. Repair bowel lacerations
7. Basic trauma repairs
Qualifications & Requirements for Advanced Robotic Privileges

1. To be eligible for moving from “Basic” to “Advanced” privileges, the robotic Applicant must have successfully completed at least 15 basic cases.
2. The Applicant’s equivalent general laparoscopic privileges must be current at the time having performed the required number of cases annually.
3. The Applicant will be required to have completed designated “Advanced” simulator exercises with a score of at least 85%.
4. The Applicant will be required to have successfully completed an Advanced Robotic Surgery Training Course provided by an outside-accredited source (i.e. fellowship).
5. If there are no unusual outcomes after RPRC case reviews, and if the Applicant has complied with guidelines above, then the RPRC will recommend to the MEC that the Applicant be promoted to “Advanced Category.”
6. Applicants will not be permitted to schedule or perform “Advanced Cases” until approved by the MEC or Credentials committee.
7. After being granted “Advanced Privileges,” the Applicant’s first two “Advanced” cases must be assisted by another robotic surgeon of the same specialty who also has advanced robotic assisted surgery privileges.
8. If a Applicant obtains additional advanced training and if that Applicant wishes to perform a procedure that is new to that Applicant, after obtaining privileges to accomplish the basic open or laparoscopic case from that Applicant’s respective department and the MEC, proctoring is then required on the first robotic case by a proctor surgeon who has extensive experience with performing that particular procedure (> 30 procedures).
9. Once the Applicant has successfully completed fifteen cases from the basic group s/he is eligible to request advanced group privileges. The RPRC will review the results from the basic group cases and recommend to the Credentials Committee whether to further recommend advanced group privileges.
10. When performing the first five-advanced robotic assisted surgery cases, the Applicant shall be required to have as the assistant a surgeon with robotic assisted surgery privileges for the same procedure. These cases will be retrospectively reviewed in the same manner as above. Applicants should have performed at least one (1) basic case in the thirty days preceding performing an advanced case for the first five (5) advanced cases.

Maintaining Privileges in Robotics (Recertification Every 2 Years)

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5. The RPRC and Credentialing Committee reserves the right to review, recommend, modify and apply these requirements as needed after review of each individual applicant.
ADVANCED Robotic Privileges (see definitions appendix 1)

☐ Requested

SUGGESTED ADVANCED CASES:
1. Nissen Fundoplication
2. Rectal surgery (Low anterior resection)
3. Whipple Procedure
4. Pancreatectomy
5. Splenectomy
6. Bariatric surgery
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 UNM SRMC, 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________________

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:

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Notes

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Clinical Service Chief Signature___________________________________________ DATE________________