UNM SRMC
UROLOGY CLINICAL PRIVILEGES

Name:  
Effective Dates: ____________ To: ____________

☐ Initial privileges (initial appointment)  
☐ Renewal of privileges (reappointment)  
☐ Expansion of privileges (modification)

INSTRUCTIONS
All new applicants must meet the following requirements as approved by the UNM SRMC Board of Directors effective: 03/21/2012

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.
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 training program in urology.

AND

Current certification by the American Board of Urology or the American Osteopathic Board of Surgery (Urological Surgery) or active participation in the examination process with achievement of certification within 3 by the American Board of Urology or the American Osteopathic Board of Surgery (Urological Surgery).

Notwithstanding the foregoing, applicants for clinical privileges may seek an exception to this Board Certification requirement under Section 2.004 of the Bylaws of the Medical Staff of UNM Sandoval Regional Medical Center (the "Medical Staff Bylaws") and may be granted clinical privileges if such applicant is determined, in accordance with Section 2.004 of the Medical Staff Bylaws, to have qualified for one or more of these exceptions.

**Required previous experience:** Applicants for initial appointment must be able to demonstrate performance of urological procedures, reflective of the scope of privileges requested, during the past 12 months, or demonstrate successful completion of an ACGME– or AOA–Accredited residency, clinical fellowship, or research in a clinical setting 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 in Urologic Surgery with acceptable results, reflective of the scope of privileges requested based on ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges, and the renewal of privileges must be approved by the Clinical Service Chief.
UROLOGY CORE PRIVILEGES

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 including endoscopic, percutaneous, and open surgery of congenital and acquired conditions of the urinary and reproductive systems and their contiguous structures (except as specifically excluded).

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 procedure list and such other procedures that are extensions of the same techniques and skills.

☐ Requested

SUBSPECIALTY CORE PRIVILEGES

The following subspecialty core privileges must be requested separately in addition to requesting the core privileges. The qualifications for Subspecialty Core Privileges will be evaluated based on current standards and approved on a case-by-case basis by the Clinical Service Chief.

MAINTENANCE OF SUBSPECIALTY CORE PRIVILEGES

Current demonstrated competence in subspecialty core privileges with acceptable results reflective of the scope of privileges requested and current standards will be routinely assessed based on the results of ongoing professional practice evaluation and outcomes. Subspecialty Core Privileges must be renewed as part of the regular renewal of privileges by the Clinical Service Chief.
USE OF LASER

Criteria: Successful completion of an approved residency in a specialty or subspecialty that included training in laser principles and use, or completion of equivalent training in laser principles and use with an appropriate body of experience. Practitioner agrees to limit his or her practice to only the specific laser types for which he or she has provided documentation of training and experience.

☐ Requested

LAPAROSCOPIC RADICAL PROSTATECTOMY (LRP)

Criteria: Successful completion of an ACGME or AOA accredited residency in urology or general surgery that included training in advanced minimally invasive surgery and 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.

☐ Requested

LAPAROSCOPIC NEPHRECTOMY

Criteria: Successful completion of an ACGME or AOA accredited residency in urology or general surgery that included training in minimally invasive surgery or minimally invasive urology. If applicant does not have formal training, he or she should be able to demonstrate equivalent training that included procedures proctored by an experienced laparoscopic nephrectomy surgeon. Applicant should also have the ability to perform open nephrectomies.

☐ Requested
**UNM SRMC**  
**UROLOGY CLINICAL PRIVILEGES**

Name:  
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<tr>
<th><strong>SACRAL NERVE STIMULATION FOR URINARY CONTROL</strong></th>
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<td><strong>Criteria:</strong> Successful completion of an ACGME or AOA accredited postgraduate training program in urology or in urogynecology. Applicants must also have completed a training course in InterStim Therapy and should also be proctored in their initial neurostimulator implant cases.</td>
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<th><strong>TRANSURETHRAL MICROWAVE THERMOTHERAPY (TUMT) FOR BPH</strong></th>
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<td><strong>Criteria:</strong> Successful completion of an accredited ACGME or AOA accredited residency in urology that included training in TUMT, or completion of an approved post graduate course in TUMT with an approved body of experience.</td>
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<th><strong>ROBOTIC ASSISTED SYSTEM FOR UROLOGICAL PROCEDURES (PROSTATECTOMY, NEPHRECTOMY, PELVIC LYMPH NODE DISSECTION)</strong></th>
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<td><strong>Criteria:</strong> Physician must have privileges to perform the procedures being requested for use with the robotic systems and have privileges or demonstrated training in general laparoscopic procedures. The physician must demonstrate appropriate training in the robotic system to be used. In addition, physician must submit to the Credentials Committee clinical goals for the use of robotics.</td>
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PHOTO-SELECTIVE VAPORIZATION OF THE PROSTATE (PVP)

Criteria: Successful completion of an ACGME or AOA accredited residency program in urology that included training in photo selective vaporization of the prostate (PVP), or completion of an approved post graduate training program that included proctoring in initial cases by a Laserscope company representative.

☐ Requested

Administration of Sedation and Analgesia privileges
See hospital policy for sedation and analgesia by non-anesthesiologists.
☐ Check here to request Moderate Sedation privileges form (Separate form)

Limited Ultrasound for Guided Procedure
☐ Check here to request Limited Ultrasound Guided Procedure privileges form (Separate form)
**UNM SRMC**
**UROLOGY CLINICAL PRIVILEGES**

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<th>CORE PROCEDURES LIST</th>
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This list is a sampling of procedures included in the core. It is not intended to be an all-encompassing list, but rather is 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 you do not wish to request, then initial and date.*

**Urology Core Procedures**

1. All forms of prostate ablation  
2. All forms of prostatectomy, including biopsy  
3. Anterior pelvic exenteration  
4. Appendectomy as component of urologic procedure  
5. Bladder instillation treatments for benign and malignant disease  
6. Bowel resection as component of urologic procedure  
7. Circumcision  
8. Closure evisceration  
9. Continent reservoirs  
10. Creation of neobladders  
11. Cystolithotomy  
12. Cystoscopy  
13. Enterostomy as component of urologic procedure  
14. Excision of retroperitoneal cyst or tumor  
15. Exploration of retroperitoneum  
16. Extracorporeal shock wave lithotripsy  
17. Inguinal herniorrhaphy as related to urologic operation  
18. Insertion/removal of ureteral stent  
19. Intestinal conduit  
20. Laparoscopic surgery, urologic for disease of the urinary tract  
21. Laparotomy for diagnostic or exploratory purposes (urologic related conditions)  
22. Lymph node dissection-inguinal, retroperitoneal, or pelvic  
23. Management of congenital anomalies of the genitourinary tract (presenting in the adult), including epispadias and hypospadias  
24. Microscopic surgery-epididymovasostomy, vasovasotomy  
25. Open renal biopsy  
26. Open stone surgery on kidney, ureter, bladder
27. Other plastic and reconstructive procedures on external genitalia
28. Penis repair for benign or malignant disease including grafting
29. Percutaneous aspiration or tube insertion
30. Percutaneous nephrolithotripsy
31. Performance and evaluation of urodynamic studies
32. Perform history and physical exam
33. Periurethral injections. e.g., collagen
34. Plastic and reconstructive procedures on ureter, bladder and urethra, genitalia, kidney
35. Reconstructive procedures on external male genitalia requiring prosthetic implants or foreign materials
36. Renal surgery through established nephrostomy or pyelostomy
37. Sphincter prosthesis
38. Surgery of the testicle, scrotum, epididymis and vas deferens including biopsy, excision and reduction of testicular torsion, orchiopexy
39. Surgery upon the adrenal gland
40. Surgery upon the kidney, including total or partial nephrectomy, including radical transthoracic approach
41. Surgery upon the penis
42. Surgery upon the ureter and renal pelvis
43. Surgery upon the urinary bladder for benign or malignant disease, including partial resection, complete resection, diverticulectomy and reconstruction
44. Total or simple cystectomy
45. Transurethral surgery, including resection of prostate and bladder tumors
46. Transvesical ureterolithotomy
47. Treatment of urethral valves, open and endoscopic
48. Ureteral substitution
49. Uretero-calyceal anastomosis
50. Ureterocele repair, open or endoscopic
51. Ureteroscopy including treatment of all benign and malignant processes
52. Urethral fistula repair, all forms including grafting
53. Urethral suspension procedures including grafting, all material types
54. Urethroscopy including treatment for all benign and malignant processes
55. Ventral/flank herniorrhaphy as related to urologic operation
56. Visual urethrotomy
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 _____________________

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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<tr>
<th>Privilege</th>
<th>Condition/Modification/Explanation</th>
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Notes:
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Print Name ________________________________ Signature ____________________________ Date __________

Clinical Service Chief or Designee Signature ________________________________

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