Background

Urology is the surgical specialty that focuses on diseases of the male and female urinary tract, as well as the male reproductive organs. Urologists are also referred to as genitourinary surgeons (organs of reproduction and urination together are often referred to as the genitourinary tract). According to the American Urological Association (AUA), urologists must have knowledge in internal medicine, pediatrics, gynecology, and other specialties as required because of the wide variety of clinical problems they may encounter.

Subspecialties of urology include:
- Pediatric urology (for information on pediatric urology, refer to Clinical Privilege White Paper, Pediatric urology—Practice area 100)
- Urologic oncology
- Renal transplantation
- Male infertility
- Calculi (urinary tract stones)
- Female urology
- Neuourology (voiding disorders, erectile dysfunction, etc.)

Following medical school, physicians complete five years of graduate medical education accredited by the Accreditation Council for Graduate Medical Education (ACGME), including one year of pre-urology education spent learning general surgery. After residency training, urologists may apply for certification by the American Board of Urology (ABU).

Core privileges in urology include the ability to 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, which includes endoscopic, percutaneous, and open surgery of congenital and acquired conditions of the urinary and reproductive systems and their contiguous structures. Practitioners may provide care to patients in the intensive care setting in conformance with unit policies. Urologists may also assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.
Involved specialties

Urologists, gynecologists, and general surgeons

Positions of societies and academies

In its *Delineation of Privileges for Staff Urologists*, the AUA recommends that, regardless of age, patients suffering from genitourinary tract disease should be cared for primarily by physicians who have met the training qualifications and passed the certification examination given by the appropriate certifying entity in the country where the applicant is practicing, be it the ABU, the Royal College of Physicians and Surgeons in Canada (RCPSC), the Quebec Board of Urology, or others. Further, the physician should have been granted certification within four years of completion of residency training.

The AUA also states that it has advised the American Hospital Association and The Joint Commission (formerly JCAHO) that patient care would be significantly improved if ABU certification were made a prerequisite for physicians who receive specialty clinical privileges in urology in Joint Commission–accredited hospitals.

Positions of other interested parties

To earn board certification in urology from the ABU, physicians must have completed the requisite education and residency programs, demonstrated clinical competence in the care of patients, and passed the qualifying and certifying examinations of the ABU.

An applicant for certification by the ABU must:

- Be a graduate of a medical school approved by the Liaison Committee on Medical Education or a school of osteopathy approved by the American Osteopathic Association’s (AOA) Bureau of Professional Education
- Complete a urology residency program accredited by the ACGME or the RCPSC

The ABU mandates a minimum of five clinical years of postgraduate medical training, which must include:

- 48 months in an ACGME-approved urology training program
- Three months of general surgery training in an ACGME-approved surgical program
- Three months of core surgical training in an ACGME-approved surgical program
- Six months of other rotations, not including dedicated research time, in an ACGME- or RCPSC-approved core surgery program
As part of the core urology training, the candidate must have completed at least one year as a chief resident in urology with the appropriate clinical responsibility and under supervision in institutions that are part of an ACGME-approved program. Certification addresses all domains of urology, including but not limited to pediatric urology, endourology, female urology, andrology, oncology, urolithiasis, and general urology. Candidates have five years from the end of residency to complete the components of the certification process. Those who do not complete certification within the specified time may reenter the process by again completing the preliminary examination.

The ABU also offers subspecialty certification in pediatric urology for urologists whose practice is at least 75% pediatric urology. Applicants approved by the board to enter the process of subspecialty certification must be engaged in the active practice of urology and hold a current unrestricted general certificate in urology issued by the ABU. The pediatric urology subspecialty examination consists of multiple choice questions covering aspects of pediatric urology, including but not limited to congenital abnormalities, childhood-acquired urologic problems, and overlapping problems of adolescence.

The AOA grants certification in urological surgery through the American Osteopathic Board of Surgery (AOBS). Candidates for certification must have graduated from an AOA-accredited college of osteopathic medicine. Candidates must be licensed or credentialed to practice in the state or military jurisdiction where practice is conducted and have satisfactorily completed an AOA-approved first year of osteopathic graduate medical education (OGME-1).

Applicants must show evidence of satisfactory completion of five years of training in an AOA-approved residency program. That training program must be structured in one of the following ways:

- Two years of training in general surgery followed by three years of training in urological surgery
- One year of training in general surgery followed by four years of training in urological surgery
- Five years of training in urological surgery

In its ACGME Program Requirements for Graduate Medical Education in Urology, the ACGME states that residency programs in urology must educate physicians in the prevention of urologic disease and in the diagnosis, medical and surgical treatment, and reconstruction of neoplasms, deformities, and injuries.
To become urologists, physicians must complete a five-year ACGME-accredited residency program in urology, the first year of which must be spent in general surgery. This first year is followed by three years of clinical urology, the final year of which must be spent as chief resident with an appropriate amount of clinical responsibility, under supervision, and in sites approved as part of the urology residency program. The additional year of education must consist of general surgery, urology, or fields directly related to urology. The subspecialty of pediatric urology requires one additional year of training.

A residency in urology must integrate patient care into the curriculum. Residents must:

- Be provided with experience in direct and progressively responsible patient management during the residency. The resident should have responsibility under supervision for the total care of the patient, including:
  - Initial evaluation
  - Establishment of diagnosis
  - Selection of appropriate therapy
  - Implementation of therapy
  - Management of complications

- Participate in the continuity of patient care through pre- and postoperative clinics, as well as inpatient contact. When residents participate in pre- and postoperative care in a clinic or private office setting, the program director must ensure that the resident functions with an appropriate degree of responsibility.

The level of patient care a resident provides should depend on his or her level of knowledge, problem-solving ability, manual skills, experience, and the severity and complexity of the patient’s status. Urology residents must have a core base of urologic knowledge that includes:

- Adrenal disease and endocrinology
- Andrology
- Calculus disease
- Endourology
- Extracorporeal shock wave lithotripsy
- Impotence
- Infertility
- Female urology
- Geriatric urology
- Infectious disease
- Laparoscopy
- Neurology
The Joint Commission has no formal position concerning the delineation of privileges for urology. However, in its *Comprehensive Accreditation Manual for Hospitals*, The Joint Commission states that “the hospital collects information regarding each practitioner’s current license status, training, experience, competence, and ability to perform the requested privilege” (MS.06.01.03).

In the rationale for MS.06.01.03, The Joint Commission states that there must be a reliable and consistent system in place to process applications and verify credentials. The organized medical staff must then review and evaluate the data collected. The resultant privilege recommendations to the governing body are based on the assessment of the data.

The Joint Commission further states that “the organized medical staff reviews and analyzes information regarding each requesting practitioner’s current licensure status, training, experience, current competence, and ability to perform the requested privilege” (MS.06.01.07).

In the EPs for MS.06.01.07, The Joint Commission says the information review and analysis process is clearly defined. The organization, based on recommendations by the organized medical staff and approval by the governing body, develops criteria that will be considered in the decision to grant, limit, or deny a request for privileges.

The Joint Commission further states that “ongoing professional practice evaluation information is factored into the decision to maintain existing privilege(s), to revise existing privileges, or to revoke an existing privilege prior to or at the time of renewal” (MS.08.01.03).

In the EPs for MS.08.01.03, The Joint Commission says there is a clearly defined process facilitating the evaluation of each practitioner’s professional practice, in which the type of information collected is determined by individual departments and approved.

- Obstructive disease
- Oncology
- Pediatric urology
- Renovascular disease
- Sexual dysfunction
- Renal transplantation
- Trauma
- Urodynamics
by the organized medical staff. Information resulting from the ongoing professional practice evaluation is used to determine whether to continue, limit, or revoke any existing privilege.

**CRC draft criteria**

The following draft criteria are intended to serve solely as a starting point for the development of an institution’s policy regarding this practice area.

*Minimum threshold criteria for requesting core privileges in urology*

- **Basic education:** MD or DO
- **Minimal formal training:** Successful completion of an ACGME- or AOA-accredited residency in urology and/or current certification or active participation in the examination process (with achievement of certification within [n] years) leading to certification in urology by the ABU or in urological surgery by the AOBS.
- **Required previous experience:** Applicants for initial appointment must be able to demonstrate the performance of at least 50 urological procedures, reflective of the scope of privileges requested, during the previous 12 months or demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the previous 12 months.

*References*

A letter of reference should come from the director of the applicant’s urology training program. Alternatively, a letter of reference regarding competence should come from the head of urology at the institution where the applicant most recently practiced.

*Core privileges in urology*

Core privileges in urology include the ability to 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, which includes endoscopic, percutaneous, and open surgery of congenital and acquired conditions of the urinary and reproductive systems and their contiguous structures. Practitioners may provide care to patients in the intensive care setting in conformance with unit policies. Urologists may also assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. Core procedures in urology include but are not limited to:

- All forms of prostate ablation
- All forms of prostatectomy, including biopsy
- Anterior pelvic exenteration
- Appendectomy as component of urologic procedure
- Bladder instillation treatments for benign and malignant disease
➤ Bowel resection as component of urologic procedure
➤ Circumcision
➤ Closure evisceration
➤ Continent reservoirs
➤ Creation of neobladders
➤ Cystolithotomy
➤ Cystoscopy
➤ Enterostomy as component of urologic procedure
➤ Excision of retroperitoneal cyst or tumor
➤ Exploration of retroperitoneum
➤ Extracorporeal shock wave lithotripsy
➤ History and physical examination
➤ Inguinal herniorrhaphy as related to urologic operation
➤ Insertion/removal of ureteral stent
➤ Intestinal conduit
➤ Laparoscopic surgery, urologic (for disease of the urinary tract)
➤ Laparotomy for diagnostic or exploratory purposes (urologic-related conditions)
➤ Lymph node dissection (inguinal, retroperitoneal, or pelvic)
➤ Management of congenital anomalies of the genitourinary tract (presenting in the adult), including epispadias and hypospadias
➤ Microscopic surgery (epididymovasostomy, vasovasotomy)
➤ Open renal biopsy
➤ Open stone surgery on the kidney, ureter, or bladder
➤ Other plastic and reconstructive procedures on external genitalia
➤ Penis repair for benign or malignant disease, including grafting
➤ Percutaneous aspiration or tube insertion
➤ Percutaneous nephrolithotripsy
➤ Performance and evaluation of urodynamic studies
➤ Periurethral injections (e.g., collagen)
➤ Plastic and reconstructive procedures on ureter, bladder, urethra, genitalia, or kidney
➤ Reconstructive procedures on external male genitalia requiring prosthetic implants or foreign materials
➤ Renal surgery through established nephrostomy or pyelostomy
➤ Sphincter prosthesis
➤ Surgery of the testicle, scrotum, epididymis, and vas deferens, including biopsy, excision and reduction of testicular torsion, and orchiopexy
➤ Surgery upon the adrenal gland
➤ Surgery upon the kidney, including total or partial nephrectomy and radical transthoracic approach
➤ Surgery upon the penis
➤ Surgery upon the ureter and renal pelvis
Surgery upon the urinary bladder for benign or malignant disease, including partial resection, complete resection, diverticulectomy, and reconstruction

- Total or simple cystectomy
- Transurethral surgery, including resection of prostate and bladder tumors
- Transvesical ureterolithotomy
- Treatment of urethral valves, open and endoscopic
- Ureteral substitution
- Uretero-calyceal anastomosis
- Ureterocele repair, open or endoscopic
- Ureteroscopy, including treatment for all benign and malignant processes
- Urethral fistula repair (all forms, including grafting)
- Urethral suspension procedures, including grafting (all material types)
- Urethroscopy, including treatment for all benign and malignant processes
- Ventral/flank herniorrhaphy, as related to urologic operation
- Visual urethrotomy

**Special requests in urology**

For each special request, threshold criteria (e.g., additional training or completion of a recognized course and required experience) must be established. Special requests in urology include but are not limited to:

- Use of laser
- Laparoscopic radical prostatectomy
- Laparoscopic nephrectomy
- Radioactive seed implantation for prostate cancer (in collaboration with radiation oncologist)
- Sacral nerve stimulation for urinary control
- Transurethral microwave thermotherapy for benign prostatic hyperplasia (BPH)
- Photoselective vaporization of the prostate
- Kidney transplant surgery
- Use of robotic-assisted system for urological procedures (prostatectomy, nephrectomy, pelvic lymph node dissection)

**Reappointment**

Reappointment should be based on unbiased, objective results of care according to the organization’s existing quality assurance mechanisms.

The successful applicant must be able to demonstrate performance of at least 50 urological procedures, reflective of the scope of practice.
of privileges requested, annually over the reappointment period. Continuing education related to urology should also be required.

For more information

Accreditation Council for Graduate Medical Education
515 North State Street, Suite 2000
Chicago, IL 60654
Telephone: 312/755-5000
Fax: 312/755-7498
Web site: www.acgme.org

American Board of Urology
2216 Ivy Road, Suite 210
Charlottesville, VA 22903
Telephone: 434/979-0059
Fax: 434/979-0266
Web site: www.abu.org

American Osteopathic Association
142 East Ontario Street
Chicago, IL 60611
Telephone: 312/202-8000
Fax: 312/202-8200
Web site: www.osteopathic.org

American Osteopathic Board of Surgery
4764 Fishburg Road, Suite F
Huber Heights, OH 45424
Telephone: 800/782-5355
Fax: 937/235-9788
Web site: www.aobs.org

American Urological Association
1000 Corporate Boulevard
Linthicum, MD 21090
Telephone: 866/746-4282
Fax: 410/689-3700
Web site: www.auanet.org

The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
Telephone: 630/792-5000
Fax: 630/792-5005
Web site: www.jointcommission.org
Privilege request form
Urology

To be eligible to request clinical privileges in urology, an applicant must meet the following minimum threshold criteria:

➤ Basic education: MD or DO

➤ Minimum formal training: Successful completion of an ACGME- or AOA-accredited residency in urology and/or current certification or active participation in the examination process (with achievement of certification within [n] years) leading to certification in urology by the ABU or in urological surgery by the AOBS.

➤ Required previous experience: Applicants for initial appointment must be able to demonstrate the performance of at least 50 urological procedures, reflective of the scope of privileges requested, during the previous 12 months or demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the previous 12 months.

➤ References: A letter of reference should come from the director of the applicant’s urology training program. Alternatively, a letter of reference regarding competence should come from the head of urology at the institution where the applicant most recently practiced.

➤ Core privileges in urology: Core privileges in urology include the ability to 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, which includes endoscopic, percutaneous, and open surgery of congenital and acquired conditions of the urinary and reproductive systems and their contiguous structures. Practitioners may provide care to patients in the intensive care setting in conformance with unit policies. Urologists may also assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. Core procedures in urology include but are not limited to:

– All forms of prostate ablation
– All forms of prostatectomy, including biopsy
– Anterior pelvic exenteration
– Appendectomy as component of urologic procedure
– Bladder instillation treatments for benign and malignant disease
– Bowel resection as component of urologic procedure
– Circumcision
– Closure evisceration
– Continent reservoirs
– Creation of neobladders
– Cystolithotomy
– Cystoscopy
– Enterostomy as component of urologic procedure
– Excision of retroperitoneal cyst or tumor
– Exploration of retroperitoneum
– Extracorporeal shock wave lithotripsy
– History and physical examination
– Inguinal herniorrhaphy as related to urologic operation
– Insertion/removal of ureteral stent
– Intestinal conduit
– Laparoscopic surgery, urologic (for disease of the urinary tract)
– Laparotomy for diagnostic or exploratory purposes (urologic-related conditions)
– Lymph node dissection (inguinal, retroperitoneal, or pelvic)
– Management of congenital anomalies of the genitourinary tract (presenting in the adult),
  including epispadias and hypospadias
– Microscopic surgery (epididymovasostomy, vasovasotomy)
– Open renal biopsy
– Open stone surgery on the kidney, ureter, or bladder
– Other plastic and reconstructive procedures on external genitalia
– Penis repair for benign or malignant disease including grafting
– Percutaneous aspiration or tube insertion
– Percutaneous nephrolithotripsy
– Performance and evaluation of urodynamic studies
– Periurethral injections (e.g., collagen)
– Plastic and reconstructive procedures on ureter, bladder, urethra, genitalia, or kidney
– Reconstructive procedures on external male genitalia requiring prosthetic implants or
  foreign materials
– Renal surgery through established nephrostomy or pyelostomy
– Sphincter prosthesis
– Surgery of the testicle, scrotum, epididymis, and vas deferens, including biopsy, excision
  and reduction of testicular torsion, and orchiopexy
– Surgery upon the adrenal gland
– Surgery upon the kidney, including total or partial nephrectom and radical transthoracic
  approach
– Surgery upon the penis
– Surgery upon the ureter and renal pelvis
– Surgery upon the urinary bladder for benign or malignant disease, including partial
  resection, complete resection, diverticulectomy, and reconstruction
– Total or simple cystectomy
– Transurethral surgery, including resection of prostate and bladder tumors
– Transvesical ureterolithotomoy
– Treatment of urethral valves, open and endoscopic
– Ureteral substitution
– Uretero-calyceal anastomosis
– Ureterocele repair, open or endoscopic
– Ureteroscopy, including treatment of all benign and malignant processes
– Urethral fistula repair (all forms, including grafting)
– Urethral suspension procedures, including grafting (all material types)
– Urethroscopy, including treatment for all benign and malignant processes
– Ventral/flank herniorrhaphy, as related to urologic operation
– Visual urethrotomy

➤ Reappointment: Reappointment should be based on unbiased, objective results of care according to the organization’s existing quality assurance mechanisms.

The successful applicant must be able to demonstrate performance of at least 50 urological procedures, reflective of the scope of privileges requested, annually over the reappointment period.

In addition, continuing education related to urology should be required.

I understand that by making this request, I am bound by the applicable bylaws or policies of the hospital, and hereby stipulate that I meet the minimum threshold criteria for this request.

Physician’s signature: __________________________________________________________

Typed or printed name: ________________________________________________________

Date: _________________________________________________________________________