Pediatric urology

Background

Pediatric urology is the subspecialty of urology that is concerned with the diagnosis and treatment of genitourinary and adrenal gland diseases in both males and females, from birth through adolescence.

The urinary tract consists of the organs that filter the blood and form urine (i.e., kidneys), the tubes that carry urine from the kidneys (i.e., ureters), the organ that stores urine (i.e., bladder), and the tube that carries urine from the bladder and removes it from the body (i.e., urethra). Pediatric urologists treat such urological problems such as urinary tract infections, undescended testicles, circumcisions, and kidney cancer. Other conditions include the following:

- Abnormally located urethral opening (hypospadias)
- Backup of urine from the bladder into the ureter (vesicoureteral reflux)
- Bedwetting (nocturnal enuresis)
- Distention of the kidney in utero (antenatal hydronephrosis)
- Ureteropelvic junction obstruction that may cause kidney damage

Following medical school, pediatric urologists complete an approved residency in urology and, depending on the level of privileges requested, should also complete a fellowship in pediatric urology, according to the Accreditation Council for Graduate Medical Education (ACGME). Such specialized training focuses on all aspects of congenital anomalies, childhood-acquired urologic problems such as tumors and trauma, and overlapping problems of adolescence. A pediatric urology program is one continuous clinical year taken subsequent to the completion of an accredited residency in urology, and can be provided only in conjunction with an ACGME-accredited urology residency program.

For certification in urology, physicians sit for the examination offered by the American Board of Urology (ABU) or the American Osteopathic Board of Surgery (AOBS). Candidates who complete the ABU certification process must complete both a qualifying examination and a subsequent certifying examination. AOBS candidates must pass written, oral, and clinical examinations in urological surgery.

After years of controversy, it has finally been determined that pediatric urology should be classified as a subspecialty of urology. Qualified pediatric urologists will be able to take an exam through the ABU and receive a certificate of added qualification (CAQ) in pediatric urology.
Involved specialties

Pediatric urologists, urologists, and general surgeons

Positions of societies and academies

AAP

Various organizations in the pediatric urology arena, including the American Academy of Pediatrics’ (AAP) Section on Pediatric Urology and the ABU, have worked to enable qualified pediatric urologists to receive a CAQ in pediatric urology. The Pediatric Urology Advisory Council submitted a proposal for a CAQ in pediatric urology to the American Board of Medical Specialties (ABMS) in June 2005. Copies were also circulated to the ABMS’ member boards and to its Committee on Certification, Subcertification, and Recertification (COCERT).

At the ABMS’ biannual meeting in March 2006, a first reading of the CAQ proposal took place and, at the COCERT meeting, suggestions were made to modify it. The proposal was then passed on to the ABMS’ board of directors and returned to the ABU for necessary changes. At the biannual meeting of the ABMS in September 2006, a second reading of the CAQ proposal took place, followed by a vote by the ABMS General Assembly. The proposal was approved by a two-thirds majority. Final approval of requirements for a CAQ in pediatric urology is scheduled for the ABMS meeting in February. The ABU will offer an exam for added qualification in pediatric urology as approved at the ABMS COCERT beginning in March 2008.

Currently, the AAP states that qualified pediatric urologists must have completed the following:

➤ At least four years of medical school
➤ One year of surgical internship
➤ At least three additional years of residency
➤ Training in general urology
➤ At least one additional year of fellowship training in pediatric urology

In addition, they must devote a minimum of 50% of their practice to the urologic problems of infants, children, and adolescents.

SPU

The Society for Pediatric Urology (SPU) does not provide training recommendations for pediatric urologists. However, it offers multiple membership types based on the level of a physician’s pediatric urology practice.

Fellows are active members of the SPU whose practice is 100% in pediatric urology and who participate in at least 15 hours
annually of category 1 continuing medical education (CME) related to pediatric urology. All fellows must be active members but can be elected to active membership and fellowship simultaneously. Applicants for fellowship must have taken the Pediatric Urology In-Service Exam, administered by the American Urological Association (AUA) Office of Education, in the year prior to making application. In addition, if the applicant finished his or her urology residency after 1998, he or she must have completed an accredited fellowship in pediatric urology.

Fellowship applications require a letter of endorsement from an active or senior member of the SPU and two letters from urologists practicing in the specialty area attesting that the applicant limits his or her practice to pediatric urology. Applicants must also submit a completed operative log.

Active members are urologists who devote 50% of their practice to pediatric urology. They must also be members of the AUA and must take the Pediatric Urology In-Service Exam within two years of application. A full curriculum vitae and a list of publications is required. Applicants for active membership must be sponsored by an active or senior SPU member and must also be endorsed by two active or senior SPU members. Applicants must also submit a completed operative log.

Positions of other interested parties

In its Program Requirements for Residency Education in Pediatric Urology, the ACGME states that trainees must complete a pediatric urology fellowship program to acquire the necessary knowledge, judgment, and technical skills in the subspecialty, but do so without compromising the quality of training in general urology.

The program must possess a well-organized and effective curriculum, both didactic and clinical. The curriculum must provide residents with direct experience in progressive responsibility for patient management.

To become a pediatric urologist, trainees should have experience with a broad spectrum of urologic diseases as well as experience with a sufficient volume and broad variety of pediatric urology surgical procedures consisting of:

- 200 major procedures per year
- 200 intermediate-level procedures per year
- 100 minor procedures per year
2,000 pediatric urologic outpatient visits per year, including urology subspecialty clinics

Representative examples of such procedures include the following:
- Minor: circumcision, meatotomy, diagnostic endoscopy, percutaneous aspiration, and tube insertion
- Intermediate: therapeutic endoscopy, inguinal surgery, distal hypospadias with no urethroplasty, and diagnostic laparoscopy
- Major: all abdominal surgery, flank surgery, hypospadias, laparoscopic surgery, valve ablation, and inguinal surgery

The clinical component of the program must include experience in the surgical aspects of pediatric urology. Such experience must be documented in an accurate and comprehensive operative log maintained by the resident and reviewed by the program director quarterly. All operative procedures in which the pediatric urology resident acts as surgeon or teaching assistant should be documented separately. Experience in outpatient management of pediatric urologic disease, with graded responsibility for patient care, must be documented and similarly maintained. Finally, the clinical component of the program must provide experience in the following areas:
- Body imaging modalities used in the care of pediatric patients
- Performance and evaluation of urodynamic studies
- Multidisciplinary management of patients with urologic tumors
- Multidisciplinary management of patients with urologic trauma
- Multidisciplinary management of nephrological disease
- Neonatal and intensive care unit treatment for all pediatric ages
- Multidisciplinary management of myelomeningocele and other neuropathic bladder entities
- Multidisciplinary management of patients with problems relating to sexual development and medical aspects of intersex states
- Performance of genetic counseling for renal and genital anomalies
- Pediatric infectious disease and its treatment

**ABU** The ABU grants certification in urology. Candidates must meet the following requirements:
Graduated from a medical school approved by the Liaison Committee on Medical Education or a school of osteopathy approved by the Bureau of Professional Education of the American Osteopathic Association (AOA)

Completed a urology residency program accredited by the ACGME or the Royal College of Physicians and Surgeons of Canada that is a minimum of five years in length and includes the following:
- 12 months of general surgery
- 36 months of clinical urology
- six months of the remaining 12 months must have been spent in general surgery, urology, or other clinical discipline relevant to urology

Passed a qualifying examination

Passed a certifying examination after passing the qualifying exam

The final 12 months of training must be spent as a senior/chief resident in urology with appropriate clinical responsibility under supervision.

Beginning in March 2008, the ABU will offer an exam for added qualification in pediatric urology as approved at the ABMS COCERT in September 2006. Applicants must successfully complete the Pediatric Urology Qualifying Examination (PUQE), which will be prepared and administered annually by the ABU.

The examination will be made up of multiple choice questions and designed to assess knowledge of the field of pediatric urology. It will include but may not be limited to all aspects of congenital abnormalities, childhood-acquired urologic problems (e.g., tumors and trauma), and overlapping problems of adolescence.

Applicants will be allowed to take the examination only after they have complied with all requirements of the application process, paid all fees, and been approved by the ABU. After the final approval of the formal requirements needed to take the PUQE exam occurs at the ABMS meeting this month, the ABU plans to publish an official handbook in print form and on the Internet by October.

AOA

The AOA grants certification in urology through the AOBS. Applicants must meet the following requirements:
Graduated from an AOA-accredited college of osteopathic medicine
Be licensed to practice in the state or territory where their practice is conducted
Show evidence of conformity to the standards set forth in the AOA Code of Ethics
Have been a member in good standing of the AOA for the two years immediately prior to the date of certification
Satisfactorily completed an AOA-approved internship
Satisfactorily completed the written and oral examinations in general surgery
Satisfactorily completed the written, oral, and clinical examinations in urological surgery

Applicants must meet one of the following residency training requirements for certification:
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

The Joint Commission

The Joint Commission has no formal position concerning the delineation of privileges for pediatric urology. However, in its Comprehensive Accreditation Manual for Hospitals, the Joint Commission states (MS.4.10), “The hospital collects information regarding each practitioner’s current license status, training, experience, competence, and ability to perform the requested privilege.”

In the rationale for MS.4.10, the Joint Commission states that there must be a reliable and consistent process in place to process applications and verify credentials. The organized medical staff then reviews and evaluates the data collected. The resultant privilege recommendations to the governing body are based on the assessment of the data.

The Joint Commission further states (MS.4.20), “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.”

In the elements of performance for standard MS.4.20, the Joint Commission says that the information review and analysis proc-
ess 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 (MS.4.40), “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.”

In the elements of performance for MS.4.40, the Joint Commission says that there is a clearly defined process that facilitates the evaluation of each practitioner’s professional practice, where the type of information collected is determined by individual departments and approved 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 pediatric urology |
|—————————————————————————————————————————————————|
| **Basic education:** MD or DO |
| **Minimum formal training:** Applicants must be able to demonstrate successful completion of an ACGME-/AOA-accredited postgraduate training program in urology. Applicants must also be able to demonstrate successful completion of an accredited postgraduate training program in pediatric urology or equivalent practice experience. |
| **Required previous experience:** Applicants must be able to demonstrate successful performance of at least 50 pediatric urology procedures during the past 12 months. |

**References**

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

**Core privileges in pediatric urology**

Core privileges in pediatric urology include being able to admit, evaluate, diagnose, consult, and treat patients two years of age and older presenting with acquired or congenital diseases or
Pediatric urology disorders of the reproductive and genitourinary systems. Core privileges in this specialty also include but are not limited to the following procedures:

- Circumcision
- Correction of ambiguous genitalia
- Cystoscopy and retrogrades
- Endoscopic incision or fulguration of the urethral valves
- Epispadias repair
- Excision of appendix testis
- Hydrocelectomy
- Meatotomy
- Operations for hypospadias (e.g., correction of penile chordee: first, second, third stage; repair of urethrocutaneous fistula; and repair of penoplasty)
- Orchietomy
- Orchiopexy
- Reconstructive surgery of upper and lower urinary tract
- Reduction of torsion of testes
- Secondary plastic repair of injured membranous urethra
- Ureteroneocystostomy with plastic narrowing

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 pediatric urology may include the following:

- Robotic surgery
- Moderate sedation

Reappointment

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

Applicants must be able to demonstrate that they have maintained competence by documenting that they have successfully performed at least 50 pediatric urology procedures annually over the reappointment cycle.

In addition, continuing education related to pediatric urology should be required.
For more information

For more information regarding this practice area, contact:

Accreditation Council for Graduate Medical Education
515 North State Street, Suite 2000
Chicago, IL 60610-4322
Telephone: 312/755-5000
Fax: 312/755-7498
Web site: www.acgme.org

American Academy of Pediatrics
141 Northwest Point Boulevard
Elk Grove Village, IL 60007-1098
Telephone: 847/434-4000
Fax: 847/434-8000
Web site: www.aap.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 Board of Surgery
4764 Fishburg Road, Suite F
Huber Heights, OH 45424
Telephone: 937/235-9786
Fax: 937/235-9788
Web site: www.aobs.org

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

Society for Pediatric Urology
900 Cummings Center, Suite 221-U
Beverly, MA 01915
Telephone: 978/927-8330
Fax: 978/524-8890
Web site: www.spuonline.com
Privilege request form

Pediatric urology

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

➢ Basic education: MD or DO.

➢ Minimum formal training: Applicants must be able to demonstrate successful completion of an ACGME-/AOA-accredited postgraduate training program in urology. Applicants must also be able to demonstrate successful completion of an accredited postgraduate training program in pediatric urology or equivalent practice experience.

➢ Required previous experience: Applicants must be able to demonstrate successful performance of at least 50 pediatric urology procedures during the past 12 months.

➢ References: A letter of reference should come from the director of the applicant’s pediatric urology training program. Alternately, a letter of reference should come from the head of urology or pediatric urology at the institution where the applicant most recently practiced.

➢ Core privileges: Core privileges in pediatric urology include being able to admit, evaluate, diagnose, consult, and treat patients two years of age and older presenting with acquired or congenital diseases or disorders of the reproductive and genitourinary systems. Core privileges in this specialty also include but are not limited to the following procedures:
  – Circumcision
  – Correction of ambiguous genitalia
  – Cystoscopy and retrogrades
  – Endoscopic incision or fulguration of the urethral valves
  – Epispadias repair
  – Excision of appendix testis
  – Hydrocelectomy
  – Metatotomy
  – Operations for hypospadias (e.g., correction of penile chordee: first, second, third stage; repair of urethrocunaneous fistula; and repair of penoplasty)
  – Orchietomy
  – Orchiopexy
  – Reconstructive surgery of upper and lower urinary tract
  – Reduction of torsion of testes
  – Secondary plastic repair of injured membranous urethra
  – Ureteroneocystostomy with plastic narrowing

➢ Reappointment: Reappointment should be based on unbiased, objective results of care according to the organization’s quality assurance mechanisms.
Applicants must be able to demonstrate that they have maintained competence by documenting that they have successfully performed at least 50 pediatric urology procedures annually over the reappointment cycle.

In addition, continuing education related to pediatric 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: _________________________________________________________
Pediatric urology

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