

CRITERIA FOR PRIVILEGES IN ROBOTIC SURGERY

Criteria	CATEGORY 1 Independently practicing surgeon with <10 robotic surgery cases in the past year. Does not meet criteria for robotic surgery training during residency or fellowship.	CATEGORY 2 Independently practicing surgeon with <10 robotic surgery cases in the past year AND meets criteria for training in robotic surgery during residency or fellowship (minimum 30 cases as primary surgeon and training completed within past 18 mths).	CATEGORY 3 Independently practicing surgeon with >10 and <50 robotic surgery cases in the past year	CATEGORY 4 Independently practicing surgeon with >50 robotic surgery cases in the past year
TRAINING/PRIVILEGES				
Board Certified/Qualified	Required	Required	Required	Required
References - Robotic Experience	Not applicable	From Program Director	From Chief of Service	From Chief of Service
Robotic Training Course	Required	Required	Required	Required
Observation Robotic Cases	3 cases within 3 mths*	Not required	Not Required	Not Required
Currently privileged to perform the procedure using conventional techniques	Required	Required	Required	Required
CASE EXPERIENCE				
Robotic Cases (minimum #)	Not applicable	30 as resident/fellow	>10 and <50 in the past year as practitioner	>50 in past year as practitioner
Review of conventional cases for each procedure for which robotic privileges are requested	5 most recently performed cases	5 most recently performed cases	5 most recently performed cases	5 most recently performed cases
PROCTORING (minimum #)	5	3	2	0
MONITORING/FOCUSED REVIEW of robotic cases performed independently	First 5 sequential cases	First 5 sequential cases	First 5 sequential cases	First 5 sequential cases
MAINTENANCE OF PRIVILEGES				
Minimum robotic cases per	5	5	5	5

year performed at SBUH				
Satisfactory QA Review	Required	Required	Required	Required

TRAINING/PRIVILEGES

- *Board Certified/Qualified*
- *Reference(s)-Robotic Experience:* Reference letter must include a statement that the applicant has performed the minimum number of robotic cases as defined above. It must also attest to the current clinical competence of the applicant with respect to robotic surgery
- *Robotic Training Course:* The course must be acceptable to the SBUH Director of Robotic Surgery (DRS)
- *Observation Robotic Cases:* practitioner must observe cases in the appropriate specialty. The observation can be done in any hospital that is acceptable to the DRS.
- *Currently privileged to perform the procedure using conventional techniques:* This applies to every procedure for which the applicant is requesting robotic privileges.

CASE EXPERIENCE

- *Robotic Cases:* In all reported cases, the applicant must have been the primary surgeon
- *Review of 5 most recent conventional cases for each procedure for which robotic privileges are requested:* Review will be conducted by SBUH departmental QA committee. Results to be indicated on Robotic Surgery Privilege Sheet.

PROCTORING

- The proctor must be a physician fully privileged in robotic surgery at SBUH and have satisfactorily completed the QA review of the first 5 consecutive-non proctored cases.
- If such a person is not on the SBUH medical staff in the specialty in question, an outside proctor may be obtained. The outside proctor must be approved by the DRS. Generally accepted standards must be followed in deciding whether a potential proctor is qualified to proctor in the specialty in question.
- At the completion of the required minimum cases, the proctor shall determine if the practitioner requires additional proctoring or may perform robotic surgery independently. The proctor will base the decision on the operative performance rating form (attached). The practitioner must score a 5 in every category in which he/she is evaluated.
- A decision to recommend robotic privileging is made by the proctor to the DRS who then makes a recommendation to the department credentials committee and then through the privilege review process delineated in the SBUH bylaws.

MONITORING/FOCUSED PRACTICE REVIEW

- The SBUH departmental quality assurance committee will conduct a retrospective review of the first consecutive 5 independently performed robotic surgery cases, regardless of outcome.
- The review of each case must be completed before the surgeon may perform the next case independently.
- The dept QA committee shall report any concerns to the DRS as soon as concerns arise.
- In any case, the dept QA committee must send a report to the Director of Robotics Surgery at the conclusion of the 5th case.
- In response to the input from the Departmental QA committee, the director may, at any point, may require further proctoring.

MAINTENANCE OF PRIVILEGES

- *Minimum robotic cases per year performed at SBUH:* This applies only to cases in which the practitioner was the primary surgeon
- *Satisfactory QA review:* Practitioners requesting renewal of privileges who have not met the above requirements or who have adverse procedure outcomes that appear out of proportion to their peers and/or out of proportion to generally accepted complication rates shall be referred to the appropriate Medical Staff QA committee and/or MEC.

ADDITIONAL INFORMATION

The requirements/processes delineated indicate the minimum standard. Each service that privileges in robotic surgery may establish more stringent criteria.

QUALITY ASSURANCE/ONGOING MONITORING. The process and outcome measures used by the existing departmental and hospital QA committees/systems will be used for robotic surgery.

CROSS SERVICES. It is anticipated that the departments of OB/GYN and Surgery will be using robotic surgery in the future.

EMERGENCY PRIVILEGES. In the event that the proctoring surgeon is not privileged in the specialty he is proctoring, he may temporarily take over as primary surgeon if ALL the following circumstances are met:

- a. a complication occurs which can be potentially rectified without abandoning the robotic procedure.
- b. the surgeon being proctored is unable to resolve the complication in a timely manner
- c. the complication is of a type that can be encountered in the proctors own specialty
- d. the proctor must feel comfortable in temporarily becoming primary surgeon and attempting to resolve the complication him/herself.
- e. The proctor and surgeon of record agree that:
 - the case will be turned back to the surgeon in the appropriate specialty as soon as the complication is resolved.
 - the final decision with regard to, if and when, to abandon robotic surgery shall remain that of the surgeon of record.

The purpose of this provision is solely to protect the interests of the patient by sparing the patient a "open" operation if the complication can still be dealt with robotically.

Per Medical Board March 2008: Administrative privileges are not required because the proctor will NOT provide any direct patient care.

**DESCRIPTION OF DOCUMENTATION TO BE SUBMITTED
BY THE PRACTITIONER WITH REQUEST FOR PRIVILEGES**

This documentation *MUST* accompany the request

- *Reference(s)-Robotic Experience:* Letter from Program Director (Category 2) or Chief of Service (Category 3,4)

Letter must include a statement that the applicant has performed the minimum number of robotic cases required as defined in the criteria
Letter must also include an attestation of the current clinical competence of the applicant with respect to robotic surgery

- *Robotic Training Course:* Copy of certificate from course or letter from course director (Category 1,2,3,4)
- *Observation Robotic Cases:* Submit a statement indicating, the procedure observed, dates of observations, name of primary surgeon, name of institution where procedure was observed (Category 1)
- Operative report and the final outcome: for the last 5 cases performed conventionally for each robotic procedure requested (Category 1,2,3,4).
- *Robotic Cases:* Case log or letter from Chief of Service or Program Director, as indicated above, documenting the number of cases performed (Category 2,3,4) In all reported cases, the applicant must have been the primary surgeon

Operative Performance Rating Form – SURGERY

Practitioner _____ Surgery Date _____ Procedure: _____

Please circle the number corresponding to the practitioner's performance in each area .

Knowledge of Operative Steps

1	2	3	4	5
Unfamiliar with steps of the operation. Unable to recall or describe many operative steps		Knows and can explain most of the operative steps but unsure of some		Obvious knowledge of all operative steps: able to give details of steps without hesitation

Instrument Handling

1	2	3	4	5
Makes tentative or awkward moves by inappropriate use of instruments		Competent use of instruments but occasionally appears stiff or awkward		Fluid moves with instruments and no awkwardness

Knowledge of Instruments

1	2	3	4	5
Frequently asks for wrong instrument or uses inappropriate instrument		Knows names of most instruments and uses appropriate instruments		Obviously familiar with the instruments and their names

Flow of the Operation

1	2	3	4	5
Frequently stopped operating and seemed unsure of next move		Demonstrated some forward planning with reasonable progression of procedure		Obviously planned course of operation with effortless flow from one move to next

COMMENTS: _____

Practitioner's Signature

Date

Proctor's Signature

Date