

### CRITERIA FOR PRIVILEGES IN ROBOTIC SURGERY

Criteria	<b>CATEGORY 1</b> Independently practicing surgeon with <10 robotic surgery cases in the past year. Does not meet criteria for robotic surgery training during residency or fellowship.	<b>CATEGORY 2</b> 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).	<b>CATEGORY 3</b> Independently practicing surgeon with a minimum of 10 robotic surgery cases in the past year
<b>TRAINING/PRIVILEGES</b>			
Board Certified/Qualified or equivalent as defined by the Chief of Service and Director of Robotic Surgery.	Required	Required	Required
References - Robotic Experience	Not applicable	From Program Director	From Chief of Service
Robotic Training Course*	Required		
Observation Robotic Cases	3 cases preferably within 3 mths	Not required	Not Required
Currently privileged to perform the procedure using conventional techniques	Required	Required	Required
<b>CASE EXPERIENCE</b>			
Robotic Cases (minimum #)	Not applicable	30 as resident/fellow	≥10 in the past year as practitioner
<b>PROCTORING</b> (minimum #)	5	3	0
<b>MONITORING/FOCUSED REVIEW</b> of robotic cases performed independently	First 5 sequential cases	First 5 sequential cases	First 5 sequential cases
<b>MAINTENANCE OF PRIVILEGES</b>			
Minimum robotic cases per year. Operative reports must be submitted for those cases not performed at SBUH	10/2 yrs	10/2 yrs	10/2 yrs
Satisfactory QA Review	Required	Required	Required

**In order to assure adequate patient volume and resource utilization for our teaching programs, robotic surgery privileges are limited to members of the medical staff who are members of the full time faculty.**

## 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)
  - \* **It is beneficial for practitioner to take the robotics course as close to being proctored as possible, therefore, the applicant may be processed for privileges with proctoring contingent upon documentation of completion of the course provided the observed cases have been submitted and reviewed. The course must be taken within 2 months of medical board approval for proctoring. (April 2019)**
- *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. Robotic privileges can only be performed on those procedures for which the practitioner is currently privileged.

## CASE EXPERIENCE

- *Robotic Cases:* In all reported cases, the applicant must have been the primary surgeon

## PROCTORING

- The proctor must be a physician independently privileged in robotic surgery at SBUH
- 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 and must be granted administrative privileges to proctor. 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 **3, 4 or 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 respective department. The decision to allow the practitioner to perform robotic privileges independently shall be determined by the Division Chief, if applicable, the respective department credentials committee and Chief of Service. After successful completion of the proctoring period, performing robotics independently does not required any additional approvals

## MONITORING/FOCUSED PRACTICE REVIEW

Once the proctoring period has concluded, a FPPE shall be conducted for at least the first 5 independently performed robotic cases (refer to FPPE policy). The Chief of the respective service will appoint a physician to conduct the review. A procedural surgical review form will be completed by the physician conducting the review and submitted to the respective departmental credentials committee and then to the DRS. In response to the input from the Departmental QA committee, the director may, at any point, may require further proctoring.

The practitioner who is granted robotic privileges agrees that he/she will cooperate with all reasonable requests that relate to robotic case volume by procedure and will cooperate with all outcome studies done for the program as a whole. It is understood by the practitioner that outcome studies may impact on renewal of privileges.

### **MAINTENANCE OF PRIVILEGES**

- Minimum 10 robotic cases performed every 2 years. This applies only to cases in which the practitioner was the primary surgeon

*The physician who is requesting renewal of robotic privileges, MUST submit a procedure log indicating MRN, procedure performed and date of procedure*

*Appeals for exceptions (i.e. exceptions may include official sick leave, sabbatical leave) for minimum cases performed, must be submitted to the DRS. NOTE: inability to schedule adequate OR time for robotic cases is not considered grounds for appeal.*

- *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.

Per Medical Board March 2008:  
Revised November 2011  
Revised December 2013  
Revised February 2018  
Proposed revision July 2018  
Revised August 2018  
Revised April 2019

Operative Performance Rating Form – Robotic Surgery

Practitioner \_\_\_\_\_ Surgery Date \_\_\_\_\_ Procedure: \_\_\_\_\_

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

**Knowledge of Operative Steps**

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

<p><b>1</b></p> <p>Makes tentative or awkward moves by inappropriate use of instruments</p>	<p><b>2</b></p>	<p><b>3</b></p> <p>Competent use of instruments but occasionally appears stiff or awkward</p>	<p><b>4</b></p>	<p><b>5</b></p> <p>Fluid moves with instruments and no awkwardness</p>
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**Knowledge of Instruments**

<p><b>1</b></p> <p>Frequently asks for wrong instrument or uses inappropriate instrument</p>	<p><b>2</b></p>	<p><b>3</b></p> <p>Knows names of most instruments and uses appropriate instruments</p>	<p><b>4</b></p>	<p><b>5</b></p> <p>Obviously familiar with the instruments and their names</p>
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**Flow of the Operation**

<p><b>1</b></p> <p>Frequently stopped operating and seemed unsure of next move</p>	<p><b>2</b></p>	<p><b>3</b></p> <p>Demonstrated some forward planning with reasonable progression of procedure</p>	<p><b>4</b></p>	<p><b>5</b></p> <p>Obviously planned course of operation with effortless flow from one move to next</p>
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**COMMENTS:**

\_\_\_\_\_  
Practitioner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Proctor's Signature

\_\_\_\_\_  
Date