

Deaconess Hospital  
Medical Staff  
Credentialing Criteria for Robotic Assisted Surgery Privileges

Definitions: This document applies to what is commonly referred to as “robotic surgery”. This is a form of advanced laparoscopic surgery, so it is also referred to as “robotic-assisted laparoscopic surgery”. At the time of the creation of these credentialing criteria, the Da Vinci Surgical Robot by Intuitive Surgical is commonly utilized, but other brands of laparoscopic surgical robots exist and are in development. This document applies to all such robotic surgical platforms. Robotic Assisted Surgery Privileges apply to all robotic laparoscopic surgery platforms and do not need to be repeated for each separate version of the robot.

1. Qualifications of Initial Applicant
  - a. MD or DO
  - b. Board certified or board eligible in General Surgery or a surgical specialty
  - c. Currently maintains unrestricted privileges for the surgical procedures (open and/or laparoscopic) to be performed with the robot
  - d. Currently maintains unrestricted privileges to perform laparoscopic surgery within the scope of their specialty
2. Initial Granting of Robotic Surgery Privileges – Having been determined to meet the qualifications as indicated above, the applicant will be granted privileges subject to one of the following 2 pathways:
  - a. Surgeon with prior robotic surgery experience.
    - i. Surgeons with current robotics privileges at another hospital must submit a case log showing at least 20 cases as primary surgeon on the console within the last 2 years. This case log is subject to verification at the discretion of the Surgery Department Chair; or,
    - ii. Surgeons trained in robotic surgery in residency or fellowship must submit a case log showing at least 20 cases as primary surgeon on the console within the last 2 years along with a letter from their program director verifying the applicant’s training, proficiency, and safety in robotic surgery.
  - b. Surgeon without robotic surgery experience.
    - i. Complete computer based tutorial from the manufacturer, which provides a brief overview of the robotic surgical system; and
    - ii. Document proficiency on all modules on the robotic simulator, if available; and,
    - iii. Complete 4 hours of hands-on training with the robot using inanimate training aids; and,
    - iv. Participate in at least 2 cases as bedside assistant. These cases do not count toward the required number of proctored cases as primary surgeon; and,
    - v. Perform 3 procedures as primary surgeon under the supervision of a proctor.
      1. The proctor may be a current medical staff member with who has active robotic surgery privileges in this hospital who may also act as a co-surgeon, or a proctor provided by the manufacturer.

2. The proctor will complete a proctor evaluation form (Appendix A) with must eventually indicate a satisfactory performance before proctoring will be considered complete.
  3. The results of proctoring will be reviewed by the Surgery Department Chair who will make a recommendation to the Credentials Committee concerning the award privilege status.
3. Reappointment – Reappointment of privileges for utilization of the surgical robot will be based on but not limited to the following:
  - a. Minimum 20 primary operator robotic cases in a 2 year period. Robotic surgery cases performed in another hospital system can count toward this minimum if they can be verified.
    - i. If the surgeon performs 3-20 robotic cases in a 2 year period, 1 case must be proctored with written verification of satisfactory performance before privileges can be reappointed
    - ii. If the surgeon performs fewer than 3 cases in 2 years, he/she must re-start the credentialing process as a surgeon without prior robotic experience.
  - b. Ongoing evaluation of outcomes by the Surgery Department Chair. If deficiencies or unacceptable complications are identified, additional proctored cases or specific remedial training may be required before additional robotic cases can be performed.
  - c. Recommendation of the Surgery Department Chair.
  - d. Recommendation of the Credentials Committee.
  - e. A letter from another credentialed robotic surgeon verifying robotic proficiency will not be considered sufficient for reappointment in the absence of case volumes as stated above.

**REVIEWED BY:**

- A. Medical Staff Coordinator
- B. Director of Medical Staff Office
- C. Chief Medical Officer
- D. Credentials Committee

**APPROVED BY:**

Department of Surgery	October 17, 2018
Credentials Committee	September 6, 2018
Medical Executive Committee	September 12, 2018

Department of Surgery	January 18, 2023
Credentials Committee	February 2, 2023
Medical Executive Committee	February 8, 2023
Board of Directors	February 23, 2023