Accreditation Council for
Graduate Medical Education

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TO: Program Directors of Pediatric Urology

FROM: The RC for Urology
Michael Coburn, MD, Chair
Barry Kogan, MD, Vice Chair

DATE: July 1, 2013

RE: Minimum Numbers

Below is the current list of pediatric urology operative experience minimums. The Committee has re-reviewed this and determined that the following number of procedures is considered a minimum requirement for each fellow graduating from a pediatric urology fellowship.

Achievement of the minimum number of procedures is expected for the 2014 graduates. The Committee recognizes that while completion of a minimum number of cases does not imply competence, it is an indicator of experience. Evidence for procedural competence will be provided via the milestone reports used in the next accreditation system.

Minimums effective July 1, 2013 for the 2014 Graduates

Category	Minimum Numbers
Endourology/Stone Disease	10
SWL/ureteroscopy/PCNL	5
Ureterocele incision	2
Posterior valve ablation	2
Scrotal/Inguinal Surgery	60
Hernia repair/Orchiopexy	50
Varicocelectomy	5
Penile Surgery	40
Distal hypospadias	30
Proximal hypospadias	5
Hypospadias complication repair	5
Epispadias	2
Bladder/Ureteral Surgery	30
Ureteroneocystostomy	15
Cysto with subureteric injection	5

Major Abd/Reconstructive Procedures	35
Pyeloplasty	10
Nephrectomy	4
DSD Surgery	3
Complex Bladder Reconstruction	10
Appendicovesicostomy	5
Enterocystoplasty	2
Exstrophy closure	tracked only
Urodynamic Studies	10
Total Laparoscopic	10
Total Robotic	tracked only
Total Index Cases	300

A pediatric urology fellow's participation in a surgical procedure will be credited as an index case whether the fellow functions as **surgeon**, **assistant**, or **teaching assistant**.

To be recorded as **surgeon**, a fellow must be present for all of the critical portions of the case and must perform a significant number of the critical steps of the procedure. As a general principle, it is expected that over the course of their education, fellows will develop the skills necessary to perform progressively greater proportions of complex cases and will be given the opportunity to demonstrate those technical skills to program faculty. It is also important to remember that the committee views involvement in preoperative assessment and postoperative management of patients to be important elements of resident participation.

Only one fellow or resident can claim credit as an **assistant** on a given case. Though it may well be valuable educationally, activity as "second assistant" should not be recorded, except for the special cases listed below. .

A fellow may also be given index case credit when they act as a **teaching assistant**. To be recorded as the **teaching assistant,** the fellow acts as **teaching assistant** (supervisor) directing and overseeing major portions of the procedure being performed by the more junior resident **surgeon** while the supervising attending physician (staff) functions as a second assistant or observer.

For robotic procedures, the requirements for case recording as **surgeon** or **assistant** differ. In short, acting as a bedside assistant qualifies as **assistant** and any significant console time qualifies as **surgeon**. For the situation in which a fellows and a resident complete some portion of the case at the console, only one person may log the case as **surgeon**. For robotic cases, both **surgeon** and **assistant** roles will be given index case credit for the "laparoscopic and robotic surgery" index categories.

Varicocelectomy
Pediatric urology fellows must log at least 5 (five) varicocelectomy cases during their 1 (one) year of ACGME- approved training. These procedures may be done on adolescent or pediatric patients with pediatric urology faculty affiliated with the pediatric fellow's ACGME-approved training site. Alternatively, varicocelectomy procedure may also be logged if they are performed on adolescent or adult patients with adult urology faculty, with or without a subspecialization in infertility/andrology. Procedures performed with adult urology faculty may be arranged through an adult hospital associated with the ACGME-approved pediatric urology training site or through another ACGME-approved training site.

Epispadias
Pediatric urology fellows must at least log 2 (two) epispadias cases during their 1 (one) year of ACGME-approved training. In order to meet this minimum number of cases, epispadias cases can be performed as surgeon, assistant surgeon, teaching assistant or as an observational event (these observational events should be recorded as "assistant" when logging the case). Additionally, observation of epispadias cases can take place at the pediatric fellow's ACGME-approved training site or can be arranged to occur at another ACGME-approved training site if the primary training site has in sufficient numbers of these cases.

Cystoscopy with subureteric injection
Pediatric urology fellows must log at least 5 (five) cystoscopy with subureteric injection for treatment of vesicoureteral reflux during their 1 (one) year of ACGME-approved training. In order to meet this minimum number of cases, cystoscopy with subureteric injection can be performed as surgeon, assistant surgeon, teaching assistant or as an observational event (fellows should log these as "assistant"). Additionally, observation of cystoscopy with subureteric injection can take place either at the pediatric fellow's ACGME-approved training site or can be arranged to occur at another ACGME-approved training site if the primary training site has limited numbers of these types of cases.

Exstrophy closure
For tracking purposes, pediatric urology fellows must log at least 1 (one) exstrophy closure cases during their 1 (one) year of ACGME-approved training. Of note, given the rarity of this disease state, there are no set required minimums at this time; however, the ACMGE will be tracking the logging of this procedure. In order to meet this minimum number of cases, exstrophy closure can be performed as surgeon, assistant surgeon, teaching assistant or as an observational event (the fellow should log these as assistant). Additionally, observation of exstrophy closure can take place at the pediatric fellow's ACGME-approved training site or can be arranged to occur at another ACGME-approved training site if the primary training site has limited numbers of these types of cases.

Robotic procedures
Currently, there are no set required minimums of robotic cases; however, the ACMGE will be tracking the logging of robotic procedures in order to inform future case minimum requirements.