ALABAMA STATE BOARD OF MEDICAL EXAMINERS
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# Urology Specialty Protocol for Advanced Practice Providers (PA/CRNP)

Submit completed form and protocol template to
APPDept@albme.gov
Skills_Protocol_Template.pdf

**Purpose/Indication:** The APP scope of practice includes the evaluation of patients for appropriateness of treatment, developing individualized treatment plans, ordering appropriate urological procedures in accordance with the treatment plan, monitoring and following up to assess the effectiveness of procedures, managing and correcting any adverse reactions, and adjusting treatment plans as needed in accordance with established guidelines and standards within the collaborative practice.

**Physician Requirements:**

- The collaborating/supervising physician must complete a request to train for the APP.

**Population Foci Exclusions (CRNP):** Neonatal, Psychiatric-Mental Health, and Certified Nurse-Midwives

**Limitations:**

- Urology procedures may only be performed in a urology practice setting.

**Education/Course Requirements:**

- The PA/CRNP and collaborating/supervising physician will participate in ongoing education and training sufficient to maintain and enhance competency in urological procedures.
- The APP must maintain on file readily retrievable documentation of procedures performed annually, including the documented training, education, and competency validation.
- PAs/CRNPs requesting Xiaflex injections must submit documentation of enrollment in the Xiaflex REMS program.
- PAs/CRNPs requesting testosterone pellet insertion must submit hormone replacement/pellet insertion training certificate.

**Supervised Practice Requirements for Urology Procedure(s)**

- After approval to train is granted, training is required under the direction/ observation of the supervising/collaborating or covering physician

***Supervised practice of initial certification must be submitted to the Board within one (1) year of approval to train, or the approval to train will lapse.***

## UROLOGY PROCEDURE(S)

| Select Procedure(s) Requested to Train | Procedure | Number Required for Initial Certification (Supervised) | Annual Maintenance Requirement (No less than) |
|---|---|---|---|
| | Cystoscopy with Ureteral Stent Removal | **30** | **15** |
| | Diagnostic Cystoscopy | **100** | **50** |
| | Cystoscopy with Foley Catheter Placement | **10** | **5** |
| | Priapism Reversal | **10** | **5** |
| | Xiaflex Injection | **10** | **2** |
| | Transrectal Ultrasound | **10** | **5** |
| | Transrectal Ultrasound with Prostate Biopsy | **50** | **20** |

**QUALITY ASSURANCE MONITORING REQUIRED**: Documented evaluation of the clinical practice (high risk/problem prone skill) against defined quality outcome measures, using a meaningful selected sample of patient records and a review of all adverse events. [BME 540-X-8-.08(8); BME 540-X-7-.23(10)]

Notes:

- Quality Assurance performed under this protocol must contain a representative sample of the APP's urological clinical practice and may not include non-urological skills or patient records.
- All adverse outcomes must be documented, incorporated into quality assurance monitoring and reviews, and reported to the collaborating and/or covering physician in a timely manner.

# Urology Specialty Protocol Request to Train

PA/CRNP Name: _____

License Number: _____

_____ This PA/CRNP is requesting initial approval for the Urology Specialty Protocol.

_____ This PA/CRNP has been previously trained in the skills checked and we wish to transfer the approval to perform these skills to our collaborative/registration agreement. (Include copies of previously approved supervised practice)

_____ This PA/CRNP has been previously approved to train, and we wish to request to transfer this approval to train.

Advanced practice provider will submit documentation of supervised practice on the forms provided with the approval notice of proctored procedures for initial certification.

_____ _____

Supervising/Collaborating Physician Printed Name License Number

_____ _____

Supervising/Collaborating Physician Signature Date

- ***Training may not begin until the APP receives written approval from the Board of Medical Examiners (PA), or the Alabama Board of Nursing (CRNP), and the physician must receive written approval from the Alabama Board of Medical Examiners.***