

Endocrinology Clinical Privileges

Name: _____

Effective from ____/____/____ to ____/____/____

- Initial privileges (initial appointment) Renewal of privileges (reappointment)

All new applicants should meet the following requirements as approved by the governing body, effective: December 11, 2014

Applicant: Check the “Requested” box for each privilege requested. Applicants are responsible for producing required documentation for a proper evaluation of current skill, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges. Please provide this supporting information separately.

[Department/Program Head or Leaders/ Chief]: Check the appropriate box for recommendation on the last page of this form and include your recommendation for any required evaluation. If recommended with conditions or not recommended, provide the condition or explanation on the last page of this form.

Current experience is an estimate of the level of activity below which a collegial discussion about support should be triggered. It is not a disqualifier. This discussion should be guided not only by the expectations and standards outlined in the dictionary but also by the risks inherent in the privilege being discussed and by similar activities that contribute to the skill under consideration. This is an opportunity to reflect with a respected colleague on one's professional practice and to deliberately plan an approach to skills maintenance.

Other requirements

- Note that privileges granted may only be exercised at the site(s) and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.
- This document is focused on defining qualifications related to skill to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

Note: The dictionary will be reviewed over time to ensure it is reflective of current practices, procedures and technologies.



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Grandparenting: Practitioners holding privileges prior to implementation of the dictionary will continue to hold those privileges as long as they meet current experience and quality requirements.

Description

Endocrinology and Metabolism is the branch of medicine concerned with the study of the endocrine organs, disorders of hormone systems, and their target organs, and disorders of the pathways of glucose and lipid metabolism, and bone mineral metabolism. It encompasses the assessment of patients with such disorders and the use of laboratory methods for diagnosis and monitoring of therapy. It also encompasses knowledge of endocrine physiology, particularly regarding normal control of hormone secretion and action.

Qualifications for Endocrinology and Metabolism

Initial applicants: To be eligible to apply for privileges in endocrinology and metabolism, the applicant should meet the following criteria:

Current certification in Endocrinology and Metabolism by the Royal College of Physicians and Surgeons of Canada

AND/OR

Recognition of certification as an Endocrinologist by the College of Physicians and Surgeons of British Columbia by virtue of credentials earned in another jurisdiction that are acceptable to both the College and the governing body of the Health Authority and its Affiliate(s).

AND/OR

Practicing as an Endocrinologist in British Columbia at the time these standards were introduced.

Recommended current experience: Provision of inpatient or ambulatory care to 200 patients a year averaged over two years reflective of the scope of privileges requested, or successful completion of a RCPSC (or equivalent) residency or clinical fellowship within the past 12 months



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Renewal of privileges: To be eligible to renew privileges in Endocrinology, the applicant should normally meet the following criteria:

Current demonstrated skill and an adequate volume of experience 300 patient encounters with acceptable results, reflective of the scope of privileges requested, for the past 36 months based on results of ongoing professional practice evaluation and outcomes.

Return to practice:

After 3 years or more: Individualized evaluation at an academic training center that regularly trains endocrinology residents, with supervision of core procedures relevant to their intended scope of practice. 40 hours of CME/CPD reflective of the requested scope of practice within the previous 12 months. Currency requirements should be met after 1 year of practice.

Core privileges: Endocrinology and metabolism

Core privileges are offered to ALL members in the discipline as long as the facility can support those activities.

- Requested** Adult endocrinology and metabolism, primarily 16 years of age and older
- Requested** Pediatric endocrinology and metabolism, primarily 21 years of age and younger

Evaluate, diagnose, treat, and provide consultation to patients with injuries or disorders of the endocrine glands, such as the thyroid and adrenal glands. Includes management of disorders such as diabetes, metabolic and nutritional disorders, calcium and metabolic bone diseases, obesity, pituitary diseases, and reproductive health. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedures list and such other procedures that are extensions of the same techniques and skills.

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Core privileges: Admitting Privileges

- Requested: Full Admitting – Adult endocrinology and metabolism
- Requested: Full Admitting – Pediatric endocrinology and metabolism

Core procedures list

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that recently graduated residents in this specialty perform at this organization would competently perform and inherent activities/procedures/privileges requiring similar skill sets and techniques.

To the applicant: If there is a procedure you wish to NOT perform, then please type into the *Comments* field.

- Performance of history and physical exam
- Interpretation of laboratory studies, including the effects of non-endocrine disorders
- Interpretation of hormone assays
- Performance of and interpret stimulation and suppression tests
- Performance of fine-needle aspiration of the thyroid**(not peds)
- Ordering radioactive isotopes for benign thyroid disease (co-sign from a Nuclear Medicine specialist might be required by the HA).
- Interpretation of radiologic and other imaging studies for diagnosis and treatment of endocrine and metabolic diseases and bone density. (Pediatric Endocrinologists may require consultation from a Radiologist)

Non-core Privileges (See Specific Criteria)

Non-core privileges are permits for activities that require further training, experience and demonstrated skill.

Non-core privileges are requested individually in addition to requesting the core.

Each individual requesting non-core privileges should meet the specific threshold criteria as outlined.

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Non-core privilege: Ultrasonography of the soft tissues of the neck for care of patients with thyroid and parathyroid diseases

Requested

Initial privileges: Evidence of training and certification in ultrasound of the soft tissue of the neck. Training may be part of the Endocrine Certification in Neck Ultrasound (ECNU) provided through the American College of Endocrinology (ACE).

Renewal of privileges: 50 documented ultrasounds over a 3 year cycle. Five accredited and documented CME/CPD hours at sessions dedicated to ultrasound of the soft tissue of the neck over a five year cycle.

Return to practice: Evidence of training and re-certification in ultrasound of the soft tissue of the neck.

Non-core privilege: Co-order/ Co-administration of radioactive isotope therapies (in conjunction with nuclear medicine specialist) for hyperthyroidism and thyroid cancer.

Requested

Initial privileges: Completion of a nuclear medicine rotation during an Endocrinology fellowship.

Renewal of privileges: Minimum of five cases treated per year, in conjunction with a nuclear medicine specialist or an oncologist.

Return to practice: Five hours of CME the idea of thyroid cancer or hyperthyroidism.

Non-core privilege: Measurement of bone density and perform other tests used in the management of osteoporosis and other metabolic bone diseases

Initial privileges: Evidence of training and certification in Clinical Densitometry (CCD) through the International Society for Clinical Densitometry (ISCD).

Renewal of privileges: Recommended current experience of 300 documented bone densities over a three year cycle and maintenance of ISCD certification as a CCD.

Return to practice: Evidence of training at a recognized DXA site and re-certification in bone densitometry through ISCD.

Non-core privilege: Bone biopsy

Initial privileges: Evidence of training bone biopsy.

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Renewal of privileges: Recommended current experience of five documented bone biopsies over a three year cycle. Five accredited and documented CME/CPD hours at sessions dedicated to metabolic bone disease, over a three year cycle.

Return to practice: Evidence of re-training in bone biopsy.

Context Specific Privileges

Context refers to the capacity of a facility to support an activity

Context specific privileges: Administration of procedural sedation

Requested

See "Hospital Policy for Sedation and Analgesia by Non-anesthesiologists."

For Reference Only

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Process for requesting privileges not included in the dictionary

Where a member of the medical staff requests a privilege not included in the core, non-core or context specific privileges for a discipline, the following process will be followed.

1. The practitioner will request a **Change Request Form** from the Medical Affairs Office. This will be submitted to the head of department or chief of staff as part of the electronic application process
2. The practitioner will complete the privileges section of the **Change Request Form** and submit with the following information; the privilege requested, the location within the facility where the privilege would be exercised, and the relevant training and experience held by the practitioner in this area.
3. The department head or chief of staff, in consultation with the senior medical administrator and medical administrator responsible for the facility, will determine if the requested privilege can be supported at that site.
4. Where it is deemed appropriate, the practitioner, the department head or chief of staff and the senior medical administrator will agree on any additional training required, and a minimum level of activity required to maintain the privilege. The specific minimum number requirement indicating the level of experience needed to demonstrate skill to obtain clinical privileges for the requested procedure must be evidence-based. Where no supporting literature exists for a specific number, the criteria are established by the consensus of a multidisciplinary group of practitioners who do not have self-interest in creating an artificially high volume requirement.
5. Any additional training will be done in a facility that normally trains practitioners in this activity. Exceptions may be granted in circumstances where all that is required is training by a member of the medical staff who holds the privilege in question.
6. On satisfactory completion of training, the department head or chief of staff may recommend to the governing body through the medical advisory committee that the privilege be granted.

The privileging dictionaries on this site (bcmqi.ca) are the official versions. They will be reviewed beginning in 2016. In the meantime if you have any questions or comments please contact your medical administration office or the BC MQI Office by completing the [Provincial Privileging Dictionary Feedback form](#).



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Acknowledgment of Practitioner

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at the facility where I am applying, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Signed: _____ Date: _____

Department/Program Head or Leaders/Chief's Recommendation

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- Recommend all requested privileges
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege Condition/modification/explanation

Notes:

Name of Department / Division / Program: _____

Name of Medical Leader: _____

Title: _____

Signature: _____

Date: _____