

# Maternal Fetal Medicine Clinical Privileges

Name: \_\_\_\_\_

Effective from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

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

All new applicants must meet the following requirements as approved by the Health Authority or Hospital, effective: April 30, 2015

**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.

Currency 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.



# Maternal Fetal Medicine Clinical Privileges

**Grandparenting:** Physicians 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

Maternal Fetal Medicine is a medical subspecialty concerned with the prevention, diagnosis and treatment of those conditions responsible for morbidity and mortality of the mother, fetus and early newborn.

## Qualifications for Maternal Fetal Medicine

**Initial privileges:** To be eligible to apply for privileges in Maternal Fetal Medicine, the applicant should meet the following criteria:

Be certified as a sub-specialist in Maternal Fetal Medicine by the Royal College of Physicians and Surgeons of Canada (RCPSC)

AND/OR

Be recognized as a sub-specialist in Maternal Fetal Medicine by the College of Physicians and Surgeons of British Columbia (CPSBC) by virtue of credentials earned in another country that are acceptable to both the CPSBC and the governing body of the Health Authority and its Affiliate(s).

AND

**Recommended current experience:** 480 hours of practice per year, (of which 320 hours are dedicated to maternal fetal medicine), averaged over the past 24 months, reflective of the scope of privileges requested.

**OR** successful completion of a Royal College accredited residency training program or clinical fellowship within the previous 24 months

**Renewal of privileges:** To be eligible to renew privileges in Maternal Fetal Medicine, the applicant should meet the following criteria: 480 hours of practice per year, (of which 320 hours are dedicated to maternal fetal medicine), averaged over the past 36 months, and based on successful ongoing professional practice evaluation.

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**Return to practice (for core privileges):** Individualized assessment and period of supervision to demonstrate skill.

## **Core privileges: Maternal Fetal Medicine**

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

**Requested** Provide consultation to adolescent and adult female patients with medical and surgical complications of pregnancy, such as maternal cardiac, pulmonary, and metabolic complications, connective tissue disorders, and fetal malformations, conditions, or disease. 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.

## **Core privileges: Admitting Privileges**

**Requested: Full Admitting**

## **Core procedures list: Maternal Fetal Medicine**

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform in British Columbia 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.

- Amniocentesis (genetic, maturity, ultrasound-guided needle amnio-infusion and decompression-amnio).  
[DESIGNATED A RESTRICTED SERVICE BY THE MEDICAL SERVICES COMMISSION]
- Advanced fetal assessment
- Diagnostic intrauterine fetal procedures (thoracentesis, paracentesis)
- Fetal therapy through pharmacological treatment of the mother

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- Ultrasound examination including first, second, and third-trimester targeted anatomic fetal evaluation. This also includes: screening cardiac evaluation, color and velocimetry Doppler (fetal and maternal), cervical and placental evaluation, 3-D and 4-D ultrasound. [DESIGNATED A RESTRICTED SERVICE BY THE MEDICAL SERVICES COMMISSION]
- Management of complex multiple gestations
- Selective fetal reduction in the 2<sup>nd</sup> trimester of gestation, by fetal injection
- Management of maternal medical complications and fetal anomalies
- Incidental gynecological procedure during pregnancy (tubal ligation, cystectomy...)

### Non-core Privileges (See Specific Criteria)

Non-core privileges may be requested for by individuals who have 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.

### ***Non-core privileges: Maternal Fetal Medicine***

- Requested** Nuchal translucency

[DESIGNATED A RESTRICTED SERVICE BY THE MEDICAL SERVICES COMMISSION]

- Requested** Fetal reduction in the first trimester
- Requested** Chorionic villus sampling
- Requested** Full fetal echocardiogram
- Requested** Fetal reduction by cord ligation or radio-frequency ablation
- Requested** Percutaneous umbilical blood sampling
- Requested** Intra-uterine transfusion
- Requested** Fetoscopy
- Requested** Laser treatment of twin-twin transfusion syndrome
- Requested** Placement of feto-amniotic shunts
- Requested** Fetal surgery

## Maternal Fetal Medicine Clinical Privileges

**Initial privileges:** Successful completion of training in the requested non-core maternal fetal medicine procedure(s)

**AND**

**Recommended current experience:** Certification of skill by the department head or chief of staff of the last hospital where privileges have been held or successful completion of training in the requested non-core maternal fetal medicine procedure(s) within the previous 24 months

**Renewal of privileges:** To be eligible to renew privileges in the requested non-core maternal fetal medicine procedure(s), the applicant should meet the following criteria:

- Discussion of the indications, experience and training involved with the department head or chief of staff.

**Return to practice:** Individualized assessment and period of supervision to demonstrate skill.

### Context Specific Privileges

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

### *Administration of sedation and analgesia*

#### Requested

See "Hospital Policy for Sedation and Analgesia by Nonanesthesiologists"

For Reference Only



# Maternal Fetal Medicine Clinical Privileges

## 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](http://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](#).

# Maternal Fetal Medicine Clinical Privileges

## 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 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: \_\_\_\_\_

