

Neonatology 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: March 25, 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.

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

Neonatal-Perinatal Medicine is a subspecialty of Pediatrics concerned with the maintenance of health and long-term development of the fetus, neonate, and infant. A Neonatal-Perinatal Medicine subspecialist (Neonatologist) is a Pediatrician who has undergone additional training to develop subspecialty knowledge, skills, and attitudes in the prevention, diagnosis and management of disorders in this patient population.

Qualifications for Neonatology

Initial privileges: To be eligible to apply for privileges in Neonatology, the applicant will normally meet the following criteria:

Be accredited in Neonatal-Perinatal Medicine (Neonatologist) by the Royal College of Physicians and Surgeons of Canada (RCPSC)

OR

Be recognized as a Neonatologist by the College of Physicians and Surgeons of British Columbia (CPSBC) by virtue of credentials that are acceptable to both the CPSBC and the governing body the Health Authority and its Affiliate(s).

AND

Recommended current experience: Minimum of 420 hours per year of clinical service and on-call hours of neonatal care, in a level three NICU, averaged over the previous 24 months OR completion of training within the past 24 months.

Completion of NRP within the previous 2 years or current NRP instructor.

Renewal of privileges: To be eligible to renew privileges in Neonatology, the applicant must meet the following criteria: Minimum of 420 hours per year of clinical service and on-call hours of neonatal care, in a level three NICU, averaged over the previous 36 months.

Completion of NRP within the previous 2 years or current NRP instructor.

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Return to practice: Individual evaluation to determine the supports needed to return to skill level required to engage in the requested scope of practice.

Core privileges: Neonatology

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

Requested Evaluate, diagnose, and treat patients who have illnesses, injuries, or disorders originating in the new born period. 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.

Core privileges: Admitting Privileges

Requested: Full Admitting

Core procedures list

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 at this organization 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 of newborns
- Participate in a multidisciplinary follow-up program
- Ventilation, including HFV
- Inhaled nitric oxide
- Chest tube
- Central line management (PICC, CVL, UVC)
- Arterial access
- On-going management with inotropes/vasopressors
- Therapeutic hypothermia
- Exchange transfusion
- Complex nutrition (including tube feeds and TPN)
- Usage of amplitude integrated EEG

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[DESIGNATED A RESTRICTED SERVICE BY THE MEDICAL SERVICES COMMISSION]

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: Targeted Neonatal Echocardiography

❑ Requested

Initial privileges: Completion of Core and Advanced training.

Core training: 4 to 6 months period in a pediatric echocardiography laboratory, which should allow the performance of at least 150 studies of which at least 50 in children < 1 year and the interpretation of an additional 150 studies of which at least 50 in children < 1 year with a formal evaluation.

Advanced training: 4-6 months with additional performance of 150 TNE studies and review of an additional 150 studies supervised directly or indirectly by a pediatric echocardiography laboratory.

At the end of the training, the candidate should be able to independently perform and interpret neonatal

AND

Recommended current experience: performance of a minimum of 100 studies per year to maintain skills and expertise.
Maintenance of competence by regular participation in echocardiographic conferences or training courses.

Renewal of privileges: performance of at least 100 studies per year to maintain skills and expertise.



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Maintenance of competence by regular participation in echocardiographic conferences or training courses.

Context Specific Privileges

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

Administration of sedation and analgesia

Requested

Provide procedural sedation in accordance with HA policy

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 I am applying, and I understand that:

- a. In exercising any clinical privileges granted, I am governed by health authority 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: _____