

Neurology 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: February 12, 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 competency 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

Neurology is that branch of medicine concerned with the neurologic system in health and disease. The Neurologist is an expert in the prevention, diagnosis and management of patients with disorders of the brain, spinal cord, nerves and muscles.

Qualifications for Neurology

Initial privileges: To be eligible to apply for privileges in Neurology, the applicant should meet the following criteria:

Be certified as a Neurologist by the Royal College of Physicians and Surgeons of Canada (RCPSC)

AND/OR

Be recognized as a Neurologist 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) with the expectation he/she will be recognized as a Neurologist by the RCPSC within a 5 year period. Physicians without current FRCP require a practice readiness assessment in Neurology prior to commencing independent Neurology practice.

AND/OR

Has practiced as a Neurologist in British Columbia prior to effective date of dictionary.

Recommended current experience: Neurologic consultation or MRP (Most Responsible Physician) to at least 24 hospital patients, reflective of the scope of

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privileges requested, within the past 24 months or successful completion of an accredited residency or fellowship program within the past 24 months.

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

Current demonstrated skill and neurologic consultation or MRP (Most Responsible Physician) to at least 36 hospital patients per year averaged over the past three years with acceptable results, reflective of the scope of privileges requested, based on results of ongoing professional practice evaluation and outcomes.

Return to practice (for core privileges):

Return after 3 or more years: minimum 3 month preceptorship at a training center acceptable to the Royal College, with supervision of core procedures relevant to the intended scope of practice. Currency requirements should be met after 1 year of practice.

Core privileges: Neurology

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

- Requested** Adult Neurology, primarily 16 years of age and older
- Requested** Pediatric Neurology, primarily 19 years of age and younger

Evaluate, diagnose, treat, and provide consultation to patients with diseases, disorders, or impaired function of the brain, spinal cord, peripheral nerves, muscles, autonomic nervous system, endorgans, and the blood vessels that relate to these structures. May provide consultative care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine the 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**



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Core Procedures List

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that a recently graduated resident 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.

Neurology

- Performance of history and physical exam
- Lumbar puncture
- Caloric testing
- Interpretation of imaging studies
- Interpretation of standard visual fields
- Interpretation of neurodiagnostic reports
- Interpretation of pathology reports
- Interpreting quantitative sensory testing (QST) reports

Restricted Sub-specialty Privileges

Requested

Restricted privileges: Individuals who do not fulfill the criteria for full core privileges. For example, if their practice has become limited to a select sub-specialty, and they no longer meet currency requirements for unrestricted core privileges. The scope of Restricted Sub-specialty privileges to be decided in consultation with department and hospital or health authority.

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.

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Non-core privileges: Transcranial Doppler (TCD) ultrasonography

Requested

Initial privileges: Successful completion of one of the following training tracks: 1) an accredited residency or fellowship program that included training in TCD performance/interpretation. 2) a recognized continuing medical education (CME) program within the past 3 years that included training in TCD performance/interpretation and experience in interpreting cases while under the supervision of a physician, 3) American Registry for Diagnostic Medical Sonography Registered Physician in Vascular Interpretation (RPVI) credential or American Society of Neurochemistry neurosonology certification for extracranial and/or intracranial test interpretation.

AND

Recommended current experience: Demonstrated current skill and evidence of the performance and/or interpretation of at least 24 TCD studies in the past 24 months or completion of training in the past 24 months.

Renewal of privileges: Demonstrated current skill and evidence of the performance and/or interpretation of at least 24 TCD studies in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Return to practice: repetition of an accredited training program in TCD

Non-core Privileges: Neuroimaging

Requested Magnetoencephalography (interpretation of 20 studies)

Requested Functional MRI (interpretation of 20 studies)

[DESIGNATED A RESTRICTED SERVICE BY THE MEDICAL SERVICES COMMISSION]

Requested Computed tomography (CT) (interpretation of 100 studies)

Requested Conventional (e.g. standard T2, T1 pre and post contrast sequences) Magnetic resonance imaging (MRI) (interpretation of 100 studies)

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[DESIGNATED A RESTRICTED SERVICE BY THE MEDICAL SERVICES COMMISSION]

- Requested** Single photon emission computed tomography (SPECT) (interpretation of 10 studies)
- Requested** Cerebral catheterization (20 studies in the past 24 months)
- Requested** Transcranial Magnetic Stimulation (interpretation of 10 studies)

Initial privileges: Successful completion of a postgraduate training program in neurology that included accredited training in the neuroimaging modality requested. If the postgraduate training did not include appropriate training in the neuroimaging modality requested, the applicant should be required to have completed an accredited course or fellowship for each neuroimaging modality requested.

AND

Recommended current experience: Demonstrated current skill and evidence of at least the required number of studies as indicated above, during the past 24 months for each neuroimaging modality requested or completion of training in the past 24 months.

Renewal of privileges: Demonstrated current skill and evidence of the performance of at least the recommended number of studies as indicated above during the past 24 months for each neuroimaging modality requested and based on results of ongoing professional practice evaluation and outcomes.

Return to practice: Repetition of an accredited training program in the modality requested.

Non-core privileges: Neuro-Endovascular Procedures (e.g. Carotid stenting)

- Requested**

Initial privileges: Successful completion of an accredited fellowship in endovascular neuroradiology that included training in diagnostic angiography, carotid angioplasty, and stent placement procedures. If not taught in an accredited residency/fellowship program,

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applicants must have completed an approved hands-on training program in diagnostic angiography and carotid angioplasty under the supervision of a qualified physician instructor. Applicants must also have completed a training course in the embolic protection system or device that is used in the carotid artery stenting procedure. In addition, applicants must be able to demonstrate that they have performed at least 50 diagnostic cerebral angiograms.

AND

Recommended current experience: Demonstrated current skill and evidence of the performance of at least 10 carotid artery stenting procedures in the past 24 months (as the primary operator for at least half of these), or completion of training in the past 24 months.

Renewal of privileges: Demonstrated current skill and evidence of the performance of at least 10 carotid artery stenting procedures in the past 36 months based on results of ongoing professional practice evaluation and outcomes.

Return to practice: Repetition of an accredited training program in endovascular neuroradiology.

Non-core: Clinical Neurophysiology

Requested Autonomic testing

EEG interpretation

Requested Adult

[DESIGNATED A RESTRICTED SERVICE BY THE MEDICAL SERVICES COMMISSION]

Requested Pediatric

[DESIGNATED A RESTRICTED SERVICE BY THE MEDICAL SERVICES COMMISSION]

Requested EEG interpretation (DAP Category I)

[DESIGNATED A RESTRICTED SERVICE BY THE MEDICAL SERVICES COMMISSION]



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❑ **Requested** Electrocorticography, detailed interpretation of seizures (DAP Category II)

Initial privileges: Specialty certification from the Royal College of Physicians and Surgeons of Canada in Neurology, Neurosurgery or Physiatry, OR a PhD degree in Neurosciences with one full year of Neurological training in an approved centre.

A minimum of six months continuous full time training in EEG, or two 3 month blocks. The first three months must be continuous. The second three months preferably continuous, but it can be in three separate blocks of at least one month each during residency or fellowship. This training should occur in an accredited academic training institution approved by the Royal College of Physicians and Surgeons of Canada, or the Diagnostic Accreditation Program.

The candidate either must have been involved in the interpretation of a minimum of 500 EEGs under the supervision of a physician fully accredited in EEG, or has successfully passed certification by the Canadian Society of Clinical Neurophysiologists or the American Board of Electro Diagnostic Medicine.

Completion of the Verification of Training Form from an accredited program training director confirming that the individual has completed six months of full time training in a satisfactory manner, and is considered competent to independently practice EEG.

Physicians practicing EEG in British Columbia and other provinces prior to January 1, 2005, the effective date of these guidelines, will be grandfathered.

The Diagnostic Accreditation Program may grant qualified physicians who are relocating to BC a provisional 2 year credentialing, at which time the applicant must have successfully completed the recommended training

AND

Recommended current experience: Demonstrated current skill and evidence of the performance of at least 200 EEG interpretations in the past 24 months or completion of training in the past 24 months.

Renewal of privileges: Demonstrated current skill and evidence of the performance of at least 200 EEG interpretations in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Return to practice: If a physician has not interpreted EEG's for more than three years, a period of retraining must be completed. The period of training shall not be less than one

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month, and shall occur in a centre where, as a normal function of the EEG lab, physicians are trained in EEG.

Non-core Privileges: Supervision of Polysomnography Laboratory

[DESIGNATED A RESTRICTED SERVICE BY THE MEDICAL SERVICES COMMISSION]

Requested

Supervision of a polysomnography laboratory including interpretation and reporting of polysomnograms and related studies including multi-channel ambulatory sleep studies.

Initial privileges: Successful completion of a Royal College (or equivalent, e.g. American Board of Sleep Medicine) postgraduate training program in Sleep Medicine **OR** completion of a clinical fellowship or equivalent training in a recognized Sleep Medicine training centre that includes training in the supervision of polysomnographic technologists, quality assurance of polysomnographic equipment and reports, scoring, interpretation and reporting of polysomnographic and related studies including multi-channel ambulatory sleep studies.

Alternative training options may become available in future.

For interpretation of multichannel ambulatory sleep studies alone, candidates must demonstrate adequate training during their Neurology fellowship and have interpreted 50 such studies during the training process, or in a recognized sleep-training centre or course, and have interpreted 50 such studies during the training process.

AND

Recommended current experience: Demonstrated current skill and evidence of supervision and reporting of 50 polysomnograms or related studies within the past 24 months.

Renewal of privileges: Demonstrated current skill and evidence of performance of 150 polysomnograms or related studies over 36 months.

Return to practice: Repetition of an accredited training program in polysomnography.

Non-core Privileges: Diagnostic Evoked Potentials

Requested Diagnostic Evoked Potentials

Requested Intraoperative neurophysiologic monitoring

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Initial privileges: Successful completion of a postgraduate training program in evoked potentials OR completion of a clinical fellowship or equivalent training in a recognized neurophysiology training centre that includes training in evoked potentials.

For interpretation of intraoperative neurophysiologic monitoring candidates must demonstrate adequate training during their Neurology fellowship and have performed 20 such studies during the training process.

AND

Recommended current experience: Demonstrated current skill and evidence of interpretation of at least 20 evoked potentials within the past 24 months.
For intraoperative neurophysiologic monitoring; demonstrated current skill in the performance of at least 20 studies in the past 24 months.

Renewal of privileges: Demonstrated current skill and evidence of interpretation of at least 50 evoked potentials within the past 24 months.

For intraoperative neurophysiologic monitoring, candidates to demonstrate current skill and have performed at least 20 studies in the past 24 months.

Return to practice: Repetition of an accredited training program in evoked potentials

Non-core Privileges: Diagnostic Vestibular Testing

- Requested** ENG Electronystagmography
- Requested** Posturography

Initial privileges: Successful completion of a postgraduate training program in vestibular testing OR completion of a clinical fellowship or equivalent training in a recognized neuro-otology training centre that includes training in vestibular testing.

AND

Recommended current experience: Demonstrated current skill and evidence of interpretation of at least 50 vestibular studies within the past 24 months.

Renewal of privileges: Demonstrated current skill and evidence of interpretation of at least 50 vestibular studies within the past 24 months.

Return to practice: Repetition of an accredited training program in neuro-otology.

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Non-core Privileges: Diagnostic Visual Testing

- Requested** Automated and Manual Visual Field Testing
- Requested** Computerized Retinal Imaging (e.g. OCT, HRT)
- Requested** Electrophysiology of Visual System (e.g. EOG, ERG, VEP)
- Requested** Fundus Imaging (e.g. FA, Retinal Photography)
- Requested** Tonometry
- Requested** Colour Vision Assessment
- Requested** Schirmer Testing
- Requested** Manual or Electronic Eye movement Assessment

Initial privileges: Successful completion of a postgraduate training program in neuro-ophthalmology OR completion of a clinical fellowship or equivalent training in a recognized neuro-ophthalmology training centre that includes training in ophthalmic testing.

AND

Recommended current experience: Demonstrated current skill and evidence of interpretation of at least 50 of the requested studies (in total), within the past 24 months.

Renewal of privileges: Demonstrated current skill and evidence of interpretation of at least 50 of the requested studies (in total), in the past 24 months.

Return to practice: Repetition of an accredited training program in neuro-ophthalmology.

Non-core Privileges: EMG and Nerve Conduction Studies

[DESIGNATED A RESTRICTED SERVICE BY THE MEDICAL SERVICES COMMISSION]

- Requested**

Initial privileges: Specialty certification in neurology, and Certification by the Canadian Society of Clinical Neurophysiologists, or the American Board of Electro Diagnostic Medicine.

AND



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Upon completion of the necessary training and experience, the physician requesting EMG credentialing from the Diagnostic Accreditation Program must provide a letter of “Verification of Training” from the EMG Laboratory Director of the accredited facility with which they have been affiliated, and confirmation of certification.

In extenuating circumstances, the Diagnostic Accreditation Program may grant qualified physicians who are CSCN exam eligible temporary credentialing for 2 years, at which time the applicant must have successfully completed the Canadian or American EMG examination. An example would be the situation where a physician is wishing to establish an EMG practice in a rural or other area where there is an established need for EMG testing. The temporary credentialing would be granted for the practice of EMG in that community exclusively.

Qualified physicians in the active practice of EMG in British Columbia and other provinces prior to January 1, 2004 will be grandfathered.

Recommended current experience: At least 200 clinical neurophysiology procedures, reflective of the scope of privileges requested, during the past 24 months or successful completion of an -accredited residency or clinical fellowship within the past 24 months.

Renewal of privileges: Current demonstrated skill and an adequate volume of experience (200 clinical neurophysiology procedures) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Return to practice: Repetition of an accredited training program in clinical neurophysiology.

Non-core Privileges: Botulinum Toxin Injections

- Requested** for movement disorders
- Requested** spasticity
- Requested** chronic migraine

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- Requested** blepharospasm
- Requested** extra ocular muscles
- Requested** hemifacial spasm

Initial privileges: Successful completion of an accredited training program in botulinum toxin injections for the privileges requested.

AND

Recommended current experience: Demonstrated current skill in performance of the injections in at least 50 procedures for the requested privileges, within the past 24 months.

Renewal of privileges: Demonstrated current skill in performance of the injections for in at least 50 procedures for the requested privileges, within the past 24 months.

Return to practice: Repetition of an accredited training program in botulinum toxin injections.

Non-core Privileges: Biopsies

- Requested** Muscle
- Requested** Nerves
- Requested** Skin (excluding punch biopsies less than 5mm)
- Requested** temporal artery

Initial privileges: Successful completion of an accredited training program in biopsies of the areas requested.

AND

Recommended current experience: Demonstrated current skill in performance of the biopsies in at least 5 studies for the requested areas within the past 24 months.

Renewal of Privileges: Demonstrated current skill in performance of the biopsies in at least 5 studies for the requested areas within the past 24 months

Return to practice: Repetition of an accredited training program in biopsies.

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Non-core Privileges: Pumps and Stimulators

- Requested** Intrathecal infusion pumps
- Requested** Monitoring electronic nerve and brain stimulators
- Requested** Ventriculoperitoneal shunt flow rates
- Requested** Intestinal drug infusion pumps

Initial privileges: Successful completion of an accredited training program in monitoring and managing of infusion pumps and/or stimulators.

AND

Recommended current experience: Demonstrated current skill in monitoring and managing at least 5 devices in the requested area, within the past 24 months.

Renewal of privileges: Demonstrated current skill in monitoring and managing at least 5 devices in the requested area, within the past 24 months.

Return to practice: Repetition of an accredited training program in monitoring and managing of infusion pumps and/or stimulators.

Non-core Privileges: Anesthetic Nerve Blockades

- Requested** Peripheral nerve blockades
- Requested** Radiologic guided nerve blockades
- Requested** Rhizotomies

Initial privileges: Successful completion of an accredited training program in nerve blockades and rhizotomies.

AND

Recommended current experience: Demonstrated current skill in the performance of at least 20 procedures for the requested procedures, within the past 24 months.

Renewal of privileges: Demonstrated current skill in performance of at least 20 procedures for the requested procedures, within the past 24 months.

Return to practice: Repetition of an accredited training program in nerve blockades and rhizotomies.

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Non-core Privileges: Peripheral Nerve Ultrasound

Requested

Initial privileges: Successful completion of an accredited training program in performing peripheral nerve ultrasound

AND

Recommended current experience: Demonstrated current skill in the performance of at least 10 procedures for the requested procedures, within the past 24 months.

Renewal of privileges: Demonstrated current skill in performance of at least 10 procedures for the requested procedures, within the past 24 months.

Return to practice: Repetition of an accredited training program in performing peripheral nerve ultrasound

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 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: _____

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Date: _____

For Reference Only

