

Neurosurgery 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 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.

Definition

Neurosurgery is the specialty of surgery dedicated to the diagnosis, surgical and non-surgical management of congenital abnormalities, trauma and diseases affecting the nervous system, its blood supply, and supporting structures.

Qualifications for Neurosurgery

Initial privileges:

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

1. Education and Licensure

Royal College certification in Neurosurgery, or comparable qualifications earned in another jurisdiction acceptable to the CPSBC and the governing body of the Health Authority and its Affiliate(s). and a license to practice as a Neurosurgeon from the CPSBC,
AND

2. Recommended current experience: Completion of an accredited residency program or clinical fellowship in Neurosurgery within the previous 24 months or at least 50 documented neurosurgical procedures as an operative surgeon over the past 24 months, reflective of the scope of privileges requested.

Renewal of privileges:

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

A minimum of 0.2 FTE of neurosurgical clinical practice, reflective of the scope of privileges requested.

Return to practice:

Individual assessment whereby training objectives and duration should be agreed upon by the surgeon and department head where privileges are being requested and a minimum of three month mentorship with supervision of core procedures



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relevant to the intended scope of practice and attestation of skill by the department head and training supervisor (or his or her delegate).

Core privileges: Neurosurgery

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

The practitioner must be well grounded in the general principles of both Neurosurgery and surgery in general. The practitioner must demonstrate proficiency and expertise in the care of neurosurgical conditions as well as pre and post-surgical care. In addition to knowledge, clinical ability, and surgical skill as these apply to surgical diseases of the nervous system, the practitioner will have a working knowledge of the related disciplines of basic and clinical neuroscience.

Requested: Privileges to Evaluate, diagnose, consult, perform history and physical exam, and provide pre-, intra-, and postoperative neurosurgical treatment to patients presenting with illnesses, injuries, and disorders of the central and peripheral nervous system, including the structures and vascular supply; provide consultation; and order diagnostic studies and procedures related to the neurological problem. 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.



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- Supratentorial craniotomies/craniectomy/burr holes for the purpose of biopsy, and the treatment of brain and skull trauma, tumor, infection, congenital disorder, vascular malformation, hematoma and anterior circulation aneurysm (including posterior communicating artery)
- Infratentorial craniotomies for the purpose of biopsy, and the treatment of brain and skull trauma, tumor, infection, congenital disorder, vascular malformation and hematoma
- Utilization of image guidance technology
- Transsphenoidal removal of pituitary tumours
- Exposure of extracranial carotid arteries, and simple arterial repair
- Treatment of simple and compound depressed skull fractures
- Spinal decompression for congenital, degenerative, neoplastic, traumatic and infectious disease
- Spinal arthrodesis for congenital, degenerative, neoplastic, traumatic and infectious disease
- Closed reduction and external immobilization of spinal fractures
- Resection of extradural and intradural extramedullary spinal tumours
- Peripheral nerve decompression, repair, tumor resection
- Cerebrospinal fluid management including ventricular and spinal CSF shunting and endoscopic techniques
- Tethered cord
- Skull tumor resection and defect repair
- Fluoroscopy or ultrasound for localization
- Use of electrophysiology/intraoperative imaging modalities (excluding MRI)

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.

Non-core privileges: Neurosurgery

- Requested Spinal disc arthroplasty
- Requested Resection of intradural intramedullary spinal tumours
- Requested Spinal Dysraphism including open and closed lesions
- Requested Minimally invasive spine procedures
- Requested Major adult spinal deformity
- Requested Craniocervical decompression and or fusion
- Requested Ventricular endoscopy for tumor biopsy or excision

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- | | |
|------------------------------------|--|
| <input type="checkbox"/> Requested | Endovascular therapy for neurological conditions including |
| <input type="checkbox"/> Requested | Carotid endarterectomy (CE) |
| <input type="checkbox"/> Requested | Treatment of posterior circulation aneurysm |
| <input type="checkbox"/> Requested | Deep brain stimulation (DBS) |
| <input type="checkbox"/> Requested | Implantation of vagal nerve stimulator |
| <input type="checkbox"/> Requested | Spinal cord/peripheral nerve stimulation |
| <input type="checkbox"/> Requested | Percutaneous pain procedures |
| <input type="checkbox"/> Requested | Implantation of drug delivery infusion systems (into the CSF or cerebral tissue) |
| <input type="checkbox"/> Requested | Ablation of cerebral lesions or tissues (thermal, ultrasound) |
| <input type="checkbox"/> Requested | Complex peripheral nerve reconstruction |
| <input type="checkbox"/> Requested | Use of laser (specify type) |
| <input type="checkbox"/> Requested | Stereotactic radiotherapy/gamma knife radiosurgery |
| <input type="checkbox"/> Requested | Use of intraoperative MRI |
- [DESIGNATED A RESTRICTED SERVICE BY THE MEDICAL SERVICES COMMISSION]

Initial privileges:

To be eligible to apply for privileges non-core neurosurgery, the applicant should meet the following criteria:

Completion of residency or fellowship or recognized training course or mentorship in the privilege(s) requested in the previous 12 months and detailed log of current experience in the past 12 months.

Renewal of privileges:

To be eligible to renew non-core privileges in neurosurgery the following criteria should be met:

Evidence of commitment to the requested procedure(s) (e.g. case log and CME hours).

Return to practice:

- Individual assessment whereby training objectives and duration should be agreed upon by the surgeon and department head where privileges are being requested and minimum three month mentorship with supervision of non-core procedure(s) relevant to the intended scope of practice and attestation of skill by the department head and training supervisor (or his or her delegate).

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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

