

Ophthalmology 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 18, 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.



Ophthalmology Clinical Privileges

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

Ophthalmology is that specialty which is concerned with the screening, diagnosis, prevention and management of optical, medical and surgical disorders of the eye, its adnexa, the visual pathways, and the visual system.

Qualifications for Ophthalmology

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

Certification as an Ophthalmologist by the Royal College of Physicians and Surgeons of Canada (RCPSC)

AND/OR

Recognition as an Ophthalmologist 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).

Recommended current experience: At least 75 Ophthalmology surgery procedures or a minimum of 150 operative hours as the primary surgeon over the past 24 months, reflective of the scope of privileges requested, OR successful completion of a residency or clinical fellowship within the past 12 months. The department head will have the authority to override these standards through a similar process as outlined in the return to currency section.

Renewal of privileges: Demonstrated active Ophthalmology practice with documented CME over the previous privileging cycle.

Current demonstrated competence and sufficient experience (at least 75 Ophthalmology surgery procedures or a minimum of 150 operative hours as the primary surgeon over the past 36 months), reflective of the scope of privileges requested, based on results of ongoing professional practice evaluation and outcomes acceptable to the department head.



Ophthalmology Clinical Privileges

Return to practice: As a minimum, mentoring with a colleague who holds core privileges in Ophthalmology for a period of time sufficient for the mentor to attest to currency.

Core privileges: Ophthalmology

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

Requested Evaluate, diagnose, treat, and provide consultation to, order diagnostic studies and procedures for, and perform surgical and nonsurgical procedures on patients of all ages with ocular and visual disorders, including those of the eye and its component structures, the eyelids, the orbit, and the visual pathways. May provide care to patients in the intensive care setting in conformance with unit policies. Attend, 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

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 and ordering of appropriate diagnostic tests



Ophthalmology Clinical Privileges

Evaluation of:

- Cornea and external disease
- Oculoplastics, lacrimal and orbit
- Glaucoma
- Neuro-ophthalmic diseases
- Retina and vitreous
- Pediatric and strabismus
- Uveitis
- Ocular trauma

Interpretation of Diagnostic tests:

- A mode ultrasound examination
- B mode ultrasound examination
- Fluorescein angiography
- Visual field automated and manual
- Computer analysis of optic nerve, retina and anterior chamber
- CT, MRI [DESIGNATED A RESTRICTED SERVICE BY THE MEDICAL SERVICES COMMISSION] and angiography of the brain and orbit

Therapeutic procedures:

- Use of local anesthetics and parenteral sedation for ophthalmologic conditions
- Anterior limbal approach or pars plana automated vitrectomy as part of complicated cataract surgery
- Conjunctiva surgery, including grafts, flaps, tumors, pterygium, and pinguecula
- Corneal surgery, including laceration repair, diathermy, and traumatic repair excluding keratoplasty but including keratotomy
- Cryotherapy for ciliary body for uncontrolled painful glaucoma
- Glaucoma surgery with intraoperative/postoperative antimetabolite therapy, primary trabeculectomy surgery, MIGS (micro-invasive glaucoma surgery) and posterior lip sclerectomy
- Injection of intravitreal medications
- Subtenons injections
- Retrobulbar injections
- Cataract surgery (with or without lens implant)

Ophthalmology Clinical Privileges

- Laser procedures including: peripheral iridotomy, trabeculoplasty, pupillo- /gonioplasty, suture lysis, panretinal photocoagulation, repair of retinal tears, capsulotomy, cyclophotocoagulation, sclerostomy, and lysis of adhesions
- Lateral canthotomy and cantholysis
- Lid and ocular adnexal surgery, chalazion, incisional and excisional biopsies, ptosis repair, repair of malposition, repair of laceration, tumors, flaps, enucleation, and evisceration
- Nasolacrimal surgery, , dacryocystorhinostomy, , probing and irrigation, and Crawford tube intubation,
- Removal of anterior foreign body
- Retrobulbar or peribulbar injections for medical delivery or chemical denervation for pain control
- Primary strabismus surgery
- Temporal artery biopsy

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: Oculoplastic/orbit surgery,

- Requested** Exploration by lateral orbitotomy,
- Requested** Posterior orbital tumor removal,
- Requested** Exenteration,
- Requested** Orbital fracture repair,
- Requested** Posterior orbital foreign body removal,
- Requested** Optic nerve sheath fenestration,
- Requested** Dacryocystectomy
- Requested** Management of orbital vascular lesions

Initial privileges: Successful completion of a postgraduate training program in oculoplastic, lacrimal and orbital surgery with experience in the above surgical procedures.

Ophthalmology Clinical Privileges

AND

Recommended current experience: Demonstrated active oculoplastic, lacrimal and orbital surgery practice (100 hours over the previous 24 months) with documented CME OR completion of fellowship within 24 months.

Renewal of privileges: Demonstrated active oculoplastic, lacrimal and orbital surgery practice (150 hours over the previous 36 months) with documented CME.

Return to practice: As a minimum, mentoring with a colleague who holds this non-core privilege for a period of time sufficient for the mentor to attest to currency.

Non-core privileges: Corneal surgery

- Requested** Penetrating keratoplasty
- Requested** Lamellar keratoplasty
- Requested** Endothelial keratoplasty
- Requested** Ocular surface stem cell transplant

Initial privileges: Successful completion of a postgraduate training program in corneal surgery with experience in the above surgical procedures.

AND

Recommended current experience: Demonstrated active corneal surgery practice (100 hours over the previous 24 months) with documented CME OR completion of fellowship within 24 months.

Renewal of privileges: Demonstrated active oculoplastic, lacrimal and orbital surgery practice (150 hours over the previous 36 months) with documented CME.

Return to practice: As a minimum, mentoring with a colleague who holds this non-core privilege for a period of time sufficient for the mentor to attest to currency.

Non-core privileges: Retina and vitreous surgery

- Requested** Closed system vitrectomy, including peeling epiretinal or subretinal membranes
- Requested** Pneumatic retinopexy
- Requested** Scleral buckle procedures
- Requested** Removal of posterior intraocular foreign body

Ophthalmology Clinical Privileges

- Requested** Implantation of drug delivery or other posterior intraocular device
- Requested** Pediatric vitreoretinal surgery
- Requested** Treatment of retinopathy of prematurity
- Requested** Retinal electrophysiology interpretation

Initial privileges: Successful completion of a postgraduate training program in retina and vitreous surgery with experience in the above surgical procedures.

AND

Recommended current experience: Demonstrated active retina and vitreous surgery practice (100 hours over the previous 24 months) with documented CME OR completion of fellowship within 24 months.

Renewal of privileges: Demonstrated active retina and vitreous surgery practice (150 hours over the previous 36 months) with documented CME.

Return to currency: As a minimum, mentoring with a colleague who holds this non-core privilege for a period of time sufficient for the mentor to attest to currency.

Non-core privileges: Glaucoma

- Requested** Seton/tube surgery
- Requested** Goniotomy
- Requested** Trabeculotomy

Initial privileges: Successful completion of a postgraduate training program in glaucoma with experience in the above surgical procedures.

AND

Recommended current experience: Demonstrated active glaucoma practice (100 hours over the previous 24 months) with documented CME OR completion of fellowship within 24 months.

Renewal of privileges: Demonstrated active glaucoma practice (150 hours over the previous 36 months) with documented CME.

Return to practice: As a minimum, mentoring with a colleague who holds this non-core privilege for a period of time sufficient for the mentor to attest to currency

Ophthalmology Clinical Privileges

Non-core privileges: Pediatrics and Strabismus

- Requested** Pediatric cataract
- Requested** Superior oblique surgery
- Requested** Botox injection for strabismus
- Requested** Treatment of retinopathy of prematurity
- Requested** Pediatric glaucoma surgery
- Requested** Retinal electrophysiology interpretation

Initial privileges: Successful completion of a postgraduate training program in pediatrics and strabismus with experience in the above surgical procedures.

AND

Recommended current experience: Demonstrated active pediatrics and strabismus practice (100 hours over the previous 24 months) with documented CME OR completion of fellowship within 24 months.

Renewal of privileges: Demonstrated active pediatrics and strabismus practice (150 hours over the previous 36 months) with documented CME.

Return to practice: As a minimum, mentoring with a colleague who holds this non-core privilege for a period of time sufficient for the mentor to attest to currency

Non-core privileges: Ocular Oncology

- Requested** Radioactive plaque placement
- Requested** Treatment of retinoblastoma
- Requested** Iridocyclectomy
- Requested** Eye wall resection
- Requested** Biopsy of intraocular tumors

Initial privileges: Successful completion of a postgraduate training program in ocular oncology with experience in the above surgical procedures.

AND

Recommended current experience: Demonstrated active ocular oncology practice (100 hours over the previous 24 months) with documented CME OR completion of fellowship within 24 months.

Ophthalmology Clinical Privileges

Renewal of privileges: Demonstrated active ocular oncology practice (150 hours over the previous 36 months) with documented CME.

Return to practice: As a minimum, mentoring with a colleague who holds this non-core privilege for a period of time sufficient for the mentor to attest to currency

Context Specific Privileges

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

None identified at this time.

For Reference Only

Ophthalmology 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) 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](#).

Ophthalmology 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: _____