

Pediatric Cardiology 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.

Definition

Pediatric Cardiology is the pediatric medical subspecialty concerned with the prevention, diagnosis, management, and rehabilitation of patients primarily under the age of eighteen with diseases of the cardiovascular system.

Qualifications for Pediatric Cardiology

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

Certification as a Pediatrician with a Certificate of Special Skill in Cardiology by the Royal College of Physicians and Surgeons of Canada (RCPSC)

AND/OR

Recognition as a Pediatric Cardiologist 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).

AND

Recommended current experience: Demonstrated skill in pediatric cardiology and experience with a minimum of 50 pediatric cardiology patients per year within the previous 24 months OR successful completion of recognized training program within the past 24 months. Experience not to be interrupted for more than 12 consecutive months.

Renewal of privileges:

- Demonstrated skill in pediatric cardiology and experience with a minimum of 50 pediatric cardiology patients per year within the previous 36 months
- Royal College or equivalent MOC requirements for CME/CPD
- Experience not to be interrupted for more than 12 consecutive months.



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Return to practice:

- Individualized assessment
- If needed/requested referral to an accredited Canadian pediatric cardiology training program
- Maintenance or re-enrollment in Royal College or equivalent MOC requirements for CME/CPD

Core privileges: Pediatric Cardiology

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

Requested Pediatric Cardiology primarily aged 18 or younger
Evaluate, diagnose, treat, and provide consultation to patients, presenting with diseases of the heart and blood vessels and management of complex cardiac conditions. May provide care to patients in an 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

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.

Pediatric Cardiology

- Performance of history and physical exam
- ECG interpretation
- Performance of basic ultrasound cardiovascular imaging



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- Interpretation of basic cardiovascular imaging
- Exercise and pharmacological stress testing
- Holter monitor testing
- 24hr blood pressure monitoring
- Tilt table testing
- Temporary transvenous and transcutaneous pacing
- Cardioversion and defibrillation
- Infusion and management of: thrombolytic, antithrombolytic, inotropic and vasoactive agents
- Insertion and management of central venous catheters, pulmonary artery catheters, and arterial lines
- Pericardiocentesis
- Basic device interrogation and programming

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: CARDIAC COMPUTED TOMOGRAPHY (CT) - **Designated a restricted service by the Medical Services Commission**

Non-core privileges: Cardiac Computed Tomography (CT)

- Requested above
- Requested Complex congenital (requires Level III and advanced training)

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

Successful completion of a Canadian or equivalent cardiology fellowship training and additional training in cardiac CT

AND



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Recommended current experience: Demonstrated skill in cardiac CT and adequate experience (minimum of 50 cases year for Level II, 100 cases per year for Level III,) within the previous 24 months OR successful completion of recognized training program in cardiac CT within the past 24 months. Experience not to be interrupted for more than 12 consecutive months.

Renewal of privileges:

- Demonstrated skill in cardiac CT and adequate experience (minimum of 50 cases year for Level II, 100 cases per year for Level III,) within the previous 36 months
- Royal College or equivalent MOC requirements for CME/CPD
- Experience not to be interrupted for more than 12 consecutive months.

Return to practice:

- Individualized assessment
- If needed/requested referral to a Canadian cardiac CT training program
- Maintenance or re-enrollment in Royal College or equivalent MOC requirements for CME/CPD

NON-CORE PRIVILEGES: CARDIAC MRI - *Designated a restricted service by the Medical Services Commission*

Non-core privileges: Cardiac MRI

- Requested above
- Requested Complex congenital (requires Level III and advanced training)

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

Successful completion of a Canadian or equivalent cardiology fellowship training and additional training in cardiac MRI

AND

Recommended current experience: Demonstrated skill in cardiac MRI and adequate experience (minimum of 50 cases year for Level II, 100 cases per year for Level III,) within the previous 24 months OR successful completion of recognized training program

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in cardiac MRI within the past 24 months. Experience not to be interrupted for more than 12 consecutive months.

Renewal of privileges:

- Demonstrated skill in cardiac MRI and adequate experience (minimum of 50 cases year for Level II, 100 cases per year for Level III,) within the previous 36 months
- Royal College or equivalent MOC requirements for CME/CPD
- Experience not to be interrupted for more than 12 consecutive months.

Return to practice:

- Individualized assessment
- If needed/requested referral to a Canadian cardiac MRI training program
- Maintenance or re-enrollment in Royal College or equivalent MOC requirements for CME/CPD

NON-CORE PRIVILEGES: ECHOCARDIOGRAPHY -

Non-core privileges: Echocardiography (*transthoracic minimum 400 cases/year*)

Requested Level III

- Requested Transesophageal Echo (TEE) (25 studies per year) **Designated a restricted service by the Medical Services Commission**
- Requested Stress echo (20 cases per year)
- Requested Complex congenital
- Requested Fetal Echocardiography (100 cases per year)

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

Successful completion of a Canadian or equivalent cardiology fellowship training and additional training in requested echocardiography procedures

AND

Recommended current experience: Demonstrated skill in echocardiography III and adequate experience (minimum of 200 cases year) within the previous 24 months OR



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successful completion of recognized training program in echocardiography II within the past 24 months. Experience not to be interrupted for more than 12 consecutive months.

Renewal of privileges:

- Demonstrated skill in echocardiography and adequate experience (minimum of 200 cases year for Level III,) within the previous 36 months
- Royal College or equivalent MOC requirements for CME/CPD
- Experience not to be interrupted for more than 12 consecutive months.

Return to practice:

- Individualized assessment
- If needed/requested referral to a Canadian echocardiography training program
- Maintenance or re-enrollment in Royal College or equivalent MOC requirements for CME/CPD

Non-core privileges: Electrophysiology – including invasive diagnostic and therapeutic electrophysiology procedures (including, diagnostic EP studies, non-complex ablations, trans-septal catheterization procedures, and left-sided procedures using retrograde aortic approach, advanced device interrogation, assessment, programing and follow up)

Requested above

Requested Complex ablations

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

Successful completion of Canadian or equivalent fellowship training in electrophysiology

AND

Recommended current experience: Demonstrated skill in electrophysiology and adequate experience (minimum of 100 lab hours per year for non-complex procedures, 200 lab hours per year for complex procedures) within the previous 24 months OR successful completion of recognized training program within the past 24 months. Experience not to be interrupted for more than 12 consecutive months.

Renewal of privileges:

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- Demonstrated skill in electrophysiology and adequate experience (minimum of 100 lab hours per year for non-complex procedures, 200 lab hours per year for complex procedures) within the previous 36 months
- Royal College or equivalent MOC requirements for CME/CPD
- Experience not to be interrupted for more than 12 consecutive months.

Return to practice:

- Individualized assessment
- If needed/requested referral to a Canadian electrophysiology training program
- Maintenance or re-enrollment in Royal College or equivalent MOC requirements for CME/CPD

Non-core privileges: Pacemaker Implantation, including implantable loop recorders

Requested

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

Successful completion of Canadian or equivalent training in implanting pacemakers

AND

Recommended current experience: Demonstrated skill in implanting pacemakers and adequate experience (minimum of 10 pacemaker implants per year) within the previous 24 months OR successful completion of recognized training program within the past 24 months. Experience not to be interrupted for more than 12 consecutive months.

Renewal of privileges:

- Demonstrated skill in implanting pacemakers and adequate experience (minimum of 10 pacemaker implants per year) within previous 36 months
- Royal College or equivalent MOC requirements for CME/CPD
- Experience not to be interrupted for more than 12 consecutive months.

Return to practice:

- Individualized assessment



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- If needed/requested referral to a Canadian device implantation training program
- Maintenance or re-enrollment in Royal College or equivalent MOC requirements for CME/CPD

Non-core privileges: Implantable Cardiac Defibrillator (ICD) Implantation

□ Requested

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

Successful completion of Canadian or equivalent fellowship training in device implantation (including electrophysiology)

AND

Recommended current experience: Demonstrated skill in implanting cardiac defibrillators and adequate experience (minimum of 10 ICD/pacemaker implants per year) within the previous 24 months OR successful completion of recognized training program within the past 24 months. Experience not to be interrupted for more than 12 consecutive months.

Renewal of privileges:

- Demonstrated skill in implanting cardiac defibrillators and adequate experience (minimum of 10 ICD/pacemaker implants per year) within the previous 36 months
- Royal College or equivalent MOC requirements for CME/CPD
- Experience not to be interrupted for more than 12 consecutive months.

Return to practice:

- Individualized assessment
- If needed/requested referral to a Canadian device implantation training program
- Maintenance or re-enrollment in Royal College or equivalent MOC requirements for CME/CPD

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Non-core privileges: Invasive Cardiology

- Requested** Venous angiography
- Requested** Coronary arteriography
- Requested** Diagnostic right and left heart cardiac catheterization
- Requested** Hemodynamic monitoring with balloon flotation devices
- Requested** Myocardial biopsy (min 2 per year)
- Requested** Trans-septal puncture
- Requested** Intracardiac echocardiography (ICE)
- Requested** Intra-aortic balloon pumps
- Requested** Mechanical circulatory support/ECMO

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

Successful completion of cardiology training with additional training in the requested invasive cardiology procedures

AND

Recommended current experience: Demonstrated skill in invasive cardiology and adequate experience (as outlined above, where applicable) within the previous 24 months OR successful completion of recognized additional training within the past 24 months. Experience not to be interrupted for more than 12 consecutive months.

Renewal of privileges:

- Demonstrated skill in invasive cardiology and adequate experience (as outlined above, where applicable) within the previous 36 months
- Royal College or equivalent MOC requirements for CME/CPD
- Experience not to be interrupted for more than 12 consecutive months.

Return to practice:

- Individualized assessment

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- If needed/requested referral to a Canadian cardiology training program for additional training in the requested invasive cardiology procedures
- Maintenance or re-enrollment in Royal College or equivalent MOC requirements for CME/CPD

Non-core privileges: Structural Heart Disease

- Requested** Transcatheter heart valve interventions (minimum 5 per year)
- Requested** Transcatheter left atrial appendage occlusions
- Requested** Percutaneous closure of intracardiac and intravascular shunts
- Requested** Atrial septostomy
- Requested** Percutaneous non-coronary intervention
- Requested** Specialized Coronary Functional Assessments (e.g. IVUS, OCT, FFR)

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

Successful completion of a cardiology fellowship training program with advanced training in the requested procedures

AND

Recommended current experience: Demonstrated skill in structural heart disease and adequate experience (as noted above, where applicable) within the previous 24 months OR successful completion of advanced training in the requested procedures within the past 24 months. Experience not to be interrupted for more than 12 consecutive months.

Renewal of privileges:

- Demonstrated skill in structural heart disease and adequate experience (as noted above, where applicable) within the previous 36 months
- Royal College or equivalent MOC requirements for CME/CPD
- Experience not to be interrupted for more than 12 consecutive months.

Return to practice:

- Individualized assessment

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- If needed/requested referral to a Canadian interventional cardiology/radiology fellowship training program
- Maintenance or re-enrollment in Royal College or equivalent MOC requirements for CME/CPD

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: _____

Date: _____