

Pediatric Gastroenterology 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.

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.



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Description:

Gastroenterology is the medical subspecialty that deals specifically with the investigation, diagnosis and management of disorders of the digestive system including the pancreas and liver. The subspecialty is further defined by pediatric and adult disciplines. There is overlap in some aspects of the two disciplines at the adolescent transition.

Qualifications for pediatric gastroenterology

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

Certification as a Gastroenterologist by the Royal College of Physicians and Surgeons of Canada (RCPSC)

AND/OR

Recognition as a gastroenterologist 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

Validation of procedural skills for any new recruit is required by direct observation from a senior pediatric gastroenterologist.

AND

Recommended current experience: Inpatient or consultative services for at least 100 patients, reflective of the scope of privileges requested, during the past 12 months or successful completion of a RCPSC (or equivalent) residency or clinical fellowship within the past 12 months.

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

Current demonstrated skill and an adequate volume of experience (three months a year averaged over the previous three years), with acceptable results reflective of the scope of privileges requested. 40 continuing medical education credits a year that are reflective of the scope of privileges requested.

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Return to practice: For any of these privileges, return to practice will require an individual assessment at a Canadian university training centre and a prescribed period of training with return demonstration of skill, including direct observation of procedures. Endorsement in writing by the program director.

Core privileges: Pediatric Gastroenterology

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 pediatric patients both for prevention, identification and management of diseases, injuries, and disorders of the digestive organs, including the esophagus, stomach, intestines, liver, gallbladder, and related structures such as the biliary tree and pancreas. This includes but is not limited to the use of diagnostic and therapeutic procedures using endoscopes to see internal organs. 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. In the case of patients under the age of 16 years, telephone consultation with a pediatric gastroenterologist is recommended before beginning invasive investigations and management should normally be in conjunction with a pediatric gastroenterologist.

Core privileges: Admitting Privileges

Requested: Full Admitting

Core privileges 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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- Performance of pediatric history and physical exam. In particular, familiarity with pediatric conditions as well as communication skill for this age group is a requisite.

UPPER ENDOSCOPY (recommended current experience of 30 per year averaged over three years)

- Diagnostic
- Biopsy of the mucosa of the esophagus, stomach, small bowel, including foreign body removal
- Nonvariceal hemostasis
 - recommended current experience of four procedures a year averaged over three years
- Percutaneous endoscopic gastrostomy
 - recommended current experience of three procedures a year averaged over three years.
- Esophageal variceal hemostasis
 - recommended current experience of three patients a year averaged over three years

COLONOSCOPY (recommended current experience of 30 per year averaged over three years)

- Diagnostic
- Polypectomy
 - recommended current experience of 3 a year averaged over three years
- Mucosal biopsy
- Endoscopic decompression
- Management of Lower GI bleed

OTHER:

- Flexible sigmoidoscopy
 - recommended current experience –meet recommended current experience for colonoscopy
- Proctoscopy and management of perianal disease
- Sengstaken/Minnesota tube intubation

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- Paracentesis
 - Breath test interpretation
 - Interpretation gastrointestinal motility studies
 - 24-hour pH monitoring and impedance
- Enteral and parenteral alimentation (training program includes TPN for non gastroenterologists)

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: Advanced Endoscopic Techniques

❑ Requested

- Colonoscopy with piecemeal polypectomy
- Endoscopic mucosal resection/Submucosal dissection
- Esophageal, duodenal, or colonic stent placement
- Capsule endoscopy
 - recommended current experience of ten procedures a year averaged over three years
- Endoscopic ablation therapy
- Therapeutic balloon dilatation
- Achalasia therapy
- Deep enteroscopy
- Glue ablation of gastric varices
- Argon plasma coagulation

Initial privileges: Completion of a training program in advanced endoscopic techniques at a site that routinely trains specialty residents, following specialty training in gastroenterology, general surgery or internal medicine that includes most of the core procedures listed above. Certification of skill by the site residency director, department head or program medical director for each of these procedures.

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Renewal of privileges: Not defined

Return to practice: Not defined

Non Core Privileges: ERCP

Requested

Initial privileges: Meet criteria for core privileges in gastroenterology, general surgery or internal medicine and for most of the core privileges listed above. Have completed a one-year full time training program in advanced endoscopy, which includes ERCP at a site that routinely trains specialty residents. Certification of skill by the site residency director, department head, or program medical director for each of these procedures.

Renewal of privileges: Performance of 70 ERCPs a year averaged over three years with acceptable results.

Return to practice: Not defined

Non Core Privileges: Endoscopic ultrasound

Requested

Initial privileges: Meet criteria for core privileges in gastroenterology, general surgery or internal medicine and for most of the core privileges listed above. Have completed a one-year full time training program in advanced endoscopy, which includes endoscopic ultrasound at a site that routinely trains specialty residents. Certification of skill by the site residency director, department head, or program medical director for each of these procedures.

Renewal of privileges: Performance of 35 procedures a year averaged over three years with acceptable results.

Return to practice: Not defined

Context Specific Privileges

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

Context-specific privileges: Procedural Sedation

Requested

See "Hospital Policy for Sedation and Analgesia by Nonanesthesiologists."

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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 where 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: _____

