

Pediatric Hematology/Oncology/HSCT 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.



Pediatric Hematology/Oncology/HSCT 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 Pediatric Hematology/Oncology/ Hematopoietic Stem Cell Transplantation (HSCT)

Pediatric Hematology/Oncology/HSCT is that branch of medicine concerned with the diagnosis and treatment of infants, children and adolescents with cancer and non-malignant disorders of the blood and blood-forming tissues.

A subspecialist in Pediatric Hematology/Oncology/HSCT has the necessary medical knowledge and skills to deal with the diagnosis and management of a broad range of conditions affecting infants, children and adolescents with cancer and non-malignant disorders of the blood.

Qualifications for Pediatric Hematology/Oncology/HSCT

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

Be certified as a sub-specialist in Pediatric Hematology/Oncology/HSCT by the Royal College of Physicians and Surgeons of Canada (RCPSC)

OR

Be recognized as a sub-specialist in Pediatric Hematology/Oncology/HSCT by the College of Physicians and Surgeons of British Columbia (CPSBC) by virtue of credentials that are acceptable to both the CPSBC and the governing body of the Health Authority and its Affiliate(s).

OR

Has practiced as a sub-specialist in Pediatric Hematology/Oncology/HSCT in the province of British Columbia prior to March 2015 (This recognizes those physicians who were practicing Pediatric Hematology/Oncology/HSCT before it was recognized as a Royal College sub-specialty in 2008.)

AND



Pediatric Hematology/Oncology/HSCT Clinical Privileges

Recommended current experience: Inpatient or consultative services in Pediatric Hematology/Oncology/HSCT, for at least 320 hours per year averaged over the prior 24 months, reflective of the scope of privileges requested OR successful completion of an accredited residency with Royal College of Physicians and Surgeons of Canada or clinical fellowship within the past 24 months.

Renewal of privileges: To be eligible to renew privileges in Pediatric Hematology/Oncology/ HSCT, the applicant should meet the following criteria: Inpatient or consultative services, for at least 320 hours per year of Pediatric Hematology/ Oncology/HSCT averaged over the prior 36 months, reflective of the scope of privileges requested based on results of ongoing professional practice evaluation and outcomes.

Return to practice: Individualized evaluation at a mutually agreed upon academic training center within Canada that regularly trains Pediatric Hematology/Oncology/HSCT residents, with supervision of core practice relevant to their intended scope of practice as required.

Core privileges: Pediatric Hematology/Oncology/HSCT

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 patients, typically infants, children and adolescents, with cancer and non-malignant disorders of the blood, bone marrow and immune system. The core privileges in this sub-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

Pediatric Hematology/Oncology/HSCT Clinical Privileges

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.

Hematology/Oncology/HSCT

- Bone marrow aspirate and biopsy (at BC Children's Hospital only)
- Diagnostic lumbar puncture
- Administration of intrathecal chemotherapy
- Management and care of indwelling venous access catheters
- Bone marrow harvest (at BC Children's Hospital only)

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: Pediatric Hematology/Oncology/HSCT

Requested High-dose chemotherapy with autologous stem cell transplantation (Can only be performed at BC Children's Hospital)

Requested Allogeneic stem cell transplantation(Can only be performed at BC Children's Hospital

Pediatric Hematology/Oncology/HSCT Clinical Privileges

)

Requested Apheresis procedures(Can only be performed at BC Children's Hospital

)

Requested Accessing and chemotherapy administration into an Ommaya reservoir (Only under supervision from BC Children's Hospital)

Initial privileges: Successful completion of an acceptable specialized training program of at least 2 years duration.

AND

Recommended current experience: Inpatient or consultative services for requested privileges, for at least 160 hours per year averaged over the prior 24 months, reflective of the scope of privileges requested OR successful completion of training within the past 24 months.

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

Inpatient or consultative services for requested privileges, for at least 160 hours per year averaged over the prior 36 months, reflective of the scope of privileges requested based on results of ongoing professional practice evaluation and outcomes.

Return to practice: Individualized evaluation at a mutually agreed upon academic training center within Canada that regularly trains physicians in Pediatric Hematology/Oncology/HSCT, with supervision of procedures relevant to their intended scope of practice, as required.

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."



Pediatric Hematology/Oncology/HSCT 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](#).



Pediatric Hematology/Oncology/HSCT 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: _____

7

