

Pediatric Nephrology Clinical Privileges

Name: _____

Effective from ____/____/____ to ____/____/____

Initial privileges (initial appointment) Renewal of privileges (reappointment)

All new applicants must meet the following requirements as approved by the governing body, effective: June 4, 2013

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: Physicians holding privileges prior to implementation of the

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dictionary will continue to hold those privileges as long as they meet currency and quality requirements.

Definition: Pediatric Nephrology is that branch of medicine concerned with the care of infant, children, and adolescent patients with kidney disease and disorders of fluid and electrolyte metabolism.

Qualifications for Pediatric Nephrology

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

Be certified as a Pediatric Nephrologist by the Royal College of Physicians and Surgeons of Canada (RCPSC) AND/OR

Be recognized as a Pediatric Nephrologist by the College of Physicians and Surgeons of British Columbia (CPSBC) by virtue of credentials earned in another country that are acceptable to both the CPSBC and the governing body of the Health Authority and its Affiliate(s).

OR

Has practiced as a Nephrologist in association with the British Columbia Renal Agency up until April 2013 AND

Has been recognized as a Nephrologist by the British Columbia Medical Association Section of Nephrology. This recognizes those physicians who practiced Pediatric Nephrology before it was recognized as a Royal College discipline.

AND

Recommended current experience: Inpatient and ambulatory services for at least 35 patients, reflective of the scope of privileges requested, during the past 12 months or successful completion of a RCPSC accredited residency or clinical fellowship within the past 12 months.

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

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Current demonstrated skill and an adequate volume of experience (inpatient and ambulatory services to 100 patients), with acceptable results, reflective of the scope of privileges requested, for the past 36 months based on results of ongoing professional practice evaluation and outcomes.

Return to practice: complete a course of training prescribed by the BC Renal Agency Medical Director for the Health Authority at a facility that routinely trains nephrologists.

Core Privileges: Pediatric Nephrology

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

Requested

Evaluate, diagnose, and provide consultation and treatment to infants, children, and adolescents with diseases and disorders or normal and abnormal development and maturation of the kidney and urinary tract, damage to the kidney, evaluation and treatment of renal diseases, fluid and electrolyte abnormalities, hypertension, and renal replacement therapy including dialysis and maintenance transplant therapy. Manages renal disease in young adults in consultation with a non-pediatric nephrologist. May provide care to patients in the 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

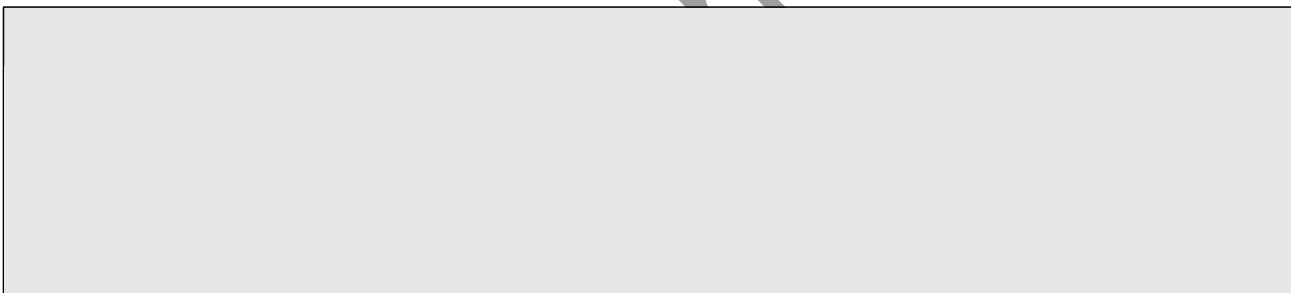
This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty at this organization would competently perform, and inherent activities/procedures/privileges requiring similar skill sets and techniques.

To the applicant: If there is a procedure you wish to NOT perform, then please type

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into the *Comments* field.

- Performance of history and physical exam
- Acute and chronic hemodialysis
- Biochemical monitoring and treatment
- Continuous renal replacement therapy
- Coordinating end-stage renal care with an appropriately qualified team of nursing and allied health professionals.
- Interpretation of urinalysis
- Peritoneal dialysis
- Management of the chronic transplant patient
- Diagnosis and treatment of rejection, and diagnosis and treatment of disorders of transplant function in the perioperative acute transplant patient in a designated transplant centre. Recommended current experience of two new transplant patients per year averaged over three years. Return to practice by supervised management of two new transplant patients at British Columbia Children's Hospital.



Non-core privileges: Placement of peritoneal dialysis catheters

Requested

Initial privileges: Demonstrated performance of eight PD catheter placements under supervision.

Renewal of privileges: of six placements per year.

Return to practice by demonstrating skill to and signed off by a member of the medical staff holding this privilege.

Non-core privileges: Performance of percutaneous renal biopsy

Requested

Initial privileges: Demonstrated performance of five biopsies under supervision.

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Renewal of privileges: five biopsies a year averaged over three years.

Non-core privileges: Supervision of therapeutic plasma exchange

Requested

Initial privileges: Demonstrated training in plasma exchange for a minimum of two months, assessing and working up all patients in a centre that does a minimum of 120 procedures a year. Skill to be signed off by the director of that centre. Training to include formal instruction in the mechanics of plasma exchange, as well as setup, take-down, side effects and complications(Clark 2013¹).

Renewal of privileges: Should attend annual meeting of either Canadian or American Apheresis Society. Should participate in an average of 20 procedures a year over a 3 year period.

Return to practice: by spending two weeks of training in an institution that performs therapeutic plasma exchange. Appropriate self-directed education.

Non-core privileges: Parenteral Nutrition

Requested

Criteria, currency and return to practice to be developed in consultation with gastroenterology

Context specific privileges: Administration of procedural sedation

Requested

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

¹ Clark, W. F. (2013). Recommendations re: Plasma Exchange. A. Levin.

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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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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: _____

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: _____