

Pediatric Respiriology 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: October 3, 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



Pediatric Respiriology Clinical Privileges

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

Definition:

Pediatric Respiriology is a medical subspecialty concerned with the study, diagnosis and management of the respiratory system of newborns, infants, and children in health and disease and the prevention of respiratory disease.

Qualifications for Pediatric Respiriology

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

Be certified as a Pediatric Respiriologist by the Royal College of Physicians and Surgeons of Canada (RCPSC)

AND/OR

Be recognized as a Pediatric Respiriologist 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).

AND/OR

Has practiced as a Pediatric Respiriologist up until April 2013 AND has been recognized as a Respiriologist by the British Columbia Medical Association Section of Respiriology.

AND

Recommended current experience: Provision of inpatient or ambulatory care to 100 patients averaged over two years reflective of the scope of privileges requested, 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 pulmonary medicine, the applicant should normally meet the following criteria:

Current demonstrated skill and an adequate volume of experience (inpatient and ambulatory services to 100 patients) with acceptable results, reflective of the scope of

2



Pediatric Respiriology Clinical Privileges

privileges requested, for the past 36 months based on results of ongoing professional practice evaluation and outcomes.

Return to practice: Individualized evaluation at an academic training center that regularly trains pediatric respirology residents, with supervision of core procedures relevant to their intended scope of practice.

Core privileges: Pediatric Respiratory Medicine

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 care to infants, children, and adolescents with conditions, disorders, and diseases of the respiratory system and the lungs by using a variety of invasive and non-invasive diagnostic and therapeutic techniques. 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 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 with appropriate documentation
- Reporting pulmonary function tests to assess respiratory mechanics and gas exchange, including spirometry, flow volume studies, lung volumes, diffusing capacity, arterial blood gas analysis, inhalation challenge and exercise studies

Pediatric Respirology Clinical Privileges

including all four categories. [DESIGNATED A RESTRICTED SERVICE BY THE MEDICAL SERVICES COMMISSION]

Four Categories:

1. Peak flow rate
2. Spirometry
3. Complete Pulmonary Function and interpretation
4. Specialized testing: Bronchial Provocation, Cardiopulmonary Exercise Testing, Respiratory Muscle Strength Testing etc.

For 3 and 4, running/supervising a lung function lab

- Identify common sleep-related respiratory abnormalities and understand the basic technical aspects of polysomnography and ambulatory sleep studies including interpretation of overnight oximetry studies
- Pleural Procedures (recommended current experience, 3 per year for all pleural activities):
 - Indications for thoracostomy tube insertion and drainage
 - Ongoing management and use of chest tubes
- Interpretation of sputum, bronchopulmonary secretions, pleural fluid, results
- Flexible bronchoscopy procedures including bronchoalveolar lavage, washings, brushings and endobronchial biopsy. (recommended current experience, 5-10 bronchoalveolar lavage procedures over past 3 years)
- Initiation, maintenance and discontinuation of acute and chronic mechanical ventilation including non invasive techniques.

Non-core privileges: transbronchial biopsy(TBB) and/or needle aspiration(TNA)

Requested

Initial privileges: Candidate should have successfully performed a minimum of 100 flexible bronchoscopies and demonstrated a currency of 30 bronchoscopies in 36 months. At least 5 TBB procedures should be performed in a supervised setting or under another physician privileged in this procedure. Or the candidate has been

Pediatric Respirology Clinical Privileges

trained in TBB/TNA as part of a post graduate medical education program and performed at least 10 procedures in a supervised setting

AND

Required current experience: Demonstrated current skill and evidence of the performance of at least 1 TBB/TNA procedure during the past 36 months.

Renewal of privileges: Demonstrated current skill and evidence of the performance of at least at least 1 TBB/TNA in the past 36 months based on results of ongoing professional practice evaluation and outcomes.

Non-core privileges: allergy skin testing

Requested

Initial privileges: Training in performance and interpretation of allergy

skin testing AND

Recommended current experience: Demonstrated current skill and evidence of the performance and interpretation of 5 skin tests under appropriate supervision.

Renewal of privileges: Previous experience in performance and interpretation of allergy skin testing

For Reference Only



Pediatric Respiriology Clinical Privileges

Non-core privileges: organize and report polysomnography testing [DESIGNATED A RESTRICTED SERVICE BY THE MEDICAL SERVICES COMMISSION]

Requested

Work in polysomnography laboratory including interpretation and reporting of polysomnograms and related studies including multi-channel ambulatory sleep studies.

Initial Privileges: Successful completion of a Royal College (or equivalent, e.g. American Board of Sleep Medicine) postgraduate training program in Sleep Medicine OR completion of a clinical fellowship or equivalent training in a recognized Sleep Medicine training centre that includes training in the supervision of polysomnographic technologists, quality assurance of polysomnographic equipment and reports, scoring, interpretation and reporting of polysomnographic and related studies including multi-channel ambulatory sleep studies.

Alternative training options may become available in future.

For interpretation of multichannel ambulatory sleep studies alone, candidates must demonstrate adequate training during their Respiriology fellowship and have interpreted 50 such studies during the training process, or in a recognized sleep training centre or course, and have interpreted 50 such studies during the training process.

AND

Recommended current experience: Demonstrated current skill and evidence of supervision and reporting of 33 polysomnograms or related studies within the past 12 months.

Renewal of privileges: Demonstrated current skill and evidence of performance of 100 polysomnograms or related studies over 36 months.

Context specific privileges: Administration of sedation and analgesia

Requested

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



Pediatric Respiriology 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 Respirology Clinical Privileges

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: _____

