

# Pediatric Surgery 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: March 25, 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 skill 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 Surgery is the field of surgery that encompasses a broad range of diseases and malformations, both operative and non-operative, from the fetal period through late teenage years and may include adults requiring continuity of care for congenital Pediatric Surgery conditions. In addition to the body areas and systems covered by General Surgery, Pediatric Surgery also deals with non-cardiac thoracic conditions, and specific genitourinary and gynecological problems in children.

### Qualifications for Pediatric Surgery

**Initial privileges:** To be eligible to apply for privileges in pediatric surgery, the applicant will normally meet the following criteria:

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

AND/OR

Be recognized as a specialist pediatric surgeon by the College of Physicians and Surgeons of British Columbia (CPSBC) by virtue of other credentials that are acceptable to both the CPSBC and the governing body of the Health Authority and its Affiliate(s).

AND

Completion of training in advanced trauma life support.

AND

Recommended current experience: Overall clinical experience of 320 hours a year of which 84 hours a year represent elective and emergent surgical time averaged over the past 24 months OR completion of residency or clinical fellowship within the past two years.

**Renewal of privileges:** To be eligible to renew privileges in general surgery, the applicant will normally meet the following criteria:

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Current demonstrated skill and an adequate volume of experience (overall clinical experience of 320 hours a year of which 84 hours a year represent elective and emergent surgical time as the primary operator, over the past 36 months), with acceptable results reflective of the scope of privileges requested. If the surgeon has an absence from operative practice of more than one year, he/she will be supported through the return to currency process.

**Return to practice:** An individualized assessment with a prescribed schedule of mentored surgical experience followed by confirmation of skill by a privileged member of the division of pediatric surgery.

### **Core privileges: Pediatric surgery**

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

**Requested** Evaluate, diagnose, consult, and provide pre-, intra-, and postoperative care and perform surgical procedures to correct or treat various conditions, diseases, disorders, and injuries of the alimentary tract; skin, soft tissues, and breast; endocrine system; head and neck; surgical oncology; trauma; non cardiac thoracic conditions; genito-urinary system; and the vascular system. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine 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



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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.

### Trauma

- Assessment and management of traumatic injuries to the pediatric patient
- Surgical management of injuries to:
  - Head and neck
  - Thorax
  - Abdomen
  - Genitourinary system
  - Vascular system

### Minimally Invasive Surgery

- Appendectomy
- Cholecystectomy
- Gastrostomy tube insertion
- Diagnostic laparoscopy to include biopsy
- Diagnostic thoracoscopy

### Head and neck

- Management of benign and malignant neck lesions to include biopsy and excision
- Surgical airway management
- Surgical management of thyroid disease to include cancer
- Surgical management of parathyroid disease
- Lymph node biopsy
- Surgical management of aerodigestive tract malignancies
- Surgical management of salivary gland disease
- Regional lymph node dissection

### Breast and Lymphatics

- Surgical management of breast disease
- Sentinel node biopsy(1)

### Chest

- Surgical management of diaphragmatic herniae
- Surgical management of diseases of the diaphragm

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- Surgical management of diseases of the mediastinum
- Surgical management of diseases of the esophagus
- Surgical management of diseases of the lung and airway
- Surgical management of diseases of the chest wall

### Abdomen and Retroperitoneum

- Upper GI tract
  - Surgical management of gastro-duodenal disease
  - Surgical management of small bowel disease
  - Upper GI endoscopy – diagnostic
  - Upper GI endoscopy – therapeutic (excluding GI bleeding)
- Hepatobiliary and pancreatic
  - Liver biopsies, non segmental liver resections
  - Surgical management of biliary disease
  - Surgical management of pancreatic disease
  - Liver resection, segmental or greater
- Lower GI
  - Surgical management of benign and malignant disease
  - Diagnostic sigmoidoscopy
  - Therapeutic sigmoidoscopy
- Solid organs excluding liver
  - Surgical management of splenic disease
  - Surgical management of adrenal disease
  - Surgical management of renal masses
- Abdominal wall
  - Surgical management of groin herniae
  - Surgical management of ventral herniae including gastroschisis, omphalocele and abdominal wall defects
  - Complex abdominal wall reconstruction
- Surgical management of retroperitoneal disease

### Pelvis

- Anus
  - Surgical management of anal disease
- Rectum
  - Surgical management of rectal disease
    - Transanal excision of rectal polyps
  - Surgical management of congenital and acquired conditions of the hindgut
- Pelvic pouch surgery

### Extremities and soft tissue

- Surgical management of benign and malignant skin conditions
- Surgical management of benign and malignant soft tissue conditions

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## Genitourinary Tract

- Surgical management of cryptorchidism
- Circumcision
- Surgical management of the acute scrotum
- Surgical management of testicular disease
- Surgical management of ovarian and uterine disease
- Surgical management of vaginal disease
- Surgical management of congenital urinary tract disease(1)

## Vascular

- Vascular access procedures

(1) Requires demonstration/documentation of skill to a member of the medical staff holding this privilege. Approval should not unreasonably be withheld.

### **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** Endoscopic ultrasound

**Requested** Endoscopic treatment of upper gastrointestinal bleeding

**Initial privileges:** Fellowship training or equivalent in advanced endoscopic techniques AND/OR demonstrated training and expertise to the satisfaction of the department head.

AND

**Recommended current experience:** Successful completion of training in advanced endoscopic techniques within the previous 24 months or demonstrated ongoing practice experience in advanced endoscopic techniques in the previous two years.



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**Renewal of privileges:** Demonstrated ongoing practice experience in advanced endoscopic techniques in the past 36 months.

**Return to practice:** As a minimum, mentoring with a colleague who holds this non-core privilege for a period of time sufficient for the mentor to attest to currency.

### Context Specific Privileges

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

#### **COMTEXT SPECIFIC PRIVILEGES: Complex Multidisciplinary Surgery**

- Requested** Bariatric surgery in the context of an approved program
- Requested** Organ Transplantation in the context of an approved program
- Requested** Complex Surgical Oncology

The care of complex patients with cancer and patients with uncommon, advanced and recurrent cancers requires access to multidisciplinary tumor groups, experienced surgical teams and institutions with the necessary subspecialties and infrastructure for appropriate perioperative care.

#### **COMTEXT SPECIFIC PRIVILEGES: Administration of sedation and analgesia**

- Requested**

See "Hospital Policy for Sedation and Analgesia by Nonanesthesiologists"

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](http://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:

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Name of Department / Division / Program: \_\_\_\_\_

Name of Medical Leader: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_