

**Pediatric Surgery dictionary
was approved by PMSEC on September 14, 2017**

REVIEW PANEL COMPOSITION

The panel was composed of two co-chairs with expertise in the provincial privileging dictionaries and 2 subject matter experts, who work across 2 of the province's health authorities.

RECORD OF REVIEW PANEL DECISIONS AND CRITERIA IDENTIFIED:

Below are decisions made by the review panel and/or criteria identified by the panel to guide discussion of clinical practice and standards.

1. Expand non-core privileges to reflect current practice

The panel was in agreement to add two additional privileges: Colonoscopy Diagnostic and Therapeutic and Esophageal Studies. These advanced procedures have become common to experienced pediatric surgeons.

PEDIATRIC SURGERY DICTIONARY – APPROVAL

Core Privileges

Decision / Revision: Align terminology with procedures listed in Thoracic Surgery dictionary

Engagement Method: Panel discussion

ORIGINAL	REVISION
Panel members agreed to replace the term <i>Diagnostic Thoracoscopy</i> in the core procedures list	<u>C1</u> : Align terminology with Thoracic Surgery and use the term <i>Video-assisted thoracoscopic surgery (VATS)</i>

Non-Core Privileges

Decision / Revision: New non-core privileges - Colonoscopy Diagnostic and Therapeutic and Endoscopic Study

Engagement Method: Panel discussion

ORIGINAL	REVISION
<ul style="list-style-type: none"> Not Applicable 	<p><u>C2</u>: Panel members added two non-core privileges</p> <p>Non-core privileges: Colonoscopy Diagnostic and Therapeutic</p> <p>Non-core privileges: Esophageal Studies</p>

Reference only

Pediatric Surgery 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: September 14, 2017

Instructions:

Applicant: Check the “Requested” box for each privilege requested. Applicants are responsible for producing required documentation to allow 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 by uploading the appropriate documents

Medical/Clinical leaders: 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: Current experience thresholds suggested in this document were developed by practitioners in the field, and are *not* intended as a barrier to practice or to service delivery. They are *not* intended as rigid cutoffs, below which clinical privileges must be restricted or removed. Instead, medical/clinical leaders are encouraged to initiate discussions with those practitioners who are close to or below the thresholds, to ensure that mechanisms are in place to ensure adequate practitioner experience and patient outcomes.

Other requirements: Note that even if applicants meet skill or experience requirements, each site will determine if the requested privilege can be supported at that site. 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 training and current experience to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

Context: The care of patients presenting with complex problems or uncommon diseases requires access to multidisciplinary groups, experienced teams and institutions with the necessary subspecialties and infrastructure for appropriate care.



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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

Continuous Professional Development (CPD): Where suggested in this document, CPD requirements reflect those professional development activities which are eligible for:

1. credit under the Royal College of Physicians and Surgeons of Canada's Maintenance of Certification (MOC) program;
2. the College of Family Physicians of Canada Mainpro+;
3. those professional development activities held in foreign jurisdictions which would be eligible under the MOC/Mainpro program if held in Canada; or
4. equivalent CPD or Quality Assurance activities for other practitioners.

Planned vs. Unplanned (Emergency) Care: The scope of privileges granted to any individual practitioner is based on considerations of patient care under “normal circumstances.” In the setting of risk to life or limb, the rules of privilege are not meant to constrain practitioners from acting in the best interest of a patient.

Note: The dictionary will be reviewed over time to ensure it is reflective of current practices, procedures and technologies.

Core privilege: Types of activities a recent graduate of the discipline can reasonably be expected to perform at a specific facility. Under core privileges in this dictionary, if there is a procedure you wish to NOT perform please type into the *Comments* field.

Non-core privilege: Types of activities that require further training, experience and demonstrated skill. Non-core privileges are requested in addition to requesting core. Individuals requesting these privileges should meet the specific threshold criteria associated to such non-core privileges.

Restricted procedures: Some dictionaries have procedures identified by the Ministry of Health as [DESIGNATED A RESTRICTED SERVICE BY THE MEDICAL SERVICES COMMISSION]. Privileges identified as restricted procedures may be flagged in this document. Where it appears, the restricted procedures flag is for administrative tracking only, and has no impact on clinical content.

Pediatric Surgery Clinical Privileges

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 pediatric surgery, the applicant will normally meet the following criteria:

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.

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Return to practice: Prior to returning to operative practice following an absence of one year or more, an individualized assessment with a prescribed schedule of mentored surgical experience is required followed by confirmation of skill by the appropriate medical leader and 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 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.

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

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- Gastrostomy tube insertion
- Diagnostic laparoscopy to include biopsy
- Video-assisted thoracoscopic surgery (VATS)

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*

Chest

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

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- 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

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*

Vascular

- Vascular access procedures

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

Pediatric Surgery Clinical Privileges

Core privileges: Admitting Privileges

- Requested: Full Admitting

Non-core privileges (see specific criteria)

- Are permits for activities that require further training, experience and demonstrated skill.
- 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.

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.

Non-core privileges: Colonoscopy Diagnostic and Therapeutic

- Requested Diagnostic colonoscopy
- Requested Therapeutic colonoscopy

Initial privileges: Residency training or equivalent in colonoscopy AND/OR demonstrated training and expertise to the satisfaction of the department head.

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Recommended current experience: Successful completion of training in colonoscopy within the previous 24 months or demonstrated ongoing practice experience in colonoscopy in the previous two years

Renewal of privileges: Demonstrated ongoing practice experience in colonoscopy 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.

Non-core privileges: Esophageal Studies

Requested 24 hour pH monitoring

Requested Manometry

Initial privileges: Residency training or equivalent in esophageal studies AND/OR demonstrated training and expertise to the satisfaction of the department head.

Recommended current experience: Successful completion of training in esophageal studies within the previous 24 months or demonstrated ongoing practice experience in colonoscopy in the previous two years

Renewal of privileges: Demonstrated ongoing practice experience in esophageal studies 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

Context 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.

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Context specific privileges: Administration of sedation and analgesia

Requested

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

Reference only

Pediatric Surgery Clinical Privileges

Process to request privileges not included in the dictionary for your discipline

Complete this section if you wish to request a privilege that is not included in the core, non-core or context specific privileges for your discipline. Please note that additional privileges are not automatically granted, but are reviewed to ensure alignment with site requirements and capacity.

Instructions

To request additional privileges—that is, privileges *not* included in your discipline dictionary—please provide the following information in the comments box below:

- a) the privilege requested
- b) the location within the facility where the privilege would be exercised, and
- c) the relevant training and experience held by the practitioner in this area

Your request for additional privileges will be submitted to the appropriate medical leader to determine if the requested privilege can be supported at the specified site, and if so, which training requirements must be met.

Additional Privilege

Requested Not Requested

Comments:

Dictionary content and feedback

The privileging dictionaries on this site (bcmqi.ca) are the official versions.

Dictionary content will be updated in cycles of review and refresh, as listed at the bcmqi.ca dictionary review hub. You can provide input on a dictionary at any time, by submitting a [Request for a Revision to a Privileging Dictionary](#) form to your local medical administration or the BC MQI office.

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Acknowledgement 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: _____

Medical / Clinical Leader'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/ Facility:

Name of Medical Leader:

Title:

Signature:

Date: