

Pediatrics 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.

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

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.

Description

Pediatrics is that branch of medicine concerned with the study and care of newborns, infants, children and youth in health and disease, their growth and development, and their opportunity to achieve full potential as adults. A Pediatrician is a specialist trained in the diagnosis and treatment of a broad range of diseases involving children¹ based on a sound knowledge of normal growth and development and of the wide range of clinical conditions encountered in newborns, infants, children, and youth.

Qualifications for Pediatrics

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

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

OR

Be recognized as a Pediatrician 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).

Recommended current experience: Minimum of 336 hours (approximately 1 day per week) per year of pediatric health authority based clinical services and/or on-call hours of pediatric care, averaged over the previous 24 months OR completion of training within the past 24 months.

Completion of NRP within the previous 2 years or current NRP instructor, if attending births.

Other courses e.g. PALS, APLS, ACORN may be recommended for practicing at this facility, but are not required at this time.

¹ The term children will be used to refer to newborns, infants, children and youth.

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Renewal of privileges: Minimum of 336 hours (approximately 1 day per week) per year of pediatric health authority based clinical services and/or on-call hours of pediatric care, averaged over the previous 36 months. Minimum of 40 hours of CME per year reflective of scope of privileges requested.

Completion of NRP within the previous 2 years or current NRP instructor, if attending births.

Other courses e.g. PALS, APLS, ACORN may be recommended for practicing at this facility, but are not required at this time.

Return to practice: Individual discussion to determine the supports needed to return to skill level required to engage in the requested scope of practice. Completion of NRP within the previous 2 years or current NRP instructor, if attending births.

Other courses e.g. PALS, APLS, ACORN may be recommended for practicing at this facility, but are not required at this time.

Core privileges: Pediatric Medicine

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

Requested Evaluate, diagnose, and treat newborns, infants, children and youth patients (including young adults with special healthcare needs) who have illnesses, injuries, or disorders². Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy. 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

² In agreement between Pediatricians and Health Authority.

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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.

Core Procedures List for newborns, infants, children and youths

- Performance of comprehensive history (which may need to include social, family and developmental history) and physical exam
- Establish peripheral intravenous access.
- Blood sampling via vein (peripheral or central).
- Lumbar puncture
- Bladder catheterization or suprapubic aspiration.
- Stabilization prior to transport of critically ill children
- Management of stable preterm infants 32 weeks and above
- Airway management including CPAP for a period under 4 hours

Non-core Privileges (See Specific Criteria)

Non-core privileges may be requested for by individuals who have 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: Intermediate new born care beyond transition (in the context of a designated intensive care nursery)

Management of preterm infants 30 weeks gestation and above

- CPAP
- Intubation, surfactant administration and weaning ventilation
- TPN prescribing
- Central line management (PICC, CVL, UVC)

Requested

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Initial privileges: residency training that included the above procedures

AND

Recommended current experience: completion of training with in previous 24 months, OR working in an intermediate care nursery within the past 24 months

Renewal of privileges: working in a 2b (or higher) neonatal facility (see attached appendix)

Return to practice: Individual discussion to determine the supports needed to return to skill level required to engage in the requested procedures.

Non-core privileges: Male infant circumcision

Requested

Initial privileges: Training under the guidance of a physician currently holding this privilege.

AND

Recommended current experience: Demonstration of current active practice in male infant circumcision the previous 24 months.

Renewal of privileges: Demonstration of current active practice in male infant circumcision the previous 36 months.

Return to practice: Individual discussion to determine the supports needed to return to skill level required to engage in the requested procedures.

Non-core privileges: Methadone prescribing

Requested

Required: Hold an authorization from the College of Physicians and Surgeons of British Columbia (CPSBC) to prescribe methadone for the purposes of pain management or addiction.



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Non-core privileges: Developmental Assessments

❑ Requested

Formal developmental assessments requires specific training. Demonstration of skills specific training should be individualized to the purposes of the assessment for example: fetal alcohol spectrum disorder, autism.

Initial privileges: documentation of successful completion of formal training in requested developmental assessment tool (e.g. ADI-R, ADOS)

AND

Recommended current experience: Administration of a minimum of 'n' assessments as outlined in the requirements for the administration of the tool (e.g. autism assessments require administration of 20 assessments per year)

Renewal of privileges: Administration of a minimum of 'n' assessments as outlined in the requirements for the administration of the tool (e.g. autism assessments require administration of 20 assessments per year)

Return to practice: Individual discussion to determine the supports needed to return to skill level required to engage in the requested scope of practice.

Non-core privileges: Medical Oncology

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

Initial privileges: residency training that included the above procedure

AND

Recommended current experience: completion of training with in previous 24 months, OR satisfying the requirements and at the request of BCCH, Children's Oncology Group.

Renewal of privileges: working in relationship with BCCH Oncology Department.

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Return to practice: Individual discussion to determine the supports needed to return to skill level required to engage in the requested procedures.

Non-core privileges: Pulmonary Function Testing

❑ Requested Level 1 (formerly Category IIA)

[DESIGNATED A RESTRICTED SERVICE BY THE MEDICAL SERVICES COMMISSION]

Level 1 includes spirometry with and without bronchodilators with measurement of FVC, FEV1, FEV1/FVC ratio with specific relationship to predicted values using a device approved by the General Practice Services Committee.

Physicians must:

1. Ensure the device is properly calibrated and functioning as intended;
and
2. Ensure proper patient instruction and technique in test performance;
and
3. Correctly interpret the results in clinical context of the patient;
and
4. Confirm abnormal test results through referral to a Level 2 or 3 pulmonary function laboratory.

Physician performance is subject to review as part of the CPSBC's Physician Practice Enhancement Program (PPEP)

❑ Requested Level 2 (formerly Category IIB)

[DESIGNATED A RESTRICTED SERVICE BY THE MEDICAL SERVICES COMMISSION] credentialing by the College.

The physician must meet one of the following:

1. Have been credentialed by the Diagnostic Accreditation Program (DAP) for the provision of Level 2 (Formerly Category IIB) pulmonary function services prior to January 1, 2011;
- or
2. Be a registrant in the specialty class in pediatrics and successfully complete one week of training in the performance and interpretation of spirometry at an accredited post graduate training facility acceptable to the CPSBC;

Monitoring of physician/facility performance is conducted through the Diagnostic Accreditation Program (DAP) by periodic review of tracings and interpretation.



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Recommended current experience: completion of training with in previous 24 months, OR demonstration of active involvement in pulmonary function testing (average 2 per month or 24 per year) in the previous 24 months.

Renewal of privileges: demonstration of active involvement in pulmonary function testing (average 2 per month or 24 per year) in the previous 36 months.

Return to practice: Individual discussion to determine the supports needed to return to skill level required to engage in the requested procedures.

Non-core privileges: ECG Reading

Requested

Initial privileges: residency training that included the above procedure

AND

Recommended current experience: completion of training with in previous 24 months, OR demonstration of active involvement in reading ECGs (average 2 per month or 24 per year) in the previous 24 months.

Renewal of privileges: demonstration of active involvement in reading ECGs (average 2 per month or 24 per year) in the previous 36 months.

Return to practice: Individual discussion to determine the supports needed to return to skill level required to engage in the requested procedures.

Context Specific Privileges

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

CONTEXT SPECIFIC PRIVILEGES: Administration of procedural sedation

Requested

Provide procedural sedation in accordance with health authority policy

CONTEXT SPECIFIC PRIVILEGES: High acuity pediatric care

Requested



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Required: Where designated high acuity pediatric beds exist supported by trained pediatric nursing and support staff

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) 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: _____

Name of Department / Division / Program: _____

Name of Medical Leader: _____

Title: _____

Signature: _____

Date: _____