

The Neurology dictionary was approved by PMSEC on 13 December 2018

REVIEW PANEL COMPOSITION

The panel was composed of two co-chairs with expertise in the provincial dictionaries and 7 subject matter experts, who work across 6 of the province's health authorities, and with representation from the Doctors of BC.

RECORD OF REVIEW PANEL DECISIONS AND CRITERIA IDENTIFIED

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

1. Qualifications for Neurology

Recommended current experience was updated to reflect broader scope of consultative practice: Neurologic consultation, primary neurologist responsible for the patient's neurological care or MRP.

2. Remove language referring to Royal College

Return to practice for core privileges had previously referred to a preceptorship acceptable to the Royal College. This language has been revised to reflect approval by CPSBC and health authority.

3. Non-core privilege added

The decision was to add "Mapping of language and motor function by direct cortical brain stimulation" as a non-core privilege.

4. Non-core privilege – Transcranial Doppler (TCD) ultrasonography

Language updated to reflect certifications other than American e.g. International Certification in Neurosonology.

5. Non-core neuro-endovascular procedures

Language updated to include newer EVT procedures such as thrombectomy. Updates were developed using template from uro-gynecology privileges in obstetrics dictionary. Volumes are based on clinical standards (i.e. European Board of Neurointervention).

6. Removed reference to American Board of Electrodiagnostic Medicine for EMG

The Canadian Society of Clinical Neurophysiology no longer accepts the American Board of Electrodiagnostic Medicine (ABEM) Exams as an acceptable test of competency in Electromyography (EMG) for those who did their exams after 2016; a decision related to the complete reliance on MCQ exam and no practical or clinical requirements.

Non-core Privileges

Decision / Revision: Transcranial Doppler (TCD) ultrasonography language updated to reflect other certifications than American e.g. International Certification in Neurosonology

Engagement Method: Panel discussion

ORIGINAL	REVISION
<p>Initial privileges: Successful completion of one of the following training tracks: 1) an accredited residency or fellowship program that included training in TCD performance/interpretation. 2) a recognized continuing medical education (CME) program within the past 3 years that included training in TCD performance/interpretation and experience in interpreting cases while under the supervision of a physician, 3) American Registry for Diagnostic Medical Sonography Registered Physician in Vascular Interpretation (RPVI) credential or American Society of Neurochemistry neurosonology certification for extracranial and/or intracranial test interpretation.</p>	<p>C1: Successful completion of one of the following training tracks: 1) an accredited residency or fellowship program that included training in TCD performance/interpretation. 2) a recognized continuing medical education (CME) program within the past 3 years that included training in TCD performance/interpretation and experience in interpreting cases while under the supervision of a physician, 3) certification appropriate to the privilege and acceptable to the appropriate medical leader: e.g. American Registry for Diagnostic Medical Sonography Registered Physician in Vascular Interpretation (RPVI) credential, American Society of Neurochemistry, International Certification in Neurosonology or through the European Society of Neurosonology and Cerebral Hemodynamics.</p>

Non-core Privileges

Decision / Revision: Neuro-endovascular procedures language updated to include newer EVT procedures such as thrombectomy.

Engagement Method: Panel discussion

ORIGINAL	REVISION
<p>Non-core privilege: neuroendovascular procedures (e.g. carotid stenting)</p> <p><input type="checkbox"/> Requested</p>	<p>C2: Non-core privileges: Limited Neuro-Endovascular EVT therapy (Confined to diagnostic cerebral angiography, endovascular stroke thrombectomy, and carotid artery stenting)</p> <p><input type="checkbox"/> Requested: Diagnostic cerebral angiography</p> <p><input type="checkbox"/> Requested: Carotid stenting</p> <p><input type="checkbox"/> Requested: Thrombectomy procedures</p>

Non-core Privileges

Decision / Revision: Comprehensive neuro-endovascular procedures language updated to include newer EVT procedures such as thrombectomy. Volumes based on clinical standards (i.e. European Board of Neurointervention).

Engagement Method: Panel discussion

ORIGINAL	REVISION
As above	<p>C3: Non-core privileges: Comprehensive EVT/INR privileges</p> <ul style="list-style-type: none"> <input type="checkbox"/> Requested: Aneurysm procedures <input type="checkbox"/> Requested: AVM procedures - Intracranial <input type="checkbox"/> Requested: AVM procedures - Head and neck <input type="checkbox"/> Requested: AVF procedures <input type="checkbox"/> Requested: Cerebral venous procedures <input type="checkbox"/> Requested: Tumor embolization procedures <input type="checkbox"/> Requested: Epistaxis management <input type="checkbox"/> Requested: Infusions for vasospasm <input type="checkbox"/> Requested: Intracranial stenting procedures <input type="checkbox"/> Requested: Other (please specify)

Non-core Privileges

Decision / Revision: Add Mapping of language and motor function by direct cortical brain stimulation as a non-core privilege.

Engagement Method: Panel discussion

ORIGINAL	REVISION
N/A	<p>C4: Non-core Privileges: Brain Mapping by Stimulation</p> <ul style="list-style-type: none"> <input type="checkbox"/> Requested: Mapping of language and motor function by direct cortical brain stimulation

Non-core Privileges

Decision / Revision: Peripheral nerve ultrasound renewal of privileges language updated

Engagement Method: Panel discussion

ORIGINAL	REVISION
<p>Non-core Privileges: Peripheral Nerve Ultrasound</p> <p>Renewal of privileges: Demonstrated current skill in performance of at least 10 procedures (self-reported) for the requested procedures, within the past 24 months.</p>	<p><u>C5</u>: Non-core Privileges: Peripheral Nerve Ultrasound</p> <p>Renewal of privileges: Demonstrated active practice with documented CME over the previous privileging cycle. Current demonstrated skill and sufficient experience, over the past 24 months, reflective of the scope of privileges requested, based on results of ongoing professional practice evaluation and outcomes acceptable to the appropriate medical leader.</p>

Neurology 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: December 13, 2018

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. Privileges should not be requested (checked off) and cannot be granted unless the specific criteria associated with the privilege are met.

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 cut offs, 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.

Exemption requests: A request for exemption from meeting specific credentialing requirements for a core or non-core privilege may be made; however, these will be reviewed on a case-by-case basis by the provincial credentialing & privileging oversight committee (CPOC) to determine if an expert panel should be convened to consider the request.

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.

Context specific privileges: Privileges that take into account what medical services and procedures a facility can support.

Additional privilege: An additional privilege is any privilege that is not included in the core, non-core, or context-specific privileges dictionary for your discipline. Additional privileges already listed in this document were previously requested by others who practice in your discipline; they may or may not be relevant to you. If there are any privileges not listed in your dictionary that you wish to request, please complete an additional privilege request form and attach any evidence of training to support your request.

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

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appears, the restricted procedures flag is for administrative tracking only, and has no impact on clinical content.

Reference Only

Neurology Clinical Privileges

Description

Neurology is that branch of medicine concerned with the neurologic system in health and disease. The Neurologist is an expert in the prevention, diagnosis and management of patients with disorders of the brain, spinal cord, nerves and muscles.

Qualifications for Neurology

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

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

OR

Be recognized as a Neurologist 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)

Recommended current experience:

Neurologic consultation, primary neurologist responsible for the patient's neurological care or MRP (Most Responsible Physician) to at least 24 hospital patients, reflective of the scope of privileges requested, within the past 24 months or successful completion of an accredited residency or fellowship program within the past 24 months.

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

Current demonstrated skill and neurologic consultation or MRP (Most Responsible Physician) to at least 36 hospital patients per year averaged over the past three years with acceptable results, reflective of the scope of privileges requested, based on results of ongoing professional practice evaluation and outcomes.

Return to practice (for core privileges):

Return after 3 or more years: minimum 3 month preceptorship at a training center acceptable to the College and health authority, with supervision of core procedures relevant to the intended scope of practice. Recommended current experience requirements related to renewal privileges should be met after 1 year of practice.

Core privileges: Neurology

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

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- ☐ **Requested** Adult Neurology, primarily 16 years of age and older
- ☐ **Requested** Pediatric Neurology, primarily 19 years of age and younger

Evaluate, diagnose, treat, and provide consultation to patients with diseases, disorders, or impaired function of the brain, spinal cord, peripheral nerves, muscles, autonomic nervous system, end-organs, and the blood vessels that relate to these structures. May provide consultative 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

- ☐ **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 a recently graduated resident in this specialty perform 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 into the *Comments* field.

Neurology

- Performance of history and physical exam
- Lumbar puncture
- Caloric testing
- Interpretation of imaging studies
- Interpretation of standard visual fields
- Interpretation of neurodiagnostic reports
- Interpretation of pathology reports
- Interpreting quantitative sensory testing (QST) reports

Restricted sub-specialty privileges

- ☐ **Requested**

Restricted privileges: Individuals who do not fulfill the criteria for full core privileges. For example, if their practice has become limited to a select sub-specialty, and they no longer meet currency requirements for unrestricted core privileges. The scope of Restricted Sub-specialty

Neurology Clinical Privileges

privileges to be decided in consultation with appropriate medical leader within the health authority.

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: Transcranial Doppler (TCD) ultrasonography

☐ Requested

Initial privileges: Successful completion of one of the following training tracks: 1) an accredited residency or fellowship program that included training in TCD performance/interpretation. 2) a recognized continuing medical education (CME) program within the past 3 years that included training in TCD performance/interpretation and experience in interpreting cases while under the supervision of a physician, 3) certification appropriate to the privilege and acceptable to the appropriate medical leader: e.g. American Registry for Diagnostic Medical Sonography Registered Physician in Vascular Interpretation (RPVI) credential, American Society of Neurochemistry, International Certification in Neurosonology or through the European Society of Neurosonology and Cerebral Hemodynamics.

AND

Recommended current experience: Demonstrated current skill and evidence of the performance and/or interpretation of at least 24 TCD studies in the past 24 months or completion of training in the past 24 months.

Renewal of privileges: Demonstrated current skill and evidence of the performance and/or interpretation of at least 24 TCD studies in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Return to practice: repetition of an accredited training program in TCD

Non-core privileges: Neuroimaging

☐ Requested Magnetoencephalography (interpretation of 20 studies)

☐ Requested Functional MRI (interpretation of 20 studies)

[DESIGNATED A RESTRICTED SERVICE BY THE MEDICAL SERVICES COMMISSION]

☐ Requested Computed tomography (CT) (interpretation of 100 studies)

☐ Requested Conventional (e.g. standard T2, T1 pre and post contrast sequences)

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Magnetic resonance imaging (MRI) (interpretation of 100 studies)

[DESIGNATED A RESTRICTED SERVICE BY THE MEDICAL SERVICES COMMISSION]

- ☐ **Requested** Single photon emission computed tomography (SPECT) (interpretation of 10 studies)
- ☐ **Requested** Cerebral catheterization (20 studies in the past 24 months)
- ☐ **Requested** Transcranial Magnetic Stimulation (interpretation of 10 studies)

Initial privileges: Successful completion of a postgraduate training program in neurology that included accredited training in the neuroimaging modality requested. If the postgraduate training did not include appropriate training in the neuroimaging modality requested, the applicant should be required to have completed an accredited course or fellowship for each neuroimaging modality requested.

AND

Recommended current experience: Demonstrated current skill and evidence of at least the required number of studies as indicated above, during the past 24 months for each neuroimaging modality requested or completion of training in the past 24 months.

Renewal of privileges: Demonstrated current skill and evidence of the performance of at least the recommended number of studies as indicated above during the past 24 months for each neuroimaging modality requested and based on results of ongoing professional practice evaluation and outcomes.

Return to practice: Repetition of an accredited training program in the modality requested.

Non-core privileges: Limited EVT/INR (Confined to diagnostic cerebral angiography, endovascular stroke thrombectomy, and carotid artery stenting)

- ☐ **Requested:** Diagnostic cerebral angiography
- ☐ **Requested:** Carotid stenting
- ☐ **Requested:** Thrombectomy procedures

Initial privileges: Successful completion of an accredited fellowship in clinical stroke at an accredited or recognized stroke training program

AND

Minimum 1 year of dedicated neuro-interventional training in recognized high volume program; performance of a minimum of 20 cerebral angiograms; performance of at least 5 carotid stent procedures and performance of 20 stroke thrombectomy cases.

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Recommended current experience: Demonstrated current skill and evidence of the performance of at least 20 cerebral angiograms over last two years, 5 stents over last two years, and 20 thrombectomy procedures in the past 24 months (as the primary operator for at least half of these)

Renewal of privileges: Demonstrated current skill and evidence of the performance of at least 20 cerebral angiograms over last two years, 5 stents over last two years, and 10 thrombectomy procedures in the past 36 months based on results of ongoing professional practice evaluation and outcomes.

Return to practice: Repetition of an accredited training program in endovascular neuroradiology.

Non-core privileges: Comprehensive EVT/INR

- ☐ **Requested:** Aneurysm procedures
- ☐ **Requested:** AVM procedures - Intracranial
- ☐ **Requested:** AVM procedures - Head and neck
- ☐ **Requested:** AVF procedures
- ☐ **Requested:** Cerebral venous procedures
- ☐ **Requested:** Tumor embolization procedures
- ☐ **Requested:** Epistaxis management
- ☐ **Requested:** Infusions for vasospasm
- ☐ **Requested:** Intracranial stenting procedures
- ☐ **Requested:** Other (please specify) _____

Initial privileges: Successful completion of an accredited fellowship in clinical stroke at an accredited or recognized stroke training program

AND

Minimum of 2 years dedicated endovascular training in a recognized neuro-interventional training program with a minimum performance of 100 diagnostic angiograms; minimum performance of 40 aneurysm coiling procedures.

AND

Recommended Current Experience: Demonstrated current skill and evidence of the performance of 20 in the past 24 months (as the primary operator for at least half of these), or completion of training in the last 24 months

Renewal of privileges: Demonstrated current skill and evidence of the performance of at least 10 procedures in the past 36 months based on results of ongoing professional practice evaluation and outcomes.

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Return to practice: Repetition of an accredited training program in endovascular neuroradiology

Non-core privileges: Clinical Neurophysiology

- ☐ **Requested** Autonomic testing
- ☐ **Requested** Adult EEG interpretation
[DESIGNATED A RESTRICTED SERVICE BY THE MEDICAL SERVICES COMMISSION]
- ☐ **Requested** Pediatric EEG interpretation
[DESIGNATED A RESTRICTED SERVICE BY THE MEDICAL SERVICES COMMISSION]
- ☐ **Requested** EEG interpretation (DAP Category I)
[DESIGNATED A RESTRICTED SERVICE BY THE MEDICAL SERVICES COMMISSION]
- ☐ **Requested** Electrocorticography, detailed interpretation of seizures (DAP Category II)

Initial privileges: Specialty certification from the Royal College of Physicians and Surgeons of Canada in Neurology, with one full year of Neurological training in an approved centre

A minimum of six months continuous full time training in EEG, or two 3 month blocks. The first three months must be continuous. The second three months preferably continuous, but it can be in three separate blocks of at least one month each during residency or fellowship. This training should occur in an accredited academic training institution approved by the Royal College of Physicians and Surgeons of Canada, or the Diagnostic Accreditation Program.

The candidate either must have been involved in the interpretation of a minimum of 500 EEGs under the supervision of a physician fully accredited in EEG, or has successfully passed certification by the Canadian Society of Clinical Neurophysiologists or the American Board of Electro Diagnostic Medicine.

Completion of the Verification of Training Form from an accredited program training director confirming that the individual has completed six months of full time training in a satisfactory manner, and is considered competent to independently practice EEG.

Physicians practicing EEG in British Columbia and other provinces prior to January 1, 2005, the effective date of these guidelines, will be grandfathered.

The Diagnostic Accreditation Program may grant qualified physicians who are relocating to BC a provisional 2 year credentialing, at which time the applicant must have successfully completed the recommended training

AND

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Recommended current experience: Demonstrated current skill and evidence of the performance of at least 200 EEG interpretations in the past 24 months or completion of training in the past 24 months.

Renewal of privileges: Demonstrated current skill and evidence of the performance of at least 200 EEG interpretations in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Return to practice: If a physician has not interpreted EEGs for more than three years, a period of retraining must be completed. The period of training shall not be less than one month, and shall occur in a centre where, as a normal function of the EEG lab, physicians are trained in EEG.

Non-core privileges: Supervision of polysomnography laboratory

[DESIGNATED A RESTRICTED SERVICE BY THE MEDICAL SERVICES COMMISSION]

☐ **Requested:** Supervision of a 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 multichannel 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 Neurology 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 50 polysomnograms or related studies within the past 24 months

Renewal of privileges: Demonstrated current skill and evidence of performance of 150 polysomnograms or related studies over 36 months.

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Return to practice: Repetition of an accredited training program in polysomnography.

Non-core privileges: Diagnostic evoked potentials

- ☐ **Requested** Diagnostic Evoked Potentials
- ☐ **Requested** Intraoperative neurophysiologic monitoring

Initial privileges: Successful completion of a postgraduate training program in evoked potentials OR completion of a clinical fellowship or equivalent training in a recognized neurophysiology training centre that includes training in evoked potentials.

For interpretation of intraoperative neurophysiologic monitoring candidates must demonstrate adequate training during their Neurology fellowship and have performed 20 such studies during the training process.

AND

Recommended current experience: Demonstrated current skill and evidence of interpretation of at least 20 evoked potentials within the past 24 months. For intraoperative neurophysiologic monitoring; demonstrated current skill in the performance of at least 20 studies in the past 24 months

Renewal of privileges: Demonstrated current skill and evidence of interpretation of at least 50 evoked potentials within the past 24 months.

For intraoperative neurophysiologic monitoring, candidates to demonstrate current skill and have performed at least 20 studies in the past 24 months.

Return to practice: Repetition of an accredited training program in evoked potentials

Non-core privileges: Diagnostic vestibular testing

- ☐ **Requested** ENG Electronystagmography
- ☐ **Requested** Posturography

Initial privileges: Successful completion of a postgraduate training program in vestibular testing

OR

Completion of a clinical fellowship or equivalent training in a recognized neuro-otology training centre that includes training in vestibular testing.

AND

Neurology Clinical Privileges

Recommended current experience: Demonstrated current skill and evidence of interpretation of at least 50 vestibular studies within the past 24 months

Renewal of privileges: Demonstrated current skill and evidence of interpretation of at least 50 vestibular studies within the past 24 months.

Return to practice: Repetition of an accredited training program in neuro-otology.

Non-core privileges: Diagnostic visual testing

- ☐ **Requested** Automated and Manual Visual Field Testing
- ☐ **Requested** Computerized Retinal Imaging (e.g. OCT, HRT)
- ☐ **Requested** Electrophysiology of Visual System (e.g. EOG, ERG, VEP)
- ☐ **Requested** Fundus Imaging (e.g. FA, Retinal Photography)
- ☐ **Requested** Tonometry
- ☐ **Requested** Colour Vision Assessment
- ☐ **Requested** Schirmer Testing
- ☐ **Requested** Manual or Electronic Eye movement Assessment

Initial privileges: Successful completion of a postgraduate training program in neuro-ophthalmology OR completion of a clinical fellowship or equivalent training in a recognized neuro-ophthalmology training centre that includes training in ophthalmic testing.

AND

Recommended current experience: Demonstrated current skill and evidence of interpretation of at least 50 of the requested studies (in total), within the past 24 months.

Renewal of privileges: Demonstrated current skill and evidence of interpretation of at least 50 of the requested studies (in total), in the past 24 months.

Return to practice: Repetition of an accredited training program in neuroophthalmology.

Non-core privileges: EMG and nerve conduction studies

[DESIGNATED A RESTRICTED SERVICE BY THE MEDICAL SERVICES COMMISSION]

- ☐ **Requested**

Initial privileges: Specialty certification in neurology, and Certification by the Canadian Society of Clinical Neurophysiologists.

AND

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Upon completion of the necessary training and experience, the physician requesting EMG credentialing from the Diagnostic Accreditation Program must provide a letter of “Verification of Training” from the EMG Laboratory Director of the accredited facility with which they have been affiliated, and confirmation of certification.

Recommended current experience: At least 200 clinical neurophysiology procedures, reflective of the scope of privileges requested, during the past 24 months or successful completion of an -accredited residency or clinical fellowship within the past 24 months.

Renewal of privileges: Current demonstrated skill and an adequate volume of experience (200 clinical neurophysiology procedures) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Return to practice: Repetition of an accredited training program in clinical neurophysiology.

Non-core privileges: Botulinum toxin injections

- ☐ **Requested** for movement disorders
- ☐ **Requested** spasticity
- ☐ **Requested** chronic migraine
- ☐ **Requested** blepharospasm
- ☐ **Requested** extra ocular muscles
- ☐ **Requested** hemifacial spasm

Initial privileges: Successful completion of an accredited training program in botulinum toxin injections for the privileges requested.

AND

Recommended current experience: Demonstrated current skill in performance of the injections in at least 50 procedures for the requested privileges, within the past 24 months.

Renewal of privileges: Demonstrated current skill in performance of the injections for in at least 50 procedures for the requested privileges, within the past 24 months.

Return to practice: Repetition of an accredited training program in botulinum toxin injections.

Non-core privileges: Biopsies

- ☐ **Requested** Muscle
- ☐ **Requested** Nerves
- ☐ **Requested** Skin (excluding punch biopsies less than 5mm)

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- ☐ **Requested** temporal artery

Initial privileges: Successful completion of an accredited training program in biopsies of the areas requested.

AND

Recommended current experience: Demonstrated current skill in performance of the biopsies in at least 5 studies for the requested areas within the past 24 months

Renewal of Privileges: Demonstrated current skill in performance of the biopsies in at least 5 studies for the requested areas within the past 24 months

Return to practice: Repetition of an accredited training program in biopsies.

Non-core privileges: Pumps and stimulators

- ☐ **Requested** Intrathecal infusion pumps
- ☐ **Requested** Monitoring electronic nerve and brain stimulators
- ☐ **Requested** Ventriculoperitoneal shunt flow rates
- ☐ **Requested** Intestinal drug infusion pumps

Initial privileges: Successful completion of an accredited training program in monitoring and managing of infusion pumps and/or stimulators.

AND

Recommended current experience: Demonstrated current skill in monitoring and managing at least 5 devices in the requested area, within the past 24 months

Renewal of privileges: Demonstrated current skill in monitoring and managing at least 5 devices in the requested area, within the past 24 months.

Return to practice: Repetition of an accredited training program in monitoring and managing of infusion pumps and/or stimulators.

Non-core privileges: Anesthetic nerve blockades

- ☐ **Requested** Peripheral nerve blockades
- ☐ **Requested** Radiologic guided nerve blockades
- ☐ **Requested** Rhizotomies

Initial privileges: Successful completion of an accredited training program in nerve blockades and rhizotomies.

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AND

Recommended current experience: Demonstrated current skill in the performance of at least 20 procedures for the requested procedures, within the past 24 months

Renewal of privileges: Demonstrated current skill in performance of at least 20 procedures for the requested procedures, within the past 24 months.

Return to practice: Repetition of an accredited training program in nerve blockades and rhizotomies.

Non-core privileges: Peripheral nerve ultrasound

☐ Requested

Initial privileges: Successful completion of an accredited training program in performing peripheral nerve ultrasound

AND

Recommended current experience: Demonstrated current skill in the performance of at least 10 procedures for the requested procedures, within the past 24 months

Renewal of privileges: Demonstrated active practice with documented CME over the previous privileging cycle. Current demonstrated skill and sufficient experience, over the past 24 months, reflective of the scope of privileges requested, based on results of ongoing professional practice evaluation and outcomes acceptable to the appropriate medical leader.

Return to practice: Repetition of an accredited training program in performing peripheral nerve ultrasound

Non-core privileges: Brain mapping by stimulation

☐ Requested: Mapping of language and motor function by direct cortical brain stimulation

Initial privileges: Successful completion of a clinical epilepsy fellowship or equivalent training in a recognized training centre that includes training in direct cortical stimulation of the brain to map language and motor function.

AND

Recommended current experience: Demonstrated current skill and evidence of performance and interpretation of at least 4 studies within the past 24 months

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Renewal of privileges: Demonstrated current skill and evidence of interpretation of at least 4 studies of direct cortical brain stimulation within the past 24 months.

Return to practice: Repetition of an accredited training program.

Context specific privileges

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

Context specific privileges: Administration of procedural sedation

☐ Requested

See “Hospital Policy for Sedation and Analgesia by Non-anesthesiologists.”

Neurology Clinical Privileges

Additional privileges

Definition: An additional privilege is any privilege that is not included in the core, non-core, or context-specific privileges dictionary for your discipline.

To request a privilege that is not included in the core, non-core, or context specific privileges for your discipline, notify your medical leader or local credentialing office.

A credentialing coordinator will send you an additional privilege request form to complete.

Instructions

On the additional privilege request form, you'll be asked to provide the following details:

- a) the privilege requested (*the procedure or activity you are requesting*)
- b) the site or facility where the privilege would be exercised, and
- c) your relevant training, experience or certification, if applicable.

Your request for additional privileges will be submitted to your medical leader. Please note that additional privileges are not automatically granted, but are reviewed to determine alignment with the site capacity and to ensure training requirements are met.

Dictionary content and feedback

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

Dictionary content will be updated as according to the review schedule posted at the bcmqi.ca dictionary review hub. You can provide input on a dictionary at any time, by submitting a [Dictionary Feedback](#) form to the BC MQI office.

Neurology Clinical Privileges

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: