

The Neuropathology 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 privileging dictionaries and 4 subject matter experts, who work across 3 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. Admitting has been removed as a core privilege.

There was general consensus from the panel that admitting can be removed as a core privilege.

2. Revisions made to the description of core privileges to better reflect practice.

The following statement was removed to better reflect practice: May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.

3. Molecular pathology added as a distinct non-core privilege.

Molecular pathology has been added as a distinct non-core privilege, to align with how it is managed in Anatomical and General Pathology. FISH is now distinct from molecular pathology.

4. New procedure added to core procedure list.

Correlate molecular genetic test results with histopathological findings.

Core Privileges

Decision / Revision: Removed statement regarding providing care to patients in ICU to better reflect practice

Engagement Method: Panel discussion

ORIGINAL	REVISION
<p>The original version had criteria specifically for care of a patient in ICU, which</p> <p>May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.</p>	<p><u>C1</u>: Removed</p>

Decision / Revision: Remove Admitting as a core privilege

Engagement Method: Panel discussion

ORIGINAL	REVISION
<p>Core privileges: Admitting Privileges</p> <p><input type="checkbox"/> Requested: Full Admitting</p>	<p>Removed</p>

Decision / Revision: Added a core procedure

Engagement Method: Panel discussion

ORIGINAL	REVISION
<p>Core procedures list:</p>	<p><u>C2</u>: Core procedures list: Correlate molecular genetic test results with histopathological findings</p>

Non-Core Privileges

Decision / Revision: Added Molecular Pathology as a distinct non-core privilege

Engagement Method: Panel discussion

ORIGINAL	REVISION
<p>Non-core Privileges: Molecular Pathology including FISH</p> <p><input type="checkbox"/> Requested</p> <p>Initial privileges: The applicant has completed training to the satisfaction of the Regional Medical Director for Lab Medicine.</p> <p>Renewal of privilege: The applicant has spent 24 weeks in the last three years working in a personal practice of medicine that included molecular pathology as regular modality.</p>	<p>C3: Non-core Privilege: Molecular Pathology</p> <p>Definition: Interpretation, reporting, documentation and oversight of genetic and genomic methods and findings in the practice of pathology</p> <p><input type="checkbox"/> Requested</p> <p>Initial privileges: The applicant has completed training to the satisfaction of the appropriate medical leader as per Medical Staff Bylaws and Rules within each health authority AND</p> <p>Required current experience: Full- or part-time pathology services, reflective of the scope of privilege requested, for the past 12 months or successful completion of postgraduate fellowship in the past 12 months.</p> <p>Renewal of privileges: To be eligible to renew this privilege, the applicant should meet the following criteria: Current demonstrated skill and an adequate volume of full- or part-time experience with acceptable results, reflective of the scope of the privilege requested, (minimum of 24 weeks working in the discipline for the past 36 months) based on results of ongoing professional practice evaluation and outcomes</p> <p>Return to practice: Individualized evaluation at an academic training center that trains Pathology residents, with supervision of core procedures relevant to their intended scope of practice.</p> <p>Non-core Privileges: FISH (fluorescence in situ hybridization)</p> <p><input type="checkbox"/> Requested</p> <p>Initial privileges: The applicant has completed training to the satisfaction of the appropriate medical leader.</p> <p>Renewal of privilege: The applicant has spent 24 weeks in the last three years working in a personal practice of medicine that included FISH as a regular modality.</p>

Neuropathology 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

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necessary subspecialties and infrastructure for appropriate care.

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

Neuropathology Clinical Privileges

Definition

Neuropathology is the laboratory specialty concerned with the investigation and diagnosis of primary and secondary diseases of the central and peripheral nervous systems and skeletal muscle.

Qualifications for Neuropathology

Initial privileges: Certification in Neuropathology by the Royal College of Physicians and Surgeons of Canada or be recognized as a Neuropathologist by the College of Physicians and Surgeons of British Columbia by virtue of credentials earned in another jurisdiction that are acceptable to both the College and the Health Authority and its Affiliate(s).

AND

Recommended current experience: Full- and/or part-time Neuropathology services, reflective of the scope of privileges requested, for the past 12 months or successful completion of a Royal College of Physicians and Surgeons of Canada residency in Neuropathology (or equivalent) or clinical/research fellowship immediately following residency within the past 12 months.

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

Current demonstrated skill and an adequate volume of full- or part-time experience with acceptable results, reflective of the scope of the privileges requested, (minimum of 24 weeks working in the discipline for the past 36 months) based on results of ongoing professional practice evaluation and outcomes.

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

Core Privileges: Neuropathology

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

☐ Requested

Diagnostic and consultative Neuropathology (as defined by the Royal College of Physicians and Surgeons of Canada); applied to neurosurgical and neurocytology and neuropathologic autopsy specimens. Apply and oversee relevant diagnostic techniques that include: immunohistochemistry, electron microscopy and immunofluorescence. 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.

Neuropathology Clinical Privileges

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 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.

- Interpretation and reporting of immunohistochemical investigations
- Interpretation and reporting of electron microscopy studies
- Interpretation and reporting of investigations employing immunofluorescence
- Clinical consultation
- Correlate molecular genetic test results with histopathological findings

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 privilege: Molecular pathology

Interpretation, reporting, documentation and oversight of genetic and genomic methods and findings in the practice of pathology

☐ Requested

Initial privileges: The applicant has completed training to the satisfaction of the appropriate medical leader as per Medical Staff Bylaws and Rules within each health authority

AND

Required current experience: Full- or part-time pathology services, reflective of the scope of privilege requested, for the past 12 months or successful completion of postgraduate fellowship in the past 12 months.

Renewal of privileges: To be eligible to renew this privilege, the applicant should meet the following criteria:

Current demonstrated skill and an adequate volume of full- or part-time experience with acceptable results, reflective of the scope of the privilege requested, (minimum of 24 weeks

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working in the discipline for the past 36 months) based on results of ongoing professional practice evaluation and outcomes

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

Non-core privileges: FISH (fluorescence in situ hybridization)

☐ Requested

Initial privileges: The applicant has completed training to the satisfaction of the appropriate medical leader.

Renewal of privilege: The applicant has spent 24 weeks in the last three years working in a personal practice of medicine that included FISH as a regular modality.

Context Specific Privileges

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

None identified at this time.

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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.

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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:

- 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.
- 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: