

The Pediatrics dictionary was approved by PMSEC on 12 July 2018.

REVIEW PANEL COMPOSITION

The panel is composed of two co-chairs with expertise in the provincial privileging dictionaries and 6 subject matter experts, who work across 5 of the province's health authorities.

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. Restructure core-privileges, offer selectable core procedures

The decision was made to make individual procedures in the core privileges list selectable for ease of use and to better reflect practice of those pediatricians who practice in a more consultative role.

2. Update requirements for Methadone prescribing to align with the new guidelines

The panel was referred to the new guidelines for methadone prescribing published June 2017. BC Centre on Substance Use is a new provincial program overseeing methadone maintenance for opioid use. The College of Physicians and Surgeons BC will remain the licensure for methadone for analgesia.

3. Removed reference to Diagnostic Accreditation Program (DAP) for pulmonary function testing.

Dictionaries should no longer make reference to the DAP, allowing them to stand alone. The College DAP will adopt the provincial dictionaries as written and apply them directly.

Non-core privileges

Decision / Revision: Recommended current experience revised to reflect scope of work as opposed to specific nursery experience

Engagement Method: Panel discussion

ORIGINAL	REVISION
<p>Recommended current experience: completion of training with in previous 24 months,</p> <p>OR</p> <p>working in an intermediate care nursery within the past 24 months</p> <p>Renewal of privileges: working in a 2b (or higher) neonatal facility (see attached appendix)</p> <p>Return to practice: Individual discussion to determine the supports needed to return to skill level required to engage in the requested procedures.</p>	<p>C1: Recommended current experience: completion of relevant training with in the previous 24 months</p> <p>OR</p> <p>able to demonstrate an adequate amount of relevant clinical experience reflective of the scope of the privileges requested in an intermediate or high care nursery within the past 24 months</p> <p>Renewal of privileges: Current demonstrated skill and an adequate amount of full- or part-time clinical experience, in an intermediate or high care nursery reflective of the scope of the privileges requested</p>

Pediatrics 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: July 12, 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

Pediatrics Clinical Privileges

Description

Pediatrics is the 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 children (newborns, infants, children and youth) 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 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 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 Neonatal Resuscitation Program (NRP) within the previous 2 years or current NRP instructor, if attending births.

Other courses e.g. Pediatric Advanced Life Support (PALS), Advanced Pediatric Life Support (APLS), Acute care of at-Risk Newborns (ACORN) may be recommended for practicing at this facility, but are not required at this time.

Renewal of privileges: Minimum of 336 hours (approximately 1 day per week) per year of pediatric 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.

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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 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 disorders. 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 at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques.

To the applicant: Select the following procedure(s) you wish to perform routinely.

Core Procedures List for newborns, infants, children and youth

Performance of comprehensive history (which may need to include social, family and development history) and physical exam.

- ☐ **Requested:** Establish peripheral intravenous access.
- ☐ **Requested:** Blood sampling via vein (peripheral or central).
- ☐ **Requested:** Lumbar puncture
- ☐ **Requested:** Bladder catheterization or suprapubic aspiration.
- ☐ **Requested:** Stabilization prior to transport of critically ill children
- ☐ **Requested:** Management of stable preterm infants 32 weeks and above

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☐ **Requested:** Airway management including CPAP for a period under 4 hours

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: 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**

Initial privileges: residency training that included the above procedures

AND

Recommended current experience: completion of relevant training with in the previous 24 months

OR

Able to demonstrate an adequate amount of relevant clinical experience reflective of the scope of the privileges requested in an intermediate or high care nursery within the past 24 months

Renewal of privileges: Current demonstrated skill and an adequate amount of full- or part-time clinical experience, in an intermediate or high care nursery reflective of the scope of the privileges requested.

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

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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 for Analgesia

❑ Requested:

Initial privileges/ Renewal/ Return to Practice: Compliance with the College of Physicians and Surgeons of British Columbia (CPSBC) Practice Standard – Prescribing Methadone with regard to prescribing for analgesia.

Continuation of an established prescription for inpatients during hospitalization is a core privilege.

Non-core privileges: Methadone prescribing for Opioid Use Disorder

❑ Requested:

Initial privileges/ Renewal/ Return to Practice: Compliance with the College of Physicians and Surgeons of British Columbia (CPSBC) Practice Standard – Prescribing Methadone with regard to the treatment of opioid dependence.

Continuation of an established prescription for inpatients during hospitalization is a core privilege.

Non-core privileges: Formal Developmental Assessments (team-based)

❑ Requested

Formal developmental assessments require 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

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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) and any ongoing training updates required from the relevant governing body, e.g. BCAAN.

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 via intrathecal (LP), into an Ommaya reservoir, or via any appropriate port or device.
(Under direction from BC Children's Hospital)

Initial privileges: Successful completion of a residency training program that included the above procedure and satisfies the training requirements as set out by the BCCH Children's Oncology Group

AND

Recommended current experience: Successful completion of residency training with in the previous 24 months, OR satisfying the currency requirements as set out by the BCCH Children's Oncology Group.

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

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**

[DESIGNATED A RESTRICTED SERVICE BY THE MEDICAL SERVICES COMMISSION]

Initial privileges: The applicant has completed appropriate training reflective of the scope of the privileges requested to the satisfaction of the appropriate medical leader

AND

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Recommended current experience: Maintain adequate volume of current clinical experience reflective of the scope of the privileges requested and demonstrate current experience based on results of ongoing professional practice evaluation outcomes.

Renewal of privileges: 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.

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

Non-core privileges: Formal ECG Reporting

☐ Requested

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

AND

Recommended current experience: Maintain adequate volume of current clinical experience reflective of the scope of the privileges requested and demonstrate current experience based on results of ongoing professional practice evaluation outcomes.

Renewal of privileges: 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.

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

Context Specific Privileges

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

Context specific privileges: Administration of procedural sedation

☐ Requested

To be performed in accordance with the organization's policy on procedural sedation by non-anesthesiologists.

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Context specific privileges: High acuity pediatric care

☐ **Requested**

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

Reference Only

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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:

- 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: