

Privileges in Neurosurgery

Applicant's Name:

Instructions:

1. Click the **Request** checkbox to request a group of **Core Privileges**.
2. **Uncheck** any privileges you do not want to request in this group.
3. Individually check off any **Special Privileges** you want to request.
4. Sign form electronically and **submit with all required documentation**.
5. To have **Administration of Sedation** privileges you must complete LPCH Sedation Privilege form (contact your medical staff coordinator for the form)

Required Qualifications	
CORE Privileges Education/Training	<p>Successful completion of an ACGME accredited Residency training program in Neurological Surgery or foreign equivalent training</p> <p style="text-align: center;">AND</p> <p>Current certification and participation in Maintenance of Certification (MOC) or active participation in the examination process leading to certification in Neurosurgery by the American Board of Neurosurgery (ABNS), American Board of Pediatric Neurosurgery (ABPNS), or foreign equivalent training/board.</p>
FPPE	<p>FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS</p>

Assist Only

Qualifications

Additional Information No Admitting privileges
Must have primary surgeon in attendance for all procedures scheduled

Renewal Criteria Must maintain reappointment activity of 11+ per year
Maintain current certification or active participation in the examination process leading to certification in Neurosurgery by the American Board of Neurosurgery or the American Osteopathic Board of Neurosurgery or foreign equivalent training/board

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i></p>	Dept Chair Rec
	Assist Only	
	Assist Only - Serving as Assist Only. [CRITERIA - Initial - must meet initial Education/Training criteria above]	

Core Privileges

Qualifications

CORE Reappointment Criteria Maintenance of current certification by the American Board of Neurosurgery (ABNS), American Board of Pediatric Neurosurgery (ABPNS), Maintenance of Certification (MOC) or foreign equivalent training/board.
Minimum 25 Core cases required during the past 2 years (Be prepared to provide a list of cases performed at facilities other than LPCH if requested)

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i></p>	Dept Chair Rec
	Privileges to admit, evaluate, diagnose, consult, perform history and physical exam, and provide pre-, intra-, and postoperative neurosurgical treatment to patients presenting with illnesses, injuries, and disorders of the central and peripheral nervous system, including their supporting structures and vascular supply; provide consultation; and order diagnostic studies and procedures related to the neurological problem	
	Privileges to admit, evaluate, diagnose, consult, perform history and physical exam to patients presenting with illnesses, injuries, and disorders of the central and peripheral nervous system, including their supporting structures and vascular supply; provide consultation; and order diagnostic studies and procedures related to the neurological problem	
	Peripheral nerve surgery	
	Spine and spinal cord procedures	
	Laminectomies, laminotomies, and fixation and reconstructive procedures of the spine and its contents, including instrumentation	
	Cranial surgery	

	Extra-cranial vascular surgery	
	Neonatal cranial and spinal surgery [CRITERIA - Successful completion of an approved Fellowship in Pediatric Neurosurgery for patients under 1 year of age or foreign equivalent training]	
	Minor procedures under local anesthesia	
	Spinal puncture, lumbar (diagnostic, therapeutic, myelography and/or placement of drain)	
	Cisternal puncture	
	Ventricular tap (with twist drill or through prior burr hole), includes ventriculostomy placed for continuous drainage	
	Excision of scalp lesions	
	Placement of intracranial pressure monitor	
	Subdural tap (with twisthole or through prior burr hole)	
	Nerve and/or muscle biopsy	

FPPE Requirements

Core (Chart Review)

Core (Direct Observation)

Special Privileges

Description: Must also meet Required Qualifications for Core Privileges

Request	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i>	Dept Chair Rec
	Treatment of patients in outpatient clinics at Lucile Packard Children's Hospital [Criteria - Teaching appointment to work in LPCH outpatient clinics]	
	Use of fluoroscopy equipment (or supervision of other staff using the equipment) - [Criteria - Valid Radiology Supervisor and Operator Certificate or Fluoroscopy Supervisor and Operator Permit Required]	
	Use of intra-operative laser [Initial Criteria - 25 cases required during the past 2 years - documentation log required, -OR- Letter from Program Director or prior Service Chief of competency. Reappointment Criteria - Minimum of 5 cases required during the past 2 years]	
	Endoscopic minimally invasive surgery [Initial Criteria - Minimum of 20 cases required during the past 2 years - documentation log required -OR- Letter from Program Director or prior Service Chief of competency. Renewal Criteria - Minimum of 10 cases required during the past 2 years]	
	Extracranial-intracranial revascularization [Initial Criteria - 25 cases required during the past 2 years - documentation log required, -OR- Letter from Program Director or prior Service Chief of competency. Renewal Criteria - Minimum of 5 cases required during the past 2 years]	
	Stereotactic Radiosurgery: Performed in collaboration with Radiation Oncology [Initial Criteria - Cyberknife Training Course; Observe ten (10) cases 10 cases preceptored; Letter from Neurosurgery co-director of cyberknife program; Letter from Division Chief of Pediatric Neurosurgery -OR- for experienced Cyberknife physicians: Letter from current Cyberknife Director, stating provider's Cyberknife experience and privileges; Minimum of 25 pediatric cases in the past 2 years Renewal Criteria - Minimum of 5 cases required during the past 2 years]	
	Radiosurgery Treatment for Functional Applications ***Panel review report of outcomes required [Initial Criteria - 2 years experience in Functional Neurosurgery and privileges in Stereotactic Radiosurgery; or 200 cases of Stereotactic Radiosurgery. Renewal Criteria - Minimum of 3 cases required during the past 2 years]	
	Brain, Spine and Peripheral Nerve Trauma Surgery for Neurosurgeon Management of Pediatric Trauma Patients <15 years [Initial Criteria - Case log demonstrating experience required. Renewal Criteria - LPCH Neurosurgery Service Chief (or designee) to provide confirmation that the applicant meets these requirements. Active member of the trauma panel during the past year; Participate in at least 50% of quarterly Pediatric Neurosurgery Trauma Journal Clubs. Receive and read the Executive Summary of all Pediatric Trauma Journal Clubs; Demonstrate clinical care competency through ongoing review by the monthly combined Pediatric - Adult Professional Practice Evaluation Committee; Annual review by LPCH Neurosurgery Service Chief (or designee)]	
	Injecting intrathecal chemotherapy via lumbar or intraventricular route [Initial Criteria - Documentation of administration of intrathecal chemotherapy during residency or fellowship. Proctorship of intrathecal chemotherapy, 5 cases. Neuro-oncology fellowship with documentation of intrathecal chemotherapy administration. Renewal Criteria - Minimum of 5 cases required during the past 2 years]	
	SHC Neurosurgeon - Emergent and urgent care of any patient of any age, with care transferred as soon as possible to practitioner with full privileges for that patients age, physical status and condition except for patients over age 18 for which they may continue primary care. [Initial Criteria - Meeting Core Privileges criteria for pediatric neurosurgery training or equivalency is not required. Current active privileges at SHC. Renewal Criteria - Current active privileges at SHC]	

FPPE Requirements

- Use of intra-operative laser
- Endoscopic minimally invasive surgery
- Extracranial-intracranial revascularization
- Injecting intrathecal chemotherapy via lumbar or intraventricular route OR Cerebral spinal fluid catheter, shunt or reservoir
- Stereotactic Radiosurgery
- Radiosurgery Treatment for Functional Applications (Chart Review)
- Radiosurgery Treatment for Functional Applications (Direct Observation)
- Brain, Spine and Peripheral Nerve Trauma Surgery for Neurosurgeon Management of Pediatric Trauma Patients <15 years
- SHC Neurosurgeon

Acknowledgment of Applicant

I have requested only those privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform, and that I wish to exercise at Stanford Children's Health. I also acknowledge that my professional malpractice insurance extends to all privilege I have requested.

I acknowledge I have met the minimum number of cases required as identified for privileges.

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.

By clicking on the "Submit" button below, I have electronically signed, dated and submitted this privilege request _____ Date

Service Chief Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

Privilege	Condition/Modification/Deletion/Explanation

Service Chief Recommendation - FPPE Requirements

Service Chief/Designee - By clicking on the 'Submit' button below, I have electronically signed, dated and approved this privilege request

Date