

# INTERNAL MEDICINE / ENDOCRINOLOGY

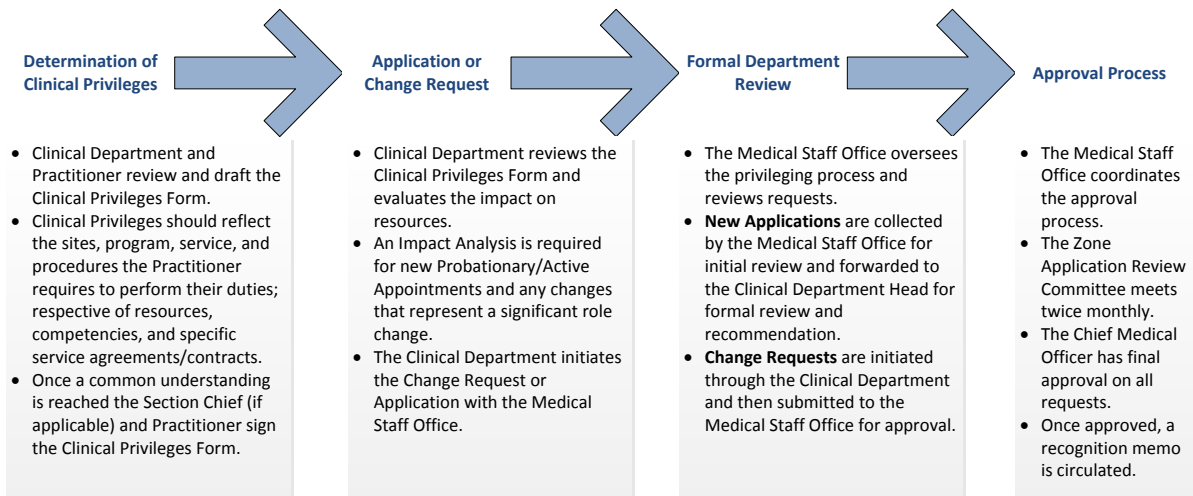
The granting of Clinical Privileges for Procedures for all Practitioners is made on the basis of each Practitioner's documented training, experience, demonstrated abilities and skill, and current competence, as well as the available AHS resources.  
(AHS Medical Staff Bylaws article 3.2.6.3)

Please review the procedures listed below and select privileges using the corresponding checkbox. Upon completion, please sign and date where indicated and submit with the Appointment Application Form or Change Request Form per the process summarized below.

Practitioner Signature	Practitioner Name	Date

**This Form cannot fulfill a request unless attached to a New Appointment Application or a Change Request Form.**

The following summarizes the document flow in the typical application and change processes.



### RECOMMENDATION

<b>Zone Clinical Department Head Signature</b>	Printed Name	Date
<b>Endocrinology Section Chief Signature</b>	Printed Name	Date

The personal information on this form is collected under the legal authority of section 33(c) of the Freedom of Information and Protection of Privacy Act. The information will be used by or disclosed for employment purposes. For questions, concerns or more information about the collection, use or disclosure of the personal information, please contact Information and Privacy at 1-877-476-9874 or by email at [privacy@albertahealthservices.ca](mailto:privacy@albertahealthservices.ca)

Section <i>Select new, add, remove, or change then locum and/or primary if applicable</i>	New	Add	Remove	Change	Locum	Primary
Endocrinology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Legend for Selecting Sites of Clinical Privileges for Endocrinology**

INPATIENT HOSPITAL SERVICE	Primary Site (select 1 site only)	OUTPATIENT CLINICS AND SERVICES IN HOSPITAL AND OTHER FACILITIES	Primary Site
FMC – Foothills Medical Centre	<input type="checkbox"/>	RRDTC – Richmond Road Diagnostic & Treatment Centre	<input type="checkbox"/>
PLC – Peter Lougheed Centre	<input type="checkbox"/>	TBCC – Tom Baker Cancer Centre <i>(requires an appointment in Oncology)</i>	<input type="checkbox"/>
RGH – Rockyview General Hospital	<input type="checkbox"/>		
SHC – South Health Campus	<input type="checkbox"/>		

General Privileges	FMC	PLC	RGH	SHC	RRDTC	TBCC	Exclusions
<b>Admitting</b> <i>Includes; assessment, evaluating, consulting, diagnosing, treating and surgical assistance.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Consultation</b> <i>Includes; conduct history and assessment for the purpose of making recommendations and implement management related to care and treatment.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Endocrinology Clinical Privileges	FMC	PLC	RGH	SHC	RRDTC	TBCC	Exclusions
Fine-needle thyroid aspiration/biopsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Interpretation of hormone assays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Interpretation of laboratory results/studies including the effects of non-endocrine disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Interpretation of radiologic and other imaging studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Performance and interpretation of stimulation and suppression tests (provocation testing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Prescription and utilization of diabetes technology/procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Radioactive iodine for benign thyroid disease	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Radionuclide localization of endocrine tissue	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Endocrinology Privileges Requiring Additional Training/Experience/Skills	FMC	PLC	RGH	SHC	RRDTC	TBCC	Exclusions
<b>Biopsy/excision bone/soft tissue</b> <i>Evidence of training bone biopsy and/or demonstrated training and experience to satisfy the ZCDH</i>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Co-order / co-administration of radioactive isotope therapies (in conjunction with nuclear medicine specialist) for endocrine cancer and/or neural endocrine tumors</b> <i>Completion of a nuclear medicine rotation during an Endocrinology fellowship and/or demonstrated training and experience to satisfy the ZCDH</i>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
<b>Insulin pump therapy</b> <i>Certification currently being developed</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Islet transplantation</b> <i>Completion of islet fellowship and/or demonstrated training and experience to satisfy the ZCDH and Director of Transplant Surgery</i>							
<b>Procedural Sedation</b> <i>Compliance with the AHS Procedural Sedation Policy (PS-21) and Procedure (PS-21-01)5. Demonstrated combination of education, training AND/OR experience in conscious sedation to satisfy the ZCDH.</i>							
<b>Radioactive iodine for thyroid cancer</b> <i>6 months of active participation with own patients in a multidisciplinary thyroid cancer team and multidisciplinary thyroid cancer rounds</i>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
<b>Radiologic measurement of bone density</b> <i>Evidence of training and certification in Clinical Densitometry (CCD) through the International Society for Clinical Densitometry (ISCD) and/or demonstrated training and experience to satisfy the ZCDH</i>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
<b>Ultrasonography of soft tissue of neck</b> <i>Evidence of training and certification in ultrasound of the soft tissue of the neck and/or demonstrated training and experience to satisfy the ZCDH</i>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

[Procedural Sedation Policy, Procedure and Education Materials http://insite.albertahealthservices.ca/9227.asp](http://insite.albertahealthservices.ca/9227.asp)

**Note:** No recommendation on Clinical Privileges is meant to prevent any licensed Practitioner from performing any medical procedure on any person in an emergency situation where failure to perform that procedure may result in death or serious injury or harm to the person