Department of Surgery
Section of Neurosurgery

Rules and Regulations

Reviewed/Revised by Section*
April 20, 2010

Approved by Bylaws Committee
July 20, 2011

Approved by Medical Executive Committee
October 4, 2011

Approved by Board
October 31, 2011
A. Membership

1. All members of the Section of Neurosurgery and subsection of Pediatric Neurosurgery, referred to as “members,” shall have completed a Neurosurgery residency in an approved program and be certified or board-eligible by the American Board of Neurological Surgery (ABNS).

2. Board-certified Neurosurgeons may request and be granted permanent neurosurgery consulting privileges.

3. Board-eligible Neurosurgeons may request and be granted temporary neurosurgery consulting privileges, which need to be reviewed annually by the Chief of the Section, until board certification is attained.

4. Board-eligible neurosurgeons are required by the Section of Neurosurgery to obtain their certification by the ABNS within the time frame established by said Board.

5. The practice of pediatric neurosurgeons shall be limited strictly to the field of pediatric neurosurgery.

B. Privileges - All members may request operative privileges in accordance with their expertise or skills gained during residency. Additional or post-residency privileges may be requested by presenting appropriate documentation of training and experience to the section of Neurosurgery for approval.

C. All members of the Section of Neurosurgery and subsection of Pediatric Neurosurgery shall maintain proficiency in Neurosurgery through continuing medical education as expected by the specialty and its societies, the American Board of Neurological Surgery, and medical Licensing Board of Illinois.

D. All members will conduct themselves in an appropriate and professional manner befitting the specialty in dealing with colleagues, hospital personnel and patients during performance of hospital activities.

E. New members shall accept personal observation in patient care during their probationary period of 6 months by the Chief of Section or his designee, and at any time a question arises with respect to the quality of patient care. In order to be released from the probationary period, the neurosurgeon must do an average of 2 cases per month as the primary surgeon, which equals a minimum of 12 cases in the probationary 6-month period.
F. Attendance at scheduled and special meetings call by the Chief of the Section of Neurosurgery is an obligation of all members.

G. All members are prohibited from participating in unethical or illegal socioeconomic practices, such as fee splitting, which are forbidden by the American Association of Neurological Surgeons, Congress of Neurological Surgeons, and the American College of Surgeons.

H. All prescribed in-hospital and outpatient dictations dealing with patient care (histories and physical exams, consultations, operative reports, etc.) shall be done in a timely fashion in accordance with hospital guidelines.

I. All operations or procedures done in the hospital shall be dictated promptly by the performing neurosurgeon and put into written form in the medical chart within 24 hours after surgery.

J. Emergency Department (ED) Responsibilities:

1. NCH ED and Treatment Center call is mandatory for all members of the section who are eligible to take call, except neurosurgeons who have achieved senior attending status who may decline to participate.

   In order to be eligible to take ED call, a section member must have successfully completed his/her probationary period of 6 months, and be engaged in an active clinical practice at NCH.

2. A call schedule shall be submitted by the section chief, which shall be equitable to all members of the section. No member of the section shall be required to be on call for more than 1 week at a time. The coverage starts 7:00a.m. on Fridays and ends at 7:00a.m. on the following Friday.

3. The Medical Staff Office maintains the Emergency Department call roster. If a neurosurgeon is unable to fulfill his/her obligation, he/she will be responsible for finding a substitute to cover, and then should notify the Medical Staff Office of the substitution. The Medical Staff Office shall then notify all appropriate departments of the change in the call roster.

4. It is the responsibility of the Emergency Department on-call neurosurgeon to respond appropriately and in a timely manner to all Emergency Department calls requiring his/her expertise, advice and management (surgical and non-surgical). If the neurosurgeon is not able to comply with his ED responsibility, he/she must immediately designate a colleague to cover for him/her. He/she is responsible for acceptable and appropriate alternatives to safeguard the best interests of the Emergency Department patient while complying with hospital guidelines, and those of the State of Illinois (EMTALA/COBRA regulations).
K. Governance:

The Neurosurgery section voting members only for those who are Voting Attending on the Medical Staff as per defined in the Bylaws as of January 1, 2006. Any currently voting members of the Neurosurgery section as of December 27, 2005 will be grandfathered in regardless of their current staff membership status. At the termination of his/her provisional year, the section member may petition the section, through the section chief, to obtain voting privileges, the section will discuss the matter and a vote will be taken.