

General Internal Medicine 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:

June 4, 2013.

Applicant: Check the “Requested” box for each privilege requested. Applicants are responsible for producing required documentation 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 separately.

[Department/Program Head or Leaders/ Chief]: 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 is an estimate of the level of activity below which a collegial discussion about support should be triggered. It is not a disqualifier. This discussion should be guided not only by the expectations and standards outlined in the dictionary but also by the risks inherent in the privilege being discussed and by similar activities that contribute to the skill under consideration. This is an opportunity to reflect with a respected colleague on one's professional practice and to deliberately plan an approach to skills maintenance.

Other requirements

- Note that 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 competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

Note: The dictionary will be reviewed over time to ensure it is reflective of current practices, procedures and technologies.

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Grandparenting: Physicians holding privileges prior to implementation of the dictionary will continue to hold those privileges as long as they meet currency and quality requirements.

Definition: An Internist is a specialist trained in the diagnosis and treatment of a broad range of diseases in adults involving all organ systems, and is proficient in the medical management of patients who have undifferentiated or multi-system disease processes. An Internist cares for hospitalized and ambulatory patients and may play a role in teaching or research.

Qualifications for General Internal Medicine

Initial privileges: To be eligible to apply for privileges in Internal Medicine, the applicant should meet the following criteria:

Current certification in General Internal Medicine by the Royal College of Physicians and Surgeons of Canada or possession of equivalent credentials acceptable to both the College of Physicians and Surgeons of British Columbia and the governing body of the the Health Authority and its Affiliate(s).

AND

Recommended current experience: Provision of acute care for three months a year averaged over two years reflective of scope of privileges requested or successful completion of a RCPSC accredited residency or clinical fellowship within the past 12 months.

Renewal of privileges: To be eligible to renew privileges in internal medicine, the applicant should normally meet the following criteria:
Current demonstrated skill and an adequate volume of experience including provision of emergency care (three months a year averaged over three years) with acceptable results, reflective of the scope of privileges requested based on results of ongoing professional practice evaluation and outcomes.

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

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Core Privileges: Internal Medicine

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

☐ Requested

Evaluate, diagnose, treat, and provide consultation to adult patients with acute, chronic and complex illnesses, diseases and disorders of the cardiovascular, respiratory, endocrine, metabolic, musculoskeletal, neurological, hematopoietic, immunological, gastroenteric, renal, and reproductive systems¹. May provide care to patients in critical/acute care settings in conformance with unit policies. May provide care to patients with malignancies, infectious and pregnancy related diseases.

Assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. 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 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.

- Performance of history and physical exam
- Interpretation of electrocardiograms
- Abdominal paracentesis
- Arthrocentesis and non-spinal joint injections
- arterial puncture
- Insertion and management of central venous catheters and arterial lines
- Cardiac stress testing
 - Current Experience: 20/year averaged over three years
 - Return to practice by attending a cardiac teaching stress lab, performing 20 stress tests and reviewing the indications and contraindications for stress testing as documented by the head of the

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department/division in that facility.

- Lumbar puncture
- Thoracentesis and insertion of chest tube¹
- Cardioversion emergent and elective
 - Current Experience: three months a year averaged over three years in a practice that includes cardioversion.
 - Return to practice by attending a cardiology teaching service for one week, including the performance of cardioversion as documented by the head of department/division in that facility.
- Holter/event monitor
 - Current Experience: 20/year averaged over three years
 - Return to practice by attending a cardiac teaching service and reviewing at least 20 holter monitor recordings as documented by the head of department/division in that facility.
- Invasive and non-invasive mechanical ventilation (patient normally ventilated for no more than 36 hours without transfer to another institution)
 - Current Experience: 10 patients a year averaged over three years
 - Return to practice by spending two weeks supervised in a tertiary ICU setting as documented by the medical director of that ICU.
- Participation in a Code Blue team
 - Current Experience: ACLS q2years or participation in a critical care call group
 - Return to practice by completing the ACLS course.

Non-core Privileges (See Specific Criteria)

Non-core privileges are permits for activities that require further training, experience and demonstrated skill.

Non-core privileges 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: Bone marrow biopsy

❑ Requested

Initial privileges: Successful completion of Royal College of Physicians and Surgeons of Canada (or equivalent acceptable to the College of Physicians and Surgeons of British Columbia) postgraduate training in general internal medicine

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that included training in bone marrow biopsy;

OR

Have held this privilege prior to

April 2014, AND

Recommended current experience: Demonstrated current skill and evidence of the performance of 5 bone marrow biopsies annually averaged over three years

Renewal of privileges: Demonstrated current skill and evidence of the performance of 5 bone marrow biopsies annually averaged over three years based on results of ongoing professional practice evaluation and outcomes.

Return to practice: Proctorship by and demonstration of skill to a privileged hematopathologist.

Non-core privileges: Transthoracic Echocardiography **[DESIGNATED A RESTRICTED SERVICE BY** **THE MEDICAL SERVICES COMMISSION]**

☐ **Requested**

Initial privileges: six months full time training in a dedicated, tertiary care echocardiography lab completing 300 studies during the six months. Technical skill and interpretive ability certified by supervisor.

OR

Have held the privilege prior to April 2014.

Renewal of privileges: Demonstrated current skill and evidence of the performance of 250 examinations a year averaged over three years based on the results of ongoing professional practice evaluation and outcomes.

Return to practice: not current after two years required to take one month of training. Not current for five years, required to take three months training and complete 300 studies.

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Non-core privileges: Performance of simple skin biopsy

☐ Requested

Initial privileges: Demonstrated skill in the procedure to a member of the medical staff who holds this privilege. No currency requirement.

OR

Have held this privilege prior to April 2014,

Non-core privileges: Temporary pacemaker insertion

☐ Requested

Initial privileges: Demonstrated insertion of a temporary pacemaker under the supervision of a member of the medical staff who holds that privilege, or documentation of skill from the head of department in a previous facility.

OR

Have held this privilege prior to April 2014,

Recommended current experience: Practicing as a General Internist including emergency consultation for at least three months a year averaged over three years that includes the placement of central venous lines.

Non-core privileges: Other

Other non-core should be accessed through process for requesting privileges not in dictionary. Guidance for the following can be found in the dictionaries mentioned in parentheses

- Echocardiography (Diagnostic Imaging and Cardiology)
- Endoscopy (gastroenterology)
- Pulmonary Function Studies (Respirology)
- Liver biopsy (gastroenterology, diagnostic imaging)

Context Specific Privileges

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

Context specific privileges: Administration of procedural sedation

☐ Requested

See "Hospital Policy for Sedation and Analgesia by Nonanesthesiologists."

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Context specific privileges: Administration of chemotherapy

☐ Requested

See BC Cancer Agency policies and procedures for the administration of specific chemotherapeutic agents.



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Process for requesting privileges not included in the dictionary

Where a member of the medical staff requests a privilege not included in the core, non-core or context specific privileges for a discipline, the following process will be followed.

1. The practitioner will request a **Change Request Form** from the Medical Affairs Office. This will be submitted to the head of department or chief of staff as part of the electronic application process
2. The practitioner will complete the privileges section of the **Change Request Form** and submit with the following information; the privilege requested, the location within the facility where the privilege would be exercised, and the relevant training and experience held by the practitioner in this area.
3. The department head or chief of staff, in consultation with the senior medical administrator and medical administrator responsible for the facility, will determine if the requested privilege can be supported at that site.
4. Where it is deemed appropriate, the practitioner, the department head or chief of staff and the senior medical administrator will agree on any additional training required, and a minimum level of activity required to maintain the privilege. The specific minimum number requirement indicating the level of experience needed to demonstrate skill to obtain clinical privileges for the requested procedure must be evidence-based. Where no supporting literature exists for a specific number, the criteria are established by the consensus of a multidisciplinary group of practitioners who do not have self-interest in creating an artificially high volume requirement.
5. Any additional training will be done in a facility that normally trains practitioners in this activity. Exceptions may be granted in circumstances where all that is required is training by a member of the medical staff who holds the privilege in question.
6. On satisfactory completion of training, the department head or chief of staff may recommend to the governing body through the medical advisory committee that the privilege be granted.

The privileging dictionaries on this site (bcmqi.ca) are the official versions. They will be reviewed beginning in 2016. In the meantime if you have any questions or comments please contact your medical administration office or the BC MQI Office by completing the [Provincial Privileging Dictionary Feedback form](#).

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Acknowledgment 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 where 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: _____

Department/Program Head or Leaders/Chief'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: _____

Name of Medical Leader: _____

Title: _____

Signature: _____

Date: _____

1. Objectives of Training in the Subspecialty of General Internal Medicine.

http://rcpsc.medical.org/residency/certification/objectives/gen_internal_medicine_e.pdf. Accessed 23 Feb 2013.