

Anesthesiology Clinical Privileges

Name: _____

Effective from ____/____/____ to ____/____/____

Initial privileges (initial appointment) Renewal of privileges (reappointment)

This document is focused on defining qualifications required to exercise clinical privileges within facilities that fall under the responsibility of the health authority. Relevant qualifications include training / certification, currency, and continuous professional development.

Grandparenting: Effective on or after the date of implementation of these clinical privileging standards May 22, 2015, all new applicants for initial appointment must meet the qualifications as described herein. Physicians holding clinical privileges in Anesthesiology at the time of implementation of these standards shall continue to hold the same privileges, and shall be eligible for renewal of those same privileges, subject to the ongoing currency and CPD requirements described below.

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 cutoffs, below which clinical privileges must be restricted or removed. Instead, department heads 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.

Continuous Professional Development (CPD): Where suggested in this document, CPD requirements reflect those professional development activities which are eligible for credit under the Royal College of Physicians and Surgeons of Canada's (RCPSC's) Maintenance of Certification (MOC) program; and/or those professional development activities held in foreign jurisdictions which would be eligible under the MOC program if held in Canada.

Return to Practice and Skills Enhancement: To facilitate patient access to medically necessary services, it is recommended that the Ministry of Health, the BC

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Anesthesiologists' Society, and other relevant stakeholders examine current and potential future sources of funding to support needed physician training, re-training, and enhanced skills development.

Quality Assurance: The health authority, physicians, and other stakeholders recognize the need to strengthen and develop new quality assurance and continuous quality improvement initiatives that are based on objective data, and that reflect the interdependence of physician performance, non-physician team member performance, health system resources, and care-related protocols and structures. Removal, restriction, non-renewal, or other changes to physician clinical privileges resulting from physician performance shall be subject to a fair, objective, and transparent quality assurance process established for this purpose and consistent with Medical Staff Bylaws and Medical Staff Rules.

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.

Review and Updating to These Standards: Upon implementation of these standards, clear mechanisms shall be in place to facilitate reporting of unintended consequences resulting from these standards; as well as to promptly review and address any relevant concerns. A formal process to review this entire document should be established no later than two years after implementation of these standards, to ensure that the objectives of the Provincial Privileging Standards Project are being reached, and that the standards reflect ongoing advances in medical practice, procedures and technologies.

Definition

Anesthesiology is a medical specialty responsible for the care of patients before, during and after surgical operations, labour and delivery, and certain interventional procedures. Anesthesiologists have unique skills and knowledge to support, and in appropriate circumstances lead, the provision of resuscitation, critical care medicine, palliative care and pain medicine.

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Qualifications for Anesthesiology

Initial privileges: To be eligible to apply for privileges in anesthesiology, the applicant should normally meet each of the following criteria for training / certification, current experience, and CPD.

Training / Certification:

The applicant must be certified as a Specialist Physician in Anesthesiology by the Royal College of Physicians and Surgeons of Canada (RCPSC)

AND/OR

Be recognized as a Specialist Anesthesiologist by the College of Physicians and Surgeons of British Columbia (CPSBC) by virtue of having completed postgraduate training and obtained certification in Anesthesiology from an international accrediting body where such training meets the criteria for postgraduate specialty education as set by the RCPSC regarding standards, content and duration which provide access to the RCPSC certification process. Within one year of commencing practice in British Columbia, the applicant must confirm the route chosen to RCPSC certification. Within the period designated by the RCPSC, such applicants must obtain RCPSC certification in Anesthesiology, failing which privileges will be revoked unless extended by the governing body of the Health Authority and its Affiliate(s).in exceptional circumstances.

Current experience:

Anesthesiology services for at least 400 hours per year averaged over no more than the last three years, reflective of the scope of privileges requested. (Absence from clinical activity for more than one year will trigger a discussion on this issue with the department head.)

AND/OR

Successful completion of an accredited post-graduate residency or fellowship program within the last 12 months.



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CPD:

Completion of an average of 80 CPD credits per year averaged over no more than the last three years (minimum of 40 credits in each year), under the RCPSC Maintenance of Certification program or an equivalent CPD validation process.

Renewal of privileges: To be eligible to renew privileges in Anesthesiology, the applicant should normally meet the following criteria (see Grandparenting clause above).

Current experience:

Anesthesiology services for at least 400 hours per year averaged over no more than the last three years, reflective of the scope of privileges requested. (Currency is pro-rated if post-graduate residency or fellowship program has been completed during that time period).

(Absence from clinical activity for more than one year will trigger a discussion on this issue with the department head.)

CPD:

Completion of an average of 80 CPD credits per year averaged over no more than the last three years (minimum of 40 credits in each year), under the RCPSC Maintenance of Certification program or an equivalent CPD validation process.

Return to practice (for core privileges):

Return after three or more years absence from clinical activity requires that the applicant complete an individualized assessment based on a recommended minimum three-month preceptorship at a center (or centers) that routinely provides anesthesiology residency training, with direct supervision of core procedures relevant to the intended scope of practice.

Preceptorship arrangements should be acceptable to the College of Physicians and Surgeons of British Columbia, and should normally take place at a site other than the one for which privileges are requested. Training objectives should be agreed upon in advance by the applicant, the department head at the site for which privileges are

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requested, the department head (or designate) at the preceptorship site, the UBC residency program director, and the CPSBC.

Where an anesthesiologist has not exercised privileges in a particular core or a non-core clinical activity and wishes to return to this activity (e.g. obstetrical anesthesia), the department head may determine that the practitioner should undergo an individualized assessment and/or preceptorship in a hospital that routinely trains anesthesiologists in such activity.

Requested: Core Privileges in Anesthesiology (child, adolescent, and adult patients)

Evaluate, diagnose, and provide treatment or consultative services for patients with pain conditions, for labour and delivery, for patients who are undergoing surgical or interventional procedures, for critically-ill patients in the perioperative period, and for any other patients whose care would benefit from the skills or expertise of an anesthesiologist.

* Ages of patients treated should be specific to the setting.

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 and procedures that the majority of practitioners in this specialty perform at this organization, and inherent activities or procedures requiring similar skill sets and techniques. The core privileges in this specialty include the procedures below and such other procedures that are extensions of the same techniques and skills.

To the applicant: If there is a procedure you wish to NOT perform, then please type into the *Comments* field.

- Elective and emergent airway management



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- Evaluation of respiratory function and application of respiratory therapy including mechanical ventilation
- Clinical management of cardiac and pulmonary resuscitation
- Perioperative anesthetic management of child (age 2 years and above), adolescent, and adult patients for surgical and other procedures, with the exception of those listed in non-core anesthesiology areas
- Prevention and relief of pain during and following surgical, obstetric, therapeutic, and diagnostic procedures using all levels of sedation/analgesia, general anesthesia, neuraxial anesthesia, regional anesthesia, or local anesthesia
- Invasive and non-invasive monitoring and maintenance of normal physiology during the perioperative period
- Bedside ultrasound
- Diagnosis and treatment of acute pain; including diagnostic and therapeutic nerve blocks and neuraxial analgesia
- Image-guided procedures (see notes regarding non-core for fluoroscopy)
- Assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative services
- May provide care to patients in the intensive care unit setting in conformance with facility policies
- Clinical supervision and performance evaluation of medical and paramedical personnel involved in perioperative patient care

❑ Requested: Special Core Privileges in Anesthesiology (children 6 to 24 months of age)

To be eligible for Special Core Privileges to provide elective anesthesia care to children 6-24 months of age, the applicant must meet the following criteria of clinical context and CPD:

* Ages of patients treated should be specific to the setting.

Clinical Context:



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Elective anesthetic care of children 6-24 months shall take place only in facilities whose surgical program planning includes elective surgical services for this patient population.

CPD:

The practitioner must complete relevant pediatric anesthesiology CPD of 10 credits minimum per year, averaged over three years.

Recommended Current Experience

Members requesting/renewing these privileges should demonstrate recent experience working with this special population.

❑ Requested: Special Core Privileges - Fluoroscopy for image-guided procedures

The applicant must have taken acceptable radiation safety training and maintain currency of 20 fluoroscopy-guided procedures per year, averaged over three years.

❑ Requested: Special Core Privileges - Chronic Pain Management (Basic)

CPD:

The practitioner must complete relevant pain management CPD of 10 credits minimum per year, averaged over three years.

- ❑ **Requested** Trigger point injections
- ❑ **Requested** Caudal and lumbar epidural steroid injection
- ❑ **Requested** Infusion therapies such as lidocaine and ketamine
- ❑ **Requested** Sacroiliac joint blocks
- ❑ **Requested** Peripheral Nerve Blocks
- ❑ **Requested:** Regional IV block using sympatholytic agents of both the upper and lower extremity
- ❑ **Requested:** intra-articular injections
- ❑ **Requested:** epidural catheter tunneling for cancer or palliative care

Non-core Privileges (See Specific Criteria)

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



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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.

❑ Requested: Non-Core Privileges in Pediatric Anesthesiology

Definition

Pediatric Anesthesiology refers here to a subset of the specialty responsible for the perioperative and periprocedural care of pediatric patients of any age and any health status. Pediatric anesthesiologists also have unique skills and knowledge to support, and in appropriate circumstances lead, the provision of resuscitation, critical care medicine, palliative care and pain medicine for pediatric patients.

Qualifications for Pediatric Anesthesiology

These Non-Core privileges are meant to reflect the anesthesiology care of neonates, infants, children, and adolescents, in the context of a facility designated as a Children's Regional or Children's Provincial Subspecialty Health Services site (see Child Health BC - Tiers of Service).

Initial privileges & renewal of privileges: To be eligible to apply for privileges in non-core pediatric anesthesiology, the applicant must meet the general requirements for Core Privileges in Anesthesiology; and in addition must meet each of the following criteria for training, currency, and CPD.

Training:

The applicant must have completed a 12-month fellowship program in pediatric anesthesiology (see Grandparenting clause).

Current experience:

Anesthesiology services (including patients of any age) for at least 400 hours a year averaged over no more than the last three years, reflective of the scope of privileges requested. Members requesting/renewing privileges for the population under six months of age should demonstrate recent experience with this population.

AND/OR



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Successful completion of an accredited post-graduate residency or fellowship program within the last 12 months.

CPD:

Completion of an average of 80 CPD credits per year averaged over no more than the last three years (minimum of 40 credits in each year), under the RCPSC Maintenance of Certification program or an equivalent CPD validation process. At least 20 credits in each year must be relevant to the practice of Pediatric Anesthesiology.

❑ Requested: Special Non-Core Privileges in Pediatric Cardiac Anesthesiology

Qualifications for Pediatric Cardiac Anesthesiology

These special non-core privileges are meant to reflect the anesthesiology care of neonates, infants, children, and adolescents undergoing cardiac surgery, typically requiring cardiopulmonary bypass.

Initial privileges & renewal of privileges: To be eligible to apply for privileges in special non-core pediatric cardiac anesthesiology, the applicant must meet the general requirements for Non-Core Privileges in Pediatric Anesthesiology; and in addition must meet each of the following criteria for training, currency, and CPD.

Training:

The applicant must have completed a 6-month fellowship training program in pediatric cardiac anesthesiology (see Grandparenting clause).

Current experience:

Current experience of 50 pediatric cardiac cases per year averaged over three years.

AND/OR

Successful completion of a fellowship program within the last 12 months.



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CPD:

Completion of an average of 80 CPD credits per year averaged over no more than the last three years (minimum of 40 credits in each year), under the RCPSC Maintenance of Certification program or an equivalent CPD validation process. At least 20 credits in each year must be relevant to the practice of Pediatric Cardiac Anesthesiology.

❑ Requested: Non-Core Privileges in Adult Cardiac Anesthesiology

Definition

Adult Cardiac Anesthesiology refers here to a subset of the specialty responsible for the perioperative care of adult cardiac surgical patients.

Qualifications for Adult Cardiac Anesthesiology

Initial privileges & renewal of privileges: To be eligible to apply for privileges in non-core adult cardiac anesthesiology, the applicant must meet the general requirements for core privileges in Anesthesiology; and in addition must meet each of the following criteria for training, currency, and CPD.

Training:

The applicant must have completed a 12-month fellowship program in cardiac anesthesiology (see Grandparenting clause).

Current experience:

Current experience of 50 adult cardiac cases per year averaged over three years.

AND/OR

Successful completion of a fellowship program within the last 12 months.

CPD:

Completion of an average of 80 CPD credits per year averaged over no more than the last three years (minimum of 40 credits in each year), under the RCPSC Maintenance of Certification program or an equivalent CPD validation process. At least 20 credits in each year must be relevant to the practice of Cardiac Anesthesiology.

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Non-Core Procedures list - Adult Cardiac Anesthesiology

This is not intended to be an all-encompassing procedures list. It defines the types of activities and procedures that the majority of practitioners in this field perform at this organization, and inherent activities or procedures requiring similar skill sets and techniques. The privileges in this filed include the procedures below and such other procedures that are extensions of the same techniques and skills.

To the applicant: If there is a procedure you wish to NOT perform, then please type into the *Comments* field.

- Anesthetic management of adult patients undergoing minimally invasive cardiac surgery and for congenital cardiac procedures performed on adult patients
- Anesthetic management of adult patients undergoing surgery on the ascending or descending thoracic aorta requiring full CardioPulmonaryBypass, left heart bypass, and/or deep hypothermic circulatory arrest
- Cardiopulmonary bypass (requires current experience of 50 cases/year averaged over three years)
- Perioperative transesophageal echocardiography (currency of 50 exams per year) [DESIGNATED A RESTRICTED SERVICE BY THE MEDICAL SERVICES COMMISSION]
- Management of adult nonsurgical cardiac patients, and of surgical or nonsurgical cardiac patients with intra-aortic balloon counterpulsation and left ventricular assist devices
- Management of adult cardiac surgical patients in a critical care (ICU) setting

Requested: Non-Core Privileges in Cardiovascular Intensive Care

Definition

These non-core privileges reflect the medical management of adult patients presenting with acute and post-surgical cardiac conditions requiring consultative and treatment services, including critical care.

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Qualifications for Cardiovascular Intensive Care

Initial privileges & renewal of privileges: To be eligible to apply for privileges in non-core Cardiovascular Intensive Care, the applicant must meet each of the following criteria for certification, training, currency, and CPD.

Training & Certification:

The applicant must be certified in Anesthesiology by the Royal College of Physicians and Surgeons of Canada (RCPSC) and have successfully completed a 12-month fellowship program in Adult Cardiac Anesthesiology.

OR

Be dual-certified in both Cardiac Surgery and Critical Care Medicine by the Royal College of Physicians and Surgeons of Canada (RCPSC)

(Grand-parenting: Physicians holding clinical privileges in Cardiovascular Intensive Care at the time of implementation of these standards shall continue to hold these same privileges, and shall be eligible for renewal of these same privileges, subject to the ongoing currency and CPD requirements described below.)

Current experience:

Inpatient care for at least four weeks in the previous 12 months in the cardiovascular intensive care unit

AND/OR

Successful completion of a Cardiac Anesthesiology or Critical Care Medicine fellowship program within the last 12 months.

CPD:

Completion of an average of 80 CPD credits per year averaged over no more than the last three years (minimum of 40 credits in each year), under the RCPSC Maintenance of Certification program or an equivalent CPD validation process. At least 20 credits in each year must be relevant to the practice of Cardiovascular Intensive Care.

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Non-Core Procedures list - Cardiovascular Intensive Care

This is not intended to be an all-encompassing procedures list. It defines the types of activities and procedures that the majority of practitioners in this field perform at this organization, and inherent activities or procedures requiring similar skill sets and techniques. The privileges in this filed include the procedures below and such other procedures that are extensions of the same techniques and skills.

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
- Transesophageal echocardiography [DESIGNATED A RESTRICTED SERVICE BY THE MEDICAL SERVICES COMMISSION]Use of sedative/hypnotic/anesthetic drugs
- Airway maintenance intubation, including fiberoptic bronchoscopy and laryngoscopy
- Arterial puncture and cannulation
- Cardiopulmonary resuscitation
- Calculation of oxygen content, intrapulmonary shunt, and alveolar arterial gradients
- Cardiac output determinations by thermodilution and other techniques
- Temporary cardiac pacemaker insertion and application
- Cardioversion and defibrillation
- Focused echocardiography exam and electrocardiography interpretation
- Management of AICD/Pacemakers
- Evaluation of oliguria
- Extracorporeal membrane oxygenation (central and peripheral)
- Left ventricular assist device/impella
- Insertion of central venous, arterial, and pulmonary artery balloon flotation catheters
- Insertion of hemodialysis catheters
- Management of life-threatening disorders in cardiac intensive care units, including but not limited to shock, coma, heart failure, trauma, respiratory arrest, drug overdoses, massive bleeding, diabetic acidosis, and kidney failure
- Management of massive transfusions and coagulation disorders

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- Management of the immunosuppressed patient
- Monitoring and assessment of metabolism and nutrition
- Needle and tube thoracostomy
- Percutaneous tracheostomy/cricothyrotomy tube placement
- Pericardiocentesis
- Peritoneal dialysis
- Preliminary interpretation of imaging studies
- Thoracentesis
- Tracheostomy
- Transtracheal catheterization
- Image-guided procedures
- Use of reservoir masks, nasal prongs/canulas, and nebulizers for delivery of supplemental oxygen and inhalants
- Ventilator management, including experience with various modes and continuous positive airway pressure therapies
- Wound care

Requested: Non-Core Privileges in Chronic Pain Management

Definition

Chronic Pain Management refers here to a subset of the specialty responsible for the assessment, diagnosis, and comprehensive (procedural and non-procedural) management of patients (typically outpatients) with complex pain conditions.

Qualifications for Chronic Pain Management

The qualifications required for applicants are stratified as follows:

Intermediate: Performance of procedures which generally require the understanding and safety principles of using fluoroscopy or other medical imaging to guide needle placement.

Advanced: Performance of highly-specialized procedures that are generally recognized as requiring the most advanced training and skills.

Initial privileges & renewal of privileges: To be eligible to apply for privileges in non-core Chronic Pain Management, the applicant must meet the general requirements for

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Core Privileges in Anesthesiology; and in addition must meet each of the following criteria for training, currency, and CPD.

Training:

The applicant for Intermediate procedures must have completed a minimum 6-month fellowship program in Chronic Pain Management (see Grandparenting clause).

The applicant for Advanced procedures must have completed a minimum 12-month fellowship program in Chronic Pain Management (see Grandparenting clause); and must demonstrate training specific to each procedure applied for, acceptable to the department head.

Current experience:

Pain management services (including consultative services and non-procedural treatments) for at least 200 hours a year averaged over no more than the last three years, reflective of the scope of privileges requested.

AND/OR

Successful completion of a fellowship training program within the last 12 months.

CPD:

Completion of an average of 80 CPD credits per year averaged over no more than the last three years (minimum of 40 credits in each year), under the RCPSC Maintenance of Certification program or an equivalent CPD validation process. At least 20 credits in each year must be relevant to the practice of Chronic Pain Management.

Non-Core Procedures list - Chronic Pain Management (Intermediate)

- Requested:** Lumbar sympathetic nerve block
- Requested:** Stellate ganglion block
- Requested:** Celiac plexus block
- Requested:** Ganglion impar block
- Requested:** Paravertebral block of the lumbosacral plexus
- Requested:** thoracic and lumbar nerve root blocks, and facet joint or medial branch blocks, and sacral nerve root blocks
- Requested:** Intrathecal catheter tunneling for cancer/palliative care pain management

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Non-Core Procedures list - Chronic Pain Management (Advanced)

- Requested:** Intrathecal infusion pumps testing, implantation and maintenance
- Requested:** Neuromodulation testing, implantation and maintenance
- Requested:** Epiduroscopy
- Requested:** Use of radiofrequency lesioning technology
- Requested:** Neurolytic blocks
- Requested:** Cervical nerve root and facet blocks

For Reference Only

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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 governed 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: _____

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Date: _____

For Reference Only

