

Clinical Immunology and Allergy Privileges

Name: _____

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

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

All new applicants should meet the following requirements as approved by the governing body, effective: December 11, 2014

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.

Clinical Immunology and Allergy Privileges

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

Definition

Clinical Immunology and Allergy is a medical sub-specialty concerned with the investigation, diagnosis and medical management of conditions involving the immune system, with an emphasis on allergic, autoimmune and immunodeficiency diseases.

The sub-specialty of Clinical Immunology and Allergy encompasses three major clinical areas:

- Allergic diseases and asthma,
- Immunoregulatory disorders, and
- Immunodeficiency diseases.

Qualifications for Clinical Immunology and Allergy

Initial privileges: To be eligible to apply for privileges in Clinical Immunology and Allergy, the applicant should meet the following criteria:

Be certified as a sub-specialist in Clinical Immunology and Allergy by the Royal College of Physicians and Surgeons of Canada (RCPSC)

AND/OR

Be recognized as a Clinical Immunology and Allergy sub-specialist by the College of Physicians and Surgeons of British Columbia (CPSBC) by virtue of credentials earned in another jurisdiction that are acceptable to both the CPSBC and the governing body of the Health Authority and its Affiliate(s).

AND/OR

Has practiced as a sub-specialist in Clinical Immunology and Allergy prior to December 11, 2014.

AND

Recommended current experience: Provision of inpatient or ambulatory care comprised of 100 patient encounters per year averaged over the prior three years (50

Clinical Immunology and Allergy Privileges

patient encounters if exclusively practicing Clinical Immunology), reflective of the scope of privileges requested, or successful completion of a RCPSC (or equivalent) residency or clinical fellowship within the past 12 months.

Renewal of privileges: To be eligible to renew privileges in Clinical Immunology and Allergy, the applicant should normally meet the following criteria:

Current demonstrated skill and an adequate volume of experience (100 patient encounters per year, or 50 patient encounters per year if exclusively practicing Clinical Immunology, averaged over the prior three years) with acceptable results, reflective of the scope of privileges requested, and based on results of ongoing professional practice evaluation and outcomes.

Return to practice: With a plan that is developed based on: duration of absence; prior clinical experience; activities during absence (maintenance of skill during leave); preceptor evaluation; and with supervision of core procedures relevant to their intended scope of practice. Completion of a minimum of 40 hours of Royal College accredited CME/CPD reflective of the requested scope of privileges, within the previous 12 months. Currency requirements should be met after one year of practice.

Core privileges: Clinical Immunology and Allergy

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

- Requested** Adult Clinical Immunology and Allergy, primarily 16 years of age and older
- Requested** Pediatric Clinical Immunology and Allergy, primarily 20 years of age and younger

Evaluate, diagnose, consult, manage, and provide therapy and treatment for patients presenting with conditions or disorders involving the immune system, both acquired and congenital. Selected examples of such conditions include asthma, anaphylaxis, eczema/atopic dermatitis, contact dermatitis, sinusitis, rhinitis, urticaria, angioedema (hereditary and non-hereditary), and adverse reactions to drugs, foods, and insect stings, eosinophilic disorders, as well as immune deficiency diseases (both acquired and

Clinical Immunology and Allergy Privileges

congenital), defects in host defense, and problems related to autoimmune disease, vasculitis, solid organ and hematopoietic stem cell transplantation, or malignancies of the immune system. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine 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 perform at this organization 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
- Allergy testing, including blood (specific IgE) testing, skin prick testing, and skin intradermal testing – performance of procedure and interpretation of results
- Allergen immunotherapy
- Delayed-hypersensitivity skin testing
- Diagnostic punch skin biopsy
- Drug desensitization and challenge
- Drug testing
- Exercise challenge testing
- Food challenge testing
- Immunosuppression therapy

Clinical Immunology and Allergy Privileges

- Insect sting venom testing
- Interpretation of immunological and allergy laboratory testing
- Methacholine challenge testing
- Oral challenge testing
- Patch testing
- Performance and interpretation of pulmonary function tests [DESIGNATED A RESTRICTED SERVICE BY THE MEDICAL SERVICES COMMISSION]
- Physical urticaria testing
- Provocation testing for hyper-reactive airways
- Rapid desensitization/ Induction of tolerance (drug or venom)
- Subcutaneous and intravenous immunoglobulin treatment and administration
- Vaccine testing and administration

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 privilege: Diagnostic aspiration and/or therapeutic injection of diarthrodial joints, bursae, tenosynovial structures, and entheses

❑ Requested

Initial privileges: Successful completion of an accredited postgraduate training program that included training in the procedure or completion of a hands-on Royal College recognized continuing medical education program.

AND

Recommended current experience: Demonstrated current skill and evidence of the performance of at least 5 procedures per year over the past 36 months, or completion of training in the past 24 months.

Clinical Immunology and Allergy Privileges

Renewal of privileges: Demonstrated current skill and evidence of the performance of at least 5 procedures per year averaged over the past 36 months.

Return to practice: Supervision to a level of skill by a practitioner who currently holds this privilege.

Non-core privilege: Flexible diagnostic rhinolaryngoscopy

Requested

Initial privileges: Successful completion of an accredited postgraduate training program that included training in the procedure or completion of a hands-on Royal College recognized continuing medical education program.

AND

Recommended current experience: Demonstrated current skill and evidence of the performance of at least 24 procedures per year over the past 24 months, or completion of training in the past 24 months.

Renewal of privileges: Demonstrated current skill and evidence of the performance of at least 24 procedures per year over the past 36 months.

Return to practice: Supervision to a level of skill by a practitioner who currently holds this privilege.

Context Specific Privileges

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

Context Specific Privileges: Procedural Sedation

Requested

To be performed in accordance with the organization's policy on procedural sedation by non-anesthesiologists.

Clinical Immunology and Allergy Privileges

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](#).



Clinical Immunology and Allergy Privileges

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: _____

