

Dermatology 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:

October 3, 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.

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

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:

Dermatology is that branch of medicine concerned with the study and medical/ surgical management of the skin, its appendages and visible mucous membranes, both in health and disease.

Qualifications for Dermatology

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

Certification as a Dermatologist by the Royal College of Physicians and Surgeons of Canada (RCPSC) AND/OR

Recognition as a Dermatologist by the College of Physicians and Surgeons of British Columbia by virtue of credentials earned in another jurisdiction that are acceptable to both the College and the governing body of the Health Authority and its Affiliate(s).

AND

Recommended current experience: Dermatologist consultative services, reflective of the scope of privileges requested, of 300 encounters for direct patient care per year averaged over the prior 3 years; or

- Successful completion within the past 12 months of a Royal College of Physicians and Surgeons of Canada specialty residency in Dermatology ; or
- Completion of a clinical/research fellowship immediately following specialty residency within the past 12 months.

Renewal of privileges: To be eligible to renew privileges in Dermatology, the applicant should meet the following criteria:

- Current demonstrated skill and professional activity reflective of the scope of privileges requested,

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with acceptable results and an average of 300 encounters for direct patient care per year averaged over the prior 36 months based on results of ongoing professional practice evaluation and outcomes.

- Forty CME/CPD credits a year over the prior three years that are reflective of the scope of privileges requested. (Fellows and Residents are exempt from this requirement)

Return to practice: through an individualized evaluation at an academic centre (or their designated assessor).

Core Privileges: Dermatology

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

Requested

Provide consultation to evaluate, diagnose, and treat patients of all ages with disorders of the skin, hair, nails and mucosa. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills. May provide care to patients in the intensive care setting in conformance with unit policies. 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 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.

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- Dermoscopy
- Wood's Lamp examination
- Perform skin scraping and interpret microscopic KOH examination or Tzanck smear
- Perform mineral oil preparations and hair microscopy
- Perform and interpret fungal cultures
- Punch, shave, saucerization, or scissors biopsy
- Cryosurgery
- Electrodesiccation and curettage
- Excision of benign and malignant cutaneous, mucosal or nail tumors with simple (direct or secondary intention closure), intermediate (undermining with 2 layer repair) and complex repair techniques including minor flaps (advancement, rotation, transposition)
- Phototherapy – ultraviolet (UV) B, nbUVB, UVA1, topical and systemic PUVA, topical photodynamic therapy (PDT) with aminolevulinic acid (ALA), Methyl aminolevulinate (MAL)
- Patch Testing – Routine and Photo-Patch testing, Photo-testing
- Intralesional Therapy with corticosteroid, bleomycin, BCG, interferon, 5-fluorouracil, (or equivalents).
- Punch grafting
- Basic scar revision surgery including direct excision.
- Acne surgery including comedone extraction, scar release, scar excision, punch grafting
- Chemical face peels – glycolic acid, Jessner's solution, salicylic acid, trichloroacetic acid
- Electrosurgery
- Sclerotherapy (Telangiectasia, Reticular Veins, Varicose Veins)

NON-CORE PRIVILEGE: EXCISION OF BENIGN AND MALIGNANT CUTANEOUS, MUCOSAL OR NAIL TUMORS WITH COMPLEX REPAIR TECHNIQUES INCLUDING ADVANCED CUTANEOUS

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FLAPS AND GRAFTS.

Requested

Initial privileges: Evidence of training in flap biodynamics and 3 dimensional tissue movement. Completion of a dermatology residency, or 18 accredited and documented CME/CPD hours in sessions focusing on the basic and applied science of advanced cutaneous flaps would be considered as equivalent . Documented performance of 10 advanced flaps under supervision.

Renewal of privileges: 15 documented (pictures would be best) advanced flaps or grafts over a 3 year cycle. 18 accredited and documented CME/CPD hours at sessions devoted to the basic and applied science of advanced cutaneous flaps or grafts over a 3 year cycle.

Return to practice: Documented 12 CME/CPD hours for attendance at sessions devoted to the basic and applied science of advanced cutaneous flaps and grafts in the last 2 years. Performance of 5 advanced cutaneous flaps or grafts under direct supervision in the last 2 years. Assessment of operative photographs of 5 advanced reconstructions by a recognized expert in facial reconstruction would be considered as equivalent to direct supervision.

Non-core privilege: Use of neuromodulators (Injectable)

Requested

Initial privileges: Evidence of didactic training in facial muscle anatomy and the basic science of neuromodulators. Completion of a dermatology residency or 18 accredited and documented CME/CPD credits in sessions focusing on the use of neuromodulators would meet this criteria. Performance of 3 neuromodulator injections under direct supervision.

Renewal of privileges: 15 documented neuromodulator injections over a 3 year cycle. 18 documented and accredited CME/CPD hours in sessions focusing on the use of neuromodulators over a 3 year cycle

Return to practice: 12 documented CME/CPD hours in the last 2 years in sessions focusing on the use of neuromodulators. Performance of 3 neuromodulator injections under direct supervision. Alternatively, a written description of technique and photo documentation of before/after treatment can be assessed by a recognized expert in the use of neuromodulators.

Non-core privilege: Soft tissue augmentation (Injection of fillers)

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Requested

Initial privileges: Evidence of didactic training in facial anatomy and the basic science of soft tissue augmentation. Completion of a dermatology residency, or 18 accredited and documented CME/CPD credits in sessions focusing on the use of soft tissue fillers would meet this criteria. Performance of 3 soft tissue augmentations injections under direct supervision.

Renewal of privileges: 15 documented soft tissue augmentations over a 3 year cycle. 18 documented and accredited CME/CPD hours in sessions focusing on the use of soft tissue fillers over a 3 year cycle

Return to practice: 12 documented CME/CPD hours in the last 2 years in sessions focusing on the use of soft tissue fillers. Performance of 5 soft tissue augmentations under direct supervision. Alternatively, a written description of technique and photo documentation of before/after treatment can be assessed by a recognized expert in the use of soft tissue augmentation.

Non-core privilege: Light and Laser based technologies to maintain/improve skin health

Requested

Initial privileges: Completion of a dermatology residency where there is documented didactic teaching in the basic science of light/laser technologies and the interaction between light/laser energy and the skin. If the residency does not include lasers/light therapy as part of their core, an equivalent would be 18 CME/CPD hours attending sessions focusing on the basics of light/laser technologies and light/laser/skin interactions. Documented evidence of training on the device(s) that the practitioner will be using. Three (3) documented completed cases on the device(s) the practitioner will be using.

Renewal of privileges: 18 accredited and documented CME/CPD credits in sessions on light/laser/skin interactions in a 3 year cycle. Documented evidence of training on the device(s) that the practitioner is currently using. 15 documented completed cases on the device(s) currently being used in the practice over a 3 year cycle.

Return to practice: 12 accredited and documented CME/CPD credits on the basic science of light/laser therapies and their effects on the skin within the last 2 years. Documented training within the last 2 years on the device(s) currently used by the practitioner. Perform 5 cases under direct supervision with

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the device(s) used in the practice. An alternative, is submitting written and pictorial documentation of 5 cases to be reviewed by a dermatologist recognized to be an expert in light/laser therapies.

Non-core privilege: Non-invasive skin tightening using radiofrequency, ultrasound, laser, light, or equivalent technologies

Requested

Initial privileges: Completion of a dermatology residency where there is documented didactic teaching in the basic and applied science of non-invasive skin tightening technologies. If the residency does not include non-invasive skin tightening technologies as part of their core, an equivalent would be 18 CME/CPD hours attending sessions focusing on the basics and applied science of non-invasive skin tightening technologies. Documented evidence of training on the device(s) that the practitioner will be using. 3 documented completed cases on the device(s) the practitioner will be using.

Renewal of privileges: 18 accredited and documented CME/CPD credits in sessions on non-invasive skin tightening over a 3 year cycle. Documented evidence of training on the device(s) that the practitioner is currently using. 15 documented completed cases on the device(s) currently being used in the practice over a 3 year cycle.

Return to practice: 12 accredited and documented CME/CPD credits on the basic and applied science of non-invasive skin tightening within the last 2 years. Documented training within the last 2 years on the device(s) currently used by the practitioner. Perform 5 cases under direct supervision with the device(s) used in the practice. An alternative, is submitting written and pictorial documentation of 5 cases to be reviewed by a dermatologist recognized to be an expert in non-invasive skin tightening.

Non-core privilege: Non-invasive face/body contouring using radiofrequency, ultrasound, laser, light, cryolipolysis, or equivalent technologies.

Requested

Initial privileges: Completion of a dermatology residency where there is documented didactic teaching in the basic and applied science of non-invasive face/body contouring technologies. If the residency does not include non-invasive body contouring technologies as part of their core, an equivalent would be 18 CME/CPD hours attending sessions focusing on the basics and applied science of

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non-invasive face/ body contouring technologies. Documented evidence of training on the device(s) that the practitioner will be using. Three (3) documented completed cases on the device(s) the practitioner will be using.

Renewal of privileges: 18 accredited and documented CME/CPD credits in sessions on non-invasive face/body contouring over a 3 year cycle. Documented evidence of training on the device(s) that the practitioner is currently using. 15 documented completed cases on the device(s) currently being used in the practice over a 3 year cycle.

Return to practice: 12 accredited and documented CME/CPD credits on the basic and applied science of non-invasive face/body contouring within the last 2 years. Documented training within the last 2 years on the device(s) currently used by the practitioner. Perform 5 cases under direct supervision with the device(s) used in the practice. An alternative, is submitting written and pictorial documentation of 5 cases to be reviewed by a dermatologist recognized to be an expert in non-invasive face/body contouring.

Non-core privilege: Invasive body contouring (liposuction) using standard tumescent technique, powered, ultrasonic, laser, radio-frequency, water jet, or equivalent technologies.

□ Requested

Initial privileges: Completion of a Dermatology residency where there is documented evidence of didactic teaching in the anatomy/histology and physiology of adipose tissue, the physiology and pharmacology of local tumescent anesthesia, the physiology and pharmacology of fat removal, safety and complications, and discussion of surgical technique. If the residency does not offer didactic teaching in invasive body contouring, an equivalent would be 24 accredited and documented hours in the basic principles of invasive body contouring. Completion and documentation of an accredited hands-on course in invasive body contouring. Current ACLS certification. Documented evidence of hospital admitting privileges or privileging authorized by the CPSBC NHMSF committee granting permission to perform invasive body contouring in the facility. Documented training on the invasive body contouring device(s) the practitioner will use. Three (3) documented cases completed on the device(s) the practitioner will use.

Renewal of privileges: 18 accredited and documented CME/CPD credits in sessions on invasive body contouring over a 3 year cycle. Documented evidence of training on the device(s) that the practitioner is currently using. 15 documented completed cases

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on the device(s) currently being used in the practice over a 3 year cycle. Current ACLS certification. Documented evidence of hospital admitting privileges or privileging authorized by the CPSBC NHMSF committee granting permission to perform invasive body contouring in the facility.

Return to practice: 12 accredited and documented CME/CPD credits on the basic and applied science of invasive body contouring within the last 2 years. Documented training within the last 2 years on the device(s) currently used by the practitioner. Perform 5 cases under direct supervision with the device(s) used in the practice. An alternative, is submitting written and pictorial documentation of 5 cases to be reviewed by a physician recognized to be an expert in invasive body contouring. Documented evidence of hospital admitting privileges or privileging authorized by the CPSBC NHMSF committee granting permission to perform invasive body contouring in the facility.

Non-core privileges: Hair transplantation

Requested

Initial privileges: Completion of a Dermatology residency where there is documented evidence of didactic teaching in the anatomy/histology and physiology of hair and scalp, the physiology and pharmacology of local tumescent anesthesia, safety and complications, and discussion of surgical technique. If the residency does not offer didactic teaching in hair transplantation, an equivalent would be 24 accredited and documented hours in the basic principles of hair transplantation. Completion and documentation of an accredited hands on course in hair transplantation. Current BCLS certification. Documented evidence of privileging authorized by the CPSBC NHMSF committee granting permission to perform hair transplantation in the practitioner's facility. Three (3) documented cases of hair transplantation completed by the practitioner.

Renewal of privileges: 18 accredited and documented CME/CPD credits in sessions on hair transplantation over a 3 year cycle. 15 documented, completed cases, over a 3 year cycle. Current BCLS certification. Documented evidence of privileging authorized by the CPSBC NHMSF committee granting permission to perform hair transplantation in the practitioner's facility.

Return to practice: 12 accredited and documented CME/CPD credits on the basic and applied science of hair transplantation within the last 2 years. Perform 3 cases of hair transplantation under direct supervision by a known expert in hair transplantation. An alternative, is submitting written and pictorial documentation of 3 cases to be reviewed by a physician recognized to be an expert in hair transplantation. Current

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BCLS certification. Documented evidence of privileging authorized by the CPSBC NHMSF committee granting permission to perform hair transplantation in the practitioner's facility.

Non-core privilege: Mohs Micrographic Surgery (MMS)

Requested

Initial privileges: Completion of an American College of Mohs Surgery (ACMS) recognized Fellowship within the last year. Hospital privileges to perform MMS, or privileging authorized by the CPSBC NHMSF Committee to perform MMS in an out-patient facility. Current BCLS certification.

Renewal of privileges: Completion of an ACMS recognized Fellowship. 100 documented MMS procedures over a 3 year cycle. 18 documented and accredited CME/CPD credits in any of the MMS fundamentals including frozen section interpretation, skin cancer management, or reconstruction, over a 3 year cycle. Current hospital privileges to perform MMS, or current privileging authorized by the CPSBC NHMSF Committee to perform MMS in an out-patient facility. Current BCLS certification.

Return to practice: Completion of an ACMS recognized Fellowship. 18 documented and accredited CME/CPD credits in any of the MMS fundamentals including frozen section interpretation, skin cancer management, or reconstruction over a 2 year cycle. Five (5) documented cases of MMS performed within the last 2 years, and reviewed by a known expert in MMS. Current hospital privileges to perform MMS, or current privileging authorized by the CPSBC NHMSF Committee to perform MMS in an out-patient facility. Current BCLS certification.

Context specific privileges: Administration of procedural sedation

Requested

See "Hospital Policy for Sedation and Analgesia by Non-anesthesiologists."

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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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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: _____

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: _____

