

**Emergency Medicine dictionary was approved
by PMSEC on April 12, 2018**

REVIEW PANEL COMPOSITION

The panel was composed of two co-chairs with expertise in the provincial privileging dictionaries and 8 subject-matter experts, who work across 6 of the province's health authorities and with representation from rural community physicians and the Doctors of BC.

RECORD OF REVIEW PANEL DECISIONS AND CRITERIA IDENTIFIED:

Below are decisions made by the review panel and/or criteria identified by the panel to guide discussion of clinical practice and standards.

1. Refer to medical leaders and health authority to determine current experience

The panel was in agreement to refer to medical leaders and health authority policies to determine clinical hours required to demonstrate current experience. Individual sites will determine the number and proportion of emergency care hours to reflect their needs.

2. Removed procedural sedation as a context-specific privilege

Procedural sedation was previously documented both as a core privilege and a context-specific privilege. The panel agreed to that "procedural sedation, anxiolysis and analgesia" is part of core emergency medicine

3. Pediatric emergency remains part of overall core emergency medicine

The decision was made to keep pediatric emergency care as part of the overall core emergency medicine. All emergency departments are expected to have the capabilities to—at the minimum—manage, stabilize and transfer pediatric patients (when appropriate).

4. Removed names of specific courses from training requirements

The panel was in agreement to remove specific courses from training requirements and keep language general. Individuals are recommended to discuss specific training with their local medial leaders.

Qualifications for Emergency Medicine

Decision / Revision: Incorporate pediatric emergency as part of the overall core emergency medicine. All emergency departments are expected to have the capabilities to—at the minimum—manage, stabilize and transfer pediatric patients (when appropriate)

Engagement Method: Panel discussion

ORIGINAL	REVISION
<p>The original version had criteria specifically for designated pediatric emergency department</p> <p>Designated Pediatric Emergency Department</p> <ul style="list-style-type: none"> As above plus additional training in critical decision making and skills for delivering pediatric emergency care <p>AND</p> <ul style="list-style-type: none"> Current certification in Pediatric Emergency Medicine by the Royal College of Physicians and Surgeons of Canada <p>OR</p> <ul style="list-style-type: none"> General Pediatrician plus additional training in critical decision making and skills for delivering pediatric emergency care 	<p><u>C1:</u> Keep pediatric emergency care as part of the overall core emergency medicine.</p>

Decision / Revision: Refer to local authorities to determine current experience

Engagement Method: Panel discussion

ORIGINAL	REVISION
<p>Previous criteria state specific annual activity for all practitioners requesting for this dictionary</p> <p>Recommended current experience:</p> <p>Active participation in an emergency department (ED), reflective of the scope of privileges requested, in the past 24 months with average annual activity equal to or exceeding 400 clinical patient care hours, 100 of which should be spent managing emergency patients</p>	<p>Refer to medical leaders and health authority to determine current experience suitable for the specific environment</p> <p><u>C2:</u> Recommended current experience:</p> <p>Active participation in the care of emergency patients reflective of the scope of privileges requested. Individual sites will determine the number and proportion of emergency care hours to reflect their needs</p>

Emergency 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: _____ / _____ / _____

Instructions

Applicant: Check the “Requested” box for each privilege requested. Applicants are responsible for producing required documentation to allow 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 by uploading the appropriate documents

Medical/Clinical leaders: 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: 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, medical/clinical leaders 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.

Other requirements: Note that even if applicants meet skill or experience requirements, each site will determine if the requested privilege can be supported at that site. 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 training and current experience to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

Context: The care of patients presenting with complex problems or uncommon diseases requires access to multidisciplinary groups, experienced teams and institutions with the necessary subspecialties and infrastructure for appropriate care.

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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

Continuous Professional Development (CPD): Where suggested in this document, CPD requirements reflect those professional development activities which are eligible for:

1. credit under the Royal College of Physicians and Surgeons of Canada's (Maintenance of Certification (MOC) program;
2. the College of Family Physicians of Canada Mainpro+;
3. those professional development activities held in foreign jurisdictions which would be eligible under the MOC/Mainpro program if held in Canada; or
4. equivalent CPD or Quality Assurance activities for other practitioners.

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.

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

Core privilege: Types of activities a recent graduate of the discipline can reasonably be expected to perform at a specific facility. Under core privileges in this dictionary, if there is a procedure you wish to NOT perform please type into the *Comments* field.

Non-core privilege: Types of activities that require further training, experience and demonstrated skill. Non-core privileges are requested in addition to requesting core. Individuals requesting these privileges should meet the specific threshold criteria associated to such non-core privileges.

Additional privilege: An additional privilege is any privilege that is not included in the core, non-core, or context-specific privileges dictionary for your discipline. Additional privileges already listed in this document were previously requested by others who practice in your discipline; they may or may not be relevant to you.

Restricted procedures: Some dictionaries have procedures identified by the Ministry of Health as [DESIGNATED A RESTRICTED SERVICE BY THE MEDICAL SERVICES COMMISSION]. Privileges identified as restricted procedures may be flagged in this document. Where it appears, the restricted procedures flag is for administrative tracking only, and has no impact on clinical content.

Emergency Medicine Clinical Privileges

Definition

The practice of medicine in an acute care setting where patients with a broad spectrum of acute and/or undifferentiated, medical problems in all age groups are assessed, stabilized, diagnosed, treated and dispositioned frequently before complete clinical or diagnostic information is available.

Qualifications for Emergency Medicine

Initial privileges: To be eligible to apply for privileges in emergency medicine, the applicant should meet one of the following criteria:

1. Current certification in Emergency Medicine by the Royal College of Physicians and Surgeons of Canada
OR
2. Canadian College of Family Physicians – Emergency Medicine certificate (CCFP) (EM)
OR
3. CCFP plus additional training in critical decision making and skills for delivering advanced life support and trauma care to adults, children and neonates at the discretion of the health authority.
OR
4. Recognition of certification as an Emergency Medicine Specialist 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).
OR
5. Recognition of qualifications to work as a General Practitioner by the College of Physicians and Surgeons of British Columbia by virtue of credentials earned that are acceptable to both the College and the governing body of the Health Authority and additional training in critical decision making and skills for delivering advanced life support and trauma care to adults, children and neonates at the discretion of the health authority

AND

Recommended current experience:

Active participation in the care of emergency patients reflective of the scope of privileges requested. Individual sites will determine the number and proportion of emergency care hours to reflect their needs.

OR

Successful completion of an accredited residency or clinical fellowship within the past 24 months.

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OR

Undergo evaluation in an emergency department setting

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

Active participation in the care of emergency patients, reflective of the scope of privileges requested. Requirements for current practice will be influenced by place of practice. Individual sites will determine the number and proportion of emergency care hours to reflect their needs.

Renewal of privileges is site specific and will be subject to site policies.

Return to practice: individualized assessment and remediation in an emergency department acceptable to the health authority.

Core privileges: Emergency Medicine

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

❑ **Requested** Assess, evaluate, diagnose, and initially treat patients of all ages who present in the emergency department with any symptom, illness, injury, or condition. Provide immediate recognition, evaluation, care, stabilization, and disposition in response to acute medical, surgical and behavioral illnesses and injury. Privileges include the performance of history and physical examinations, the ordering and interpretation of diagnostic studies, including laboratory, diagnostic imaging, and electrocardiographic examinations, and the administration of medications normally considered part of the practice of emergency medicine. Privileges do not include admitting privileges, long-term care of patients on an inpatient basis, or the performance of scheduled elective procedures. The core privileges in this specialty include critical decision making and appropriate use of the procedures on the attached procedures list and such other procedures that are extensions of the same techniques and skills.

Core Procedures List

This list defines the types of activities or procedures that the majority of practitioners in this specialty perform at this organization, including activities or procedures requiring similar skills and techniques.

These procedural categories are broad headings. The intent is to capture the core procedures that all physicians working in designated emergency treatment areas should be able to do. The particular procedures utilized by an individual physician will be

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determined by their experience, skill and training as well as by the supports and equipment available in the individual institution. This is not an all-encompassing list, but includes other procedures that may be extensions of the same techniques and skills.

1. Diagnosis, management and disposition of life threatening illness
2. Emergency airway management
3. Resuscitation (including sepsis, cardiac)
4. Trauma management
5. Pediatric emergency care
6. Procedures involved in diagnosis and treatment of acute medical illness
7. Procedures involved in diagnosis and treatment of acute surgical illness.
8. Procedural sedation, anxiolysis and analgesia *

***Note:** See Hospital Policy for Sedation and Analgesia by non-anesthesiologists

Non-core privileges (see specific criteria)

- Are permits for activities that require further training, experience and demonstrated skill.
- 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: Admitting privileges

Requested: Admitting privileges

Definition

Acting as MRP during admissions which can include the following:

Evaluate, diagnose, treat, and provide consultation to patients of all ages, with a wide variety of illnesses, diseases, injuries, and functional disorders of all body systems.

Provide comprehensive, coordinated, and longitudinal care of patients, families, and communities in collaboration with other professional colleagues. 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.

Observe/assist diagnostic or surgical procedures with the approval of the attending physician or surgeon.

Non-core privileges: Point of care ultrasound

Note: while considered non-core at the time this revision of the dictionary was created, it is anticipated POC ultrasound may become core to emergency medicine in the future.

Requested:

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Initial privileges: Successful completion of an accredited postgraduate training program in emergency medicine that included training in emergency ultrasound or completion of the practice-based pathway and training that meets currently available locally determined standards.

AND

Recommended current experience: Demonstrated current skill and evidence of the performance of regular ultrasound interpretations, reflective of the scope of privileges requested, in the past 36 months.

Renewal of privilege: To be eligible to renew privileges in point of care ultrasound, the applicant should normally meet the following criteria:
Demonstrated current skill and evidence of the performance of regular ultrasound interpretations, reflective of the scope of privileges requested, in the past 36 months based on results of ongoing professional practice evaluation and outcomes.

Return to practice: Demonstrated ongoing skill through a practical demonstration or by repeating an acceptable ultrasound course.

For reference only

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Additional privileges

Definition: An additional privilege is any privilege that is not included in the core, non-core, or context-specific privileges dictionary for your discipline.

To request an additional privilege you will identify where you would like to exercise the privilege and list your relevant training and experience. Please note that additional privileges are not automatically granted, but are reviewed to determine alignment with the site capacity and to ensure training requirements are met.

Process to request privileges not included in the dictionary for your discipline

Complete this section if you wish to request a privilege that is not included in the core, non-core or context specific privileges for your discipline.

Instructions

To request additional privileges—that is, privileges *not* included in your discipline dictionary—please provide the following information in the comments box below:

- a) the privilege requested
- b) the location within the facility where the privilege would be exercised, and
- c) the relevant training and experience held by the practitioner in this area

Your request for additional privileges will be submitted to the appropriate medical leader to determine if the requested privilege can be supported at the specified site, and if so, which training requirements must be met.

Additional Privilege

Requested Not Requested

Comments:

Dictionary content and feedback

The privileging dictionaries on this site (bcmqi.ca) are the official versions.

Dictionary content will be updated in cycles of review and refresh, as listed at the bcmqi.ca dictionary review hub. You can provide input on a dictionary at any time, by submitting a [Request for a Revision to a Privileging Dictionary](#) form to your local medical administration or the BC MQI office.

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Acknowledgement 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 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: _____

Medical / Clinical Leader'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/ Facility:

Name of Medical Leader:

Title:

Signature:

Date: