

Emergency Medicine Clinical 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: February 12, 2015

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.

Emergency Medicine Clinical 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

The practice of medicine in an acute care setting where patients with a broad spectrum of acute and/or undifferentiated, medical problem 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
2. Canadian College of Family Physicians – Emergency Medicine certificate (CCFP) (EM)
3. CCFP plus additional training in critical decision making and skills for delivering advanced life support and trauma care to adults, children and neonates. (e.g. ACLS, ATLS, PALS, CARE and/or local site simulation, or as assessed by the health authority)

Designated Pediatric Emergency Room

4. As above plus additional training in critical decision making and skills for delivering pediatric emergency care
5. Current certification in Pediatric Emergency Medicine by the Royal College of Physicians and Surgeons of Canada
6. General Pediatrician plus additional training in critical decision making and skills for delivering pediatric emergency care

OR



Emergency Medicine Clinical Privileges

- a. 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).
- b. 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. (e.g. ACLS, ATLS, PALS, CARE and/or local site simulation)

AND

Recommended current experience: 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 or successful completion of an accredited residency, clinical fellowship or practice readiness assessment program within the past 24 months. Requirements for current practice will be influenced by place of practice. Individual sites may increase the proportion of emergency care hours to meet their needs.

OR

Undergo evaluation in an emergency room setting

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

Active participation in an emergency department (ED), reflective of the scope of privileges requested with annual activity equal to or exceeding 400 clinical patient care hours, 100 of which should be spent managing emergency patients averaged over three years, based on results of ongoing professional practice evaluation and outcomes.

Requirements for current practice will be influenced by place of practice. Individual sites may increase the proportion of emergency care hours to meet their needs.

Emergency Medicine Clinical Privileges

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

Return to practice: individualized assessment and remediation based on a traineeship 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 privileges: Admitting Privileges

- Requested: Full Admitting**
- Requested: ER Admit Only**

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.

Emergency Medicine Clinical Privileges

These procedural categories are broad headings that are intended to capture the core procedures that physicians working in all health authority designated emergency treatment areas should be able to do. The particular procedures utilized by an individual physician will be 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. If there is a procedure you wish to NOT perform, then please type into the Comments field.

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

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: Point of care ultrasound¹

Requested

¹ While considered non-core at the time this revision of the dictionary was created, it is anticipated POC ultrasound will become core to emergency medicine in the future.

Emergency Medicine Clinical Privileges

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.

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 Non-anesthesiologists."

Emergency Medicine Clinical 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](#).



Emergency Medicine Clinical 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: _____