

**Family Medicine General Practice dictionary
was approved by PMSEC on November 9, 2017**

REVIEW PANEL COMPOSITION

The panel was composed of two co-chairs with expertise in the provincial privileging dictionaries and 15 subject matter experts, who work across 6 of the province's health authorities and with representations from the General Practice Services Committee and the BC College of Family Physicians.

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. Reorganize Family Medicine core privileges to align with different roles family physicians play in a health authority facility

The panel was in agreement to reorganize the family medicine core privileges to demonstrate different roles family physicians may play within a health authority facility. A family physician may choose to request the Family Medicine core privilege with or without admitting privileges or Refer and Follow only.

2. Keep Refer and Follow in this dictionary

The panel decided to keep Refer and Follow as a privilege. The decision was presented at Quality Assurance (QA) Working Group in June 2017, indicating complexities around medical staff category and physicians having access to patients while they're in a hospital. A proposed solution is to include a caution that only those with Associate medical staff category can request for Refer and Follow privilege and those who have requested for the Family Medicine core privilege cannot request for Refer and Follow.

3. Palliative Care is part of Family Medicine training

The panel discussed advanced palliative care and agreed that there is currently no definition for "advanced" care and therefore no clear distinction from general palliative care. The panel was in agreement that palliative care is core to family medicine training.

4. Refer to the CFPC Core Procedures List

The core procedures list published by the College of Family Physicians Canada in 2010 is used to outline scope of practice under normal circumstances. The list may be adapted to reflect an individual's scope of practice.

RECORD OF REVIEW PANEL DECISIONS AND CRITERIA IDENTIFIED:

5. Use evidenced based clinical/procedure volume to define criteria for privileges

The panel chose to remove minimum procedure numbers where they have no basis in evidence and to keep them only where they are supported by evidence.

6. Refer to the Society of Obstetricians and Gynecologists of Canada (SOGC) policy statement for practice standards

The panel pointed to the SOGC (No.113 April 2002) policy statement that “competence in obstetric care is not dependent on the number of births attended annually.” Instead of number of births, the panel identified training requirements and practice evaluation to demonstrate competency for core obstetrics.

Reference only



Core privileges

Decision / Revision: Reorganize core privileges outlined in this document to better align with different roles family physicians and general practitioners play in a health authority facility

Engagement Method: Panel discussion and consultation with BCMQI Quality Assurance Working Group

ORIGINAL	REVISION
<p>The original structure of core privileges was not comprehensive, it was unclear to physicians which one was applicable to their role(s)</p> <ol style="list-style-type: none"> Core privileges: acting as most responsible provider (MRP) <ul style="list-style-type: none"> <input type="checkbox"/> Requested: Acting as most responsible provider <input type="checkbox"/> Requested: Full Admitting – Family medicine Core privileges: Refer and follow only <ul style="list-style-type: none"> <input type="checkbox"/> Requested: Refer and Follow only Core privileges: Obstetrics <ul style="list-style-type: none"> <input type="checkbox"/> Requested: Obstetrics <input type="checkbox"/> Requested: Full Admitting - Obstetrics <input type="checkbox"/> Requested: Admit Newborn Only 	<p>The panel worked to simplify core privileges to reflect physicians’ roles in a health authority facility</p> <p><u>C1</u></p> <p>Core privileges: Family Medicine</p> <ul style="list-style-type: none"> <input type="checkbox"/> Requested: Full-admitting privileges – Family medicine – see description below <p>OR</p> <ul style="list-style-type: none"> <input type="checkbox"/> Requested: Non admitting privileges – Family medicine – see description below <p>OR</p> <ul style="list-style-type: none"> <input type="checkbox"/> Requested: Refer and follow Only – Family medicine - see description below <p>Note: The panel was in agreement to remove “admit newborn only” as a core privilege.</p> <p>Core privileges: Obstetrics</p> <ul style="list-style-type: none"> <input type="checkbox"/> Requested: Obstetrics <input type="checkbox"/> Requested: Full Admitting - Obstetrics

Non-core privileges

Decision / Revision: New non-core privileges: Surgical Uterine Evacuation (SUE)

Engagement Method: Subpanel recommendation and panel discussion

ORIGINAL	REVISION
<ul style="list-style-type: none"> Not Applicable 	<p><u>C2</u> Definition and criteria developed by a sub-panel consisted of individuals who have training to provide surgical uterine evacuation procedures. The new non-core privileges will replace the following privilege:</p> <ul style="list-style-type: none"> Non-Core Privilege: Ultrasound in the context of delivering therapeutic abortion services

Family Medicine/ General Practice 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: November 9, 2017

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.



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 (RCPSC'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.

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.

Definition

The family physician/general practitioner is a skilled clinician who, serving a defined population, is competent in the person-centred clinical method; integrates a sensitive, skillful, and appropriate search for disease; acknowledges uncertainty; utilizes the cure/attenuation/comfort spectrum of treatment, addresses community health status indices.

As a generalist, the Family Medicine/General Practice, works collaboratively with the patient, their family and the health care team to optimize care, and provides comprehensive care throughout the continuum of a person's illness experience, and lifespan. The Family Medicine/General Practice understands the central role of the person-physician relationship and competently applies the concepts of evidence-informed care, advocacy and stewardship to improve the person's bio-psycho-social-spiritual health, regardless of the clinical setting.

With reflection and self- and peer-assessment, the Family Medicine/General Practice undertakes continual professional self-improvement.

Qualifications for Family Medicine Privileges

To be eligible to apply for any privileges in Family Medicine, the applicant must meet the following criteria:

Initial privileges: Current certification in Family Medicine by the College of Family Physicians of Canada OR possession of credentials acceptable to both the College of Physicians and Surgeons of British Columbia and the governing body of the Health Authority and its Affiliate(s)

AND

Recommended current experience: Completion of a Family Medicine residency program within the past 24 months

OR

Demonstrated experience within the past three years providing care reflective of the scope of privileges requested, regardless of the setting in which this care occurred OR be mentored while being a member of the provisional staff.

Renewal of privileges: Demonstrates experience within the past three years directing care reflective of the scope of privileges requested, regardless of the setting in which this care occurred.

AND

Has provided care within the past 36 months and demonstrates competency based on peer assessment of professional practice, quality of care, and outcomes

Return to practice: Demonstrates experience within the past three years directing care reflective of the scope of privileges requested, regardless of the setting in which this care occurred OR be mentored while being a member of the provisional staff.

Core privileges: Family Medicine

Choose one of the following

Requested: Full-admitting privileges – Family medicine – see description below
OR

Requested: Non admitting privileges – Family medicine – see description below
OR

Requested: Refer and follow Only – Family medicine - see description below

Core privileges: Full-admitting

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.

Core privileges: Non-admitting

As above but does not include acting as MRP during admissions. (Usually includes providing specific consultations and/or surgical assists.)

Core privileges: Refer and Follow ONLY

Refer and follow privilege can only be granted to physicians with Associate medical staff category and should not be requested if full admitting or non-admitting are requested.

Refer and follow might include the following:

Order outpatient diagnostic tests and services, visit patient in the hospital, and review medical records while the patient is being cared for by other physicians. Observe/assist diagnostic or surgical procedures with the approval of the attending physician or surgeon.

Core Family Medicine Procedure List

The core privileges in this specialty include the management of conditions using procedures on the attached procedures list and other procedures (see Appendix A) that are extensions of the same techniques and cognitive and manual skills. A very important skill is the cognitive ability of the physician to understand his/her skill set and the clinical situation surrounding the management of the patient.

Core privileges: Obstetrics

☐ Requested:

Evaluate, diagnose, treat, and provide and/or request consulting services for women during pregnancy, labour, delivery, and postpartum, and newborns and related procedures, including co-existing medical and psychiatric conditions. Assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative services and transfer to another facility. The core privileges include the procedures on the attached procedures list and such other procedures that are extensions of the same techniques and skills.

Initial privileges: Meets qualifications for family medicine privileges.

AND

Current certification in Neonatal Resuscitation Program (NRP) or an equivalent program

AND

Participation in a simulated emergency skills workshop(s) within the past 3 years that should include the following conditions: shoulder dystocia, post-partum hemorrhage, emergent assisted vaginal delivery (vacuum or forceps), unexpected breech delivery and identification and management of abnormal fetal health assessment. Simulation should include multidisciplinary members of the maternity care team

Required current experience: Graduation from a Family Medicine residency program which included obstetrics within the past 24 months with documentation from the director of the residency program that the applicant has skills in obstetrics

OR

Has provided obstetrical care within the past 36 months and demonstrates competency based on peer assessment of professional practice, quality of care, and outcomes.

Renewal of privileges: Current certification in Neonatal Resuscitation Program (NRP) or an equivalent program

AND

Participation in a simulated emergency skills workshop(s) that should include the following conditions: shoulder dystocia, post-partum hemorrhage, emergent assisted vaginal delivery, unexpected breech delivery and identification and management of abnormal fetal health assessment. Simulation is best undertaken in a multidisciplinary care setting.

AND

Has provided obstetrical care within the past 36 months and demonstrates competency based on peer assessment of professional practice, quality of care, and outcomes. Individual sites may recognize competency based on assessment acceptable to the appropriate medical leader

Return to practice: Current certification in Neonatal Resuscitation Program (NRP) or an equivalent program

AND

Completion of an individualized learning plan created by the physician in collaboration with the appropriate medical leader, which includes supervision of care and core procedures relevant to the intended scope of practice

AND

Participation in a simulated emergency skills workshop(s) that should include the following conditions: shoulder dystocia, post-partum hemorrhage, emergent assisted vaginal delivery, unexpected breech delivery and identification and management of abnormal fetal health assessment. Simulation should include multidisciplinary members of the maternity care team

Core Obstetrical Procedure List

The following is not intended to be an all-encompassing list. It defines the types of activities/procedures/privileges that the majority of practitioners would skillfully perform, and inherent activities/procedures/privileges requiring similar skill sets and techniques.

Family Medicine/ General Practice Clinical Privileges

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

- Management of labour and spontaneous vaginal delivery of a fetus in vertex presentation
- Induction of labor
- Augmentation of labor
- Management of Vaginal Birth after Caesarian Delivery for singleton pregnancy with one prior uterine scar
- Vacuum-assisted delivery at low/outlet station
- Surgical assist at Caesarean delivery
- Manual removal of placenta

Core privileges: Admitting Privileges

Requested: Full Admitting – Obstetrics

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 Obstetrics

- Requested:** Low/Outlet Forceps of a fetus in vertex presentation
- Requested:** Repair of fourth degree perineal tear
- Requested:** Pudendal anesthesia

Initial privileges: Meets the requirements for holding core privileges in Obstetrics

AND

Provides documentation of successful completion of a Family Medicine Residency program that included training reflective of the scope of the privileges requested.

OR

Completion of hands-on training under the supervision of a qualified physician preceptor

AND

Required current experience: Documentation from the director of a Family Medicine program or the appropriate medical leader that the applicant has skill in this procedure, and has performed, simulated, or reviewed the procedure acceptably in the past 36 months.

Renewal of privileges: Demonstrates competency based on a process of evaluation of professional practice and outcomes, performance, simulation, or review of the procedure acceptable to the appropriate medical leader in the past 36 months.

Return to practice: Completion of an individualized learning plan created by the physician in collaboration with the appropriate medical leader.

Non-core privileges: Medicine and Pediatrics

- Requested:** Circumcision
- Requested:** Vasectomy

Initial privileges: Successful completion of a Family Medicine residency program that included training in circumcision or completion of hands-on training under the supervision of a qualified physician preceptor

AND

Required current experience: Documentation from the director of a Family Medicine program or the appropriate medical leader that the applicant has skill in this procedure, and has performed, simulated, or reviewed the procedure acceptably in the past 36 months.

Renewal of privileges: Demonstrates competency based on a process of evaluation of professional practice and outcomes, performance, simulation, or review of the procedure acceptable to the appropriate medical leader in the past 36 months.

Return to practice: Completion of an individualized learning plan created by the physician in collaboration with the appropriate medical leader.

Non-core privilege: Methadone prescribing for analgesia

Requested

Initial privileges/Renewal/ Return to practice: Current authorization from the College of Physicians and Surgeons of British Columbia (CPSBC) to prescribe methadone for analgesic purposes.

Non-core privilege: Methadone prescribing for opioid use disorder

Requested

Initial privileges/Renewal/ Return to practice: Current authorization from the BC Center for Substance Use to prescribe methadone for the treatment of opioid dependence.

Context specific privileges: Administration of sedation and analgesia – outside of emergency situations

***Not** required for practitioners who also completing emergency medicine and general practice anesthesia dictionaries

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

Requested:

Administration of medication for procedural sedation of patients, including the administration of continuous or bolus medication, airway management, and patient monitoring, consistent with health authority policies regarding the setting and methods of such procedures.

Initial privileges: Successful completion of Family Medicine residency program OR other post-graduate learning acceptable under health authority policies that includes hands-on training in the administration of procedural sedation and airway management within the last 24 months.

Renewal of privileges: Demonstrates competency based on a process of evaluation of professional practice and outcomes, performance, simulation, or review of the procedure acceptable to the appropriate medical leader in the past 36 months.

Return to practice: Completion of an individualized learning plan created by the physician in collaboration with the appropriate medical leader.

Qualifications for Surgical Uterine Evacuation

Definition

Surgical evacuation procedures that are available to pregnant women in their first and second trimesters include dilation and suction curettage and dilation and evacuation. These are indicated for therapeutic abortion, management of miscarriage, non-viable pregnancy, retained products of conception, and gestational trophoblastic disease. Depending on the duration of pregnancy, physicians may choose from the following:

Non-core privileges: Surgical Uterine Evacuation (Up to 13 weeks + 6 days)

Requested

Surgical uterine evacuation for the purpose of abortion, management of miscarriage, non-viable pregnancy, retained products of conception and Gestational Trophoblast Disease (GTD).

Initial privileges: 100 procedures during education in a NAF accredited facility; if education is 2 years or more ago, must also have 24 procedures in 24 months

Renewal of privileges*: 36 procedures per 36 months

Return to practice: Completion of an individualized learning plan that must include hands on clinical training, including at least 24 procedures in NAF accredited centre. The plan will be developed in collaboration with a designated physician leader for the health authority or the non-hospital facility.

Non-core privileges: Surgical Uterine Evacuation (14 weeks up to 17 weeks + 6 days)

Requested

Surgical uterine evacuation for the purpose of abortion and non-viable pregnancy

Initial privileges: 30 procedures during education in a NAF accredited facility and must also have the requisite active qualifications for up to 13 weeks and 6 days; if education is 2 years or more ago, must also have 24 procedures in 24 months

Renewal of privileges*: 36 procedures per 36 months

Return to practice: Completion of an individualized learning plan that must include hands on clinical training, including at least 10 procedures in NAF accredited centre. The

plan will be developed in collaboration with a designated physician leader for the health authority or the non-hospital facility.

Non-core privileges: Surgical Uterine Evacuation (18 weeks up to 23 weeks + 6 days)

Requested

Surgical uterine evacuation for the purpose of abortion and non-viable pregnancy

Initial privileges: 20 procedures during education in a NAF accredited facility and must also have the requisite active qualifications for up to 17 weeks and 6 days; if education is 2 years or more ago, must also have 10 procedures in 24 months

Renewal of privileges*: 15 procedures per 36 months

Return to practice: Completion of an individualized learning plan that must include hands on clinical training, including at least 10 procedures in NAF accredited centre. The plan will be developed in collaboration with a designated physician leader for the health authority or the non-hospital facility.

*Note: on Renewal of privileges:

To be eligible to renew the requested Surgical Uterine Evacuation privilege, the applicant should normally meet the following criteria:

Demonstrates skill based on results of ongoing professional practice evaluation and outcomes, and performance of the indicated volume of procedures per 3 years. Physicians providing abortion care should access continuing education such as Society of Obstetrician and Gynaecologists of Canada (SOGC) and National Abortion Federation (NAF) to stay abreast with current guidelines.

Acknowledging the smaller number of procedures in rural centres, practitioners especially those from low volume centres, seeking renewal of surgical uterine evacuation privilege, should have the opportunity to discuss their current experience in combination with total experience accumulated over their career and opportunities to participate in refresher sessions at a high volume facility, in determining their renewal of privileges.

Links to other dictionaries and noncore privileges:

GPA

ER

Hospitalist

Family Practice ESS

Medical Assistance in Dying

Interventional Pain Management

Clinical Practitioner in Oncology

Reference only

Appendix A: Core procedures list

The intent of the core list is to facilitate comprehensive practice while focusing direct discussion on an individual physician's practice. This allows adapting the list to better reflect that individual's scope of practice within the context of the designated site.

The most important skill is the cognitive ability of the physician to understand his/her skill set and the clinical situation surrounding any procedure.

For the core procedures list, a review of a practicing physician's scope of practice may result in adaptation of this list at the time of initial application or renewal. The maintenance of privileges discussion should focus on procedures pertinent to the care the physician wishes to provide at the relevant site and the ability of the site to support the provision of those procedures.

The core privileges in this specialty include the management of conditions using procedures on the attached procedures list and other procedures that are extensions of the same techniques and cognitive and manual skills.

The following is not intended to be an all-encompassing list. It defines the types of activities/procedures/privileges that the majority of practitioners would skillfully perform, and inherent activities/procedures/privileges requiring similar skill sets and techniques.

Reference Only

INTEGUMENTARY PROCEDURES

- Treatment of integumentary or nail infections and injuries by repairing, debridement, curettage, excision, incision, and /or drainage
- Excision or treatment for treatment or diagnostic purpose of skin lesions, foreign bodies, including via electro-cautery or cryotherapy

LOCAL ANESTHETIC PROCEDURES

- Infiltrate local anesthetic, including peripheral nerve blocks and hematoma blocks where such procedures are of low risk

EYE PROCEDURES

- Use of slit lamp, fluorescein, mydriatics, and topical analgesics
- Removal of corneal or conjunctival foreign bodies and rust rings

EAR PROCEDURES

- Remove cerumen, foreign bodies, or other debris

NOSE PROCEDURES

- Removal of foreign bodies
- Treatment of epistaxis by packing, cautery, or insertion of therapeutic devices
- Reduction of acute nasal fracture

ORAL PROCEDURES

- Mucosal biopsy
- Cut sublingual frenulum
- Incision and drainage of peri-tonsillar abscess

GASTROINTESTINAL PROCEDURES

- Insert nasogastric or feeding tube
- Gastric lavage
- Anoscopy or proctoscopy
- Incision and drainage of thrombosed external hemorrhoids or perianal abscesses
- Paracentesis

WOMENS HEALTH PROCEDURES

- Urethral dilation
- Pap smear and endometrial pipelle biopsy
- Fitting and insertion of intrauterine or other devices for contraception

MENS HEALTH PROCEDURES

- Urethral dilation

MUSCULOSKELETAL PROCEDURES

- Closed reduction of simple fractures
- Apply extremity casts and splints
- Reduction of simple dislocations
- Aspiration and injection of joints and bursae

RESUSCITATION PROCEDURES

- Emergent airway management including intubation, removal of foreign bodies, and insertion of airway devices
- Emergency ventilation via manual or mechanical ventilator as appropriate for the practice venue
- Perform cardiac defibrillation and cardioversion

INJECTION AND CANNULATION PROCEDURES

- Lumbar puncture
- Umbilical Catheterization
- Procedures for parenteral access or delivery of medication

Process of requesting for privileges not listed 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 appropriate medical leader as part of the electronic application process
2. The practitioner will complete the privileges section of the **Change Request Form**, providing 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.
3. The appropriate medical leader, 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 appropriate medical leader 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 appropriate medical leader 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 [Request for a Revision to a Privileging Dictionary](#)

Family Medicine/ General Practice 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 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: _____

Name of Medical Leader: _____

Title: _____

Signature: _____

Date: _____

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. Please note that additional privileges are not automatically granted, but are reviewed to ensure alignment with site requirements and capacity.

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.

Family Medicine/ General Practice Clinical Privileges

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: