

Family Medicine/General Practice 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: April 30, 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 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.



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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.

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 and addresses community health status indices.

As a generalist, the FP/GP, 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 FP/GP 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 FP/GP undertakes continual professional self-improvement. The FP/GP undertakes to mentor and teach colleagues to the best of his/her ability.

Required Qualifications for Family Medicine Privileges

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

Current certification in Family Medicine by the College of Family Physicians of Canada OR possession of equivalent 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

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 willing to be mentored while being a member of the provisional staff.



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1. Core Privileges: Acting as most responsible provider (MRP)

Requested: 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.

Core privileges: Admitting Privileges

Requested: Full Admitting – Family medicine

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.

To assist in understanding the competencies in family medicine, the knowledge and skills outlined in Appendix B shall set the context for this entire document.

Initial privileges: Meets required qualifications for Family Medicine privileges.

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.

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 willing to be mentored while being a member of the provisional staff.

OR

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2. Core Privileges: Refer and Follow only

Requested: Order outpatient diagnostic tests and services, visit patients in the hospital, review medical records, consult with the attending physician, and observe/assist diagnostic or surgical procedures with the approval of the attending physician or surgeon.

Initial privileges: Meets qualifications for Family Medicine privileges.

Renewal of privileges: Continued membership in good standing of the medical staff.

Return to practice: As for initial privileges.

3. Core Privileges: Obstetrics

Requested: Evaluate, and manage the care of pregnancy, labour and delivery, procedures related to delivery, postpartum care, and care of the newborn, which includes medical and psychiatric conditions that are complicating factors. 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. Consult with other members of the medical staff as appropriate. The core privileges 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 – Obstetrics

Requested: Admit Newborn Only

Initial privileges: Meets qualifications for family medicine privileges.

AND

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

AND



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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 staff who provide maternity care. Programs that emphasize team-based care are preferable.

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** documentation from an agency-designated physician leader that the applicant has skill in obstetrics and presents evidence of the safe, skilled, and peer-reviewed management (as MRP) of five labours and five births that meet the usual standard of care for similar providers in a similar setting over the previous 36 months. Note: The foundation for quality outcomes is a rigorous Continuous Quality Improvement process from a committed maternity care team.

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 should include multidisciplinary members of staff who provide maternity care. Programs that emphasize team-based care are preferable,

AND

The safe, skilled, and peer reviewed management (as MRP) of five labours and five births over the previous 36 months. Note: The foundation for quality outcomes is rigorous Continuous Quality Improvement process from a committed maternity care team.

Return to practice:

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



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AND

- Completion of an individualized learning plan created by the physician in collaboration with the agency-designated physician leader, which includes supervision of 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 staff who provide maternity care. Programs that emphasize team-based care are preferable.

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.

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

Special Non-core Privileges (See Specific Criteria)

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 applicable to the applicant.

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4. Non-core Privileges Obstetrics

Non-core privilege: Low/Outlet Forceps of a fetus in vertex presentation

Requested

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

AND

held this privilege prior to [initiation date of dictionary]

OR

Provides documentation of successful completion of a Family Medicine Residency program that included training in low/outlet forceps delivery

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 a agency-designated physician leader that the applicant has skill in this procedure, and has performed the procedure acceptably three times in the past 36 months.

Renewal of privileges: Demonstrates skill based on results of ongoing professional practice evaluation and outcomes, and performance of one procedure per year averaged over the past 36 months.

Return to practice: Completion of an individualized learning plan created by the physician in collaboration with the agency-designated physician leader.

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Non-core privilege: Repair of fourth degree perineal tear

Requested

Initial privileges: meets the requirements for holding core privileges in Obstetrics
AND

Held this privilege prior to [initiation date of dictionary]

OR

Successful completion of Family Medicine residency that included training in repair of fourth degree perineal tear,

OR

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

AND

Required current experience: Documentation from the director of the Family Medicine program, or a agency-designated physician leader (e.g. chief of staff) 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: Discussion with agency-designated physician leader as to level of comfort with the procedure. Demonstrated current skill based on results of ongoing professional practice evaluation and outcomes and performance, simulation, or review of the procedure.

Return to practice: Completion of an individualized learning plan created by the physician in collaboration with the agency-designated physician leader.

Non-core privilege: Pudendal anesthesia

Requested

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

Held this privilege prior to [initiation date of dictionary]

OR

Successful completion of Family Medicine residency program that included training in pudendal anesthesia,

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

AND

Required current experience: Documentation from the director of the Family Medicine program, or an agency-designated physician leader that the applicant has skill in this procedure, and has performed the procedure acceptably in the past 36 months.

Renewal of privileges: Demonstrated current skill based on results of ongoing professional practice evaluation and outcomes and performance of one procedure per year averaged over the past 36 months, or simulation or review of the procedure.

Return to practice: Completion of an individualized learning plan created by the physician in collaboration with the agency-designated physician leader.

Non-Core Privilege: Ultrasound in the context of delivering therapeutic abortion services

[DESIGNATED A RESTRICTED SERVICE BY THE MEDICAL SERVICES COMMISSION]

Requested

Initial privileges: Completion of 50 supervised ultrasound examinations and interpretation acceptable to the College of Physicians and Surgeons of British Columbia in patients seeking therapeutic abortion services.

AND

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

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Renewal of privileges: Demonstrated current skill and evidence of the performance of ultrasound examination and interpretation, 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.

5. Non Core Privileges: Medicine and Pediatrics

Non-core privilege: Circumcision

Requested

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: Demonstrated current skill based on results of ongoing professional practice evaluation and outcomes and performance of one procedure per year averaged over the past 36 months.

Renewal of privileges: Demonstrated current skill based on results of ongoing professional practice evaluation and outcomes and performance of one procedure per year averaged over the past 36 months.

Return to practice: Completion of an individualized learning plan created by the physician in collaboration with the agency-designated physician leader.

Non-core privilege: Vasectomy

Requested

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

AND

Required current experience: Demonstrated current skill based on results of ongoing professional practice evaluation and outcomes and performance of one procedure in the past 36 months,

Renewal of privileges: Demonstrated current skill based on results of ongoing professional practice evaluation and outcomes and performance of one procedure in the past 36 months.

Return to practice: Completion of an individualized learning plan created by the physician in collaboration with the agency-designated physician leader.

Non-core privilege: Sigmoidoscopy¹

Requested

Initial privileges: Successful completion of a Family Medicine residency program that included training in sigmoidoscopy or completion of hands-on training under the supervision of a qualified physician preceptor. Documentation that the applicant has skill in this procedure by either the director of the Family Medicine program or agency-designated physician leader where the applicant previously had this privilege, whichever represents the most recent experience,

AND

Required current experience: Performance of twenty procedures a year averaged over the past two years.

Renewal of privileges: Ongoing demonstration of skill through professional practice review and twenty procedures a year averaged over the last three years.

¹ Should be linked to the Family Practice with Enhanced Surgical Skills Dictionary Colonoscopy Privileges [LINK](#)

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Return to practice: Completion of an individualized learning plan created by the physician in collaboration with the agency-designated physician leader.

Non-core privilege: Prescribing chemotherapeutic agents for the treatment of malignancy

Requested

Initial privileges: Successful completion of the BC Cancer Agency (BCCA) GPO Training Program or training acceptable to the BCCA,

AND

Required current experience: As required by BCCA.

Renewal of privileges: As required by BCCA.

Return to practice: Same as initial privileges.

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 by hospitalist physicians

Requested

Initial privileges/Renewal/ Return to Practice: Current authorization from the College of Physicians and Surgeons of British Columbia to prescribe methadone for the treatment of hospitalized patients.

Non-core privilege: Methadone maintenance therapy

Requested

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Initial privileges/Renewal/ Return to Practice: Current authorization from the College of Physicians and Surgeons of British Columbia to prescribe methadone for the treatment of opioid dependence.

Non-core privilege: Diagnostic reporting of adult electrocardiogram for use by a third party

Requested

Initial privileges: Provide documentation of 50 electrocardiograms reviewed over the past two years, with documentation that the applicant has skill in this procedure by the director of a Family Medicine residency program, or agency-designated physician leader where the applicant previously had this privilege, whichever represents the most recent experience.

Renewal of privilege: Demonstrated current skill based on results of ongoing professional practice evaluation and outcomes and interpretation of 20 electrocardiograms a year averaged over the past 3 years.

Return to Practice: Provide documentation of 50 electrocardiograms interpreted over the past two years, and documentation that the applicant has skill in this procedure by the agency-designated physician leader where the applicant previously had this privilege.

Non-core privilege: Elective insertion of central venous line exclusive of peripherally inserted central catheters

Requested

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

AND

Required current experience:

Demonstrated current skill based on results of ongoing professional practice evaluation and outcomes and performance, simulation, or review of the procedure in the past 36 months.

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Renewal of privileges: Demonstrated current skill based on results of ongoing professional practice evaluation and outcomes and performance, simulation, or review of the procedure.

Return to practice: same as initial privileges

Context Specific Privileges: Administration of sedation and analgesia

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.

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

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: Evidence of the skilled performance of procedural sedation in the preceding 36 months must be demonstrated.

Return to practice: Completion of an individualized learning plan that includes a preceptorship created by the physician in collaboration with the agency-designated physician leader.

Links to other dictionaries:

GPA
ER
Hospitalist
GP Surgery

Core procedures list

Recognizing the broad generalist training and skills of Family Physicians, any list of

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core procedures will necessarily be illustrative rather than proscriptive. Attempting to create a comprehensive list may create a barrier for some physicians and at the same time inappropriately restrict the practice of other physicians especially in rural communities. 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 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.

The core procedures list is based on the skills expected of a new graduate of an accredited CFPC residency program. The most important skill is the cognitive ability of the physician to understand his/her skill set and the clinical situation surrounding any procedure.

<http://www.cfpc.ca/uploadedFiles/Education/Procedure%20Skills.pdf>

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.

Core procedures include but aren't limited to the skills listed in Appendix A and include other activities that are extensions of the same techniques and skills. It would be a misuse of this document to assume that if a procedure does not appear in the appendix, it should not be done by a family physician, or to read this list without considering the overall intent of this dictionary.

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<p>INTEGUMENTARY PROCEDURES</p> <ul style="list-style-type: none"> • 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 <p>LOCAL ANESTHETIC PROCEDURES</p> <ul style="list-style-type: none"> • Infiltrate local anesthetic, including peripheral nerve blocks and hematoma blocks where such procedures are of low risk <p>EYE PROCEDURES</p> <ul style="list-style-type: none"> • Use of slit lamp, fluorescein, mydriatics, and topical analgesics • Removal of corneal or conjunctival foreign bodies and rust rings <p>EAR PROCEDURES</p> <ul style="list-style-type: none"> • Remove cerumen, foreign bodies, or other debris <p>NOSE PROCEDURES</p> <ul style="list-style-type: none"> • Removal of foreign bodies • Treatment of epistaxis by packing, cautery, or insertion of therapeutic devices • Reduction of acute nasal fracture <p>ORAL PROCEDURES</p> <ul style="list-style-type: none"> • Mucosal biopsy • Cut sublingual frenulum • Incision and drainage of peri-tonsillar abscess <p>GASTROINTESTINAL PROCEDURES</p> <ul style="list-style-type: none"> • Insert nasogastric or feeding tube • Gastric lavage • Anoscopy or proctoscopy • Incision and drainage of thrombosed external hemorrhoids or perianal abscesses • Paracentesis 	<p>WOMENS HEALTH PROCEDURES</p> <ul style="list-style-type: none"> • Urethral dilation • Pap smear and endometrial pipelle biopsy • Fitting and insertion of intrauterine or other devices for contraception <p>MENS HEALTH PROCEDURES</p> <ul style="list-style-type: none"> • Urethral dilation <p>MUSCULOSKELETAL PROCEDURES</p> <ul style="list-style-type: none"> • Closed reduction of simple fractures • Apply extremity casts and splints • Reduction of simple dislocations • Aspiration and injection of joints and bursae <p>RESUSCITATION PROCEDURES</p> <ul style="list-style-type: none"> • 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 <p>INJECTION AND CANNULATION PROCEDURES</p> <ul style="list-style-type: none"> • Lumbar puncture • Umbilical Catheterization • Procedures for parenteral access or delivery of medication
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Appendix A: Core Procedures List

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Appendix B: Family Medicine Competencies

<http://www.familymed.med.ualberta.ca/Home/Education/ResidencyObjectives/CurriculumObjectives.cfm>

For Reference only



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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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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 governed 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: _____



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Date: _____

For Reference only

