

Family Practice Anesthesia 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 Health Authority or Hospital, effective: March 25, 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.



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Grandparenting: Physicians holding privileges prior to implementation of the dictionary will continue to hold those privileges as long as they meet currency and quality requirement

Qualifications for Family Practice Anesthesia

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

Licensure as a family physician in British Columbia

AND

Successful completion of a College of Family Physicians of Canada accredited one-year training program in family practice anesthesia acceptable to the governing body of the organization. Training should include specific training in pediatric, obstetrical, and adult anesthesia,

OR

Recognition as a general practice anesthesiologist by virtue of credentials earned in another province or country (minimum 12 months training) that are acceptable to the College of Physicians and Surgeons of British Columbia (CPSBC) and the governing body of the Health Authority and its Affiliate(s).

AND

Recommended current experience: Recognizing that family physicians have a wide range of activities and skills that may transfer to the practice of anesthesia and that the scope of family medicine anesthesia is less broad than that of specialty anesthesia:

- clinical activity equal to or exceeding 400 hours a year averaged over three years
- recommended current anesthesia-related activity (e.g. operative time, procedural sedation, emergency airway management, and consultation) of 150 self-reported hours a year averaged over three years related to anesthesia of which at least 10 hours should be approved anesthesia related CME credit to a maximum of 20 hours. For example this can be met by doing 20 elective lists a year, doubling up

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with a colleague, or fewer with procedural sedation, emergency coverage and consultative experience. CME can include any accredited anesthesia-related activity including local morbidity and mortality rounds.

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

Current demonstrated skill and an adequate volume of experience (150 self-reported hours a year averaged over three years related to anesthesia, reflective of the scope of privileges requested (including special populations such as pediatrics), of which at least 10 hours annually should be approved anesthesia related CME credit to a maximum of 20 hours), with acceptable results, based on results of ongoing professional practice evaluation and outcomes.

Family Practice Anesthetists who hold privileges prior to April 2015, will continue to hold those privileges subject to ongoing professional practice review.

Return to practice:

Return after more than one year of inactivity – face-to-face interview and discussion of support required with department head or chief of staff.

Return after three or more years: individualized assessment with a recommended minimum three month preceptorship at a center that routinely provides anesthetic residency training, other than the site for which privileges are requested, with supervision of core procedures relevant to the intended scope of practice. Certification of skill by the department head or delegate. Currency requirements should be met after one year of practice. Preceptorship should be acceptable to the College of Physicians and Surgeons of British Columbia. Training objectives should be agreed upon by the physician, department head, UBC residency director and CPSBC.

Where a FPA has not exercised privileges in a particular clinical activity and wishes to return to this activity (e.g. pediatrics), the practitioner will arrange for an individualized assessment acceptable to the department followed by a prescribed preceptorship, both occurring in a hospital that is routinely involved in anesthesia training, if needed.

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Core privileges: Family Practice Anesthesia

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

Requested Administration of anesthesia, including general, regional, and local, and administration of all levels of sedation to patients older than 24 months. Care includes pain relief and maintenance, or restoration, of a stable condition during and immediately following surgical, obstetrical, and diagnostic procedures. Assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedures list and such other procedures that are extensions of the same techniques and skills.

Core privileges: Admitting Privileges

Requested: Full Admitting

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

Core procedures: Family Practice Anesthesia

▶ Anesthesia for Surgical Procedures for Patients older than 24 months

Requested

- Airway management
- Evaluation of respiratory function and application of respiratory therapy including mechanical ventilation
- Clinical management of cardiac and pulmonary resuscitation
- Diagnosis and treatment of acute, chronic, and cancer-related pain.
- Perioperative anesthetic management of child, adolescent, and adult patients for surgical and other procedures, with the exception of those listed in non-core and context specific anesthesiology areas
- Invasive and non-invasive monitoring and maintenance of normal physiology during the perioperative period

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- Prevention and relief of pain during and following surgical, obstetric, therapeutic, and diagnostic procedures using sedation, analgesia, general anesthesia, neuraxial anesthesia, regional anesthesia or local anesthesia
- Clinical supervision of medical and paramedical personnel involved in perioperative patient care
- Assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative services
- May provide care to patients in the intensive care unit setting in conformance with facility policies.
- Elective pediatric anesthesia limited to ASA levels 1-2.
- Elective adult anesthesia limited to ASA levels 1-2.
- Elective adult anesthesia for ASA level 3 patients having low risk procedures.

Special Non-core Privileges

Non-core privileges may be requested for by individuals who have further training, experience and demonstrated competence.

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: Family Practice Anesthesia Regional Blocks

Requested Privileges for specific ultrasound or nerve stimulator guided regional block techniques may be granted to practitioners who have demonstrated skill to another member of the medical staff who currently holds the privilege, or who have a certificate of competence from a specific training program.

Requested Privileges for blocks guided by fluoroscopy may be granted to practitioners who have demonstrated skill to another member of the medical staff holding the privilege and who have taken a radiation safety course. Maintenance of the privilege will be assessed based on current experience of 20 procedures a year and ongoing professional practice evaluation.

Requested Pediatric Blocks – privileges in pediatric regional blocks may be granted following the satisfactory completion of a traineeship acceptable to the organization.

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- ❑ **Requested** Thoracic Epidurals – privileges in this technique will be granted following the satisfactory completion of a traineeship acceptable to the organization.

Context Specific Privileges

Context refers to the capacity of a facility to support an activity

Anesthesia for the morbidly obese patient must ensure the presence of appropriate equipment and supports, consider the risk of the proposed surgery, and patient comorbidities.

Intermediate risk surgery (reported cardiac risk generally less than 5%) will be permitted in the context of a health authority designated facility with trained nursing staff, high acuity beds and supporting services.

Higher risk surgery will be permitted in sites where the practitioners are grandparented and the facilities are appropriate.

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 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: _____

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Date: _____

For Reference Only

