

Geriatric Medicine 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: October 3, 2013.

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 requirements.

Definition:

Geriatric Medicine is that branch of medicine which is concerned with the prevention, diagnosis, treatment, and social aspects of illness in older people.

Qualifications for Geriatric Medicine

Initial privileges: To be eligible to apply for privileges in Geriatric Medicine, the applicant should normally meet the following criteria:

Certification as a Geriatrician by the Royal College of Physicians and Surgeons of Canada (RCPSC) AND/OR

Recognition as a Geriatrician 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 of Physicians and Surgeons of British Columbia and the governing body of the the Health Authority and its Affiliate(s).

OR

Grandparenting of those who are currently privileged as a Geriatrician in British Columbia as of April 2013

AND

Recommended current experience: Inpatient and/or, ambulatory and/or, domiciliary services for at least 100 patient encounters, reflective of the scope of privileges requested, during the past 12 months or successful completion of a RCPSC accredited residency or clinical fellowship within the past 12 months.

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

Current demonstrated skill and an adequate volume of experience (inpatient and/or, ambulatory

and/or, domiciliary services to at least 300 patient encounters), with acceptable results

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and reflective of the scope of privileges requested, for the past 36 months based on results of ongoing professional practice evaluation and outcomes.

Return to practice: Appropriate mentorship by and demonstration of skill to the Department Head or Medical Director. Demonstrated evidence of continuing professional development (CPD) related to Geriatric Medicine.

Core Privileges: Geriatric Medicine

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

Requested

Provide consultative assessment, treatment and discharge planning services to older adult patients with illnesses and disorders that are especially prominent, or have different characteristics in the elderly. This may include delirium, dementia (and its behavioural manifestations), depression, falls and instability, incontinence, chronic pain, sensory impairment, neoplastic, cardiovascular, neurologic, musculoskeletal, metabolic, infectious disorders and end-of-life care. May provide care to patients in inpatient, ambulatory, or domiciliary care setting in conformance with Health Authority policies. 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 procedure list and such other procedures that are extensions of the same techniques and skills.

Core privileges: Admitting Privileges

Requested: Full Admitting

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.

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



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- Performance of Comprehensive Geriatric Assessment (Assessment and management of patients, including acute and chronic medical, affective, cognitive, and functional status, social support, and economic and environmental aspects related to health.)
- Work collaboratively within an interdisciplinary team environment which may include other Medical Staff and health professionals in the assessment and implementation of treatment
- Recognition and evaluation of cognitive impairment
- Application of the general principles of geriatric rehabilitation, including but not limited to those applicable to patients with orthopedic, rheumatologic, cardiac, and neurologic impairments
- Management of areas of special concern, such as osteoporosis, dementia, diabetes, falls, continence, chronic pain and other geriatric syndromes. These may be managed in a specialty out-patient clinic.
- Management of aspects of preventive medicine, including nutrition, oral health, exercise, screening, immunization, and chemoprophylaxis against disease
- Recognition, treatment and prevention of iatrogenic disorders



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Non-core privileges

None identified at this time



Context specific privileges: Administration of procedural sedation

Requested

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

Reminder, please refer to Internal Medicine or Family Practice clinical privilege dictionary for additional privileges to reflect complete scope of practice.

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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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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: _____

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: _____

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