

Infectious Diseases 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:

Infectious Diseases is a subspecialty concerned with the prevention, investigation, diagnosis and management of human illness caused by infectious agents. Infectious diseases remain the leading cause of morbidity and mortality throughout the world and are important contributors to illness and death in Canada. These diseases traverse the usual boundaries of organs and systems and the specialist in Infectious Diseases must be prepared to deal with illnesses that involve any region of the body. Additionally, patients with complex multisystem diseases, including congenital and acquired immune deficiencies, are at high risk of serious infections. These infections may further complicate the course of the patient's underlying disease and its management, and modify the presentation of the illness itself. Furthermore, there are non-infectious illnesses that may mimic the presentation of an infectious disease. It is therefore important that the Infectious Diseases specialist have a strong grounding in Internal Medicine or Pediatrics.

Qualifications for Infectious Diseases

Initial privileges: Certification in Infectious Diseases by the Royal College of Physicians and Surgeons of Canada (RCPSC); OR

Recognition as an Infectious Diseases specialist by the College of Physicians and Surgeons of British Columbia (CPSBC) by virtue of credentials earned in another jurisdiction that are acceptable to both the College and the the Health Authority and its Affiliate(s).

OR

Grandparenting of those who are currently privileged as an Infectious Diseases specialist in British Columbia as of April 2013,

AND

Recommended current experience: Infectious Diseases consultative services, reflective of the scope of privileges requested, of 100 encounters for direct patient care per year averaged over the prior 3 years;

OR



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Successful completion within the past 12 months of a Royal College of Physicians and Surgeons of Canada subspecialty residency in Infectious Diseases (or equivalent); or

Completion of a clinical/research fellowship immediately following subspecialty residency within the past 12 months.

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

- Current demonstrated skill and professional activity reflective of the scope of privileges requested, with acceptable results with an average of 100 encounters for direct patient care per year averaged over the prior 36 months; and
- Forty CPD¹ credits a year averaged over three years that are reflective of the scope of privileges requested.

Return to practice: Through an individualized evaluation at an academic centre.

Core Privileges: Infectious Diseases

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

Requested

Perform consultations and manage patients including the investigation, diagnosis, treatment, and prevention of diseases caused by infectious agents, for adult or pediatric patients. Liaise with medical microbiology laboratories, infection prevention and control, and Public Health. Participate in antibiotic stewardship programs. May provide care to patients in the intensive care setting in conformance with unit 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.

¹ CPD, Continuing Professional Development (Formerly referred to as CME)

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Core privileges: Admitting Privileges

□ Requested: Full Admitting

Core Procedures List

This is not intended to be an all-encompassing 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.

Clinical Consultation

- Clinical Consultation including investigation, diagnosis, treatment, and prevention of infectious diseases with or without direct patient care including acute and chronic infectious diseases, community and nosocomial infections, infectious diseases in special hosts, and emerging pathogens.
- Outpatient management such as:
 - Prescribing home parenteral antibiotic therapy,
 - Outpatient antibiotic clinic, home IV antibiotic clinic
 - Complex wound care,
 - Tropical medicine
 - HIV management including anti-retroviral prescription, prophylaxis and management of opportunistic infections.
 - Recommended current experience: management of 25 HIV infected patients over the previous three years
 - Chronic viral hepatitis management
 - Hepatitis B
 - Hepatitis C

Infection Prevention and Control

- Clinical consultation for infection prevention and control
- Clinical direction of an infection prevention and control program

Antimicrobial Utilization and Stewardship

- Clinical consultation for antimicrobial utilization and stewardship
- Clinical direction of an antibiotic stewardship program
- Utilization of special access antimicrobials as required, including restricted and non-formulary medications

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Non-core privileges: High resolution anoscopy with biopsy

Requested

Initial privileges: Completion of American Society for Colposcopy and Cervical Pathology (ASCCP) high resolution anoscopy course, including the comprehensive colposcopy workshop.

Recommended current experience: Currency to include completion of 50 procedures a year averaged over three years.

Return to practice: By repeating the high resolution anoscopy course.

Non-core privileges: Disease specific clinics

Requested

Initial privileges: Physicians seeking privileges to manage a disease specific clinic (including but not limited to travel medicine, tuberculosis, tropical medicine, viral hepatitis, HIV) must demonstrate adequate training (such as certification in infectious diseases or disease specific training or experience approved by the department head).

Recommended current experience: ongoing CPD relevant to the activity.

Context specific privileges: Administration of procedural sedation

Requested

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

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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: _____

