

**Nurse Practitioner dictionary
was approved by PMSEC on September 14, 2017**

REVIEW PANEL COMPOSITION

The panel was composed of two co-chairs with expertise in the provincial privileging dictionaries and 12 subject matter experts, who work across 7 of the province's health authorities and with representation from the College of Registered Nurses of BC and BC Nurse Practitioner Association.

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. Use education requirements to define current experience

The panel defines current experience by specifying education requirements associated to each core and non-core privilege. The education requirements replace the procedure numbers that previously defined current experience.

2. Align criteria with College of Registered Nurses of BC (CRNBC) principles-based standards

The panel was in agreement to include language which supports a principle-based approach to performance demonstration systems that situate measurement and accountability for excellence at the point of practice and at the level of the individual practitioner.

3. Decision to not include Methadone as a non-core privilege

At the time of privilege review, CRNBC is still in the process of establishing practice standards for methadone prescribing. When policies and standards are in place, non-core privilege criteria will be developed and incorporated into the provincial privileging dictionary.

NURSE PRACTITIONER DICTIONARY – APPROVAL

Overall

Decision / Revision: Using education requirements to define current experience and renewal for all non-core privileges and aligning language to CRNBC principles based standards

Engagement Method: Panel discussion & consultation with CRNBC

ORIGINAL	REVISION
<p>Current experience and renewal criteria for all non-core privileges were based on clinical volume completed per specific timeframe</p> <p><i>Example:</i></p> <p>Non-core privilege: Integumentary Procedures</p> <ul style="list-style-type: none"> <input type="checkbox"/> Requested Complex (e.g. facial, multilayer) suturing (10 initial), (5 renewal) <input type="checkbox"/> Requested Wedge or complete excision of fingernails or toenails (4 initial), (2 renewal) <input type="checkbox"/> Requested Initial interpretation of skin testing for allergies (1 initial), (1 renewal) 	<p>Refer to education requirements to define current experience and renewal as well as add language to reflect measurement and accountability for excellence</p> <p><u>C1</u> <i>Example:</i></p> <p>Recommended current experience: Full- or part-time nurse practitioner services, reflective of the scope of privileges requested, for the past 12 months or successful completion of postgraduate education/advanced training in the past 12 months.</p> <p>Renewal of privileges: Current demonstrated skill and an adequate volume of full- or part-time experience with acceptable results, reflective of the scope of the privilege requested, (minimum of 24 weeks working in the discipline for the past 36 months) based on results of ongoing professional practice evaluation and outcomes.</p>

Non-core privileges

Decision / Revision: New non-core privileges: Medical Assistance in Dying (MAID)

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 MAID. The Nurse Practitioner panel agreed to adopt the criteria and added as a non-core privilege.</p> <p>Those interested in providing MAID are required to notify their health authority and complete necessary steps</p>

Nurse Practitioner 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: September 14, 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.

Nurse Practitioner Clinical Privileges

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 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.

Nurse Practitioner Clinical Privileges

Definition

Nurse practitioners are health professionals who have achieved the advanced nursing practice competencies at the graduate level of nursing education that are required for registration as a nurse practitioner with the College of Registered Nurses of BC (CRNBC). Nurse practitioners provide health care services from a holistic nursing perspective, integrated with the autonomous diagnosis and treatment of acute and chronic illnesses, including prescribing medications. There are three streams of Nurse Practitioners: Family, Adult and Pediatric.

Qualifications for Nurse Practitioners

Initial privileges: To be eligible to apply for privileges as a Nurse Practitioner, the applicant must meet the following criteria:

Be registered as a Nurse Practitioner by the College of Registered Nurses of British Columbia (CRNBC) and currently hold a practicing license as a Nurse Practitioner in BC

Required current experience: Minimum of 300 hours per year or 900 in the last three years of clinical practice

OR

Graduate from recognized education program for Nurse Practitioners within the past 24 months.

Renewal of privileges: To be eligible to renew privileges the applicant must meet the following criteria: Maintain the practice and educational requirements for license renewal with the College of Registered Nurses of British Columbia (CRNBC).

Return to practice: As determined by the Registration Committee of the CRNBC.

Core privileges: Nurse Practitioner

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

Requested

Provide primary care and treatment of patients who require assessment, diagnosis and management of acute and chronic health/illness conditions, injuries and palliation. This includes ordering diagnostic and screening tests, prescribing and ordering medications and other treatments, as well as making referrals/consultations. The care settings include Health Authority programs, community clinics, urgent care centers, outpatient departments, emergency rooms, residential care, and in-patient units as approved by individual Health Authorities. 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.

Nurse Practitioner Clinical Privileges

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.

Integumentary Procedures:

- Simple wound closure
- Incision and drainage
- Punch biopsy
- Excisional biopsy
- Treatment of uncomplicated skin lesions

Ear/Eye/Nose Procedures:

- Corneal abrasion care
- Removal of foreign body from nose or ear or eye

Genitourinary Procedures:

- Papanicolaou smear
- Simple IUCD removal
- Removal of foreign body from vagina

Musculoskeletal Procedures:

- Splinting
- Casting closed, simple, non-displaced fracture of an extremity

Core privileges: Admitting Privileges

- Requested:** Full Admitting

Nurse Practitioner Clinical Privileges

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 may have a number of considerations, including scope of practice, standards limits and conditions established by CRNBC, employer/facility applicability and support, along with individual practitioner experience and education.

Whenever appropriate, CRNBC uses standards rather than limits and conditions to provide direction for practice. (The Health Professions Act gives CRNBC the authority to establish, monitor and enforce standards, limits and conditions for nurse practitioner practice.)

Non-core privileges: Integumentary Procedures

- Requested** Complex (e.g. facial, multilayer) suturing
- Requested** Wedge or complete excision of fingernails or toenails
- Requested** Initial interpretation of skin testing for allergies
- Requested** Advanced sharp wound debridement

Initial privileges: Successful completion of theoretical and clinical learning that includes education in the requested procedure or demonstration of skill to a member of the medical staff who currently holds the privilege

AND

Recommended current experience: Full- or part-time nurse practitioner services, reflective of the scope of privileges requested, for the past 12 months or successful completion of postgraduate education/advanced training in the past 12 months.

Renewal of privileges: Current demonstrated skill and an adequate volume of full- or part-time experience with acceptable results, reflective of the scope of the privilege requested, (minimum of 24 weeks working in the discipline for the past 36 months) based on results of ongoing professional practice evaluation and outcomes.

Return to practice: Supervision to a level of skill by a practitioner who currently holds the privilege.

Nurse Practitioner Clinical Privileges

Non-core privileges: Cardiac Procedures

- Requested** Acute cardiac life support management
- Requested** Removing pacemaker wires
- Requested** Cardioversion

Initial privileges: Successful completion of theoretical and clinical learning that includes education in the requested procedure or demonstration of skill to a member of the medical staff who currently holds the privilege

AND

Recommended current experience: Full- or part-time nurse practitioner services, reflective of the scope of privileges requested, for the past 12 months or successful completion of postgraduate education/advanced training in the past 12 months.

Renewal of privileges: Current demonstrated skill and an adequate volume of full- or part-time experience with acceptable results, reflective of the scope of the privilege requested, (minimum of 24 weeks working in the discipline for the past 36 months) based on results of ongoing professional practice evaluation and outcomes.

Return to practice: Supervision to a level of skill by a practitioner who currently holds the privilege.

Non-core privileges: Genitourinary Procedures

- Requested** IUCD insertion and complex removal
- Requested** Endometrial biopsy and cervical polypectomy
- Requested** Insertion and removal of vaginal pessaries
- Requested** Injection of local anesthesia for intra-cervical or para-cervical block

Initial privileges: Successful completion of education which includes both theoretical and practical education delivered by a competent practitioner, followed by direct observation of the trainee by the practitioner.

AND

Recommended current experience: Full- or part-time nurse practitioner services, reflective of the scope of privileges requested, for the past 12 months or successful completion of postgraduate education/advanced training in the past 12 months.

Renewal of privileges: Current demonstrated skill and an adequate volume of full- or part-time experience with acceptable results, reflective of the scope of the privilege

Nurse Practitioner Clinical Privileges

requested, (minimum of 24 weeks working in the discipline for the past 36 months) based on results of ongoing professional practice evaluation and outcomes.

Return to practice: Demonstration of skill to a practitioner who currently holds the requested privilege.

Non-core privileges: Musculoskeletal Procedures

- Requested** Reduce dislocations of the fingers and toes
- Requested** Reduce anterior shoulder dislocations
- Requested** Intra-articular aspiration and injection (this may include under fluoroscopy guidance, though the NP will not be applying the energy)
- Requested** Tendon injections

Initial privileges: Successful completion of theoretical and clinical learning that includes education in the requested procedure or demonstration of skill to a member of the medical staff who currently holds the privilege

AND

Recommended current experience: Full- or part-time nurse practitioner services, reflective of the scope of privileges requested, for the past 12 months or successful completion of postgraduate education/advanced training in the past 12 months.

Renewal of privileges: Current demonstrated skill and an adequate volume of full- or part-time experience with acceptable results, reflective of the scope of the privilege requested, (minimum of 24 weeks working in the discipline for the past 36 months) based on results of ongoing professional practice evaluation and outcomes.

Return to practice: Supervision to a level of skill by a practitioner who currently holds the privilege.

Non-core privileges: Neurologic Procedures

- Requested** Perform lumbar puncture
- Requested** Lumbar drain insertion
- Requested** Subdural Evacuating Port System insertion, management, removal

Initial privileges:

Successful completion of theoretical and clinical learning that includes education in the requested procedure or demonstration of skill to a member of the medical staff who currently holds the privilege

Nurse Practitioner Clinical Privileges

AND

Recommended current experience: Full- or part-time nurse practitioner services, reflective of the scope of privileges requested, for the past 12 months or successful completion of postgraduate education/advanced training in the past 12 months.

Renewal of privileges: Current demonstrated skill and an adequate volume of full- or part-time experience with acceptable results, reflective of the scope of the privilege requested, (minimum of 24 weeks working in the discipline for the past 36 months) based on results of ongoing professional practice evaluation and outcomes.

Return to practice: Supervision to a level of skill by a practitioner who currently holds the privilege.

Non-core privileges: Injections & Cannulation Procedures

- Requested** Insertion of PICCs
- Requested** Insertion of arterial lines
- Requested** Chest tube insertion
- Requested** Bone marrow aspiration
- Requested** Thoracentesis
- Requested** Paracentesis
- Requested** Insertion and removal of tunneled and non-tunneled central venous catheter
- Requested** Local or regional infiltration of anesthesia as required
- Requested** Injection of Botox for non-cosmetic reason
- Requested** Digital nerve blocks

Initial privileges:

Successful completion of theoretical and clinical learning that includes education in the requested procedure or demonstration of skill to a member of the medical staff who currently holds the privilege

AND

Recommended current experience: Full- or part-time nurse practitioner services, reflective of the scope of privileges requested, for the past 12 months or successful completion of postgraduate education/advanced training in the past 12 months.

Renewal of privileges: Current demonstrated skill and an adequate volume of full- or part-time experience with acceptable results, reflective of the scope of the privilege

Nurse Practitioner Clinical Privileges

requested, (minimum of 24 weeks working in the discipline for the past 36 months) based on results of ongoing professional practice evaluation and outcomes.

Return to practice: Supervision to a level of skill by a practitioner who currently holds the privilege.

Non-core privileges: Medications and Blood & Blood Products

- Requested** Ordering blood and blood products
- Requested** Continuation prescribing HIV medications
- Requested** Continuation prescribing antineoplastic medications

Initial privileges:

Successful completion of theoretical and clinical learning that includes education in the requested procedure or demonstration of skill to a member of the medical staff who currently holds the privilege

AND

Recommended current experience: Full- or part-time nurse practitioner services, reflective of the scope of privileges requested, for the past 12 months or successful completion of postgraduate education/advanced training in the past 12 months.

Renewal of privileges: Current demonstrated skill and an adequate volume of full- or part-time experience with acceptable results, reflective of the scope of the privilege requested, (minimum of 24 weeks working in the discipline for the past 36 months) based on results of ongoing professional practice evaluation and outcomes.

Return to practice: Supervision to a level of skill by a practitioner who currently holds the privilege.

Non-Core Privileges: Medical Assistance in Dying

- Requested**

Definition

Medical assistance in dying includes both the procedure where the patient is provided assistance in ending his or her own life (assisted suicide) and where a practitioner directly administers a lethal dose of medication in accordance with the wishes of the patient (voluntary euthanasia). These procedures are provided to patients in accordance with legislation.

Nurse Practitioner Clinical Privileges

Qualifications for Medical Assistance in Dying

Initial privileges: To be eligible for privileges in Medical Assistance in Dying, the applicant should meet the following criteria:

Education which includes:

1. Demonstrated knowledge of the eligibility criteria established by relevant legislation.
2. Demonstrated knowledge of the evidence-informed drug protocols used in medical assistance in dying. This will include the skills and expertise in managing the administration of these drugs and complications/ interactions arising from their use.
3. Demonstrated knowledge of the following components of the process and ability to provide them:
 - a. Ability to describe and discuss options for care available to an individual requesting medical assistance in dying, including palliative and end of life care services as appropriate.
 - b. Ability to assess the individual's capacity to consent to medical assistance in dying; and when necessary to refer to a qualified expert.
 - c. Ability to recognize and respond to components of vulnerability that may impact an individual's request for medical assistance in dying including but not limited to:
 - i. Negative self-perceptions and reliance on others
 - ii. Sense of burden due to lack of access to needed supports and health care
 - iii. Caregiver, family, or social coercion
 - iv. Health care provider influence/bias
4. Demonstrated knowledge of relevant health authority policies and directives on medical assistance in dying.

Education obtained through either:

Successful completion of acceptable training in medical assistance in dying, as it becomes available,

OR

Completion of a preceptorship under the guidance of a qualified practitioner, acceptable to the health authority.

AND

Recommended current experience: To be determined by the province at a future date, on the basis of accumulated experience across B.C.

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

- Ongoing demonstration of the knowledge and skill as outlined in Initial Privileges.

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Return to practice: To be eligible to return to providing Medical Assistance in Dying, the applicant should normally meet the following criteria:

- The knowledge and skills outlined in Initial Privileges.

Context specific privileges

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

Context specific privileges: Administration of sedation and analgesia

Requested

See “Hospital Policy for Sedation and Analgesia by Nonanesthesiologists.”

Reference Only

Nurse Practitioner Clinical Privileges

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.

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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: _____