

Physical Medicine and Rehabilitation 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: December 11, 2014

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.



Physical Medicine and Rehabilitation 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.

Definition

Physical Medicine and Rehabilitation (also known as Physiatry) is that branch of medicine concerned with comprehensive diagnosis, medical management and rehabilitation of people of all ages with neuro-musculoskeletal disorders as well as other impairments and disabilities.

Qualifications for Physical Medicine and Rehabilitation

Initial privileges: To be eligible to apply for privileges in Physical Medicine and Rehabilitation, the applicant should meet the following criteria:

Be certified as a Physical Medicine and Rehabilitation specialist by the Royal College of Physicians and Surgeons of Canada (RCPSC)

AND/OR

Be recognized as a Physical Medicine and Rehabilitation specialist by the College of Physicians and Surgeons of British Columbia (CPSBC) by virtue of credentials earned in another country that are acceptable to both the CPSBC and the governing body of the Health Authority and its Affiliate(s).

AND

Recommended current experience: Provision of inpatient, outpatient, or consultative services, reflective of the scope of privileges requested, evidence of active clinical practice with demonstrated skill, of at least 300 hours during the past 18 months or successful completion of an accredited residency or clinical fellowship within the past 12 months.

Renewal of privileges: To be eligible to renew privileges in physical medicine and rehabilitation, the applicant should normally meet the following criteria:

Current demonstrated skill and an adequate volume of experience (minimum 300 hours of clinical practice per year averaged over three years) with acceptable results, reflective

2



Physical Medicine and Rehabilitation Clinical Privileges

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

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

Core privileges: Physical Medicine and Rehabilitation

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

Requested Provide consultative services, evaluate, diagnose, manage and provide consultation to patients of all ages with physical and/or cognitive impairments and disabilities. This includes the diagnosis and treatment of patients with painful or functionally limiting conditions, the management of comorbidities and co-impairments, diagnostic and therapeutic procedures, basic understanding of information that results from electroneuromyography (EMG)/nerve conduction studies, and the prevention of complications of impairments and disabilities from secondary conditions. May provide care to patients in community, inpatient, ambulatory, or domiciliary care setting in conformance with Health Authority policies and provide contributions to improve health services in the specialty area. 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. Assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.

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.

Physical Medicine and Rehabilitation Clinical Privileges

Physical Medicine and Rehabilitation (Physiatry)

- Performance of Comprehensive Physiatric Assessment (assessment and management of patients of all ages, including acute and chronic medical, cognitive, and functional/disability status, social support, economic, vocational and avocational, and environmental aspects related to health and functional independence.)
- Application of the general principles of medical rehabilitation, including but not limited to those applicable to patients with neuro-musculoskeletal, cardio-respiratory and circulatory disorders, and other medical impairments
- Management of areas of special concern, including but not limited to spinal cord injury, spinal medicine, spasticity, dystonia, stroke, traumatic brain injury, neurodegenerative disorders, chronic pain, prosthetic and orthotic care, soft tissue injury, cancer rehabilitation, cardiac rehabilitation, pulmonary rehabilitation, sports medicine, and progressive neuro-musculoskeletal disorders.
- Management of aspects of preventive medicine, including education, nutrition, exercise and fitness, and personal injury reduction
- Disability Management/occupational rehabilitation
- Symptom management associated with chronic impairment
- Insurance medicine and medico-legal expertise
- Neuro-musculoskeletal diagnostic and/or therapeutic injections (excluding those procedures designated below as non-core)
- Work collaboratively within a multi-disciplinary team functioning in an interdisciplinary environment, which may include other health care providers, patients and families in the assessment and implementation of care plans and treatment.

Non-core Privileges (See Specific Criteria)

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

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.

Physical Medicine and Rehabilitation Clinical Privileges

Non-core Privileges: EMG and Nerve Conduction Studies

[DESIGNATED A RESTRICTED SERVICE BY THE MEDICAL SERVICES COMMISSION]

□ Requested

Initial privileges: Specialty certification in physical and rehabilitation medicine, and with Certification by the Canadian Society of Clinical Neurophysiologists, or the American Board of Electro Diagnostic Medicine working within an approved Diagnostic Accreditation Program (DAP) facility.

In extenuating circumstances, the Diagnostic Accreditation Program may grant qualified physicians who are CSCN exam eligible temporary credentialing for 2 years, at which time the applicant must have successfully completed the Canadian or American EMG examination. An example would be the situation where a physician is wishing to establish an EMG practice in a rural or other area where there is an established need for EMG testing. The temporary credentialing would be granted for the practice of EMG in that community exclusively.

Qualified physicians in the active practice of EMG in British Columbia and other provinces prior to January 1, 2004 will be grandfathered.

Recommended current experience: At least 200 clinical neurophysiology procedures, reflective of the scope of privileges requested, during the past 24 months or successful completion of an -accredited residency or clinical fellowship within the past 24 months.

Renewal of privileges: Current demonstrated skill and an adequate volume of experience (150 clinical neurophysiology procedures) with acceptable results, 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: Completion of an approved retraining program in clinical neurophysiology satisfactory to the DAP facility.



Physical Medicine and Rehabilitation Clinical Privileges

Non-core privilege: Ultrasound-guided neuro-musculoskeletal procedures (point of care (POC) ultrasound)

Requested

Initial privileges: Informal training at this time, may become a core privilege based on trends in current education

Renewal of privileges: No standards at this time

Return to practice: Informal training

Non-core privilege: Complex neuro-musculoskeletal injections *(these procedures require imaging guidance)*

Requested Lumbar sympathetic block

Requested Epidural steroid injection

Requested Paravertebral block of lumbosacral plexus

Requested Cervical nerve root blocks

Requested Thoraco-lumbar nerve root blocks

Requested Intra-articular facet injection, medial branch injection

Requested Radiofrequency ablation

Requested Sacroiliac joint

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Initial privileges: Fellowship in Interventional Physiatry or sub-specialty training in the above requested procedures, with demonstrated skill and recent experience.

Renewal of privileges: On-going skill and documentation of continuing experience during the past 36 months.

Return to practice: Completion of an approved retraining program in Interventional Physiatry.

Context Specific Privileges

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

Context specific privileges: Administration of procedural sedation

Requested

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

Physical Medicine and Rehabilitation Clinical Privileges

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](#).



Physical Medicine and Rehabilitation Clinical Privileges

For Reference Only



Physical Medicine and Rehabilitation Clinical Privileges

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: _____

Date: _____