

Psychiatry 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: 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 skill 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.

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.

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Psychiatry Clinical Privileges

Definition

Psychiatry is the branch of medicine concerned with the practice of biopsychosocial assessment, diagnosis, treatment, rehabilitation and prevention of mental (cognitive, emotional and behavioral/addictive) disorders alone or as they coexist with other medical or surgical disorders across the life span and in a variety of settings.

Qualifications for Psychiatry

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

Current certification in Psychiatry by the Royal College of Physicians and Surgeons of Canada

OR

Recognition of certification as a Psychiatrist 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 and the governing body of the the Health Authority and its Affiliate(s).

AND

Recommended current experience: Demonstrated current competence and evidence of an appropriate volume of patient encounters acceptable to the department head during the past 24 months, or completion of training in the past 24 months.

Renewal of privileges: Demonstrated current competence, continuing professional development and evidence of an appropriate volume of patient encounters acceptable to the department head during the past 36 months and based on results of ongoing performance reviews.

Return to practice: Three to six months of supervision, at the discretion of the department head; additional training may be recommended.



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Core privileges: Psychiatry

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

Requested Evaluate, diagnose, treat, and provide consultation to patients across the lifespan in a variety of settings presenting with mental disorders. Privileges include providing: consultation to clinicians and/or third parties (e.g. attorneys, schools, insurers) regarding mental disorders; pharmacotherapy; psychotherapy; psychoeducation; and the ordering of diagnostic and/or laboratory tests. This may include a relevant physical exam. 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 contain assessments including but not limited to:

- Diagnostic interview
- Cognitive screen
- Risk assessment of harm to self or others
- Capacity

AND

The procedures on the attached procedures list as well as such other procedures that are extensions of the same techniques and skills.

Core privileges: Admitting Privileges

Requested: Full Admitting - Psychiatry

Psychiatry - Core Procedures List

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that recently graduated residents in this specialty perform at this organization would competently perform and inherent activities/procedures/privileges requiring similar skill sets and techniques.



Psychiatry Clinical Privileges

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

- Intervention
 - Pharmacotherapy
 - Psychotherapies including
 - Supportive therapy
 - Crisis intervention and de-escalation

General Psychiatry Non-core Privileges (See Specific Criteria)

Non-core privileges are permits for activities that require 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.

General Psychiatry non-core privileges: Child and Adolescent Practice

□ Requested

Initial privileges: Successful completion of a postgraduate training program in General Psychiatry that included accredited training in Child and Adolescent Psychiatry. The applicant is also required in the past five years to have completed additional training and/or supervision in Child and Adolescent Psychiatry, or demonstrated a substantial commitment to maintaining competency in Child and Adolescent Psychiatry.

AND

Recommended current experience: Demonstrated current competence and evidence of an appropriate volume of patient encounters acceptable to the department head during the past 24 months, or completion of training in the past 24 months.

Renewal of privileges: Demonstrated current competence, continuing professional development and evidence of an appropriate volume of patient encounters acceptable to the department head during the past 36 months and based on results of ongoing performance reviews.



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Return to practice: Three to six months of supervision, at the discretion of the department head; additional training may be recommended.

General Psychiatry non-core privileges: Forensic Practice

Requested

Initial privileges: Successful completion of a postgraduate training program in General Psychiatry. The applicant is also required in the past five years to have completed additional training and/or supervision in Forensic Psychiatry, or where not, is committed to additional training and supervision in Forensic Psychiatry.

Renewal of privileges: Demonstrated current competence, continuing professional development and evidence of an appropriate volume of patient encounters and specialized forensic assessments acceptable to the department head, during the past 36 months and based on results of ongoing performance reviews.

Return to practice: Three to six months of supervision, at the discretion of the department head; additional training may be recommended.

General Psychiatry non-core privileges: Geriatric Practice

Requested

Initial privileges: Successful completion of a postgraduate training program in General Psychiatry that included accredited training in Geriatric Psychiatry. The applicant is also required in the past five years to have completed additional training and/or supervision in Geriatric Psychiatry, or demonstrated a substantial commitment to maintaining competency in Geriatric Psychiatry.

AND

Recommended current experience: Demonstrated current competence and evidence of an appropriate volume of patient encounters acceptable to the department head during the past 24 months, or completion of training in the past 24 months.

Renewal of privileges: Demonstrated current competence, continuing professional development and evidence of an appropriate volume of patient encounters acceptable to

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the department head during the past 36 months and based on results of ongoing performance reviews.

Return to practice: Three to six months of supervision, at the discretion of the department head; additional training may be recommended.

General Psychiatry non-core privileges: Licensed prescribing

- Requested Methadone
- Requested Buprenorphine/Naloxone in combination
- Requested Other

Required: Hold an authorization from the College of Physicians and Surgeons of British Columbia (CPSBC) to prescribe the requested substance.

General Psychiatry non-core privileges: Electroconvulsive therapy (ECT)

- Requested

Initial privileges:

1. *Proof of ECT training*
 - a. Canadian Residency completion within 2 years of application for privileges and/or
 - b. Attendance of an ECT Course at a USA university setting or full-day certification course in the USA or a full-day course at a Canadian university setting within the past 2 years.

OR

2. *Letter of recommendation for members moving from another Canadian jurisdiction:*

Describing ECT competency from a psychiatrist who is an ECT clinician practicing in Canada and who has observed and reviewed their ECT practice within the past year. The number of observed ECT deliveries will be at the discretion of the

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supervising ECT clinician who should be the medical coordinator of the ECT program at that centre, or their designate.

OR

3. *Demonstration of skill and discussion of indications/contraindications in ECT* with a member of the medical staff of a facility that routinely trains residents, with completion of an ECT course in Canada or the USA within a year of appointment.

AND

Recommended current experience: Delivery of 8 individual ECT treatments per year, averaged over the previous 24 months

Renewal of privileges:

Delivery of 8 individual ECT treatments per year, averaged over the previous 36 months

AND

Proof of annual maintenance of ECT theoretical knowledge averaged over each of the previous three years (e.g. via a demonstrated RCPSC Maintenance of Certification (MOC) Section 3 Personal Learning Project (PLP), attendance at ECT Rounds or Journal Clubs, or attendance at the Canadian Psychiatric Association Annual ECT Update or other conference ECT updates).

Return to practice:

1. Recent attendance of ECT Course including a practicum at a USA University setting or full-day certification course in the USA.

OR



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2. With a current BC ECT Department Head or designate (which may be delegated to the head of a regional ECT centre with higher volumes, if mutually agreed upon), a full-day (minimum 6 hours) review of all aspects of ECT including:
 - a. the identification of the indications for ECT
 - b. the ability to orchestrate a pre-ECT work-up to determine the medical safety of an ECT course. This will include the capacity to recognize high risk indications
 - c. the ability to discuss the advisability/risk of ECT with patients and their families and thereby to guide Consent
 - d. the ability to understand cultural resistance to ECT and strategies to address this
 - e. the ability to book a course of Index or Maintenance ECT via the local hospital provider
 - f. the capacity to individually provide a complete course of ECT from start to finish. This includes all aspects of ECT delivery including: basic knowledge of anesthesia, skin preparation, electrode preparation, electrode choice and placement parameters, management of an ECT device including dose selection, EEG interpretation, and post-ECT management
 - g. the ability to describe ECT billing procedures in BC
 - h. the ability to chart all aspects of ECT decision-making, preparation, delivery, outcomes.

AND

Supervision of independent delivery of at least 4 ECT treatments by a BC ECT Department Head or designate. One of these treatments should be the initial ECT treatment for a patient in order to demonstrate the principles of dose titration.

For Reference Only

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Definition for Child and Adolescent Sub-specialty Psychiatry

Child and Adolescent Psychiatry is a branch of medicine and a subspecialty of psychiatry concerned with the biopsychosocial approach to etiology, assessment, diagnosis, treatment and prevention of developmental, emotional and behavioral disorders from infancy through adolescence alone or as they coexist with other medical disorders.

Qualifications for Child and Adolescent Sub-specialty Psychiatry

Initial privileges: To be eligible to apply for privileges in Child and Adolescent Psychiatry, the applicant should first meet the General Psychiatry qualifications:

Current certification in Psychiatry by the Royal College of Physicians and Surgeons of Canada (RCPSC)

OR

Recognition of certification as a Psychiatrist 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 and the governing body of the Health Authority and its Affiliate(s). AND

Meet the criteria for Child and Adolescent Sub-specialty Psychiatry by one of the following:

Additional enhanced training in Child and Adolescent Psychiatry which could include sub-specialty training accredited by or acceptable to the RCPSC, or practice eligibility recognition as currently defined by the RCPSC,

OR

Practicing as a Psychiatrist in British Columbia with practice focus in Child and Adolescent Psychiatry at the time these standards were introduced.



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AND

Recommended current experience: Demonstrated current skill and evidence of an appropriate volume of patient encounters acceptable to the department head during the past 24 months, or completion of training in the past 24 months.

Renewal of privileges: Demonstrated current skill, continuing professional development and evidence of an appropriate volume of patient encounters acceptable to the department head during the past 36 months and based on results of ongoing performance reviews.

Return to practice: Three to six months of supervision, at the discretion of the department head; additional training may be recommended.

Core privileges: Child and Adolescent Sub-specialty Psychiatry

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

Requested: Evaluate, diagnose, treat, and provide consultation to child and adolescent patients and their families presenting with mental disorders. Privileges include providing: consultation to clinicians and/or third parties (e.g. attorneys, schools, insurers) regarding mental disorders; pharmacotherapy; psychotherapy; psychoeducation; and the ordering of diagnostic and/or laboratory tests. This may include a relevant physical exam. 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 sub-specialty contain assessments including but not limited to:

- Capacity to consent
- Cognitive/Developmental screen
- Diagnostic interview
- Risk assessment of harm to self or others

AND

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The procedures on the attached procedures list as well as such other procedures that are extensions of the same techniques and skills.

Core privileges: Admitting Privileges

- Requested: Full Admitting – Child and adolescent sub-specialty psychiatry**

Child and Adolescent Sub-specialty Psychiatry - Core Procedures List

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that recently graduated residents in this specialty perform at this organization would competently perform 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.

- Intervention
 - Pharmacotherapy
 - Psychotherapies including
 - Supportive therapy
 - Crisis intervention and de-escalation

Child and Adolescent Sub-specialty Psychiatry Non-core Privileges (See Specific Criteria)

Non-core privileges are permits for activities that require 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.

General Psychiatry non-core privileges: ElectroConvulsive Therapy (ECT)

- Requested**

Psychiatry Clinical Privileges

Initial privileges:

1. *Proof of ECT training*
 - a. Canadian Residency completion within 2 years of application for privileges and/or
 - b. Attendance of an ECT Course at a USA university setting or full-day certification course in the USA or a full-day course at a Canadian university setting within the past 2 years.

OR

2. *Letter of recommendation for members moving from another Canadian jurisdiction:*

Describing ECT competency from a psychiatrist who is an ECT clinician practicing in Canada and who has observed and reviewed their ECT practice within the past year. The number of observed ECT deliveries will be at the discretion of the supervising ECT clinician who should be the medical coordinator of the ECT program at that centre, or their designate.

OR

3. *Demonstration of skill and discussion of indications/contraindications in ECT* with a member of the medical staff of a facility that routinely trains residents, with completion of an ECT course in Canada or the USA within a year of appointment.

AND

Recommended current experience: Delivery of 8 individual ECT treatments per year, averaged over the previous 24 months

Renewal of privileges:

Delivery of 8 individual ECT treatments per year, averaged over the previous 36 months

AND



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Proof of annual maintenance of ECT theoretical knowledge averaged over each of the previous three years (e.g. via a demonstrated RCPSC Maintenance of Certification (MOC) Section 3 Personal Learning Project (PLP), attendance at ECT Rounds or Journal Clubs, or attendance at the Canadian Psychiatric Association Annual ECT Update or other conference ECT updates).

Return to practice:

1. Recent attendance of ECT Course including a practicum at a USA University setting or full-day certification course in the USA.

OR

2. With a current BC ECT Department Head or designate (which may be delegated to the head of a regional ECT centre with higher volumes, if mutually agreed upon), a full-day (minimum 6 hours) review of all aspects of ECT including:
 - a. the identification of the indications for ECT
 - b. the ability to orchestrate a pre-ECT work-up to determine the medical safety of an ECT course. This will include the capacity to recognize high risk indications
 - c. the ability to discuss the advisability/risk of ECT with patients and their families and thereby to guide Consent
 - d. the ability to understand cultural resistance to ECT and strategies to address this
 - e. the ability to book a course of Index or Maintenance ECT via the local hospital provider
 - f. the capacity to individually provide a complete course of ECT from start to finish. This includes all aspects of ECT delivery including: basic knowledge of anesthesia, skin preparation, electrode preparation, electrode choice and placement parameters, management of an ECT device including dose selection, EEG interpretation, and post-ECT management
 - g. the ability to describe ECT billing procedures in BC
 - h. the ability to chart all aspects of ECT decision-making, preparation, delivery, outcomes.

AND

Supervision of independent delivery of at least 4 ECT treatments by a BC ECT Department Head or designate. One of these treatments should be the initial ECT treatment for a patient in order to demonstrate the principles of dose titration.

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General Psychiatry non-core privileges: Licensed prescribing

- Requested** Methadone
- Requested** Buprenorphine/Naloxone in combination
- Requested** Other

Required: Hold an authorization from the College of Physicians and Surgeons of British Columbia (CPSBC) to prescribe the requested substance.

For Reference Only



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Definition for Forensic Sub-specialty Psychiatry

Forensic Psychiatry is a psychiatric subspecialty in which scientific and medical expertise are applied to legal issues in legal contexts embracing civil, criminal, correctional and legislative matters. Forensic Psychiatrists also have specialized expertise in the assessment and treatment of special populations, including young offenders, sexual offenders and violent offenders.

Qualifications for Forensic Sub-specialty Psychiatry

Initial privileges: To be eligible to apply for privileges in Forensic Psychiatry, the applicant should first meet the General Psychiatry qualifications:

Current certification in Psychiatry by the Royal College of Physicians and Surgeons of Canada (RCPSC)

OR

Recognition of certification as a Psychiatrist 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 and the governing body of the Health Authority and its Affiliate(s).

AND

Meet the criteria for Forensic Sub-specialty Psychiatry by one of the following:

Additional enhanced training in Forensic Psychiatry which could include sub-specialty training accredited by or acceptable to the RCPSC, or practice eligibility recognition as currently defined by the RCPSC,

OR

Practicing as a Psychiatrist in British Columbia with practice focus in Forensic Psychiatry at the time these standards were introduced.

Psychiatry Clinical Privileges

AND

Recommended current experience: Demonstrated current competence and evidence of an appropriate volume of patient encounters acceptable to the department head during the past 24 months, or completion of training in the past 24 months.

Renewal of privileges: Demonstrated current competence, continuing professional development and evidence of an appropriate volume of patient encounters and specialized forensic assessments acceptable to the department head, during the past 36 months and based on results of ongoing performance reviews.

Return to practice: Three to six months of supervision, at the discretion of the department head; additional training may be recommended.

Core privileges: Forensic Sub-specialty Psychiatry

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

Requested Evaluate, diagnose, treat, and provide consultation to persons with mental disorders who are in conflict with the law and/or associated legal involvement. Privileges include providing: assessment and/or treatment services for the courts, the Criminal Code Review Board, clinicians and/or third parties (e.g. attorneys, schools, insurers) regarding mental disorders; pharmacotherapy; psychotherapy; psychoeducation; and the ordering of diagnostic and/or laboratory tests. This may include a relevant physical exam. 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 sub-specialty contain assessments including but not limited to:

- Diagnostic interview
- Risk assessment of harm to self or others
- Cognitive screen
- Capacity assessments

Psychiatry Clinical Privileges

AND

The procedures on the attached procedures list as well as such other procedures that are extensions of the same techniques and skills.

Core privileges: Admitting Privileges

- Requested: Full Admitting – Forensic sub-specialty psychiatry**

Forensic Sub-specialty Psychiatry - Core Procedures List

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that recently graduated residents in this specialty perform at this organization would competently perform 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.

- Intervention
 - Pharmacotherapy
 - Psychotherapies including
 - Supportive therapy
 - Crisis intervention and de-escalation

Forensic Sub-specialty Psychiatry Non-core Privileges (See Specific Criteria)

Non-core privileges are permits for activities that require 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.

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General Psychiatry non-core privileges: Electroconvulsive therapy (ECT)

Requested

Initial privileges:

1. *Proof of ECT training*

- a. Canadian Residency completion within 2 years of application for privileges and/or
- b. Attendance of an ECT Course at a USA university setting or full-day certification course in the USA or a full-day course at a Canadian university setting within the past 2 years.

OR

2. *Letter of recommendation for members moving from another Canadian jurisdiction:*

Describing ECT competency from a psychiatrist who is an ECT clinician practicing in Canada and who has observed and reviewed their ECT practice within the past year. The number of observed ECT deliveries will be at the discretion of the supervising ECT clinician who should be the medical coordinator of the ECT program at that centre, or their designate.

OR

3. *Demonstration of skill and discussion of indications/contraindications in ECT with a member of the medical staff of a facility that routinely trains residents, with completion of an ECT course in Canada or the USA within a year of appointment.*

AND

Recommended current experience: Delivery of 8 individual ECT treatments per year, averaged over the previous 24 months

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Renewal of privileges:

Delivery of 8 individual ECT treatments per year, averaged over the previous 36 months

AND

Proof of annual maintenance of ECT theoretical knowledge averaged over each of the previous three years (e.g. via a demonstrated RCPSC Maintenance of Certification (MOC) Section 3 Personal Learning Project (PLP), attendance at ECT Rounds or Journal Clubs, or attendance at the Canadian Psychiatric Association Annual ECT Update or other conference ECT updates).

Return to practice:

1. Recent attendance of ECT Course including a practicum at a USA University setting or full-day certification course in the USA.

OR

2. With a current BC ECT Department Head or designate (which may be delegated to the head of a regional ECT centre with higher volumes, if mutually agreed upon), a full-day (minimum 6 hours) review of all aspects of ECT including:
 - a. the identification of the indications for ECT
 - b. the ability to orchestrate a pre-ECT work-up to determine the medical safety of an ECT course. This will include the capacity to recognize high risk indications
 - c. the ability to discuss the advisability/risk of ECT with patients and their families and thereby to guide Consent
 - d. the ability to understand cultural resistance to ECT and strategies to address this
 - e. the ability to book a course of Index or Maintenance ECT via the local hospital provider
 - f. the capacity to individually provide a complete course of ECT from start to finish. This includes all aspects of ECT delivery including: basic knowledge of anesthesia, skin preparation, electrode preparation, electrode choice and placement parameters, management of an ECT device including dose selection, EEG interpretation, and post-ECT management
 - g. the ability to describe ECT billing procedures in BC

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- h. the ability to chart all aspects of ECT decision-making, preparation, delivery, outcomes.

AND

Supervision of independent delivery of at least 4 ECT treatments by a BC ECT Department Head or designate. One of these treatments should be the initial ECT treatment for a patient in order to demonstrate the principles of dose titration.

General Psychiatry non-core privileges: Licensed prescribing

- Requested** Methadone
- Requested** Buprenorphine/Naloxone in combination
- Requested** Other

Required: Hold an authorization from the College of Physicians and Surgeons of British Columbia (CPSBC) to prescribe the requested substance.

For Reference Only

Psychiatry Clinical Privileges

Forensic Sub-specialty Psychiatry non-core privileges: Specialized assessments

Requested Assessments for court (fitness to stand trial, criminal responsibility)

Initial privileges:

1. Completed training, acceptable to the department head, in the evaluation of fitness to stand trial and criminal responsibility.
2. Where the applicant has not had any training, or has had training but of such quality and/or duration as to be unacceptable to the department head, the applicant is willing and able to undergo training to a standard acceptable to the department head.

AND

Recommended current experience: Fulltime or part time practice in the field of forensic psychiatry for a period acceptable to the department head. The practice must include preparing a number of fitness to stand trial and criminal responsibility evaluations acceptable to the department head.

Renewal of privileges: Practice forensic psychiatry preparing a number of fitness to stand trial and criminal responsibility evaluations of a quality acceptable to the department head.

Return to practice: Completion of fitness to stand trial and criminal responsibility evaluations under supervision for a period and to a standard acceptable to the department head.

Requested Specialised Risk assessment (general, spousal and sexual violence, general offending, stalking)

Initial privileges:

1. Completed training, acceptable to the department head, in conducting specialised forensic risk assessments.
2. Where the applicant has not had any training, or has had training but of such quality and/or duration as to be unacceptable to the department head, the applicant is willing

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and able to undergo training to a standard acceptable to the department head and accepts that the privilege will be deferred until successful completion of training.

AND

Recommended current experience: Applicant has conducted a number of specialised forensic risk assessments of sufficient quality to be acceptable to the department head.

Renewal of privileges: Practice forensic psychiatry conducting a number of specialised risk assessments of a quality acceptable to the department head.

Return to practice: Completion of specialised risk assessments under supervision for a period and to a standard acceptable to the department head.

Requested Specialised Diagnostic assessment (Psychopathy)

Initial privileges:

1. Completed training, acceptable to the department head, in the diagnosis of psychopathy
2. Where the applicant has not had any training, or has had training but of such quality and/or duration as to be unacceptable to the department head, the applicant is willing and motivated to undergo training to a standard acceptable to the department head and accepts that the privilege will be deferred until successful completion of training.

AND

Recommended current experience: Applicant has conducted a number of psychopathy diagnostic assessments and of sufficient quality to be acceptable to the department head.

Renewal of privileges: Completed a number of psychopathy diagnostic assessments of a quality acceptable to the department head

Return to practice: Completion of psychopathy diagnostic assessments under supervision for a period and to a standard acceptable to the department head.

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❑ **Requested:** Writing forensic psychiatric reports and providing expert opinion to the court and the Criminal Code Review Board

Initial privileges:

1. Completed training, acceptable to the department head, in writing expert forensic psychiatric reports and providing expert opinion to the court and the Criminal Code Review Board
2. Where the applicant has not had any training, or has had training but of such quality and/or duration as to be unacceptable to the department head, the applicant is willing and motivated to undergo training to a standard acceptable to the department head and accepts that the privilege will be deferred until successful completion of training.

AND

Recommended current experience:

1. Applicant has prepared a number of forensic psychiatric reports of a quality acceptable to the department head.
2. Applicant has provided expert forensic psychiatric opinion before the court and the Review Board of sufficient number and quality to be acceptable to the department head.

Renewal of privileges: Applicant has provided expert forensic psychiatric opinion before the court and the Review Board of sufficient number and quality to be acceptable to the department head.

Return to practice:

1. Preparation, under supervision, a number of forensic psychiatric reports of sufficient quality to be acceptable to the department head.
2. Presenting expert forensic psychiatric opinion under supervision, before the court and the Review Board of a quality acceptable to the department head.

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Definition for Geriatric Sub-specialty Psychiatry

Geriatric Psychiatry, a psychiatry subspecialty, focuses on the assessment, diagnosis and treatment of complex mental disorders uniquely occurring in late life. Geriatric Psychiatry is focused on providing care for intensive-needs patients and their caregivers at the end of life cycle, a time when many complex physical and mental health issues coalesce. Geriatric Psychiatry organizes service delivery of psychiatric care to elderly in multidisciplinary teams and in locations that best serve the needs of this elderly population. Geriatric Psychiatry is engaged in advocacy and development of health policy and planning related to late-life mental illness and mental health, caregiver and care provider support, and systems of care.

Qualifications for Geriatric Sub-specialty Psychiatry

Initial privileges: To be eligible to apply for privileges in Geriatric Psychiatry, the applicant should first meet the General Psychiatry qualifications:

Current certification in Psychiatry by the Royal College of Physicians and Surgeons of Canada (RCPSC)

OR

Recognition of certification as a Psychiatrist 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 and the governing body of the Health Authority and its Affiliate(s).

AND

Meet the criteria for Geriatric Sub-specialty Psychiatry by one of the following:

Additional enhanced training in Geriatric Psychiatry which could include sub-specialty training accredited by or acceptable to the RCPSC, or practice eligibility recognition as currently defined by the RCPSC,

OR

Practicing as a Psychiatrist in British Columbia with practice focus in Geriatric Psychiatry at the time these standards were introduced.

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AND

Recommended current experience: Demonstrated current competence and evidence of an appropriate volume of patient encounters acceptable to the department head during the past 24 months, or completion of training in the past 24 months.

Renewal of privileges: Demonstrated current competence, continuing professional development and evidence of an appropriate volume of patient encounters acceptable to the department head during the past 36 months and based on results of ongoing performance reviews.

Return to practice: Three to six months of supervision, at the discretion of the department head; additional training may be recommended.

Core privileges: Geriatric Sub-specialty Psychiatry

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

Requested Evaluate, diagnose, treat, and provide consultation to older adult patients and their families presenting with mental disorders. Privileges include providing: consultation to clinicians and/or third parties (e.g. Public Trustee, Superintendent of Motor Vehicles, attorneys, , insurers) regarding mental disorders; pharmacotherapy; psychotherapy; psychoeducation; and the ordering of diagnostic and/or laboratory tests. This may include a relevant physical exam. Assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. May provide care to patients in inpatient, ambulatory, ordomiciliary care setting in conformance with Health Authority policies

The core privileges in this sub-specialty contain assessments including but not limited to:

- Diagnostic interview
- Complete cognitive assessments

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- Risk assessment of harm to self or others
- Capacity assessments

AND

The procedures on the attached procedures list as well as such other procedures that are extensions of the same techniques and skills.

Core privileges: Admitting Privileges

- Requested: Full Admitting – Geriatric sub-specialty psychiatry**

Geriatric Sub-specialty Psychiatry - Core Procedures List

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that recently graduated residents in this specialty perform at this organization would competently perform 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.

- Intervention
 - Pharmacotherapy
 - Psychotherapies including
 - Supportive therapy
 - Crisis intervention and de-escalation

Geriatric Sub-specialty Psychiatry Non-core Privileges (See Specific Criteria)

Non-core privileges are permits for activities that require 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.

Psychiatry Clinical Privileges

General Psychiatry non-core privileges: Electroconvulsive therapy (ECT)

Requested

Initial privileges:

1. *Proof of ECT training*

- a. Canadian Residency completion within 2 years of application for privileges and/or
- b. Attendance of an ECT Course at a USA university setting or full-day certification course in the USA or a full-day course at a Canadian university setting within the past 2 years.

OR

2. *Letter of recommendation for members moving from another Canadian jurisdiction:*

Describing ECT competency from a psychiatrist who is an ECT clinician practicing in Canada and who has observed and reviewed their ECT practice within the past year. The number of observed ECT deliveries will be at the discretion of the supervising ECT clinician who should be the medical coordinator of the ECT program at that centre, or their designate.

OR

3. *Demonstration of skill and discussion of indications/contraindications in ECT with a member of the medical staff of a facility that routinely trains residents, with completion of an ECT course in Canada or the USA within a year of appointment.*

AND

Recommended current experience: Delivery of 8 individual ECT treatments per year, averaged over the previous 24 months

Psychiatry Clinical Privileges

Renewal of privileges:

Delivery of 8 individual ECT treatments per year, averaged over the previous 36 months

AND

Proof of annual maintenance of ECT theoretical knowledge averaged over each of the previous three years (e.g. via a demonstrated RCPSC Maintenance of Certification (MOC) Section 3 Personal Learning Project (PLP), attendance at ECT Rounds or Journal Clubs, or attendance at the Canadian Psychiatric Association Annual ECT Update or other conference ECT updates).

Return to practice:

1. Recent attendance of ECT Course including a practicum at a USA University setting or full-day certification course in the USA.

OR

2. With a current BC ECT Department Head or designate (which may be delegated to the head of a regional ECT centre with higher volumes, if mutually agreed upon), a full-day (minimum 6 hours) review of all aspects of ECT including:
 - a. the identification of the indications for ECT
 - b. the ability to orchestrate a pre-ECT work-up to determine the medical safety of an ECT course. This will include the capacity to recognize high risk indications
 - c. the ability to discuss the advisability/risk of ECT with patients and their families and thereby to guide Consent
 - d. the ability to understand cultural resistance to ECT and strategies to address this
 - e. the ability to book a course of Index or Maintenance ECT via the local hospital provider
 - f. the capacity to individually provide a complete course of ECT from start to finish. This includes all aspects of ECT delivery including: basic knowledge of anesthesia, skin preparation, electrode preparation, electrode choice and placement parameters, management of an ECT device including dose selection, EEG interpretation, and post-ECT management

Psychiatry Clinical Privileges

- g. the ability to describe ECT billing procedures in BC
- h. the ability to chart all aspects of ECT decision-making, preparation, delivery, outcomes.

AND

Supervision of independent delivery of at least 4 ECT treatments by a BC ECT Department Head or designate. One of these treatments should be the initial ECT treatment for a patient in order to demonstrate the principles of dose titration.

General Psychiatry non-core privileges: Licensed prescribing

- Requested** Methadone
- Requested** Buprenorphine/Naloxone in combination
- Requested** Other

Required: Hold an authorization from the College of Physicians and Surgeons of British Columbia (CPSBC) to prescribe the requested substance.

For Reference Only

Psychiatry 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](#).

Psychiatry 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: _____