

# Public Health and Preventive Medicine 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 periodically reviewed to ensure it is reflective of current practices, procedures and technologies.



# Public Health and Preventive Medicine 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

Public Health and Preventive Medicine is the medical specialty primarily concerned with the health of populations. Its main purpose is disease prevention and control, which is achieved through health protection and health promotion activities. A Public Health and Preventive Medicine specialist monitors and assesses the health needs of a population and develops, implements, and evaluates strategies for improving health and well-being through inter-disciplinary and inter-sectoral partnerships.

Building on foundational competencies in clinical medicine and the determinants of health, the Public Health and Preventive Medicine specialist demonstrates competencies in public health sciences (e.g. epidemiology, biostatistics, and surveillance), planning, implementation and evaluation of programs and policies, leadership, collaboration, advocacy, and communication. These competencies are applied to a broad range of acute and chronic health issues affecting a population, including those that may be related to occupational and environmental exposures.

## Qualifications Public Health and Preventive Medicine

**Initial privileges:** To be eligible to apply for privileges in Public Health and Preventive Medicine, the applicant should meet one of the following criteria:

Current certification in Public Health and Preventive Medicine or Community Medicine by the Royal College of Physicians and Surgeons of Canada

OR

Recognition as a Public Health and Preventive Medicine Specialist 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).

OR

Designation as a Medical Health Officer by the Provincial Health Officer under section 71 (1) b in the Public Health Act

OR



## Public Health and Preventive Medicine Clinical Privileges

Current practice in Public Health and Preventive Medicine, and trained as a family practitioner or specialist with a Master's degree or PhD relevant to public health and preventive medicine

AND

**Required current experience:**

Practicing as a public health physician within the scope of privileges requested for a minimum of 4 months per year averaged over the past 36 months,

OR

Successful completion of a RCPSC (or equivalent) residency or traineeship within the past 12 months,

OR

Successful completion of 6 months of supervised Public Health and Preventative Medicine practice.

**Renewal of privileges:** To be eligible to renew privileges in Public Health and Preventive Medicine, the applicant should normally meet the following criteria: Current demonstrated skill and an adequate volume of experience (4 months per year) with acceptable results, reflective of the scope of privileges requested, averaged over the past 36 months based on results of ongoing professional practice evaluation and outcomes. Demonstrated completion of PHSA's Indigenous Cultural Competency (ICC) training.

**Return to practice:** Through an individualized evaluation assessed in conjunction with UBC Post-graduate Medical Education Training Program in PHPM.



# Public Health and Preventive Medicine Clinical Privileges

## **Core privileges: Public Health and Preventive Medicine**

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

**Requested** Core privileges reflect the set of skills expected of a recent fellow of specialty training in Public Health and Preventive Medicine. While recognizing that public health physicians may work in a variety of settings with emphasis on different privileged activities, the core privileges should reflect the scope of practice of a Medical Health Officer applying the full scope of practice. The privileges are independent of processes under Section 68 of the Public Health Act for Medical Health Officers. The privileges outline processes in the content areas of communicable disease control, chronic disease and injury prevention, mental health, and child and family health; as well as the process areas of consultation, monitoring surveillance and assessment, investigation and mitigation of risks to human health, policy, planning and program development, communication, leadership and management, and professional practice.

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.

## **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.

## **Population Health Assessment**

- Conduct health needs and status assessments
- Prepare reports on health status



## Public Health and Preventive Medicine Clinical Privileges

- Report on the health of populations
- Conduct health impact assessments
- Advise on the health impact of policy
- Apply information technology to monitoring and health assessment
- Undertake knowledge synthesis and translation activities

### Health and Disease Surveillance

- Monitor trends in health of individuals and families throughout the lifecycle
- Monitor disease and injury trends
- Monitor trends in mental health and substance use
- Develop and monitor surveillance systems
- Provide support for surveillance
- Interpret surveillance data
- Undertake public health related research
- Apply information technology to surveillance

### Disease and Injury Prevention and Control

- Provide clinical preventive medicine consultation
- Provide clinical management of sexually transmitted infections
- Support management of persons with “chronic” communicable diseases
- Provide consultation and recommendations on immunization practices
- Assess and make recommendations on adverse events following immunization
- Recommend action to reduce disease burden and inequity throughout the lifecycle including:



# Public Health and Preventive Medicine Clinical Privileges

- Prenatal
- Perinatal and postnatal
- Early childhood
- School age
- Youth and young adults
- Adult population
- Seniors
- Recommend action to reduce burden and inequity related to chronic diseases and injury
- Recommend action to reduce burden of and inequity related to mental illness and harmful substance use

## Health Protection

- Provide advice on prevention or management of communicable diseases and infection control
- Manage persons at risk for development of disease following exposure to a known communicable agent
- Apply the Public Health Act or other interventions to prevent transmission of communicable agents
- Control and manage health concerns from the environment or in occupational settings
- Apply public health legislation

## Health Promotion

- Partner with Aboriginal communities on health and wellness
- Recommend action to promote health, reduce disease burden and reduce inequities throughout the lifecycle
- Recommend action in support of adoption of healthier behaviours or reduction in risk
- Recommend mental health promotion activities



## Public Health and Preventive Medicine Clinical Privileges

- Provide consultation and advise on public and population health problems and concerns
- Develop public health policy
- Recommend healthy public policies
- Use media to improve public health
- Advocate for health, reduction in health inequities, and for marginalized populations

### Disaster and Emergency Management

- Manage clusters and outbreaks of communicable disease
- Undertake cluster investigations
- Provide support for emergency and disaster situations reflective of BCERMS or equivalent training
- Support planning for emergency preparedness

### Leadership and Management

- Prepare public health plans
- Provide public health leadership
- Apply public health ethics to public and population health issues
- Conduct program evaluation
- Provide support for evaluation and research
- Represent health authorities on matters related to public health
- Manage human and financial resources
- Provide oversight of delegated public health functions



# Public Health and Preventive Medicine Clinical Privileges

- Supervise and educate public health trainees

## 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.

## Non-core Privileges: Communicable disease control

Clinical assessment and pharmacological/non-pharmacological management of:

- Requested HIV
- Requested Hepatitis C (Hep C)
- Requested Hepatitis B (Hep B)
- Requested Tuberculosis (TB)

**Initial privileges:** Physicians seeking privileges to manage a disease specific clinic shall demonstrate adequate training (such as disease specific training or experience approved by the appropriate department head).

**Required current experience:** ongoing CPD relevant to the activity, and on-going level of experience as determined by the appropriate department head.

**Renewal of privileges:** ongoing CPD relevant to the activity.

**Return to practice:** demonstrated retraining consistent with initial training for HIV and Hep C, individual assessment for Hep B and TB

## Non-core privileges: Licensed prescribing

Clinical assessment and pharmacological/non-pharmacological management of substance use, both for initial treatment and for maintenance. (e.g. Methadone management of chronic opioid misuse).

- Requested Methadone





# Public Health and Preventive Medicine Clinical Privileges

- Requested Buprenorphine/Naloxone
- Requested Other

**Initial privileges required:** Exemption from Health Canada through the CPSBC to prescribe the requested substance.

**Renewal of privileges:** Exemption to prescribe methadone and buprenorphine for opioid dependency from the CPSBC to prescribe requested substance.

## Non-core Privileges: Travel medicine

**Initial privileges:** ISTM CTH certification

**Renewal of privileges:** Maintenance of ISTM CTH certification

**Return to practice:** Renewal of ISTM CTH certification

## 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."

For Reference Only

# Public Health and Preventive Medicine 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](http://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](#).

## Public Health and Preventive Medicine 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: \_\_\_\_\_

