

Rheumatology 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.



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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

Rheumatology is the branch of medicine concerned with the specialized assessment and care of patients with arthritis, and other inflammatory, autoimmune, and related musculoskeletal health disorders.

Qualifications for Rheumatology

Traditionally, pediatric patients are attended to by Pediatricians with subspecialty training in pediatric Rheumatology. Adult patients are attended to by Internists with subspecialty training in adult Rheumatology

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

Be certified as a Rheumatologist by the Royal College of Physicians and Surgeons of Canada (RCPSC)

AND/OR

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

AND/OR

Has practiced as a Rheumatologist prior to (date accepted by PQASC).

AND

Recommended current experience: Provision of inpatient or ambulatory care consisting of 100 adult or 100 pediatric patient encounters per year averaged over three years, depending on respectively whether adult or pediatric privileges are being

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requested, and reflective of the scope of privileges requested, or successful completion of a RCPSC (or equivalent) residency or clinical fellowship within the past 12 months.

Renewal of privileges: To be eligible to renew privileges in rheumatology within medicine or pediatrics, the applicant should meet the following criteria:
Current adequate volume of patients (inpatient and ambulatory consisting of 100 patient encounters) per year averaged over three years, reflective of the scope of privileges requested.

Return to practice:

Return after 3 years: plan developed based on duration of absence, prior clinical experience, activities during absence (maintenance of skill during leave), after preceptor evaluation with supervision of core procedures relevant to their intended scope of practice. Currency requirements should be met after 1 year of practice.

Core privileges: Rheumatology

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

- Requested** Adult Rheumatology, primarily 16 years of age and older
- Requested** Pediatric Rheumatology, primarily 20 years of age and younger

Evaluate, diagnose, treat, and provide consultation to patients with rheumatic, inflammatory and autoimmune diseases and syndromes specific to their adult or pediatric scope of practice. Includes evaluation, prevention, and management of disorders including but not limited to: as rheumatoid arthritis; juvenile idiopathic arthritis, infections of joint and soft tissue; osteoarthritis; metabolic diseases of bone; systemic lupus erythematosus; scleroderma/ systemic sclerosis and crystal-induced synovitis; polymyositis; dermatomyositis, juvenile dermatomyositis, spondyloarthropathies; vasculitis; regional, acute, and chronic musculoskeletal pain syndromes; nonarticular rheumatic diseases, including fibromyalgia; nonsurgical, exercise related injury; systematic disease with rheumatic manifestations; periodic fever syndromes; osteoporosis; and Sjogren's Syndrome disorders. In collaboration with other specialists,

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use of immune modifying agents in non-rheumatic diseases. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached 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.

- Performance of history and physical exam
- Diagnostic aspiration and/or therapeutic injection of diarthrodial joints, bursae, tenosynovial structures, and entheses
- Analysis by light and compensated polarized light microscopy of synovial fluid (not pediatrics)
- Use of but not limited to nonsteroidal anti-inflammatory drugs, disease-modifying drugs, biological-response modifiers, glucocorticoids, cytotoxic drugs /chemotherapy, antihyperuricemic drugs, intravenous immunoglobulin and antibiotic therapy for septic joints
- Developmentally appropriate medical assessment and treatment (Pediatrics)

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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.

Non-core privileges: Administration of sedation and analgesia for pediatric procedures

Requested

See "Hospital Policy for Sedation and Analgesia by Nonanesthesiologists."

Non-core privileges: Performance or interpretation of electromyograms, nerve conduction studies, and performance of muscle biopsy

Requested

Initial privileges: Successful completion of an accredited postgraduate training program that included training in the procedure or completion of a hands-on continuing medical education program.

AND

Renewal of privileges: Demonstrated current skill and evidence of the performance of at least 5 procedures during the past 12 months or completion of training in the past 12 months.

Return to practice: supervision to a level of skill by a practitioner who currently holds this privilege.

Non-core privileges: Musculoskeletal ultrasound

Requested

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Initial privileges: Successful completion of an accredited postgraduate training program that included training in MSKUS or completion of a hands-on continuing medical education program.

AND

Renewal of privileges: Demonstrated current skill and evidence of the performance of at least 15 MSKUS procedures during the past 12 months or completion of training in the past 12 months

Return to practice: supervision to a level of skill by a practitioner who currently holds this privilege

Non-core privileges: Performance of simple skin biopsy

Requested

Initial privileges: Demonstrated skill in the procedure to a member of the medical staff who holds this privilege. No currency requirement.

OR

Have held this privilege prior to April 2014,

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."

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Process for requesting privileges not included in the dictionary

Where a member of the medical staff requests a privilege not included in the core, non-core or context specific privileges for a discipline, the following process will be followed.

1. The practitioner will request a **Change Request Form** from the Medical Affairs Office. This will be submitted to the head of department or chief of staff as part of the electronic application process
2. The practitioner will complete the privileges section of the **Change Request Form** and submit with the following information; the privilege requested, the location within the facility where the privilege would be exercised, and the relevant training and experience held by the practitioner in this area.
3. The department head or chief of staff, in consultation with the senior medical administrator and medical administrator responsible for the facility, will determine if the requested privilege can be supported at that site.
4. Where it is deemed appropriate, the practitioner, the department head or chief of staff and the senior medical administrator will agree on any additional training required, and a minimum level of activity required to maintain the privilege. The specific minimum number requirement indicating the level of experience needed to demonstrate skill to obtain clinical privileges for the requested procedure must be evidence-based. Where no supporting literature exists for a specific number, the criteria are established by the consensus of a multidisciplinary group of practitioners who do not have self-interest in creating an artificially high volume requirement.
5. Any additional training will be done in a facility that normally trains practitioners in this activity. Exceptions may be granted in circumstances where all that is required is training by a member of the medical staff who holds the privilege in question.
6. On satisfactory completion of training, the department head or chief of staff may recommend to the governing body through the medical advisory committee that the privilege be granted.

The privileging dictionaries on this site (bcmqi.ca) are the official versions. They will be reviewed beginning in 2016. In the meantime if you have any questions or comments please contact your medical administration office or the BC MQI Office by completing the [Provincial Privileging Dictionary Feedback form](#).

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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: _____