The provincial dictionaries support medical quality and patient safety by setting benchmarks and practice expectations for privileges in BC health care facilities.

Created in response to issues raised in the 2011 Cochrane Report, the provincial privileging dictionaries are designed to support consistency in the expectations and oversight of medical staff privileges in BC.

A provincial team consulted widely to develop discipline-specific standards, drawing on the expertise of more than 300 frontline medical staff and specialty experts. The dictionary standards have supported criteria-based privileging in BC health authorities since 2015.

### Use of the dictionaries

**Who do the dictionaries apply to?**

BC health authorities and affiliates use the dictionaries to review and grant privileges to practice within their facilities. The dictionaries apply to:

- Physicians
- Dentists
- Midwives
- Nurse practitioners

**When will I use a dictionary?**

Medical staff applying for appointment or renewal at public facilities in BC, will review their practice dictionary when requesting privileges. These applications are now completed online in the AppCentral module of the credentialing & privileging (C&P) system, also known as Cactus software. That’s where you’ll identify the privileges that you are applying for and affirm your current experience.

**What if I don’t meet the dictionary standards—will I lose privileges?**

This is not a disqualifier. At the time your privileges are reviewed, you will have a focused discussion with your medical leader as to how you maintain skill and how have you done so in the past. You will be asked about your level of comfort with an activity and what supports are required to allow you to continue to practice safely in this area.

**I work at multiple sites - are the same privileges available at each?**

No, not necessarily. AppCentral (Cactus software) lists only the activities that can be supported at the site you have selected. Not all sites can support all types of activity.
Dictionary content

What is included in a privileging dictionary?
- objective, discipline-specific privileges and associated standards for medical staff
- standards for diagnostic procedural and non-procedural disciplines
- current experience standards, and what is core to each discipline, as well as what requires extra training (non-core) as defined by members of each discipline-specific panel

What are core and non-core activities?
Each dictionary will list core and non-core activities.
- Core privileges are those activities that a recently graduated member of the discipline can reasonably be expected to perform.
- Non-core privileges are activities outside of the core privilege, and which require further training or demonstration of skill.

Current experience is the level of experience thought to allow a practitioner to remain skilled in an activity. This may be expressed in hours or number of cases.

If you do not meet the current experience criteria in your privileging dictionary, it does not automatically disqualify you from performing that activity. Instead, the criteria may prompt a supportive conversation with your medical leader about how a skill is or will be, maintained.

How is dictionary content developed?
The original dictionaries were created by over 300 practitioners from across BC. Panels of subject-matter experts for each specialty or sub-specialty worked together through a series of meetings to identify appropriate content for each dictionary.

This panel format is also being used for a scheduled review of the dictionaries taking place from 2016-19. BC MQI welcomes input from practitioners, specialty experts, and governing bodies to dictionary review processes.

Out of scope: When the dictionaries do not apply

Hiring
The dictionaries set provincial standards for qualifications and/or current experience in regard to the privileges a practitioner may request.

The dictionaries DO NOT set job parameters (i.e. job roles, responsibilities, qualifications). That is the function of a job description—which is developed by the employer / department.

Unplanned care
The scope of privileges granted to any individual practitioner is based on considerations of patient care under “normal circumstances” or in other words—planned care.

In the setting of risk to life or limb, the rules of privilege are not meant to constrain practitioners from acting in the best interest of a patient.

Visit www.bcmqi.ca to:
- view the provincial dictionaries
- provide input on the content of your practice dictionary
- see the current refresh activities in the dictionary review hub

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