

Credentialing for restricted diagnostic services in BC

A short time ago, credentialing for MSP restricted services in diagnostic health care became the responsibility of both the health authorities (for affiliated physicians) and the College of Physicians and Surgeons of BC (for community physicians without health authority privileges). More recently, the provincial privileging dictionaries have become the common reference point for credential requirements related to the provision of MSP restricted services.

Oversight of credentialing for “restricted” diagnostic services

The Diagnostic Accreditation Program (DAP) under the College of Physicians and Surgeons of BC establishes, evaluates and monitors performance standards in diagnostic health care, and administers 23 accreditation programs covering the five diagnostic services: diagnostic imaging, laboratory medicine, neurodiagnostics, pulmonary function and polysomnography. The scope of the DAP includes all public and private diagnostic facilities in BC, irrespective of their funding source.

Historically, the College undertook to review the credentials of all BC physicians seeking to perform, and bill for, diagnostic services deemed “restricted” by the Medical Services Commission. Practice shifted in 2016 when health authority credentialing processes were expanded to include assessing physician eligibility for MSP billings for restricted services within health authority facilities. The College has however continued to review credentials for community-based physicians who are not affiliated with a health authority.

Alignment of credential requirements

Until recently, the requisite credentials for restricted services have been identified separately by the College (in DAP standards) and the health authorities (in the provincial privileging dictionaries). Going forward, the DAP has decided to adopt the credential requirements as outlined in the provincial dictionaries.

This means that all BC physicians, regardless of where they practice, will now refer to the provincial dictionaries for the credentials required to be eligible to bill for the ‘restricted’ diagnostic services.



View the [provincial dictionaries @bcmqi.ca](mailto:provincial.dictionaries@bcmqi.ca).

As the current review project continues, any existing references to DAP standards in the provincial dictionaries will be removed.

The Update reports on activities underway to strengthen BC’s medical quality framework.



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Dictionary refresh

Reviews in progress

As at the end of February, the list of active review panels has grown to include hematology, otolaryngology, neurology, pediatrics and pediatric gastroenterology dictionaries. These panels join ongoing work to refresh the privileging dictionaries for adult gastroenterology, urology, anesthesiology, critical care, and diagnostic imaging.

The sub-panel on procedural pain management is nearing completion, which will have implications for dictionaries that include relevant privileges. Stay tuned for a full update on which dictionaries are affected, and how.

Next up

Review panels starting soon:

- Medical oncology
- Neonatology
- Pediatric hematology/oncology
- Pediatric gastroenterology
- Radiation oncology

BC MQI is also in the process of building a panel to create a new dictionary for Injectable Opioid Agonist Treatment.

Learn more at bcmqi.ca.

Have questions or concerns about AppCentral or the provincial privileging dictionaries? See the resources at www.bcmqi.ca, or contact your medical leader or local medical administration office.

The BC Medical Quality Initiative (BC MQI) brings health care partners together to develop ways to improve the quality of medical care for people living in BC.