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Summary page
Family Practice Anesthesia

The Family Practice Anesthesia dictionary was approved by PMSEC on 11 July 2019

REVIEW PANEL COMPOSITION

The panel was composed of two co-chairs with expertise in the provincial privileging dictionaries and 9 subject matter experts, who work across 4 of the province's health authorities and with representation from the Rural Coordination Centre of BC.

RECORD OF REVIEW PANEL DECISIONS AND CRITERIA IDENTIFIED

Below are panel decisions and/or criteria identified to guide discussion of clinical practice and standards.

1. **Keep qualification for family practice anesthesia broad to reflect broad designation**

   The panel was in agreement that the Certificates of Added Competence (CACs) should not be included as a family practice anesthesia qualification. Individuals may choose to not apply for the certification, therefore the qualification remains broad and inclusive.

2. **Refer to the College of Physicians and Surgeons BC (CPSBC) for hour requirements to maintain a license to practice**

   The panel decided to remove hour criteria for overall clinical activity hours but keep criteria for anesthesia-activity hours. In situations where overall clinical hours need to be referenced, the panel recommended medical affairs to refer to the CPSBC requirements.

3. **Procedural pain management privileges added in alignment with provincial standard**

   Core and non-core privileges for procedural pain management have been added where appropriate. These privileges are based upon new provincial standards for procedural pain management in chronic pain.

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Core Privileges

Decision / Revision: Remove overall clinical activity hours from core privilege criteria and outline minimum anesthesia related CME hours

Engagement Method: Panel discussion

ORIGINAL	REVISION
Previously listed clinical hours required a year averaged over three years. Clinical activity equal to or exceeding 400 hours a year averaged over three years Recommended current anesthesia-related activity (e.g. operative time, procedural sedation, emergency airway management, and consultation) of 150 self-reported hours a year averaged over three years related to anesthesia of which at least 10 hours should be approved anesthesia related CME credit to a maximum of 20 hours. For example this can be met by doing 20 elective lists a year, doubling up with a colleague, or fewer with procedural sedation, emergency coverage and consultative experience. CME can include any accredited anesthesia-related activity including local morbidity and mortality rounds.	C1 Panel was in agreement to refer to CPSBC for hour requirements to maintain a license instead of specifying hour requirements and outline minimum hours for anesthesia-related CME Recommended current clinical activity to meet licensure requirements of the College of Physicians and Surgeons of British Columbia (CPSBC), of which 150 hours are self-reported anesthesia related activity. Anesthesia related activity may include, but is not limited to: anesthesia for elective or emergency surgery, procedural sedation, regional techniques for pain control, critical care outside of the OR, time participating in a formal anesthesia clinical coaching program, anesthesia peer-coaching, anesthesia consults, CQI reviews of preoperative or critical care, or anesthesia-related CME (to a maximum of 20 hours of the 150 hours of self-reported anesthesia related activity) Anesthesia-related CME, minimum of 30 hours over a three year cycle

Core & Non-core Procedures

Decision / Revision: Procedural pain management privileges added in alignment with provincial standard

Engagement Method: Panel discussion

ORIGINAL	REVISION
NA	C2: **Procedural (Interventional) Pain Management** Etc.

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Family Practice Anesthesia Clinical Privileges

Name: _____
Effective from: _____/_____/_____to_____/_____/_____

❑ Initial privileges (initial appointment)

❑ Renewal of privileges (reappointment)

All new applicants must meet the following requirements as approved by the governing body, effective: October 10, 2019

Instructions:

Applicant: Check the "Requested" box for each privilege requested. Applicants are responsible for producing required documentation to allow 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 by uploading the appropriate documents. Privileges should not be requested (checked off) and cannot be granted unless the specific criteria associated with the privilege are met.

Medical/Clinical leaders: 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: Current experience thresholds suggested in this document were developed by practitioners in the field, and are *not* intended as a barrier to practice or to service delivery. They are *not* intended as rigid cut offs, below which clinical privileges must be restricted or removed. Instead, medical/clinical leaders are encouraged to initiate discussions with those practitioners who are close to or below the thresholds, to ensure that mechanisms are in place to ensure adequate practitioner experience and patient outcomes.

Other requirements: Note that even if applicants meet skill or experience requirements, each site will determine if the requested privilege can be supported at that site. 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 training and current experience to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

Exemption requests: A request for exemption from meeting specific credentialing requirements for a core or non-core privilege may be made; however, these will be reviewed on a case-by-case basis by the provincial credentialing & privileging oversight committee (CPOC) to determine if an expert panel should be convened to consider the request.

Context: The care of patients presenting with complex problems or uncommon diseases requires access to multidisciplinary groups, experienced teams and institutions with the

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necessary subspecialties and infrastructure for appropriate care.

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.

Continuous Professional Development (CPD): Where suggested in this document, CPD requirements reflect those professional development activities which are eligible for:

1. credit under the Royal College of Physicians and Surgeons of Canada's (Maintenance of Certification (MOC) program;
2. the College of Family Physicians of Canada Mainpro+;
3. those professional development activities held in foreign jurisdictions which would be eligible under the MOC/Mainpro program if held in Canada; or
4. equivalent CPD or Quality Assurance activities for other practitioners.

Planned vs. Unplanned (Emergency) Care: The scope of privileges granted to any individual practitioner is based on considerations of patient care under "normal circumstances." 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.

Note: The dictionary will be reviewed over time to ensure it is reflective of current practices, procedures and technologies.

Core privilege: Types of activities a recent graduate of the discipline can reasonably be expected to perform at a specific facility. Under core privileges in this dictionary, if there is a procedure you wish to NOT perform please type into the *Comments* field.

Non-core privilege: Types of activities that require further training, experience and demonstrated skill. Non-core privileges are requested in addition to requesting core. Individuals requesting these privileges should meet the specific threshold criteria associated to such non-core privileges.

Context specific privileges: Privileges that take into account what medical services and procedures a facility can support.

Additional privilege: An additional privilege is any privilege that is not included in the core, non-core, or context-specific privileges dictionary for your discipline. Additional privileges already listed in this document were previously requested by others who practice in your discipline; they may or may not be relevant to you. If there are any privileges not listed in your dictionary that you wish to request, please complete an additional privilege request form and attach any evidence of training to support your request.

Restricted procedures: Some dictionaries have procedures identified by the Ministry of Health as [DESIGNATED A RESTRICTED SERVICE BY THE MEDICAL SERVICES COMMISSION]. Privileges identified as restricted procedures may be flagged in this document. Where it

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appears, the restricted procedures flag is for administrative tracking only, and has no impact on clinical content.

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Qualifications for Family Practice Anesthesia

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

Licensure as a family physician in British Columbia

AND

Successful completion of a College of Family Physicians of Canada accredited one-year training program in family practice anesthesia acceptable to the governing body of the organization. Training should include specific training in pediatric, obstetrical, and adult anesthesia,

OR

Recognition as a general practice anesthetist by virtue of credentials earned in another province or country (minimum 12 months training) that is acceptable to the governing body of the Health Authority and its Affiliate(s).

AND

Recommended current experience: Recognizing that family physicians have a wide range of activities and skills that may transfer to the practice of anesthesia and that the scope of family medicine anesthesia is less broad than that of specialty anesthesia:

- Recommended current clinical activity to meet licensure requirements of the College of Physicians and Surgeons of British Columbia (CPSBC), of which 150 hours are self-reported anesthesia related activity. Anesthesia related activity may include, but is not limited to: anesthesia for elective or emergency surgery, procedural sedation, regional techniques for pain control, critical care outside of the OR, time participating in a formal anesthesia clinical coaching program, anesthesia peer-coaching, anesthesia consults, CQI reviews of preoperative or critical care, or anesthesia-related CME (to a maximum of 20 hours of the 150 hours of self-reported anesthesia related activity)
- Anesthesia-related CME, minimum of 30 hours over a three year cycle

Renewal of privileges: To be eligible to renew privileges in anesthesia, the applicant should meet the following criteria:
Current demonstrated skill and a volume of anesthesia related experience as defined above

Return to practice: (Applicable to core and non-core privileges)
Where an FPA has not exercised privileges in a particular clinical activity and wishes to return to this activity (e.g. pediatrics), the practitioner will arrange for an individualized assessment acceptable to the appropriate medical leader followed by a prescribed preceptorship if needed, both occurring in a hospital that is routinely involved in anesthesia training.

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Return after more than one year of inactivity (in the practice of anesthesia): Engage in face-to-face interview and discussion of support required with the appropriate medical leader.

Return after more than two years: Participate in a peer review process under the supervision of a medical staff member who currently holds the anesthesia privilege. Demonstrate acceptable skills to the appropriate medical leader before returning to practice

Return after three or more years: Complete an individualized assessment based on a recommended minimum three-month preceptorship at a centre that routinely provides anesthetic residency training. The preceptorship should enable direct supervision of core procedures relevant to the intended scope of practice. The training objectives and preceptorship arrangements should be acceptable to the physician, the appropriate medical leader, and the health authority and take place at a site other than the one for which privileges are requested

Core privileges: Family Practice Anesthesia

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

❑ **Requested**

Administration of anesthesia, including general, regional, and local, and administration of all levels of sedation to patients older than 24 months. Care includes pain relief and maintenance, or restoration, of a stable condition during and immediately following surgical, obstetrical, and diagnostic procedures. 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.

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

Core procedures: Family Practice Anesthesia

- Anesthesia for Surgical Procedures for Patients older than 24 months
- Airway management
- Evaluation of respiratory function and application of respiratory therapy including mechanical ventilation
- Clinical management of cardiac and pulmonary resuscitation
- Diagnosis and treatment of acute, chronic, and cancer-related pain excluding procedures used primarily for the management of chronic pain (see below).

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- Perioperative anesthetic management of child, adolescent, and adult patients for surgical and other procedures, with the exception of those listed in non-core and context specific anesthesiology areas
- Invasive and non-invasive monitoring and maintenance of normal physiology during the perioperative period
- Prevention and relief of pain during and following surgical, obstetric, therapeutic, and diagnostic procedures using sedation, analgesia, general anesthesia, neuraxial anesthesia, regional anesthesia or local anesthesia
- Assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative services
- May provide care to patients in the intensive care unit setting in conformance with facility policies.
- Elective pediatric anesthesia (24 months and older) limited to ASA levels 1-2
- Elective adult anesthesia limited to ASA levels 1-2.
- Elective anesthesia for ASA level 3 patients in a hospital that has the additional services required to manage their comorbid conditions, with careful consideration of patient selection that is appropriate for the facility's individual peri-operative surgical program capabilities
- In the case of higher risk patients if transfer is inappropriate, or if care locally is in the best interest of the patient, practitioners may proceed with anesthesia care within the local facility

Core privileges: Admitting privileges

❑ **Requested: Full Admitting**

Non-core privileges (see specific criteria)

- Are permits for activities that require further training, experience and demonstrated skill
- 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: Family Practice Anesthesia Regional Blocks

(These apply to blocks used as anesthesia or for acute pain—see *Procedural (Interventional) Pain Management* for use of interventions when primary goal is management of chronic pain)

❑ **Requested** Ultrasound or nerve stimulator guided regional techniques

❑ **Requested** Pediatric blocks

❑ **Requested** Thoracic epidurals

Initial privileges: Successful demonstration of the requested technique under the supervision of a medical staff member who currently holds the privilege or who has a certificate of competence from a specific training program

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OR

Evidence that this privilege is granted in another health authority in BC, as deemed acceptable by the appropriate medical leader.

Current experience: Maintain an adequate volume of current clinical experience and demonstrate competency based on the results of ongoing professional practice evaluation and outcomes.

Renewal of privileges: Current demonstrated clinical experience within the past three years, reflective of the scope of the privilege requested, based on the results of ongoing professional practice evaluation and outcomes.

Return to practice: Complete an individualized assessment, created by the appropriate medical leader, under the supervision of a medical staff member who currently holds the privilege or who has a certificate of competence from a specific training program.

Context specific privileges

- Context refers to the capacity of a facility to support an activity.

Context specific privileges: Complex Anesthesia Activity

❑ **Requested** Intermediate and high risk surgery

Requires a facility with appropriate services to support intermediate and high risk surgeries including, but not limited to, surgical expertise, specialty nurses, high acuity beds, and supporting services

Anesthesia providers should demonstrate ongoing clinical experience reflective of this scope of practice

Procedural (Interventional) Pain Management

Definition

Appropriate use of these procedures requires careful evaluation and diagnosis and must keep in mind prevention, treatment and rehabilitation of patients. **These procedures may be used for acute and chronic, cancer and non-cancer pain. These privileges as defined are primarily directed towards chronic pain management and are not intended to limit procedures used in acute settings or for surgical anesthesia. (See above noncore privileges.)**

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In this document, "interventional pain procedure" has been defined as invasive or surgical techniques used to treat patients with chronic pain. Interventional pain procedures are categorized using a tiered approach reflective of underlying complexity and required training.

Privileges in Procedural Pain Management (Basic)

Definition

Basic procedures are those that can be considered appropriate for physicians with minimal added training or acquired as part of original training. These procedures are peripheral and superficial interventional procedures for which imaging may not be mandatory.

Qualifications for Procedural Pain Management - Basic

To be eligible to apply for any privileges in BASIC Procedural Pain Management, the applicant must meet the following criteria:

Initial privilege: Demonstrated training/experience specific to privilege requested and acceptable to the appropriate medical leader.

Recommended current experience: Full or part-time relevant clinical experience reflective of the scope of privileges requested.

OR

Completion of training acceptable to the appropriate medical leader in the past 24 months

Renewal of privileges: Maintenance of skills and an adequate volume of full- or part-time experience with safe outcomes, reflective of privileges requested.

Return to practice: Individualized evaluation with supervision of core procedures relevant to their intended scope of practice acceptable to the appropriate medical leader.

Core privileges: Basic Pain Management procedures

- ❑ **Requested:** Trigger point/ bursal injections
- ❑ **Requested:** Intra articular injections (excluding hip, intraarticular glenohumeral and biceps tendon) with or without imaging guidance (image guidance may be best practice but is not mandatory)
- ❑ **Requested:** mid-sized peripheral nerve blocks that may not require imaging to safely inject: e.g. Occipital, Saphenous, Genicular, LFCN, tibial, ulnar, radial peroneal, ankle.

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Privileges in Procedural Pain Management (Intermediate)

Definition

Intermediate procedural pain procedures recommend the use of image guidance as best practice and fluoroscopy as the gold standard and require the understanding and safety principles of using fluoroscopy, CT, ultrasound, and/or other medical imaging to guide needle placement and further education in assessment and management of pain.

Qualifications for Procedural Pain Management – Intermediate

To be eligible to apply for any privileges in INTERMEDIATE Procedural Pain Management, the applicant must meet the following criteria:

Initial privilege: Training/experience specific to privilege requested and acceptable to the appropriate medical leader.

AND

Recommended current experience: Full or part-time relevant clinical experience reflective of the privileges requested.

OR

Successful completion of training in the last 12 months

Renewal of privileges: Demonstrated ongoing skill, review of cases performed if deemed necessary and discussion with the appropriate medical leader.

Return to practice: Individualized evaluation with supervision of core procedures relevant to their intended scope of practice acceptable to the appropriate medical leader.

Non-core privileges: Intermediate Pain Management procedures

- ❑ **Requested:** Large peripheral nerve blocks that require imaging, including but not limited to femoral, sciatic, brachial plexus
- ❑ **Requested:** Intramuscular and peritendinous injections, e.g. piriformis, bicipital tendon (image guidance mandatory)
- ❑ **Requested:** Sacroiliac joint injections (image guidance mandatory)
- ❑ **Requested:** Peripheral joint injections: Hip and intraarticular glenohumeral (image guidance recommended)
- ❑ **Requested:** Interlaminar caudal and lumbar epidural (image guidance is strongly recommended)
- ❑ **Requested:** Epidural catheter tunneling for cancer/palliative care pain management
- ❑ **Requested:** Intrathecal catheter tunneling for cancer/palliative care pain management

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Privileges - Procedural Pain Management (Advanced)

Definition

Advanced procedures are highly-specialized that are recognized as requiring advanced training and skills including the understanding and safety principles of using fluoroscopy, CT, ultrasound or other medical imaging to guide treatment, as well as comprehensive knowledge of chronic, acute and complex pain.

Advanced procedures are further divided into Advanced I and Advanced II. For most advanced procedures, CT and fluoroscopy remains the gold standard and image capture is recommended.

Qualifications for Procedural Pain Management - Advanced I

To be eligible to apply for any privileges in ADVANCED I Interventional Pain Management, the applicant must meet the following criteria:

Initial privilege: Demonstrated evidence during specialty training in the setting of interventional chronic pain management specific to procedures applied for, and which must be acceptable to the appropriate medical leader.

Individuals without evidence of core training during training must demonstrate additional training in interventional chronic pain management in a recognized hospital-based university training program with a maintained log of procedures and an independent evaluation.

OR

Completed a minimum 12-month **accredited** fellowship program (RCPSC, ACGME, FPM/Australia) in Interventional Pain Management

Recommended current experience: Interventional pain management for at least 200 hours a year averaged over no more than the last three years, reflective of the scope of privileges requested.

Recognizing that other procedural skills are transferable, where clear similarities exist with other work done by specialists, these requirements may be less.

OR

Successful completion of accredited specialty fellowship training program that includes the requested IPM procedures, within the last 12 months

AND

Completion of at least 20 CME credits each year averaged over three years and must be

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relevant to the practice of Interventional Pain Management.

Renewal of privileges: Demonstrated ongoing skill, review of cases performed if deemed necessary and discussion with the appropriate medical leader.

Return to practice: Individualized evaluation with supervision of core procedures relevant to their intended scope of practice acceptable to the appropriate medical leader.

Non-core privileges: Advanced I Pain Management procedures

Epidural Injections:

- ❑ **Requested** lumbar transforaminal /nerve root block
- ❑ **Requested** thoracic interlaminar
- ❑ **Requested** thoracic transforaminal /nerve root block

Medial branch blocks and facet joint injections:

- ❑ **Requested** lumbar
- ❑ **Requested** thoracic

Sympathetic nerve blocks:

- ❑ **Requested** lumbar sympathetic nerve block
- ❑ **Requested** celiac plexus and splanchnic nerve blocks
- ❑ **Requested** stellate ganglion block
- ❑ **Requested** ganglion impar block

Other:

- ❑ **Requested** intercostal nerve blocks
- ❑ **Requested** paravertebral block of the lumbosacral plexus

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Additional privileges

Definition: An additional privilege is any privilege that is not included in the core, non-core, or context-specific privileges dictionary for your discipline.

To request a privilege that is not included in the core, non-core, or context specific privileges for your discipline, notify your medical leader or local credentialing office.

A credentialing coordinator will send you an additional privilege request form to complete.

Instructions

On the additional privilege request form, you'll be asked to provide the following details:

a) the privilege requested *(the procedure or activity you are requesting)*
b) the site or facility where the privilege would be exercised, and
c) your relevant training, experience or certification, if applicable.

Your request for additional privileges will be submitted to your medical leader. Please note that additional privileges are not automatically granted, but are reviewed to determine alignment with the site capacity and to ensure training requirements are met.

Dictionary content and feedback

The privileging dictionaries on this site (bcmqi.ca) are the official versions.

Dictionary content will be updated as according to the review schedule posted at the bcmqi.ca dictionary review hub. You can provide input on a dictionary at any time, by submitting a Dictionary Feedback form to the BC MQI office.

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Acknowledgement 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: _____

Medical / Clinical Leader'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/ Facility:

Name of Medical Leader:

Title:

Signature:

Date: