

**The General Internal Medicine dictionary was approved by PMSEC on 12 April 2018.**

#### REVIEW PANEL COMPOSITION

The panel was composed of two co-chairs with expertise in the provincial privileging dictionaries and 5 subject matter experts, who work across 5 of the province's health authorities and with representation from the Doctors 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. Recognize training streams to qualify for general internal medicine**

The panel chose to distinguish between the two streams to qualify for general internal medicine. The two streams are certification in general internal medicine and certification in internal medicine with additional year in general internal medicine training

**2. Restructure core-privileges, offer selectable core procedures**

The decision was made to define criteria for complex core procedures and separate them from the core privileges. These procedures are selectable and practitioners must meet the requirements to qualify

**3. Add point of care ultrasound as a core-privilege**

The panel was in agreement to add *point of care ultrasound for enhanced physical exam* as a core privilege to reflect the evolving scope of practice and use of ultrasound

**4. Add non-core privileges**

Through the review process, the panel reviewed a summary of additional privileges requested by peers. The decision was made to include the following respiratory procedures as non-core privileges: pulmonary function studies, polysomnography interpretation, pulse oximetry interpretation, pulse oximetry and bronchoscopy.

**5. Remove liver biopsy from non-core privileges**

With evolving care practice and technologies, the panel was in agreement to remove liver biopsy from non-core privileges.

### Qualification for General Internal Medicine

**Decision / Revision:** Recognize differences in training streams for general internal medicine

**Engagement Method:** Panel discussion

ORIGINAL	REVISION
<p><b>Initial privileges:</b> To be eligible to apply for privileges in General Internal Medicine, the applicant should meet the following criteria:</p> <p>Current certification in General Internal Medicine by the Royal College of Physicians and Surgeons of Canada or possession of equivalent credentials acceptable to both the College of Physicians and Surgeons of British Columbia and the governing body of the Health Authority and its Affiliate(s).</p>	<p><b>C1: Initial privileges:</b> To be eligible to apply for privileges in General Internal Medicine, the applicant should meet the following criteria:</p> <p>Current certification in General Internal Medicine by the Royal College of Physicians and Surgeons of Canada or possession of credentials acceptable to both the College of Physicians and Surgeons of British Columbia and the governing body of the Health Authority and its Affiliate(s).</p> <p>OR</p> <p>Current certification in Internal Medicine by the Royal College of Physicians and Surgeons of Canada plus one additional year of training in General Internal Medicine or possession of credentials acceptable to both the College of Physicians and Surgeons of British Columbia and the governing body of the Health Authority and its Affiliate(s).</p>

### Core Privileges

**Decision / Revision:** Restructure core privileges to offer selectable core procedures

**Engagement Method:** Panel discussion

ORIGINAL	REVISION
<p><b>Example:</b> Cardiac stress testing</p> <ul style="list-style-type: none"> <li>Current Experience: 20/year averaged over three years</li> <li>Return to practice by attending a cardiac teaching stress lab, performing 20 stress tests and reviewing the indications and contraindications for stress testing as documented by the head of the department/division in that facility.</li> </ul>	<p><b>C2: Core Privileges: Cardiac stress testing</b></p> <p><input type="checkbox"/> <b>Requested</b></p> <p><b>Recommended current experience:</b> 20/year averaged over three years</p> <p><b>Return to practice:</b> Attend a cardiac teaching stress lab, performing 20 stress tests and reviewing the indications and contraindications for stress testing as documented by the appropriate medical lead.</p>

## Non-core Privileges

**Decision / Revision:** New selectable non-core privileges added to the dictionary

**Engagement Method:** Panel discussion

ORIGINAL	REVISION
<p><b>Non-core privileges: Other</b></p> <p>Other non-core should be accessed through process for requesting privileges not in dictionary. Guidance for the following can be found in the dictionaries mentioned in parentheses</p> <ul style="list-style-type: none"> <li>Echocardiography (Diagnostic Imaging and Cardiology)</li> <li>Endoscopy (gastroenterology)</li> <li>Pulmonary Function Studies (Respirology)</li> <li>Liver biopsy (gastroenterology, diagnostic imaging)</li> </ul>	<p><b>C3:</b> Each newly added non-core privileges have its own set of privileging criteria</p> <p><b>Non-core privileges: Lower Endoscopy</b></p> <p><input type="checkbox"/> <b>Requested</b></p> <p><b>Initial privileges:</b> The applicant has completed appropriate training in lower endoscopy under supervision of gastroenterology or general surgery training program, with written attestation to the satisfaction of the appropriate medical leader</p> <p>AND</p> <p><b>Required current experience:</b> Maintain adequate volume of current clinical experience include performance of lower endoscopy and demonstrate current experience based on results of ongoing professional practice evaluation outcomes.</p> <p><b>Renewal of privileges:</b> Current demonstrated skill and an adequate volume of full- or part-time experience with acceptable results, reflective of the scope of the privilege requested, (minimum of 24 weeks working in the discipline for the past 36 months) based on results of ongoing professional practice evaluation and outcomes.</p> <p><b>Return to practice:</b> Individualized evaluation at an academic training center with supervision of core procedures relevant to their intended scope of practice.</p>

# General Internal Medicine 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: April 12, 2018

## 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

## General Internal Medicine Clinical Privileges

requires access to multidisciplinary groups, experienced teams and institutions with the 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].

## General Internal Medicine Clinical Privileges

Privileges identified as restricted procedures may be flagged in this document. Where it appears, the restricted procedures flag is for administrative tracking only, and has no impact on clinical content.

Reference Only

# General Internal Medicine Clinical Privileges

## Definition

A General Internal Medicine specialist is trained in the diagnosis and treatment of a broad range of diseases in adults involving all organ systems, and is proficient in the medical management of patients who have undifferentiated or multi-system disease processes. A general internal medicine specialist cares for hospitalized and ambulatory patients and may play a role in teaching or research.

## Qualifications for General Internal Medicine

**Initial privileges:** To be eligible to apply for privileges in General Internal Medicine, the applicant should meet the following criteria:

Current certification in General Internal Medicine by the Royal College of Physicians and Surgeons of Canada or possession of credentials acceptable to both the College of Physicians and Surgeons of British Columbia and the governing body of the Health Authority and its Affiliate(s).

OR

Current certification in Internal Medicine by the Royal College of Physicians and Surgeons of Canada plus one additional year of training in General Internal Medicine or possession of credentials acceptable to both the College of Physicians and Surgeons of British Columbia and the governing body of the Health Authority and its Affiliate(s).

AND

**Recommended current experience:** Provision of acute care for three months a year averaged over two years reflective of scope of privileges requested or successful completion of a RCPSC accredited residency or clinical fellowship within the past 12 months.

**Renewal of privileges:** To be eligible to renew privileges in general internal medicine, the applicant should normally meet the following criteria:

Current demonstrated skill and an adequate volume of experience including provision of emergency care (three months a year averaged over three years) with acceptable results, reflective of the scope of privileges requested based on results of ongoing professional practice evaluation and outcomes.

**Return to practice:** Individualized evaluation at an academic training center with supervision of core procedures relevant to their intended scope of practice.

# General Internal Medicine Clinical Privileges

## Core Privileges: General Internal Medicine

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

### ☐ Requested

Evaluate, diagnose, treat, and provide consultation to adult patients with acute, chronic and complex illnesses, diseases and disorders of the cardiovascular, respiratory, endocrine, metabolic, musculoskeletal, neurological, hematopoietic, immunological, gastroenteric, renal, and reproductive systems. May provide care to patients in critical/acute care settings in conformance with unit policies. May provide care to patients with malignancies, infectious and pregnancy related diseases. 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 at this organization would competently perform, 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
- Interpretation of electrocardiograms
- Abdominal paracentesis
- Arthrocentesis and non-spinal joint injections
- Arterial puncture
- Insertion and management of central venous catheters and arterial lines
- Skin biopsy
- Lumbar puncture
- Thoracentesis and insertion of chest tube
- Point of care ultrasound for enhanced physical exam
- Critical care of adult patients including non-invasive positive pressure ventilation (NIPPV) and mechanical ventilation (for as long as required by the patient)

# General Internal Medicine Clinical Privileges

## Core Privileges: Cardiac stress testing

☐ Requested

**Recommended current experience:** 20/year averaged over three years

**Return to practice:** Attend a cardiac teaching stress lab, performing 20 stress tests and reviewing the indications and contraindications for stress testing as documented by the appropriate medical leader

## Core Privileges: Cardioversion emergent and elective

☐ Requested

**Recommended current experience:** current practice must include cardioversion

## Core Privileges: Holter/event monitor

☐ Requested

**Recommended current experience:** 20/year averaged over three years

## Core Privileges: Invasive and non-invasive mechanical ventilation

☐ Requested

**Recommended current experience:** 10 patients a year averaged over three years

### 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: Bone marrow biopsy

☐ Requested

**Initial privileges:** The applicant has completed training in bone marrow biopsy to the satisfaction of the appropriate medical leader.

## General Internal Medicine Clinical Privileges

AND

**Recommended current experience:** Maintain adequate volume of current clinical experience include performance of bone marrow biopsies and demonstrate current experience based on results of ongoing professional practice evaluation outcomes.

**Renewal of privileges:** Current demonstrated skill and an adequate volume of full- or part-time experience with acceptable results, reflective of the scope of the privilege requested, (minimum of 24 weeks working in the discipline for the past 36 months) based on results of ongoing professional practice evaluation and outcomes.

**Return to practice:** Mentorship by and demonstration of skill to an appropriate specialist.

### Non-core privileges: Transthoracic Echocardiography (TTE)

☐ **Requested** [DESIGNATED A RESTRICTED SERVICE BY THE MEDICAL SERVICES COMMISSION]

**Initial privileges:** The applicant has completed appropriate training in a tertiary echocardiography lab to the satisfaction of the appropriate medical leader

AND

**Required current experience:** Maintain adequate volume of current clinical experience include performance of transthoracic echocardiography and demonstrate current experience based on results of ongoing professional practice evaluation outcomes.

**Renewal of privileges:** Current demonstrated skill and an adequate volume of full- or part-time experience with acceptable results, reflective of the scope of the privilege requested, (minimum of 24 weeks working in the discipline for the past 36 months) based on results of ongoing professional practice evaluation and outcomes.

**Return to practice:** Individualized evaluation at an academic training center with supervision of core procedures relevant to their intended scope of practice.

### Non-core privileges: Basic device Pacemaker interrogation and programming

☐ **Requested**

**Initial privileges:** Demonstrate standardized interrogation and programming protocols for pacemaker clinic function that meet the local standards for the health region or could include the Heart Rhythm Society course and exam

## General Internal Medicine Clinical Privileges

**Recommended current experience:** Participating in pacemaker clinic as part of the current general internal medicine practice for three months a year averaged over three years

**Renewal of privileges:** Current demonstrated skill and an adequate volume of experience (three months a year averaged over three years) with acceptable results, reflective of the scope of privilege requested, based on results of ongoing professional practice evaluation and outcomes.

**Return to practice:** Individualized evaluation at an academic training center that regularly trains Internal Medicine residents, with supervision of core procedures relevant to their intended scope of practice.

### Non-core privileges: Lower Endoscopy

#### ☐ Requested

**Initial privileges:** The applicant has completed appropriate training in lower endoscopy under supervision of gastroenterology or general surgery training program, with written attestation to the satisfaction of the appropriate medical leader

AND

**Required current experience:** Maintain adequate volume of current clinical experience include performance of lower endoscopy and demonstrate current experience based on results of ongoing professional practice evaluation outcomes.

**Renewal of privileges:** Current demonstrated skill and an adequate volume of full- or part-time experience with acceptable results, reflective of the scope of the privilege requested, (minimum of 24 weeks working in the discipline for the past 36 months) based on results of ongoing professional practice evaluation and outcomes.

**Return to practice:** Individualized evaluation at an academic training center with supervision of core procedures relevant to their intended scope of practice.

### Non-core privileges: Upper Endoscopy

#### ☐ Requested

**Initial privileges:** The applicant has completed appropriate training in upper endoscopy under supervision of gastroenterology or general surgery training program, with written attestation satisfaction to the appropriate medical leader

## General Internal Medicine Clinical Privileges

AND

**Required current experience:** Maintain adequate volume of current clinical experience include performance of upper endoscopy and demonstrate current experience based on results of ongoing professional practice evaluation outcomes.

**Renewal of privileges:** Current demonstrated skill and an adequate volume of full- or part-time experience with acceptable results, reflective of the scope of the privilege requested, (minimum of 24 weeks working in the discipline for the past 36 months) based on results of ongoing professional practice evaluation and outcomes.

**Return to practice:** Individualized evaluation at an academic training center with supervision of core procedures relevant to their intended scope of practice.

### Non-core privileges: Bronchoscopy

Procedures including bronchoalveolar lavage, washings, brushings and biopsy

#### ☐ Requested

**Initial privileges:** The applicant has completed training in bronchoscopy to the satisfaction of the appropriate medical leader.

AND

**Required current experience:** Demonstrated current clinical skill and evidence of the performance of 30 bronchoscopy procedures per year averaged over three years.

**Renewal of privileges:** Current demonstrated skill and an adequate volume of full- or part-time experience with acceptable results, reflective of the scope of the privilege requested, (minimum of 24 weeks working in the discipline for the past 36 months) based on results of ongoing professional practice evaluation and outcomes.

**Return to practice:** Individualized evaluation at an academic training center with supervision of core procedures relevant to their intended scope of practice.

### Non-core privileges: Respiriology

#### ☐ Requested: Pulmonary Function Studies

[DESIGNATED A RESTRICTED SERVICE BY THE MEDICAL SERVICES COMMISSION]

#### ☐ Requested: Spirometry

#### ☐ Requested: Overnight Oximetry

#### ☐ Requested: 6 minute walk test

## General Internal Medicine Clinical Privileges

☐ **Requested:** Polysomnography Interpretation

[DESIGNATED A RESTRICTED SERVICE BY THE MEDICAL SERVICES COMMISSION]

**Initial privileges:** The applicant has completed appropriate training reflective of the scope of the privileges requested to the satisfaction of the appropriate medical leader.

AND

**Recommended current experience:** Maintain adequate volume of current clinical experience reflective of the scope of the privileges requested and demonstrate current experience based on results of ongoing professional practice evaluation outcomes.

**Renewal of privileges:** Current demonstrated skill and an adequate volume of full- or part-time experience with acceptable results, reflective of the scope of the privilege requested, (minimum of 24 weeks working in the discipline for the past 36 months) based on results of ongoing professional practice evaluation and outcomes.

**Return to practice:** Individualized evaluation at an academic training center with supervision of core procedures relevant to their intended scope of practice.

### 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."

### Context specific privileges: Administration of chemotherapy

☐ **Requested**

See BC Cancer Agency policies and procedures for the administration of specific chemotherapeutic agents.

# General Internal Medicine Clinical Privileges

## 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](http://bcmqi.ca)) are the official versions.

Dictionary content will be updated as according to the review schedule posted at the [bcmqi.ca](http://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.

# General Internal Medicine Clinical Privileges

## 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:

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Name of Department / Division/ Program/ Facility:

Name of Medical Leader:

Title:

Signature:

Date: