

**The General Pathology dictionary was approved by PMSEC on 9 November 2017**

## REVIEW PANEL COMPOSITION

The panel was composed of two co-chairs with expertise in the provincial privileging dictionaries and 8 subject matter experts, who work across 7 of the province's health authorities with representation of 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. Refer to the Royal College discipline definition

The panel decided to continue using the discipline definition provided by the Royal College of Physicians and Surgeons of Canada.

### 2. Use training requirements to define current experience

The panel defines current experience by specifying training requirements associated to each core and non-core privilege. The training requirements replace the procedure numbers that previously defined current experience.

### 3. Breaking General Pathology Core Privileges into five subdivisions

The decision was made to take the five domains of general pathology and separate them out into 5 core areas: medical microbiology, hematological pathology/ transfusion medicine, medical biochemistry, anatomical pathology, molecular pathology.

### 4. Add Flow Cytometry as a non-core privilege

Flow Cytometry was omitted from the first version of the dictionary. The panel made the decision to add it as a non-core privilege.

### 5. Define Molecular Pathology

The panel agreed to accept both standardized definitions for core and non-core Molecular Pathology as recommended by a sub-committee of subject-matter experts.

### 6. Pediatric pathology fellowship is the requirement for perinatal autopsy and apparently natural infant or child death

The panel agreed that a pediatric pathology fellowship is the appropriate training for perinatal autopsy and apparently natural infant or child death. Forensic pathology fellowship is not required to provide this service.

## Core Privileges

**Decision / Revision:** Break core privileges into five subdivisions

**Engagement Method:** Panel discussion

ORIGINAL	REVISION
<p>In the initial version, there was only one core privilege, encompassing all subdivisions</p> <p><b>Core privileges:</b> General Pathology</p>	<p><b>C1</b> Break General Pathology into five selectable core privileges:</p> <ul style="list-style-type: none"> <li>• <b>Core privileges:</b> Medical Biochemistry</li> <li>• <b>Core privileges:</b> Hematological Pathology and Transfusion Medicine</li> <li>• <b>Core privileges:</b> Anatomical Pathology</li> <li>• <b>Core privileges:</b> Medical Microbiology</li> <li>• <b>Core privileges:</b> Molecular Pathology</li> </ul>

**Decision / Revision:** Define autopsy pathology

**Engagement Method:** Panel discussion and forensic pathologist consultation

ORIGINAL	REVISION
<ul style="list-style-type: none"> <li>• Not Applicable</li> </ul>	<p><b>C2</b> Define autopsy pathology according to General Pathology scope of practice</p> <p>*Autopsy pathology is limited to performance of autopsies on individuals aged 14 or older, and excludes:</p> <ul style="list-style-type: none"> <li>• All homicides and suspicious deaths</li> <li>• All deaths in custody, or police action-related deaths</li> <li>• Cases with identification issues</li> <li>• Mass fatalities</li> <li>• Etc. <i>Note</i>—for autopsy pathology that is outside of the provider's normal scope of practice, seek appropriate subspecialty advice.</li> </ul>

**Decision / Revision:** Molecular Pathology definitions have been defined by a sub panel

**Engagement Method:** Subpanel recommendation and panel discussion

ORIGINAL	REVISION
<ul style="list-style-type: none"> <li>• Not Applicable</li> </ul>	<p>Definitions and criteria developed by a sub-panel consisted of experts in molecular pathology, cytogenetics and molecular genetics. The panel slightly revised the definition to align with their scope of practice</p> <p><b>C3 Core Privileges:</b> Molecular Pathology <b>Definition:</b> Use of genetic and genomic reports and findings in the practice of pathology</p> <p><b>C4 Non-core privileges:</b> Molecular Pathology <b>Definition:</b> Interpretation, reporting, documentation and oversight of genetic and genomic methods and findings in the practice of pathology</p>

### Non-core Privileges

**Decision / Revision:** New non-core privileges - The non-core privileges reflect the pathology scope of practice.

**Engagement Method:** Sub-panel recommendation and panel discussion

ORIGINAL	REVISION
<ul style="list-style-type: none"> <li>Not Applicable</li> </ul>	<p><b>C5</b> Definition and criteria developed by a sub-panel consisted of experts in molecular pathology, cytogenetics and molecular genetics. The panel slightly revised the definition to align with their scope of practice</p> <p><b>Non-core privileges:</b> Cytogenetics <b>Non-core privileges:</b> Molecular Genetics</p>

**Decision / Revision:** Include a context specific statement to prompt collaborative practice between forensic and pediatric pathologists

**Engagement Method:** Subpanel recommendation and panel discussion

ORIGINAL	REVISION
<ul style="list-style-type: none"> <li>Not Applicable</li> </ul>	<p><b>C6</b> Panel members was in agreement to add a context specific statement to the following non-core privileges:</p> <p><b>Non-core Privileges:</b> Examination for criminally suspicious infant death <b>Non-core Privileges:</b> Examination for perinatal autopsy and apparently natural infant or child death (less than 14 years of age)</p> <p><i>Context specific statement:</i> The overlap between suspicious and apparently natural death in a child under the age of 14 years may not be clear-cut and may require collaborative practice between forensic and pediatric pathologists.</p>

# General Pathology 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: November 9, 2017

## 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 Pathology 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].

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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 Pathology Clinical Privileges

## Definition

A General Pathologist is a specialist who is trained in diagnosis and in laboratory management, incorporating and integrating all aspects of laboratory methodology, playing a key role in quality assurance and the introduction of emerging technologies. This includes providing consultation to medical colleagues using morphologic techniques such as histopathology, cytology, autopsy, forensics and clinical laboratory methods, namely biochemistry, laboratory hematology, blood transfusion and microbiology. General Pathology is distinct because the training is divided between Anatomical Pathology and clinical laboratory medicine. General Pathologists are trained to practice in a variety of settings including large metropolitan, regional, and community hospitals, and may play a role in teaching or research. General Pathology can also be a route for sub-specialty or diploma training.

## Qualifications for General Pathology

**Initial privileges:** To be eligible to apply for privileges in General Pathology (anatomical, clinical), the applicant should normally meet the following criteria:

Certification in General Pathology by the Royal College of Physicians and Surgeons of Canada or be recognized as a general pathologist by the College of Physicians and Surgeons of British Columbia by virtue of credentials earned in another jurisdiction that are acceptable to both the College and the Health Authority and its Affiliate(s).

AND

**Required current experience:** Full- or part-time pathology services, reflective of the scope of privileges requested, for the past 12 months or successful completion of an RCPSC or equivalent accredited residency or clinical/research fellowship immediately following residency within the past 12 months.

**Renewal of privileges:** To be eligible to renew privileges in pathology, the applicant should meet the following criteria:

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

A General Pathologist may be expected to have expertise in all four disciplines of laboratory medicine. Where a pathologist's experience in the past three years for a requested privilege is determined insufficient by regional department head or equivalent to maintain skill, privileges will be renewed following the completion of a period of education prescribed by the regional medical director or delegate for laboratory medicine. Any education prescribed will be done under the auspices of a facility that is regularly engaged in the training of laboratory medicine



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residents, and will be signed off by the medical director/ department head of that facility/program.

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

### Core privileges: Medical Biochemistry

#### ☐ Requested

Patient diagnosis, ordering investigations, consultation, and laboratory medical oversight in medical biochemistry. The core privileges in this specialty include the core procedures on the procedures list near the end of the document and such other procedures that are extensions of the same techniques and skills.

- Clinical consultation and interpretation in nutrition, cancer-associated biochemical abnormalities, therapeutic drug monitoring, pediatric and prenatal clinical biochemistry.
- Apply laboratory techniques of medical biochemistry for diagnosis and management of disease for patients of all ages with a variety of metabolic disorders and biochemical abnormalities.
- Medical oversight of a clinical pathology laboratory

### Core privileges: Hematological pathology/Transfusion medicine

#### ☐ Requested

Patient diagnosis, ordering investigations, consultation, and laboratory medical oversight in hematological pathology and transfusion medicine. The core privileges in this specialty include the core procedures on the procedures list near the end of the document and such other procedures that are extensions of the same techniques and skills.

- Clinical consultation and interpretation of investigations of conditions affecting blood, bone marrow, lymph nodes, and spleen
- Clinical consultation and interpretation of investigations involving transfusion of blood and blood products
- Stewardship over appropriate use of blood and blood products
- Medical oversight of a clinical pathology laboratory

### Core privileges: Anatomical pathology

#### ☐ Requested



## General Pathology Clinical Privileges

Patient diagnosis, ordering investigations, consultation, and laboratory medical oversight in: anatomical pathology, including surgical pathology (including intraoperative consultations), cytopathology, autopsy pathology\*, immunohistochemistry, and associated ancillary studies. 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.

\*Autopsy pathology is limited to performance of autopsies on individuals aged 14 or older, and excludes:

- All homicides and suspicious deaths
- All deaths in custody, or police action-related deaths
- Cases with identification issues
- Mass fatalities
- Etc. *Note*—for autopsy pathology that is outside of the provider's normal scope of practice, seek appropriate subspecialty advice.

### Core privileges: Medical microbiology

#### ☐ Requested

Patient diagnosis, ordering investigations, consultation, and laboratory medical oversight in medical microbiology. The core privileges in this specialty include the core procedures on the procedures list near the end of the document and such other procedures that are extensions of the same techniques and skills.

- Clinical consultation and interpretation of investigations for conditions involving infectious diseases
- Medical oversight of a clinical pathology laboratory
- Clinical consultation regarding antimicrobial stewardship and infection control

### Core privileges: Molecular pathology

#### ☐ Requested

Use of genetic and genomic reports and findings in the practice of pathology

### Core procedures list for general pathology

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:** Select the following procedure(s) you wish to perform.

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### Core privileges: Bone marrow aspiration and biopsy procedures

☐ **Requested**

Bone marrow aspiration and biopsy procedures

### Core privileges: Fine Needle Aspiration

☐ **Requested**

Performance of fine needle aspiration

**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 privilege: Examination of human skeletal remains

☐ **Requested**

**Initial privileges:** Requires completion of a recognized postgraduate fellowship in forensic pathology

OR

Other recognized experience or training in human skeletal remains, suitability to be assessed by the appropriate medical leader as per Medical Staff Bylaws and Rules within each health authority

AND

**Required current experience:** Full- or part-time pathology services, reflective of the scope of privileges requested, for the past 12 months or successful completion of postgraduate fellowship in the past 12 months.

**Renewal of privileges:** To be eligible to renew this privilege, the applicant should meet the following criteria:

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.

## General Pathology Clinical Privileges

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

### Non-core privilege: Examination for criminally suspicious infant death

#### ☐ Requested

The overlap between suspicious and apparently natural death in a child under the age of 14 years may not be clear-cut and may require collaborative practice between forensic and pediatric pathologists.

**Initial privileges:** Requires completion of a recognized postgraduate fellowship in forensic pathology.

OR

Other recognized experience in infant autopsy pathology, suitability to be assessed by the appropriate medical leader as per Medical Staff Bylaws and Rules within each health authority

AND

**Required current experience:** Full- or part-time pathology services, specific to infant autopsy for the past 12 months or successful completion of postgraduate fellowship in the past 12 months.

**Renewal of privileges:** To be eligible to renew this privilege, the applicant should meet the following criteria:

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 that trains Pathology residents, with supervision of core procedures relevant to their intended scope of practice

### Non-core privileges: Examination for perinatal autopsy and apparently natural infant or child death (less than 14 years of age)

#### ☐ Requested

*Note:* For autopsy pathology that is outside of the provider's normal scope of practice, seek appropriate subspecialty advice

## General Pathology Clinical Privileges

The overlap between suspicious and apparently natural death in a child under the age of 14 years may not be clear-cut and may require collaborative practice between forensic and pediatric pathologists.

**Initial privileges:** Requires completion of a recognized postgraduate fellowship in pediatric pathology

OR

Other recognized experience in pediatric autopsy pathology, suitability to be assessed by the appropriate medical leader as per Medical Staff Bylaws and Rules within each health authority  
AND

**Required current experience:** Full- or part-time pathology services, specific to infant/child autopsy practice and including pediatric-specific CME and quality assurance activities, for the past 12 months or successful completion of postgraduate fellowship in the past 12 months.

**Renewal of privileges:** To be eligible to renew this privilege, the applicant should meet the following criteria:

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 that trains Pathology residents, with supervision of core procedures relevant to their intended scope of practice.

### Non-core privileges: Flow Cytometry

#### ☐ Requested

**Initial privileges:** The applicant has completed training to the satisfaction of the appropriate medical leader as per Medical Staff Bylaws and Rules within each health authority  
AND

**Required current experience:** Full- or part-time pathology services, reflective of the scope of privilege requested, for the past 12 months or successful completion of postgraduate fellowship in the past 12 months.

**Renewal of privileges:** To be eligible to renew this privilege, the applicant should meet the following criteria:

Current demonstrated skill and an adequate volume of full- or part-time experience with

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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 that trains Pathology residents, with supervision of core procedures relevant to their intended scope of practice.

### Non-core privileges: Immunofluorescence

#### ☐ Requested

**Initial privileges:** The applicant has completed training to the satisfaction of the appropriate medical leader as per Medical Staff Bylaws and Rules within each health authority

AND

**Required current experience:** Full- or part-time pathology services, reflective of the scope of privilege requested, for the past 12 months or successful completion of postgraduate fellowship in the past 12 months.

**Renewal of privileges:** To be eligible to renew this privilege, the applicant should meet the following criteria:

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 that trains Pathology residents, with supervision of core procedures relevant to their intended scope of practice.

### Non-core privilege: Molecular Pathology

#### Definition

Interpretation, reporting, documentation and oversight of genetic and genomic methods and findings in the practice of pathology

#### ☐ Requested

**Initial privileges:** The applicant has completed training to the satisfaction of the appropriate medical leader as per Medical Staff Bylaws and Rules within each health authority

AND

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**Required current experience:** Full- or part-time pathology services, reflective of the scope of privilege requested, for the past 12 months or successful completion of postgraduate fellowship in the past 12 months.

**Renewal of privileges:** To be eligible to renew this privilege, the applicant should meet the following criteria:

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 that trains Pathology residents, with supervision of core procedures relevant to their intended scope of practice.

### Non-core privileges: Cytogenetics

#### Definition

Cytogenetics is a branch of laboratory medicine concerned with the study of chromosomes and how chromosomal anomalies relate to human disease and phenotype. (Defined by the Canadian College of Medical Geneticists)

#### ❑ Requested

**Initial privileges:** The applicant has completed additional training or equivalent and is certified by the Canadian College of Medical Geneticists or American Board of Medical Genetics and Genomics in Cytogenetics

### Non-core privileges: Molecular Genetics

#### Definition

Molecular genetics is a study of molecular diagnostic testing techniques used for disease diagnosis, including the identification and interpretation of molecular abnormalities, and participation in the management of patients and their families with molecular genetic disorders. (Defined by the Canadian College of Medical Geneticists)

#### ❑ Requested

**Initial privileges:** The applicant has completed additional training or equivalent and is certified by the Canadian College of Medical Geneticists or American Board of Medical Genetics and Genomics in Molecular Genetics

## General Pathology Clinical Privileges

### 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.”

Reference Only



# General Pathology 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 Pathology 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: