

**The Medical Oncology dictionary was approved by PMSEC on 12 July 2018.**

### REVIEW PANEL COMPOSITION

The panel was composed of two co-chairs with expertise in the provincial privileging dictionaries and 7 subject matter experts, who work across 5 of the province's health authorities, and with representation from Doctors of BC.

### RECORD OF REVIEW PANEL DECISIONS AND CRITERIA IDENTIFIED

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

**1. The dictionary has been decoupled from Hematology.**

There was general consensus from the panel that the dictionary be uncoupled from Hematology.

**2. No other feedback has been received**

There was no feedback from this panel and no changes have been made to the Medical Oncology dictionary.

# Medical Oncology 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: July 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

**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.

**Context:** The care of patients presenting with complex problems or uncommon diseases 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

## Medical Oncology Privileges

**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.

**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.

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

# Medical Oncology Privileges

## Definition

Medical Oncology is a medical subspecialty which is concerned with the study, diagnosis and medical management of neoplastic diseases.

## Qualifications for Medical Oncology

**Initial privileges:** To be eligible to apply for privileges in medical oncology, the initial applicant should meet the following criteria:

Be certified as a Medical Oncology specialist by the Royal College of Physicians and Surgeons of Canada (RCPSC)

AND/OR

Be recognized as a Medical Oncology specialist by the College of Physicians and Surgeons of British Columbia (CPSBC) by virtue of credentials earned that are acceptable to both the CPSBC and the governing body of the Health Authority and its Affiliate(s).

OR

Has practiced as a Medical Oncologist in the province of British Columbia prior to March 2015 (This recognizes those physicians who were practicing Medical Oncology before it was recognized as a Royal College sub-specialty in 2011.)

**Recommended current experience:** Inpatient or consultative services of Medical Oncology, for at least 320 hours per year averaged over the prior 24 months, reflective of the scope of privileges requested OR successful completion of an accredited residency with Royal College of Physicians and Surgeons of Canada or clinical fellowship within the past 24 months.

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

Inpatient or consultative services, for at least 320 hours per year of Medical Oncology averaged over the prior 36 months, reflective of the scope of privileges requested based on results of ongoing professional practice evaluation and outcomes.

**Return to practice:** Individualized evaluation at a mutually agreed upon academic training center within Canada that regularly trains Medical Oncology residents, with supervision of core practice relevant to their intended scope of practice as required.

# Medical Oncology Privileges

## Core privileges: Medical Oncology

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 patients, typically adult, with all types of solid tumor and lymphoid malignancies excluding acute leukemias. May provide care to patients in the intensive care setting in conformance with unit policies. 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 – Medical oncology**

## 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 perform at this organization 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.

## Medical Oncology

- Therapeutic/diagnostic thoracentesis and paracentesis with or without ultrasound guidance
- Bone marrow aspirations and biopsy
- Diagnostic lumbar puncture
- Management and maintenance of indwelling venous access catheters
- Administration of intrathecal chemotherapy

## Medical Oncology Privileges

### 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: Hematopoietic stem cell transplantation (HSCT)

- Requested** High-dose conditioning regimen and autologous stem cell transplantation
- Requested** Allogeneic hematopoietic stem cell transplantation and supportive care
- Requested** Bone marrow harvest

**Initial privileges:** Successful completion of an acceptable specialized training program in HSCT of at least 6 months duration.

AND

**Recommended current experience:** Inpatient or consultative services in HSCT, for at least 320 hours per year averaged over the prior 24 months, reflective of the scope of privileges requested OR successful completion of HSCT training within the past 24 months.

**Renewal of privileges:** Inpatient or consultative services, for at least 320 hours per year of HSCT averaged over the prior 36 months, reflective of the scope of privileges requested based on results of ongoing professional practice evaluation and outcomes.

**Return to practice:** Individualized evaluation at a mutually agreed upon academic training center within Canada that regularly trains physicians in HSCT, with supervision of procedures relevant to their intended scope of HSCT practice, as required.

### Non-core privileges: Hematology

#### Non-core Privilege: Apheresis procedures (includes therapeutic plasma exchange)

- Requested**

**Initial privileges:** Demonstrated training in apheresis for a minimum of one month, including assessment and work up all patients in a dedicated apheresis program.

Competence to be signed off by the director of that centre, and is restricted to the scope of apheresis procedures performed at that centre. Training to include formal instruction regarding the indications for and method of apheresis procedures, as well as recognition and management of side effects and complications.

## Medical Oncology Privileges

AND

**Recommended current experience:** Should supervise 40 procedures a year averaged, over the previous 24 months.

**Renewal of privileges:** Performance of a minimum of 40 procedures per year averaged over the previous 36 months.

**Return to practice:** Two weeks of training in an institution that performs apheresis procedures. Appropriate self-directed education.

### **Non-core Privilege: Evaluation and interpretation of peripheral blood smears, bone marrow aspirates and biopsies**

Requested

**Initial Privileges:** Minimum of 40 cases a year averaged over the previous 24 months.

**Renewal of privileges:** Minimum of 40 cases a year averaged over the previous 36 months

**Return to practice:** Review of 40 cases by a physician holding this privilege, 8 hours of appropriate CME

### **Non-core Privilege: Acute leukemia induction and consolidation therapy**

Requested:

**Initial privileges:** Successful completion of an acceptable specialized training program of at least 6 months duration.

AND

**Recommended current experience:** Inpatient or consultative services for requested privileges, for at least 160 hours per year averaged over the prior 24 months, reflective of the scope of privileges requested OR successful completion of training within the past 24 months.

**Renewal of privileges:** Inpatient or consultative services for requested privileges, for at least 160 hours per year averaged over the prior 36 months, reflective of the scope of privileges requested based on results of ongoing professional practice evaluation and outcomes.

## Medical Oncology Privileges

**Return to practice:** Individualized evaluation at a mutually agreed upon academic training center within Canada that regularly trains physicians in Hematology, with supervision of procedures relevant to their intended scope of practice, as required.

### Context specific privileges

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

### Context specific privilege: Management of high grade lymphomas and marrow failure syndromes

To be considered in the context of a facility which provides hematology subspecialty on call availability year round

#### Requested

Management of high-grade non-Hodgkins lymphoma (NHL) with curative intent (e.g. Burkitt's, lymphoblastic NHL)

#### Requested

Management of aplastic anemia and marrow failure syndromes with antithymocyte globulin

### Context specific privilege: Administration of procedural sedation

#### Requested

See "Hospital Policy for Sedation and Analgesia by Non-anesthesiologists."



# Medical Oncology 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.

### Process to request privileges not included in the dictionary for your discipline

Complete this section if you wish to request a privilege that is not included in the core, non-core or context specific privileges for your discipline.

To request an additional privilege you will identify where you would like to exercise the privilege and list your relevant training and experience. 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.

## Instructions

To request additional privileges—that is, privileges *not* included in your discipline dictionary—please provide the following information in the comments box below:

- a) the privilege requested
- b) the location within the facility where the privilege would be exercised, and
- c) the relevant training and experience held by the practitioner in this area

Your request for additional privileges will be submitted to the appropriate medical leader to determine if the requested privilege can be supported at the specified site, and if so, which training requirements must be met.

## Additional Privilege

Requested       Not Requested

Comments:

## Dictionary content and feedback

The privileging dictionaries on this site ([bcmqi.ca](http://bcmqi.ca)) are the official versions.

Dictionary content will be updated in cycles of review and refresh, as listed at the [bcmqi.ca](http://bcmqi.ca) dictionary review hub. You can provide input on a dictionary at any time, by submitting a [Request for a Revision to a Privileging Dictionary](#) form to your local medical administration or the BC MQI office.

# Medical Oncology 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: