

The Psychiatry 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 7 subject matter experts, who work across 6 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. Improve the usability and flow of the document

The original version of psychiatry dictionary had the same content repeated multiple times throughout the document which caused confusion and was challenging to navigate. The panel has tightened up the document by grouping similar content together and removing repetition.

2. Removal of general psychiatry non-core privileges

As part of tightening up the document, the panel agreed to remove three general psychiatry non-core privileges for child and adolescent, geriatric and forensic. General psychiatrists who work with these population groups are still qualified to care for those patients, as general psychiatrists by definition work with patients across the lifespan.

3. Update requirements for Methadone prescribing to align with the new guidelines

The panel referred to the new guidelines published June 2017. BC Centre on Substance Use has a new provincial program that will oversee the methadone maintenance for opioid use.

4. Revised criteria for non-core Electroconvulsive therapy (ECT) privilege

The original criteria restricted qualified training programs to those in Canada and the United States. The panel was in agreement to broaden the criteria to accept proof of training and letter of recommendation from other jurisdictions, as acceptable to the appropriate medical leader

5. Engage experts to define criteria for new non-core privileges

Two new privileges are transcranial magnetic stimulation and polysomnography. The panel reviewed and accepted criteria proposed by sub-committees of subject-matter experts. The panel made the decision not to include ketamine infusions for treatment of refractory depression at this point in time, as it has not been used extensively.

Overall

Decision / Revision: Restructure content to improve the usability and flow of the document

Engagement Method: Panel discussion

ORIGINAL	REVISION
<p>Dictionary is separated into sections for each psychiatry sub-specialty, with repeated qualification content</p> <p>Some non-core privileges are repeated multiple times throughout the documents</p> <ul style="list-style-type: none"> General Psychiatry non-core privileges: Licensed prescribing General Psychiatry non-core privileges: Electroconvulsive therapy (ECT) 	<p>C1: Present all definitions and core privileges at the beginning of the document</p> <p>C2: Rearrange the document to eliminate duplication of privileges listed in this dictionary</p> <ul style="list-style-type: none"> Non-core privileges: Methadone prescribing for opioid dependence Non-core privileges: Electroconvulsive therapy (ECT)

Non-core privileges

Decision / Revision: New non-core privileges

Engagement Method: Subject matter experts and panel discussion

ORIGINAL	REVISION
<ul style="list-style-type: none"> Not applicable 	<p>C3: Two new non-core privileges have been added to Psychiatry dictionary</p> <ul style="list-style-type: none"> Non-core privilege: Transcranial magnetic stimulation (TMS) Non-core privilege: Polysomnography

Psychiatry 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 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.

Reference Only

Psychiatry Clinical Privileges

Definition for General Psychiatry

Psychiatry is the branch of medicine concerned with the practice of biopsychosocial assessment, diagnosis, treatment, rehabilitation and prevention of mental (cognitive, emotional and behavioral/addictive) disorders alone or as they coexist with other medical or surgical disorders across the life span and in a variety of settings.

Definition for Child and Adolescent Sub-specialty Psychiatry

Child and Adolescent Psychiatry is a branch of medicine and a subspecialty of psychiatry concerned with the biopsychosocial approach to etiology, assessment, diagnosis, treatment and prevention of developmental, emotional and behavioral disorders from infancy through adolescence alone or as they coexist with other medical disorders.

Definition for Geriatric Sub-specialty Psychiatry

Geriatric Psychiatry, a psychiatry subspecialty, focuses on the assessment, diagnosis and treatment of complex mental disorders uniquely occurring in late life. Geriatric Psychiatry is focused on providing care for intensive-needs patients and their caregivers at the end of life cycle, a time when many complex physical and mental health issues coalesce. Geriatric Psychiatry organizes service delivery of psychiatric care to elderly in multidisciplinary teams and in locations that best serve the needs of this elderly population. Geriatric Psychiatry is engaged in advocacy and development of health policy and planning related to late-life mental illness and mental health, caregiver and care provider support, and systems of care.

Definition for Forensic Sub-specialty Psychiatry

Forensic Psychiatry is a psychiatric subspecialty in which scientific and medical expertise are applied to legal issues in legal contexts embracing civil, criminal, correctional and legislative matters. Forensic Psychiatrists also have specialized expertise in the assessment and treatment of special populations, including young offenders, sexual offenders and violent offenders.

Psychiatry Clinical Privileges

Qualifications for General Psychiatry, Child and Adolescent and Geriatric, Forensic sub-specialties*

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

Current certification in Psychiatry by the Royal College of Physicians and Surgeons of Canada
OR

Recognition of certification as a Psychiatrist 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 governing body of the the Health Authority and its Affiliate(s).

*AND (Only applicable to applicants who practice as Child and Adolescent, Geriatric, and/or Forensic sub-specialties.)

*Complete additional enhanced training relevant to scope of privilege requested, which could include sub-specialty training accredited by or acceptable to the RCPSC, or practice eligibility recognition as currently defined by the RCPSC.

AND

Recommended current experience: Demonstrated current competence and evidence of an appropriate volume of patient encounters acceptable to the appropriate medical leader during the past 24 months, or completion of training in the past 24 months.

Renewal of privileges: Demonstrated current competence, continuing professional development and evidence of an appropriate volume of patient encounters acceptable to the appropriate medical leader during the past 36 months and based on results of ongoing performance reviews.

Return to practice: Three to six months of supervision, at the discretion of the appropriate medical leader; additional training may be recommended.

Core privileges: Psychiatry

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

- ☐ **Requested:** General Psychiatry – see below for description
- ☐ **Requested:** Child and Adolescent Psychiatry (subspecialty practice) – see below for description
- ☐ **Requested:** Geriatric Psychiatry (subspecialty practice) – see below for description
- ☐ **Requested:** Forensic Psychiatry (subspecialty practice) – see below for description

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Core privileges: General Psychiatry

Evaluate, diagnose, treat, and provide consultation to patients across the lifespan in a variety of settings presenting with mental disorders. Privileges include providing: consultation to clinicians and/or third parties (e.g. attorneys, schools, insurers) regarding mental disorders; pharmacotherapy; psychotherapy; psychoeducation; and the ordering of diagnostic and/or laboratory tests. This may include a relevant physical exam. 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 contain assessments including but not limited to:

- Diagnostic interview
- Cognitive screen
- Risk assessment of harm to self or others
- Capacity (e.g. treatment, financial, personal care)

Core privileges: Child and Adolescent Sub-specialty Psychiatry

Evaluate, diagnose, treat, and provide consultation to child and adolescent patients and their families presenting with mental disorders. Privileges include providing: consultation to clinicians and/or third parties (e.g. attorneys, schools, insurers) regarding mental disorders; pharmacotherapy; psychotherapy; psychoeducation; and the ordering of diagnostic and/or laboratory tests. This may include a relevant physical exam. 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 sub-specialty contain assessments including but not limited to:

- Capacity to consent
- Cognitive/Developmental screen
- Diagnostic interview
- Risk assessment of harm to self or others

Core privileges: Geriatric Sub-specialty Psychiatry

Evaluate, diagnose, treat, and provide consultation to older adult patients and their families presenting with mental disorders. Privileges include providing: consultation to clinicians and/or third parties (e.g. Public Trustee, Superintendent of Motor Vehicles, attorneys, , insurers) regarding mental disorders; pharmacotherapy; psychotherapy; psychoeducation; and the ordering of diagnostic and/or laboratory tests. This may include a relevant physical exam. Assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. May provide care to patients in inpatient, ambulatory, or domiciliary care setting in conformance with Health Authority policies

Psychiatry Clinical Privileges

The core privileges in this sub-specialty contain assessments including but not limited to:

- Diagnostic interview
- Complete cognitive assessments
- Risk assessment of harm to self or others
- Capacity assessments (e.g. treatment, financial, personal care)

Core privileges: Forensic Sub-specialty Psychiatry

Evaluate, diagnose, treat, and provide consultation to persons with mental disorders who are in conflict with the law and/or associated legal involvement. Privileges include providing: assessment and/or treatment services for the courts, the Criminal Code Review Board, clinicians and/or third parties (e.g. attorneys, schools, insurers) regarding mental disorders; pharmacotherapy; psychotherapy; psychoeducation; and the ordering of diagnostic and/or laboratory tests. This may include a relevant physical exam. 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 sub-specialty contain assessments including but not limited to:

- Diagnostic interview
- Risk assessment of harm to self or others
- Cognitive screen
- Capacity assessments (e.g. treatment, financial, personal care)

AND

The procedures on the attached procedures list as well as such other procedures that are extensions of the same techniques and skills.

General Psychiatry, Child and Adolescent Psychiatry, Geriatric Psychiatry, Forensic Psychiatry - Core Procedures List

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that recently graduated residents in this specialty perform 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.

Core procedures for all psychiatrists

- Intervention
 - Pharmacotherapy
 - Psychotherapies including
 - Supportive therapy
 - Crisis intervention and de-escalation

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Additional Core Procedures for Forensic Psychiatrists

Assessment for court (fitness to stand trial, criminal responsibility)

- Specialized risk assessment for general violence
- Writing forensic psychiatric reports and providing expert opinion to the court and the Criminal Code Review Board

Core privileges: Admitting Privileges

- ☐ **Requested:** Full Admitting – General Psychiatry
- ☐ **Requested:** Full Admitting – Child and Adolescent Psychiatry
- ☐ **Requested:** Full Admitting – Geriatric Psychiatry
- ☐ **Requested:** Full Admitting – Forensic Psychiatry

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: Methadone prescribing for opioid dependence

- ☐ **Requested**

Initial privileges/ Renewal/ Return to Practice: Compliance with the College of Physicians and Surgeons of British Columbia (CPSBC) Practice Standard – Prescribing Methadone with regard to the treatment of opioid dependence.

Continuation of an established prescription for inpatients during hospitalization is a core privilege.

Non-core privileges: Electroconvulsive therapy (ECT)

- ☐ **Requested**

Initial privileges: *Proof of ECT training*

Successful completion of ECT training as part of accredited residency in psychiatry or equivalent training acceptable to an appropriate medical leader.

OR

Letter of recommendation for members moving from another jurisdiction:

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Describing ECT competency from a psychiatrist who is a practicing ECT clinician and who has observed and reviewed their ECT practice within the past year. The number of observed ECT deliveries will be at the discretion of the supervising ECT clinician or their designate at that centre.

OR

Demonstration of skill and discussion of indications/contraindications in ECT with a member of the medical staff of a facility that routinely provides or teaches ECT. .

AND

Recommended current experience: Delivery of 16 individual ECT treatments per year, averaged over the previous 24 months

Renewal of privileges: Delivery of 16 individual ECT treatments per year, averaged over the previous 36 months

Return to practice:

Recent attendance of approved ECT Course to the satisfaction of the appropriate medical leader.

OR

Complete a personal learning project (minimum 6 hours) with a current privileged department member.

AND

Supervision of independent delivery of at least 4 ECT treatments by a privileged ECT member or designate. One of these treatments should be the initial ECT treatment for a patient in order to demonstrate the principles of dose titration.

Non-core privileges: Transcranial magnetic stimulation (TMS)

☐ Requested

Definition

Transcranial magnetic stimulation (TMS) is a noninvasive procedure that uses magnetic fields to stimulate nerve cells in the brain to improve symptoms of depression.

Initial privileges: Proof of TMS training

Successful completion of an accredited TMS clinical training program in the past 5 years with a component of the training devoted to operating the device

AND

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Recommended current experience: Delivery of at least 1 rTMS treatment course in the past year, including motor threshold determination

OR

Proof of TMS training

Successful completion of an accredited TMS clinical training program in the past 5 years with a component of the training devoted to operating the device

AND

Recommended current experience: If not having delivered at least one rTMS course independently in the past year, then the delivery of at least 1 rTMS treatment course under the supervision of a privileged TMS practitioner, including direct observation by the supervisor of the motor threshold determination session AND a review of the local site's indications, contraindications, consent and device parameters for TMS by the supervising privileged TMS practitioner

Renewal of privileges: Successful completion of an accredited TMS training program every 5 years with a component of training devoted to operating the device

AND

Delivery of at least 1 rTMS treatment course over the past year

Return to practice: (away from rTMS for 5 or more years)

Proof of TMS training

Successful completion of an accredited TMS clinical training program with a component of the training devoted to operating the device

AND

Delivery of at least 1 rTMS treatment course under the supervision of a privileged TMS practitioner, including direct observation by the supervisor of the motor threshold determination session AND a review of the local site's indications, contraindications, consent and device parameters for TMS by the supervising privileged TMS practitioner

Non-core privileges: Polysomnography

[DESIGNATED A RESTRICTED SERVICE BY THE MEDICAL SERVICES COMMISSION]

☐ Requested

Definition

Polysomnography consists of a simultaneous recording of multiple physiologic parameters related to sleep and wakefulness. As a minimum, recording must include electroencephalography (EEG), electrooculography (EOG), surface electromyography (EMG),

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and airflow monitoring. Other parameters may also be monitored, such as electrocardiography, Pulse oximetry, respiratory effort (thoracic and abdominal), end tidal or transcutaneous CO₂, sound recordings to measure snoring, and surface EMG monitoring of limb muscles (to detect limb movements, periodic or other).

Initial privileges: Successful completion of a Royal College (or equivalent, e.g. American Board of Sleep Medicine) postgraduate training program in Sleep Medicine OR completion of a clinical fellowship or equivalent training in a recognized Sleep Medicine training centre that includes training in the supervision of polysomnographic technologists, quality assurance of polysomnographic equipment and reports, scoring, interpretation and reporting of polysomnographic and related studies including multi-channel ambulatory sleep studies. Alternative training options may become available in future.

For interpretation of multichannel ambulatory sleep studies alone, candidates must demonstrate adequate training during their fellowship or in a recognized sleep training centre or course, and have interpreted 50 such studies during the training process.

Recommended current experience:

Demonstrated current skill and evidence of supervision and reporting of 50 polysomnograms or related studies within the past 12 months.

Renewal of privileges:

Demonstrated current skill and evidence of performance of 150 polysomnograms or related studies over 36 months.

Return to practice: Complete a personal learning project with a current privileged department member to the satisfaction of the appropriate medical leader.

Non-core privileges: Specialized risk assessments

Specialised Risk assessment (spousal and sexual violence, stalking)

☐ **Requested**

Initial privileges: Completed training, acceptable to the appropriate medical leader, in conducting specialized forensic risk assessments.

Where the applicant has not had any training, or has had training but of such quality and/or duration as to be unacceptable to the appropriate medical leader, the applicant is willing and able to undergo training to a standard acceptable to the appropriate medical leader and accepts that the privilege will be deferred until successful completion of training.

AND

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Recommended current experience: Applicant has conducted a number of specialized forensic risk assessments of sufficient quality to be acceptable to the appropriate medical leader.

Renewal of privileges: Practice forensic psychiatry conducting a number of specialized risk assessments of a quality acceptable to the appropriate medical leader.

Return to practice: Completion of specialized risk assessments under supervision for a period and to a standard acceptable to the appropriate medical leader.

Non-core privileges: Specialized diagnostic assessment (Psychopathy)

☐ Requested

Initial privileges:

1. Completed training, acceptable to the appropriate medical leader, in the diagnosis of psychopathy
2. Where the applicant has not had any training, or has had training but of such quality and/or duration as to be unacceptable to the appropriate medical leader, the applicant is willing and motivated to undergo training to a standard acceptable to the appropriate medical leader and accepts that the privilege will be deferred until successful completion of training.

AND

Recommended current experience: Applicant has conducted a number of psychopathy diagnostic assessments of sufficient quality to be acceptable to the appropriate medical leader.

Renewal of privileges: Completed a number of psychopathy diagnostic assessments of a quality acceptable to the appropriate medical leader

Return to practice: Completion of psychopathy diagnostic assessments under supervision for a period and to a standard acceptable to the appropriate medical leader.

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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: