

The Respirology dictionary was approved by PMSEC on 13 December 2018

REVIEW PANEL COMPOSITION

The panel was composed of two co-chairs with expertise in the provincial dictionaries and 7 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. Revisions made to the non-core privilege for *Supervision of polysomnography laboratory*

Interpretation on Polysomnography and on Ambulatory studies were added as new standalone non-core privileges and made separate from Supervision. If interpretation of polysomnography is a non-core privilege, it was felt that understanding the technical aspects of polysomnography did not fit as a core privilege. Interpretation of overnight oximetry was also made a standalone core privilege.

2. Addition of a new core procedure

Point-of-care ultrasound (POCUS) was added as a new core procedure to reflect evolution in training standards.

3. Addition of three non-core Interventional bronchoscopy procedures

Three new procedures have been added to the list of interventional bronchoscopy procedures: NBI (narrow band imaging), Endobronchial valve placement and Bronchial thermoplasty.

Non-core Privileges

Decision / Revision: Interpretation on Polysomnography and Ambulatory studies were added as new standalone non-core privileges separate from Supervision

Engagement Method: Panel discussion

ORIGINAL	REVISION
N/A	<p><u>C1:</u> Non-core Privileges: Interpretation of Multi-channel Ambulatory Sleep Studies</p> <p>For interpretation of multichannel ambulatory sleep studies only, candidates must demonstrate adequate training during their Respirology fellowship or in a recognized sleep training centre or course and have interpreted 30 such studies during the training process</p> <p>Non-core Privileges: Interpretation of Polysomnograms</p> <p>Initial Privileges: For interpretation of polysomnograms only, candidates must demonstrate adequate training during their Respirology fellowship or in a recognized sleep training centre or course and have interpreted 30 such studies during the training process.</p>

Non-core Privileges

Decision / Revision: Addition of three non-core Interventional bronchoscopy procedures

Engagement Method: Panel discussion

ORIGINAL	REVISION
N/A	<p><u>C2:</u> Non-core privileges: Interventional bronchoscopy procedures:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Requested NBI (Narrow Band Imaging) <input type="checkbox"/> Requested Endobronchial valve placement <input type="checkbox"/> Requested Bronchial thermoplasty

Core Privileges

Decision / Revision: Point-of-care ultrasound (POCUS) was added as a new core procedure to reflect evolution in training standards.

Engagement Method: Panel discussion

ORIGINAL	REVISION
N/A	<p><u>C3:</u> Point-of-care ultrasound added as a new core procedure</p> <p>Point of Care Ultrasound (POCUS) for pleural procedures (recommended for initial privileges-completion of an adequate training program or demonstrated competency in its use; recommended current experience, at least 5 pleural procedures using POCUS guidance per year)</p>

Respirology 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: December 13, 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

Respirology Clinical Privileges

Definition

Adult Respirology is a medical subspecialty concerned with the study, diagnosis, and management of the respiratory system in health and disease, in adults and adolescents and the prevention of respiratory disease.

Qualifications for Respiratory Medicine

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

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

OR

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

OR

Have practiced as a Respirologist before April 2013

AND

Recommended current experience: Provision of inpatient or ambulatory care to 100 patients averaged over two years reflective of the scope of privileges requested, or successful completion of a RCPSC (or equivalent) residency or clinical fellowship within the past 12 months.

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

Current demonstrated skill and an adequate volume of experience (inpatient and ambulatory services to 150 patients) with acceptable results, reflective of the scope of privileges requested, 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 regularly trains respirology residents, with supervision of core procedures relevant to their intended scope of practice

Core privileges: Respiratory medicine

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

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☐ Requested

Evaluate, diagnose, treat, and provide consultation to adult patients (and children and youth in special circumstances) presenting with conditions, disorders, and diseases of the respiratory system. 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

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.

Performance of history and physical exam with appropriate documentation

- Pleural Procedures (recommended current experience, 5 per year for all pleural activities):
 - Thoracentesis with or without ultrasound guidance
 - Thoracostomy tube insertion and drainage
 - Percutaneous Pleural biopsy
 - Pleurodesis
- Point of Care Ultrasound (POCUS) for pleural procedures (recommended for initial privileges-completion of an adequate training program or demonstrated competency in its use; recommended current experience, at least 5 pleural procedures using POCUS guidance per year)
- Flexible bronchoscopy procedures including bronchoalveolar lavage, washings, brushings, biopsy, transbronchial biopsy, transbronchial needle aspiration (TBNA) and foreign body retrieval, including the use of a cryoprobe. (Recommended current experience, 30 flexible bronchoscopy procedures over the past 3 years.)
- Insertion of arterial and central venous catheters. (Recommended current experience, 3 per year)
- Reporting pulmonary function tests to assess respiratory mechanics and gas exchange, including spirometry, flow volume studies, lung volumes, diffusing capacity, arterial blood gas analysis, inhalation challenge Respiratory Muscle Strength Testing and Cardiopulmonary exercise studies.

[DESIGNATED A RESTRICTED SERVICE BY THE MEDICAL SERVICES COMMISSION]

- Running/supervising a lung function lab

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- Identify common sleep-related respiratory abnormalities and understand the diagnostic utility and technical limitations of ambulatory sleep studies and overnight oximetry studies
- Ability to interpret overnight oximetry studies
- Airway management and initiation, maintenance and discontinuation of acute and chronic mechanical ventilation including non-invasive techniques.

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: Medical thoracoscopy, including biopsy

☐ Requested

Initial privileges: Successful completion of an accredited RCPSC (or equivalent) postgraduate training program that included training in thoracoscopy and evidence of the performance of at least twenty medical thoracoscopy procedures during training

OR

Completion of a recognized medical thoracoscopy course encompassing experience with both rigid and semi-rigid thoracoscopy (depending on local expertise), including single and double port entry and the completion of twenty medical thoracoscopy procedures under appropriate supervision

AND

Recommended current experience: Demonstrated current skill and evidence of the performance of at least 5 medical thoracoscopy procedures during the past 12 months or completion of training in the past 12 months.

Renewal of Privileges: Demonstrated current skill and evidence of the performance of at least 10 medical thoracoscopy procedures in the past 36 months based on results of ongoing professional practice evaluation and outcomes.

Return to practice: Undergo an assessment acceptable to the appropriate medical leader which could include the need to undertake a retraining program or undergo assessment and certification by a physician privileged in the procedure.

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Non-core privileges: Linear endobronchial ultrasound (EBUS)

☐ Requested

Initial privileges: Candidate should have successfully performed 100 flexible bronchoscopies. Successful completion of an accredited RCPSC (or equivalent) postgraduate training program that included training in linear EBUS or completion of a hands-on continuing medical education program. At least 30 procedures should be performed in training in a supervised setting.

AND

Recommended current experience: Demonstrated current skill and evidence of the performance of at least 15 linear EBUS procedures during the past 12 months or completion of training in the past 12 months

Renewal of privileges: Demonstrated current skill and evidence of the performance of at least 36 linear EBUS procedures in the past 36 months based on results of ongoing professional practice evaluation and outcomes.

Return to practice: Undergo an assessment acceptable to the appropriate medical leader which could include the need to undertake a retraining program or undergo assessment and certification by a physician privileged in the procedure.

Non-core privileges: Radial endobronchial ultrasound (EBUS)

☐ Requested

Initial privileges: Candidate should have successfully performed 100 flexible bronchoscopies. Successful completion of an accredited RCPSC (or equivalent) postgraduate training program that included training in radial EBUS or completion of a hands-on continuing medical education program. At least 20 procedures should be performed in training in a supervised setting.

AND

Recommended current experience: Demonstrated current skill and evidence of the performance of at least 12 radial EBUS procedures during the past 12 months or completion of training in the past 12 months.

Renewal of privileges: Demonstrated current skill and evidence of the performance of at least 30 radial EBUS procedures in the past 36 months based on results of ongoing professional practice evaluation and outcomes.

Return to practice: Undergo an assessment acceptable to the appropriate medical leader which could include the need to undertake a retraining program or undergo assessment and certification by a physician privileged in the procedure.

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Non-core privileges: Insertion of tunneled pleural catheters

☐ Requested

Initial privileges: Demonstrated competency in core pleural procedures and performance of 5 tunneled pleural catheter procedures under another physician privileged in this procedure.

AND

Recommended current experience: Completion of 2 tunneled pleural catheter procedures per year.

Renewal of privileges: Continued current experience in core pleural procedures and completion of 6 tunneled pleural catheter procedures in the past 36 months.

Return to practice: Undergo an assessment acceptable to the appropriate medical leader which could include the need to undertake a retraining program or undergo assessment and certification by a physician privileged in the procedure.

Non-core privileges: Allergy skin testing

☐ Requested

Initial privileges: Appropriate training in performance and interpretation of allergy skin testing

AND

Recommended current experience: Demonstrated current skill and evidence of the performance and interpretation of 5 skin tests under appropriate supervision

Renewal of privileges: Previous experience in performance and interpretation of allergy skin testing.

Return to practice: Undergo an assessment acceptable to the appropriate medical leader which could include the need to undertake a retraining program or undergo assessment and certification by a physician privileged in the procedure.

Non-core privileges: Interventional bronchoscopy procedures:

- ☐ Requested Rigid bronchoscopy
- ☐ Requested Airway stents
- ☐ Requested Autofluorescence bronchoscopy
- ☐ Requested Electrocautery

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- ☐ **Requested** Balloon dilatation for tracheal stenosis
- ☐ **Requested** Laser bronchoscopy
- ☐ **Requested** Argon Plasma coagulation
- ☐ **Requested** Brachytherapy
- ☐ **Requested** Cryotherapy
- ☐ **Requested** NBI (Narrow Band Imaging)
- ☐ **Requested** Endobronchial valve placement
- ☐ **Requested** Bronchial thermoplasty

Initial privileges: Completion of a recognized training program or appropriate supervision by a Respirologist in interventional Respirology.

AND

Recommended current experience: Demonstrated current skill and evidence of the performance of at least 15 interventional bronchoscopy procedures (as listed above) during the past 12 months, or completion of training in the past 12 months.

Renewal of privileges: Demonstrated current skill and evidence of the performance of at least 30 interventional bronchoscopy procedures in the past 36 months.

Return to practice: Undergo an assessment acceptable to the appropriate medical leader which could include the need to undertake a retraining program or undergo assessment and certification by a physician privileged in the procedure.

Non-core privileges: Supervision of polysomnography laboratory

[DESIGNATED A RESTRICTED SERVICE BY THE MEDICAL SERVICES COMMISSION]

- ☐ **Requested** Supervision of a polysomnography laboratory including interpretation and reporting of polysomnograms and related studies including multi-channel ambulatory sleep studies

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.

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AND

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 ongoing laboratory supervision and reporting of 50 polysomnograms or related studies within the past 36 months

Non-core privileges: Interpretation of multi-channel ambulatory sleep studies

☐ Requested

Initial Privileges: For interpretation of multichannel ambulatory sleep studies only, candidates must demonstrate adequate training during their Respirology fellowship or in a recognized sleep training centre or course and have interpreted 30 such studies during the training process

AND

Recommended current experience: Demonstrated current skill and evidence of the reporting of at least 12 multi-channel ambulatory sleep studies during the past 12 months, or completion of training in the past 12 months.

Renewal of privileges: Demonstrated current skill and evidence of reporting of 30 multi-channel ambulatory sleep studies within the past 36 months.

Return to Practice: Undergo an assessment acceptable to the appropriate medical leader which could include the need to undertake a retraining program or undergo assessment and certification by a physician privileged in the procedure

Non-core privileges: Interpretation of polysomnograms

☐ Requested

Initial Privileges: For interpretation of polysomnograms only, candidates must demonstrate adequate training during their Respirology fellowship or in a recognized sleep training centre or course and have interpreted 30 such studies during the training process.

AND

Recommended current experience: Demonstrated current skill and evidence of the reporting of at least 12 polysomnogram interpretations during the past 12 months, or completion of training in the past 12 months

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Renewal of Privileges: Demonstrated current skill and evidence of reporting of 30 polysomnograms or related studies within the past 36 months

Return to Practice: Undergo an assessment acceptable to the appropriate medical leader which could include the need to undertake a retraining program or undergo assessment and certification by a physician privileged in the procedure.

Context specific privileges

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

Context specific privileges: Administration of sedation and analgesia

☐ Requested

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

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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: