

**The Specialized Palliative Care dictionary was approved by PMSEC
on 26 February 2026**

REVIEW PANEL COMPOSITION

2025: The dictionary came up for automatic review. The panel was composed of two co-chairs with expertise in the provincial dictionaries and eleven subject-matter experts, who work across six of the province's health authorities.

2019: The dictionary came up for automatic review. The panel was composed of two co-chairs with expertise in the provincial dictionaries and eleven subject-matter experts, who work across seven 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. Core privileges list enhanced (2025)

The core privileges list was expanded for completeness of activity/procedure/privilege types.

2. Opioid rotations and Methadone prescribing moved to general core privileges (2025)

Opioid rotations and methadone prescribing were removed as selectable core privileges and listed with general core privileges.

3. Continuous infusions list expanded (2025)

Dexmedetomidine and propofol were added to core selectable infusions.

4. Refer to the CSPCP (Canadian Society of Palliative Care Physicians) definition (2019)

The panel agreed to use the discipline definition as defined by the Canadian Society of Palliative Care Physicians. (2024) The name changed to CPSM (Canadian Society of Palliative Medicine).

5. Addition of "Methadone Prescribing" as a selectable core privilege to better reflect current practice (2019)

The panel agreed that methadone prescription would be a selectable core privilege.

Specialized Palliative Care 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: February 26, 2026

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 necessary subspecialties and infrastructure for appropriate care.

This dictionary is copyright protected 02-2026 PHSa. For information contact support@bcmqi.ca.

1

Specialized Palliative Care Clinical Privileges

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 NOT to 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 appears, the restricted procedures flag is for administrative tracking only and has no impact on clinical content.

Specialized Palliative Care Clinical Privileges

Definition

Foundational palliative care medicine is core to **all medical disciplines**.

Specialized palliative care medicine refers to the medical subspecialty that requires additional training and/or experience to provide palliative care services over and above foundational palliative care. Specialized palliative care includes but is not limited to: the study and advancement, assessment, and medical management of symptoms, suffering, and quality of life throughout the continuum of life and death for patients with chronic or life threatening illness.

Qualifications for Specialized Palliative Care Medicine

Specialized Palliative Care privileges may be sought by medical staff who provide an expanded scope of palliative care-based services. Medical staff who complete this dictionary also need to complete the dictionary of the primary discipline to which they belong, if the physician continues to practice in their primary discipline of training.

Physicians who practice Specialized Palliative Medicine are typically from the following disciplines: General Practice/ Family Medicine, Internal Medicine including subspecialties, Emergency Medicine, Anesthesiology, Pediatrics including subspecialties, or Neurology but this list is not exclusive. Independent of discipline training, a physician must ensure that they have the appropriate training and current experience for the specific procedures that they plan to include in their practice.

To be eligible to apply for any privileges in Specialized Palliative Medicine Management, the applicant must meet the following criteria:

Initial privileges: To be eligible to apply for privileges in Specialized Palliative Medicine, the applicant should normally meet at least one of the following criteria:

1. Recognized with a "Certificate of Added Competency" in Palliative Care (CCFP-PC) by the College of Family Physicians of Canada (CFPC).
2. Certified as a Palliative Medicine Specialist (FRCPC-PM) by the Royal College of Physicians and Surgeons of Canada (RCPSC).
3. Holder of Palliative Medicine credentials earned in another jurisdiction that are acceptable to both the College of Physicians and Surgeons of British Columbia and the governing body of the Health Authority and its Affiliates.

OR

Specialized Palliative Care Clinical Privileges

All of the following:

- Evidence of advanced clinical skills and knowledge, and proof of attendance at relevant courses, conferences and self-directed learning within the field of palliative care, such as an approved mentorship program
- General clinical work experience of at least 3 years (may include residency) with demonstrated good communication and pain and symptom management skills, if evaluated within 10 years
- Recognition by his/her peers as having a special competency/interest in palliative care by having carried out 50 such consultations from physician colleagues within the previous 2 years
- Evidence of having worked with other interdisciplinary palliative care providers in provision of leadership and education

AND

Recommended current experience: Ongoing provision of inpatient, ambulatory, or domiciliary specialized palliative care services in the last 3 years with current demonstrated skill, ability to lead and contribute to a highly effective palliative care team and an adequate volume of experience based on the results of ongoing professional practice evaluation reflective of the scope of the requested privileges.

OR

Successful completion of a recognized specialized palliative care training program within the last 2 years.

Renewal of privileges:

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

Current demonstrated skill, an adequate volume of experience (inpatient, ambulatory, and/or domiciliary palliative care services) and an ability to lead and contribute to a highly effective palliative care team resulting in appropriate patient outcomes based on results of ongoing professional practice evaluation and outcomes in the last 3 years.

Return to practice:

Individualized evaluation at an academic training centre. Demonstrated evidence of continuing professional development related to Palliative Medicine.

Specialized Palliative Care Clinical Privileges

Core privileges: Specialized Palliative Care Medicine

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

☐ Requested

Evaluate, diagnose, and provide treatment to patients with conditions and symptoms experienced in the population living with serious or life-threatening diagnoses. Develop management plans for palliative medicine emergencies/urgencies that are consistent with the palliative approach to care. Care may be provided to patients and families in inpatient, ambulatory or domiciliary care settings in conformance with Health Authority policies. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

Core privileges: Admitting privileges

☐ Requested: Full Admitting

Core privileges list

This is not intended to be an all-encompassing 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:

- Performance of a comprehensive palliative medicine consultation
- Symptom management
- High dose opioid switching
- Methadone for analgesia prescribing
- Know how to refer for intrathecal and epidural catheter for pain management
- Palliative sedation therapy

To the applicant: Select the following procedure(s) you wish to perform:

Prescribe and manage continuous infusions for the purposes of palliative symptom control, including

- ☐ Requested: Ketamine
- ☐ Requested: Lidocaine,
- ☐ Requested: Dexmedetomidine,
- ☐ Requested: Propofol

Specialized Palliative Care Clinical 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: Ultrasound-guided paracentesis

☐ Requested

Initial privileges: Successful completion of an accredited postgraduate training program that included training in ultrasound.

OR

Completion of the practice-based pathway and training that meets currently available locally determined standards

AND

Recommended current experience: Demonstrated current skill and evidence of the performance of regular ultrasound-guided paracentesis, reflective of the scope of privileges requested, in the past 36 months.

Renewal of privilege: To be eligible to renew privileges in ultrasound-guided paracentesis, the applicant must meet the following criteria:

Demonstrated current skill and evidence of the performance of ultrasound guided paracentesis, reflective of the scope of privileges requested, in the past 36 months based on results of ongoing professional practice evaluation and outcomes.

Return to practice: Demonstrated ongoing skill through a practical demonstration or by repeating an acceptable ultrasound course.

Specialized Palliative Care Clinical Privileges

Context-specific privileges

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

Context-specific privileges: Procedural sedation

☐ Requested

To be performed in accordance with the organization's policy on procedural sedation by non-anesthesiologists.

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.

This dictionary is copyright protected 02-2026 PHSA. For information contact support@bcmqi.ca.

5

Specialized Palliative Care 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:

Name of Department / Division/ Program/ Facility:

Name of Medical Leader:

Title:

Signature:

Date:
