

The iOAT 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 privileging dictionaries and 9 subject matter experts, who work across 4 of the province's health authorities and with representation from BCCNP and CPSBC.

RECORD OF REVIEW PANEL DECISIONS AND CRITERIA IDENTIFIED

Below are panel decisions or criteria identified to guide discussion of clinical practice and standards.

1. Keep definition of iOAT broad.

The panel agreed to not specify the drugs used for iOAT. Research in this area is ongoing and it is anticipated that the drugs for iOAT may evolve.

2. Refer to BCCSU for current iOAT training benchmark

The panel agreed that the BC Centre on Substance Use's iOAT training program should be required for practice in BC. In the future, a broader range of equivalent training programs may be available and can be considered for later iterations of the iOAT privilege.

3. Recommended current experience

The panel agreed on demonstrated skill and management of 30 OAT clients as the requirement for current experience and initial experience. A survey was sent out to the provincial mentorship group for input on the appropriate volume.

iOAT 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

iOAT Clinical Privileges

Definition

Injectable opioid agonist treatment (iOAT) is the use of an injectable opioid agonist in the treatment of opioid use disorder. The use of iOAT as an effective treatment for use in opioid use disorder requires a comprehensive approach to patient care, provided along a continuum, with the treatment matched to individual patient needs. iOAT treatment includes the prescribing, administration, titration of injectable agonists, as well as ongoing maintenance and overall or shared primary care of clients.

Qualifications for Injectable Opioid Agonist Treatment

Initial privileges: To be eligible for privileges in injectable opioid agonist treatment, the applicant should meet the following criteria:

Privileges within a dictionary of an appropriate discipline e.g. family medicine, internal medicine, psychiatry, nurse practitioner or other.

Education requires successful completion of BC Centre for Substance Use (BCCSU) iOAT training program with clinical preceptorship.

Education to include:

1. Demonstrated knowledge of the client eligibility criteria established by relevant substance use disorder treatment guidelines.
2. Demonstrated knowledge of the evidence-informed drug protocols used in substance use disorder. This will include the skills and expertise in managing the administration of these drugs and complications/ interactions arising from their use.
3. Demonstrated knowledge of the following components of the process and ability to provide them:
 - a. Ability to describe and discuss options for care available to an individual requesting treatment for substance use disorder as appropriate.
4. Demonstrated knowledge of relevant health authority policies for treatment of substance use disorder.

AND

Completion of a preceptorship under the guidance of a qualified practitioner, acceptable to the health authority

AND

Recommended current experience: Full or part-time clinical practice in addiction medicine and substance use disorder within the past 12 months, including significant experience prescribing and caring for clients using oral opioid agonist treatments (OAT) (starts and transitions).

Current demonstrated skill and management of at least 30 OAT clients using multiple different oral OAT therapies and transitioning between them.

OR

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Post graduate training* completed in the last 12 months; that includes addiction medicine and substance use disorder.

** Acceptable post graduate training which includes significant exposure to oral OAT +/- iOAT as described above*

AND

Current demonstrated skill and management of having at least 10 iOAT starts in a co-management model providing care with an existing iOAT prescriber.

Renewal of privileges: To be eligible to renew privileges in injectable opioid agonist treatment, the applicant should meet the following criteria:

Current demonstrated skill and an adequate volume of full- or part-time experience with acceptable results within the past 24 months, reflective of the scope of the privileges requested.

AND

CPD: A minimum of 10 CPD credits or equivalent per year pertaining to substance use disorder.

Return to practice: To be eligible to return to providing Injectable Opioid Agonist Treatment, the applicant should normally meet the following criteria:

- The knowledge and skills outlined in Initial Privileges.
- Successful repeat completion of BCCSU training in injectable opioid agonist treatment,

AND

- Completion of a preceptorship under the guidance of a qualified practitioner (minimum one half day).

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: Injectable opioid agonist treatment

☐ Requested

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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: