Anatomical Pathology 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: June 4, 2013.

(Applicant): Check the “Requested” box for each privilege requested. Applicants are responsible for producing required documentation 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 separately.

[Department/Program Head or Leaders/Chief]: 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 is an estimate of the level of activity below which a collegial discussion about support should be triggered. It is not a disqualifier. This discussion should be guided not only by the expectations and standards outlined in the dictionary but also by the risks inherent in the privilege being discussed and by similar activities that contribute to the skill under consideration. This is an opportunity to reflect with a respected colleague on one's professional practice and to deliberately plan an approach to skills maintenance.

Other requirements
• Note that 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 competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

(Note): The dictionary will be reviewed over time to ensure it is reflective of current practices, procedures and technologies.
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Grandparenting: Physicians holding privileges prior to implementation of the dictionary will continue to hold those privileges as long as they meet currency and quality requirements.

Definition: Anatomical Pathology is that branch of laboratory medicine concerned with the study of the morphologic aspects of disease. It includes the subdomains of cytopathology, gynecological pathology, dermatopathology, gastrointestinal pathology, cardiovascular pathology, respiratory pathology, musculoskeletal pathology, renal pathology, genito-urinary pathology, endocrine pathology, ophthalmic pathology, head and neck pathology, neuropathology, pediatric pathology, forensic pathology, and certain laboratory methods such as immunohistochemistry, immunofluorescence, in-situ hybridization, flow cytometry, molecular pathology, electron microscopy. Medical oversight of an anatomical pathology laboratory

Qualifications for Anatomical Pathology

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

Certification in Anatomical Pathology by the Royal College of Physicians and Surgeons of Canada or be recognized as an Anatomical Pathologist 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 Health Authority and its Affiliate(s).

AND

Recommended current experience: Full- and/or part-time clinical Anatomical Pathology services, reflective of the scope of privileges requested, for the past 12 months or successful completion of a Royal College of Physicians and Surgeons of Canada residency in anatomical pathology (or equivalent) or clinical/research fellowship immediately following residency within the past 12 months.

Renewal of privileges: To be eligible to renew privileges in Anatomical Pathology, the applicant should meet the following criteria:

Current demonstrated skill and an adequate volume of full- or part-time experience with acceptable results, reflective of the scope of the privileges requested, (minimum of 24 weeks working in the discipline for the past 36 months), based on results of ongoing professional practice evaluation and outcomes.
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**Return to practice:** Individualized evaluation at an academic training center that regularly trains Anatomical Pathology residents, with supervision of core procedures relevant to their intended scope of practice.

**Core Privileges: Anatomical Pathology**

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

- **Requested**
  Patient diagnosis, ordering, consultation, and laboratory medical direction in the following disciplines: surgical pathology (including intraoperative consultations), cytopathology, autopsy pathology, immunohistochemistry, and associated ancillary studies. 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 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 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.

- Interpretation and reporting of cytology specimens
- Interpretation and reporting of surgical pathology
- Autopsy, including forensic autopsy
- Performance of fine needle aspiration
- Medical oversight of an anatomical pathology laboratory
**Special Non-core Privileges (See Specific Criteria)**

Non-core privileges are permits for activities that require further training, experience and demonstrated skill.
Non-core privileges 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: EXAMINATION OF HUMAN SKELETAL REMAINS**

- **Requested**
- **Initial privileges:** Requires completion of a recognized postgraduate fellowship in forensic pathology in Canada or the US,

OR

Other recognized experience or training in human skeletal remains, suitability to be assessed by the Regional Medical Lab Director

**NON-CORE PRIVILEGES: EXAMINATION FOR SUSPICIOUS INFANT DEATH**

- **Requested**
- **Initial privileges:** Requires completion of a recognized postgraduate fellowship in pediatric or forensic pathology in Canada or the US

OR

Other recognized experience in infant autopsy pathology, suitability to be assessed by the Regional Medical Lab Director

**NON-CORE PRIVILEGES: FLOW CYTOMETRY**

- **Requested**
- **Initial privileges:** The applicant has completed training to the satisfaction of the Regional Medical Director for Lab Medicine.

**Recommended current experience:** The applicant has spent 24 weeks in the last three years working in a personal practice of medicine that included flow cytometry as regular modality.
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**NON-CORE PRIVILEGES: IMMUNOFLUORESCENCE**

- **Requested**
- **Initial privileges:** The applicant has completed training to the satisfaction of the Regional Medical Director for Lab Medicine.

  **Recommended current experience:** The applicant has spent 24 weeks in the last three years working in a personal practice of medicine that included immunofluorescence as regular modality.

**NON-CORE PRIVILEGES: MOLECULAR PATHOLOGY INCLUDING FISH**

- **Requested**
- **Initial privileges:** The applicant has completed training to the satisfaction of the Regional Medical Director for Lab Medicine.

  **Recommended current experience:** The applicant has spent 24 weeks in the last three years working in a personal practice of medicine that included molecular pathology as regular modality.

**NON-CORE PRIVILEGES: ELECTRON MICROSCOPY**

- **Requested**
- **Initial privileges:** The applicant has completed training to the satisfaction of the Regional Medical Director for Lab Medicine.

  **Recommended current experience:** The applicant has spent 24 weeks in the last three years working in a personal practice of medicine that included electron microscopy as regular modality.

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**Context Specific Privileges**

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

**Context specific privileges:** Administration of procedural sedation

- **Requested**

See “Hospital Policy for Sedation and Analgesia by Non-anesthesiologists.”
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Process for requesting privileges not included in the dictionary

Where a member of the medical staff requests a privilege not included in the core, non-core or context specific privileges for a discipline, the following process will be followed.

1. The practitioner will request a Change Request Form from the Medical Affairs Office. This will be submitted to the head of department or chief of staff as part of the electronic application process.

2. The practitioner will complete the privileges section of the Change Request Form and submit with the following information; the privilege requested, the location within the facility where the privilege would be exercised, and the relevant training and experience held by the practitioner in this area.

3. The department head or chief of staff, in consultation with the senior medical administrator and medical administrator responsible for the facility, will determine if the requested privilege can be supported at that site.

4. Where it is deemed appropriate, the practitioner, the department head or chief of staff and the senior medical administrator will agree on any additional training required, and a minimum level of activity required to maintain the privilege. The specific minimum number requirement indicating the level of experience needed to demonstrate skill to obtain clinical privileges for the requested procedure must be evidence-based. Where no supporting literature exists for a specific number, the criteria are established by the consensus of a multidisciplinary group of practitioners who do not have self-interest in creating an artificially high volume requirement.

5. Any additional training will be done in a facility that normally trains practitioners in this activity. Exceptions may be granted in circumstances where all that is required is training by a member of the medical staff who holds the privilege in question.

6. On satisfactory completion of training, the department head or chief of staff may recommend to the governing body through the medical advisory committee that the privilege be granted.

The privileging dictionaries on this site (bcmqi.ca) are the official versions. They will be reviewed beginning in 2016. In the meantime if you have any questions or comments please contact your medical administration office or the BC MQI Office by completing the Provincial Privileging Dictionary Feedback form.
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Acknowledgment 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: ________________

Department/Program Head or Leaders/Chief’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: ____________________________
Name of Medical Leader: ___________________________________________
Title: _____________________________________________________________
Signature: ___________________________________________________________
Date: __________________________________________________________________