General Internal Medicine Clinical Privileges

REAPPOINTMENT 2015-2016
Effective from July 1, 2015 to June 30, 2016

Name: _____________________________________________________

☐ Initial privileges (initial appointment)  ☐ Renewal of privileges (reappointment)

All new applicants must meet the following requirements as approved by the governing body, effective: 04/Jun/2013.

Applicant: Check the “Requested” box for each privilege requested. Applicants are responsible for producing required documentation for a proper evaluation of current competence, 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.

With respect to the "standards for currency", the currency for exams or procedures suggested as a threshold are developed by practitioners in the field and are believed to be fair and reasonable and are not intended as a barrier to practice or service delivery. The focus of the standard is on those who are close to or below the threshold, so the situation can be discussed with the department head, and is not on the precise number for those who are well above the threshold. Regardless of the currency number, acceptable results must be demonstrated, especially for procedures with significant risk. Please review the four principles document for more information.

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.

Definition: An Internist is a specialist trained in the diagnosis and treatment of a broad range of diseases in adults involving all organ systems, and is proficient in the medical management of patients who have undifferentiated or multi-system disease processes. An Internist cares for hospitalized and ambulatory patients and may play a role in teaching or research.
Qualifications for General Internal Medicine

Initial privileges: To be eligible to apply for privileges in Internal Medicine, the applicant must meet the following criteria:

Current certification in General Internal Medicine by the Royal College of Physicians and Surgeons of Canada or possession of equivalent credentials acceptable to both the College of Physicians and Surgeons of British Columbia and the governing body (organization name).

AND

Required current experience: Provision of acute care for three months a year averaged over two years reflective of scope of privileges requested or successful completion of a RCPSC accredited residency or clinical fellowship within the past 12 months.

Renewal of privileges: To be eligible to renew privileges in internal medicine, the applicant should normally meet the following criteria:
Current demonstrated competence and an adequate volume of experience including provision of emergency care (three months a year averaged over three years) with acceptable results, reflective of the scope of privileges requested based on results of ongoing professional practice evaluation and outcomes.

Return to currency: Individualized evaluation at an academic training center that regularly trains Internal Medicine residents, with supervision of core procedures relevant to their intended scope of practice.

Core Privileges: Internal Medicine

❑ Requested
Admit, evaluate, diagnose, treat, and provide consultation to adult patients with acute, chronic and complex illnesses, diseases and disorders of the cardiovascular, respiratory, endocrine, metabolic, musculoskeletal, neurological, hematopoietic, immunological, gastroenteric, renal, and reproductive systems. May provide care to patients in critical/acute care settings in conformance with unit policies. May provide care to patients with malignancies, infectious and pregnancy related diseases. 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 you wish to exclude any procedures, please strike through the procedures that you do not wish to request and then initial and date.

- Performance of history and physical exam
- Interpretation of electrocardiograms
- Abdominal paracentesis
- Arthrocentesis and non-spinal joint injections
- Arterial puncture
- Insertion and management of central venous catheters and arterial lines
- Cardiac stress testing
  - Currency: 20/year averaged over three years
  - Return to currency by attending a cardiac teaching stress lab, performing 20 stress tests and reviewing the indications and contraindications for stress testing as documented by the head of the department/division in that facility.
- Lumbar puncture
- Thoracentesis and insertion of chest tube
- Cardioversion emergent and elective
  - Currency: three months a year averaged over three years in a practice that includes cardioversion.
  - Return to currency by attending a cardiology teaching service for one week, including the performance of cardioversion as documented by the head of department/division in that facility.
- Holter/event monitor
  - Currency: 20/year averaged over three years
  - Return to currency by attending a cardiac teaching service and reviewing at least 20 holter monitor recordings as documented by the head of department/division in that facility.
- Invasive and non-invasive mechanical ventilation (patient ventilated for no more than 36 hours without transfer to another institution)
  - Currency: 10 patients a year averaged over three years
  - Return to currency by spending two weeks supervised in a tertiary ICU setting as documented by the medical director of that ICU.
- Participation in a Code Blue team
  - Currency ACLS q2years or participation in a critical care call group
Return to currency by completing the ACLS course.

<table>
<thead>
<tr>
<th>Non-core Privileges (See Specific Criteria)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-core privileges are permits for activities that require further training, experience and demonstrated competence.</td>
</tr>
<tr>
<td>Non-core privileges are requested individually in addition to requesting the core.</td>
</tr>
<tr>
<td>Each individual requesting non-core privileges should meet the specific threshold criteria as outlined.</td>
</tr>
</tbody>
</table>

**Non-core privileges: Bone marrow biopsy**

- **Requested**

**Initial privileges:** Successful completion of Royal College of Physicians and Surgeons of Canada (or equivalent acceptable to the College of Physicians and Surgeons of British Columbia) postgraduate training in general internal medicine that included training in bone marrow biopsy;

OR

Have held this privilege prior to April 2014,

AND

**Required current experience:** Demonstrated current competence and evidence of the performance of 5 bone marrow biopsies annually averaged over three years

**Renewal of privileges:** Demonstrated current competence and evidence of the performance of 5 bone marrow biopsies annually averaged over three years based on results of ongoing professional practice evaluation and outcomes.

**Return to currency:** Proctorship by and demonstration of competence to a privileged hematopathologist.
General Internal Medicine Clinical Privileges
REAPPOINTMENT 2015-2016
Effective from July 1, 2015 to June 30, 2016

Non-core privileges: Transthoracic Echocardiography
❑ Requested

Initial privileges: six months full time training in a dedicated, tertiary care echocardiography lab completing 300 studies during the six months. Technical competence and interpretive ability certified by supervisor.

OR

Have held the privilege prior to April 2014.

Renewal of privileges: Demonstrated current competence and evidence of the performance of 250 examinations a year averaged over three years based on the results of ongoing professional practice evaluation and outcomes.

Return to currency: not current after two years required to take one month of training. Not current for five years, required to take three months training and complete 300 studies.

Non-core privileges: Performance of simple skin biopsy
❑ Requested

Initial privileges: Demonstrated competence in the procedure to a member of the medical staff who holds this privilege. No currency requirement.

OR

Have held this privilege prior to April 2014,

Other non-core:

- Echocardiography (in consultation with DI and Cardiology)
- Endoscopy (in consultation with GI, General Surgery and GP)
- Bronchoscopy (in consultation with Respirology and ENT)
- Pulmonary Function Studies (in consultation with Respirology)
- Hemodialysis, at the request of NH and in the context of a formal collaboration agreement with the Health Authority Renal Program. Currency to include the treatment of a minimum of (n) hemodialysis patients and (n) renal patients a year averaged over three years.
- Liver biopsy (in consultation with GI/DI)
- Bedside ultrasound (in consultation with Emergency Medicine, critical care and UBC)
Non-core privileges: Temporary pacemaker insertion

- Requested

**Initial privileges:** Demonstrated insertion of a temporary pacemaker under the supervision of a member of the medical staff who holds that privilege, or documentation of competence from the head of department in a previous facility.

OR

Have held this privilege prior to April 2014,

**Required current experience:** Practicing as a General Internist including emergency consultation for at least three months a year averaged over three years that includes the placement of central venous lines.

---

**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 Nonanesthesiologists.”

**Context specific privileges: Administration of chemotherapy**

- Requested

See BC Cancer Agency policies and procedures for the administration of specific chemotherapeutic agents.
General Internal Medicine Clinical Privileges
REAPPOINTMENT 2015-2016
Effective from **July 1, 2015** to **June 30, 2016**

**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

______________________________________________________________

[Enter Facility Name]

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:

<table>
<thead>
<tr>
<th>Privilege Condition/modification/explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Notes:  ___________________________________________

__________________________________________________

[Department/Program Head or Leaders/Chief ] Signature: ______________________________

Date: ______________________________

**References**

   [http://rcpsc.medical.org/residency/certification/objectives/gen_internal_medicine_e.pdf](http://rcpsc.medical.org/residency/certification/objectives/gen_internal_medicine_e.pdf).