Nurse Practitioner Clinical Privileges

Name: _____________________________________________________

Effective from _____/_____/_______ to _____/_____/_______

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

All new applicants should meet the following requirements as approved by the governing body, effective: March 25, 2015.

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.

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 skill 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:
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.

The dictionary will be reviewed over time to ensure it is reflective of current practices, procedures and technologies.
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**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.

**Definition**

Nurse practitioners are health professionals who have achieved the advanced nursing practice competencies at the graduate level of nursing education that are required for registration as a nurse practitioner with the College of Registered Nurses of BC (CRNBC). Nurse practitioners provide health care services from a holistic nursing perspective, integrated with the autonomous diagnosis and treatment of acute and chronic illnesses, including prescribing medications. There are three streams of Nurse Practitioners: Family, Adult and Pediatric.

**Qualifications for Nurse Practitioners**

**Initial privileges:** To be eligible to apply for privileges as a Nurse Practitioner, the applicant must meet the following criteria:

- Hold a current practicing license as a Nurse Practitioner in British Columbia.
- [https://crnbc.ca/Registration/NPapplication/1EN/Pages/Step1.aspx](https://crnbc.ca/Registration/NPapplication/1EN/Pages/Step1.aspx)
- [https://www.crnbc.ca/crnbc/Documents/CRNBC%20Bylaws.pdf](https://www.crnbc.ca/crnbc/Documents/CRNBC%20Bylaws.pdf)

**Required current experience:** minimum of 300 hours per year or 900 in the last three years of clinical practice, or graduation from recognized training program for Nurse Practitioners within the past 24 months.

**Renewal of privileges:** To be eligible to renew privileges the applicant must meet the following criteria: maintain the practice and educational requirements for license renewal with the College of Registered Nurses of British Columbia (CRNBC).

**Return to practice:** as determined by the Registration Committee of the CRNBC.

**Core privileges: Nurse Practitioner**

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

- [ ] Requested
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Provide primary care, treat, transfer and discharge patients who require assessment, diagnosis and management of acute and chronic health/illness conditions, injuries and palliation. This includes ordering diagnostic and screening tests, prescribing and ordering medications and other treatments, as well as making referrals/consultations. Integration of corollary information into a diagnostic formulation. The care settings include Health Authority programs, community clinics, urgent care centers, outpatient departments, emergency rooms, residential care and in-patient units as approved by individual Health Authorities. 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 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.

Integumentary Procedures:
- Simple wound closure
- Incision and drainage
- Punch biopsy
- Excisional biopsy
- Treatment of uncomplicated skin lesions

Ear/Eye/Nose Procedures:
- Corneal abrasion care
- Removal of foreign body from nose or ear

Genitourinary Procedures:
- Papanicolau smear

Musculoskeletal Procedures:
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- Splinting
- Casting closed, simple, non-displaced fracture of an extremity

### 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 may have a number of considerations, including Scope of practice, Standards limits and conditions established by CRNBC, employer/facility applicability and support, along with individual practitioner experience and training.

Whenever appropriate, CRNBC uses standards rather than limits and conditions to provide direction for practice. (The Health Professions Act gives CRNBC the authority to establish, monitor and enforce standards, limits and conditions for nurse practitioner practice.)

(https://www.crnbc.ca/Standards/Lists/StandardResources/688ScopeforNPs.pdf) ¹

**Non-core privilege: Integumentary Procedures**

- **Requested** Complex (e.g. facial, multilayer) suturing (10 initial), (5 renewal)
- **Requested** Wedge or complete excision of fingernails or toenails (4 initial), (2 renewal)
- **Requested** Initial interpretation of skin testing for allergies (1 initial), (1 renewal)

**Initial privileges:** Successful completion of theoretical and clinical learning that includes training in the requested procedure or demonstration of skill to a member of the medical staff who currently holds the privilege

AND

¹ College requires Scope of Practice Request and/or Additional Information – See request for non-listed privileges.
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**Recommended current experience:** Demonstrated current skill and evidence of the performance of at least n procedures per year (see above) averaged over the past 24 months, or completion of training in the past 24 months.

**Renewal of privileges:** Demonstrated current skill and evidence of the performance of at least n procedures per year (see above) averaged over the past 36 months.

**Return to practice:** Supervision to a level of skill by a practitioner who currently holds the privilege.

**Non-core privilege: Cardiac Procedures**
- **Requested** acute cardiac life support management (1)
- **Requested** Removing pacemaker wires (1 initial), (1 renewal)

**Initial privileges:** Successful completion of an accredited training program that included training in the requested procedure

AND

**Recommended current experience:** Demonstrated current skill and evidence of the performance of at least n procedures per year (see above) averaged over the past 24 months, or completion of training in the past 24 months.

**Renewal of privileges:** Demonstrated current skill and evidence of the performance of at least n procedures per year (see above) averaged over the past 36 months.

**Return to practice:** Supervision to a level of skill by a practitioner who currently holds the privilege.

**Non-core privilege: Genitourinary Procedures**
- **Requested** IUD insertion and removal (5 initial) (5 renewal)
- **Requested** Endometrial biopsy (5 initial) (5 renewal)
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- **Requested** Insertion and removal of vaginal pessaries (3 initial) (3 renewal)

**Initial privileges**: Successful completion of training which includes both theoretical and practical education delivered by a competent practitioner, followed by direct observation of the trainee by the practitioner through a minimum of five procedures.

AND

**Recommended current experience**: Demonstrated current skill and evidence of the performance of at least (see above for numbers) procedures per year averaged over the past 24 months, or completion of training in the past 24 months.

**Renewal of privileges**: Demonstrated current competence and evidence of the performance of at least n procedures (see above) per year, averaged over the past 36 months.

**Return to practice**: Demonstration of skill to a practitioner who currently holds the requested privilege.

**Non-core privilege: Musculoskeletal Procedures**

- **Requested** Reducing dislocations of the fingers and toes (1 initial), (0 renewal)
- **Requested** Reduce anterior shoulder dislocations (1 initial), (0 renewal)
- **Requested** Intra-articular aspiration and injection (this will include under fluoroscopy guidance, though the NP will not be applying the energy) (10 initial), (5 renewal)
- **Requested** Tendon injections (5 initial), (5 renewal)

**Initial privileges**: Successful completion of an accredited training program that included training in the requested procedure

AND
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**Recommended current experience:** Demonstrated current skill and evidence of the performance of at least n procedures per year (see above) averaged over the past 24 months, or completion of training in the past 24 months.

**Renewal of privileges:** Demonstrated current skill and evidence of the performance of at least n procedures per year (see above) averaged over the past 36 months.

**Return to practice:** Supervision to a level of skill by a practitioner who currently holds the privilege.

**Non-core privilege: Neurologic Procedures**
- **Requested** Perform lumbar puncture(1) (10 initial), (5 renewal)
- **Requested** Lumbar drain insertion(1) (10 initial), (5 renewal)
- **Requested** Subdural Evacuating Port System insertion, management, removal(1) (10 initial), (1 renewal)

**Initial privileges:** Successful completion of an accredited training program that included training in the requested procedure

AND

**Recommended current experience:** Demonstrated current skill and evidence of the performance of at least n procedures per year (see above) averaged over the past 24 months, or completion of training in the past 24 months.

**Renewal of privileges:** Demonstrated current skill and evidence of the performance of at least n procedures per year (see above) averaged over the past 36 months.

**Return to practice:** Supervision to a level of skill by a practitioner who currently holds the privilege.

**Non-core privilege: Injections & Cannulation Procedures**
- **Requested** Insertion of PICCs (10 initial), (5 renewal)
- **Requested** Insertion(1) of arterial lines (5 initial), (2 renewal)
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- **Requested** Chest tube insertion (1) (3 initial), (1 renewal)
- **Requested** Bone marrow aspiration (1)
- **Requested** Thoracentesis (1)
- **Requested** Paracentesis (1)

**Initial privileges:** Successful completion of an accredited training program that included training in the requested procedure
AND

**Recommended current experience:** Demonstrated current skill and evidence of the performance of at least n procedures per year (see above) averaged over the past 24 months, or completion of training in the past 24 months.

**Renewal of privileges:** Demonstrated current skill and evidence of the performance of at least n procedures per year (see above) averaged over the past 36 months.

**Return to practice:** Supervision to a level of skill by a practitioner who currently holds the privilege.

**Non-core privilege: Local Anesthetic Procedures**
- **Requested** digital nerve blocks

**Initial privileges:** Successful completion of an accredited training program that included training in the requested procedure
AND

**Recommended current experience:** Demonstrated current skill and evidence of the performance of at least n procedures per year (see above) averaged over the past 24 months, or completion of training in the past 24 months.

**Renewal of privileges:** Demonstrated current skill and evidence of the performance of at least n procedures per year (see above) averaged over the past 36 months.

**Return to practice:** Supervision to a level of skill by a practitioner who currently holds the privilege.
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Non-core privilege: Medications and Blood & Blood Products

- **Requested** Ordering blood and blood products, within CNRBC requirements
- **Requested** Ordering and prescribing HIV medications, within CNRBC requirements
- **Requested** Continuation ordering and prescribing antineoplastic medications.

Requires GP oncology program, 100 per year for currency

**Initial privileges:** Successful completion of an accredited training program that included training in the requested procedure

AND

**Recommended current experience:** Demonstrated current skill and evidence of the performance of at least n procedures per year (see above) averaged over the past 24 months, or completion of training in the past 24 months.

**Renewal of privileges:** Demonstrated current skill and evidence of the performance of at least n procedures per year (see above) averaged over the past 36 months.

**Return to practice:** Supervision to a level of skill by a practitioner who currently holds the privilege.

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**Context Specific Privileges**

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

**Administration of sedation and analgesia**

- **Requested**

See “Hospital Policy for Sedation and Analgesia by Nonanesthesiologists”
Request for privileges not listed 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: ________________________________________________________________