DELINEATION OF CLINICAL PRIVILEGES GUIDE

Core privileges specify the cognitive and procedural skills that are part of the core competency of a given specialty completed at the Canadian PGME (or equivalent) level. Practitioners that meet the threshold criteria for the specialty are qualified to request core privileges. These include the ability to admit, evaluate, diagnose, consult, perform history and physical exam, and to provide medical and surgical treatment as appropriate to patients presenting with medical and surgical diseases and disorders.

Extended privileges are procedures that generally require extra training and supervision beyond that normally provided in a Canadian postgraduate (or equivalent) training program. Extended privileges may also cross specialities, be resource intensive procedures, and/or are procedures whose utilization needs to be monitored for quality control and patient safety reasons. Additional documentation is required to demonstrate competence before requests for extended privileges will be considered.

Applicant Steps:

Note: Only Applicants who meet the specified pre-defined criteria for the Core Privileges are eligible to apply for Core Privileges and only Applicants who can document additional training and experience may request Extended Privileges. Before applying for clinical privileges please read carefully the Delineation of Privileges form for your Clinical Department(s) so that you are aware of and meet the minimum criteria required to apply for Core and Extended privileges.

Application Process:

1. If you meet the minimum criteria to apply for Core and Extended privileges complete and sign the *Delineation of Clinical Privileges Application*. Specifically:

    a. Specify the **area of special expertise/subspecialty** you possess in Clinical Departments with multiple areas of special expertise/subspecialty.
    b. Review the **Core privileges** for your specialty area. The Core privileges represent the typical clinical activities within a specialty or subspecialty that any appropriately trained; actively practicing Practitioner with good references would be competent to train. You must be able to provide appropriate documentation to support the *Minimum Threshold Criteria for Requesting Core Privileges*.
        i. If you have limited your practice scope you may cross out the applicable Core privileges and note those exclusions in the **Exclusions** section, **Requested (Applicant)**.
    c. Review the **Extended privileges**. Select from the list or write in additional Extended privileges you are requesting if you meet and can provide evidence of the *Minimum Training and Experience* required for the Extended privileges you applied for.
        i. Please be aware that Extended privileges have a proctoring requirement which must be satisfactorily met before the privileges may be approved.
        ii. Applicants who do not meet the predefined criteria for a particular Extended privilege may still qualify for Core privilege provided they meet the *Minimum Threshold Criteria for Requesting Core Privileges.*
    d. The Core and Extended privileges represent “what” clinical privileges an applicant is eligible to perform. The Sites of Clinical Activity represent “where” those procedures may be

performed regardless of what procedures the applicant is eligible to perform. Review the **Sites of Clinical Activity** and select the site or sites you are interested in practicing in.

2. The Medical Affairs Office will facilitate the sharing of the information required necessary to assess the Delineation of Clinical Privileges Application.

3. Documented evidence of the specified number of procedures performed/cases managed within the specified time period and documented evidence of current competency as required for the specified privileges must accompany this Application.

4. Applications will only be processed once **all** the required documentation has been received.

5. Once your file is complete, the Medical Affairs Office will forward it to the applicable Clinical Department Head(s) for review and recommendation to the Application Review Committee (ARC).

6. A member of the Clinical Department Executive Committee or designate in the applicant's area of specialty will review the completed application file and interview the applicant either in person or on the telephone. Based on this review and any proctoring requirement completed the Clinical Department will forward its recommendation to the ARC.

7. Upon the ARC's recommendation, your application will be forwarded to the Vice President Medicine for decision. You will be notified in writing as to the status of your application within 90 days of receipt of the completed application package by the Medical Affairs Office.

Clinical Department:

Upon receipt of the completed clinical privileges file from the Medical Affairs Office, each Clinical Department Head(s) will arrange for the file to be reviewed by a representative or representatives of the area of special expertise/subspecialty, who shall make a recommendation to the Clinical Department, which in turn will make its recommendation to the Application Review Committee (ZARC).

Clinical Department Executive Committee/ Application Review Committee:

Factors to Consider - Core Privileges Criteria – Initial Application:

In the consideration of a request for Core privileges, the determination of the granting of Core privileges rests in the applicant demonstrating that they have met the *Minimum Threshold Criteria for Requesting Core Privileges*. However, the individual practitioner's ability to perform the requested skills and procedures "must be assessed and not assumed"; hence the need to interview the applicant either in person or on the telephone.

1. **Residency certification/fellowship requirements**. Current CCFP designation/Royal College fellowship (or current Royal College of Dentistry of Canada certification or current membership in the Alberta Podiatry Association and possession of Doctor of Podiatric Medicine (DPM) as applicable) indicates that an appropriately trained Practitioner in that specialty/subspecialty should be competent in performing those procedures.
   a) Equivalent foreign training would include those postgraduate training programs deemed equivalent by the:
      i) CFPC (currently: U.S., UK, Ireland, Australia), and by the
      ii) RCPSC (an approved US Accreditation Council for Graduate Medical Education (ACGME) residency program or via the Jurisdiction Approved Training scheme found at http://tinyurl.com/6w7v3ja, or who are eligible for RCPSC certification via the Practice Ready Assessment or the Individual Competency routes).
   b) Suitable post residency formal training would include evidence of successful completion of a recognized university-based formal post residency training program with or without recognition of special competence (e.g. CFPC Palliative Care, CCFP (EM), and FP Anaesthesia), RCPSC Areas of Focused Competence (Diploma) Programs, American board certification or foreign equivalent training/board.
2) **Reference letter**. Submission of reference letters from either the applicant's education program or from a previous hospital/health region department/section head. The reference letter should assess the applicant's qualifications and competency to perform the specific clinical privileges requested.
3) **Proctoring/provisional requirements**. Designated Practitioners in the applicant's practice site can provide direct observation of the care provided by the applicant (observational proctoring) with respect to the level of skill and expertise of the applicant. A retrospective review of the applicant's clinical records (chart review proctoring) may be conducted after a Medical Staff appointment to the Probationary or Temporary Staff has been granted to evaluate the quality of the medical record and the timeliness and appropriateness of the care provided.
4) **Required number of cases** – the specific ***minimum*** number requirement indicating the level of experience required to demonstrate ***competency*** to obtain clinical privileges for the requested procedure. The number determined by the Clinical Department must be evidence-based, and 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 a self-interest in creating an artificially high volume requirement.

5) Should there continue to be doubt on whether the applicant possess the *Minimum Threshold Criteria for Requesting Core Privileges* , a practice assessment could be arranged with either university (or outside the province) through the relevant specialty department to objectively assess whether the applicant possesses the minimum threshold for competency.

Factors to Consider - Multidisciplinary Clinical Privileges

Procedures that may be performed by more than one specialty are called multidisciplinary clinical privileges. It is the responsibility of the Medical Staff to ensure that a single level of care is provided regardless of which specialty is performing the procedure. In most cases, criteria may have to be developed to ensure this single level of care. Depending on the procedure, it may be "core' for one specialty but not for another. For example, the departments of Obstetrics & Gynecology and Family Medicine may not agree on minimum qualifications for caesarean sections or abnormal births. In a case like this, the minimum qualifications and volume may not be identical, but they must be equivalent. Any minimum volume should be dependent on the environment and volume of a given procedure within the facility setting.

When special training is required to perform a procedure, over and above an accredited residency or fellowship, criteria should be developed by representatives of the interested Clinical Departments to ensure that the practitioner meets the minimum requirements needed to apply for that procedure.

Clinical Department Executive Committee/ Application Review Committee:

Extended Privileges

In the consideration of a request for Extended privileges, the determination of the granting of Extended privileges rests in the applicant demonstrating that they have met the *Minimum Training and Experience*. Specifically:

To be eligible to apply for Extended Privileges, the applicant must have documented training and/or experience and current competence in performing the requested procedure(s) consistent with criteria set forth in the Medical Staff Rules. This may be accomplished by providing documentation of acceptable supervised training and experience during residency and/or fellowship training, or successful completion of an approved, recognized course when such exists.

Factors to Consider - Extended Privileges - Minimum Training and Experience:

New Applicants who have performed the requested Extended Privilege elsewhere must present proof of didactic education, either with a letter from his/her residency director/preceptor or by proof of an approved, recognized course. Applicant must also present proof of previously proctored Extended Privileges. The specified number of Extended procedures will be proctored by Practitioners with the requested Extended Privileges who will make a recommendation regarding the requested Extended Privileges.

Practitioners who have little or no recent experience with the Extended Privileges requested within the past three (3) years who desire to start performing an Extended Privilege will attend an approved, recognized course and perform the specified number of proctored procedures by Practitioners with the

requested Extended Privileges who will make a recommendation regarding the requested Extended Privileges.

Factors to Consider - Core and Extended Privileges Criteria – Periodic Review:

1. **Current certification/fellowship** with the relevant Canadian body.
2. **Continuing professional development requirements** of the relevant College and CFPC or RCPSC or RCDC or APA.
3. **Required number of cases** – the specific ***minimum*** number requirement indicating the level of experience required to demonstrate ***competency*** to ***maintain*** clinical privileges for the procedure including the actual performance of cases, the specified number of cases proctored in the past three (3) years, and the specified number of charts reviewed. The number determined by the Clinical Department must be evidence-based, and 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 a self-interest in creating an artificially high volume requirement.

Appendix

Clinical Privileges - Background:
To undertake professional services with ___, a physician, dentist, oral & maxillofacial surgeon or a podiatrist requires a **Medical Staff Appointment** and the delineation of **Clinical Privileges**.

Clinical Privileges:
Section __ Clinical Privileges of the **Medical Staff Bylaws** outlines the concepts that apply to a grant of clinical privileges and specifies the three (3) components of clinical privileges. These include:

1. programs and professional services a practitioner is able to access;
2. procedures the practitioner is able to perform; and
3. sites of clinical activity where the practitioner can perform their professional services.

Section __ of the Bylaws goes on to outline high level principles regarding the delineation of clinical procedures including:

- limitations on the specification of clinical procedures; and
- the "ownership" of clinical procedures.

Generally, no clinical department, and by extension medical specialty, "owns" any clinical procedure. Instead, a decision on what clinical procedure a practitioner can perform is determined by budgetary and administrative allocation considerations, and by the practitioners "documented training, experience, demonstrated abilities, skills and current competence".

This is important as "many areas of care fall within the scope of more than one specialty", and thus "physicians representing several specialties can and should be permitted to perform the same procedure if they meet this criteria". As a result, the Bylaws state that "different practitioners are not eligible, per se, for the same clinical procedures simply by virtue of being members of the same Zone Clinical Department" i.e. medical specialty.

Conversely, the granting of clinical privileges DOES NOT confer "entitlement to unrestricted use of health region resources." Where clinical privileges may be exercised (Sites of Clinical Activity) and to what extent (e.g. allocation of O.R. time) is a health region allocation decision.

The ultimate goal of any method of clinical privilege determination is to ensure the clinical competency of the practitioner. This occurs at **three** (3) points during the time a practitioner belongs to the Medical Staff:

1. at the time of **application to the medical staff** as part of the credentialing process (using "documented training, experience, demonstrated abilities, skills and current competence");
2. during the practitioner's **periodic review** (using data gathered from all the practitioner's clinical activities that fall within the core rather than a review of a small number of procedures); and
3. upon the formal **request for a change in clinical privileges** (using "documented training, experience, demonstrated abilities, skills and current competence').

Core Privilege Delineation Method:
The core privilege method requires each clinical department to:

1. specify the **core privileges** and their eligibility criteria of a given medical specialty.

   These core privileges describe "the scope of practice that any well-trained, reasonably busy

physician in a particular specialty would be deemed competent to perform" once the eligibility criteria - the cognitive and procedural skills that are part of the core competency of a given specialty completed at the Canadian PGME (or equivalent) level - are met; and

2. identify **extended privileges** and specify their eligibility criteria.

   These extended privileges are specific diagnostic and invasive procedural skills that are resource intensive and high risk and may be performed once the eligibility criteria - documented additional training, experience and competency; and resource allocation - are met.

The core privilege method allows any practitioner who meets the "documented training, experience, demonstrated abilities, skills and current competence" of that PGME (or dental/dental surgery or podiatry) program (or its equivalent) to request to perform any and all of the core privileges requested. Practitioners may be able to cross out portions of the core they no longer practice subject to the provisions of the Medical Staff Bylaws and Rules e.g. on-call coverage). Notwithstanding this, the individual practitioner's ability to perform the requested skills and procedures "must be assessed and not assumed".

The core privileges specification is augmented with a "backup list of *sample* conditions and procedures included in the core" that cover the vast majority of what practitioners in that specialty do. When there is doubt as to whether a particular skill or procedure is in the core, the applicable Clinical Department, Clinical Section Chief or designate should be contacted to make this judgement.

Potential Guidelines for Determining Core Versus Extended Clinical Privileges (Source: Credentialing Resource Center Connection, September 16, 2010)

How do you decide if a clinical privilege is a core versus an extended privilege? The more complex, unique, and high risk a procedure is the more likely it fall into the extended category because it goes above and beyond the usual procedures performed in a specific practice area. One Clinical Departments can ask themselves the following questions to get a good idea of whether a clinical privilege might be core or extended:

- Knowledge: Is this procedure based on additional education or training that takes place within a postgraduate training program or hands-on continuing medical education?
- Skill: Does the procedure require a higher level of skill, or does the procedure require regular practice in order to maintain proficiency?
- Judgment: Does the procedure require an especially high level of judgment?
- Risks: Are there significant risks associated with the procedure?
- Complications: Would the practitioner require additional, specific training, skills, and/or techniques to manage any potential complications?
- Technique: Are new or controversial clinical techniques used?
- Equipment: Does the procedure require recently introduced technology or equipment, or does the procedure require additional training, advanced clinical skills, and/or specialized judgment?

(Credit: Ready, Set, Credential, Second Edition, by Nancy C. Lian, CPMSM, CPCS reported in Credentialing Resource Center Connection, September 16, 2010)