COLLEGE OF PHYSICIANS AND SURGEONS OF BRITISH COLUMBIA

DIAGNOSTIC ACCREDITATION PROGRAM

T 604-733-7758
TF 1-800-461-3008
F 604-733-3503

300–669 Howe Street
Vancouver BC V6C 0B4
Canada

cpsbc.ca

Notification of New/Updated Medical Staff Appointment – Independent Diagnostic Facility

MEDICAL STAFF INFORMATION

Full name: _____ CPSID*: _____

Telephone: _____ Email: _____

Medical staff appointment date: _____

End date (for temporary staff): _____

Specialties: _____

*Medical staff who are located outside of the province and provide virtual care to patients located in BC do not require a CPSID as CPSBC does not regulate physicians or surgeons who are located outside of the province. Complaints arising out of such services are passed on to the regulatory authority where the physician or surgeon is licensed. Physicians or surgeons who are located outside of BC and hold an active licence with another regulatory body do not need to obtain an additional licence to provide virtual care to patients in BC.

SERVICES AND FACILITY INFORMATION

Independent facility name: _____ DAP facility ID: _____

Indicate each service requested. Refer to the BC MQI Provincial Privileging Dictionaries for requirements.

Service: _____ Service: _____

Service: _____ Service: _____

APPROPRIATE PRIVILEGES LIST

A list indicating only the privileges the medical staff is granted to perform at the above facility must be completed and submitted with this application.

Note:

- Refer to the BC MQI Provincial Privileging Dictionaries for core and non-core privileges in their area of practice to confirm requirements for qualifications and currency of practice.
- For accredited privileges that are not outlined in the BC MQI privileging dictionary, please refer to the credentialing and privileging requirements outlined in the DAP policies to ensure that they are met.

☐ I have attached a copy of the medical staff's appropriate procedures list(s) with this form.

MEDICAL DIRECTOR DECLARATIONS AND RECOMMENDATION FOR APPOINTMENT

In signing this document:

- I acknowledge I have reviewed this medical staff appointment form.
- I acknowledge that I have reviewed the medical staff's application and requested clinical privileges and supporting documentation for the applicant.
- I declare that I have interviewed the applicant and reviewed their certificate of professional conduct.
- I declare that the medical staff is an active licensee of the College of Physicians and Surgeons of BC.
- I declare that I have reviewed the BC MQI Provincial Privileging Dictionaries **or** DAP policies and that the applicant meets the privileges, by education, training and current experience, and demonstrated performance, and is qualified to perform the requested services.
- I declare that the medical staff will only perform the services as noted in this application.
- I acknowledge that I am responsible and accountable for the appointment of this medical staff and ensuring that they are qualified and practice only within their scope and competence.
- I declare that the privileges requested by the medical staff are accredited services at my DAP facility which has sufficient space, equipment, staffing, and other resources required to safely perform.
- I declare that the information submitted by me in this application is true to the best of my knowledge.

If the medical staff has health authority (HA) privileges:

☐ I declare that I have verified this medical staff's active HA privileges and that the services they perform in the health authority reflect the services they will be performing at the DAP facility.

☐ I declare that I have verified this medical staff's active HA privileges, however the services they perform in health authority **do not** reflect the services they will be performing at the DAP facility.

Note: The physician's health authority letter must be submitted to the medical director as a part of the appointment process. If the medical staff's health authority privileges do not reflect the services they will be performing in the DAP facility, the medical director is required to complete an appointment process as outlined on the CPSBC website.

☐ I hereby appoint this medical staff all privileges as requested on the appropriate procedure list(s).

☐ I hereby recommend that this medical staff be granted privileges with conditions or modifications.

Please explain the suggested conditions or modifications to privileges:

Medical director name: _____ CPSID: _____

Signature: _____ Date: _____

Note: The medical staff application for appointment and all supporting documentation may be reviewed and audited during the facility's accreditation assessment. Please ensure that these records are maintained in their individual human resources file.

Please return this form and the appropriate procedures list(s) by email to credentialing@cpsbc.ca.

The College of Physicians and Surgeons of BC (CPSBC) collects, uses, discloses, stores, and retains personal information under the legal authority of the *Freedom of Information and Protection of Privacy Act* (*FIPPA*), RSBC 1996, c.165 and the CPSBC Bylaws made under the *Health Professions and Occupations Act* (*HPOA*), SBC 2022, c.43.

The personal information collected on this form is permitted under sections 26(c) and (e) of *FIPPA* for the purpose of managing your accreditation.

If you have any questions or concerns about CPSBC privacy practices, please email privacy@cpsbc.ca.