



College of Physicians and Surgeons of British Columbia

# Position Statement

## Credentialing Requirements for Pulmonary Function Testing

### DETAILS

**Department/program:** Diagnostic Accreditation Program

**Date:** December 19, 2018

---

### PURPOSE

Position statements from the College provide background information and express or clarify the College's intent on a particular matter. They are intended as guidance for stakeholders in areas where events are evolving or changing, the implementation of processes and procedures may be premature, the implementation of a guideline or standard may not be necessary, another credible body (e.g. professional association) has already established guidelines or standards, or it is timely to communicate the College's broad intent before or as policies and procedures are developed.

This document clarifies the qualifications and training required to perform and interpret pulmonary function tests.

### BACKGROUND

The BC Medical Quality Initiative (BCQMI) Privileging Dictionaries outline the credentials required for performing and interpreting pulmonary function testing (PFT) and identifying those that are considered core or non-core privileges. The BCQMI dictionaries, implemented in 2011 and revised in 2018, provide the credentialing requirements for privileging within the health authority facilities. The College of Physicians and Surgeons of BC (the College) has accepted these dictionaries in its Diagnostic Accreditation Program (DAP) for identifying physicians who meet the requirements for PFT. Where physicians do not hold privileges in a health authority facility and wish to perform these services in a community setting, the DAP Committee will review their credentials to ensure that the facility medical director has applied the BCMQI dictionaries appropriately.

The DAP Committee accredits all facilities performing PFT to ensure that they meet the standards required for performing a diagnostic service. Those performing simple spirometry with or without bronchodilators, with or without flow volume loops, are required to apply for DAP accreditation and participate in the DAP quality control program. Those facilities performing PFT beyond spirometry and flow volume loops are required to apply for accreditation with the DAP and will receive a formal on-site accreditation assessment every four years.

(PFT is a restricted service as defined by the Medical Service Commission (MSC). Physicians wishing to perform testing must have their facility accredited. Physicians wanting to bill the Medical Services Plan must obtain authorization from the MSC.

The following summary may assist physicians and others in identifying eligibility for performing PFT. The BCMQI dictionaries are the reference documents and should be referred to directly.

### **Spirometry**

To perform simple spirometry (FEV1, FVC and ratio, MMEFR, and the response to bronchodilators), the physician must meet one of the following:

1. Be a registrant in the specialty class of respirology, pediatric respirology, occupational medicine, or clinical immunology and allergy; or
2. Be a registrant of the specialty class of internal medicine, pediatrics, critical care medicine, or general/family practice class, **and** have completed appropriate training reflective of the scope of the privileges requested to the satisfaction of the medical director and the DAP Committee; or
3. Have been approved for spirometry by the DAP prior to January 1, 2011.

In addition to this, the physician must also have maintained an adequate volume of current clinical experience reflective of the scope of the practice requested and have demonstrated current experience based on results of ongoing professional practice evaluation outcomes including peer review and/or the DAP quality control program.

### **Other pulmonary function testing**

To perform any other PFT, the physician must meet one of the following:

1. Be a registrant in the specialty class of respirology, pediatric respirology, occupational medicine, or clinical immunology and allergy; or
2. Be a registrant of the specialty class of general internal medicine, pediatrics, critical care medicine, **and** have completed appropriate training reflective of the scope of the practice requested to the satisfaction of the medical director and the DAP Committee;

In addition to this, the physician must also have maintained an adequate volume of current clinical experience reflective of the scope of the practice requested and have demonstrated current experience based on results of ongoing professional practice evaluation outcomes including peer review and/or the DAP quality control program.

Each of the following must be requested separately and is considered on an individual basis. Note that all of the following are considered core for respirology, pediatric respirology, occupational medicine, and clinical immunology and allergy:

- Flow volume loops
- Diffusing capacity
- Lung volumes
- Respiratory muscle testing
- Conductance/resistance
- Reactive airways (methacholine challenge testing)
- Exercise-induced asthma testing

- Cardio pulmonary exercise testing
- Pulse oximetry/overnight oximetry
- Exercise testing: desaturation test or six-minute-walk test category

## **REFERENCES**

Section 5-26(1) of the Bylaws.

## **CONTACT**

For further information, please contact [pulmonaryfunction@cpsbc.ca](mailto:pulmonaryfunction@cpsbc.ca).