COLLEGE OF PHYSICIANS AND SURGEONS OF BRITISH COLUMBIA

GUIDE FOR NHMSFAP MEDICAL DIRECTORS

Credentialing and Privileging

Introduction

Credentialing and privileging practices directly impact patient safety, quality of care and the culture of an organization. The College of Physicians and Surgeons of British Columbia (CPSBC), Non-Hospital Medical Surgical Facilities Accreditation Program (NHMSFAP), non-hospital facility medical directors and medical staff all have the responsibility to ensure safe and quality care for patients.

The CPSBC is responsible for licensing of physicians and surgeons to practise in British Columbia.

Physicians and surgeons that work in non-hospital facilities must be licensed by the CPSBC and must also be granted privileges specific to the facility by the medical director prior to performing any procedures at the facility.

Dentists and oral maxillofacial surgeons that work in non-hospital facilities must be licensed by the BC College of Oral Health Professionals (BCCOHP) and must also be granted privileges specific to the facility by the medical director prior to performing any procedures at the facility.

The NHMSFAP Committee is responsible for non-hospital facilities, and the committee may establish standards, rules, policies and guidelines respecting the skills and training necessary for the appointment of medical staff.

The medical director is responsible for the selection, appointment and reappointment of all medical staff at an accredited non-hospital facility.

In turn, medical staff are responsible for practising within their scope of training and current experience.

This guide is provided to support the medical director with their responsibilities related to medical staff appointments.

Medical director responsibilities

The medical director is responsible for all aspects of care at the non-hospital facility including medical staff appointments. This is accomplished through careful review of medical staff applications and supporting documentation, reappointment processes and continuous quality improvement activities.

Facilities accredited by the NHMSFAP must have procedures, policies and processes in place outlining medical staff appointments to ensure review is standardized and comprehensive.

The medical director must promote a culture of safety and quality. A key aspect of this is the credentialing and privileging of medical staff to provide patient care at the facility.

The CPSBC website outlines the process and documentation requirements for medical staff appointments. All required forms are available for applicants to complete and submit to the medical director.

Credentialing

Definition

Credentialing is the process of verifying an applicant's education, training, experience, current competence, and licensure to provide services.

Key criteria and elements of credentialing

Medical directors must review and verify an applicant's credentials. Review of the medical staff application, CPSBC directory, BCCOHP directory, BC Medical Quality Initiative (BCMQI) dictionaries and certificate of professional conduct (CPC) will provide critical information.

- **Education:** Review the applicant's medical degree and specialty certifications.
- **Training:** Review the applicant's residency training, fellowships and any additional training relevant to the procedures being requested.
- **Experience:** Review where the applicant has worked since finishing training, and determine if there are there any gaps that should be clarified.
- **Current competence:** Review relevant procedure experience within a specific timeframe (the last three years are generally reviewed for currency).
- **Licence:** Review whether the applicant has a current, unrestricted licence. More information on registration classes is available on the CPSBC website. If there are restrictions on an applicant's licence, consider potential implications for the facility.

Verifying credentials

Individual licensing information is available on the CPSBC and BCCOHP websites and must be verified at the time of application.

- CPSBC registrant directory
- BCCOHP public register

A CPC must be requested from the CPSBC and reviewed. Any questions raised by the CPC can be discussed with the applicant. CPSBC can be contacted for further clarification if required and this may be outlined in a letter that accompanies the CPC.

A letter of standing from the BCCOHP must be requested and reviewed for dentists and oral maxillofacial surgeons.

Reviewing the medical staff application

Medical directors must collect all required documentation. Standard forms provided by the NHMSFAP must be used.

The review should include:

- **Specialty:** Review whether the applicant is a certified specialist. If the applicant holds a different specialty than the medical director, a colleague from the applicant's specialty could be consulted.

- **NHMSFAP appropriate procedures list:** Review what procedures have been requested. Confirm whether they align with the applicant's specialty and are within the scope of the facility.
- **BCMQI privileging dictionary:** Review the dictionary for the applicant's specialty, including the education and training requirements for the specialty core and non-core privileges. Confirm that the applicant has the training and experience to satisfy the requirements.
- **Experience:** Review where the applicant has worked in the past, including whether the applicant has health authority privileges, for what time frame have they held the privileges, and why they left previous positions.
- **Current competence:** Review the applicant's practice since finishing training, including the applicant's focus of practice within the last three years.
- **Additional training:** Review whether additional training is required for this applicant. See additional considerations below.
- **Hospital letter:** Review the category of privileges that the applicant holds and how long they have held these privileges.
- **References:** Review whether the references reflect an individual who will provide professional, ethical, accountable medical and surgical care. Determine if there are any areas of concern that should be clarified with the referee.

Privileging

Definition

Privileging is the process of authorizing a specific scope of practice at a health-care organization based on credentials and performance.

Key criteria and elements of privileging

- What does the BCMQI dictionary outline as core and non-core privileges for the specialty requested? Does the applicant have the training and current experience for the requested procedures?
- Are the procedures requested within the accredited scope of your facility? Can the facility support these procedures with appropriate space, equipment, medical device reprocessing and staff?

Making a privileging decision

An in-person meeting between the medical director and applicant is recommended for review of the application and to clarify any questions.

Once the medical director has reviewed the application and supporting documents with the applicant and decided which privileges to grant, any edits should be documented on the application and the application should be signed by the medical director.

A notification form and the appropriate procedures list (outlining only procedures granted) must then be submitted to the NHMSFAP.

The privileges granted must be clearly documented and provided to the applicant so as to avoid any confusion. This could be a formal letter, form, or copy of the signed application that clearly outlines the privileges that have been granted.

All documentation must be maintained in the medical staff human resources file and will be reviewed during the accreditation process.

Additional considerations

Maintenance of currency

Medical directors must continuously review currency of practice. If a medical staff member is at or near losing currency, this should prompt review and discussion to ensure adequate practitioner experience and patient outcomes.

Addition of privileges

To add privileges to a current member of the medical staff, the medical director must document and review their training and experience for the additional procedure(s). If privileges are granted, the NHMSFAP must be notified.

Changes to or termination of privileges

Medical directors should notify the NHMSFAP of any changes to privileges.

Anesthesiologists without current hospital practice

Anesthesiologists who have not practiced in a health authority in the last three years must have advanced cardiac life support (ACLS) and difficult airway training to provide anesthesia care in a non-hospital facility. More information is available in the *Human Resources* accreditation standard.

C-arm, ultrasound training

Medical staff must have relevant, documented training to use these diagnostic modalities.

Emergency training

Medical staff may require basic life support (BLS), ACLS, pediatric advanced life support (PALS) or other emergency training. More information is available in the *Human Resources* accreditation standard.

Intravenous (IV) sedation

Medical staff providing IV sedation may require specific training. Non-anesthesiologist physicians and registered nurses that provide IV sedation must have a sedation training course that is renewed every five years.

Physicians without hospital privileges

Physicians without hospital privileges may require a designate to ensure continuity of care. The *Requirement for Continuity of Care* policy outlines what is required and any exemptions to the policy.

Reappointment

Medical directors must reappoint medical staff according to the time frame outlined in the CPSBC Bylaws. A standard form is used to review any changes to practice, currency, privileges at other facilities, patient safety incidents, complaints and continuing education.

Documentation of reappointment must be kept in the medical staff human resources file and will be reviewed with accreditation.

Temporary educational privileges

Any medical staff providing training must be granted privileges for the training. Any medical staff receiving training at a non-hospital facility must first be granted privileges for the training using the application process. Training requirements for both trainers and trainees should be clearly documented.

Visting physicians

Any physicians visiting your facility must have registration with the College. More information is available on the CPSBC website.

Accreditation requirements

During the accreditation process, medical staff appointment documents will be reviewed to ensure medical directors are meeting the *Medical Director* and *Human Resources* accreditation standards that outline specific requirements for medical staff appointments.

The entire application package, including all required documentation, must be available for review. There must be proof the review was completed by the medical director and a clear list of privileges granted for each medical staff member.

The facility must have procedures and policies for medical staff appointments that are clearly documented.

If non-conformances are identified they will be included in the accreditation report and must be resolved within the required time frame.

If a medical staff member is identified as practising out of scope, the matter will be referred to the CPSBC registration department for review.

Legal responsibilities

There are legal and insurance requirements related to the medical director role of appointing medical staff. The board of directors of the non-hospital facility and the Canadian Medical Protective Association should be consulted to ensure proper insurance coverage.