

# Geriatric Medicine Clinical Privilege List

## Description of Service

Alberta Health Services (AHS) Medical Staff who are specialists in Geriatric Medicine and have privileges in AHS facilities provide safe, high-quality care for patients across the Province. Geriatric Internists are concerned with the prevention, diagnosis, treatment, and social aspects of illness in older people.<sup>1</sup>

Geriatric Medicine Privileges include, but are not limited to, providing consultative assessment, treatment and discharge planning services to older adult patients with illnesses and disorders that are especially prominent, or have different characteristics in the elderly. This may include delirium, dementia (and its behavioural manifestations), depression, falls and instability, incontinence, chronic pain, sensory impairment, neoplastic, cardiovascular, neurologic, musculoskeletal, metabolic, infectious disorders, and end-of-life care.

For a full list of clinical services, please refer to the attached Geriatric Medicine Clinical Privilege List.

## Zone Medical Staff Organization

| Zone     | Department(s)     | Section(s)          |
|----------|-------------------|---------------------|
| South    | Senior's Health   | Senior's Health*    |
| Calgary  | Internal Medicine | Geriatrics          |
| Central  | Internal Medicine | Geriatrics          |
| Edmonton | Medicine          | Geriatrics          |
| North    | Hospital Health   | Internal Medicine** |

\*Specific to Geriatric Internists; does not refer to Family Medicine Care of the Elderly practitioners.

\*\* Geriatric Internists only

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<sup>1</sup> Royal College of Physicians and Surgeons of Canada – Objectives of Training in the Subspecialty of Geriatric Medicine (2015)

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## *College of Physicians and Surgeons of Alberta (CPSA) Requirements*

The CPSA grants practice permits but does not grant any additional practice approvals for specific procedures or specialties beyond those stated on the practice permit.

A practice permit from the CPSA does not guarantee that an individual will be granted for an AHS Medical Staff appointment or privileges. It is AHS's role and responsibility to screen and evaluate the qualifications of Practitioners in relation to the specific procedures and patient care services they will be providing at specific sites before granting an appointment and clinical privileges.

Physicians with expertise in a particular area of practice may require a CPSA approval process separate from the CPSA licensure and AHS privileging process for specific services. These services typically fall into the non-invasive diagnostics group. Please refer to the CPSA website for a list of practice areas requiring approval

<http://www.cpsa.ca/accreditation/physician-approvals/>.

## *Minimum Education and Training Requirements*

The "Minimum Education and Training Requirements" set out in the AHS List of Geriatric Medicine Clinical Privileges are as follows:

1. Appropriate licensure with the College of Physicians and Surgeons of Alberta,

AND

2. Credentials satisfactory to the Zone Clinical Department Head (ZCDH), Zone Application Review Committee (ZARC) and/or the Chief Medical Officer (CMO), including:
  - o Successful completion of a Royal College of Physicians and Surgeons of Canada (RCPSC) accredited Geriatrics residency program and fellowship in the RCPSC (FRCPC); OR
  - o Equivalent combination of education, training and experience satisfactory to the ZCDH, ZARC and/or CMO.

These are minimum requirements. The ZCDH, ZARC and/or the CMO may determine that additional education, training or experience is required. The ZCDH, ZARC and/or CMO may also determine that an individual has developed competency in a particular area, without having completed a fellowship in that area, through an equivalent combination of education, training and experience. In addition to the minimum requirements listed above, additional education,

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training, experience and certification may be required to be granted certain clinical privileges. These specifics are identified in the attached clinical privileges list.

### *Privileges Requiring Additional Education, Training and Experience*

The list identifies privileges that require additional specialty training and documentation of evidence that the practitioner has received recognized postgraduate education, training or an appropriate level of experience to safely provide the service.

### *Clinical Privilege List and Medical Staff Bylaws*

The AHS Medical Staff Bylaws state that the clinical privileges granted to a Practitioner define the diagnostic or therapeutic Procedures or other Patient care services a Practitioner is deemed competent to perform, the Facility(ies) and Zone(s) within which the Practitioner is eligible to provide care and services to Patients; and the specified AHS Programs and Professional services...that the Practitioner is eligible to access.<sup>2</sup>

No recommendation on Clinical Privileges is meant to prevent any licensed Practitioner from performing any medical procedure on any person in an emergency situation where failure to perform that procedure may result in death or serious injury or harm to the person.<sup>3</sup>

Nothing in this document or the attached List of Clinical Privileges replaces the processes or requirements set out in the AHS Medical Staff Bylaws and Rules. This document and its attachments are intended to supplement and more fully describe the application of the AHS Bylaws and Rules in the context of Geriatric Medicine Clinical Privileges.

The AHS Medical Staff Bylaws and Rules can be found on the AHS website at <http://www.albertahealthservices.ca/7086.asp>.

### *Interpretation of the Clinical Privilege List*

The following list describes and reflects the categories/types of patient services included in the scope of Geriatric Medicine privileges available to members of the AHS Medical Staff with the necessary and required education training and experience. When granted, Geriatric Medicine privileges include the capability to perform the noted procedure using various techniques and approaches as appropriate for the patient, unless a specific technique or approach is specified. The Zone Clinical Department Head's recommendation regarding specifics of an individual's privileges and any associated techniques will be provided to ZARC and the CMO for their consideration.

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<sup>2</sup> AHS Medical Staff Bylaws 3.0.2

<sup>3</sup> AHS Medical Staff Rules 3.4.3(e)

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The Medical Staff Rules define the minimum review period for the privilege list.<sup>4</sup>

### Sites of Clinical Privileges

A delineation of the sites of clinical activity is a required component of clinical privileges (AHS Medical Staff Bylaws, 3.2.1(c) and 3.2.7).

Clinical privileges will reflect the site (or sites) where the Physician physically provides the clinical services. A Physician privileged in the specialty may have clinical privileges at multiple sites if they travel to multiple sites to provide clinical services as approved by the ZCDH, ZARC and/or the CMO. 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.

|             | Site A | Site B | Site C | Site D | Site E |
|-------------|--------|--------|--------|--------|--------|
| Privilege 1 |        |        |        |        |        |
| Privilege 2 |        |        |        |        |        |
| Privilege 3 |        |        |        |        |        |
| Privilege 4 |        |        |        |        |        |

The table above indicates what privileges are available at which sites:

- Privilege 1 is available at all sites
- Privilege 2 is available at sites A, C,D and E
- Privilege 3 is available at sites A and C
- Privilege 4 is available at sites B, D and E

### Proctoring Requirements

The Zone Clinical Department Head may determine that a period of proctoring is required in certain situations. Proctoring can be defined as follows:

“The term *proctor* is often used to mean observe, supervise, mentor, monitor, or directly assess...*proctoring* reflects a process by which an individual is reviewed and evaluated over time to ensure competence, and proctor identifies the person performing the assessment.” *The Medical Staff Handbook, A Guide to Joint Commission Standards, Second Edition.*

“Proctoring is a process of direct observation that allows for the focused evaluation of current physician competency in carrying out actual clinical care and takes both cognitive and procedural abilities into account. If the proctor observes potential or imminent patient harm during the proctoring process, it may be ethically appropriate for him or her to intervene.”

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<sup>4</sup> AHS Medical Staff Rules, 3.4.3(f)(ii).

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*Proctoring and FPPE: Strategies for Verifying Physician Competence, Second Edition. Robert J. Marder, MD, CMSL, and Mark A. Smith, MD, MBA, CMSL.*

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## Clinical Privilege Lists

| Geriatric Medicine Clinical Privileges |   |
|--|---|
| General Privileges                     |   |
| <input type="checkbox"/>               | <b>Admitting privilege</b><br>(includes; conducting a history and examination for the purpose of admitting and serving as the attending physician for patients within the hospital setting.   |
| <input type="checkbox"/>               | <b>Consultation privilege</b><br>(Includes; conduct history, physical examination, and investigations for the purpose of providing an opinion and/or initiating appropriate treatments and/or making recommendations related to care and treatment                                  |
| Clinical Privileges                    |   |
| <input type="checkbox"/>               | Performance of comprehensive geriatric assessment to define geriatric syndromes   |
| <input type="checkbox"/>               | Application of the general principles of geriatric rehabilitation, including but not limited to, patients with orthopedic, rheumatologic, cardiac, and neurologic impairments   |
| <input type="checkbox"/>               | Discussion of advanced care planning including goals of care  |
| <input type="checkbox"/>               | Management of areas of specific geriatric syndromes, including but not limited to, frailty; falls and mobility; polypharmacy; continence; and sensory impairment  |
| <input type="checkbox"/>               | Management of aspects of preventative medicine, including nutrition, oral health, exercise, screening, immunization, and chemoprophylaxis against disease   |
| <input type="checkbox"/>               | Management of complex care and appropriate interdisciplinary coordination of the actions of multiple health professionals, including, but not limited to, physicians, nurses, social workers, dieticians, rehabilitation experts, in the assessment and implementation of treatment |
| <input type="checkbox"/>               | Recognition, evaluation, and treatment of patients with dementia, delirium, and depression  |
| <input type="checkbox"/>               | Recognition, treatment, and prevention of iatrogenic disorders  |