

### *Description of Service*

Public Health and Preventive Medicine is the medical specialty primarily concerned with the health of populations. The discipline’s focus is disease and injury prevention and control, which is achieved through health protection and health promotion activities. A Public Health and Preventive Medicine specialist monitors and assesses the health needs of a population and develops, implements, and evaluates strategies for improving health and well-being through interdisciplinary and intersectoral partnerships.

Building on foundational competencies in clinical medicine and the determinants of health, the Public Health and Preventive Medicine specialist demonstrates competencies in public health sciences, including but not limited to epidemiology, biostatistics, and surveillance, planning, implementation and evaluation of programs and policies, leadership, collaboration, advocacy, and communication. These competencies are applied to a broad range of acute and chronic health issues affecting a population, including those that may be related to environmental exposures.<sup>1</sup>

### *Zone Medical Staff Organization*

<b>Zone</b>	<b>Department(s)</b>	<b>Section(s)</b>
<b>Provincial</b>	Provincial Department of Public Health	Public Health

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<sup>1</sup> Royal College of Physicians and Surgeons of Canada – Objectives of Training in the Specialty of Public Health and Preventive Medicine (2014 v1.0)

### ***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.

### ***Minimum Education and Training Requirements***

1. Appropriate licensure with the College of Physicians and Surgeons of Alberta,  
AND
2. Credentials satisfactory to the Senior Medical Officer of Health (SMOH), Provincial Practitioner Executive Committee (PPEC) and the Chief Medical Officer (CMO), including:
  - o Successful completion of a Royal College of Physicians and Surgeons of Canada (RCPSC) accredited residency program and fellowship in the RCPSC (FRCPC); OR
  - o Combination of education, training and experience satisfactory to the SMOH, PPEC and CMO.

These are minimum requirements. The SMOH, PPEC and the CMO may determine that additional education, training or experience is required. The SMOH, PPEC and 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, training, experience and certification may be required to be granted certain clinical privileges.

### ***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 Public Health 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 Public Health privileges available to members of the AHS Medical Staff with the necessary and required education training and experience. When granted, Public Health privileges include the capability to provide the noted services using various techniques and approaches as appropriate, unless a specific technique or approach is specified. The Senior MOH recommendation regarding specifics of an individual's privileges and any associated techniques will be provided to PPEC and the CMO for their consideration.

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. In most cases, practitioners in the Department of Public Health have province wide privileges in order to be deployed quickly in the case of an emergent situation. Some privileges may be zone or site specific; for example specific to a Tuberculosis (TB) Clinic or

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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)

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

Sexually Transmitted Infections (STI) clinic. 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.

### ***Proctoring Requirements***

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

***Public Health Clinical Privilege List***

“Medical officer of health” means a physician appointed by a regional health authority or designated by the Minister under this Act as a medical officer of health, and includes the Chief Medical Officer and the Deputy Chief Medical Officer;<sup>5</sup>

The privileges listed below reflect the set of skills expected Medical Officers of Health with specialty training in Public Health and Preventive Medicine as long as the facility can support those privileges.

<b>Public Health Clinical Privileges</b>	
<b>Public Health Issue Consultation</b>	
<input type="checkbox"/>	Assess options and recommend disease and injury prevention initiatives
<input type="checkbox"/>	Assess options and recommend health promotion and protection activities
<input type="checkbox"/>	Assess options and recommend emergency/disaster management initiatives
<input type="checkbox"/>	Inform public health planning and priority setting
<input type="checkbox"/>	Assess potential risks to public health/ recommend steps to reduce or eliminate
<input type="checkbox"/>	Plan public health programs and services
<b>Assess/Manage Public Health Risks</b>	
<input type="checkbox"/>	Interpret and Enforce Public Health Legislation
<input type="checkbox"/>	Advise, consult and lead on communicable disease control issues and manage outbreaks
<input type="checkbox"/>	Advise, consult, and lead on non-communicable disease control issues, injury prevention issues and manage clusters
<input type="checkbox"/>	Develop, test, update emergency/disaster response program
<input type="checkbox"/>	Provide support for emergency and disaster situations
<b>Monitor and Assess Public Health</b>	
<input type="checkbox"/>	Conduct health needs status assessment and participate in population health planning including explicit focus on health equity
<input type="checkbox"/>	Monitor public health indicators to identify and respond to emerging trends
<b>Infection Prevention/Control</b>	
<input type="checkbox"/>	Advise/Consult with physicians and health care providers on infection prevention and control

<sup>5</sup> Province of Alberta Public Health Act; section 1 (bb)

<b>Investigation/Control of Environmental Threats</b>	
<input type="checkbox"/>	Advise/consult on environmental health issues
<b>Leadership and Management</b>	
<input type="checkbox"/>	Apply public health ethics to public and population health issues
<input type="checkbox"/>	Represent the health authority and stakeholders on matters related to public and population health
<input type="checkbox"/>	Lead and participate in research related to public and population health
<input type="checkbox"/>	Provide oversight of delegated public health functions
<input type="checkbox"/>	Use media to improve public health
<input type="checkbox"/>	Participate and lead investigations of and responses to community population health issues

<b>Privileges requiring additional education, training or experience</b>	
<b>Communicable Disease Control</b>	
<b>Sexually Transmitted Infection (STI)</b>	
<input type="checkbox"/>	Assess, treat and make recommendations on STIs and blood borne pathogens
<input type="checkbox"/>	Provide clinical preventive medicine and infection control for STIs and blood borne pathogens
<input type="checkbox"/>	Provide clinical management consultations of STIs and blood borne pathogens
<input type="checkbox"/>	Represent the health authority and stakeholders on matters related to STIs and blood borne pathogens
<input type="checkbox"/>	Provide education, training, and consultation to various stakeholders on STIs, blood borne pathogens, infectious disease, and medical microbiology
<b>Tuberculosis (TB)</b>	
<input type="checkbox"/>	Assess, diagnose, treat and make recommendations on suspect TB, TB infection and secondary TB
<input type="checkbox"/>	Provide clinical preventive medicine and infection control for TB infection and TB exposure
<input type="checkbox"/>	Provide consultation and recommendations on clinical management and prevention of TB infection and secondary TB
<input type="checkbox"/>	Represent the health authority and stakeholders on matters related to TB infection, TB exposure and TB control
<input type="checkbox"/>	Provide education, training, and consultation to various stakeholders on treatment and control of TB infection, suspect TB and TB exposure
<input type="checkbox"/>	Guide contact tracing efforts and investigate contacts to prevent and treat secondary TB cases
<input type="checkbox"/>	Review and evaluate TB trends in the province including clinical radiograph, epidemiology, microbiological and molecular fingerprinting data