

Frequently Asked Questions

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Privileging process changes FAQs

What has changed regarding privileging in accredited facilities?

In the past, medical directors were responsible for reviewing the education and experience of all CPSA regulated members within their facilities, determining the appropriateness of the regulated members’ credentials, and submitting this information to CPSA for a decision on clinical privileges. As of **Nov. 7, 2022**, medical directors are also responsible for making the final decision on clinical privileges.

We have outlined a two-step process to help with this transition.

What are the two steps in this process change?

As of Nov. 7, 2022, medical directors are responsible for ensuring staff who provide care in their accredited medical facilities are competent to provide the services they are granted privileges to provide.

Step one—the interim process—is in effect from Nov. 7, 2022 until June 30, 2023. During Step 1, CPSA continues to review the credentials of regulated members and, if requested by a facility medical director, we will offer recommendations on privileging.

Step two—the final process—begins July 1, 2023. At this point, medical directors will be fully responsible for reviewing credentials and making decisions on privileging. This will include adhering to any expected accreditation policies, procedures and standards.

[Learn more about this two-step process](#), including what medical directors are required to submit to CPSA.

Step one, the interim process, looks like the old process. What has changed?

The main difference beginning Nov. 7, 2022 is the decision-making authority that now resides with medical directors.

Another change is the use of these new forms:

- [Privilege/Approval Record Form](#) (for medical directors to complete and submit to CPSA)
- [Privilege Credentialing Form](#) (for regulated members to complete and submit to the CPSA-accredited medical facility)
- [Non-Hospital Surgical Facility \(NHSF\) Procedures by Scope Form](#) (for regulated members seeking NHSF privileges to complete and submit to the facility along with their Privilege Credentialing Form)

While these forms are new, this information has always been collected. However, CPSA will now offer a recommendation (not a decision) if requested by the medical director, who is now responsible for making the decision.

What support is CPSA offering to help medical directors make this change?

During step one (Nov. 7, 2022 – June 30, 2023), CPSA continues to review the credentials of regulated members and make recommendations (upon request) on privileges to the medical director. This may include providing recommendations on remedial training or experience the regulated member may require. The medical director makes final decisions in all circumstances, and if a decision is not aligned with our recommendation, the medical director must document their rationale and justification for making the decision.

CPSA will continue to work with medical directors to develop policies and procedures for reviewing information and making independent decisions. This transition period is intended to support facilities in taking on this decision-making role starting July 1, 2023. We will also take this time to implement new accreditation standards for privileging in accredited medical facilities, and provide additional guidance to support medical directors.

Why is CPSA making this change?

CPSA has reviewed the role of the Medical Facility Accreditation Committee (MFAC) in privileging and modality approvals of regulated members to work in accredited medical facilities. We've determined that this function is most appropriately placed with the medical directors responsible for the practice of medicine in these facilities. Legislatively, decisions on privileging are better aligned with medical directors in a medical practice than with MFAC. These decisions are better made by those close to the practice of medicine in a facility. Medical directors making these decisions also reduces administrative processes and increases the timeliness of onboarding health practitioners to provide care to patients.

Are medical directors potentially in conflict to make decisions on privileging?

Having responsibility for an accredited medical facility places medical directors in a position of authority over the healthcare provided to all patients in their facilities, which requires a

greater level of care and accountability. They are responsible for the entirety of medical practice in their facilities, and privileging is one of many decisions that impact patient safety.

As medical professionals and CPSA regulated members, medical directors are expected to act with a commitment to the well-being of patients and adhere to the [Code of Ethics & Professionalism](#) in all aspects of their practice. The [Conflict of Interest](#) standard sets expectations for regulated members around managing a business while acting in the best interest of their patients.

What if there is a physician was providing care clearly outside of their scope of practice or specialty?

Although the Medical Facilities Accreditation Committee is no longer making decisions on facility privileges, if we identified a physician that was providing care outside of their scope of practice or professional competency (through accreditation assessments or the critical incident review process) we may refer the situation to CPSA's Continuing Competency team or Professional Conduct for follow-up.

Modality approval FAQs

Is CPSA providing the limited individual modality approvals anymore?

No, CPSA will no longer provide these approvals. In the past CPSA has provided approval for a regulated member to perform a particular procedure or use a particular technology in a medical office setting. These consisted of only a small number of procedures and technologies and have been inconsistent with approach to registration and practice in other areas.

Does this change impact regulated members that have received approvals from CPSA in the past?

This change does not affect regulated members' current approvals or privileges within accredited facilities.

All regulated members must assess their initial and ongoing competency to provide care and complete any procedure, including the ones that previously required CPSA approval.

How does the change to modality approvals impact medical directors?

Medical directors will no longer have access to the approvals listed on [CPSA's Find a Physician search tool](#). The medical director must assess the credentials of regulated members and make a decision to offer clinical privileges for them to provide care in their facility.

Until June 30, 2023, a medical director may request CPSA review and provide a recommendation. A medical director should assess their own competency to review the

credentials in areas outside their specialty and should delegate this responsibility to another regulated member with the appropriate specialties (e.g., diagnostic radiology).

Credentiaing and privileging FAQs

What is credentialing?

Credentialing is the process through which a practitioner's qualifications (education, training, experience and professional attributes) are validated and reviewed against established standards (for example, those of the Royal College of Physicians and Surgeons of Canada) to determine if the practitioner is qualified to practice within a particular clinical domain or perform particular clinical procedures. In some circumstances, demonstrated experience is used as an alternative to formal training. The credentialing process informs the decisions to grant an appointment and clinical privileges by providing information about whether the applicant has the education, training, experience and professional attributes necessary to perform the clinical privileges requested in a facility.

What is privileging?

Privileging is the process through which a practitioner is authorized to practice within a particular clinical domain and provide particular clinical procedures at a specific site. Clinical privileges define the diagnostic or therapeutic procedures a practitioner is deemed competent to perform and the facility within which the practitioner is eligible to provide care and services to patients.

Where can medical directors find guidance on standard benchmarks and practice expectations to support privileging decisions?

The [BC Medical Quality Initiative](#) privileging dictionaries are a source of credible and objective core and non-core training, performance, and experience recommendations. Developed with a robust process and physician expert participation, the dictionaries are designed to create a standard for privileging across multiple organizations and are adaptable to support medical directors in community-based environments. These dictionaries cover the core and non-core competencies of multiple specialties (e.g., cardiology, diagnostic radiology) and therefore provide a broad base for medical directors to review and authorize regulated members to practice in their facility. These are not required standards and medical directors may make decisions that differ from these dictionaries—where decisions differ, medical directors should document a written rationale.

Alberta Health Services continues to credential and privilege in accordance with their AHS Medical Bylaws and processes.

Will previously-privileged regulated members need to be reassessed?

Previously-privileged practitioners will remain privileged and do not require reassessment. Facilities should maintain a record of privileged physicians working in their facility and

include legacy staff. The medical director **must** send a list of all currently privileged staff (CPSA regulated members who already provide services in your facility) to accreditation@cpsa.ab.ca by Nov. 30, 2022. However, no additional information or communication with CPSA is required.

Who can review the credentials and make decisions on privileges?

Credentials must be reviewed and approved by a CPSA regulated member—in most cases, this would be the facility medical director. However, if a medical director is reviewing credentials outside their scope of practice, they may delegate this responsibility to another regulated member who can review and make a decision on privileging. This delegation must be clearly documented. The administrative tasks of collecting or documenting this process may be completed by other staff in the facility.

What if I am not sure about the credentials or qualifications of a potential staff member?

A medical director may confirm credentials and areas of practice for which a CPSA regulated member is licensed at search.cpsa.ca. Although not a standard requirement, you may ask the applicant to include a copy of their Certificate of Professional Conduct (CPC), which can include the registered member's qualifications and formal credentials, registration information (current register, registration history, terms, conditions and restrictions on a permit), and disciplinary actions. The regulated member may [request their CPC on our website](#).

If a medical director is reviewing their own privileging, do they have to complete the privileging forms?

If a medical director is providing new privileges to themselves, they must document their credentials and experience, maintain a record in the appropriate privileging staff file, and submit required information to CPSA. [Learn more about what information is required to be documented and submitted to CPSA.](#)

All CPSA regulated members are expected to only perform a restricted activity they are competent to perform, is within their scope of practice, and is appropriate to the clinical circumstance.

How long will CPSA take to review information and provide recommendations, if requested?

Under normal circumstances, we anticipate reviewing the information and providing a recommendation will take two weeks to complete. However, if the credentials or experience are different than a normally accepted objective standard (e.g., AHS privileging guide) and a more detailed and expert review is required, the information will be vetted by the

appropriate committee, which meets once every two-to-three months. In these cases, our review and recommendation may take up to 10 weeks.

Are there special considerations for privileging locums?

Locum positions are required to be licensed to practice medicine in Alberta and their qualifications can be checked at search.cpsa.ca. Privileging locum positions must follow the same process for review and documentation as outlined above. A locum only requires privileging once in a facility unless a substantial change in their practice history has occurred.

Privileging is required for each facility in which the locum is providing care.

It is important to ensure a continuity of care plan is in place for patients in accordance with the [Continuity of Care standard](#).

Does a physician need to hold current AHS privileges for a medical director to privilege them for their facility?

No, a CPSA regulated member does not require AHS privileges to obtain privileges to provide care in an accredited medical facility. On the other hand, a physician who has AHS privileges should not automatically receive privileges in another facility. Clinical privileges are site-specific.

If a physician has AHS privileges or is privileged in a different accredited facility, are they automatically privileged in my facility?

No, a physician should be assessed on a site-by-site basis. Clinical privileges are site-specific because they require consideration of site characteristics to ensure the safe, high-quality patient care. These considerations include site capacity, adequate facilities, equipment, the number and type of qualified support staff, and other resources.

A regulated member providing services at multiple locations may use the same Practitioner Privileging Information Form, and their information should be reassessed in the context of the local environment. Similarly, if a regulated member is working at multiple locations for the same medical group, they must maintain documentation of privileging for each facility, but may use the same credentialing documentation.

What evidence regarding approvals/privileging does the medical director need to have on hand for an accreditation assessment?

CPSA is developing standards for this new privileging process, including record keeping. The standards will be implemented before June 30, 2023. Accreditation assessments to that standard will be expected after that date. As an interim measure, an accreditation assessment will include a check to ensure a facility is maintaining a record of privileged staff

and may include a check against the CPSA records of both legacy and newly-privileged staff. CPSA will maintain records of credentials and decisions made until June, 30, 2023.

How does a medical director make sure a potential applicant's courses and certifications are recognized and valid?

It is the responsibility of the medical director to review and, where appropriate, verify the credentials provided. This can be done by assessing the required credentials against an internal privileging policy. A facility medical director will be required to determine what credentials are required to provide services in a facility (e.g., current ACLS training). The medical director must also determine what courses or training is credible and acceptable to ensure the required competencies are sufficient for safe practice in a facility. Formal medical qualifications and licensing in Alberta may be checked at [search.cpsa.ca](https://www.cpsa.ca/search).

What if a physician wants to appeal the medical director's decision regarding approvals/privileging?

Facilities should develop and follow internal credentialing processes that will mitigate any potential claims of unfairness in a facility.

The Healthcare Insurance Reciprocal of Canada (HIROC) has shared information about [inappropriate credentialing, reappointment and performance management](#) and risk management that may support facility credentialing processes.

Granting privileges is at the discretion of the facility medical director, who assesses the requirements for providing care in that facility. However, if a physician believe they have been treated unfairly, they may consider making a complaint under the [Alberta Human Rights Act](#). The *Act* allows people to make a human rights complaint to the Alberta Human Rights Commission if they have a reasonable basis to believe that they have experienced harassment or have been discriminated against in the specific areas and under the specific grounds protected under the *Act*.

What about privileging surgical assistants?

All medical staff must be privileged to work within their scope of practice and within their terms of CPSA registration. For questions about licensing or a CPSA registered member's ability to practice, [contact our Registration team](#).

If an applicant has previously been denied approval for a procedure by CPSA, can the medical director of a facility privilege that applicant?

It is the final decision of the medical director of the facility to review applications and grant privileges. If the medical director requests a recommendation from CPSA and then makes a

privileging decision that is not aligned with CPSA's recommendation, the medical director must document their rationale and justification for making the decision.

CPSA has previously granted a regulated member with interim approval (or privileges) with conditions. Does the regulated member still have to meet those conditions?

When the medical director of the facility reviews an application, they may attach conditions to the privileges they grant to regulated members, including those previously specified by CPSA.

Who do I contact at CPSA for physician privileging assistance?

If you have additional questions or need more information, please contact CPSA at support@cpsa.ab.ca.

Insurance and billing FAQs

Will my insurance be affected by this change?

Questions about practice insurance should be directed to the [Canadian Medical Protective Association \(CMPA\)](#) or other insurer. The role of a medical director takes on a significant responsibility for patient safety and quality assurance in a facility. It is important for medical directors to review their ongoing insurance needs to ensure coverage for this extra level of professional responsibility. HIROC has shared information about [inappropriate credentialing, reappointment and performance management](#) and risk management that may support facility credentialing processes.

How does this change affect physician billing within an accredited facility?

CPSA is no longer providing approvals to Alberta Health for billing purposes. It is expected that there will be limited impacts for physicians already billing under legacy-specific modality approvals. For questions about for physicians new to billing in these areas please contact Alberta Health at health.ahcipmail@gov.ab.ca.

Find a physician/medical director FAQs

In the past, the CPSA website provided information on physicians approved to be medical directors. Will that information still be available?

No, CPSA will no longer provide this information on our website.

Our facility is looking to find additional physicians to interpret the tests we perform. In the past we were able to see a list physicians approved to interpret these tests on the CPSA website. Will that information still be available?

No, CPSA will no longer provide this information on our website.