




Credentialing and Privileging in CPSA- Accredited Facilities

A Guide for Medical Directors

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CPSA respectfully acknowledges that our office is located on Treaty 6 territory, a traditional gathering place for diverse Indigenous peoples. We strive to honour and celebrate the histories, languages and cultures of First Nations, Métis and Inuit peoples throughout Treaty 6, Treaty 7 and Treaty 8 territories, as well as in settlements and Indigenous communities across Alberta. Through this land acknowledgement, we commit to building and nurturing authentic relationships with Indigenous peoples as we work towards culturally-safe, equitable health care for all.

Background

The College of Physicians & Surgeons (CPSA) continuously reviews processes to ensure they align with our mandate under the [Health Professions Act](#) and support and guide regulated members in proudly providing safe, high-quality care. As we shared with medical directors in [October 2022](#), the process for privileging and modality approvals of regulated members to work in accredited medical facilities has been updated. Effective Nov. 7, 2022, medical directors are now responsible for decisions on credentialing and privileging of regulated members within their CPSA-accredited medical facilities.

Having a robust credentialing and privileging process is one of the most important ways medical directors support safe, high-quality patient care. As a medical director, you are responsible for the practice of medicine in your facility. This includes screening and evaluating the qualifications of physicians seeking privileges to provide specific procedures and patient care services.

This Credentialing and Privileging Guide and the upcoming online CPSA-Accredited Facility Medical Director Training program are intended to support you in these responsibilities. If you have questions, you can reach out CPSA's Accreditation team:

By email: accreditation@cpsa.ab.ca

Visit us online: cpsa.ca/accreditation

Responsibilities

Issuing practice permits to physicians, reviewing their credentials, and granting privileges are separate functions, and CPSA, medical directors and physicians all have roles and responsibilities in medical facilities.

Within CPSA-accredited facilities, administrative duties, credentialing, privileging, and performance management processes are linked to the provision of safe, high-quality patient care. These responsibilities are most appropriately placed with the medical directors responsible for the practice of medicine within these facilities.

CPSA remains solely responsible for issuing practice permits to physicians and physician assistants practising in Alberta, including within accredited medical facilities. CPSA issues permits to practice within broad scopes and areas of practice but does not assess or approve a physicians' ability to provide individual health

procedures or modalities. That level of specificity is a shared responsibility of both the practicing physician and those responsible for medical facilities (e.g., medical directors of accredited medical facilities, physicians responsible for other medical practices, AHS medical affairs). Physicians must assess their competency and only provide care within their scope of practice and within their skill and abilities. Additionally, those responsible for a medical facility must ensure that members providing care in a facility can do so safely. Facility medical directors are responsible for granting privileges within a medical facility.

Physicians and physician assistants applying for privileging within a medical facility are responsible for meeting that facility's credentialing, privileging, performance and skill/experience requirements. They must also adhere to any organizational, accreditation or regulatory requirements for each facility.

Credentialing

WHAT IS CREDENTIALLING?

Credentials must be reviewed and approved by a CPSA-regulated member. In most cases, this would be the medical director.

Credentialing is the process of obtaining and verifying a practitioner's qualifications (education, training, experience and professional attributes) against established standards to determine if they are qualified to practice within a particular clinical domain or perform particular clinical procedures within a specific accredited facility. There is no universal standard for credentialing, but sources of established objective standards include those of the [Royal College of Physicians and Surgeons of Canada and the British Columbia Medical Quality Initiative dictionaries \(BC MQI\)](#).

As the medical director, you are responsible for reviewing and, when appropriate, verifying the credentials provided by the practitioner. You may use an internal privileging policy developed for your facility to guide your assessment of the practitioner's credentials against the requirements of your facility and the specific procedures the practitioner wishes to be privileged to perform.

Training and experience

Medical Directors must determine what credentials, or additional courses and training are acceptable to ensure the practitioner has the required competencies to provide safe patient care in the facility.

In some circumstances, demonstrated experience may be used as an alternative to formal training. The credentialing process will inform your decisions to grant clinical privileges by providing information about whether the practitioner has the education, training, experience and professional attributes necessary to qualify for and perform the clinical privileges within your facility.

You are encouraged to begin discussions with all practitioner applicants, especially those who are close to or below expected recognized thresholds. Informed and transparent dialogues will ensure mechanisms are in place to ensure adequate practitioner experience and support positive patient outcomes as well as manage expectations and responsibilities.

Verifying credentials

You can confirm areas of practice for which a CPSA-regulated member is licensed at <https://search.cpsa.ca/>.

Although not a standard requirement, you may ask the practitioner applicant to include a copy of a recent (90 days) Certificate of Professional Conduct (CPC), which can include their qualifications and formal credentials, registration information (current register, registration history, terms, conditions and restrictions on a permit), and disciplinary actions. A practitioner applicant can request their CPC here:

<https://cpsa.ca/physicians/registration/certificates-of-professional-conduct/>

If you are reviewing a practitioner applicant's credentials that are outside your own scope of practice, you may wish to consult with a colleague or delegate the credential review to another CPSA-regulated member whose speciality is the same as the practitioner applicant. This colleague can support you in making the privileging decision.

If you delegate credentialing, this delegation must be clearly documented in writing. This should follow a formal documentation process for privileging decision in a facility. CPSA Accreditation may ask to review this formalized process, the formal documentation and the results. Facility administrative staff may assist with document control and processing.

CREDENTIALING CONSIDERATIONS

A medical facility should maintain standard forms to receive applications on privileging. CPSA does not maintain forms for this purpose, and it is the responsibility of facilities to develop and maintain forms appropriate for their

business. Once a physician/practitioner applicant has submitted a privileging credentialing form, medical directors should:

- Assess whether you, as the medical director, are in the same speciality as the practitioner applicant. If not, consider delegating the review to a facility physician colleague/consultant within the same speciality as the applicant.
- Review the practitioner applicant's submitted Privileging Credentialing Form to ensure all information has been submitted and consider which core and/or non-core privileges are being requested.
- Assess the context-specific and criteria-based privileges in your review of the form, and determine whether this is:
 - is **new** practitioner privileging, or
 - a **renewal** of privileges, or
 - a **change** in privileges (additional or removal), or
 - **temporary** privileging (locum tenens), or
 - **emergency** privileging, or
 - a **return to practice** privileging.

Additional considerations include:

- Is the practitioner applicant recognized by CPSA as a specialist or non-specialist?
- What type of CPSA register is the physician applicant on?
- Is the practitioner applicant recognized by the Royal College of Physicians & Surgeons of Canada?
- Is the practitioner applicant a current regulated member of any other physician regulatory body outside of Canada (e.g., American Board of Medical Specialties)?
- Is the practitioner applicant currently undergoing any of the following CPSA assessments:
 - Practice Readiness Assessment
 - Return to Practice
 - Change in Scope
 - Summative Assessment
- Do you require the practitioner applicant to disclose any complaints, hearings or appeals through CPSA or any other physician regulatory body?
- Has the practitioner applicant submitted evidence of successful completed training (copy of diploma, certificate, degree, etc.)?
- Has the practitioner applicant submitted evidence of additional training, skills, experience, certifications and courses?

- Do these additional training courses have a recognized university program affiliation, nationally/internationally recognized body association/society affiliation, etc.?
- Has the practitioner applicant supplied a list of their most recent comprehensive employment history (medical facility), including any privileging or approvals within those facilities?
- Are the two professional references that are provided recent (within the last three years)?
- Is one reference a professional colleague, and the other one a head of the hospital/department/division *or* senior medical administrator?
- Has the practitioner applicant indicated which privileges they are requesting at your facility?
- Has the practitioner applicant appropriately filled out the declaration and do you require them to submit any documentation to support their declaration answers?
- Has the practitioner applicant physically signed/dated the form (with a pen), or does your facility accept a digital signature/time stamp block?
- Does your facility require the practitioner applicant to obtain a criminal record check, and if so, what type (for example: name based, certified criminal record check, police information check, police information check – vulnerable sector)?

CREDENTIALING: NEXT STEPS

Now that you have reviewed the physician credentialing form and supporting documentation, your next steps involve cross referencing and connecting with the practitioner applicant.

CPSA promotes the *British Columbia Medical Quality Initiative privileging dictionaries* (BC MQI) as a source of credible and objective core and non-core training, performance, and experience recommendations. Developed with a robust process and deep physician expert participation, BC MQI 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, respiratory, orthopaedic surgery, anesthesiology, etc.) and therefore provide a broad base for medical directors to review and authorize regulated members to practice in their facility.

If a procedure or modality is outside of BC MQI or is outside of your speciality/scope, you may consider consulting with a specialist in the practitioner applicant speciality for advice.

To cross reference, you will take the submitted practitioner applicant information/documentation and **cross reference** with the appropriate speciality [BC|MQI dictionary](#). Your cross reference will be based on:

- BC QMI dictionary
- What your facility currently provides as diagnostic services (context specific privileges)
- practitioner applicant's education, training, experience and professional attributes

You may or may not need to have further discussions with the practitioner applicant if they are close or below the recognized thresholds to safely perform these clinical procedures.

Privileging

WHAT IS PRIVILEGING?

Privileging is the process through which a practitioner applicant is granted privileges by you, the medical director, to perform specific clinical procedures or health services within a specific medical facility. Privileges are facility specific due to consideration of individual facility characteristics, such as staff, resources, equipment and supplies.

All CPSA-regulated physicians and physician assistants must assess their initial and ongoing competency to provide care and perform exams/procedures within the facility that they are privileged in, including any previously-required CPSA approvals/privileges that were granted before November 2022.

As a medical director, you are also responsible for ensuring your medical director privileging, expertise, training and responsibilities are current and reviewed on a regular basis.

MAKING A PRIVILEGING DECISION

Having responsibility for an accredited medical facility makes medical directors responsible for the health care provided to all patients in their facilities, which

requires a greater level of care and accountability than CPSA-regulated members who are not medical directors.

You responsible for all medical practice in your facility, and privileging is one of many decisions you make that impacts patient safety.

As medical professionals and CPSA-regulated members, physicians and physician assistants are expected to act with a commitment to the well-being of patients and adhere to the [Code of Ethics & Professionalism](#) and [CPSA Standards of Practice](#) in all aspects of their practice.

In particular, CPSA's [Conflict of Interest](#) standard sets expectations for CPSA-regulated members around managing a business while acting in the best interest of their patients.

In deciding whether to approve a request for clinical privileges, a practitioner applicant's credentials are reviewed and aligned with:

- patient need for the clinical activity to be privileged,
- site capacity for safe delivery of the clinical activity to be privileged,
- an assessment of the specific education, training, experience and maintenance of competence requirements for the safe delivery of the clinical activity (privilege) being requested, and
- organizational resources available to support/provide the clinical activities.

The privileges granted to a practitioner applicant will never be broader than the clinical activities a practitioner is qualified, trained or licensed to perform.

Most commonly, privileges granted would be a subset of the activities a practitioner applicant is qualified to perform.

If CPSA identifies that a practitioner is providing care outside of their scope of practice or professional competency we may refer the situation to CPSA's Continuing Competency team or Professional Conduct for review and/or follow-up. This may come to our attention through accreditation assessments, or CPSA's complaint or critical incident review process.

LOCUMS, EMERGENCY OR TEMPORARY PRACTITIONER PRIVILEGING

Practitioners recruited to fill locum tenens, emergency or temporary positions must be registered with CPSA and hold a practice permit.

Regardless of reason for the position, length of time or reason, privileging processes are all the same.

Privileging is required for each facility in which the locum, emergency or temporary practitioner is providing care. It is important to ensure a continuity of care plan will be in place for patients once the practitioner is done at the facility in accordance with CPSA's [Continuity of Care](#) standard.

LEGAL RESPONSIBILITIES

The facility, medical director and the practitioner applicant have legal and insurance responsibilities and obligations. Here are resources to learn more:

<https://www.albertadoctors.org/services/insurance>

<https://www.cmpa-acpm.ca/en/home>

PRIVILEGING: NEXT STEPS

Now that you have:

1. Followed your facility credentialing/privileging policy, process and procedure, and
2. Determined that the practitioner applicant is a match for your accredited facility (speciality and skillset matches health service provision at your facility), and
3. Determined privileging status (new, renewal, change, temporary, emergency, locum, return to practice), and
4. Reviewed your facilities recruitment and retention policy, process and procedures,

You are ready to formally onboard and grant privileges to the practitioner applicant as per your facility recruitment and retention policy, process and procedure.

Accreditation documentation requirements

The CPSA Accreditation team will review your facility's policies, processes and procedures as per our Accreditation Standards. CPSA assessors will review:

- Evidence of document-controlled policy, process and procedure as well as supporting document-controlled templates/logs/forms (e.g., the Privilege/Approval form)
- Evidence of medical director reviews of credential/privileging and related/supporting policies, process and procedure at defined intervals

- Evidence that the current medical director completed the mandatory upcoming CPSA-Accredited Facility Medical Director Training program
- Signed current copy of the medical director role and responsibility attestation form
- Review of medical director delegation policy, process and procedure
- List of current practitioners and privileging status
- Historical privileging list archived (based on facility record retention policies)
- Evidence of the facility peer review/learning program supporting privileging outcomes review (initial and ongoing)
- If a medical director is resigning their role at a facility, CPSA must be notified in writing of:
 - End date of current medical director
 - Name/specialty of new medical director
 - Start date of new medical director

Additional information

Here are a few additional considerations to help you as a medical director succeed within your credentialing and privileging responsibilities:

- If your facility is not AHS-affiliated, a practitioner applicant does not require current Alberta Health Services (AHS) privileges to obtain privileges in your facility. Having, or not having, current AHS privileges is a decision that is mandated by your facility's credentialing/privileging policy, process and procedure.
 - A practitioner applicant who already has AHS privileges should not automatically receive privileges in your facility, and
 - A practitioner who does not have AHS privileges should not be automatically dismissed from consideration either.
- A practitioner providing services at multiple facility locations may use the same Practitioner Privileging Information Form, and their information should be reassessed in the context of each of the facility clinical environments.

Similarly, if a practitioner 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.
- Medical directors may make decisions that differ from the BQ MQI dictionaries. Where privileging decisions differ, medical directors should

document a written rationale and have it available within the practitioner's personnel file.

Glossary

Source: BC MQI – Provincial C&P System, Glossary (25 June 2018)

Additional privilege	An additional privilege is any privilege that is not included in the core, non-core, or context-specific privileges.
Context specific privileges	Privileges that take into account what medical services and procedures a facility can support.
Core privileges	Those activities that a recently graduated member of the discipline can reasonably be expected to perform.
Credentialing	Identifies the kind of medical procedures and services a practitioner is qualified for and assess a practitioner’s education, experience, training, and past and current history of practice. Credentialing informs privileging.
Criteria- based privileging	Privileging based on training and performance standards established by regulatory colleges, expectations of educational institutions, and input from guiding practitioners and governing bodies on what clinical activities are appropriate for different levels of training and experience. It provides a consistent framework to reflect on ones scope of practice.
Current experience	The level of experience believed to allow a practitioner to remain skilled in an activity. Current experience thresholds in the provincial dictionaries are developed by practitioners in the field. Current experience is not a substitute for competency. It does not reflect a practitioner’s ability to do something successfully or efficiently. The assessment of current experience may prompt a supportive conversation about how a skill will be, or is, maintained. It does not automatically disqualify the practitioner from performing the activity.
Locum Tenens	A practitioner appointed to the Medical Staff for the purposes of replacing an existing Medical Staff member or a vacancy for a limited time.

Non-core privileges	Privileges for activities which are outside of the core privileges, which require further training or demonstration of skill.
Practitioner	A physician, dentist, midwife or nurse practitioner who is a member of the medical staff of a BC health authority and is a duly qualified licensee in good standing with their regulatory college.
Privileges	Are defined as site-specific permissions to engage in a clinical activity. See also the types of privilege: core, context specific, non-core, temporary.
Return to Practice	Refers to instances where a practitioner has formerly held the privileges, but has been absent from practice or otherwise does not meet current experience criteria. The criteria for return to practice are recommendations on what is required to regain privileges /to resume the associated practice.
Temporary privilege	A privilege granted to a member of the medical staff for a specified period of time in order that he/she may provide a specific service.
Threshold	The minimum volume of patient encounters, cases, procedures, or minimum length of time practicing the core privileges.