

Purpose:	Required credentials and privileges for Family Physician's to work in Family Medicine (FM) sites within Island Health's Department of Primary Care (PC)
Scope:	<ul style="list-style-type: none"> Guidelines for Credentialing and Privileging Family Physicians who work in Family Medicine in Urban and Rural setting. This includes Inpatient Most Responsible Practitioner (MRP), Long Term Care (LTC) MRP, Rural Emergency, Out Patient Ordering and Surgical Assists by FP's.
Outcomes:	Ensuring minimum required qualifications of Family Physician's to work in Family Medicine within the Department of Primary Care in order to maintain a high quality of patient care
Developed by:	Department of Primary Care
Approved:	Island Health – Health Authority Medical Advisory Committee –2021
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1.0 Introduction

This guideline describes privileging requirements for Family Physician's work in the Department of Primary Care in Island Health *Hospital Act* sites **and some Continuing Care Act sites**. Island Health Family Medicine is practiced in:

- Tertiary Hospitals;
- Community Acute Care Hospitals;
- Rural Acute Care Hospitals;
- Rural Urgent Care Centres;
- Rural Health Centres; and
- Long Term Care Centres.

Not in scope:

- Community Primary Care Centres
- UPCCs

Credentialing and Privileging is required at the following sites:

- Geo 1** - Cormorant Island Health Centre, Gold River Health Centre, NIH Campbell River and District, NIH Comox Valley, Port Alice Health Centre, Port Hardy Hospital, **Eagle Ridge Manor (Port Hardy Hospital)**, Port McNeill Hospital.
- Geo 2** - Dufferin Place (LTC), Eagle Park Health Care Facility (LTC), Nanaimo Regional General Hospital, Oceanside Health Centre (Urgent Care, Medical Day Care, Primary Care), Tofino General Hospital, Trillium Lodge (LTC), West Coast General Hospital, Westhaven (LTC), CISC - Central Island Surgical Centre
- Geo 3** - Cairnsmore Place (LTC), Chemainus Health Care Centre, Chemainus Health Care Centre (LTC), Cowichan District Hospital, Lady Minto/Gulf Islands Hospital, Ladysmith Community Health Centre, Saanich Peninsula Hospital (LTC), Saanich Peninsula Hospital.
- Geo 4** - Aberdeen Hospital, Glengarry Hospital, Gorge Road Hospital (**GRH Waterview/Arbutusview LTC and Bridgeview/Skyview Acute Transitional Care/ UPCC [not credentialed]**), Prioxy Hospital (LTC), Royal Jubilee Hospital/Victoria General Hospital, Queen Alexandra Centre for Children's Health, South Island Surgical Centre (SISC).

Island Health uses provincial privileging dictionaries for Primary Care privileging. The Family Practice dictionary, Emergency Medicine dictionary and all other dictionaries can be found on the BCMQI website.

- Link to BCMQI website for the 2019 [Family Practice Dictionary](#).
- Link to BCMQI website for the 2018 [Emergency Medicine Dictionary](#).
- Link to BCMQI website for [All Privileging Dictionaries](#).

Pain Management Privileges

Basic Pain Management is available for all Family Physicians. The department of primary care will not approve requests for Intermediate and Advanced pain management procedures except for exceptional circumstances for duly qualified practitioners.

Administration of Sedation and Analgesia – Outside of Emergency Situations

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Requests for Administration of Sedation and Analgesia – Outside of Emergency Situations will not be approved by the Department of Primary Care, except for exceptional circumstances for duly qualified practitioners.

Context Specific privileges: Administration of Sedation & Analgesia – Outside of Emergency Situations is to provide sedation for patients who are going through a procedure such as closed reductions, colonoscopy, bronchoscopy, dental procedures, etc. It requires competency in managing cardiovascular and neurologic complications during and after procedure. Practitioners do not need this non-core privilege to provide palliative sedation. Island Health adopted the provincial guideline on refractory symptoms and palliative sedation, <https://intranet.viha.ca/departments/eol/Documents/bc-symptom-guidelines-interactive.pdf#page=295>. This guideline includes a strong recommendation that consultation with a palliative physician be sought prior to initiating palliative sedation.

Other Related Privileges

Surgical Assist

When privileging Surgical Assist in the South Island, providers are assigned RJH, VGH, SPH, and SISC as a bundled group. All other locations, including CISC, are privileged individually by site. Any provider who holds existing **Associate** privileges may apply for Surgical Assist.

Family Practice Obstetrics

If Family Practice Obstetrics privileges are requested this must go through the **Department of Maternity Care** and providers will NOT automatically be given Family Practice privileges on the Primary Care privilege dictionary. Providers must apply separately for Family Practice.

Addictions Medicine, Psychiatric Hospitalists, and Proceduralists

Addictions Medicine **FPs are in the Division of Addictions Medicine in the Department of Medicine**. Psychiatric Hospitalist **FPs are in the Consulting category in the Department of Primary Care at RJH, QAH, and Priory**. NRGH Proceduralist **FPs are credentialed and privileged through Primary Care, but do not have their own specific dictionary at this time.**

Addictions Medicine (AMCS/**AMSU** program) at RJH/VGH and other sites have privileges granted as Consulting/Non Admitting. Pre-approval from the Medical Director for Addictions is required.

Other Additional Dictionaries

Some dictionaries and non-core privileges that are not part of the Primary Care Dictionary are Specialized Palliative Care, Clinical Practitioner in Oncology (**GP Oncologist; if required, admitting privileges at RJH**), Hospital Medicine, Medical Assistance in Dying (**MAID**), Family Practice Anesthesia, Family Practice Obstetrics, Surgical Assist and Family Practice Enhanced Surgical Skills.

Physician Certification to Work in Primary Care

The Family Physician (FP) must have certification through one of the following streams:

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- Canadian College of Family Physicians (CCFP).
- Canadian College of Family Physicians (CCFP) with a certificate of added Competence.
- Possession of credentials acceptable to both the College of Physicians and Surgeons of British Columbia and the governing body of the Health Authority and its Affiliate(s).

Island Health MAY Require Additional Certification Depending on the Facility and the Type of Work

- Current ACLS certificates must be up to date within 2 years and ATLS (or equivalent courses like CARE) within last 4 years
- PALS (or equivalent, APLS) - once
- NRP encouraged where appropriate
- If a physician holds CCFP-EM, then ACLS /ATLS (or equivalent) is not required.
- Cultural Safety and Humility training
- All FP's are encouraged to complete Island Health onboarding.

Grace Period **for Certificates**

- A 12-month grace period can be granted for physicians to obtain necessary certifications or certificate renewals as determined by the Division Head.

Methadone Prescribing as per the BC College, updated June, 2020

- Island Health follows the BC College of Physician & Surgeons practice standard
- If a provider has section 56(1) exemption and have prescribed within the last three years, they may have the privilege without any additional training. Otherwise:
 - For Methadone prescription for analgesia:
 - Registrants who do not currently have a section 56(1) exemption, or have not prescribed in more than three years, must obtain relevant education and training by completing the Methadone for Pain in Palliative Care online course (<http://www.methadone4pain.ca/>), and have read the College's [Methadone for Analgesia Guidelines](#).
 - For Methadone prescription for substance use disorder:
 - Registrants who do not currently have a section 56(1) exemption, or have not prescribed in more than three years, must obtain relevant education and training through the BC Centre on Substance Use (<https://ubccpd.ca/course/provincial-opioid-addiction-treatment-support-program>).

2.0 Privileging Requirements for Long Term Care (LTC) Facilities

Geo 2 - Dufferin Place (Nanaimo), Trillium Lodge (Parksville).

Geo 3 - Cairnsmore Place (Duncan), Chemainus Health Care Centre, Saanich Peninsula Hospital.

Geo 4 - Aberdeen Hospital (Victoria), Glengarry Hospital, Gorge Road Hospital¹, Priory Hospital (Hiscock and Heritage Woods). *

***Physicians in the Long Term Care Initiative (on-call for all LTCs in any given area) need to have credentials and privileges in the Department of Primary Care**

¹ Please see 9.0 miscellaneous items.

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The Department of Primary Care oversees Family Physician's work in these facilities.

Medical Staff category status of Provisional or Active are given when the practitioner is the Most Responsible Practitioner (MRP) for their patients and has arranged 24/7 on call coverage (e.g. on-call roster) for their patients. LTC Physicians request Core privileges: Full-admitting privileges – Family Medicine.

Family Practice Requirements for Long Term Care Facilities:

- CCFP or equivalent. Division Head to determine acceptable equivalencies.
- Documentation in support of any requested non-core procedures.
- CMPA Code 35 or higher (73, 78, 79, 82) or code 27 if only working in LTC is required.

Privileging dictionary required to work in Long Term Care Facilities:

- Family Medicine Privileging Dictionary.

Physicians who carry Medical Staff category status of Provisional or Active in these facilities are also required to hold Medical Staff category status of Associate at a local hospital in order to facilitate ordering outpatient treatments.

3.0 Privileging Requirements for Rural Health Centres

Geo 1 - Gold River Health Centre (GRHC);
Port Alice Health Centre (PAH);

The Department of Primary Care oversees Family Physician's work in these facilities.

Medical Staff category status of Provisional or Active are given when the practitioner is the Most Responsible Practitioner (MRP) for their patients and has arranged 24/7 on call coverage (e.g. on-call roster) for their patients.

Family Practice Requirements for Rural Health Centres:

- CCFP or equivalent. Division Head to determine acceptable equivalencies.
- Current ACLS certificates must be up to date within 2 years and ATLS (or equivalent courses like CARE) within last 4 years
- PALS (or equivalent, APLS) - once
- Documentation in support of any requested non-core procedures.
- CMPA Code 73 (same cost as 35) or higher (78, 79, 82) is required.

Privileging dictionary required to work in Rural Health Centres:

- Family Medicine Privileging Dictionary.

Physicians who carry Medical Staff category status of Provisional or Active in these facilities are also required to hold Medical Staff category status of Associate at the North Island Hospitals at Campbell River and Comox Valley sites in order to facilitate ordering outpatient treatments.

4.0 Privileging Requirements for Rural Urgent Care Centres

Geo 1 - Cormorant Island Health Centre (CIHC).

Geo 3 - Ladysmith Community Health Centre (LCHC);

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Chemainus Health Care Centre (CHCC).

The Department of Primary Care oversees Family Physician's work in emergency, primary care services and medical day care clinic work.

Medical Staff category status of Provisional or Active is given when the practitioner is the Most Responsible Practitioner (MRP) for their patients and has arranged 24/7 on call coverage (e.g. on-call roster) for their patients.

Family Practice Requirements for Cormorant Island Health Centre:

- Emergency Medicine experience in the past 24 months with an average equal to or exceeding 400 clinical patient care hours per year or as per assessment by the Division Head.
- CCFP or equivalent. Division Head to determine acceptable equivalencies.
- Current ACLS certificates must be up to date within 2 years and ATLS (or equivalent courses like CARE) within last 4 years
- PALS (or equivalent, APLS) - once
- Documentation in support of any requested non-core procedures.
- CMPA Code 73 (same cost as 35) or higher (78, 79, 82) is required.

Physicians who carry Medical Staff category status of Provisional or Active at Cormorant Island Health Centre are also required to hold Medical Staff category status of Associate at the North Island Hospitals at Campbell River and Comox Valley in order to facilitate ordering outpatient treatments.

Family Practice Requirements for Ladysmith Community Health Centre (LCHC) and Chemainus Health Care Centre (CHCC):

Ladysmith Community Health Centre and Chemainus Health Centre are credentialed and privileged as one campus two sites.

- CCFP EM designation with current practice/residency completion; OR
- CCFP or equivalent. Division Head to determine acceptable equivalencies.
- Current ACLS certificates must be up to date within 2 years and ATLS (or equivalent courses like CARE) within last 4 years
- PALS (or equivalent, APLS) - once
- Documentation in support of any requested non-core procedures.
- CMPA Code 73 (same cost as 35) or higher (78, 79, 82) is required

Privileging dictionary required to work in Rural Urgent Care Centres:

- Family Medicine Privileging Dictionary,
- Emergency Medicine Privileging Dictionary.

Physicians who carry Medical Staff category status of Provisional or Active at Ladysmith Community Health Centre and Chemainus Health Care Centre are also required to hold Medical Staff category status of Associate at Cowichan District Hospital in order to facilitate ordering outpatient treatments.

Family Physicians who carry Active, Provisional, Temporary and Locum staff status at Cowichan District Hospital Emergency can request same staff category and family medicine admitting privileges at Ladysmith and Chemainus

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in their initial application. Family Physicians who carry Active, Provisional, Temporary and Locum staff status at Cowichan District Hospital Department of Primary Care can request same staff category and family medicine admitting privileges if they fulfill the credentialing requirements for these two sites.

5.0 Privileging Requirements for Oceanside Health Centre (OHC)

The Department of Primary Care oversees Family Physician's work in emergency, primary care services and medical day care clinic work.

Medical Staff category status of Provisional or Active is given when the practitioner is the Most Responsible Practitioner (MRP) for their patients.

OHC - Urgent Care

Family Practice Requirements for OHC-Urgent Care:

- Emergency Medicine experience in the past 24 months with an average equal to or exceeding 400 clinical patient care hours per year or as per assessment by the Division Head.
- CCFP or equivalent. Division Head to determine acceptable equivalencies.
- Current ACLS certificates must be up to date within 2 years and ATLS (or equivalent courses like CARE) within last 4 years
- PALS (or equivalent, APLS) - once
- Documentation in support of any requested non-core procedures.
- CMPA Code 73 (same cost as 35) or higher (78, 79, 82) is required.

Privileging dictionary required to work in OHC-Urgent Care:

- Family Medicine Privileging Dictionary,
- Emergency Medicine Privileging Dictionary.

OHC - Primary Care Clinic and the OHC-Medical Day Care

Family Practice Requirements for OHC-Primary Care and OHC-Medical Day Care clinics:

- CCFP or equivalent. Division Head to determine acceptable equivalencies.
- Documentation in support of any requested non-core procedures.
- CMPA Code 35 or higher (73, 78, 79, 82) is required.

Privileging dictionary required to work in OHC-Primary Care and OHC-Medical Day Care clinics:

- Family Medicine Privileging Dictionary.

6.0 Privileging Requirements for Rural Acute Care Hospitals

Geo 1 - Port Alice Hospital (PAH);

Port Hardy Hospital (PHH);

Port McNeill Hospital (PMH).²

² Port Hardy and Port McNeill are to be privileged together.

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Geo 2 - Tofino General Hospital (TGH).

Geo 3 - Lady Minto/Gulf Islands Hospital (LMGH).

The Department of Primary Care oversees Family Physicians' work in the inpatient hospital and emergency services work.

Medical Staff category status of Provisional or Active is given when the practitioner is the Most Responsible Practitioner (MRP) for their patients and has arranged 24/7 on call coverage (e.g. on-call roster) for their patients.

Family Practice requirements for Rural Acute Care Hospitals:

- Emergency Medicine experience in the past 24 months with an average equal to or exceeding 400 clinical patient care hours per year or as per assessment by the Division Head.
- CCFP or equivalent. Division Head to determine acceptable equivalencies.
- Current ACLS certificates must be up to date within 2 years and ATLS (or equivalent courses like CARE) within last 4 years
- PALS (or equivalent, APLS) – once.
- Current NRP once.
- Documentation in support of any requested non-core procedures.
- CMPA Code 73 (same cost as 35) or higher (78, 79, 82) is required.
- CCFP-EM can perform in-patient MRP work in a Rural Acute Care hospital, if they can demonstrate equivalent currency in Family Medicine practice as determined by the Division Head.

Privileging dictionary required to work in Rural Acute Care Hospitals:

- Family Medicine Privileging Dictionary,
- Emergency Medicine Privileging Dictionary.

Emergency Physicians, CCFP(EM) and FRCP, who have no currency in In Patient Care (BC CPS definition: "done that work in the previous 3 years") are permitted to cover In Patient Care at the Rural Acute Care Hospital during their weekend ED locum

7.0 Privileging Requirements for Community Acute Care Hospitals

Geo 1 - NIH, Campbell River and District (CRG);

NIH, Comox Valley (CVH).

Geo 2 - West Coast General Hospital (WCGH).

Geo 3 - Cowichan District Hospital (CDH);

Saanich Peninsula Hospital (SPH).

The Department of Primary Care oversees Family Physician's work in the inpatient hospital work at these sites and also oversees the Emergency Department Fast Track Clinic at the Saanich Peninsula Hospital.

Emergency services work at these sites is overseen through the Department of Emergency & Critical Care. Requirements for working in the Emergency department at Community Acute Care Hospitals is identified in the Emergency Medicine Credentialing Guideline (EM-001).

Community Hospital Inpatient Physician (CHIP/**Bridge**) service at WCGH is credentialed as in-patient MRP.

Medical Staff category status of Provisional or Active are given when the practitioner is the Most Responsible Practitioner (MRP) for their patients and has arranged 24/7 on call coverage (e.g. on-call roster) for their patients and may participate in the Doctor of the Day program (where applicable).

Family Practice requirements for Community Acute Care Hospitals:

- CCFP or equivalent. Division Head to determine acceptable equivalencies.
- Documentation in support of any requested non-core procedures.
- CMPA Code 35 or higher (73, 78, 79, 82) is required.

Additional Family Practice requirements of the Emergency Fast Track Clinic at the Saanich Peninsula Hospital:

- CMPA code 73 or higher (78, 79, 82) is required.

FPs in CDH Flex shifts require CDH FP Privileges (Department of Primary Care) and do not require ACLS or ATLS to work at CDH Emerg.

Privileging dictionary required to work in Community Acute Care Hospitals:

- Family Medicine Privileging Dictionary.

Saanich Peninsula Hospital Doctor of the Day Program/Fast Track in Emergency

In the SPH Doctor of the Day Program - Temporary medical staff category status is provided for the participants of the Doctor of the Day program until they are established in community and then they can be moved to Medical Staff category status of Provisional. SPH Family Physicians in the DOD/in-patient MRP are allowed to participate in Emergency Fast Track.

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8.0 Privileging Requirements for Tertiary Hospitals

Geo 2 - Nanaimo Regional General Hospital (NRGH).

Geo 4 - Royal Jubilee Hospital/Victoria General Hospital (RJH/VGH); Queen Alexandra Centre for Children's Health (QAC), Gorge Road Hospital

At NRGH, providers may only hold Associate privileges. The Hospitalist service is now in the Department of Medicine. The Department of Primary Care In-Patient MRP Service closed in April 2025.

Royal Jubilee Hospital and Queen Alexandra Centre for Children's Health – Psychiatry Hospitalists

The Department of Primary Care oversees Family Physicians working as hospitalists in the Psychiatry department. These providers take care of the patients' non-psychiatric medical problems. The MRP for the Psychiatric Service is always the Psychiatrist. FP MRP physicians are granted **Consulting** privileges.

At Queen Alexandra Centre (QAC), Family physicians attending to the medical needs of the admitted pediatric psychiatric patients are granted **Consulting** staff and family medicine non-admitting privileges. The Psychiatrist is the MRP.

Surgical Assists

SISC – credentialed w/ RJH, VGH, and SPH

CISC – credential with NRGH

9.0 Miscellaneous Items

Ambulatory Care Outpatient Ordering/Outpatient Ordering - Any Family Practice physician, who does not already hold Family Practice privileges, seeking outpatient-ordering privileges (i.e. blood transfusion, IV iron, antibiotics, etc.) **Only** at a specific site:

- Needs to be credentialed and privileged,
- Will be processed in the Associate medical staff category,
- Request Non-Admitting privileges from the Family Practice Privileging Dictionary.

Refer and Follow - Refer and Follow in the privileging dictionary is **not** provided by Island Health. Family physicians, who would like to refer patients for treatment or visit their patients in hospital, need to have Non-Admitting privileges in the Medical Staff category status of Associate.

Urgent & Primary Care Centres (UPCC) – Island Health does not provide credentialing and privileging at UPCC's and other community based primary care clinics. Physicians may obtain Medical Staff category status of Associate non-admitting privileges at their local hospital.

10.0 PRA- Practice Ready Assessment

PRA providers are processed as Clinical Trainees under the Department of Primary Care. Requirements: Clinical Trainee Family Practice Application, CMPA code 14, Supervisor

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Request come through Recruitment. **Preceptors must be credentialed and privileged appropriately.**

11.0 Real-Time Virtual Support (RTVS [**Peer-to-Peer**]) – RUDi, MaBAL, CHARLiE, VERRa

All sites

The Rural Coordination Center of British Columbia (RCCBC) maintains three 24/7 Real-Time Virtual Support (RTVS) pathways for providers in rural and remote communities. The three pathways are **provider-facing** and include:

- [RUDi](#) (Rural Doctor in Aid): Emergency medicine support
- [MaBAL](#) (Maternity and Babies Advice Line): Maternity and newborn care support
- [CHARLiE](#) (Child Health Advice in Real-Time Electronically): Pediatric support

Because these applications are a **peer-to-peer consultation service**, no credentialing and privileging activities are required.

12.0 VERRa (Virtual Emergency Room Assistance; formerly RUDi MRP [**Peer-to-Nurse**]):

Geo 1 - Port Hardy Hospital (PHH);
Port McNeill Hospital (PMH).

VERRa providers are to be privileged in the **Consulting** category. See 6.0 Privileging Requirements for Rural Acute Care Hospitals.

[VERRa](#) is also provided through Rural Coordination Centre of BC (RCCbc) as an Real Time Virtual Service (RTVS). VERRa is different from RUDi, MaBAL, and CHARLiE in that it is **patient-facing**, and the VERRa doctor becomes the most responsible provider (MRP) to provide clinical emergency services vis telemedicine. The VERRa MRP is contacted by an on-site nurse and is “brought in” to “see” the patient on a computer tablet.

Regarding vetting processes and quality control:

- Physician pathway leads and administrative leads vet physicians using Expression of Interest, C.V. and reference checks.
- Quality control is ongoing with feedback from end users on an ongoing basis, including the option of an anonymous survey where specific feedback on quality can be provided. Feedback is followed up on by our physician leads and administrative leads as appropriate.

13.0 Island Health Facilities

Geo 1

- CIHC – Cormorant Island Health Centre
- GRHC – Gold River Health Centre
- CRG – NIH, Campbell River and District
- CVH – NIH, Comox Valley

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- PAH – Port Alice Health Centre
- PHH – Port Hardy Hospital
- PMH – Port McNeill Hospital
- **EPLTC - Eagle Park Lodge**

Geo 2

- DPRC – Dufferin Place (LTC)
- EPLTC – Eagle Park Health Care Facility (LTC)
- NRGH – Nanaimo Regional General Hospital
- OHC – Oceanside Health Centre (Urgent Care, Medical Day Care, and Primary Care)
- TGH – Tofino General Hospital
- TLLTC – Trillium Lodge (LTC)
- WCGH – West Coast General Hospital
- WRC – Westhaven (LTC)
- CISC - Central Island Surgical Centre

Geo 3

- CPRC – Cairnsmore Place (LTC)
- CHCC – Chemainus Health Care Centre and Chemainus Health Care Centre (LTC)
- CDH – Cowichan District Hospital
- LMGH – Lady Minto/Gulf Islands Hospital
- LCHC – Ladysmith Community Health Centre
- SPH – Saanich Peninsula Hospital and Saanich Peninsula Hospital (LTC)

Geo 4

- ABER – Aberdeen Hospital
- GLEN – Glengarry Hospital
- GRH – Gorge Road Hospital (**GRH Waterview/Arbutusview LTC and Bridgeview/Skyview Acute Transitional Care/ UPCC [not credentialed]**)
- PRIO – Priory Hospital (LTC)
- RJH/VGH – Royal Jubilee Hospital/Victoria General Hospital
- QAC - Queen Alexandria Centre for Children's Health
- SISC South Island Surgical Centre

14.0 Definitions

- ACLS – Advanced Cardiovascular Life Support
- APLS – Advanced Paediatric Life Support
- ATLS – Advanced Trauma Life Support
- CACTUS - Computer Assisted Credentials Tracking and Update System
- CARE – Cardiac Education
- CCFP – Canadian College of Family Physicians
- CMPA – Canadian Medical Protective Association
- ECCM – Emergency & Critical Care Medicine

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- ED – Emergency Department
- EM – Emergency Medicine
- FM – Family Medicine
- FP – Family Physician
- IH – Island Health
- LTC – Long Term Care
- MRP – Most Responsible Practitioner
- NALS- Neonatal Advanced Life Support
- PALS – Pediatric Advanced Life Support
- PC – Primary Care
- UPCC – Urgent and Primary Care Centres
- MAiD- Medical Assistance in Dying
- PRA- Practice Ready Assessment

15.0 Related Island Health Standards

- Orientation to Island Health
 - Will be in alignment with MERC and HAMAC requirements
 - Training is in development (i.e., [Violence Prevention Training](#) and [Mental Health Act](#))

16.0 Chart Completion

The completion of charts in a timely manner is important for quality care. Privileges can be temporarily suspended for not completing charts within 60 days. Medical and Academic Affairs can impose an administrative suspension.

17.0 Return to Practice

- Each case is evaluated individually on its own merits by the Departmental leaders.
- Training, work history, and CPSBC standards are all taken into consideration.
- Generally speaking, there are check-out shifts.
- If necessary, courses are available to support providers.
 - [Hospital Medicine Update On Demand](#)
 - Frequently, funding is available through RCCbc programs.

18.0 Community Providers and PowerChart Access

Community providers may request read-only access to PowerChart through the Community E.H.R team. Privileges are not required to obtain or maintain read-only access.

19.0 Guidelines and Forms

- [Credentialing and Privileging | Medical Staff](#)

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- Addictions Medicine
- [MAiD: Credential and privilege as Associate](#)
- [Memory Clinic](#)
- [Surgical Assist-](#)
- [Temporary Privileges](#)

20.0 References

- [College of Family Physicians of Canada](#)
- [CMPA Codes](#)
- [VIHA Locum Tenens Policy](#)
- [MRP Policy](#)
- [Rural Locum Program](#)
- [methadone4pain.ca/](#)

21.0 Resources

- https://www.health.gov.bc.ca/library/publications/year/misc/rural_programs.pdf
- <https://www.cfpc.ca/EligibilityandApplication/>
- <https://rccbc.ca/>
- <https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/physician-compensation/rural-practice-programs>
- https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/rgplp_policy.pdf
- https://rccbc.ca/wp-content/uploads/2019/07/RSA-communities_2019.pdf
- <https://intranet.viha.ca/pnp/pnpdocs/locum-tenens.pdf>
- <https://intranet.viha.ca/pnp/pnpdocs/most-responsible-practitioner-mrp.pdf>
- <http://www.methadone4pain.ca/>
- <https://ubccpd.ca/course/provincial-opioid-addiction-treatment-support-program>
- <https://www.cpsbc.ca/files/pdf/DP-Methadone-for-Analgesia-Guidelines.pdf>

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