

All physicians must provide evidence of credentialing through their health authority or, if solely working in a private facility, submit a credentialing application to the DAP.

The following summary may assist physicians and others in identifying eligibility for performing spirometry and full PFT. The BCMQI dictionaries are the reference documents and should be referred to directly.

To perform spirometry (FEV1, FVC and ratio, MMEFR, and the response to bronchodilators), the physician must meet one of the following:

1. Be a registrant in the specialty class of respirology, pediatric respirology, occupational medicine, or clinical immunology and allergy; or
2. Be a registrant of the specialty class of internal medicine, pediatrics, critical care medicine, or general/family practice class, and have completed appropriate training reflective of the scope of the privileges requested to the satisfaction of the medical director and the DAP Committee; or
3. Have been approved for spirometry by the DAP prior to January 1, 2011.

Physicians without proof of training during residency must provide evidence of appropriate training, obtain provisional credentialing through the DAP, apply for and receive DAP provisional accreditation, and submit 20 cases to the DAP quality control program for review within three months of their application. Training provided should reflect current practice, theory and standards.

Physicians must also have maintained an adequate volume of current clinical experience reflective of the scope of the practice requested and have demonstrated current experience based on results of ongoing professional practice evaluation outcomes including peer review and/or the DAP quality control program.

To perform any other PFT, the physician must meet one of the following:

1. Be a registrant in the specialty class of respirology, pediatric respirology, occupational medicine, or clinical immunology and allergy; or
2. Be a registrant of the specialty class of general internal medicine, pediatrics, critical care medicine, and have completed appropriate training reflective of the scope of the practice requested to the satisfaction of the medical director and the DAP Committee.

In addition to this, the physician must also have maintained an adequate volume of current clinical experience reflective of the scope of the practice requested and have demonstrated current experience based on results of ongoing professional practice evaluation outcomes including peer review and/or the DAP quality control program.

Each of the following tests must be requested separately and is considered on an individual basis. Note that all of the following are considered core for respirology, pediatric respirology, occupational medicine, and clinical immunology and allergy:

- flow volume loops
- diffusing capacity
- lung volumes
- respiratory muscle testing
- conductance/resistance
- reactive airways (methacholine challenge testing)
- exercise induced asthma testing
- cardiopulmonary exercise testing
- pulse oximetry/overnight oximetry
- exercise testing: desaturation test or six-minute-walk test category

Section 5-26(1) of the Bylaws

For further information, please contact dap@cpsbc.ca.