Please find attached the DRAFT privileging dictionary for FAMILY PRACTICE ENHANCED SURGICAL SKILLS.

THE PANEL: This draft was developed by a provincial panel of subject-matter experts who are currently engaged in a review and refresh of the original dictionary content. The panel is composed of two co-chairs with expertise in the provincial privileging dictionaries and 6 subject matter experts, who work across 3 of the province’s health authorities and with representation from the Rural Coordinator Centre of British Columbia.

CONSULTATION PROCESS: The review panel is now seeking feedback on the draft privilege.

CRITERIA FOR DECISION-MAKING: The Family Practice Enhanced Surgical Skills panel identified the following

1. **Refer to the foundational pillars of CQI to measure current experience**
   
The panel was in agreement that effective clinical team is a major contributor to quality care in rural settings. To measure current experience, the panel refers to the foundational pillars of CQI which includes mentoring relationships and outcomes.

2. **Remove colonoscopy as a separate core privilege**
   
The panel decided to remove the separate core privilege colonoscopy and included it as a procedure under core privilege enhanced surgical skills as it is part of the training in ESS FP for certification.

3. **Utilize the accredited FP enhanced surgical skills training program as the basis for core and noncore**
   
The panel was in agreement that the curricular for the accredited training programs for ESS and ESS-OB should form the basis for the core and non-core privileges. This is not intended to be an all-encompassing procedures list, rather demonstrate breadth of training, skills and techniques in ESS and ESS-OB.
Family Practice with Enhanced Surgical Skills Clinical Privileges

Name: ______________________
Effective from _____/_____/____ to _____/_____/

☐ Initial privileges (initial appointment)  
☐ Renewal of privileges (reappointment)  
All new applicants must meet the following requirements as approved by the governing body, effective: _____/_____/

Instructions:

Applicant: Check the “Requested” box for each privilege requested. Applicants are responsible for producing required documentation to allow for a proper evaluation of current skill, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges. Please provide this supporting information by uploading the appropriate documents.

Medical/Clinical leaders: Check the appropriate box for recommendation on the last page of this form and include your recommendation for any required evaluation. If recommended with conditions or not recommended, provide the condition or explanation on the last page of this form.

Current experience: Current experience thresholds suggested in this document were developed by practitioners in the field, and are not intended as a barrier to practice or to service delivery. They are not intended as rigid cutoffs, below which clinical privileges must be restricted or removed. Instead, medical/clinical leaders are encouraged to initiate discussions with those practitioners who are close to or below the thresholds, to ensure that mechanisms are in place to ensure adequate practitioner experience and patient outcomes.

Other requirements
Note that 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.

This document is focused on defining qualifications related to training and current experience to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

Context: The care of complex patients and patients with uncommon diseases requires access to multidisciplinary groups, experienced teams and institutions with the necessary subspecialties and infrastructure for appropriate care.
Family Practice with Enhanced Surgical Skills Clinical Privileges

Grandparenting: Practitioners holding privileges prior to implementation of the dictionary will continue to hold those privileges as long as they meet current experience and quality requirements.

Continuous Professional Development (CPD): Where suggested in this document, CPD requirements reflect those professional development activities which are eligible for:
1. credit under the Royal College of Physicians and Surgeons of Canada’s (RCPSC’s) Maintenance of Certification (MOC) program;
2. the College of Family Physicians of Canada Mainpro+;
3. those professional development activities held in foreign jurisdictions which would be eligible under the MOC/Mainpro program if held in Canada; or
4. equivalent CPD or Quality Assurance activities for other practitioners.

Planned vs. Unplanned (Emergency) Care: The scope of privileges granted to any individual practitioner is based on considerations of patient care under “normal circumstances.” In the setting of risk to life or limb, the rules of privilege are not meant to constrain practitioners from acting in the best interest of a patient.

Note: The dictionary will be reviewed over time to ensure it is reflective of current practices, procedures and technologies.

Core privilege: Types of activities a recent graduate of the discipline can reasonably be expected to perform at a specific facility. Under core privileges in this dictionary, if there is a procedure you wish to NOT perform please type into the Comments field.

Non-core privilege: Types of activities that require further training, experience and demonstrated skill. Non-core privileges are requested in addition to requesting core. Individuals requesting these privileges should meet the specific threshold criteria associated to such non-core privileges.

Restricted procedures: Some dictionaries have procedures identified by the Ministry of Health as [DESIGNATED A RESTRICTED SERVICE BY THE MEDICAL SERVICES COMMISSION]. Privileges identified as restricted procedures may be flagged in this document. Where it appears, the restricted procedures flag is for administrative tracking only, and has no impact on clinical content.
Family Practice with Enhanced Surgical Skills Clinical Privileges

Definitions

A family physician with enhanced surgical skills (FPESS) is a family physician who at a minimum is able to do either a caesarean section or an appendectomy.

In rural Canada, this comprises 2 distinct professional groups, each of which are important to the rural health care infrastructure

1. ESS Surgery – rural Family Physicians with one or more years of training who provide a broad scope of service.
2. ESS Operative Delivery – rural Family Physicians with 3-6 months of training in a skill set usually restricted to operative delivery.

Qualifications for Family Practice with Enhanced Surgical Skills (FPESS)

Initial privileges: To be eligible to apply for privileges in ESS Surgery, the applicant will normally meet the following criteria:

Successful completion of a College of Family Physicians of Canada (CFPC) accredited residency

AND/OR

Be recognized by the College of Physicians and Surgeons of British Columbia as a general practitioner by virtue of credentials that are acceptable to the College and the governing body of the Health Authority and its Affiliate(s).

AND

Completion of either

1. For ESS Surgery, an accredited one-year training program in enhanced surgical skills OR equivalent training in a program outside of Canada acceptable to the governing body of the Health Authority and its Affiliate(s), or
2. For ESS Operative Delivery, an accredited training program of at least 3 months duration, OR equivalent training in a program outside of Canada acceptable to the governing body of the Health Authority and its Affiliate(s),

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AND

Recommended current experience:

Surgery by rural generalist physicians will often be low volumes. The foundation for quality outcomes is rigorous CQI from a committed surgical team. The foundational pillars of CQI for rural ESS physicians are i) outcomes which are measured, reported, and examined, and ii) the mentoring relationships between these rural generalists and their referral specialists, preferably within network models of care, where available.

ESS Surgery: Current demonstrated skill, ability to lead and contribute to a highly effective surgical team and an adequate volume of experience based on results of ongoing professional practice evaluation and outcomes within an effective CQI program appreciating the shared skills set between different surgical procedures.

ESS Operative Delivery: Current demonstrated skill, ability to lead and contribute to a highly effective maternity team and an adequate volume of experience based on results of ongoing professional practice evaluation and outcomes within an effective CQI program

Renewal of privileges

ESS Surgery: Current demonstrated skill, ability to lead and contribute to a highly effective surgical team and an adequate volume of experience based on results of ongoing professional practice evaluation and outcomes within an effective CQI program

ESS Operative Delivery: Current demonstrated skill, ability to lead and contribute to a highly effective maternity team and an adequate volume of experience based on results of ongoing professional practice evaluation and outcomes within an effective CQI program - Encouraged to participate in MORE OB program.
Family Practice with Enhanced Surgical Skills Clinical Privileges

Core privileges: ESS Surgery

Core privileges are offered to ALL members in the discipline as long as the facility can support those activities and they align with the current local human resource plan and strategic direction of HA surgical and maternity services.

There are procedures that are performed by more than one discipline. The medical staff is responsible to ensure that a single level of care is provided regardless of which member from which professional group is providing the procedure.

These privileges summarize what could be done by an appropriately trained rural ESS physician. Which procedures should be done locally requires excellent clinical judgment reflective of local circumstances and resources, patient comorbidity, specialist consultations, and holistic risk assessment, among others.

- Requested Evaluate, diagnose, consult, and provide pre-, intra-, and postoperative care and perform various surgical procedures to appropriate patients of all ages to correct or treat various conditions, diseases, disorders, and injuries. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.

The core privileges in this specialty include the procedures on the attached procedures list and such other procedures that are extensions of the same techniques and skills.

Core procedures list

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques.

The intent of the core list is to facilitate comprehensive practice while focusing direct discussion on an individual physician’s practice. This allows adapting the list to better reflect that individual’s scope of practice within the context of the designated site.

The most important skill is the cognitive ability of the physician to understand his/her skill set and the clinical situation surrounding any procedure.
Family Practice with Enhanced Surgical Skills Clinical Privileges

For the core procedures list, a review of a practicing physician's scope of practice may result in adaptation of this list at the time of initial application or renewal. The maintenance of privileges discussion should focus on procedures pertinent to the care the physician wishes to provide at the relevant site and the ability of the site to support the provision of those procedures.

To the applicant: If there is a procedure you wish to NOT perform, then please type into the Comments field.

- **Head and Neck**
  - Tonsillectomy
  - Adenoidectomy
  - I&D Peri tonsillar abscess

- **Chest**
  - Tube thoracostomy

- **Abdomen**
  - Upper GI endoscopy, including the endoscopic management of UGI bleeding
  - Colonoscopy and polypectomy
  - Appendectomy, open or laproscopic
  - Herniorrhaphy, including epigastric, umbilical, inguinal, femoral and incisional
  - Surgical management of benign anal disease including hemorrhoidal treatment, fistulotomy, perianal and ischiorectal abscesses, warts

- **Pelvis**
  - Diagnostic laproscopy
  - Surgical sterilization – female (incl. laparoscopic tubal ligation, post-partum tubal ligation, Essure, salpingectomy).
  - Hysteroscopy
  - Dilatation and Curretage, including Suction Curretage
  - Endometrial ablation
  - Surgical management of ectopic pregnancy
  - Surgical management of Bartholin’s Abscess

- **Scrotum**
  - Surgical management of testicular torsion
  - Vasectomy
  - Circumcision for medical indications

- **Extremities**
  - Small skin flaps
  - Select Digit Amputations
  - Carpal tunnel release
  - Extensor tendon repair
Family Practice with Enhanced Surgical Skills Clinical Privileges

- Ganglionectomy
- Trigger finger release
- Full thickness and split thickness skin graft

- Operative Obstetrics
  - Vacuum assisted delivery
  - Manual rotation
  - Low forceps
  - Cesarean Section
  - Repair of 3rd and 4th degree perineal tear
  - Manual removal of retained placenta
  - Repair of bladder injuries
  - Dilation and curettage

- Breast
  - Management of breast lumps

- Removal of complex foreign body not covered in the Family Medicine/General Practice dictionary

**Core privileges: Admitting Privileges**

- Requested: Full Admitting

**Core privileges: ESS Operative Delivery**

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques.

The intent of the core list is to facilitate comprehensive practice while focusing direct discussion on an individual physician’s practice. This allows adapting the list to better reflect that individual’s scope of practice within the context of the designated site.

The most important skill is the cognitive ability of the physician to understand his/her skill set and the clinical situation surrounding any procedure.

For the core procedures list, a review of a practicing physician’s scope of practice may result in adaptation of this list at the time of initial application or renewal. The maintenance of privileges discussion should focus on procedures pertinent to the care the physician wishes to provide at the relevant site and the ability of the site to support the provision of those procedures.
Family Practice with Enhanced Surgical Skills Clinical Privileges

To the applicant: If there is a procedure you wish to NOT perform, then please type into the Comments field.

- Vacuum extraction
- Manual Rotation
- Low Forceps
- Caeserean Section
- Repair of 3rd and 4th degree perineal trauma
- Manual removal of retained placenta
- Repair of bladder injuries
- Dilation and curettage

ESS is a generalist surgical discipline, drawing from a spectrum of surgical specialties where there is a convergence of community need, suitable training, facility support, and an alignment with the current local human resource plan and strategic direction of HA surgical and maternity services. An effective pathway to privileging in a new surgical procedure will integrate these pillars with the heretofore described Core guidelines for renewal of privileges.

Context-specific privileges: Administration of sedation and analgesia

☑ Requested

See “Hospital Policy for Sedation and Analgesia by Nonanesthesiologists”
Family Practice with Enhanced Surgical Skills Clinical Privileges

Process for requesting privileges not included in the dictionary

Where a member of the medical staff requests a privilege not included in the core, non-core or context specific privileges for a discipline, the following process will be followed.

1. The practitioner will request a Change Request Form from the Medical Affairs Office. This will be submitted to the appropriate medical leader as part of the electronic application process.

2. The practitioner will complete the privileges section of the Change Request Form, providing a) the privilege requested, b) the location within the facility where the privilege would be exercised, and c) the relevant training and experience held by the practitioner in this area.

3. The appropriate medical leader, in consultation with the senior medical administrator and medical administrator responsible for the facility, will determine if the requested privilege can be supported at that site.

4. Where it is deemed appropriate, the practitioner, the appropriate medical leader and the senior medical administrator will agree on any additional training required, and a minimum level of activity required to maintain the privilege. The specific minimum number requirement indicating the level of experience needed to demonstrate skill to obtain clinical privileges for the requested procedure must be evidence-based. Where no supporting literature exists for a specific number, the criteria are established by the consensus of a multidisciplinary group of practitioners who do not have self-interest in creating an artificially high volume requirement.

5. Any additional training will be done in a facility that normally trains practitioners in this activity. Exceptions may be granted in circumstances where all that is required is training by a member of the medical staff who holds the privilege in question.

6. On satisfactory completion of training, the appropriate medical leader may recommend to the governing body through the medical advisory committee that the privilege be granted.

The privileging dictionaries on this site (bcmqi.ca) are the official versions. They will be reviewed beginning in 2016. In the meantime if you have any questions or comments please contact your medical administration office or the BC MQI Office by completing the Request for a Revision to a Privileging Dictionary.

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Family Practice with Enhanced Surgical Skills Clinical Privileges

Acknowledgment of Practitioner

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at the facility I am applying, and I understand that:

a. In exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.

b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Signed: __________________________ Date: __________________________

Medical/Clinical Leader’s Recommendation

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

☑ Recommend all requested privileges
☑ Recommend privileges with the following conditions/modifications:
☑ Do not recommend the following requested privileges:

Privilege Condition/modification/explanation

Notes:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Name of Department / Division / Program: __________________________

Name of Medical Leader: __________________________

Title: __________________________

Signature: __________________________

Date: __________________________