

**Family Practice Enhanced Surgical Skills dictionary
was approved by PMSEC on November 9, 2017**

REVIEW PANEL COMPOSITION

The panel was 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.

RECORD OF REVIEW PANEL DECISIONS AND CRITERIA IDENTIFIED:

Below are decisions made by the review panel and/or criteria identified by the panel to guide discussion of clinical practice and standards.

1. Refer to the foundational pillars of CQI to measure current experience

The panel was in agreement that an 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 colonoscopy as a separate core privilege colonoscopy and included it as a procedure under core 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. It is not intended to be an all-encompassing procedures list, rather demonstrate breadth of training, skills and techniques in ESS and ESS-OB.

Qualification for Family Practice with Enhance Surgical Skills (FP ESS)

Decision / Revision: Aligning criteria with CQI pillars outlined for the rural surgery and obstetrics programs

Engagement Method: Panel discussion

ORIGINAL	REVISION
<p>Previous criteria reference clinical hours and number of procedures to define experience.</p> <p>Initial privileges: For ESS Surgery, a CFPC approved one-year training program in enhanced surgical skills OR equivalent training in a program outside of Canada acceptable to the College and the governing body of the Health Authority and its Affiliate(s), or For ESS Operative Delivery, a training program of at least 3 months duration, with the observed and evaluated independent performance of at least 25 cesarean sections.</p> <p>Recommended current experience: ESS Surgery: Current demonstrated skill and an adequate volume of experience (20 hours of non-endoscopic surgical time including OR assists, the majority of which will be as the primary operator or 50 hours of all surgical related activity including consults, call backs to the ER and Maternity wards, CPD), all averaged over 24 months ESS Operative Delivery: Current demonstrated skill and an adequate volume of experience (5 cesarean sections per year averaged over 24 months) based on results of ongoing professional practice evaluation and outcomes.</p>	<p>C1: Refer to curricula for training program in ESS and ESS-OB, incorporate CQI, and recognize importance of effective clinical team</p> <p>Initial privileges: <u>ESS Surgery</u>: 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 <u>ESS Operative Delivery</u>: 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),</p> <p>Recommended current experience: <u>ESS Surgery</u>: 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. <u>ESS Operative Delivery</u>: 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</p>

Qualification for Family Practice with Enhance Surgical Skills (FP ESS)

Decision / Revision: Aligning criteria with CQI pillars outlined for the rural surgery and obstetrics programs

Engagement Method: Panel discussion

ORIGINAL	REVISION
<p>Renewal of privileges:</p> <p><u>ESS Surgery:</u> Current demonstrated skill and an adequate volume of experience (20 hours of non-endoscopic surgical time including OR assists, the majority of which will be as the primary operator or 50 hours of all surgical related activity including consults, call backs to the ER and Maternity wards, CPD), all averaged over 36 months – or has held the privileges prior to implementation of the dictionaries.</p> <p><u>ESS Operative Delivery:</u> Current demonstrated skill and an adequate volume of experience (5 cesarean sections per year averaged over 36 months) with acceptable results, reflective of the scope of privileges requested, based on results of ongoing professional practice evaluation and outcomes or has held the privileges prior to implementation of the dictionary. Encouraged to participate in MORE OB program.</p>	<p>Renewal of privileges</p> <p><u>ESS Surgery:</u> 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</p> <p><u>ESS Operative Delivery:</u> 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.</p>

Core Privileges

Decision / Revision: Include colonoscopy as a core procedure as it is part of the training in ESS FP for certification

Engagement Method: Panel discussion

ORIGINAL	REVISION
<p>In the initial version, colonoscopy was pulled out as a separate privilege</p> <ul style="list-style-type: none"> Core privileges: ESS Surgery: Colonoscopy with polypectomy 	<p><u>C2:</u> Remove colonoscopy as a separate privilege and include it as part of the core procedures list</p> <ul style="list-style-type: none"> Core procedures list: Abdomen Colonoscopy and polypectomy

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: November 09, 2017.

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 even if applicants meet skill or experience requirements, each site will determine if the requested privilege can be supported at that site. 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 patients presenting with complex problems or uncommon diseases requires access to multidisciplinary groups, experienced teams and institutions with the necessary subspecialties and infrastructure for appropriate care.

1



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 (FPSS) 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 (FPSS)

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

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

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),

AND

Family Practice with Enhanced Surgical Skills Clinical Privileges

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.

Recommended current experience:

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.

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.

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.

Family Practice with Enhanced Surgical Skills Clinical Privileges

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 co morbidity, 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.

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.

Family Practice with Enhanced Surgical Skills Clinical Privileges

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

Family Practice with Enhanced Surgical Skills Clinical Privileges

- **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 to request privileges not included in the dictionary for your discipline

Complete this section if you wish to request a privilege that is not included in the core, non-core or context specific privileges for your discipline. Please note that additional privileges are not automatically granted, but are reviewed to ensure alignment with site requirements and capacity.

Instructions

To request additional privileges—that is, privileges *not* included in your discipline dictionary—please provide the following information in the comments box below:

- 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

Your request for additional privileges will be submitted to the appropriate medical leader to determine if the requested privilege can be supported at the specified site, and if so, which training requirements must be met.

Additional Privilege

Requested Not Requested

Comments:

Dictionary content and feedback

The privileging dictionaries on this site (bcmqi.ca) are the official versions.

Dictionary content will be updated in cycles of review and refresh, as listed at the bcmqi.ca dictionary review hub. You can provide input on a dictionary at any time, by submitting a [Request for a Revision to a Privileging Dictionary](#) form to your local medical administration or the BC MQI office.

Family Practice with Enhanced Surgical Skills Clinical Privileges

Acknowledgement 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/ Facility: _____

Name of Medical Leader: _____

Title: _____

Signature: _____

Date: _____