

Family Practice with Enhanced Surgical Skills Clinical Privileges

Name: _____

Effective from ____/____/____ to ____/____/____

Initial privileges (initial appointment) Renewal of privileges (reappointment)

All new applicants should meet the following requirements as approved by the governing body, effective: March 25, 2015.

Applicant: Check the “Requested” box for each privilege requested. Applicants are responsible for producing required documentation 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 separately.

[Department/Program Head or Leaders/ Chief]: 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 is an estimate of the level of activity below which a collegial discussion about support should be triggered. It is not a disqualifier. This discussion should be guided not only by the expectations and standards outlined in the dictionary but also by the risks inherent in the privilege being discussed and by similar activities that contribute to the skill under consideration. This is an opportunity to reflect with a respected colleague on one's professional practice and to deliberately plan an approach to skills maintenance.

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 competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.



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

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

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



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1. 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
2. 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.

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 *currency* requirements for privilege renewal in these rural surgical programs reflect an estimate of *the clinical activity necessary to demonstrate skill* within the CQI program.

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.

Renewal of privileges

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 36 months – or has held the privileges prior to implementation of the dictionaries.

ESS Operative Delivery: 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

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professional practice evaluation and outcomes or has held the privileges prior to implementation of the dictionary. Encouraged to participate in MORE OB program.

Core privileges: ESS Surgery (excluding colonoscopy)

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. In most cases criteria will be developed to ensure this single level of care. Those criteria should take into consideration the previous training, experience, and results demonstrated by the member requesting the privilege as well as the characteristics of the intended patient cohort.

Core privileges are offered to ALL members in the discipline as long as the facility can support those activities.

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 privileges: Admitting Privileges

Requested: Full Admitting

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.

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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 – see below
 - 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
 - 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

For Reference Only

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- Trigger finger release
- 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

Core privileges: ESS Surgery: Colonoscopy with polypectomy

Requested

Initial privileges: Successful completion of an accredited residency that included training in lower endoscopy procedures or equivalent training and/or experience obtained outside a formal program that is at least equal to that obtained within the formal residency program.

AND

Recommended current experience: Demonstrated current skill and evidence of the performance of at least 40 colonoscopy procedures in the past 24 months or completion of training in the past 12 months.

Renewal of privileges: Demonstrated current skill and evidence of the performance of at least 60 procedures in the past 36 months based on results of ongoing professional practice evaluation and outcomes.

Core privileges: ESS Surgery: Gastrosocopy including the management of upper gastrointestinal bleeding

Requested

Initial privileges: Successful completion of an accredited residency that included training in upper endoscopy or equivalent training and/or experience obtained outside a

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formal program that is at least equal to that obtained within the formal residency program.

AND

Recommended current experience: Demonstrated current skill and evidence of the performance of at least 25 gastroscopy procedures per year averaged over the past 24 months or completion of training in the past 12 months.

Renewal of privileges: Demonstrated current skill and evidence of the performance of at least 20 procedures per year averaged over the past 36 months based on results of ongoing professional practice evaluation and outcomes.

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.

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
- Dilatation and curettage

Non-core privileges: ESS Surgery, ESS Operative Delivery

Special Non-core Privileges (See Specific Criteria)



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Non-core privileges are requested individually in addition to requesting the core. Each individual requesting non-core privileges should meet the specific threshold criteria as applicable to the applicant

Context-specific privileges: Administration of sedation and analgesia

Requested

See "Hospital Policy for Sedation and Analgesia by Nonanesthesiologists"

For Reference Only

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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 head of department or chief of staff as part of the electronic application process
2. The practitioner will complete the privileges section of the **Change Request Form** and submit with the following information; the privilege requested, the location within the facility where the privilege would be exercised, and the relevant training and experience held by the practitioner in this area.
3. The department head or chief of staff, 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 department head or chief of staff 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 department head or chief of staff 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 [Provincial Privileging Dictionary Feedback form](#).

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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 governed 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 _____

Department/Program Head or Leaders/Chief'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: _____

