

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

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

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.

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Definition

The specialty of General Surgery embraces the principles and techniques of safe and effective surgical care of the whole person of any age, and is the parent discipline of all surgical specialties. The General Surgeon is an eclectic surgical specialist whose practice deals mainly with the alimentary tract, trauma and critical care, endocrine and breast diseases, cancer surgery and endoscopy. By virtue of training, special interest or circumstance the practice of General Surgery may be narrowly focused or may extend to diseases or injuries affecting virtually any system of the body. Modern general surgical practice includes skill in communication and collaboration, teaching and research, health care management and advocacy, professionalism and continuing professional development.

Qualifications for General Surgery

Initial privileges: To be eligible to apply for privileges in general surgery, the applicant should meet the following criteria:

Be certified as a general surgeon by the Royal College of Physicians and Surgeons of Canada (RCPSC)

AND/OR

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

AND

Recommended current experience: Overall clinical experience of 320 hours a year of which 84 hours a year represent elective and emergent surgical time averaged over two years OR completion of residency or clinical fellowship within the past two years.

Renewal of privileges: To be eligible to renew privileges in general surgery, the applicant will normally meet the following criteria:

Current demonstrated skill and an adequate volume of experience (Overall clinical experience of 320 hours a year of which 84 hours a year represent elective and emergent surgical time as the primary operator, averaged over three years), with acceptable results reflective of the scope of privileges requested. Adherence to the

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requirements of the Medical Staff Bylaws and Medical Staff Rules, including the requirement to participate equitably in an on call schedule. Regardless of the average, no more than one year can be non-operative. Recognizing that other surgical skills are transferable, surgeons doing colonoscopy are expected to do an average of 75 procedures a year with acceptable results, averaged over three years.

Return to Practice: An individualized assessment with a prescribed schedule of mentored surgical experience followed by confirmation of skill by a privileged member of the division of general surgery.

See the instructions to department heads. Each case requires a focused discussion, and where prudent a prescribed schedule of mentored surgical experience, with skill confirmed by a privileged member of the division of general surgery.

Core privileges: General surgery

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 surgical procedures to correct or treat various conditions, diseases, disorders, and injuries of the alimentary tract; skin, soft tissues, and breast; endocrine system; head and neck; surgical oncology, trauma, and the vascular system. 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

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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.

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

Head and neck

- Management of benign neck lesions to include biopsy and excision
- Surgical airway management
- Surgical management of thyroid disease to include cancer
- Surgical management of parathyroid disease
- Lymph node biopsy

Breast and Lymphatics

- Surgical management of benign breast disease
- Surgical management of breast cancer
- Sentinel node biopsy
- Axillary lymph node dissection *

Chest

- Management of diaphragmatic herniae, excluding children under the age of 24 months*
- Tube thoracostomy

Abdomen and retroperitoneum

- Upper GI tract
 - Surgical management of benign gastro-duodenal disease
 - Surgical management of malignant gastric disease
 - Total gastrectomy¹* **
 - Upper GI endoscopy – diagnostic
 - *
 - Upper GI endoscopy – therapeutic
 - Endoscopic management of upper GI bleeding*
 - Surgical management of benign esophageal disease*
 - Antireflux surgery
 - Heller myotomy
 - Hiatal hernia

¹ **Requires: TPN, ICU with dedicated intensivists, interventional radiology, ability to do frozen sections

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- Zenker's diverticulum
- Hepatopancreatic biliary
 - Surgical management of benign biliary disease
 - Common bile duct exploration*
 - Surgical management of distal pancreatic disease
 - Liver biopsies, non segmental liver resections
- Lower GI (small and large bowel)
 - surgical management of benign and malignant disease
 - diagnostic endoscopy
 - therapeutic endoscopy
- Solid organs excluding liver
 - Surgical management of splenic disease
 - Surgical management of adrenal disease*
- Abdominal wall
 - Surgical management of groin herniae
 - Surgical management of ventral herniae
 - Complex abdominal wall reconstruction

Pelvis

- Anus
 - Surgical management of benign anal disease
- Rectum
 - Surgical management of benign rectal disease
 - Transanal excision of rectal tumours
 - Surgical management of malignant rectal disease

Extremities and soft tissue

- Surgical management of benign and malignant skin conditions
- Surgical management of benign soft tissue conditions
- Surgical management of malignant soft tissue masses*

Vascular

- Vascular access procedures
- Temporal artery biopsy
- Varicose vein ligation and management of venous stasis disease*

Pediatric surgery²

- Appendectomy in children
- Umbilical or epigastric hernia repair in children
- Inguinal hernia repair in children
- Laparotomy for acute abdomen in children

* Requires discussion of indications and observation of skill with recommendation to the MAC from a member satisfactory to the department head who holds this privilege within the organization.

² In the context of appropriate anesthesia and postoperative care.

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- Laparotomy for intestinal obstruction in children
- lymph node biopsy for suspected infection or lymphoma
- Incision and drainage of superficial abscesses
- Excision of benign lesions of the skin and subcutaneous tissue
- Pilonidal disease
- Pyloromyotomy for pyloric stenosis

Non-core Privileges (See Specific Criteria)

Non-core privileges are permits for activities that require further training, experience and demonstrated skill.

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 outlined.

Non-core privileges: Complex pediatric surgery under two years of age

Requested

Initial privileges: Fellowship training beyond residency that includes training in pediatric surgery AND/OR demonstrated training and expertise to the satisfaction of the department head

Recommended current experience: Have acted as the primary surgeon for an average of at least ten complex pediatric procedures a year averaged over the past two years.

Renewal of privileges: Have acted as the primary surgeon for an average of at least ten complex pediatric procedures a year averaged over the past three years.

Non-core privileges: Head and Neck Surgery

Requested Surgical management of aerodigestive tract malignancies

Requested Surgical management of salivary gland disease.

Requested Regional lymph node dissection

Initial privileges: Fellowship training beyond residency that includes training in head and neck surgery AND/OR demonstrated training and expertise to the satisfaction of the department head.

AND



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Recommended current experience: 5 cases performed over the previous two years with acceptable results

Renewal of privileges: Review of cases performed and discussion with department head.

Return to practice: As a minimum, mentoring with a colleague who holds this non-core privilege for a period of time sufficient for the mentor to attest to skill.

Non-core privileges: Esophageal Surgery

Requested Esophagectomy and other surgical management of malignant esophageal disease

Initial privileges: Fellowship training beyond residency that includes training in esophageal surgery AND/OR demonstrated training and expertise to the satisfaction of the department head.

AND

Context: Requires multidisciplinary oncology team, intensive care beds with dedicated intensivists, total parenteral nutrition, transfusion services, ability to do frozen sections and specialty level anesthesiologists.

AND

Recommended current experience: Recommendation on this procedure from the department head of the last site the surgeon had privileges.

Renewal of privileges: Demonstrated ongoing skill, review of cases performed and discussion with the department head.

Return to practice: As a minimum, observation by a colleague who holds this non-core privilege for a period of time sufficient to demonstrate skill.

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Non-core privileges: Advanced Endoscopic Techniques

- Requested** Endoscopic ultrasound – current experience 100 procedures a year averaged over three years
- Requested** ERCP – current experience of 50 procedures a year averaged over three years
- Requested** Placement of digestive tract stents

Initial privileges: Fellowship training or equivalent in advanced endoscopic techniques AND/OR demonstrated training and expertise to the satisfaction of the department head.

AND

Recommended current experience: have completed training within the past 24 months or recommendation on skill in these procedures by the department head of the last site where privileges were held.

Renewal of privileges: Demonstrated ongoing skill, review of cases performed and discussion with the department head.

Return to practice: As a minimum, observation by a colleague who holds this non-core privilege for a period of time sufficient to demonstrate skill.

Non-core privileges: Hepatopancreaticobiliary Surgery

- Requested** Surgical management of malignant biliary disease
- Requested** Surgical management of proximal pancreatic disease
- Requested** Liver resection, segmental or greater

Initial privileges: Fellowship training beyond residency that includes training in hepatobiliary surgery AND demonstrated training and expertise to the satisfaction of the department head.

AND

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Context: intensive care beds, total parenteral nutrition, transfusion services, and specialty level anesthesiologists

AND

Recommended current experience: Documented management of these procedures at the last site where the surgeon held privileges or was trained within the past year

Renewal of privileges: Demonstrated ongoing skill in these procedures and disease management within the past three years. Review of cases and discussion with the department head.

Return to practice: As a minimum, observation by a colleague who holds this non-core privilege for a period of time sufficient to demonstrate skill.

Non-core privileges: Colorectal Surgery

- Requested** Complex anal vaginal/ rectovaginal fistula repair
- Requested** Surgical management of fecal incontinence
- Requested** Transanal endoscopic microsurgery for high rectal malignancies
- Requested** Pelvic pouch surgery

Initial privileges: Fellowship training beyond residency that includes training in colorectal surgery AND/OR demonstrated training and expertise to the satisfaction of the department head.

AND

Recommended current experience: Documented skilled management of these procedures at the last site where the surgeon held privileges or was trained within the past year

Renewal of privileges: Demonstrated ongoing skill in these procedures and disease management within the past three years. Review of cases and discussion with department head.

Return to practice: As a minimum, mentoring with a colleague who holds this non-core privilege for a period of time sufficient for the mentor to attest to skill.

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Context Specific Privileges

Context refers to the capacity of a facility to support an activity

Complex Multidisciplinary Surgery

Requested Specific pediatric procedures

- Anesthesia and nursing support

Requested Non-Core Privileges: Complex Surgery Oncology

- The care of complex patients with cancer and patients with uncommon, advanced and recurrent cancers requires access to multidisciplinary tumor groups, experienced surgical teams and institutions with the necessary subspecialties and infrastructure for appropriate perioperative care.

Requested Bariatric

Requires bariatric assessment team (dietitian, occupational therapist, exercise physiologist, medical specialty support), specialized bariatric equipment, and a two bariatric surgeons

Requested Organ Transplantation

- Requires multidisciplinary team and facility acceptable to the Provincial Health Services Authority

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 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: _____

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: _____

