

# Plastic 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: February 12, 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.

In your recommendation for continued privileges, consider the service needs of the department or program

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 on a regular cycle to ensure it is reflective of current practices, procedures and technologies by a provincial expert panel. Panel members would ideally include active practitioner representatives from each Health Authority, UBC Faculty of Medicine and BCMA section.

**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.

### Description:

Plastic Surgery is that branch of surgery whose focus is the management of complex composite tissue defects or deformities. The specialty is defined by its approach to problems and specialized surgical techniques rather than any one anatomical area. There are two main components: reconstructive surgery and cosmetic or aesthetic surgery.

The two components of Plastic Surgery are complimentary in nature. The techniques of reconstructive Plastic Surgery lend themselves to the successful correction of problems in the cosmetic domain, while aesthetic considerations play an integral part in reconstructive surgery. The combination of reconstructive and cosmetic techniques enhances the surgeon's ability to correct physical impairments while preserving the most natural possible appearance.

Plastic Surgery embodies expertise in basic surgical principles which are applied in the care of multiple anatomical areas, and in subspecialty fields, including pediatric, craniofacial, maxillofacial, burns, upper extremity and aesthetic surgery. In addition, Plastic Surgery practice requires interaction with many other surgical specialties, necessitating a collaborative approach in the care of complex reconstructive problems. A plastic surgeon will possess a broad range of diagnostic and procedural skills to manage tissues throughout the body in a wide variety of clinical circumstances.

### Qualifications for Plastic Surgery

**Initial privileges:** To be eligible to apply for privileges in Plastic Surgery, the applicant should meet the following criteria:

Certification as a Plastic Surgeon by the Royal College of Physicians and Surgeons of Canada (RCPSC)

AND/OR



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Recognition as a Plastic Surgeon by the College of Physicians and Surgeons of British Columbia by virtue of credentials earned in another jurisdiction that are acceptable to both the College and the governing body of the Health Authority and its Affiliate(s).

AND

**Recommended current experience:** Performance of an average of at least 100 plastic surgery cases a year or 200 hours a year as the primary operator in any accredited facility, reflective of the scope of privileges requested, averaged over no more than the past 36 months or successful completion of an RCPSC accredited residency (or equivalent) or clinical fellowship within the past 12 months.

Physicians employing fluoroscopic techniques during procedures will have a current radiation safety course.

**Renewal of privileges:** To be eligible to renew privileges in Plastic Surgery, the applicant should normally meet the following criteria: Current demonstrated skill and an adequate volume of experience (50 plastic and reconstructive surgery procedures or 100 hours a year) with acceptable results, reflective of the scope of privileges requested, averaged over the past 36 months based on results of ongoing professional practice evaluation and outcomes. Plus, demonstrated satisfaction of the Royal College CME/CPD requirements, including attendance at one National specialty meeting a year directly related to one's area of practice.

Physicians employing fluoroscopic techniques during procedures will have a current radiation safety course.

**Return to practice** (for core privileges): Individualized evaluation at an academic training center that regularly trains Plastic Surgeon residents with supervision of core procedures relevant to their intended scope of practice.

### Core privileges: Plastic Surgery

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

**Requested** Evaluate, diagnose, and provide consultation to patients of all ages and surgically repair, reconstruct, or replace physical defect of form or function involving the skin, musculoskeletal system, craniomaxillofacial structures, hand, extremities, breast,

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trunk, and external genitalia or cosmetic enhancement of these areas of the body. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine the 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.

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

### **BASIC PROCEDURES OF PLASTIC SURGERY**

- Direct wound closure techniques, including, where appropriate, the repair of deep structures including muscle, nerves, tendons, vessels and bone
- The debridement of complex wounds
- Techniques for skin graft harvest and skin graft application – both split thickness and full thickness
- The harvest from appropriate sites, the preparation of the recipient bed, and the application of autogenous grafts of mucosa, fat, fascia, nerve, blood vessel, cartilage, tendon, and bone
- Use all forms of flaps for wound reconstruction. These will include local flaps, regional flaps and distant flaps, including free flaps. Flap tissues will include:
  - Skin flaps
  - Muscle flaps
  - Fascial flaps
  - Myocutaneous flaps

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- Other composite flaps
- Tissue expansion
- The use of power equipment
- The use of electrocautery, operative lasers, ultrasound and radiofrequency systems in accordance with organizational policy.
- Microsurgical techniques
- The use of endoscopy and arthroscopy where indicated for plastic surgical indications
- The use of biomaterials, including human blood products, tissue allografts and tissue xenografts

### EMERGENCY, PERIOPERATIVE AND POSTOPERATIVE CARE

- The safe and effective administration of local anesthesia
- The safe and effective administration of procedural sedation in accordance with organizational policy.

### HEAD AND NECK

*This section addresses surgical techniques used in the region of the head and neck, except for those considered part of the subspecialty, maxillofacial surgery and those considered part of the subdomain aesthetic (cosmetic) surgery:*

- Techniques to repair and reconstruct all forms of defects of the soft tissues and skeleton related to Plastic Surgery
- Specific techniques to reconstruct the ear, including microtia, outstanding ears, and defects from all causes
- Specific techniques to reconstruct the eyelids
- Specific techniques to reconstruct the lips and the repair of defects from all causes
- Rhinoplasty techniques
- Nasal reconstruction techniques
- Scalp reconstruction utilizing grafts and all available flaps: local, regional and distant
- Cheek reconstruction utilizing grafts and all available flaps: local, regional and distant
- Dissection of the extra-temporal facial nerve
- Reconstruction techniques for facial nerve related deformities, as necessary: nerve grafts, static slings, facelift techniques, eyelid procedures, forehead procedures and free flap techniques

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- Cannulation and repair of the parotid duct
- Mandibular reconstruction techniques to include bone graft techniques, local flaps, distant flaps and free flaps

### HAND AND UPPER EXTREMITY

- Measurement of upper extremity compartment pressures
- Basic plastic surgical techniques applied to soft tissue defects of the hand
- Hand and wrist fractures - including closed reduction methods, splinting, external fixation, open reduction and internal fixation using all available methods
- Repair of hand and wrist ligament disruptions, dislocations and fracture dislocations utilizing closed reduction methods, splinting, external fixation, open reduction and internal fixation using all available methods
- Ligament reconstruction
- Joint reconstruction
- Treatment of non-unions, Kienbock's disease and other chronic problems, utilizing all available techniques
- Bone grafting
- Tendon repair in the acute and chronic setting, including direct suture repair, delayed tendon repair, tendon grafting and tendon transfers
- Tendon sheath release
- Tenolysis
- Revascularization techniques
- All techniques involved in extremity replantation
- Escharotomy and fasciotomy
- Peripheral nerve laceration repair
- Release of compression neuropathies
- Resection and repair of nerve tumors
- Nerve grafting and nerve transfer  
Fasciotomy and palmar fasciectomy techniques for Dupuytren's disease
- Joint replacement techniques
- Incision and drainage techniques for hand and upper extremity infections, including finger tip and finger nail infections and deep space infections of the hand
- Thumb reconstruction

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## LOWER EXTREMITY

- Measurement of lower extremity compartment pressures
- Debridement for major soft tissue injury from any cause
- Escharotomy and Fasciotomy
- Incision and drainage techniques for lower extremity infections
- All basic plastic surgical techniques applied to soft tissue defects of the lower extremity.
- All techniques involved in extremity replantation
- Peripheral nerve laceration repair
- Release of compression neuropathies
- Resection and repair of nerve tumors
- Nerve grafting

## BREAST RECONSTRUCTIVE SURGERY

*This section addresses breast surgery techniques of a non-cosmetic nature. Aesthetic (cosmetic) breast surgery is part of the aesthetic (cosmetic) subdomain*

- Basic plastic surgical techniques applied to soft tissue defects of the breast
- Breast reduction (male and female)
- Mastopexy
- Mastopexy / augmentation
- Correction of breast asymmetry
- Augmentation
- Mastectomy techniques: prophylactic, skin sparing, nipple sparing
- Breast reconstruction for partial or complete defects of the breast from all etiologies, in both the immediate and delayed post mastectomy phase.
- Nipple-areolar complex reconstruction
- Techniques to reconstruct congenital breast deformity including aplasia and tuberous breast

## ABDOMEN, TRUNK AND PELVIS

*This section addresses reconstructive techniques to the thorax, abdomen and perineum. Cosmetic surgery in these locations is part of the subspecialty, aesthetic (cosmetic) surgery.*

- Reconstruction of chest wall defects using all available methods. This will include the treatment of sternal osteomyelitis

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- Reconstruction of abdominal wall defects using all available methods
- Panniculectomy
- Abdominoplasty
- Rectus diastasis repair
- Reconstruction of perineal defects using all available methods. This will include vaginal and penile reconstruction
- Decubitus ulcer management

### SKIN

*This section addresses techniques pertaining to the skin without regard to anatomic location. These are considered basic techniques. Cosmetic techniques are addressed as part of the subdomain aesthetic (cosmetic) surgery.*

- Diagnostic techniques including incisional and excisional biopsies of skin lesions
- Tissue expansion
- The excision of subcutaneous tumours

### PEDIATRIC PLASTIC SURGERY

*This section addresses techniques used in pediatric Plastic Surgery, a subdomain of Plastic Surgery*

- Manage pediatric patients provided appropriate facilities and support is available, including pediatric patients with:
  - Simple and complex lacerations
  - Simple hand fractures
  - Simple tendon and nerve lacerations
  - Hand infections
  - Simple facial fractures (nose, undisplaced midfacial)
  - Minor burns
- Manage pediatric patients in a community setting including patients with:
  - Minor hand deformities
  - Congenital nevi (small, medium)
  - Positional plagiocephaly and simple torticollis
  - Prominent ears and other minor ear deformities
  - Simple hemangiomas and vascular malformations

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- Simple benign lésions (including but not limited to dermoids, pilomatrixoma, inclusion cysts, synovial cysts)
- Adolescent breast asymmetry reconstruction (allogenic, autologous)
- Cleft lip and palate
  - Management of cleft lip anomalies
  - Management of cleft palate anomalies

### FACIAL TRAUMA

- Reduction and fixation of facial fractures utilizing all available techniques, including: intermaxillary fixation, interosseous wires, plates, screws and external fixators.
- Reduction and Fixation of upper facial fractures: Frontal Sinus, Orbital rims and Orbit
- Reduction and Fixation of midfacial fractures: Nose, Nasoethmoidal complex, Zygoma, Le Fort fractures
- Reduction and Fixation of Lower facial fractures: alveoli, mandible
- Reduction and Fixation of Panfacial bony injuries
- Treatment of penetrating panfacial injuries
- Tracheostomy

### BURN AND COLD INJURY

*This section addresses the procedural skills necessary to treat burn and cold injury, a subdomain of Plastic Surgery*

- Management of the acute burn patient
- Escharotomy and fasciotomy
- Late burn wound reconstruction utilizing scar incision, scar excision, tissue expansion, local flaps, regional flaps and distant flaps

### AESTHETIC (COSMETIC) SURGERY

*This section addresses the procedural skills necessary for aesthetic (cosmetic) surgery, a subdomain of Plastic Surgery*

- Facial recontouring surgery including the use of prosthetic implants, the removal of facial soft tissue or bone, and the addition of soft tissue grafts, including autologous fat
- Facial rejuvenation surgery including browlift, blepharoplasty and facelift

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- Rhinoplasty,
- Breast aesthetic surgery, including breast augmentation, mastopexy, mastopexy combined with augmentation, cosmetic breast reduction, and cosmetic alteration of the nipple-areolar complex
- Aesthetic surgery of the trunk and extremities, including panniculectomy, abdominoplasty, total body lift (belt lipectomy), and all forms of body contouring including liposuction and lipoinjection

### 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: Use of laser

#### Requested

**Initial privileges:** An applicant for privileges should have spent time in a clinical setting with an experienced operator who has been granted laser privileges acting as a preceptor and must be endorsed as competent by that preceptor. Practitioner agrees to limit practice to only the specific laser types for which he or she has provided documentation of training and experience.

AND

**Recommended current experience:** Demonstrated current skill or completion of training in the past 12 months.

**Renewal of privileges:** Evidence of the performance of procedures over the past 36 months and demonstrated current skill.

**Return to practice:** Documented CME related to lasers. Performance of 5 laser procedures under direct supervision of a practitioner holding this privilege with endorsement of skill by that practitioner.

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## Non-core privileges: Non-Traumatic Craniofacial Surgery

Requested

**Initial privileges:** Completion of fellowship in craniofacial surgery

AND

**Recommended current experience:** Performance of 12 procedures in the past 12 months.

**Renewal of privileges:** Currency requirements of 12 procedures per year averaged over the past three years.

**Return to practice:** Performance of 5 procedures under direct supervision of a practitioner holding this privilege with endorsement of skill by that practitioner.

## Non-core privileges: Sentinel Node Biopsy

Requested

**Initial privileges:** Evidence of training or practice experience in sentinel node biopsies

AND

**Recommended current experience:** Demonstrated current skill or completion of training in the past 12 months.

**Renewal of privileges:** Evidence of the performance of procedures over the past 36 months and demonstrated current skill.

**Return to practice:** Performance of 5 sentinel node biopsy under direct supervision of a practitioner holding this privilege with endorsement of skill by that practitioner.

### Context Specific Privileges

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

### Context Specific Privileges: Administration of Procedural Sedation



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**Requested**

To be performed in accordance with the organization's policy on procedural sedation by non-anesthesiologists.

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](http://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: \_\_\_\_\_