

Thoracic 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: December 11, 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.

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

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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.

Definition

Thoracic Surgery is that branch of surgery concerned with congenital and acquired diseases of the chest wall, mediastinum, lungs, trachea, pleura, esophagus, stomach and diaphragm.

Qualifications for Thoracic Surgery

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

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

AND/OR

Recognition as a Thoracic 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: Thoracic surgical practice (including procedures), reflective of the scope of privileges requested, in the past 12 months and practicing as a .5 FTE, (by BC standards) or successful completion of an RCPSC accredited residency (or equivalent) or clinical fellowship within the past 12 months.

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

Current demonstrated skill (metrics not defined or measured at this time) and an adequate volume of experience (minimum .5 FTE per year as defined by MOH¹),

¹ A British Columbia Clinical Thoracic Surgery FTE is defined by the Ministry of Health and is accepted by all the Health Authorities

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reflective of the scope of privileges requested, for the past 24 months based on results of *ongoing professional practice evaluation and outcomes* (no current tool). With no more than a twelve month interruption to practice.

Return to practice (for core privileges): Individualized evaluation at an academic training center that regularly trains Thoracic Surgeon residents with supervision of core procedures, at any of the four regional centres, relevant to their intended scope of practice.

Core privileges: Thoracic 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 operative, perioperative, and critical care to patients of all ages with pathological conditions within the chest. Includes; diseases of the airways, lungs, mediastinum, foregut, chest wall, and diaphragm. 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 procedure 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. Certain techniques including but not limited to imaging and lasers may require safety training to be completed before exercising those privileges.

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

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- Performance of history and physical exam
- Cervical, thoracic, or dorsal sympathectomy
- Correction of diaphragmatic hernias, both congenital or acquired, and antireflux procedures
- Decortication or pleurectomy or pleurodesis procedures
- Diagnostic procedures, including cervical and mediastinal exploration, parasternal exploration, mediastinoscopy and thoracoscopy
- Endoscopic procedures for diagnostic and treatment including bronchoscopy, esophagoscopy and gastroscopy
- Lymph node and superficial biopsy procedures
- Management of chest and neck trauma
- Pericardiocentesis, pericardial drainage procedures, and pericardiectomy
- Procedures upon the chest wall, pleura, and lungs, including wedge resections, segmentectomy, lobectomy, and pneumonectomy
- Resection, reconstruction, or repair of the trachea and bronchi
- Resection, reconstruction, repair, or biopsy of the lung and its parts
- Surgery on the esophagus, mediastinum, and diaphragm
- Thoracentesis
- Thoracotomy for trauma, hemorrhage, rib biopsy, drainage of empyema, or removal of foreign body
- Tracheostomy
- Tube thoracostomy
- Video-assisted thoracoscopic surgery (VATS)

Non-core Privileges (See Specific Criteria)

Non-core privileges may be requested for by individuals who have 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



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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. Completion of laser safety training as required by health authority or facility.

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 2 laser procedures under direct supervision of a practitioner holding this privilege with endorsement of skill by that practitioner.

Non-core Privileges: Endobronchial ultrasound (EBUS)

Requested

Initial privileges: Candidate should have successful completion of an accredited RCPSC (or equivalent) postgraduate training program that included training in EBUS or completion of a hands-on continuing medical education program.

AND

Recommended current experience: Demonstrated current skill and evidence of the performance of at least 15 EBUS procedures during the past 12 months or completion of training in the past 12 months.

Renewal of Privileges: Demonstrated current skill and evidence of the performance of at least 45 EBUS procedures in the past 36 months based on results of ongoing professional practice evaluation and outcomes.



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Return to practice: Documented CME related to EBUS. Performance of 2 EBUS procedures under direct supervision of a practitioner holding this privilege with endorsement of skill by that practitioner.

Non-core privileges: Thoracic outlet surgery including: first rib resection, cervical rib, scalenotomy

Requested

Initial privileges: An applicant for privileges should have clinical experience in the procedure either as part of their fellowship training or through previous clinical experience in the past 24 months.

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

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

Non-core privileges: Pectus repair

Requested

Initial privileges: An applicant for privileges should have clinical experience in the procedure either as part of their fellowship training or through previous clinical experience in the past 24 months.

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

Return to practice: Performance of at least two pectus repair procedures under direct supervision of a practitioner holding this privilege with endorsement of skill by that practitioner.

Non-core privileges: Single-lung, double-lung, and heart–lung transplantations (excluding that for infants and young children)

Requested



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Initial privileges: Successful completion of an approved transplant fellowship training program. In lieu of formal transplant fellowship training, three years of experience with an accredited transplant program will suffice. Current certification by the Royal College of Physicians and Surgeons is required.

AND

Recommended current experience: Documentation of the performance of 15 or more lung and/or heart transplants, of which at least half must be single- or double-lung procedures, during residency as the primary surgeon or first assistant or documentation of the performance of 10 or more lung procurement procedures as the primary surgeon or first assistant under the supervision of a qualified lung transplant surgeon. The surgeon must hold certification for cardio-pulmonary bypass. The above training must have been at a medical center with a cardiac or thoracic training program approved by Royal College of Physicians and Surgeons.

Renewal of privileges: Demonstrated current skill and evidence of the independent performance of at least 3 single- or double- lung procedures per year averaged over the last three years based on results of ongoing professional practice evaluation and outcomes.

Return to practice: Performance of at least two transplant procedures 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 sedation and analgesia

Requested

See “Hospital Policy for Sedation and Analgesia by Nonanesthesiologists”



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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: _____