

Vascular 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, 2014.

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

Vascular Surgery is that branch of surgery concerned with the diagnosis and management of congenital and acquired diseases of the arterial, venous, and lymphatic circulatory systems. This is exclusive of the vessels intrinsic to the heart, and the intracranial vessels.

Qualifications for vascular surgery

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

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

AND

Recognition as a Vascular 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:

At least 75 vascular surgery procedures (core procedures) per year, as the primary or secondary surgeon, reflective of the scope of privileges requested, within the past 24 months, the majority being of a reconstructive nature, excluding cardiac surgery, or successful completion of a FRCS(C) accredited residency or clinical fellowship within the past 24 months.

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

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



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Current demonstrated skill and an adequate volume of experience (75 core vascular surgery cases per year as the primary or secondary surgeon with the majority being of a reconstructive nature) with acceptable results, reflective of the scope of privileges requested, for the past 36 months based on results of ongoing professional practice evaluation and outcomes.

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

Return to practice:

- a. Certification of skill by the division head (or his or her delegate).

AND/OR

- b. Individual assessment whereby training objectives and training time should be agreed upon by the physician and division head where privileges are being requested, and successfully meeting the above objectives.

AND/OR

- c. Successful completion of a minimum three month external preceptorship with supervision of core procedures relevant to the intended scope of practice.

Core privileges: Vascular 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 timely consultation and treatment to patients of all ages with diseases/ disorders of the arterial, venous, and lymphatic circulatory systems, excluding the intracranial vessels or the heart. 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



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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.

- Performance of history and physical exam

Diagnostic procedures [DESIGNATED A RESTRICTED SERVICE BY THE MEDICAL SERVICES COMMISSION – MRI AND ULTRASOUND]

- Application and interpretation of venography, angiography and invasive imaging modalities
- Application and interpretation of non-invasive imaging modalities (CT scan, MR imaging, ultrasound/IVUS/Vascular Lab)

Therapeutic procedures

- Arterial exposure and control
- Repair of vascular trauma
- Carotid surgery including endarterectomy
- Open reconstruction of supraaortic trunks
- Aortic reconstruction
- Lower extremity arterial reconstruction
- Repair abdominal aortic aneurysms:
 - Elective – open
 - Elective – endovascular
- Ruptured thoracic or abdominal aortic aneurysms
- Upper extremity vascular reconstruction
- Mesenteric artery and renal artery reconstruction
- Repair of peripheral and visceral aneurysms
- Endovascular interventions including angioplasty, thrombosis treatments, reconstruction and vessel occlusion
- Interventions for acute ischemia
- Venous procedures including treatment of acute and chronic venous disease, and venous ablation techniques
- Dialysis access surgery
- Amputation/fasciotomy
- Surgery for thoracic outlet syndrome
- Balloon angioplasty and stenting of peripheral and visceral arteries

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- Balloon angioplasty and stenting of peripheral and central veins
- Arterial embolization
- Cervical, thoracic, or lumbar sympathectomy
- Central venous access catheters and ports
- Diagnostic biopsy or other diagnostic procedures on blood vessels
- Intravascular ultrasonography

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 privilege: Thoracoabdominal aortic aneurysms

Requested Elective – open [excluding juxtarenal abdominal aortic aneurysm (AAA)]

Requested Elective – endovascular

Initial privileges: Successful completion of a postgraduate training program in vascular surgery incorporating training in open and endovascular thoracoabdominal aortic aneurysm repair.

AND

Recommended current experience: 25 endovascular aortic aneurysm repairs (EVAR) and 5 open Thoracic Aortic Aneurysms (TAAA) and/or thoracic endovascular aortic repair (TEVAR) procedures within 24 months as primary or secondary surgeon, OR completion of fellowship with similar currency within the previous 24 months.

Renewal of privileges: 25 EVAR and 5 open TAAA and/or TEVAR procedures within 36 months as primary or secondary surgeon in a multi-disciplinary setting.

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 competency.

Non-core privilege: Balloon angioplasty and stenting of extracranial cerebral arteries

Requested

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Initial privileges: Successful completion of a postgraduate training program in vascular surgery incorporating training in balloon angioplasty and stenting of extracranial cerebral arteries.

AND

Recommended current experience: Minimum of 30 diagnostic cervicocerebral angiograms with half as the primary operator, and a minimum of 25 carotid stent procedures with half as the primary operator within the previous 24 months, OR completion of fellowship with similar currency within the previous 24 months.

Renewal of privileges: Minimum of 10 diagnostic cervicocerebral angiograms with half as the primary operator, and a minimum of 10 carotid stent procedures with half as the primary operator within the previous 36 months.

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 competency.

Context Specific Privileges

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

Context specific privileges: Administration of procedural sedation

Requested

See "Hospital Policy for Sedation and Analgesia 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) 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: _____