

The Plastic Surgery dictionary was approved by PMSEC on 9 November 2017

REVIEW PANEL COMPOSITION

The panel was composed of two co-chairs with expertise in the provincial privileging dictionaries and 6 subject matter experts, who work across 5 of the province's health authorities with representation of the Doctors of BC

RECORD OF REVIEW PANEL DECISIONS AND CRITERIA IDENTIFIED

Below are panel decisions and/or criteria identified to guide discussion of clinical practice and standards.

1. No changes made

No changes have been made to the Plastic Surgery Dictionary.

Plastic Surgery Clinical Privileges

Name: _____
Effective from: ____/____/____ to ____/____/____

☐ Initial privileges (initial appointment)

☐ Renewal of privileges (reappointment)

All new applicants must meet the following requirements as approved by the governing body, effective: November 9, 2017

Instructions:

Applicant: Check the “Requested” box for each privilege requested. Applicants are responsible for producing required documentation to allow 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 by uploading the appropriate documents. Privileges should not be requested (checked off) and cannot be granted unless the specific criteria associated with the privilege are met.

Medical/Clinical leaders: 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: Current experience thresholds suggested in this document were developed by practitioners in the field, and are *not* intended as a barrier to practice or to service delivery. They are *not* intended as rigid cut offs, below which clinical privileges must be restricted or removed. Instead, medical/clinical leaders are encouraged to initiate discussions with those practitioners who are close to or below the thresholds, to ensure that mechanisms are in place to ensure adequate practitioner experience and patient outcomes.

Other requirements: Note that even if applicants meet skill or experience requirements, each site will determine if the requested privilege can be supported at that site. 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 training and current experience to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

Exemption requests: A request for exemption from meeting specific credentialing requirements for a core or non-core privilege may be made; however, these will be reviewed on a case-by-case basis by the provincial credentialing & privileging oversight committee (CPOC) to determine if an expert panel should be convened to consider the request.

Context: The care of patients presenting with complex problems or uncommon diseases requires access to multidisciplinary groups, experienced teams and institutions with the

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necessary subspecialties and infrastructure for appropriate care.

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.

Continuous Professional Development (CPD): Where suggested in this document, CPD requirements reflect those professional development activities which are eligible for:

1. credit under the Royal College of Physicians and Surgeons of Canada's (Maintenance of Certification (MOC) program;
2. the College of Family Physicians of Canada Mainpro+;
3. those professional development activities held in foreign jurisdictions which would be eligible under the MOC/Mainpro program if held in Canada; or
4. equivalent CPD or Quality Assurance activities for other practitioners.

Planned vs. Unplanned (Emergency) Care: The scope of privileges granted to any individual practitioner is based on considerations of patient care under "normal circumstances." In the setting of risk to life or limb, the rules of privilege are not meant to constrain practitioners from acting in the best interest of a patient.

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

Core privilege: Types of activities a recent graduate of the discipline can reasonably be expected to perform at a specific facility. Under core privileges in this dictionary, if there is a procedure you wish to NOT perform please type into the *Comments* field.

Non-core privilege: Types of activities that require further training, experience and demonstrated skill. Non-core privileges are requested in addition to requesting core. Individuals requesting these privileges should meet the specific threshold criteria associated to such non-core privileges.

Context specific privileges: Privileges that take into account what medical services and procedures a facility can support.

Additional privilege: An additional privilege is any privilege that is not included in the core, non-core, or context-specific privileges dictionary for your discipline. Additional privileges already listed in this document were previously requested by others who practice in your discipline; they may or may not be relevant to you. If there are any privileges not listed in your dictionary that you wish to request, please complete an additional privilege request form and attach any evidence of training to support your request.

Restricted procedures: Some dictionaries have procedures identified by the Ministry of Health as [DESIGNATED A RESTRICTED SERVICE BY THE MEDICAL SERVICES COMMISSION]. Privileges identified as restricted procedures may be flagged in this document. Where it

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appears, the restricted procedures flag is for administrative tracking only, and has no impact on clinical content.

Reference Only

Plastic Surgery Clinical Privileges

Definition

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

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 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.

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

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Current demonstrated skill and an adequate volume of experience of 200 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 or equivalent MOC requirements for CME/CPD requirements and clinical experience not to be interrupted for more than 12 consecutive months

Return to practice: 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.

Note: Fluoroscopy

Physicians employing fluoroscopic techniques during procedures will have a current certificate indicating satisfactory completion of a radiation safety course (e.g. on-line through the PHSA LearningHub)

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, 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 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.

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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
 - Other composite flaps
- Tissue expansion
- The use of power equipment
- The use of electrocautery, 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
- The use of implants

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

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- Reconstruction techniques for facial nerve related deformities, as necessary: nerve grafts, static slings, facelift techniques, eyelid procedures, forehead procedures and free flap techniques
- 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 fingertip and finger nail infections and deep space infections of the hand
- Thumb reconstruction

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

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- 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
- Reconstruction of abdominal wall defects using all available methods
- Panniculectomy
- Abdominoplasty
- Rectus diastasis repair
- Reconstruction of perineal defects using all available methods.
- Vaginal reconstruction
- Penile reconstruction
- Decubitus ulcer management

Skin & soft tissues

This section addresses techniques pertaining to the skin and soft tissues 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 and soft tissue lesions including benign and malignant
- Tissue expansion
- The excision of skin, subcutaneous and soft tissue tumours

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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
 - 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

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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
- 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

Core privileges: Admitting Privileges

- ☐ Requested: Full Admitting

Non-core privileges (see specific criteria)

- Are permits for activities that require further training, experience and demonstrated skill.
- 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/renewal of privileges/return to practice: The applicant has completed training in use of lasers to the satisfaction of the appropriate medical leader.

Practitioner agrees to limit practice to only the specific laser types for which he or she has provided documentation of training and experience.

Non-core privileges: Non-Traumatic Craniofacial Surgery

- ☐ Requested

Initial privileges: Complete fellowship training in craniofacial surgery and/or demonstrate training/expertise to the satisfaction of the appropriate medical leader

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AND

Recommended current experience: Maintain adequate volume of current clinical experience include performance of 12 craniofacial surgeries in the past 12 months, and demonstrate current experience

Renewal of privileges: Current demonstrated skill in craniofacial surgery and performance of 12 procedures per year averaged over the past 36 months with acceptable results

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: Complete training in sentinel node biopsies and/or demonstrate training/expertise to the satisfaction of the appropriate medical leader

AND

Recommended current experience: Maintain adequate volume of current clinical experience include performance of sentinel node biopsy and demonstrate current experience based on results of ongoing professional practice evaluation outcomes.

Renewal of privileges: Current demonstrated skill and an adequate volume of full- or part-time experience with acceptable results, reflective of the scope of the privilege requested, (minimum of 24 weeks working in the discipline for the past 36 months) based on results of ongoing professional practice evaluation and outcomes.

Return to practice: Perform sentinel node biopsies and/or demonstrate training/expertise to the satisfaction of the appropriate medical leader.

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."

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Additional privileges

Definition: An additional privilege is any privilege that is not included in the core, non-core, or context-specific privileges dictionary for your discipline.

To request a privilege that is not included in the core, non-core, or context specific privileges for your discipline, notify your medical leader or local credentialing office.

A credentialing coordinator will send you an additional privilege request form to complete.

Instructions

On the additional privilege request form, you'll be asked to provide the following details:

- a) the privilege requested (*the procedure or activity you are requesting*)
- b) the site or facility where the privilege would be exercised, and
- c) your relevant training, experience or certification, if applicable.

Your request for additional privileges will be submitted to your medical leader. Please note that additional privileges are not automatically granted, but are reviewed to determine alignment with the site capacity and to ensure training requirements are met.

Dictionary content and feedback

The privileging dictionaries on this site (bcmqi.ca) are the official versions.

Dictionary content will be updated as according to the review schedule posted at the bcmqi.ca dictionary review hub. You can provide input on a dictionary at any time, by submitting a [Dictionary Feedback](#) form to the BC MQI office.

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Acknowledgement 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: _____

Medical / Clinical Leader'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/ Facility:

Name of Medical Leader:

Title:

Signature:

Date: