## **Description of Service**

Alberta Health Services (AHS) Medical Staff who are Family Practice Anesthetists and have privileges in AHS facilities provide safe, high-quality care for patients across the province. The Family Practice Anesthetists is a family physician who acquires additional skills in anesthesia to augment family medicine training. Family Practice Anesthetists can be trained in a number of clinical services, including but not limited to: airway management, sedation, analgesia, intubation and resuscitation in the provision of emergency, and surgical services.

Family Practice Anesthetists may also assess, stabilize, and determine the disposition of patients with emergent conditions consistent with policy regarding emergency and consultative services and patient transfer.<sup>1</sup>

For a full list of clinical services, please refer to the attached Family Medicine Anesthesia Clinical Privilege List. Becoming

#### **Zone Medical Staff Organization**

Zone	Department(s)	Section(s)
South	Family Practice	Family Practice
Calgary	Rural Medicine Family Medicine	
Central	Family Medicine	Family Medicine
Edmonton	Family Medicine	Family Medicine
North	Family Health	Family Health

## College of Physicians and Surgeons of Alberta (CPSA) Requirements

The CPSA grants practice permits but does not grant any additional practice approvals for specific procedures or specialties beyond the practice permit.

A practice permit from the CPSA does not guarantee that an individual will be granted an AHS Medical Staff appointment or privileges. It is AHS's role and responsibility to screen and evaluate the qualifications of Practitioners in relation to the specific procedures and patient care services they will be providing at specific sites before granting an appointment and clinical privileges.

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<sup>&</sup>lt;sup>1</sup> BC Medical Quality Initiative Family Medicine/General Practice Clinical Privileges

Physicians with expertise in a particular area of practice may require a CPSA approval process separate from the CPSA licensure and AHS privileging process for specific services. These services typically fall into the non-invasive diagnostics group. Please refer to the CPSA website for a list of practice areas requiring approval <a href="http://www.cpsa.ca/accreditation/physician-approvals/">http://www.cpsa.ca/accreditation/physician-approvals/</a>.

#### **Minimum Education and Training Requirements**

The "Minimum Education and Training Requirements" set out in the AHS List of Family Medicine Anesthesia Clinical Privileges are as follows:

1. Licensure as a family physician in Alberta AND successful completion of a College of Family Physicians of Canada accredited one-year training program in family practice anesthesia acceptable to the governing body of the organization.

OR

2. Combination of education, experience, training and credentials satisfactory to the Zone Clinical Department Head (ZCDH), Zone Application Review Committee (ZARC) and/or the Chief Medical Officer (CMO).

These are minimum requirements. The ZCDH, ZARC and the CMO may determine that additional education, training or experience is required. The ZCDH, ZARC and CMO may also determine that an individual has developed competency in a particular area, without having completed a fellowship in that area, through an equivalent combination of education, training and experience.

## Privileges Requiring Additional Education, Training and Experience

The list identifies privileges that require additional specialty training and documentation of evidence that the practitioner has received recognized postgraduate education, training or an appropriate level of experience to safely provide the service.

## Clinical Privilege List and Medical Staff Bylaws

The AHS Medical Staff Bylaws state that the clinical privileges granted to a Practitioner define the diagnostic or therapeutic Procedures or other Patient care services a Practitioner is deemed competent to perform, the Facility(ies) and Zone(s) within which the Practitioner is eligible to provide care and services to Patients; and the specified AHS Programs and Professional services...that the Practitioner is eligible to access.<sup>2</sup>

No recommendation on Clinical Privileges is meant to prevent any licensed Practitioner from performing any medical procedure on any person in an emergency situation where failure to

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<sup>&</sup>lt;sup>2</sup> AHS Medical Staff Bylaws 3.0.2

perform that procedure may result in death or serious injury or harm to the person.<sup>3</sup>

Nothing in this document or the attached List of Clinical Privileges replaces the processes or requirements set out in the AHS Medical Staff Bylaws and Rules. This document and its attachments are intended to supplement and more fully describe the application of the AHS Bylaws and Rules in the context of Anesthesiology Clinical Privileges.

The AHS Medical Staff Bylaws and Rules can be found on the AHS website at <a href="http://www.albertahealthservices.ca/7086.asp">http://www.albertahealthservices.ca/7086.asp</a>.

### Interpretation of the Clinical Privilege List

The following list describes and reflects the categories/types of patient services included in the scope of Anesthesiology, privileges are available to members of the AHS Medical Staff with the necessary and required education training and experience. When granted, privileges include the capability to perform the noted procedure using various techniques and approaches as appropriate for the patient, unless a specific technique or approach is specified. The Zone Clinical Department Head's recommendation regarding specifics of an individual's privileges and any associated techniques will be provided to ZARC and the CMO for their consideration.

The Medical Staff Rules define the minimum review period for the privilege list.<sup>4</sup>

<sup>&</sup>lt;sup>3</sup> AHS Medical Staff Rules 3.4.3(e)

<sup>&</sup>lt;sup>4</sup> AHS Medical Staff Rules, 3.4.3(f)(ii)).

#### Sites of Privileges

A delineation of the sites of clinical activity is a required component of clinical privileges (AHS Medical Staff Bylaws, 3.2.1(c) and 3.2.7).

Clinical privileges will reflect the site (or sites) where the Physician physically provides the clinical services. A Physician privileged in the specialty may have clinical privileges at multiple sites if they travel to multiple sites to provide clinical services as approved by the ZCDH, ZARC and/or the CMO. 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.

	Site A	Site B	Site C	Site D	Site E
Privilege 1					
Privilege 2					
Privilege 3					
Privilege 4					

The table above indicates what privileges are available at which sites:

- Privilege 1 is available at all sites
- Privilege 2 is available at sites A, C,D and E
- Privilege 3 is available at sites A and C
- Privilege 4 is available at sites B, D and E

## **Proctoring Requirements**

The Zone Clinical Department Head may determine that a period of proctoring is required in certain situations. Proctoring can be defined as follows:

"The term *proctor* is often used to mean observe, supervise, mentor, monitor, or directly assess...*proctoring* reflects a process by which an individual is reviewed and evaluated over time to ensure competence, and proctor identifies the person performing the assessment." *The Medical Staff Handbook, A Guide to Joint Commission Standards, Second Edition.* 

"Proctoring is a process of direct observation that allows for the focused evaluation of current physician competency in carrying out actual clinical care and takes both cognitive and procedural abilities into account. If the proctor observes potential or imminent patient harm during the proctoring process, it may be ethically appropriate for him or her to intervene." Proctoring and FPPE: Strategies for Verifying Physician Competence, Second Edition. Robert J. Marder, MD, CMSL, and Mark A. Smith, MD, MBA, CMSL.

# Family Medicine Anesthesia Clinical Privilege List

	General Privileges in Anesthesiology			
	Core privileges are offered to all members in the discipline as long as the facility can support those activities.			
	Management of patients over 24 months or consistent with surgical patient demographics, as judged by ZCDH or designate; unless specifically excluded from practice. This is limited to ASA1 or ASA2 scores subject to surgical and/or anesthetic complexity, the infrastructure, equipment and staff support available at the site where the service is provided.			
	Administration of all levels of sedation, including general anesthesia, to patients older than 24 months. Care includes pain relief and maintenance, resuscitation or restoration, of a stable condition during and immediately following surgical, obstetrical, and diagnostic procedures. Provide consultative service for patients receiving sedation, with or without airway support, during surgical, obstetrical and other medical procedures. This includes preoperative, intra-operative and postoperative evaluation, management and appropriate measures to protect life functions and vital organs.			
	Required education, training and experience: Refer to Minimum Education and Training Requirements.			
Coı	re Clinical Privileges:			
	Consultation (Includes; conduct history and assessment for the purpose of making recommendations related to care and treatment.)			
	Airway management			
	Cardiac and Pulmonary Resuscitation			
	Mechanical Ventilation			
	Perioperative anesthetic management			
	Chronic and Cancer Pain Medicine			
	Evaluate diagnose, treat and provide consultation to patients, with chronic pain			
Red	quired education, training and experience:			
Additional experience and/or demonstrated training in Chronic Pain Medicine may be required to satisfy the ZCDH or ZMD and CMO.				
Spe	ecialized Privilege/ Technique			
	Admitting (includes; assessment, evaluating, consulting, diagnosing, and treating)			
	Consultation (Includes; conduct history and assessment for the purpose of making recommendations related to care and treatment.)			
	Infusion therapies such as and lidocaine or ketamine			

	Trigger point injections		
	Caudal and lumbar epidural steroid injection without fluoroscopy		
	Regional IV block using sympatholytic agents		
	Cryoablation		
	Facet joint injections		
	Sacroiliac joint blocks		
	Peripheral nerve blocks		
	Stellate ganglion block		
	Celiac plexus block		
	Ganglion impar block		
	Lumbar sympathetic nerve block		
	Paravertebral block		
	Radiofrequency ablation		
	Neurolysis – epidural, peripheral or subarachnoid		
	Intrathecal catheter insertion		
	Epidural catheter tunneling for cancer or palliative care		
	Obstetrical Anesthesia Administration of anesthesia and sedation to parturients and neonates		
Required education, training and experience: GPA training that includes Obstetrical Anesthesia or equivalent training in obstetric anesthesia and/or demonstrated training and experience to satisfy the ZCDH, ZMD and CMO. Demonstrating knowledge of and proficiency in maternal and fetal physiology and pathophysiology, maternal and neonatal airway management and CPR, neuraxial anesthesia (spinal, epidural, CSE) for labour and delivery.			
Spe	Specialized Privilege/ Technique		
	Admitting (includes; assessment, evaluating, consulting, diagnosing, and treating)		
	Consultation (Includes; conduct history and assessment for the purpose of making recommendations related to care and treatment.)		
	Labour epidural insertion and monitoring		
	Spinal for labour analgesia		
	Combined spinal epidural for labour analgesia		

	Remifentanil (PCA) for labour analgesia management	
	Pediatric Anesthesia Administration of anesthesia and sedation to level ASA1 or ASA2 patients under 24 months.	
<b>Required education, training and experience:</b> fellowship training or equivalent training in pediatric anesthesia and/or demonstrated training and experience to satisfy the ZCDH, ZMD and CMO.		
Spe	ecialized Privilege/ Technique	
	Admitting (includes; assessment, evaluating, consulting, diagnosing, and treating)	
	Consultation (Includes; conduct history and assessment for the purpose of making recommendations related to care and treatment.)	
	Airway management	
	Cardiac and Pulmonary Resuscitation	
	Mechanical Ventilation	
	Perioperative anesthetic management	
	Caudal blocks	

Privileges requiring additional education, training and experience: the below listed privileges require education, training and experience in addition to the successful completion of the Fellowship/Residency program.

Non-core privileges may be requested for by individuals who have further training, experience and demonstrated competence.

Non-core privileges are requested individually in addition to requesting the core.

Each individual requesting non-core privileges should meet the specific criteria as outlined.

Cli	nical Privilege	Required additional education, training and experience
	Privileges for specific advanced ultrasound or nerve stimulator guided regional block techniques	Post fellowship training or equivalent and/or demonstrate training and experience to satisfy the ZCDH
	Privileges for blocks guided by fluoroscopy	Post fellowship training or equivalent Radiation Safety course and/or demonstrate training and experience to satisfy the ZCDH
	Pediatric Blocks	Post fellowship training or equivalent and/or demonstrate training and experience to satisfy the ZCDH
	Thoracic Epidurals	Post fellowship training or equivalent and/or demonstrate training and experience to satisfy the ZCDH