

Description of Service

Alberta Health Services (AHS) Medical Staff who are Family Physicians with Enhanced Surgical Skills and have privileges in AHS facilities provide safe, high-quality care for patients across the Province A family physician with enhanced surgical skills (FPESS) is a family physician who at the minimum is able to perform either a caesarean section or appendectomy. ¹ This group of physicians is further split into two (2) distinct groups;

- 1. ESS Surgery rural Family Physicians with one or more years training, with a broad scope of service
- 2. ESS Operative Delivery rural Family Physicians with 3-6 months of training in a skill set usually restricted to operative delivery

Family Medicine Privileges with Enhanced Surgical Skills can include, but are not limited to the ability to evaluate, diagnose, provide consultation and provide pre-, intra-, and post care and perform various surgical procedures to appropriate, to patients of all ages with a wide variety of illnesses, diseases, injuries, and functional disorders of body systems. A Family Physician with Enhanced Surgical Skills may also provide care to patients in the intensive care setting in conformance with unit policies.²

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

Zone Medical Staff Organization

¹ BC MQI Family Practice with Enhanced Surgical Skills November 23, 2015

² BC MQI Family Practice with Enhanced Surgical Skills November 23, 2015



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 those stated on 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.

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 http://www.cpsa.ca/accreditation/physician-approvals/.

Minimum Education and Training Requirements

1. Current certification in Family Medicine by the College of Family Physicians and Surgeons of Canada and one year training program in enhanced surgical skills OR

2. Credentials satisfactory to the Zone Clinical Department Head (ZCDH), Zone Application Review Committee (ZARC) and 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.³

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 perform that procedure may result in death or serious injury or harm to the person.⁴

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 General Surgery Clinical Privileges.

The AHS Medical Staff Bylaws and Rules can be found on the AHS website at http://www.albertahealthservices.ca/assets/info/hp/phys/if-hp-phys-bylaws.pdf

Interpretation of the Clinical Privilege List

The following list describes and reflects the categories/types of patient services included in the scope of General Surgery privileges 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.⁵

Sites of Clinical 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

³ AHS Medical Staff Bylaws 3.0.2

⁴ AHS Medical Staff Rules 3.4.3(e)

⁵ AHS Medical Staff Rules, 3.4.3(f)(ii)).



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.*



Admitting privilege (includes; assessment, evaluating, consulting, diagnosing, treating and surgical assistance) Consultation privilege (Includes; conduct history and assessment for the purpose of making recommendations related to care and treatment. Surgical Assist privilege (at the direction of the surgeon, provides aid in technical functions in the OR) Abdomen Appendectomy Laparoscopic Appendectomy Basic Laparoscopy Operative Laparoscopy Hernia repair - umbilical Hernia repair - groin Hernia repair - groin Chest Tube thorascostomy Gastroscopy (includes biopsies, hemostasis, and foreign body removal) Colonoscopy (includes biopsies, polypectomy, hemostasis, foreign body removal) Sigmoidoscopy - with or without biopsy Gymecology Hysteroscopy	Clinical Privilege			
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Gynecology		Colonoscopy (includes biopsies, polypectomy, hemostasis, foreign body removal)		
		Sigmoidoscopy - with or without biopsy		
Hysteroscopy	Gyr	necology		
		Hysteroscopy		
Hysteroscopic Tubal Occlusion		Hysteroscopic Tubal Occlusion		
Tubal ligation - abdominal		Tubal ligation - abdominal		
Total Hysterectomy		Total Hysterectomy		
□ Oophorectomy		Oophorectomy		
□ Salpingectomy		Salpingectomy		
Bartholin's Abscess drainage		Bartholin's Abscess drainage		
Removal of ectopic pregnancy		Removal of ectopic pregnancy		
Biopsy of vulvar or vaginal lesion		Biopsy of vulvar or vaginal lesion		
Cervical polyp Removal		Cervical polyp Removal		
Evacuation of the pregnant uterus by suction or Dilatation and curettage, less than 14 weeks (TA)		Evacuation of the pregnant uterus by suction or Dilatation and curettage, less than 14 weeks (TA)		
Head and Neck	Hea	ad and Neck		
Adenoidectomy				

	Tonsillectomy			
	Incision and drainage for peri tonsillar abscess			
Mus	Musculoskeletal			
	Amputations - Minor			
	Carpal Tunnel Release			
	Closed reduction of simple fractures			
	Excision of ganglion			
	Extensor tendon repair			
	Fasciotomy			
	Trigger finger release			
Obs	ostetrics			
	Repair of 3 rd and 4 th degree tear			
	Dilation and curettage			
	Cervical laceration repair			
	Manual removal of retained placenta			
	Caesarean section			
	Repair of bladder Injuries			
	Vacuum extraction			
	Low Forceps			
Peri	Perianal			
	Drainage/excision of perianal lesions			
	Simple Fistulotomy repair			
	Hemorrhoid banding			
	Hemorrhoidectomy			
Skir	n & Subcutaneous Tissues			
	Breast biopsy			
	Excision of skin and subcutaneous lesions (eg, lipoma)			
	Flap closure (advancement, transpositional, rotational, axial)			
	Incision, Drainage of Superficial Abscesses and Evacuation Hematomas			
	Regional Lymphadenectomy, Lymph Node Biopsy (Groin, Cervical, Axillary)			
	Removal of Foreign Body			
	Suturing and Debridement Wounds			
	Tissue Biopsy			
	Radical Excision - Toenail			
	Varicose Vein Treatment - ligation and stripping			
	Varicose Vein Treatment - sclerotherapy			
Urol	ogy			
	Adult Circumcision			
	Newborn circumcision			
	Hydrocelectomy			
	Suprapubic Catheter Placement			

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.

Clinical Privilege		Required additional education, training and experience
	Procedural Sedation	Compliance with the AHS Procedural Sedation Policy (PS-21) and Procedure (PS-21-01) ⁶ . Demonstrated combination of education, training AND/OR experience in conscious sedation to satisfy the ZCDH.
	Basic obstetric/gynecologic Ultrasound	Compliance with CPSA Training Requirements Standards

⁶ Procedural Sedation Policy, Procedure and Education Materials <u>http://insite.albertahealthservices.ca/9227.asp</u> November 2015