

Certificate of Added Competence for Enhanced Surgical Skills — it's about our privileges

Brian Geller, MD
Program Director, Enhanced
Skills Program, University of
Saskatchewan, Saskatoon,
Sask.

Stuart Iglesias, MD
Lead, National Working
Group on Enhanced Surgical
Skills, Rural Coordination
Centre of BC, Bella Bella, BC

Stuart Johnston, MD
Associate Director, Rural
Coordination Centre of BC,
Oliver, BC

Correspondence to:
Stuart Iglesias,
siglesias64@gmail.com

Rural surgical and maternity care rests on a platform of family physicians with Enhanced Surgical Skills (ESSs). These provide skill sets in both operative delivery and broader general surgery procedures. Privileging for these ESSs is, arguably, the single largest roadblock threatening the sustainability of these surgical and operative delivery programs.

Family physicians applying for privileges for surgical procedures face deep, strongly held skepticism from specialist surgeons about the quality of the training and the competence of the graduates. Privileging authorities are looking for a credential that verifies these 2 points. Without this credential, local medical directors are faced with unpackaging the list of procedures, examining the training, procedure by procedure, and seeking validation of competency from local surgical specialists. This process invites discord, is highly variable and is very challenging for medical directors.

In our view, the appropriate credential for privileging the ESS skill set is elevation of ESSs to a Category 1 program (e.g., Family Practice Anesthesia, Emergency Medicine) and the awarding of a Certificate of Added Competence (CAC) to its graduates. This pathway requires collaboration among the 2 colleges and the specialty societies to define ESS competencies, create a national competency-based curriculum, design evaluation methodologies, implement a high-level accreditation process to examine the training provided and verify the competence of graduates. This would deliver the credential appropriate to the privileging for ESSs.

The CAC is a formal certifying process that confirms successful training in an appropriately accredited Category 1 program. This is a confirmatory credential, with a visible and highly intuitive flagstaff declaration, that assures national training standards and competence from its recipients.

The present College of Family Physicians of Canada template anticipates that CAC(ESS) would be attainable going forward only by completing an accredited Category 1 program. Although all who are in current practice will have a practice-eligible route to a CAC (grandparenting), that door has closed very quickly with the other CACs, which do not have a formal exit examination.

In a workforce that has relied on international medical graduates rather than Canadian-trained ESS graduates for most of its members, it is likely that the positive contribution from a CAC to resolving privileging will miss a large part of its intended application. *The unintended consequences might be worse.* Faced with a new credential — a Canadian CAC(ESS) — and being somewhat disenchanted as a result of the unresolved issues with their historical credentialing review for foreign trainees, the privileging authorities might decline to privilege any new international medical graduate applicants. This is a strong case for maintaining a practice-eligible route, through a formal assessment rather than an examination, to a CAC for surgical training acquired outside the Canadian Category 1 programs. The survival of the small rural surgical and maternity care programs may depend on the preservation of this practice-eligible route.