



Backgrounder – Credentialing and Privileging Workshop

Introduction:

We are working in very exciting times. With advances in information technology, as well as the work done by interest groups in rural surgery, a more thorough, comprehensive and modern opportunity for credentialing and privileging for rural surgery is possible. A formalized ESS curriculum, based on the University of Saskatchewan FP-ESS program, with its endorsement from the CFPC has now allowed for a defined core skill-set that privileging boards across Canada can expect from FP-ESS physicians. This will aid in the overall health care plan for delivering surgical and operative delivery services to rural areas in Canada.

In the traditional model of privileging, if one held the acceptable credentials in a discipline (i.e. Obs/Gyne, General Surgery), one was expected to be able to perform the core skill set of that discipline. However, subsequently there has been division of even the specialties into various subspecialties. This has led to a blurring of what defines the core skill set of generalist surgeons and obstetricians who have set out to work in rural and remote areas.

There have been attempts by both British Columbia and Alberta to address these issues. British Columbia set out to create a dictionary to define the roles played by the various physicians in BC¹. Alberta has similarly done work in defining core skill sets for physicians from different disciplines². Both have focused on competency as a foundation for granting privileges to physicians.

Another concept of rural credentialing and privileging involves first looking at the health care needs of a specific patient population. From this, a group of skills that would be appropriate to both the demographic and geography of an area can be determined. Health care planners then attempt to match the geographic area with physician(s) that would most sustainably provide the needed skill-set to the population. This patient-centric approach to providing surgery in rural areas aims to be more sustainable to the rural population in Canada. Work has begun on this model in northern Alberta.

Regardless of the approach, credentialing and privileging of physicians performing surgical skills in rural areas requires the following: credentialing of a physician's training; granting of initial privileges of a physician's skill set; maintenance and evaluation of competency of a physician's skill set; and finally the acquisition of new skills by a rural physician.

Backgrounder – Credentialing and Privileging Workshop

Credentialing is the process of establishing the qualifications for a skill set and assessing the background and legitimacy of the training by which a physician has acquired that skill set. The difficulty in rural surgery comes in the evaluation of the credentials of the many programs available today for physicians to train in surgical procedures applicable to rural and remote medicine.

Initial privileges in rural surgical skills have traditionally been granted after review of the background and legitimacy of a physician's training program. This approach is appropriate so long as the core skill set of a discipline is obvious and well defined. However, as outlined above, defining core skill sets has become quite difficult. This is because no procedures are owned by a specific discipline, and therefore various practitioners are currently able to provide the same skill. Moving forward, a universal, fair and transparent method of proving competency is essential for granting initial privileges to a physician providing surgical skills in rural areas. This would allow for a better understanding of whether a physician is safely able to perform a given skill, regardless of where training was acquired.

Once privileged, a method by which rural physicians keep current and safe in their skills is essential. In the context of rural surgery, this requirement must be met creatively. This is because low volume centers run into difficulties with Continuous Quality Improvement programs that are based primarily on data collection. A more applicable and robust concept could be possible by incorporating Network Models of care into continuous mentoring and evaluation. Within a Network Model of care, both FP-ESS and their specialist colleagues could work together to provide both evaluation and, at the same time, mentoring to ensure that physicians doing surgery in rural areas keep their skills both up to date and up to the current standards of care.

A more formalized process, again based on competency, is possible in the near future to allow for physicians doing surgery in rural areas to acquire new skills. This very much could be incorporated into the Network Model of rural surgical care's concept of continuous mentoring and evaluation. This would allow for continuous close connection between the specialists in larger centers and their rural counterparts to ensure that skills are acquired safely and thoroughly before being applied to a given rural population. An example of this framework has been the UBC Continuing Surgical Education Committee Preceptor Program for New Surgical Procedures³.

Ultimately, it is the goal of this working group to outline a patient-centric strategy for credentialing and privileging of physicians for rural and remote surgery which is based on competency and incorporates Continuous Quality Improvement in a framework of a Network Model of care.

Backgrounder – Credentialing and Privileging Workshop

Framework for the Working Group:

The aim of this working group is to create a toolbox that health authorities can use when planning surgical services for rural and remote communities. This toolbox should include information and recommendations as to how to engage in the following four topics:

- 1) Credentialing of physicians providing surgical skills in rural areas.
- 2) Initial privileging of physicians providing surgical skills in rural areas.
- 3) A Continuous Quality Improvement process which is specific to rural areas.
- 4) The acquisition of new skills by physicians providing surgical skills in rural areas.

We hope in this workshop to begin to flush out the details of each of these topics. At the end of this meeting, we aim to have a list of important points pertaining to each topic above. From this working group, we will also decide who will continue working on this toolbox, when it will be completed, and to whom it will be distributed once completed.

Resources:

1. [Family Practice with Enhanced Surgical Skills Clinical Privileges](#)
2. [Delineation Of Clinical Privileges Guide](#)
3. [Continuing Surgical Education Committee Preceptor Program for New Surgical Procedures](#)