

CAC for ESS – It's About Our Privileges!

Rural surgical and maternity care rests on a platform of Family Physicians with Enhanced Surgical Skills (ESS). 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.

FPs applying for privileges for surgical procedures face deep and strongly held skepticism from specialist surgeons about 1) the quality of the training and 2) the competence of the individual graduates. Privileging authorities are looking for a credential that verifies these 2 points. Without this credential, local Medical Directors are faced with un-packaging 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 the Medical Directors.

In our view, the appropriate credential for privileging the ESS skill set will be the elevation of ESS to a Category 1 program (eg 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 to verify the competence of its graduates. This would deliver the credential appropriate to the privileging for ESS.

The **CAC** is a formal credentialing process which confirms the successful training from an appropriately accredited Category 1 program. This is a confirmatory credential, with a visible and highly intuitive flag-staff declaration, that assures national training standards and competence from its recipients.

The present CFPC template anticipates that CAC(ESS) would only be attainable going forward by completing an accredited Category 1 program. While all who are in current practice will have a practice-eligible route to a CAC (grand fathering), that door has closed very quickly with the other CACs, which do not have a formal exit exam(EM).

We worry about the “unintended consequences” from closing the practice eligible root to an ESS CAC. In a work-force which has relied on IMGs rather than Canadian trained ESS graduates, for the majority 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 ESS CAC, and being somewhat disenchanted from the unresolved issues with their historical credentialing review for foreign training, the privileging authorities might decline to privilege any new IMG applicants. This is a strong case for maintaining a practice-eligible route, through a formal assessment rather than an exam, to a CAC for surgical training acquired outside of the Canadian Category 1 programs. The survival of the small rural surgical and maternity care programs might depend on the preservation of this practice-eligible route.

Dr B Geller, MD, Saskatoon, SK

Dr S Iglesias MD Bella Bella BC siglesias64@gmail.com corresponding author

Dr S Johnston MD Oliver BC