Worksheet for a Toolbox for Credentialing and Privileging of Physicians Performing Surgical Skills in Rural Areas.

(See *Backgrounder*)

1. Credentialing of physicians providing surgical skills in rural areas.

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.
For example, credentialing of General Practitioners in Enhanced Surgical Skills currently in Canada comes from various sources. This can sometimes be confusing to Health Authorities when working toward a standardized privileging process. The current known sources for credentials in Enhanced Surgical Skills are:

1. The Enhanced Surgical Skills, SIFP approved, third year residency program through the University of Saskatchewan (see Curriculum Summary).
2. Various unofficial Operative Delivery programs hosted by universities throughout Canada (i.e. the OD program through UBC).
3. International Medical Graduate credentials brought over from a country other than Canada.
4. Unofficial routes of training within Canada (i.e. mentoring from colleagues).

Credentialing of any physician planning to perform surgical skills in rural areas, regardless of the route by which they acquire these skills should include:

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2. Initial privileging of physicians providing surgical skills in rural areas.

The initial privileging of physicians providing surgical skills in rural areas has the capability of becoming a patient-centric process by which the needs of a population in a given area are taken into account when committees are granting privileges to physicians. Because no procedures are owned by a specific discipline, various practitioners are currently able to provide the same skill. Thus, given the different routes of acquiring the same skill, privileging boards are capable of granting privileges to the physicians(s) that would most sustainably suit the given demographic and geographic area in question.

At the same time, initial privileging must at its core be based on competency. The evaluation of competency needs to be a fair and universal format such that it provides the most sustainable practitioners to be services to a given population.

Given the advances in information technology, it is also prudent that a physician's initial privileges should be portable from hospital to hospital, health region to health region, and ultimately, province to province.

Thus, the essential components of a patient-centric initial privileging system based on a fair and universal assessment of competency that is portable across Canada must include:

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3. A Continuous Quality Improvement process which is specific to rural areas.
Maintaining competency for physicians providing surgical services in rural areas must be different than that of large volume centers. Smaller 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 Continuous Quality Improvement program for small volume centers that is based on a Network Model of care in which FP-ESS physicians and their specialist counterparts engage in a continuous mentoring and evaluation process should include:
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4. The acquisition of new skills by physicians providing surgical skills in rural areas.
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. Within a continuous mentoring and evaluation program, FP-ESS physicians and their specialist counterparts can safely and effectively partake in the transfer of up to date knowledge and skills from larger centers to smaller centers.
A program by which rural physicians acquire new surgical skills should include:
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Summation: