



Backgrounder for Operative Delivery Workshop

What We Know from the literature

In Western and Northern Canada, rural Family Physicians with Enhanced Surgical Skills in Operative Delivery (FPESS OB) play a large role in sustaining local maternity care programs. The evidence is overwhelming that the outcomes associated with their surgical services are of very high quality, reflecting their expertise in selecting an anticipated low risk population of women.(Ref [1](#), [2](#)) The pathways to practice for these FPESS OB are varied

- Mentoring in local surgical programs followed by an assessment in a regional centre. This appears to be a common, perhaps the most common, pathway
- An R3 3-6 month program in a tertiary or regional centre (NOSM, U of S, U of M, Surrey Memorial(BC)
- International Medical Graduates with education and training in these skill sets overseas.

What are the Problems?

- Credentialing I Without a framework of a *standardized curriculum and evaluation*, and without the accreditation of the training by either the Royal College or the CFPC, the Health Authorities struggle with credentialing these services
- Credentialing II Specialist Obstetricians are sometimes not prepared to accept credentials awarded through Family Medicine

Backgrounder for Operative Delivery Workshop

- **Credentialing III Portability.** Without effective credentials the demographics of the workforce are frozen in time and place
- **Faculty.** Without a framework of a *standardized curriculum and evaluation*, in programs without accreditation, individual preceptors are asked to assume responsibility and accountability for the outcomes of training where this should be borne by academic programs. Fortunately, some faculty are prepared to take this on, sometimes, when they can, and until they change their mind. That said, these specialists have been the heroes who have sustained these rural C/S programs.
- **CPD.** These graduates are orphaned without recourse to professional support, CPD, locums, etc.

Presently, in Alberta, with the largest number of rural surgical programs in the country, there is no access for rural family physicians to acquire formal training in operative delivery.

What Can be Done?

1. Standardized Curriculum
 - Available from Prince Albert ESS program, BC's Privilging Project (Cactus)
 - Time based vs competency based? Milestones?
 - Mentoring before entering?
2. Evaluation
 - Continuous, formative and summative
 - Objective: Field Notes, OSATS
 - Pathway for locally mentored candidate* ([See Continuing Surgical Education](#))
 - Logbooks which are reviewed for ? 1 year? post completion
3. Credentials
 - Letter of Completion
 - Certificate of Added Competence
 - Other?

Backgrounder for Operative Delivery Workshop

4. Accreditation

- Packaged with other R3 programs?
- Stand alone (Level 1)
- Joint Accreditation with RCPSC?
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Question: Will the credentials for obstetrical surgery ever be widely accepted without accreditation of the specific program (like FPA) and without some collaboration with the Royal College?

5. Continuing Professional Development

- Role of the Training Program and/or local Network
- *should a training program be accredited if it doesn't anticipate CPD?*
- CQI (eg MORE OB)
- Colleges (CFPC, RCPSC)

6. Resources

- Funding for trainees
- Faculty support
- Admin support

7. Consensus Group on C/S Training

- Informal working group
- Relationships
 - a) Larger ESS Working Group
 - b) ESS CoP section CFPC

Can we foresee the stabilization of training for ESS OB in standardized programs with rigorous evaluation in a defined skill set?

References

1. Kornelsen J. Optimal Perinatal Surgical Services for Women: A Realist Review. 2015 (http://www.srpc.ca/ess2016/summit/APRU_Optimal-Perinatal-Surgical-Services-for-Rural-Women_FINAL.pdf)

2. Gryzbowski S. ***The outcomes of rural perinatal services in BC: a population-based study.*** [Can J Rur Med 2013; 18\(4\): 123-9.](#)