

### **Description of Service**

Alberta Health Services (AHS) Medical Staff who are specialists in Gastroenterology (or its associated subspecialties) and have privileges in AHS facilities provide safe, high-quality care for patients across the Province. Gastroenterology is the medical subspecialty that deals specifically with the investigation, diagnosis and management of disorders of the digestive system including the pancreas and liver.<sup>1</sup>

Gastroenterology Privileges may include evaluating, diagnosing, treating, admitting and providing consultation to patients both for prevention, identification and management of diseases, injuries, and disorders of the digestive organs, including the esophagus, stomach, intestines, liver, gallbladder, and related structures such as the biliary tree and pancreas. This includes but is not limited to the use of diagnostic and therapeutic procedures using endoscopes to see internal organs.

### **Zone Medical Staff Organization**

Zone	Department(s)	Section(s)	
South	Medicine	Gastroenterology	
Calgary	Internal Medicine	Gastroenterology	
Central	Internal Medicine	Gastroenterology	
Edmonton	Edmonton Medicine		
North Hospital Health		Internal Medicine	

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<sup>&</sup>lt;sup>1</sup> Royal College of Physicians and Surgeons of Canada – Objectives of Training in the Subspecialty of Gastroenterology (2011)



## College of Physicians and Surgeons of Alberta (CPSA) Requirements

The CPSA grants practice permits but the does not grant any additional practice approvals for specific procedures or specialties beyond those stated on the practice permit.

A practice permit from the CPSA does not guarantee that an individual will be granted for an AHS Medical Staff appointment or privileges. It is AHS's role and responsibility to screen and evaluate the qualifications of Practitioners in relation to the specific procedures and patient care services they will be providing at specific sites before granting an appointment and clinical privileges.

Physicians with expertise in a particular area of practice may require a CPSA approval process separate from the CPSA licensure and AHS privileging process for specific services. These services typically fall into the non-invasive diagnostics group. Please refer to the CPSA website for a list of practice areas requiring approval <a href="http://www.cpsa.ca/accreditation/physician-approvals/">http://www.cpsa.ca/accreditation/physician-approvals/</a>.

#### **Minimum Education and Training Requirements**

The "Minimum Education and Training Requirements" set out in the AHS List of Gastroenterology Clinical Privileges are as follows:

- 1. Appropriate licensure with the College of Physicians and Surgeons of Alberta, AND
  - 2. Credentials satisfactory to the Zone Clinical Department Head (ZCDH), Zone Application Review Committee (ZARC) and/or the Chief Medical Officer (CMO), including:
    - o Successful completion of a Royal College of Physicians and Surgeons of Canada (RCPSC) accredited residency program and fellowship in the RCPSC (FRCPC); OR
    - o Equivalent combination of education, training and experience satisfactory to the ZCDH, ZARC and/or CMO.

These are minimum requirements. The ZCDH, ZARC and/or the CMO may determine that additional education, training or experience is required. The ZCDH, ZARC and/or CMO may also determine that an individual has developed competency in a particular area, without having completed a fellowship in that area, through an equivalent combination of education, training and experience. In addition to the minimum requirements listed above, additional education, training, experience and certification may be required to be granted certain clinical privileges. These specifics are identified in the attached clinical privileges list.

## Privileges Requiring Additional Education, Training and Experience

The list identifies privileges that require additional specialty training and documentation of evidence that the practitioner has received recognized postgraduate education, training or



an appropriate level of experience to safely provide the service.

### Clinical Privilege List and Medical Staff Bylaws

The AHS Medical Staff Bylaws state that the clinical privileges granted to a Practitioner define the diagnostic or therapeutic Procedures or other Patient care services a Practitioner is deemed competent to perform, the Facility(ies) and Zone(s) within which the Practitioner is eligible to provide care and services to Patients; and the specified AHS Programs and Professional services...that the Practitioner is elgible to access.<sup>2</sup>

No recommendation on Clinical Privileges is meant to prevent any licensed Practitioner from performing any medical procedure on any person in an emergency situation where failure to perform that procedure may result in death or serious injury or harm to the person.<sup>3</sup>

Nothing in this document or the attached List of Clinical Privileges replaces the processes or requirements set out in the AHS Medical Staff Bylaws and Rules. This document and its attachments are intended to supplement and more fully describe the application of the AHS Bylaws and Rules in the context of Gastroenterology Clinical Privileges.

The AHS Medical Staff Bylaws and Rules can be found on the AHS website at <a href="http://www.albertahealthservices.ca/7086.asp">http://www.albertahealthservices.ca/7086.asp</a>.

## Interpretation of the Clinical Privilege List

The following list describes and reflects the categories/types of patient services included in the scope of Gastroenterology privileges available to members of the AHS Medical Staff with the necessary and required education training and experience. When granted, gastroenterology privileges include the capability to perform the noted procedure using various techniques and approaches as appropriate for the patient, unless a specific technique or approach is specified. The Zone Clinical Department Head's recommendation regarding specifics of an individual's privileges and any associated techniques will be provided to ZARC and the CMO for their consideration.

The Medical Staff Rules define the minimum review period for the privilege list.<sup>4</sup>

<sup>&</sup>lt;sup>2</sup> AHS Medical Staff Bylaws 3.0.2

<sup>&</sup>lt;sup>3</sup> AHS Medical Staff Rules 3.4.3(e)

<sup>&</sup>lt;sup>4</sup> AHS Medical Staff Rules, 3.4.3(f)(ii)).



#### Sites of Clinical Privileges

A delineation of the sites of clinical activity is a required component of clinical privileges (AHS Medical Staff Bylaws, 3.2.1(c) and 3.2.7).

Clinical privileges will reflect the site (or sites) where the Physician physically provides the clinical services. A Physician privileged in the specialty may have clinical privileges at multiple sites if they travel to multiple sites to provide clinical services as approved by the ZCDH, ZARC and/or the CMO. Privileges granted may only be exercised at the site(s) and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.

	Site A	Site B	Site C	Site D	Site E
Privilege 1					
Privilege 2					
Privilege 3					
Privilege 4					

The table above indicates what privileges are available at which sites:

- Privilege 1 is available at all sites
- Privilege 2 is available at sites A, C,D and E
- Privilege 3 is available at sites A and C
- Privilege 4 is available at sites B, D and E

#### **Proctoring Requirements**

The Zone Clinical Department Head may determine that a period of proctoring is required in certain situations. Proctoring can be defined as follows:

"The term *proctor* is often used to mean observe, supervise, mentor, monitor, or directly assess...*proctoring* reflects a process by which an individual is reviewed and evaluated over time to ensure competence, and proctor identifies the person performing the assessment." *The Medical Staff Handbook, A Guide to Joint Commission Standards, Second Edition.* 

"Proctoring is a process of direct observation that allows for the focused evaluation of current physician competency in carrying out actual clinical care and takes both cognitive and procedural abilities into account. If the proctor observes potential or imminent patient harm during the proctoring process, it may be ethically appropriate for him or her to intervene." Proctoring and FPPE: Strategies for Verifying Physician Competence, Second Edition. Robert J. Marder, MD, CMSL, and Mark A. Smith, MD, MBA, CMSL.



Clin	Clinical Privilege				
	Admitting privilege (includes; assessment, evaluating, consulting, diagnosing, treating and surgical assistance)				
	Consultation privilege (Includes; conduct history and assessment for the purpose of making recommendations related to care and treatment)				
	Surgical Assist privilege (at the direction of the surgeon, provides aid in technical functions in the OR)				
	Gastroscopy is the examination of the upper digestive tract (the esophagus, stomach and duodenum) using an endoscope. Gastroscopy privileges include biopsies, hemostasis, and foreign body removal.				
	Esophageal Dilation				
	Esophagoscopy				
	Management of non-variceal bleeding				
	Management of variceal bleeding				
	<b>Colonoscopy</b> is the examination of the large intestine (rectum and colon) using an endoscope. Colonoscopy privileges include biopsies, polypectomy, hemostasis, foreign body removal.				
	Complex Polypectomy (large or flat)				
	Dilation of Colonic Stricture				
	Flexible Sigmoidoscopy				
	Proctoscopy/Rigid Sigmoidoscopy - with or without	out biopsy			
Privileges requiring additional education, training and experience: the below listed privileges require education, training and experience in addition to the successful completion of the Fellowship/Residency program.					
Clinical Privilege		Required additional education, training and experience			
	Procedural Sedation	Compliance with the AHS Procedural Sedation Policy (PS-21) and Procedure (PS-21-01) <sup>5</sup> . Demonstrated combination of education, training AND/OR experience in Procedural sedation to satisfy the ZCDH.			
	Endoscopic Ultrasound	Post fellowship training or equivalent in advanced endoscopic techniques which includes endoscopic ultrasound and/or demonstrated training and experience to satisfy the			

<sup>&</sup>lt;sup>5</sup> Procedural Sedation Policy, Procedure and Education Materials <a href="http://insite.albertahealthservices.ca/9227.asp">http://insite.albertahealthservices.ca/9227.asp</a> *November 2015* 

Privileges requiring additional education, training and experience: the below listed privileges require education, training and experience in addition to the successful completion of the Fellowship/Residency program.					
	Endoscopic Retrograde Cholangiopancreatogram (ERCP) with or without Biliary Stent placement	Post fellowship training or equivalent in advanced endoscopic techniques which includes ERCP and/or demonstrated training and experience to satisfy the ZCDH			
	Esophageal or Duodenal Stent placement	Fellowship training or equivalent in advanced endoscopic techniques and/or demonstrated training and experience to satisfy the ZCDH.			
	Colonic Stent placement	Fellowship training or equivalent in advanced endoscopic techniques and/or demonstrated training and experience to satisfy the ZCDH.			
	Capsule endoscopy	Fellowship training or equivalent in advanced endoscopic techniques and/or demonstrated training and experience to satisfy the ZCDH			
	Single Balloon Enteroscopy	Post fellowship training or equivalent in advanced endoscopic techniques and/or demonstrated training and experience to satisfy the ZCDH			
	Double Balloon Enteroscopy	Post fellowship training or equivalent in advanced endoscopic techniques and/or demonstrated training and experience to satisfy the ZCDH			
	Gastrointestinal motility studies, Esophageal Manometry and 24 hour pH monitoring	Fellowship training or equivalent in advanced motility techniques and/or demonstrated training and experience to satisfy the ZCDH			
	Percutaneous Endoscopic Gastrostomy (PEG)	Additional training or demonstrated experience in Percutaneous Endoscopic Gastrostomy ( PEG) satisfactory to the ZCDH			
	Pneumatic dilation for achalasia	Fellowship training or equivalent in advanced endoscopic techniques and/or demonstrated training and experience to satisfy the ZCDH			
	Radiofrequency ablation (RFA)	Fellowship training or equivalent in advanced endoscopic techniques which include RFA and/or demonstrated training and experience to satisfy the ZCDH.			