

# Plastic Surgery Clinical Privilege List

## Description of Service

Alberta Health Services (AHS) Medical Staff who are specialists in Plastic Surgery and have privileges in AHS facilities provide safe, high-quality care for patients across the Province. Plastic Surgeons are concerned with the management of complex composite tissue defects or deformities.<sup>1</sup>

Plastic Surgery Privileges includes providing management of complex tissue defects or deformities, defined by its approach and specialized surgical techniques rather than any one anatomical area. The two main components are: reconstructive surgery, which focuses on the concept of restoration of both form and function of the affected region; and cosmetic or aesthetic surgery which focuses on improving the appearance of a specific body region in the absence of any functional problems or defects.

For a full list of clinical services, please refer to the attached Plastic Surgery Clinical Privilege List.

## Zone Medical Staff Organization

Zone	Department(s)	Section(s)
South	Surgery	Plastic Surgery
Calgary	Surgery	Plastic Surgery
Central	Surgery	Plastic Surgery
Edmonton	Surgery	Plastic Surgery
North	Hospital Health	Surgery – Plastic Surgery

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<sup>1</sup> Royal College of Physicians and Surgeons of Canada – Objectives of Training in the Subspecialty of Plastic Surgery (2013).

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

The CPSA grants practice permits but 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

<http://www.cpsa.ca/accreditation/physician-approvals/>.

## *Minimum Education and Training Requirements*

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

1. Appropriate licensure with the College of Physicians and Surgeons of Alberta in the specialty of Plastic Surgery,  
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 Royal College of Physicians and Surgeons of Canada (RCPSC) accredited residency program in Plastic Surgery and or fellowship in the RCPSC (FRCSC);OR
  - o Equivalent international training and certification 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.

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## *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 eligible 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 <http://www.albertahealthservices.ca/7086.asp>.

## *Interpretation of the Clinical Privilege List*

The following list describes and reflects the categories/types of patient services included in the scope of Plastic Surgery privileges available to members of the AHS Medical Staff with the necessary and required education training and experience. When granted, Plastic Surgery 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>

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<sup>2</sup> AHS Medical Staff Bylaws 3.0.2

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

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

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## 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.*

## Plastic Surgery Clinical Privilege List

<b>General Privileges</b>	
<input type="checkbox"/>	<b>Admitting</b> Includes; patient management/treatment, assessment, evaluating, consulting, diagnosing, treating (medical/surgical options) and surgical assistant privileges.
<input type="checkbox"/>	<b>Consultation</b> Includes; conduct history and assessment for the purpose of making recommendations related to care and treatment.
<input type="checkbox"/>	<b>Surgical Assist privilege</b> (at the direction of the surgeon, provides aid in technical functions in the OR)
<b>Plastic Surgery Clinical Privileges</b>	
Axilla	
<input type="checkbox"/>	Apocrine gland excision
<input type="checkbox"/>	Suppurative hidradenitis excision
Bone Grafts	
<input type="checkbox"/>	Bone and/or cartilage grafts
<input type="checkbox"/>	Bone biopsy
<input type="checkbox"/>	Bone tumour excision including en bloc resection
Cleft Lip and Palate	
<input type="checkbox"/>	Cleft lip and palate primary repair
<input type="checkbox"/>	Cleft lip and palate secondary repair
<input type="checkbox"/>	Palate fistula repair
<input type="checkbox"/>	Palate pharyngoplasty
<input type="checkbox"/>	Secondary nasal deformity
Cosmetic surgery	
<input type="checkbox"/>	Abdominoplasty
<input type="checkbox"/>	Blepharoplasty
<input type="checkbox"/>	Brachioplasty
<input type="checkbox"/>	Breast augment
<input type="checkbox"/>	Buttock lift
<input type="checkbox"/>	Chemical peel
<input type="checkbox"/>	Collagen injection
<input type="checkbox"/>	Lipectomy
<input type="checkbox"/>	Liposuction
<input type="checkbox"/>	Post-bariatric body contouring
<input type="checkbox"/>	Rhinoplasty
<input type="checkbox"/>	Rhytidectomy
<input type="checkbox"/>	Tattooing
<input type="checkbox"/>	Thigh lift
Craniofacial	
<input type="checkbox"/>	Adult craniofacial reconstruction

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<input type="checkbox"/>	Cranioplasty
<input type="checkbox"/>	Osseo-integrated craniofacial reconstruction with fixtures
<input type="checkbox"/>	Pediatric craniofacial reconstruction
<b>Ears</b>	
<input type="checkbox"/>	Accessory auricle
<input type="checkbox"/>	Major ear reconstruction
<input type="checkbox"/>	Microtia reconstruction
<input type="checkbox"/>	Otoplasty
<input type="checkbox"/>	Pre-auricular sinus excision
<b>Face</b>	
<input type="checkbox"/>	Abrasive surgery
<input type="checkbox"/>	Branchial cyst/sinus/fistular excision
<input type="checkbox"/>	Division sternomastoid – torticollis
<input type="checkbox"/>	Excision of facial tumors
<input type="checkbox"/>	Glossectomy
<input type="checkbox"/>	Lip vermilionectomy
<input type="checkbox"/>	Lip wedge resection
<input type="checkbox"/>	Mandible/maxilla resection
<input type="checkbox"/>	Neck dissection
<input type="checkbox"/>	Parotidectomy
<input type="checkbox"/>	Submaxillary gland excision
<input type="checkbox"/>	Thyroglasal duct excision
<input type="checkbox"/>	Tracheostomy
<b>Facial bone fractures</b>	
<input type="checkbox"/>	Complete facial fracture repair
<input type="checkbox"/>	Malar fracture antral packing
<input type="checkbox"/>	Malar fracture open reduction and fixation
<input type="checkbox"/>	Malar fracture temporal elevation
<input type="checkbox"/>	Mandible fracture closed reduction
<input type="checkbox"/>	Mandible fracture open reduction
<input type="checkbox"/>	Maxilla fracture closed reduction
<input type="checkbox"/>	Maxilla fracture open reduction
<input type="checkbox"/>	Nasal fracture closed reduction
<input type="checkbox"/>	Open reduction facial fractures with plating
<input type="checkbox"/>	Orbital floor fracture
<b>Flaps</b>	
<input type="checkbox"/>	Composite flaps of two or more tissues
<input type="checkbox"/>	Insertion of tissue expanders
<input type="checkbox"/>	Major flap of single tissue, minor stage
<input type="checkbox"/>	Microvascular free flaps
<b>Foot</b>	
<input type="checkbox"/>	Metatarsal amputation
<input type="checkbox"/>	Metatarsal fractures

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<input type="checkbox"/>	Morton's neuroma
<input type="checkbox"/>	Plantar fasciotomy
<input type="checkbox"/>	Toe amputation
<input type="checkbox"/>	Toe arthrodesis
<input type="checkbox"/>	Toe arthroplasty
<input type="checkbox"/>	Toe fractures
Genitalia	
<input type="checkbox"/>	Hypospadias repair
<input type="checkbox"/>	Female genital reconstruction
<input type="checkbox"/>	Male genitourinary reconstruction
<input type="checkbox"/>	Vaginal reconstruction
Hand	
<input type="checkbox"/>	Arthroscopy of the hand and wrist
<input type="checkbox"/>	Carpal osteotomy
<input type="checkbox"/>	Dupuytren's excision
<input type="checkbox"/>	Finger amputation
<input type="checkbox"/>	Finger arthroplasty
<input type="checkbox"/>	Finger arthrotomy
<input type="checkbox"/>	Finger dislocations
<input type="checkbox"/>	Finger synovectomy
<input type="checkbox"/>	Finger tenodesis/arthrodesis
<input type="checkbox"/>	Ganglion excision
<input type="checkbox"/>	Hand amputation
<input type="checkbox"/>	Hand arthrodesis
<input type="checkbox"/>	Hand arthroplasty
<input type="checkbox"/>	Hand arthrotomy/synovectomy
<input type="checkbox"/>	Hand dislocations
<input type="checkbox"/>	Hand osteotomy
<input type="checkbox"/>	Mangled hand repair
<input type="checkbox"/>	Metacarpal amputation
<input type="checkbox"/>	Metacarpal osteotomy
<input type="checkbox"/>	MP joint dislocations
<input type="checkbox"/>	Nailbed repair
<input type="checkbox"/>	Phalangeal osteotomy
<input type="checkbox"/>	Radius osteotomy
<input type="checkbox"/>	Reconstruction of congenital hand anomaly
<input type="checkbox"/>	Re-implantation of limbs – microsurgical repair
<input type="checkbox"/>	Removal of plates/screws
<input type="checkbox"/>	Syndactyly repair
<input type="checkbox"/>	Stenosing tenosynovitis release
<input type="checkbox"/>	Thumb reconstruction
<input type="checkbox"/>	Ulnar osteotomy
<input type="checkbox"/>	Wrist arthrodesis

## Plastic Surgery Clinical Privilege List

<input type="checkbox"/>	Wrist arthroplasty
<input type="checkbox"/>	Wrist arthroscopy
<input type="checkbox"/>	Wrist arthrotomy
<input type="checkbox"/>	Wrist dislocations
<input type="checkbox"/>	Wrist synovectomy
<b>Miscellaneous</b>	
<input type="checkbox"/>	Autologous fat grafting
<input type="checkbox"/>	Diagnostic imaging – imaging modalities – fluoroscopy (mini c-arm only)
<input type="checkbox"/>	Local blocks
<input type="checkbox"/>	Neurolept anesthesia
<input type="checkbox"/>	Use of lasers
<b>Nerves</b>	
<input type="checkbox"/>	Brachial plexus exploration
<input type="checkbox"/>	Carpal tunnel decompression
<input type="checkbox"/>	Facial nerve reconstruction
<input type="checkbox"/>	Major nerve exploration
<input type="checkbox"/>	Nerve graft reconstruction
<input type="checkbox"/>	Nerve transfer
<input type="checkbox"/>	Neurolysis
<input type="checkbox"/>	Neuroma excision
<input type="checkbox"/>	Peripheral nerve repair with or without microscope
<input type="checkbox"/>	Ulnar nerve decompression / peripheral nerve decompression
<b>Nose</b>	
<input type="checkbox"/>	Dermoid cyst
<input type="checkbox"/>	Ethmoidectomy
<input type="checkbox"/>	Explore frontal sinus
<input type="checkbox"/>	Maxillary antrostomy
<input type="checkbox"/>	Nasal polypectomy
<input type="checkbox"/>	Nasal reconstruction
<input type="checkbox"/>	Osteoplastic frontal sinus
<input type="checkbox"/>	Rhinoplasty
<input type="checkbox"/>	Rhinophyma
<input type="checkbox"/>	Rhinotomy
<input type="checkbox"/>	Septoplasty
<input type="checkbox"/>	Silastic implant
<input type="checkbox"/>	Turbinectomy
<b>Orbital Region</b>	
<input type="checkbox"/>	Blepharoplasty
<input type="checkbox"/>	Blepharoptosis
<input type="checkbox"/>	Brow lift
<input type="checkbox"/>	Dacryocystorhinostomy
<input type="checkbox"/>	Entropion/ectropion repair
<input type="checkbox"/>	Eyebrow reconstruction

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<input type="checkbox"/>	Eyelid reconstruction
<input type="checkbox"/>	Lacrimal cannulation/laceration repair
<input type="checkbox"/>	Ptosis repair
<input type="checkbox"/>	Tarsorrhaphy
Skin and Soft Tissue	
<input type="checkbox"/>	Incision, debridement, escharotomy, fasciotomy, and abscess drainage
<input type="checkbox"/>	Lymph node biopsy, sentinel node biopsy, regional node dissection
<input type="checkbox"/>	Nail plate excision
<input type="checkbox"/>	Skin biopsy
<input type="checkbox"/>	Soft tissue biopsy
<input type="checkbox"/>	Soft tissue tumor excision including en bloc resection
<input type="checkbox"/>	Subcutaneous bursa excision
<input type="checkbox"/>	Tissue resection
Tendons	
<input type="checkbox"/>	Extensor tendon repair
<input type="checkbox"/>	Flexor tendon repair
<input type="checkbox"/>	Tendon graft
<input type="checkbox"/>	Tendon lengthening or shortening
<input type="checkbox"/>	Tendon reconstruction – silastic rod
<input type="checkbox"/>	Tendon transfer
<input type="checkbox"/>	Tenolysis
Trauma and Reconstruction	
<input type="checkbox"/>	Chin implants
<input type="checkbox"/>	Genioplasty
<input type="checkbox"/>	Lefort osteotomy
<input type="checkbox"/>	Mandibular osteotomy
<input type="checkbox"/>	TMJ arthroplasty/arthrotomy
<input type="checkbox"/>	TMJ arthroscopy
Transplantation (other)	
<input type="checkbox"/>	Fascia-sling for facial palsy
<input type="checkbox"/>	Hair transplants
<input type="checkbox"/>	Transplantation of tissues other than skin
Transplantation of Skin	
<input type="checkbox"/>	Full thickness skin grafts
<input type="checkbox"/>	Split thickness skin grafts
<input type="checkbox"/>	Surgical debridement
<input type="checkbox"/>	Tangential excision of burned tissue
<input type="checkbox"/>	Tangential excision of skin cancer, microscopically controlled
Trunk	
<input type="checkbox"/>	Breast augmentation
<input type="checkbox"/>	Breast biopsy
<input type="checkbox"/>	Breast reconstruction (autologous and alloplastic)
<input type="checkbox"/>	Breast reduction

## Plastic Surgery Clinical Privilege List

<input type="checkbox"/>	Female to male transgender breast surgery
<input type="checkbox"/>	Gynecomastia excision
<input type="checkbox"/>	Male to female transgender breast surgery
<input type="checkbox"/>	Mammary capsulectomy
<input type="checkbox"/>	Mammary nipple reconstruction
<input type="checkbox"/>	Mastectomy
<input type="checkbox"/>	Mastopexy
<input type="checkbox"/>	Panniculectomy
<input type="checkbox"/>	Subcutaneous mastectomy
<b>Upper Limb Fracture Repair</b>	
<input type="checkbox"/>	Carpal bone fracture closed
<input type="checkbox"/>	Carpal bone fracture open
<input type="checkbox"/>	Forearm fracture repair
<input type="checkbox"/>	Hand and wrist fracture repair
<input type="checkbox"/>	Metacarpal fracture closed
<input type="checkbox"/>	Metacarpal fracture open
<input type="checkbox"/>	Phalanx fracture closed
<input type="checkbox"/>	Phalanx fracture open
<b>Vascular</b>	
<input type="checkbox"/>	Arterial repair
<input type="checkbox"/>	External carotid ligation
<input type="checkbox"/>	Grafting peripheral vessel
<input type="checkbox"/>	Repair peripheral vessel
<input type="checkbox"/>	Varicose vein treatment
<input type="checkbox"/>	Vein injections