COLLEGE OF PHYSICIANS AND SURGEONS OF BRITISH COLUMBIA

NON-HOSPITAL MEDICAL AND SURGICAL FACILITIES ACCREDITATION PROGRAM

T 604-733-7758
TF 1-800-461-3008
F 604-733-3503

300–669 Howe Street
Vancouver BC V6C 0B4
Canada

cpsbc.ca

Appropriate Procedures List

GENERAL SURGERY

Physician name: _____ CPSID: _____

Facility applying to: _____

Please indicate only the procedures you wish to perform at the above-mentioned facility.

Integumentary

- ☐ Surgical management of benign and malignant skin conditions
- ☐ Surgical management of benign soft tissue conditions

Upper GI

- ☐ Biopsy and aspiration
- ☐ Drainage abscess, cyst
- ☐ Excision lesion
- ☐ Gastroscopy – diagnostic +/- biopsy — Number performed in the last three years: _____

Neck

- ☐ Biopsy – lymph glands – neck
- ☐ Biopsy – thyroid

Groin

- ☐ Biopsy - lymph glands – groin
- ☐ Inguinal hernia repair (primary, recurrent)
- ☐ Umbilical hernia repair (primary, recurrent)
- ☐ Epigastric hernia repair (primary only)
- ☐ Incisional hernia repair (from laparoscopic procedure, <= 4 cm defect)

Vascular**

- ☐ Endovenous laser therapy (EVLT)
- ☐ Ligation and strippings
- ☐ Venous access port – implantable – revision/removal/reinsertion

Abdomen

- ☐ Cholecystectomy – laparoscopic

Lower GI

- ☐ Aspiration – cyst
- ☐ Surgical management of benign perianal disease
- ☐ EUA
- ☐ Excision – rectal
- ☐ Hemorrhoidectomy
- ☐ Surgical management of pilonidal disease
- ☐ Proctosigmoidoscopy – rigid – diagnostic
- ☐ Sigmoidoscopy – flexible

☐ Colonoscopy – flexible Number performed in the last three years: _____

Breast

☐ Surgical management of benign breast disease

Breast cancer procedures*

☐ Axillary dissection
☐ Biopsy – lymph glands – axilla
☐ Biopsy or segmental resection of non-palpable breast lesion
☐ Breast biopsy – excisional, incisional, core
☐ Mastectomy
☐ Mastectomy with immediate implant placement (breast implant/tissue expander) by plastic surgery
☐ Nipple exploration
☐ Sentinel lymph node biopsy
☐ Fine wire localization

*Not appropriate for non-hospital medical/surgical facilities: Fascial defects exceeding 4 cm from any source (except in the case of a primary inguinal hernia). Please refer to the the NHMSFAP policy Appropriate Hernia Procedures in Non-Hospital Facilities.

**Requires attestation from leadership position regarding current experience in practice and competency to perform these procedures

***Breast cancer surgery is acceptable in the non-hospital setting for health authority contracted cases only. All physician applications requesting privileges to perform breast cancer surgery must include written confirmation from the contracting health authority stating that the surgery is part of a multidisciplinary team including radiology, pathology and oncology services with the BC Cancer Agency program or other comprehensive breast cancer program.

I hereby certify that the procedures selected in this application are within the scope of my current practice.

Physician signature: _____ Date: _____

The College of Physicians and Surgeons of BC (CPSBC) collects, uses, discloses, stores, and retains personal information under the legal authority of the *Freedom of Information and Protection of Privacy Act* (*FIPPA*), RSBC 1996, c.165 and the CPSBC Bylaws made under the *Health Professions and Occupations Act* (*HPOA*), SBC 2022, c.43.

The personal information collected on this form is permitted under sections 26(c) and (e) of *FIPPA* for the purpose of managing your accreditation.

If you have any questions or concerns about CPSBC privacy practices, please email privacy@cpsbc.ca.

Physician name: _____ CPSID: _____ Facility applying to: _____