

The American Board of Colon and Rectal Surgery

Guidelines for Hospital Privileges for Colon and Rectal Surgeons

Introduction

The delineation of clinical privileges of medical staff members in health care organizations is intended to improve the quality of care by identifying professional capabilities of physicians and other practitioners, thus providing additional assurance that individual practitioners are competent to fulfill the delivery of care for which they are responsible. It is recognized that there are various methods for delineating clinical privileges. In making the determination of what privileges a practitioner will be permitted to exercise, medical specialty certification or subcertification should be considered as only one of several valid and important criteria.

The American Board of Colon and Rectal Surgery recognizes that the delineation of clinical privileges is an institutional responsibility, vested in the medical staff and the governing body of the health care organization and is distinctly separate from the process of medical specialty certification, a responsibility of specialty boards. The lines of delineation of hospital clinical privileges and of board certification are not necessarily identical. In order to assist hospitals and their professional staff committees, the ABCRS considers the following material to be useful in the development of a credentialing process and an understanding of the surgical privileges to be granted to the diplomates of the ABCRS.

Definition of a Board Certified Colon and Rectal Surgeon

A board certified colon and rectal surgeon has successfully completed at least a five-year training program in general surgery and one additional year in an ACGME approved colon and rectal surgery residency. He/She has then passed both the Written (Qualifying) and Oral (Certifying) Examinations given by the American Board of Colon and Rectal Surgery. The ABCRS requires certification by the American Board of Surgery for all candidates prior to taking the ABCRS Certification (Part II) Examination.

In addition to having proficiency in the field of general surgery, colon and rectal surgeons have acquired particular skills and knowledge with regard to the medical and surgical management of diseases of the intestinal tract, colon and rectum, anal canal, and perianal area. Colon and rectal surgical specialists also have special skills in the performance of endoscopic procedures of the rectum and colon and evaluation of the anal sphincter and pelvic floor using anorectal physiology techniques. Colon and rectal surgical residency programs now provide training in minimally invasive abdominal surgery involving the colon and rectum.

Colon and rectal surgeons have been trained to deal with conditions such as, but not limited to, colon and rectal cancer, polyps, inflammatory bowel disease, diverticulitis, as well as anal conditions such as hemorrhoids, fissures, abscesses, pelvic floor abnormalities, and fistulas. Training in colon and rectal surgery also provides the specialist with in-depth knowledge of intestinal and anorectal physiology required for the treatment of problems such as constipation and incontinence.

Board certified colon and rectal surgeons are committed to the highest standards of care for patients having diseases affecting the intestinal system.

Clinical Competence in Colon and Rectal Surgery

Clinical competence in colon and rectal surgery requires both factual knowledge and technical skills in the preoperative evaluation, operative management, and postoperative care of patients with pathologic conditions involving the intestinal tract, colon and rectum, anal canal, and perianal area. Precise definition of the scope of colon and rectal surgery, as well as the current methods used to assess clinical competence, have been developed to be certain that an individual who is certified by the ABCRS has met its standards and qualifications.

The specialty of colon and rectal surgery encompasses knowledge of the normal and pathological conditions of the colon and anorectum in general. This involves congenital lesions, infections, tumors, inflammatory disorders, and trauma of the intestinal tract, colon and rectum, anal canal, and the perianal area. In addition, the ability to establish a precise diagnosis, an essential step toward proper therapy, requires familiarity with and ability to perform and/or interpret such diagnostic procedures as colonoscopy, flexible and rigid sigmoidoscopy, anorectal physiologic studies, and intrarectal ultra-sonography. Familiarity with other diagnostic studies such as gastrointestinal radiography (barium studies and defecography), visceral angiography, CT scanning and MRI studies is also essential.

As a result of training and experience, the certified colon and rectal surgeon is uniquely qualified in the endoscopic management of colon and rectal diseases. This includes not only diagnostic colonoscopy and flexible sigmoidoscopy, but also the endoscopic removal of both benign and malignant intestinal lesions. The colon and rectal surgeon is instructed in the indications and contraindications for endoscopy and is able to manage complications of these procedures. The ability to personally visualize colonic pathological conditions greatly facilitates the colon and rectal surgeon's decision making processes.

The factual knowledge and the technical skills necessary to treat patients with colorectal conditions are obtainable in a residency training program accredited by the Residency Review Committee for Colon and Rectal Surgery. The highest educational standards can best be achieved in such a training program where close supervision and instruction, as well as progressive operative responsibility and postoperative care are possible. While certain basic standards must be met by all residency programs in colon and rectal surgery, programs may vary with regard to the specific areas of expertise and experience provided to individual residents. Many programs now offer residents additional experience in areas such as laparoscopy and other forms of minimally invasive surgery, biofeedback, and the administration of chemotherapeutic agents. The operative experience record of the candidate should verify his/her specific training.

The ABCRS realizes that an examination tests primarily the factual knowledge acquired by the candidate and his/her ability to reason. The limitations of examinations alone to assess clinical competence are well recognized, and an important part of the responsibility for determining clinical competence rests upon the director of each colon and rectal surgical training program. It is for this reason that only applicants who successfully complete an accredited training program are eligible for examination. It is during the period of training that the trainee's ethical and moral character, judgment, technical skills, and proficiency in coping with a wide variety of clinical problems can be assessed most accurately. Thus, the endorsement of the candidate by the program director is required to complete eligibility for certification by the ABCRS.

Following completion of training in an accredited program, a written and oral examination is given to assess the trainee's capabilities. These examinations are constructed and given annually by the ABCRS. Consultation and assistance in developing the examinations and analyzing the results are obtained from statisticians and other experts. The validity and reliability of the examination process are continually scrutinized. The details of the ABCRS examination procedures are available in the General Information pamphlet available from the Board office. To be able to enter the examination process, candidates must submit application materials to the ABCRS which include the specifics of their colon and rectal surgical training and the signature of the program director indicating satisfactory completion of the training. A passing score on the examination acknowledges that the candidate possesses a level of knowledge that is necessary to be clinically competent in colon and rectal surgery.

The current methods for establishing the candidate's qualifications are reviewed periodically and revised when appropriate in a continuing effort to assure the public that Board Certified Colon and Rectal Surgeons have been adequately trained. Since 1990, certificates issued by the ABCRS are valid for ten years. Successful completion of the recertification process is then necessary for diplomates to maintain current and valid certificates.