



Standard of Practice:

Medical/Surgical Procedures in Non-Hospital Facilities (2018)

A **Standard of Practice** is the minimum standard of professional behavior and ethical conduct expected by the College on a specific issue.

Medical/Surgical Procedures in Non-Hospital Facilities

Preamble

The College is aware that physicians are performing certain procedures in their medical clinics. This standard of practice sets out the College's expectations when performing medical/surgical procedures outside of a hospital facility.

Standard of Practice

Definitions

"Medical/Surgical Procedure" – a course of action intended to achieve a result in the delivery of healthcare. Includes procedures intended to diagnose and measure a patient's condition as well as therapeutic procedures intended to treat, cure, or restore function or structure. Examples include, but are not limited to: medical imaging, endoscopy, acupuncture, infusions, BOTOX®, chemical peels, tissue filler/expanders, refractive eye surgery, and sedation.

Standard

The following standards must be met by any physician who performs medical/surgical procedures in non-hospital medical facilities:

1. The physician must be qualified by his/her training and recent practice experience to perform the procedure and to be aware of applicable national standards and guidelines relating to the procedure.

2. The appropriate supports and quality assurance measures which meet national standards, where available, must be in place for the safe performance of the procedure. This includes:
 - a. equipment, medication, quality control measures, and safe process within available current guidelines;
 - b. certification in resuscitation as appropriate for the nature of the procedure;
 - c. medical staffing with documented appropriate expertise and clear responsibilities and oversight;
 - d. infection prevention and control practices which meet national standards, where available; and
 - e. a plan to manage adverse events during the course of the procedure and post-procedure.
3. A documented and communicated arrangement must be in place with the patient for follow-up care.
4. The physician must communicate with other physicians involved in the patient's circle of care, if appropriate.

Document History

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