

<b>Purpose:</b>	<ul style="list-style-type: none"> <li>Clarify the administrative process for filling vacancies in medical leadership positions.</li> <li>Ensure medical staff are provided with adequate support when transitioning into and out of medical leadership positions.</li> <li>Provide timely and relevant orientation to new medical leaders.</li> </ul>
<b>Rules and Bylaws:</b>	<ul style="list-style-type: none"> <li><a href="#">Medical Staff Bylaws</a> Article 8.1.1.</li> <li><a href="#">Medical Staff Rules</a> Section 2.3.</li> </ul>
<b>Scope:</b>	<ul style="list-style-type: none"> <li>Medical and Academic Affairs (Medical Staff Development, Credentialing and Privileging, Medical Staff Governance, Contracts, Compensation, and Recruitment)</li> <li>Medical Leadership Roles (Department Heads, Division Heads, Section Heads, Executive Medical Directors, Medical Directors, Medical Leads, Medical Coordinators, Chairs, Vice-Chairs, etc.)</li> </ul>

## 1. Phase 1: Predecessor Removal

- 1.1. The initial phase is to remove the departing staff member from the position. Net new positions may omit this phase.
- 1.2. Medical Staff Governance will:
  - Receive initial notice of vacant position.
  - Disseminate notice to Medical and Academic Affairs colleagues to initiate process.
  - Update medical leader master list, org charts, medical staff committee meeting invites and SharePoint access.
- 1.3. Medical Staff Development will distribute a farewell leader announcement to all medical staff, update medical leader town hall invite, and update medical leadership directory.
- 1.4. Credentialing and Privileging will remove medical leader from the privileging application approvals pathway in committee manager.
- 1.5. Contracts will update database with end date after compensation stops payments.
- 1.6. Compensation will stop payments and recalculate compensation.
- 1.7. Recruitment does not have any action items for this step.

## 2. Phase 2: Recruitment/Appointment

- 2.1. The second phase is to conduct the appointment or recruitment process to fill a vacant position. Phase 1 and 2 will generally occur simultaneously.
- 2.2. Governance will facilitate the appointment process and ensure that the persons or committee responsible for appointing a new leader conducts the appointment appropriately and as expeditiously as possible. Per the medical staff rules, Department Heads, Division Heads, Chairs, and Vice-Chairs are appointed positions.
- 2.3. Medical Staff Development does not have any assigned tasks in the recruitment/appointment process.
- 2.4. Credentialing and privileging will validate that all candidates for recruited and appointed positions have active privileges. Candidates must have active privileges to be considered for a medical leadership position unless an exception has been approved. If the candidate does not

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have active privileges, credentialing and privileging will notify contracts, recruitment, and the appropriate medical leader for next steps.

- 2.5. Contracts will begin reviewing the contract as soon as possible to determine if any revisions need to be made to the existing contract. For recruited positions, contracts will review the letter of offer to ensure it accurately reflects the contract details. When a successful candidate has been identified through the appointment or recruitment process, contracts will obtain the required signatures on the contract. Contracts must wait to send the contract for signature until the letter of offer has been signed for recruited positions or governance has notified that an appointment has been approved for appointed positions.
- 2.6. Compensation will review the letter of offer and contract to ensure it accurately reflects the compensation details.
- 2.7. Recruitment will facilitate the recruitment process. When a successful candidate has been identified, recruitment will draft the letter of offer and consult with contracts and compensation. Once the letter of offer has been finalized, recruitment will obtain the required signatures. When the letter has been signed, recruitment will notify medical staff development and physician contracts who will proceed with the next steps in the process.

### 3. Phase 3: Successor Induction

- 3.1. The final phase is to provide the successful candidate with the appropriate support as they transition into their newly acquired leadership position. This phase is initiated when all signatories have signed the contract.
- 3.2. Governance will update medical leader master list, org charts, medical staff committee meeting invites and SharePoint access.
- 3.3. Medical Staff Development will distribute a new leader announcement, invite to medical leader town hall and Navigating Island Health, and update medical leadership directory.
- 3.4. Credentialing and Privileging will provide the new leader with orientation to credentialing and privileging. When the leader has been appropriately oriented, they will be added to the privileging application approvals pathway.
- 3.5. Contracts will update database.
- 3.6. Compensation will ensure payments are issued.
- 3.7. Recruitment does not have any action items for this step.

### 4. General Principles

- 4.1. Medical Staff Governance is primarily responsible for tracking changes in medical leadership and facilitating the communication amongst Medical and Academic Affairs to transition incumbents into and out of medical leader roles.
- 4.2. Changes in medical leadership must be communicated in writing to [medstaffgovernance@islandhealth.ca](mailto:medstaffgovernance@islandhealth.ca) to initiate the process for filling a vacancy.
- 4.3. Governance will track changes in medical leadership in REDCap and provide reports to the Medical Planning and Credentials Committee (MPCC) on a monthly basis.

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5. Process Map

