

Purpose:	To clarify accountabilities and ensure clear, transparent, and consistent processes for credentialing and privileging application review.
Rules and Bylaws:	This process is consistent with the Medical Staff Bylaws and Rules, specifically: <ul style="list-style-type: none"> • Medical Staff Bylaws: Article 3, 4, & 6, and • Medical Staff Rules: Section 1.5 & 2.3.
Outcomes:	<ul style="list-style-type: none"> • Identifies processes for application preparation, review, and recommendation for the appointment of qualified professionals capable of providing safe, quality patient care to serve on Island Health’s Medical Staff. • Describes department-led reviews, including processes and relevant documents, to assist the Medical Planning and Credentials Committee (MPCC), Health Authority Medical Advisory Committee (HAMAC), and the Board in their deliberations. • Aligns with the Island Health’s medical staff governance framework, including the Medical Staff Bylaws and Rules. • Defines the roles and responsibilities of each participant in the application review process. • Ensures that prospective medical staff have access to a timely, fair, efficient, and understandable application process.

1.0 Requirements

Island Health is responsible to members of the public for proper selection of qualified professionals to serve on its Medical Staff. Effective vetting of credentials and granting of privileges to practice at Island Health impacts patient safety, quality of care, resource allocation, and the health and well-being of patients and all members of the health care team.

Under Island Health’s Medical Staff Bylaws, all medical staff appointments must be made by the Board of Directors with advice from HAMAC. The Medical Staff Bylaws also provide criteria for appointment, specifically:

- a license to practice and membership in the appropriate regulatory college;
- training and experience relevant to the provider’s area of practice;
- current liability insurance coverage in the category appropriate to their medical practice;
- a demonstrated ability to provide quality patient care and work in a professional manner;
- comprehensive documentation of prior experience and competence from any previous medical staff appointments.

Individuals seeking an appointment to the Medical Staff must complete an application form and provide additional documentary evidence as required.

The Credentialing Office, MPCC and HAMAC all have roles to play in the receipt, preparation, and review of applications to provide recommendations and advice to the Board.

Maintained by:	Credentialing & Privileging					
Issued by:	Medical Planning & Credentials Committee					
Last Revised:	21-Jan-2025	Last Reviewed:	21-Jan-2025	First Issued:	19-SEP-2023	Page 1 of 7

2.0 Roles and Responsibilities

Role	Responsibility
Credentialing Coordinator	<ul style="list-style-type: none"> Sends authorized applications, receives required documentation, notifies medical leader of any outstanding items. Ensure appropriate category of appointment and privileges for the provision of services requested, in alignment with the sites and departments as per the privileging grid. Flags items for additional review (see section 4, step 1). Undertakes other preparatory steps to facilitate review by Medical Staff Departments, MPCC, and HAMAC.
Division Head	<ul style="list-style-type: none"> Acts as a medical expert and understands the qualifications and certifications which promote quality clinical care in their discipline. Provides a medical leadership point of contact for applicants and the Credentialing Office. Reviews applications, paying specific attention to flagged items, and develops recommendations in collaboration/consultation with their Department Head.
Department Head	<ul style="list-style-type: none"> Ensures Division Head accountabilities are met, including coverage when Division Heads cannot be reached. Confirms assignment, category of privileges and privileges requested aligns with the department. Leads or supports Division Head to develop departmental recommendations in particular resolution of more complex issues including the review and recommendation to apply conditions to a medical staff appointment. Reviews and signs off on Department Recommendations prior to submission to MPCC. Represents the Department's perspective at MPCC, HAMAC, and other venues as required.
Chief of Staff	<ul style="list-style-type: none"> Provides advice to the department pertaining to site-level considerations including: <ul style="list-style-type: none"> Consistency of provider assignments with site needs, Impact on site teams, services, and resources, Planning for any additional supervision or support required at site level, and Alignment with site health human resource planning.
Credentialing & Privileging (C&P) Medical Director	<ul style="list-style-type: none"> Operates as a resource/point of contact for departments and provides advice related to application processes and requirements. Supports the Credentialing Office and medical leaders to review and process complex files. Responds to questions and concerns expressed by applicants or members of the Medical Staff. Reviews all applications and supports their presentation to MPCC Provides general oversight of quality and outcomes associated with application review and recommendation processes. Identifies opportunities for quality improvement.
MPCC Chair	<ul style="list-style-type: none"> Presents the MPCC reports to HAMAC. Leads/facilitates MPCC deliberations on complex applications including resolution of issues where departmental and site-level positions differ.

Maintained by:	Credentialing & Privileging					
Issued by:	Medical Planning & Credentials Committee					
Last Revised:	21-Jan-2025	Last Reviewed:	21-Jan-2025	First Issued:	19-SEP-2023	Page 2 of 7

3.0 Resources and Reporting

Resources

- *C&P Applications Quick Reference Guide*: Lists C&P application types, the documents required and processing pathways for C&P applications.
- *MPCC Reports Quick Reference Guide*: Lists Medical Staff Recruitment and Credential & Privileging reports, outlines actions and documents voting methodology.
- [Categories of Privileges Quick Reference Guide](#): Provides an overview of the categories of privileging and outlines associated activities and responsibilities for medical staff.
- *Non-Routine Application Management Guideline*: Describes the management of applications where a straightforward recommendation for approval is not possible.
- *Provider Privileging Dictionary*: Describes the provincially defined scope including benchmarks and practice expectations for medical staff for a range of disciplines.
- *Interim Approval Memo*: the communication from the Credentialing Office to the applicant (and medical leader when indicated) notifying them of the interim approval of their application while awaiting final Board approval.
- *Board Letter*: Communication with the applicant of final Board decision on their application.

Forms

- *BC Initial Application Form*: Standard provincial form for initial Medical Staff applications to a health authority.
- *Reappointment Application*: Standard provincial form for Medical Staff reappointment applications.
- *Acknowledgement, Consent, and Declaration*: Standard provincial form that request information regarding current or previous restrictions to license or scope of practice. It also includes questions regarding past or present circumstances, professional advice received, or conditions that may impair a provider's ability to deliver appropriate patient care or carry out the duties of their position.

Reports

- *Certificate of Professional Conduct*: Standard document issued regulatory Colleges that reports the details regarding a provider's status of licensure, qualifications, practice conditions/limits, and a summary of any complaints or disciplinary processes.

Systems

- *Committee Manager*: Provincial electronic system that supports C&P application review.

4.0 Procedure

Step 1 - Application Preparation

- The Credentialing Office ensures that all required forms and documents are present in an application file prior to referring it to the appropriate medical leader.
- The Credentialing Office notifies a medical leader of any outstanding items and will offer the opportunity for the medical leader to consider proceeding with the file pending receipt of the missing documentation.

Maintained by:	Credentialing & Privileging					
Issued by:	Medical Planning & Credentials Committee					
Last Revised:	21-Jan-2025	Last Reviewed:	21-Jan-2025	First Issued:	19-SEP-2023	Page 3 of 7

The Credentialing Office undertakes a preliminary review of the file, which includes:

Application Item	Process
Provider Record	Reviews the provider file and note any items flagged for consideration for the current application.
Acknowledgement, Consent, and Declaration	Notes “yes” responses within declarations and manages according to the declaration management procedure to ensure that medical leaders have access to the necessary details regarding that declaration to consider any impact on their recommendation on this application.
BC Licensure	Confirms licensure with a screenshot on file.
BC Licensure Restrictions	Notes any current or previous restrictions on the provider’s license or scope of practice, which may appear on the College’s website or BC licensure section of the application form.
Certificate of Professional Conduct (COPC)	Notes any information appearing in the COPC regarding complaints, disciplinary hearings or other relevant non-disciplinary matters.
Professional Liability Insurance	Verifies that the provider has professional liability insurance appropriate for their area of practice.
References	Collects written and/or verbal references as required for the application type (as per the C&P Application Quick Reference Guide) and notes any instances where the referee has indicated a recommendation with reservations or does not recommend.

- *Committee Manager’s flag system is used* to alert the medical leader of any items that warrant their special attention. The purpose of this is to ensure the medical leader has been effectively alerted and that they consider any potential implications to the medical staff appointment in question.
- There are three flag types:

Flag Colour	Definition	Frequency	Examples
Green	No identified potential risks or concerns in the documents within the application	Majority	<ul style="list-style-type: none"> • Reference Recommendation: “I would recommend this applicant highly and without reservation” or “I would recommend this applicant as qualified and competent.” • Full Licensure (Independent Practice)

Maintained by:	Credentialing & Privileging					
Issued by:	Medical Planning & Credentials Committee					
Last Revised:	21-Jan-2025	Last Reviewed:	21-Jan-2025	First Issued:	19-SEP-2023	Page 4 of 7

Flag Colour	Definition	Frequency	Examples
Yellow	Identified potential risks or concerns in the documents within the application	Occasionally	<ul style="list-style-type: none"> Reference Recommendation: “I would recommend this application but with some reservation.” Provisional, Restricted or Conditional Licensure. Requires supervision and/or limited to specific site(s), and/or restricted scope of practice. Prior or ongoing complaint investigation listed on COPC including any undertakings or agreements with their College. “Yes” responses on the <i>Acknowledgement, Consent, and Declaration form</i>.
Red	Identified known risks or concerns in the documents within the application	Rarely	<ul style="list-style-type: none"> Reference recommendation: “I would not recommend this applicant.” Non-Routine file involvement, as per the Non-Routine Management Guideline.

Step 2 - Division Head Review and Recommendation

The Division Head provides guidance to the Credentialing Office in application preparation and act as the first and primary medical leader reviewer.

The Division Head:

- Notifies the Credentialing Office if provider has an urgent start date.
- Identifies/confirmes the category of privileges.
- Provides the start and end dates for time limited appointments (Temporary/Clinical Trainees/Locum)
- Provides name of host for Locum appointments
- Provides name of supervisor for Clinical Trainee appointments.
- Reviews written references and complete verbal references, where indicated.
- Completes assessment of review for Provisional members prior to recommending promotion to Active staff status.
- Completes Collective Review for Temporary and Locum extensions/renewals, as needed. Should the Division Head wish to delegate this responsibility, this should be brought to the Department Head and C&P Medical Director’s attention for approval. Division Head must sign off on the final review.
- Confirms appointment aligns with provider’s plan for practice.
- Considers consulting the Chiefs of Staff for input on site-level considerations.
- Reviews credentials to ensure appropriate qualifications.
- Reviews the application with special attention to any items flagged, as per section 4.0, step 1.
- Reviews the *Provider Privileging Dictionary (PPD)* to ensure consistency with site needs and resources.
- Considers recommending approval with conditions in consultation with the Department Head, where indicated.
- Submits recommendation to Department Head for further consideration and recommendation.

Maintained by:	Credentialing & Privileging					
Issued by:	Medical Planning & Credentials Committee					
Last Revised:	21-Jan-2025	Last Reviewed:	21-Jan-2025	First Issued:	19-SEP-2023	Page 5 of 7

Step 3 - Department Head Review and Recommendation

While both Division and Department Heads play a role in application assessment, the Department Head is ultimately accountable for the recommendation. When Division Head is unavailable or the position is vacant, the Department Head fulfills the Division Head responsibilities as needed. Department Heads act as resource to their Division Heads in the review process and conduct a final review prior to a completion of a department recommendation for consideration and recommendation by the C&P Medical Director.

The Department Head:

- Ensures the proposed appointment aligns with Departmental Policy, including the Department’s *Credentialing and Privileging Guideline*.
- Considers consulting the Chiefs of Staff for input on site-level considerations.
- Reviews and confirms the proposed category of privileging, the PPD, and references.
- Ensures follow-up with the College where there are relevant open investigations/undertakings included in a COPC, consulting the C&P Medical Director as needed.
- Reviews the application with special attention to any items flagged, as per section 4.0, step 1 and ensures appropriate follow-up.
- Provide oversight and support for Division Head with complicated files.
- Confirms recommendation to approve with conditions as per the Division Head and works in collaboration with the Credentialing Office to complete *Department Recommendation form* in accordance with the *Non-Routine Application Management Guideline*.
- Presents the *Department Recommendation form* with the C&P Medical Director for consideration of a Non-Routine Application for appointment at MPCC.

Step 4 - C&P Medical Director Review and Recommendation

The Medical Director provides general oversight of the application review process, supports the Credentialing Office and medical leaders with complex files, and signs off on every application. The C&P Medical Director acts as a final reviewer for all applications in advance of their presentation to MPCC and HAMAC.

The C&P Medical Director:

- Approves exceptions to review processes in the steps listed above, including when warranted due to variation in the medical leadership structure or other department specific consideration.
- Approves requests for delegation, and makes recommendations in absence of a Departmental Leader when necessary due to time sensitivity or other factors.
- Uses delegated authority from the Vice President of Medicine to grant executive emergency approvals when indicated.
- Considers any documents pending and confirms it is acceptable to proceed in the interim.
- Supports Departments with follow-up on COPCs where there are open investigations and/or undertakings with their College.

Maintained by:	Credentialing & Privileging					
Issued by:	Medical Planning & Credentials Committee					
Last Revised:	21-Jan-2025	Last Reviewed:	21-Jan-2025	First Issued:	19-SEP-2023	Page 6 of 7

- Reviews and establishes an appropriate management strategy for any applications that include significant risks or sensitivities and consults the Executive Medical Director for Governance as needed.
- Supports any applications deemed Non-Routine and the documentation on the *Department Recommendation Form*

Step 5 - Post-Recommendation

Following the recommendation from C&P Medical Director, the Credentialing Office:

- Requests access for the provider to the appropriate accounts (Cerner), notifies to provider of accounts once granted.
- Updates C&P database to ensure the downstream systems reflect this medical staff appointment.
- Enters the appointment on the appropriate Routine and Non-Routine MPCC Report as per the *MPCC Report Quick Reference Guide*.
- Notifies the Provider of the interim approval via an *Interim Approval Memo* and copies the appropriate medical leader and C&P Medical Director where a medical leader comment or recommendation is included.
- Notifies the Provider of the outcome of the Non-Routine Application, where interim approval has been granted, via a Non-Routine Interim Approval Memo.
- Notifies the Provider again on the outcome of the Board decision via the Board Letter.

File Storage:

Date Updated	Location	Location Pathway
22-Jan-2025	MPCC SharePoint	MPCC - Home
22-Jan-2025	C&P Guideline Website	Credentialing and Privileging Medical Staff
22-Jan-2025	C&P SharePoint	Guidelines, Guide & Tools

Maintained by:	Credentialing & Privileging					
Issued by:	Medical Planning & Credentials Committee					
Last Revised:	21-Jan-2025	Last Reviewed:	21-Jan-2025	First Issued:	19-SEP-2023	Page 7 of 7