

Purpose:	To clarify accountabilities and ensure clear, transparent, and consistent processes for credentialing and privileging application review.
Rules and Bylaws:	<p>This process is consistent with the Medical Staff Bylaws and Rules, specifically:</p> <ul style="list-style-type: none"> • Medical Staff Bylaws: <ul style="list-style-type: none"> ○ Article 3 – Membership and Appointment ○ Article 4 – Appointment and Review ○ Article 6 – Categories of Appointment • Medical Staff Rules: <ul style="list-style-type: none"> ○ Article 1.5 – Medical Staff Membership and Privileges ○ Article 2.3 – Medical Staff Departmental Leadership
Outcomes:	<ul style="list-style-type: none"> • Application preparation, review, and recommendation processes enable the appointment of qualified professionals capable of providing safe, quality patient care to serve on Island Health’s Medical Staff. • Department-led reviews include the preparation of appropriate documentation to serve any future needs and support Medical Planning and Credentials Committee (MPCC), Health Authority Medical Advisory Committee (HAMAC), and the Board in their deliberations. • Applications are reviewed in a manner consistent with Island Health’s medical staff governance framework including the Medical Staff Bylaws and Rules. • The roles and responsibilities of each participant in the application review process are well defined. • 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;

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- 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.

2.0 Roles and Responsibilities

Credentialing Office	<ul style="list-style-type: none"> Receives applications, ensures all required documentation is in place, and undertakes other preparatory steps to facilitate review by Medical Staff Departments, MPCC, and HAMAC. Supports Medical Staff and Medical Leaders to streamline and reduce the administrative burden of applications and application assessment. Tracks key dates/timelines and maintains a record of application-related events and materials.
Division Head	<ul style="list-style-type: none"> Acts as a clinical expert for their discipline and maintains an up to date understanding of the workforce needs for the sites/programs within their area of responsibility. Provides a medical leadership point of contact for applicants and the Credentialing Office. Reviews applications 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. Leads or supports Division Head to develop departmental recommendations including resolution of more complex issues as they arise. 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 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 the site level.

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Medical Director	<ul style="list-style-type: none"> • Operates as a resource/point of contact for Department and Division Heads and provides advice related to application processes and requirements. • Responds to questions and concerns expressed by applicants or members of the Medical Staff. • Reviews all applications and supports their presentation to MPCC and HAMAC. • Provides general oversight of quality and outcomes associated with application review and recommendation processes.
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3.0 Resources and Reporting

- **Tools:**

- *Credentialing and Privileging Application Documentary Requirements*: Provides a comprehensive list of documents required for each application type.
- *Credentialing Office Application Referral Process Description*: Describes standard protocols for communicating application related information from the Credentialing Office to the relevant Medical Leader.
- *Categories of Privileging 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*: Describe management of applications where a straightforward recommendation for approval is not possible.
- *Provider Privileging Dictionary*: Provincially defined scope descriptions including benchmarks and practice expectations for medical staff for a range of disciplines.

- **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*:
 - Contains mandatory questions related to elements of a provider's background and present state that could impact a provider's ability to deliver appropriate patient care or carry out the duties of their position.
 - The *Acknowledgement, Consent, and Declaration* is available as a stand alone document or embedded in the *BC Initial Application Form* and the *Reappointment Application Form*.
- *BC Licensure Declaration*: Appears in the *BC Initial Application* and *Reappointment Application* forms and within the stand-alone *Acknowledgement, Consent, and Declaration* form. Contains details regarding a provider's license and any current or previous restrictions to license or scope of practice.

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- *Confidential Reference for Applicant to the Medical Staff* – Standard reference form to be used in Credentialing and Privileging applications.
- **Reports**
 - *Certificate of Professional Conduct*: A report issued by Regulatory Colleges that includes details regarding a provider's current status of licensure, qualifications, practice conditions/limits, and a summary of any complaints or disciplinary processes.
- **Systems**
 - *Committee Manager*: Software used in the Credentialing and Privileging process to facilitate application review.
- **Communication Templates**
 - *Acknowledgement, Consent, and Declaration Follow Up*: Email template directed to the applicant to request additional information pertaining to any positive responses in the *Acknowledgement, Consent, and Declaration* or *BC Licensure Declaration*.
 - *Application Notification*: Email template directed to the next medical leader responsible for reviewing an application that summarizes relevant details and requests that a medical leader take next steps in the application review process.

4.0 Procedure

4.1 Step 1: Application Preparation

- The Credentialing Office is responsible for ensuring that all required forms and documents are present in an application file prior to referring it to the appropriate medical leader. Specific requirements by application type are described in detail in *Credentialing and Privileging Application Documentary Requirements*.
- The Credentialing Office also reviews the following items and communicates their findings to the medical leader via the *Application Notification* e-mail and updates to Committee Manager.

Item to Review:	Instructions:
Provider Record	<ul style="list-style-type: none"> • Review the provider record and note any items flagged for consideration in future applications.
Acknowledgement, Consent, and Declaration	<ul style="list-style-type: none"> • If any “yes” response is selected: <ul style="list-style-type: none"> ○ note relevant details including any information provided within a prior application; and ○ request a current <i>Certificate of Professional Conduct</i> if one has not provided with the application

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	<ul style="list-style-type: none"> If the applicant has not provided details regarding the “yes” response in the present or a past application, the Credentialing Office will follow up to request using the standard <i>Acknowledgement, Consent, and Declaration Follow Up</i> email template.
BC Licensure	<ul style="list-style-type: none"> Look up the provider in their Regulatory College directory and include a screenshot of the provider’s registration/licensure information that appears there.
BC Licensure Restrictions	<ul style="list-style-type: none"> If there are any current or previous restriction to the provider’s license or scope of practice noted on the College website or in the <i>BC Licensure Declaration</i> note relevant details. If the applicant has not provided details regarding the “yes” response in the present or a past application, the Credentialing Office will follow up to request using the standard <i>Acknowledgement, Consent, and Declaration Follow Up</i> email template.
Certificate of Professional Conduct (COPC)	<ul style="list-style-type: none"> Summarize any information appearing in the COPC regarding complaints, disciplinary hearings or other relevant non-disciplinary matters.
Professional Liability Insurance	<ul style="list-style-type: none"> Verify that the provider has professional liability insurance appropriate for their area of practice and follow up as required.
References	<ul style="list-style-type: none"> Where written and/or verbal references are required for the application type as noted in the <i>Credentialing and Privileging Application Documentary Requirements</i> document, ensure that they have been provided. Written references must be provided on the standard form: <i>Confidential Reference for Applicant to the Medical Staff</i> In the final section of the form entitled “Recommendation,” note any instances where the referee has indicated a recommendation with reservations or does not recommend.

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Category of Privileging	<ul style="list-style-type: none"> Review category of privileging and confirm with the appropriate medical leader if it appears inconsistent with the <i>Categories of Privileging Quick Reference Guide</i>.
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4.2 Step 2: Application Review and Recommendation

4.2.1 General Process Notes

- Following the receipt and preparation phase, Departments complete a review of the application as input to their recommendation to the Board regarding the appointment.
- Division Heads and Department Heads play a role in application assessment, but Department Heads are ultimately accountable for the recommendation and must be prepared to fulfill Division Head responsibilities as needed.
- Chiefs of Staff advise on site level considerations including:
 - Consistency of provider assignments with site needs;
 - Impact on site teams, services and resources;
 - Planning for any additional supervision or support required at the site;
 - Alignment with overall site health human resource planning.
- The Medical Director for Credentialing, Privileging, and Governance acts as a final reviewer for all applications in advance of their presentation to MPCC and HAMAC.
- Variations in the medical leadership structure or other department-specific considerations may require exceptions to the standard review process.
- Further details regarding the Division Head, Department Head, and Medical Director responsibilities can be found in the tables below.

4.2.2 Division Head Review

Division Heads provide guidance to the Credentialing Office in application preparation and act as a first medical leader reviewer with specific attention paid to items described in the table below.

Application Preparation	Review/Recommendation
<ul style="list-style-type: none"> Notify Credentialing Coordinator if provider has an urgent start date Identify/confirm the category of privileges Provide the start and end dates (Temporary/Clinical Trainees/Locum) Provide name of host (Locum) Provide name of supervisor (Clinical Trainee) 	<ul style="list-style-type: none"> Confirm assignment aligns with provider's plan for practice Review credentials to ensure criteria for privileges are met Read and follow up on any notes provided from the initial review by the Credentialing Office Review the application with special attention to:

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<ul style="list-style-type: none"> • Review written references and complete verbal references where indicated • Complete Collective Review (Temporary/Locum extensions) 	<ul style="list-style-type: none"> ○ License restrictions or limitations to scope of practice; ○ Investigations or undertakings noted on a COPC; ○ Declarations selected on the Acknowledgement, Consent, and Declaration Form; and ○ References that note reservations or fail to recommend the provider. • Review the <i>PPD</i> to ensure consistency with site needs and resources. • Consider recommendation of appointment conditions where indicated.
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4.2.3 Department Head Review

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 the Board of Directors. Specific items for verification by the Department Head include:

- Ensuring the proposed assignment aligns with Departmental Policy, including the Department's *Credentialing and Privileging Guideline*.
- Review and verify the proposed category of privileging, the PPD, and references.
- Ensure follow-up with the College where there are relevant open investigations/undertakings included in a COPC.
- Review and/or recommend conditions and work in collaboration with the Credentialing Office to document a departmental recommendation in accordance with the *Non-Routine Application Management Guidelines*.
- Provide oversight and support for Division Head with complicated files

4.2.4 Medical Director Review

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 prior to referral to MPCC. Additional items handled by the Medical Director include:

- Reviewing and establishing an appropriate management strategy for any applications that include significant risks or sensitivities.
- Supporting Departments with follow-up on COPCs where there are open investigations and/or undertakings.
- Approving exceptions to standard review processes including completion of a recommendation on behalf of other medical leaders when necessary due to time sensitivity or other factors.
- Using delegated authority from the Vice President of Medicine to grant emergency approvals when indicated.
- Leading/facilitating MPCC deliberations on complex applications including resolution of issues where departmental and site-level positions differ.

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