

Purpose:	To provide clear, transparent, and consistent processes for assessment and follow up on applications that need in-depth consideration due to standard requirements not being met, performance concerns, or other unique circumstances.
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"> • Management practices for non-routine applications are understood and consistently followed by all Medical Staff Departments. • Conditional appointments are utilized in a manner that promotes safe, quality patient care while supporting medical staff professional development. • Considerations regarding non-routine appointments are well documented and available to decision makers. • Applications are assessed in a timely manner, committee deliberations are efficient and effective, and sensitive information pertaining to medical staff is appropriately managed. • Conditions are consistently applied, tracked, and removed when they are no longer needed.

1. Requirements

Island Health has a responsibility to ensure that all medical staff are qualified and capable of providing safe, quality patient care.

The Medical Staff Bylaws provide a framework for the overall Medical Staff Organization (Article 2) within the health authority as well as high level principles and processes related to individual medical staff appointments. (Article 3).

Medical staff privileges are considered following the submission of an application by a provider. To be approved, providers must hold a license to practice and demonstrate their ability to provide safe, quality patient care. This includes having appropriate training or credentials and experience that meet standards established for their prospective department and/or discipline.

Specific requirements for each discipline are defined in Provincial Privileging Dictionaries maintained by the BC Medical Quality Initiative and may also be articulated in departmental policies and guidelines.

In the majority of cases, applicants are able to demonstrate that they have the credentials and experience to meet all requirements for their discipline. On occasion, however, it may be necessary to decline an application for privileges or approve it with conditions. For the purposes of this guideline, these are considered to be non-routine applications.

Maintained by:	Medical Planning and Credentialing Committee (MPPC)					
Issuing Authority:	Health Authority Medical Advisory Committee (HAMAC)					
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Conditions applied to a medical staff appointment fall into two categories:

	Definition
Category 1	Applies to conditions imposed when an applicant does not meet a requirement that applies to all members of a discipline or division.
Category 2	Applies to conditions imposed according to the unique needs of an individual, often targeting previously identified deficiencies or areas where improvement is required.

Processes for consideration of non-routine applications within Departments, at MPCC, and at HAMAC must be structured to effectively manage sensitive information while ensuring that decision makers and committees have the information needed to fulfill their governance roles.

2. Roles and Responsibilities

Division Head	<ul style="list-style-type: none"> • In consultation with their Department Head, establishes, maintains, monitors, and updates Division-specific education and practice requirements in accordance with service needs and quality standards and best practices. • Maintains a working knowledge of relevant Provider Privileging Dictionaries including and defined practice requirement. • Assesses medical staff appointment applications and recommends conditional approvals or non-approval where needed. • Provides information and documentation to assist in the completion of the <i>Department Recommendation Form</i>.
Department Head	<ul style="list-style-type: none"> • Collaborates with Division Heads and members of the medical staff to establish and document department-specific education and practice requirements that reflect best practice and service needs. • Oversees, mentors, and supports Division Heads in their review and documentation of non-routine applications. • Reviews and validates documentation and recommendations provided by Division Heads. • Completes or signs off on content embedded in the <i>Department Recommendation Form</i> and, if required, leads presentation of the application and recommendation to MPCC.
Credentialing Office	<ul style="list-style-type: none"> • Receives applications, collects necessary documentation, and conducts a preliminary review against standard requirements. • Flags elements of the application that may warrant further consideration by the Division or Department Head. • Facilitate the completion of the <i>Department Recommendation Form</i> and document the case on the relevant MPCC report. • Tracks conditions applied, follows up with medical staff and leaders to support condition removal as required. • Documents condition removal on the relevant MPCC report.
Medical Director	<ul style="list-style-type: none"> • Guides Division and Department Heads in the review, assessment, documentation, and follow-up pertaining to non-routine applications. • Endorses departmental recommendation and undertakes a final review of the <i>Department Recommendation Form</i> prior to submission to MPCC. • Liaises with the MPCC chair and supports committee deliberations as required.

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	<ul style="list-style-type: none"> • Uses discretion to approve process exceptions and grant interim approvals as required.
MPCC	<ul style="list-style-type: none"> • Reviews departmental recommendations. • Ensures that relevant details pertaining to committee deliberations are documented and available for further review. • Forwards non-routine applications to HAMAC for review and endorsement. • Endorses condition review and removal.
HAMAC	<ul style="list-style-type: none"> • Reviews MPCC recommendations and prepares/forwards for further consideration by the Boards.

3. Resources and Reporting

- **Relevant Guidelines:**
 - *Roles and Responsibilities in Application Reviews:* provides a high level description of the role of the Credentialing Office and Medical Leaders in the application review and approval process.
 - *Department Recommendation Form:* a standard template used to document department recommendations for non-routine applications.
- **MPCC Reports:**
 - *Medical Staff Appointments: Category 1 Conditions Report:* includes medical staff appointments where Category 1 conditions are applied or removed.
 - *Medical Staff Appointments: Category 2 Conditions Report:* includes medical staff appointments where Category 2 conditions are applied or removed.
- **Notifications:**
 - *Interim Approval Memo*
- **Systems:**
 - *Committee Manager*

4. Procedure

- 4.1. Inputting Conditions/Recommendations in Committee Manager
- Committee Manager includes functionality to identify whether an appointment is: Not Recommended; Recommend Approval; and Recommend Approval with Conditions.
 - For appointments recommended with conditions, medical leaders are requested to outline the specific conditions in the field provided.
- 4.2. Interim Approval (authorization to work prior to Board approval)
- In general, interim approvals are granted for applications with Category 1 conditions. Conditions will appear on the interim approval memos that are sent to the applicant and are copied to the Division Head.
 - For applications with Category 2 conditions the Medical Director may authorize an interim approval or determine that a detailed MPCC review should be undertaken.
 - Following MPCC deliberations, the committee will determine whether an interim approval can be granted or if more detailed review by HAMAC is required.
- 4.3. Completing the Department Recommendation Form
- All non-routine applications must be accompanied by a completed *Department Recommendation Form* completed by the Division or Department Head with the support of the Credentialing Office.

- The *Department Recommendation Form* acts as the record of details and rationale pertinent to the recommendation. Division and Department Heads are responsible for ensuring that these captured appropriately.
- Once the *Department Recommendation Form* has been completed, the medical staff appointment can be added to the appropriate MPCC report and forwarded to the committee for approval or further consideration.

4.4. Reports

- When an appointment has been recommended by a Division or Department Head with conditions, it will appear on one of two reports prepared for MPCC's consideration: 1) *Medical Staff Appointments with Category One Conditions*; 2) *Medical Staff Appointments with Category Two Conditions*.
- The *Department Recommendation Form* will accompany these reports as an addendum.

4.5. MPCC Endorsement

- Recommendations with Category 1 conditions will be managed through the regular monthly e-vote process.
- Recommendations with Category 2 conditions are presented for consideration at an MPCC meeting in-camera.
- Following consideration of a Category 2 conditions, MPCC may authorize an interim approval if not already granted or referred to HAMAC for further review.

4.6. HAMAC Review

- Recommendations with Category 1 conditions will be reviewed and voted upon during regular HAMAC meetings.
- Recommendations with Category 2 conditions will be reviewed and voted upon during an in-camera portion of the HAMAC meeting.

4.7. Tracking and Removal of Conditions

- The Credentialing Office will track all conditions imposed through the appointment process and support follow up at the appropriate time.
- The Division/Department Head is responsible for assessing whether conditions have been met.
- In cases where conditions have been met, the Credentialing Office notes this on the *Medical Staff Appointments with Conditions* report.
- Where conditions have not been met, the Division/Department Head determine the appropriate next action in consultation with the Medical Director.

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