BOARD OF DIRECTORS MANUAL

CATEGORY:	GOVERNANCE	NUMBER: II-006
ISSUED BY:	GOVERNANCE COMMITTEE	
APPROVED BY:	BOARD OF DIRECTORS	PAGE: **1** of **7**
DATE OF ISSUE:	February 2018	

BOARD OVERSIGHT OF PROFESSONAL STAFF PRIVILEGES

Purpose:

To describe the Board's role in oversight of Professional Staff.

Note: Physicians, Dentists, Registered Midwives, are not employees of the hospital, but are independent contractors who are granted privileges to use hospital resources in return for providing care to patients.

Policy**:**

In accordance with the provisions of the *Public Hospitals Act* (PHA) and Regulation 965, and in keeping with the by-laws of the Northumberland Hills Hospital and of its professional staff, the Board of Directors (*Board*) has the authority and responsibility to grant and revoke professional staff privileges, and to ensure that mechanisms are in place for the fulfillment of professional staff duties and responsibilities, including to, at any time:
["at any time" refers to the 3 bullets (appoint, determine, revoke) rather than fulfillment of duties]

- ***appoint*** physicians to a group of the medical staff for a period of up to one year;
- ***determine*** the privileges to be attached to the appointment;
- ***revoke***, suspend, or restrict the appointment of, or refuse to reappoint a member of the medical staff.

Procedure**:**

The Board shall appoint the professional staff on an ***annual*** basis (as of April 1st) and as necessary, after considering the recommendations of the Medical Advisory Committee (MAC) and shall grant such privileges as it deems appropriate to each member of the professional staff. The Board is ultimately accountable for making its own independent decision about all appointments and re-appointments to the medical staff, and for all

NOTE: This is a CONTROLLED document as are all management system files on this server. Any documents appearing in paper form are not controlled and should ALWAYS be checked against the server file version (electronic version) prior to use.

suspensions, revocations, and other alterations to privileges. ***These responsibilities cannot be delegated.***

1.3 The *Public Hospitals Act* outlines the procedure to be followed should an applicant request a hearing by the Board regarding restriction, suspension, or revocation of privileges.

1.4 All applications for appointment and reappointment to the medical, dental, midwifery and extended nursing class staff shall be processed in accordance with the provisions of Northumberland Hills Hospital *Professional Staff By-law*s and the *Public Hospitals Act*.

2.0 ONGOING OVERSIGHT OF PRIVILEGES

2.1 The Chief of Staff informs the Chief Executive Officer (CEO) of all situations where action is being considered or has been taken by the Chief of Staff, with or without MAC involvement, relating to the conduct, capacity or competence of a physician. These cases may involve concerns relating to patient safety, risk to reputation, legal liability, or other areas which may require urgent decision-making by the board. Briefings should include regular updates on investigations, remedial measures being taken, and progress to date.

2.2 The Chief of Staff provides a report to the Board Chair on an as-needed basis giving a summary of actions taken to date on significant cases, in addition to a list of the total number and types of physician conduct cases being monitored by the Chief of Staff and/or MAC.

2.3 The Chief of Staff will bring forward any Medical Advisory Committee recommendations for privileges to the next meeting of the NHH Board of Directors. A signed attestation will be included with the written report to the Board of Directors (appendix A)

3.0 REFERENCE DOCUMENTS

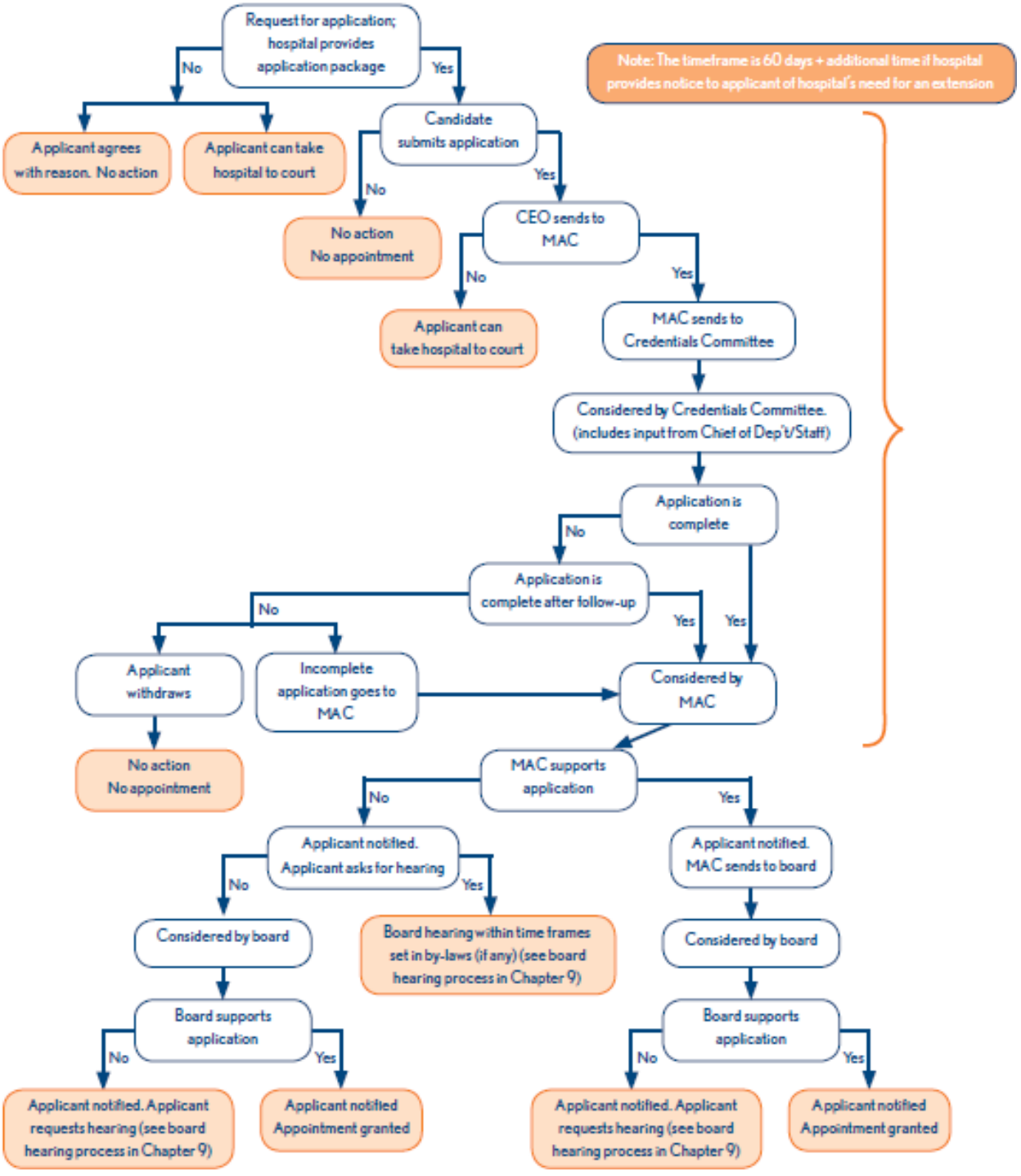
- *Northumberland Hills Hospital By-Laws*
- *Public Hospitals Act*
- *Appended Appointment Process Map*

Approved:
(NEW) February 2018
February 2019 reviewed
February 2020 reviewed
March 2021 reviewed
May 2022 revised
March 2023 revised
March 2024 revised
March 2025 reviewed
March 2026 reviewed

NOTE: This is a CONTROLLED document as are all management system files on this server. Any documents appearing in paper form are not controlled and should ALWAYS be checked against the server file version (electronic version) prior to use.

NOTE: This is a CONTROLLED document as are all management system files on this server. Any documents appearing in paper form are not controlled and should ALWAYS be checked against the server file version (electronic version) prior to use.

Appointment Process



NOTE: This is a CONTROLLED document as are all management system files on this server. Any documents appearing in paper form are not controlled and should ALWAYS be checked against the server file version (electronic version) prior to use.

APPENDIX A

Certificate
Integrity of Credentialing Process

To:	Board of Directors, Northumberland Hills Hospital
From:	Dr. <name>, Chief of Staff / Chair, Medical Advisory Committee

I hereby certify that, to the best of my knowledge:

1. All members of the Professional Staff applying for privileges have submitted an application form in the form provided by the Hospital;

2. All application forms request the Professional Staff member to provide all of the information required under the Professional Staff By-law and no other information;

3. All such application forms have been completed by the Professional Staff Member;

4. All investigations and inquiries required to be taken by the Credentials Committee under the Professional Staff By-law have been taken;

5. The Medical Advisory Committee (MAC) have given due consideration to the recommendation of the Credentials Committee for each member of the Professional Staff applying for privileges / re-appointment and believe that its recommendations with respect to granting privileges / re-appointment are in good faith and in the best interests of the Hospital.

_____

Date

_____

Signature of Chief of Staff, as Chair of MAC

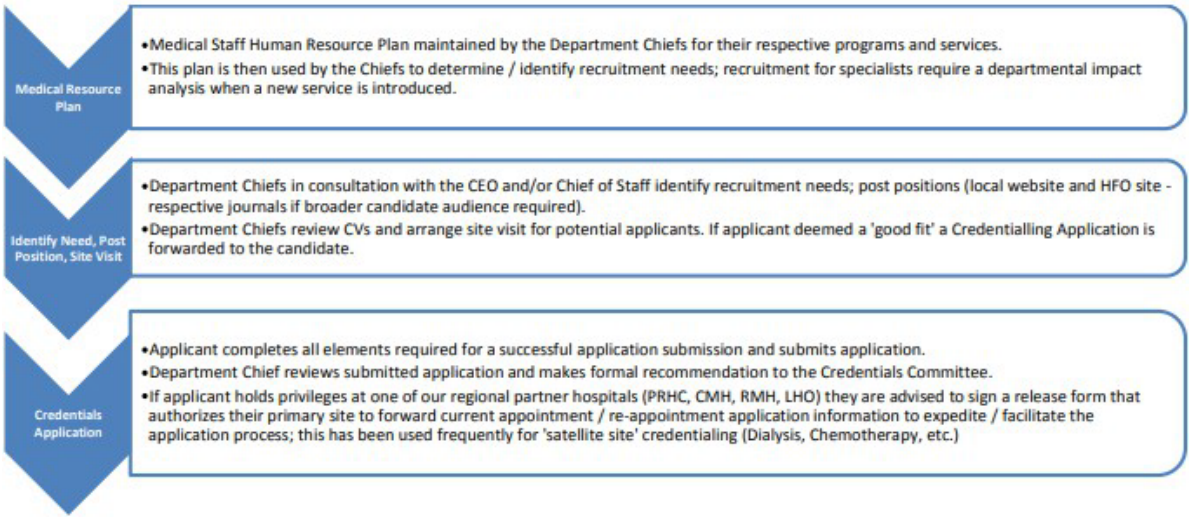
**Any exceptions to this Certificate are attached*

NOTE: This is a CONTROLLED document as are all management system files on this server. Any documents appearing in paper form are not controlled and should ALWAYS be checked against the server file version (electronic version) prior to use.

NORTHUMBERLAND HILLS HOSPITAL

PROCESS MAP – MEDICAL HUMAN RESOURCE PLANNING & CREDENTIALING OF PROFESSIONAL STAFF

RECRUITMENT PROCESS:



NOTE: This is a CONTROLLED document as are all management system files on this server. Any documents appearing in paper form are not controlled and should ALWAYS be checked against the server file version (electronic version) prior to use.

CREDENTIALING APPROVAL PROCESS:

CREDENTIALS COMMITTEE MEETING Date: _____

Credentials Committee,

Please accept this as a formal request in support of the submitted application of ☐ Dr/ ☐ RM _____,
as an added member of the _____Service, in the capacity of:

☐ Associate Status ☐ Locum Status ☐ Courtesy Status

☐ Further, be advised that temporary privileges will need to be established to meet the timelines for this practitioner.

STEP 1 – DEPARTMENT CHIEF

This application ☐ meets the **NHH Medical Human Resource Plan** as a - ☐ Replacement - ☐ Addition
☐ Reviewed by the DEPARTMENT CHIEF & / ☐ CHIEF OF STAFF
Chief's (or Designate Chief) Signature: _____

STEP 2 – CREDENTIALS COMMITTEE

☐ APPROVED ☐ Forward to MAC with a RECOMMENDATION to approve as presented
☐ Forward to MAC with a RECOMMENDATION to approve with the following conditions:
☐ REJECTED Record reasons for rejection of this application, making recommendations as appropriate:
SIGNATURE of Chair, CREDENTIALS COMMITTEE:_____

STEP 3 – MEDICAL ADVISORY COMMITTEE

This application was REVIEWED by the **MEDICAL ADVISORY COMMITTEE** on _____ and was
☐ APPROVED ☐ Forward to BOARD with a RECOMMENDATION to approve as presented
☐ REJECTED Record reasons for rejection of this application, making recommendations as appropriate:

STEP 4 – BOARD OF DIRECTORS

This application was REVIEWED by the BOARD OF DIRECTORS on _____ and was
☐ APPROVED
☐ REJECTED

NB – Recommendations presented as a formal MOTION to MAC and the Board of Directors; new staff recommendations and appointments will be reflected in recorded minutes.

Formal letters are prepared; medical staff database updated to include applicant's demographics, hospital-wide communication distributed welcoming the new applicant (identifying status and service). Copies of correspondence filed and retained in Master File.

NOTE: This is a CONTROLLED document as are all management system files on this server. Any documents appearing in paper form are not controlled and should ALWAYS be checked against the server file version (electronic version) prior to use.