



MEDICAL STAFF BYLAWS

Board approved April 30, 2020

Minister of Health of BC Approved: March 18, 2021

Article 6 — CATEGORIES OF MEDICAL STAFF

6.2 Provisional Medical Staff

6.2.1 The initial Appointment of all applicants applying to the Active Staff membership category will be to the Provisional Staff, unless specifically exempted from that requirement by the Board. This category may also apply to members of the Medical Staff who are under review.

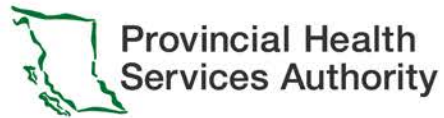
6.2.2 Members of the Provisional Staff are assigned to a Primary Department and may admit, attend, investigate, diagnose, and treat patients within the limits of that member's Privileges.

6.2.3 Members of the Provisional Staff must satisfactorily complete a prescribed orientation program. Members of the Provisional Staff may be considered for Appointment to the Active Staff after the satisfactory completion of six months Provisional Staff membership, on recommendation of their Department Head. Continuous membership in the Provisional Staff category cannot exceed two years.

6.2.4 Members of the Provisional Staff are not eligible to hold office or vote at Medical Staff or departmental meetings.

6.2.5 Unless specifically exempted by the Provincial Health Services Authority, members of the Provisional Staff are required to participate in fulfilling the organizational and service responsibilities, including on-call responsibilities, of the Department to which the member is assigned, as determined by the Provincial Health Services Authority and described in Medical Staff Rules.

6.2.6 Members of the Provisional Staff are required to participate in administrative and educational activities of the Medical Staff and are required to attend at least 70 percent of Primary Departmental/Divisional meetings.



MEDICAL STAFF RULES

Board approved June 23, 2022



Article 2 — MEMBERSHIP CATEGORIES, APPOINTMENT AND PRIVILEGES

2.3 Medical Staff evaluation

Quality assurance (QA), quality improvement (QI) and in-depth review are Processes, which can be utilized to ensure professionalism; appropriate standards and patterns of Medical Care are established and maintained. Under the aegis of the HAMAC and the Safety and Quality of Medical Care Subcommittee(s), each Medical Staff Department or Program is responsible for establishing an adequate system for QA, QI and in-depth review.

2.3.1 Review at reappointment

Members of the Medical Staff seeking re-appointment shall comply with the requirements outlined in Articles 4.4 and 4.5 of the Medical Staff Bylaws. The review shall include at a minimum, a review of the quality of the member's contribution to PHSA and its Facility or Program, compliance with PHSA Bylaws, Rules, policies and procedures; quality and consistency of Health Record documentation; completion of continuing professional development objectives, professional conduct, and the establishment and review of personal goals and objectives.

2.3.2 In-depth review

An in-depth review is an evaluation of a Medical Staff member's practice and performance, which occurs every four (4) years in addition to, or in conjunction with, the member's review at reappointment. The intent of the in-depth review is professional development and quality-of-care improvement. The process involves an achievement review, which provides reviewees with feedback about their clinical practice through the eyes of those with whom they work and serve. The review also includes a self-assessment, which is designed to be educational, and where opportunities for improvement exist, potentially corrective. For in-depth reviews of Medical Staff working at Facilities and Programs designated under the Hospital Act, the in-depth review shall be performed in compliance with disclosure safeguards found in Section 51 of the Evidence Act.¹

In-depth review procedure:

- a. Medical Staff members shall participate in the in-depth review process. This must be completed prior to Appointment to the Active Medical Staff, and every fourth year thereafter.

¹ Section 51, *Evidence Act*, [RSBC 1996] Chapter 124, Health Care Evidence - https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/96124_01

- b. The review can be initiated by a Department Head, Department Subcommittee, the HAMAC, the LMAC, Senior Medical Administrator (or delegate), Senior Nursing Administrator or other appropriate body of the Medical Staff.
- c. The in-depth review shall be conducted by Medical Staff as appointed by the Division Head, Department Head, the LMAC, the HAMAC, the Senior Medical Administrator (or delegate), the Senior Nursing Administrator (if applicable), or other appropriate body of the Medical Staff. The review process shall be coordinated through the Department Head and the Corporate Medical Affairs Department.
- d. The in-depth review shall include input from non-medical staff-coworkers, medical colleagues and members of clinical or academic teams, who shall assess attributes of the Medical Staff member's performance in relation to clinical knowledge and skills, communication skills, psychosocial management, office management and collegiality.
- e. The Medical Staff member will select reviewers who will provide input. The Medical Staff member may request assistance selecting reviewers from their Department Head (or delegate).
- f. In addition, the in-depth review may include any or all of the following:
 - i. A review of inpatient and outpatient clinical documentation including an assessment of the quality, accuracy and timeliness of reports.
 - ii. Input from patients to determine their view of the Medical Staff member's professional attitude and communication skills.
 - iii. Review of current curriculum vitae and a personal statement from the Medical Staff member outlining goals and objectives, including successes and challenges.
 - iv. Clinical complications and mortality review.
 - v. Review of incident reports and complaints.
 - vi. Continuing professional development, including the completion of maintenance of certification hours required by the relevant professional college, additional specific competence training completed since the last review, as well as any updates specific to Departmental or Program requirements.
 - vii. Procedural Privilege evaluation, including frequency of procedures done.
 - viii. Direct observation of procedural and clinical-assessment skills.
 - ix. Interviews or communication with members of affiliated organizations and regulatory bodies.

- x. Resource utilization and quality assurance information.

- g. The results of the Medical Staff member's in-depth review shall be presented to the Department Head (or delegate), Senior Medical Administrator (or delegate) and/or the Senior Nursing Administrator (if applicable), who shall review them. The Department Head (or delegate) shall discuss the results with the Medical Staff member, and where necessary, assist the member to develop and implement a plan for either a correction of deficiencies or ongoing performance improvement.

- h. The Medical Staff member shall acknowledge in writing receipt of the completed review, including the follow-up discussion with the Department Head (or delegate), and shall confirm agreement with any plan to address areas for improvement. The Medical Staff member shall complete and deliver this document to the Department Head, Senior Medical Administrator (or delegate) and/or Senior Nursing Administrator (as applicable) within two weeks of review completion.

- i. Documentation of the in-depth review shall include the review report, any corrections of factual errors, the Medical Staff member's response, recommendations, implementation plan and reports on the implementation of recommendations. Discussions among the Department Head, Senior Medical Administrator (or delegate), Senior Nursing Administrator (as applicable) and the Medical Staff member shall be documented and included.

- j. Documentation of the in-depth review process will become part of the Medical Staff member's confidential Credentialing file.

2.3.3 Comprehensive Review

- a. In circumstances where serious concerns arise from the Medical Staff member's in-depth review, the Senior Site Medical Administrator (or delegate), Senior Medical Administrator (or delegate), and in the case of the Nurse Practitioners, the Senior Nursing Administrator, shall be informed, and a decision shall be made in consultation with the Department Head to undertake a comprehensive review by a Review Committee consisting of:
 - i. The Staff Member's Department Head (or delegate) or, if the Medical Staff member is cross-Appointed, both Department Heads
 - ii. A medical staff member from the Medical Staff Department of the member being reviewed
 - iii. A member of the team with whom the member works regularly

- b. The Comprehensive Review Committee shall undertake a further in-depth review, which shall include all criteria outlined in item 2.3.2 d and f.
 - i. The Comprehensive Review Committee shall report to the Department Head(s), the Senior Medical Administrator (or delegate) and Senior Nursing Administrator (if applicable) on the results of the in-depth review, in accordance with the Medical Staff Bylaws Articles 4.5 and 4.6, and shall provide written recommendations to the Department Head regarding requirements for corrective action.
 - ii. After the in-depth review, the LMAC, the HAMAC and PHSA Board shall be notified in writing of recommendations requiring action.