

PHSA Medical Staff Rules Updates at a Glance

The following updates were made to the Medical Staff Rules, approved by the PHSA Health Authority Medical Advisory Committee (HAMAC) in March 2025 and formally approved by the PHSA Board on November 19, 2025.

Change	Operational Impact
Several adjustments made to the Definitions section	<p>General edits made throughout to be more inclusive of changes to medical staff definitions, but specifically to clinical scientist, dentist, general practitioner in oncology (GPO), nurse practitioner in oncology (NPO), medical care, most responsible practitioner, and specialist.</p> <p>Descriptions updated for Elders/Knowledge Keepers (with help from Indigenous Health) and patient-centered care.</p>
Article 2	<p>Outdated information was removed to highlight the current practice of performance appraisal and in-depth review process.</p> <p>More inclusive language was used to describe medical staff throughout; 2.2.2 now specifies clinical scientists.</p> <p>Specifics were added to promote hiring Indigenous medical staff.</p>
Article 3.1	<p>Substantial additions were made to highlight the new College regulations, legislation and PHSA policy related to Indigenous-Specific Anti-Racism and Discrimination. The Rules now state medical staff need to adhere to three PHSA policies (which include mandatory Indigenous-Specific Anti-Racism training).</p>
Article 3.2	<p>Expectations for timely clinical documentation throughout the charting process was added.</p> <p>The need to highlight Indigenous Patient Navigators and/or Indigenous health team as a support for Indigenous patients was added to 3.2.1c</p> <p>Edit to include accepting patients from community setting, not just the ED specified.</p>
Article 3.3	<p>Included expectations for written consultation request to be added to the medical record.</p>
Article 3.6	<p>Included culturally safe and trauma-informed manner to the way patient consent is sought</p>
Article 3.11	<p>Substantial edits were made to the Delegated Medical Acts section by HAMAC. For questions related to this section, contact Neil.Braun1@phsa.ca and/or Professional Practice, Learning Development and Policy</p>
Article 4	<p>Adjustments were made to be inclusive of nurse practitioners current practice</p>
Article 5	<p>Medical leadership terms (such as Department, Divisions, Sections) are not used in a standard way across PHSA. As such, specifics about organizational structures were added to describe medical leadership within specific programs in the Appendix and this is highlighted within this section.</p>

	<p>Medical leadership selection committees should include Indigenous thought leadership and/or representation.</p> <p>Role of department head should include the responsibility for creating an equitable, inclusive, respectful, anti-racist and culturally safe workplace.</p>
Article 6	<p>Not all PHSA programs have Medical Staff Associations, so language was edited to include Engagement Societies. For MSAs and Engagement Societies, edits were made to the recommendation for elected officials to hold office for a period of three years, up to three consecutive terms.</p>
Article 8	<p>The past Chair of HAMAC was added to the membership list as a voting member of HAMAC and as part of the HAMAC executive. Added a one-year term for past Chair of HAMAC.</p> <p>VP Indigenous Health was added to the HAMAC membership list and the executive membership list.</p> <p>Regional department head, Dentistry was added to the HAMAC membership.</p> <p>The responsibilities of HAMAC now include the implementation of education recommendations related to Indigenous-Specific Anti-Racism.</p> <p>The HAMAC Chair and VP Chair terms and selection processes were adjusted.</p> <p>The sub-committees and LMAC sections (8.10, 8.12) were re-organized for flow. The general edits “need to do” provide more flexibility in what theses committees need to do, to more of what they “can do”.</p> <ul style="list-style-type: none"> • The nomination and appointment process for LMAC Chair was adjusted • The references to HAMAC Safety and Quality of Medical Care Subcommittee, as well as the CPD or Medical Education Subcommittee were removed, as they do not exist at PHSA. • The Medical Staff Rules Review Subcommittee language was also adjusted to reflect the current state and important partnerships.
Article 9	<p>The newest Physician Master Agreement requires health authorities to highlight that when medical staff appear in a formal meeting with health authority regarding respectful workplace and/or disciplinary matters, the health authority must inform medical staff of their option to have a support person in attendance.</p>