PHSA Medical Staff Rules Updates at a Glance

The following list of updates were made to the Medical Staff Rules approved on June 24, 2021 and were approved by the Quality and Safety Committee of the Board on June 15, 2022 and finally by the full Board on June 23, 2022.

Change	Operational Impact
1.) Rules to apply to all PHSA Medical Staff (Preamble)	Significant additions were made to the Preamble. Except as noted for in Article 9 of the Rules, its provisions shall apply to all PHSA Medical Staff, regardless of whether they work at a PHSA Facility or Program operating under the Hospital Act and its Regulation. Note: Medical Staff Bylaws continue to apply only to PHSA Facilities operating under the Hospital Act (BC Children's and Women's Hospital, and BC Cancer)
2.) Health Authority Medical Advisory Committee (HAMAC) (Article 8)	• Description of the Committee's purpose, composition, duties, membership, meetings (both regular and special), operating protocols, authority and evaluation. • Description of the duties, terms and responsibilities of the HAMAC Chair and Vice Chair. • Addition of the HAMAC Annual Organizational meeting and HAMAC Executive Committee. • Subcommittees of the HAMAC are well-defined and separate from the existing Subcommittees of the Local Medical Advisory Committees (LMACs).
3.) Managing Unprofessional Behaviour or Failure to Meet Standards of Care: Process Overview (Article 9.2)	Major updates to the disciplinary process. Four categories of intervention: • Stage 1.) Unprofessional conduct that can't be resolved informally or appears to be a recurring pattern • Stage 2.) Warranted when Stage 1 is ineffective as outlined in Article 9.2.5 • Stage 3.) Significant unprofessional behaviour or serious clinical concerns • Crisis Intervention.) Behaviour or clinical concerns that require immediate action to prevent harm or potential harm to patients, staff, Medical Staff, or the public. Language amended to address: • Reinforce preference for de-escalation in complaint/conflict situations. When appropriate, informal discussion/meeting before escalating to formal Stage 1 process. • Concerns about how to balance a complainant's desire to escalate based on high emotions rather than facts. Department Head

	and/or medical-staff leader to investigate claims to determine if warrants escalation (9.2.3). • Process for reporting complaint/issue, including escalations to LMAC and HAMAC (9.3).
4.) Membership Categories, Appointments and Privileges (Article 2.1 and 2.2)	Considerable additions made outlining Medical Staff categories, Appointment, Credentialing and Privileging, some of which were previously only described in the Medical Staff Bylaws. • Temporary Medical Staff category is now renewable and is granted to a member of Medical staff for a specified period of time. • New sections 2.2.1 - *Appointment to the Medical Staff* and *Procedure to Address Application Requests When No Medical Staff Vacancy Exists*.
5.) New or Updated Definitions	Appointment, Associate Physician, Attending Physician, Best Possible Medication History, Clinical Fellow, Clinical Associate Staff, Clinical Trainee, Clinical Scientist, Computerized Provider Order Entry (CPOE), Consultant, Continuous Quality Improvement, Corporate Medical Affairs Department, Credentialing, Department, Department Head, Department Head, Nurse Practitioners, Division, Division Head, Electronic Health Record (EHR), Executive Leadership Team (ELT), Facility, Freedom of Information and Protection of Privacy Act (FOIPPA), Health Authority Medical Advisory Committee (HAMAC), HAMAC Chair, Health Record, House Staff, Interdisciplinary Care Team, Learner, Local Medical Advisory Committee (LMAC), Medical Staff Associations (MSA)(s), Medical Staff Bylaws, Medical Staff Association President, Medical Staff Rules, Medical Student, Midwife, Most Responsible Practitioner (MRP), Patient-Centred Care, Primary Department or Program, Privileges, Procedural Privileges, Provincial Privileging Dictionaries, Regulatory College, Resident, Section, Section Head, Section 51: Evidence Act of BC, Senior Medical Administrator, Senior Operational Administrator, Senior Site Medical Administrator, Signature, Specialist, Subcommittee, Substitute Decision Maker, Unprofessional Behaviour.
6.) Medical Staff Evaluation – Reappointment, In-Depth Review (IDR) and Comprehensive Review (Article 2.3)	• Additional requirements listed for review at reappointment. • An initial in-depth review (IDR) occurs between six (6) months and two (2) years of when a provider starts an assignment in the Provisional medical staff category. Subsequent IDRs occur every four years in addition to, or in conjunction with the member's biennial reappointment review. The timeline for a subsequent review was previously three (3) years. • Clarity added to IDR requirements and process timelines. The Department Head initiates the IDR process in collaboration with Corporate Medical Affairs and establishes a process for continued professional development for department members.
7.) Responsibility for Patient Care	• Additional policies described: Respectful Workplace Policy and Safe Medication Order Writing (SMOW) Policy.

(Article 3)	• Significant detail added to sections on Admission, Discharge, Transfer of Patients, Medical Consultations, On-Call, Health Records, Delegation of a Medical Act, Pronouncement of Death, Autopsy and Pathology.
8.) Most Responsible Provider (MRP)	Clarification that "P" in MRP stands for "Provider." Previously referred to Physician. • Definition amended to include BC Cancer (as applicable) equivalent in CST Cerner – Oncology Lifetime Provider (OLP). • Clarifying role of MRP in admissions/discharge/transfer of responsibility/patient transfer/repatriation/consultations and responsibility for Health Records and orders.
9.) New Section: Clinical Teaching and Research (Article 4)	Significant additions were made to: Medical Staff Preceptors and Supervisors, Undergraduate Learners, House Staff, Clinical Trainees, Observership and Research.
10.) Organization of Medical Staff (Article 5)	• Definitions: Department, Division, Section amended to indicate how they relate; • Where applicable, "(or delegate)" added behind Department/Division Head, Senior Medical Administrator, to be more inclusive of different titles across PHSA. • Department Head selection/review process to include nursing representative familiar with Department. • Added Clinical Scientist as a Medical Staff provider type.
11.) Medical Staff Associations (MSAs) and Meetings of the Medical Staff Associations. (Articles 6 and 7)	Changes reflecting MSA Presidents' preference that Rules provide basic guidelines, but individual MSAs to refer to their individual Terms of Reference for specifics re: Executive selection criteria, meetings, annual fees, quorum, and attendance.
12.) Principles of Partnership and Professionalism (Appendix A)	New section added to highlight principles surrounding respectful treatment, language, behaviour, confidentiality and privacy, responsible work practice, respectful communication and feedback, support for the bylaws, rules and policies and no retribution.