SUBJECT: CATEGORIES AND DUTIES OF THE PROFESSIONAL STAFF

PROFESSIONAL STAFF CATEGORIES:

- Active
- Active Reciprocal
- Associate
- Supervised
- Supportive
- Temporary
- Resident Staff
- Term Staff
- Ordering Staff

1. Active Staff

(a) The Active Staff shall consist of those members who have been appointed by the Board, following a period of Associate Staff membership as provided for in this Policy.

(b) All Active Staff are responsible for ensuring that professional care is provided to their patients in the Hospital.

(c) All Active Staff shall have admitting privileges unless otherwise specified in their appointment to the Professional Staff.

(d) Each member of the Active Staff shall:

(i) attend patients admitted to Hospital by the member, and undertake necessary treatment and operative procedures only in accordance with the kind and degree of privileges granted by the Board and be subject to the policies of the Department to which he/she is assigned;

(ii) undertake such duties in respect of those patients classed as emergency cases as may be specified by the Chief of Staff, or by the Chief of the Department to which the active staff member has been assigned;

(iii) participate in an on-call duty roster, unless otherwise exempted by the Professional Staff Policies;

(iv) act as a supervisor of a member of the Professional Staff as and when requested by the Chief of Staff or the Chief of Department;

(v) be eligible to vote at Medical Staff meetings and to hold office; and

(vi) have up to date completion of all learning management system (LMS) modules required by the Ministries of Health and Labour and Accreditation Canada

(vii) participate in mask fit testing and immunization policies as set out by Occupational Health and Safety and the Ministry of Labour (WSIB).

(e) A dentist in the Active Staff category, who is not an oral and maxillofacial surgeon, may be granted admitting privileges in association with a physician who is a member of the Professional Staff with Active Staff privileges.

2. <u>Active Reciprocal Staff</u>

(a) The Active Reciprocal Staff shall be credentialed and in good standing at a partner site.

(b) All Active Reciprocal Staff are responsible for ensuring that professional care is provided to their patients in the Hospital.

(c) All Active Reciprocal Staff shall have admitting privileges unless otherwise specified in their appointment to the Professional Staff.

(d) Each member of the Active Reciprocal Staff shall:

(i) attend patients admitted to Hospital by the member, and undertake necessary treatment and operative procedures only in accordance with the kind and degree of privileges granted by the Board and be subject to the policies of the Department to which they are assigned;

(ii) undertake such duties in respect of those patients classed as emergency cases as may be specified by the Chief of Staff, or by the Chief of the Department to which the active staff member has been assigned;

(iii) participate in an on-call duty roster, unless otherwise exempted by the Professional Staff Policies;

(iv) act as a supervisor of a member of the Professional Staff as and when requested by the Chief of Staff or the Chief of Department;

3. <u>Associate Staff</u>

(a) The Associate Staff shall consist of physicians, dentists, or midwives newly appointed to the Professional Staff by the Board. This shall be for a period of twelve (12) months.

(b) Each Associate Staff member shall have admitting privileges unless otherwise specified in the appointment.

(c) An Associate Staff member shall work for a probationary period under the supervision of an Active Staff member named by the Chief of Staff or the Chief of Department to which the Associate Staff member has been assigned.

(d) After six (6) months, the member of the Associate Staff shall be reviewed by the Department Chief who shall submit a written report to the Credentials Committee. Each report shall include information concerning the knowledge and skill that has been shown by the Associate Staff member; the nature and quality of their work in the Hospital, including comments on the utilization of Hospital resources and the Associate Staff member's ability to function in conjunction with the other members of the Hospital staff.

(e) At the end of a twelve (12) month Associate appointment, the Chief of Department may recommend a change of status to the Active Staff category. As part of the change of status process, the member of the Associate Staff shall be reviewed by the Chief of Department who shall submit a written report to the Credentials Committee. Each report shall include information concerning the knowledge and skill that has been shown by the Associate Staff member, the nature and quality of their work in the Hospital, including comments on the utilization of Hospital resources, the Associate Staff member's ability to function in conjunction with the other members of the Hospital staff, and a statement

indicating the category of Staff appointment for which the physician, dentist or midwife is being recommended.

(f) Any such change of status of appointment to the Active Staff will be in effect only for the period of time remaining in the current appointment year and may be carried out without requirement of a written application for reappointment by the physician. Thereafter, the physician will complete written application for all further reappointments at the regularly scheduled times.

(g) If the report and recommendation made as part of the change of status process are not favourable to the Associate Staff member, the Chief of the Department or the Medical Advisory Committee may recommend an extension of Associate status not to exceed twelve (12) months or a denial of continued appointment.

(h) Should the extended period of the Associate status be in effect beyond the date of the next annual reappointment time, the appointment as Associate status shall be deemed to continue until completion of the extended period or unless revoked by the Board as per Section 16.3(g).

(i) Each report and recommendation as in subsection 16.3(e) shall be reviewed by the Credentials Committee of the Medical Advisory Committee.

(j) At any time, an unfavourable report may cause the Medical Advisory Committee to make a recommendation that the appointment of the Associate Staff member be terminated.

(k) The Chief of Department, upon the request of an Associate Professional Staff member or a supervisor, may assign the Associate Professional Staff member to a different supervisor for a further probationary period.

(l) An Associate Staff member shall:

(i) attend patients, and undertake treatment and operative procedures under supervision only in accordance with the kind and degree of privileges granted by the Board;

(ii) be subject to the Professional Staff Policies of the Department to which they are assigned, and Hospital policies;

(iii) undertake such duties in respect of those patients classed as emergency cases as may be specified by the Chief of Staff, or by the Chief of the Department to which the active staff member has been assigned;

(iv) participate in an equitable manner in the on-call rota of the Department unless otherwise exempted by the Professional Staff Policies;

(v) be entitled to vote at Medical Staff meetings;

(vi) not be eligible to be elected a Medical Staff Officer, but may be appointed to a committee of the Medical Staff;

(vii) have up to date completion of all learning management system (LMS) modules required by the Ministries of Health and Labour and Accreditation Canada

(viii) participate in mask fit testing and immunization policies as set out by Occupational Health and Safety and the Ministry of Labour (WSIB).

4. Supervised Staff

(a) The Supervised Staff shall consist of physicians, newly appointed to the Professional Staff by the Board, who possess a Restricted Certificate of Registration from the College of Physicians and Surgeons of Ontario.

(b) A Supervised Staff member shall work under the supervision of an Active Staff member named by the Chief of Staff or the Chief of Department to which the

Supervised Staff member has been assigned. In some instances, at the discretion of the Chief of Department, the Supervised Staff member may also be supervised by a member holding associate or term privileges.

(c) Each Supervised Staff member shall have admitting privileges unless otherwise specified in the appointment.

(d) After six (6) months, or otherwise specified in the appointment, the member of the Supervised Staff shall be reviewed by the Department Chief who shall submit a written report to the Credentials Committee. Each report shall include information concerning the knowledge and skill that has been shown by the Supervised Staff member; the nature and quality of their work in the Hospital, including comments on the utilization of Hospital resources and the Supervised Staff member's ability to function in conjunction with the other members of the Hospital staff.

(e) On gaining an Unrestricted Certificate of Registration with the College of Physicians and Surgeons of Ontario the Supervised Staff member's appointment will, at the discretion of the Department Chief, be changed to the Associate Staff category. The period of time spent in the Supervised Staff category will not count towards the minimum of 12 months required in the Associate Staff category.

(f) At any time, an unfavourable report may cause the Medical Advisory Committee to make a recommendation that the appointment of the Supervised Staff member be terminated.

(g) A Supervised Staff member shall:

- (i) attend patients, and undertake treatment and operative procedures under supervision only in accordance with the kind and degree of privileges granted by the Board;
- (ii) be subject to the Professional Staff Policies of the Department to which they are assigned, and Hospital policies;
- (iii) undertake such duties in respect of those patients classed as emergency cases as may be specified by the Chief of Staff, or by the Chief of the Department to which the supervised active staff member has been assigned;
- (iv) participate in an equitable manner in the on-call rota of the Department unless otherwise exempted by the Professional Staff Policies;
- (v) not be entitled to vote at Medical Staff meetings;
- (vi) not be eligible to be elected a Medical Staff Officer, but may be appointed to a committee of the Medical Staff;
- (vii) have up to date completion of all learning management system (LMS) modules required by the Ministries of Health and Labour and Accreditation Canada
- (viii) participate in mask fit testing and immunization policies as set out by Occupational Health and Safety and the Ministry of Labour (WSIB).

5. <u>Supportive Staff</u>

(a) The Supportive Staff shall consist of those members of the Professional Staff who are granted privileges by the Board to provide support to patients and/or members of patients' families.

(b) Supportive Staff:

- (i) may provide patients and their families with information;
- (ii) shall be eligible for annual reappointment as provided in this policy;

(iii) may review and receive the patient record and progress notes as well as outpatient records of their patients;
(iv) may input information into the patient record and progress notes;
(v) may make or record orders where appropriate for outpatient diagnostic investigation; and
(vi) shall be eligible to attend Department, Service and Medical Staff Organization meetings and serve on committees of the Medical Advisory Committee without a vote; and
(vii) may have procedural privileges as recommended by the Department and Medical Advisory Committee and approved by the Board annually.

(c) Supportive Staff shall not:
(i) have admitting privileges, except as may be recommended by the Department and Medical Advisory Committee and approved by the Board;
(ii) be eligible to hold an elected or appointed office; and
(iii) be eligible to vote or be bound by attendance requirements of Department, Program or Medical Staff Organization meetings.

6. Temporary Staff

(a) Temporary staff shall be an appointment to the Professional Staff of the Hospital made only for one of the following reasons:
(i) to meet a specific singular requirement by providing a consultation and/or operative procedure; or
(ii) to meet an urgent unexpected need for a Professional service.

(b) Notwithstanding any other provision of this Policy, the President and Chief Executive Officer, after consultation with and upon the advice of the Chief of Staff or their delegate, may:
(i) grant temporary privileges to a Physician, Dentist, Midwife, or Extended Class Nurse who is not a member of the Professional Staff provided that such Privileges shall not extend beyond the date of the next meeting of the Medical Advisory Committee at which time the action taken shall be reported;
(ii) on the recommendation of the Medical Advisory Committee at its next meeting, continue the temporary privileges until the next meeting of the Board; and
(iii) remove temporary privileges at any time prior to any action by the Board.

(c) Temporary Staff shall not be eligible to:
(i) vote at Medical Staff meetings;
(ii) hold office; and
(iii) sit on a committee requiring Professional Staff.

7. Resident Staff

(a) Resident staff privileges shall be granted to graduates of medicine who are registered in a university post-graduate program, in good standing.

(b) Resident staff:
(i) may attend upon patients and write orders under the supervision of a designated member of the Active Staff;
(ii) shall perform such other duties as specified by the designated member of the Active Staff to which the Resident staff member is assigned; and
(iii) may attend Professional Staff organization meetings.

(c) Resident staff shall not:
  (i) be eligible to hold an elected or appointed office or serve on committees of the Medical Advisory Committee;
  (ii) be eligible to vote or be bound by attendance requirements of Department, Program and Medical Staff Organization meetings; and
  (iii) have admitting privileges.

8. Term Staff

(a) Term staff will consist of applicants who have been granted admitting and/or procedural privileges as approved by the Board having given consideration to the recommendation of the Chief of Department and the Medical Advisory Committee in order to meet a specific clinical need for a defined period of time not to exceed one (1) year. The specific, clinical need(s) shall be identified by the Medical Advisory Committee and approved by the President and Chief Executive Officer of the Hospital. Term physicians must provide hospital coverage at least once every two (2) years to maintain their eligibility for reappointment.

(b) Term staff:
  (i) shall, unless otherwise specified in the grant of privileges by the Board, have admitting privileges and attend patients admitted to Hospital by the member, and undertake necessary treatment and operative procedures;
  (ii) shall undertake such duties in respect of those patients classed as emergency cases and of outpatient department clinics as may be specified by the Chief of Department due to the number that the Professional Staff is assigned;
  (iii) shall, if replacing another member of the Professional Staff, attend that Professional Staff member's patient;
  (iv) may be required to work under the supervision of an Active Staff member identified by the Chief of Department; and
  (v) may be required to undergo a probationary period as appropriate and as determined by the Chief of Department.
  (vi) have up to date completion of all learning management system (LMS) modules required by the Ministries of Health and Labour (WSIB) and Accreditation Canada, or proof of completion at another organization.
  (vii) participate in mask fit testing and immunization policies as set out by Occupational Health and Safety and the Ministry of Labour (WSIB).

(c) Term staff will not, subject to determination by the Board in each individual case:
  (i) be eligible for re-appointment;
  (ii) attend or vote at meetings of the Medical Staff or be an officer of the Medical Staff or committee chair;

9. Ordering Staff

(a) The Ordering Staff shall consist of those Professional Staff who
  (i) Have an Ontario license with the College of Physicians and Surgeons of Ontario
  (ii) access out-patient resources of patients with a valid OHIP number attending Sault Area Hospital.

(b) Ordering Staff:
- (i) do not treat or write orders for patients other than ordering diagnostic imaging and bloodwork required to conduct the imaging
- (ii) do not review and receive the patient record and progress notes as well as outpatient records of their patients;
- (iv) do not input information into the patient record and progress notes;
- (v) will not be eligible to attend Department, Service and Medical Staff Organization meetings and serve on committees of the Medical Advisory Committee.
- (vi) do not have admitting privileges, or treat or write orders for in-patients
- (vii) will not be eligible to hold an elected or appointed office; and
- (viii) will not be eligible to vote or be bound by attendance requirements of Department, Program or Medical Staff Organization meetings.

PROFESSIONAL STAFF DUTIES

1. Duties, General

(a) Each member of the Professional Staff is accountable to and shall recognize the authority of the Board through and with their Chief of Department, the Chief of Staff, and the President and Chief Executive Officer of the Hospital.

(b) Each member of the Professional Staff shall:
- (i) attend and treat patients within the limits of the privileges granted by the Board, unless the privileges are otherwise restricted;
- (ii) ensure a high professional standard of care is provided to patients under their care that is consistent with sound health care resource utilization practices;
- (iii) prepare and complete patient records in accordance with the Hospital's policies as may be established from time to time, applicable legislation and accepted industry standards;
- (iv) participate in quality management initiatives, as appropriate;
- (v) notify the President and Chief Executive Officer of the Hospital and/or Chief of Staff of any change in the license to practice medicine made by Certificate of Registration with the College of Physicians and Surgeons of Ontario;
- (vi) abide by the policies and procedures of the Hospital, and Policies of the Professional Staff, this Policy, the Public Hospitals Act and the Regulations thereunder and all other legislated requirements and at all times maintain a professional and respectful workplace environment;
- (vii) abide by the terms of any confidentiality agreement required to be signed by members of the Professional Staff with respect to the health information systems;
- (viii) serve, if requested by the Medical Advisory Committee, on subcommittees of the Medical Advisory Committee;
- (ix) give such instruction as is required for the education and evaluation of other members of the Professional Staff, Hospital staff and students;
- (x) facilitate patients' relatives or other appropriate persons to authorize the direction of appropriate tissues and organs for transplantation;

(xi) perform such other duties as may be prescribed from time to time by, or under the authority of the Board, the Medical Advisory Committee, or the Chief of Staff, or Chief of Department.

(c) Every member of the Professional Staff shall co-operate with:
  (i) the Chief of Staff and the Medical Advisory Committee;
  (ii) the Chief of the Department to which the physician has been assigned;
  (iii) the President and Chief Executive Officer;
  (iv) the other members of the multi-disciplinary health team.

(d) Every member of the Professional Staff shall communicate immediately to the appropriate Department Chief or the Chief of Staff any situation where they believe a member of the Professional Staff is:
  (i) attempting to exceed their privileges;
  (ii) temporarily unable to perform their professional duties with respect to a patient in the Hospital;
  (iii) demonstrating unprofessional conduct as defined by the professional College;

(e) Every member of the Professional Staff shall communicate immediately to the President and Chief Executive Officer any situation where they believe a member of the Hospital Staff is:
  (i) attempting to exceed their defined scope of practice;
  (ii) temporarily unable to perform his professional duties with respect to a patient in the Hospital;
  (iii) demonstrating unprofessional conduct as defined by the Hospital.

2. Review and Interpretation

(a) Any member of the Professional Staff, the President and Chief Executive Officer of the Hospital, or the Board may request a review or discussion concerning the intent or application/interpretation of any section of the Professional Staff part of this Policy.

(b) A request for review or discussion shall be submitted in writing to the Chief of Staff and the President of the Medical Staff, giving reasons for the request.

(c) Within thirty (30) days of receiving the request, the Chief of Staff shall convene a meeting with the individual(s) submitting the request, the President of the Medical Staff and such others as may be appropriate.

(d) In the event that the matter cannot be resolved in this forum, the matter may be forwarded to the Medical Advisory Committee, or another mutually agreeable alternative for resolution.

(e) The Hospital Board of Directors will make the final interpretation.