

## Northwest Regional Appointment and Credentialing Policy and Procedure

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## **PREAMBLE**

Pursuant to the *Not-for-Profit Corporations Act, 2010* and the *Public Hospitals Act*, the Board is responsible for the governance and management of the Hospital. This includes responsibility for the appointment of physicians to the medical staff of the Hospital and conferring privileges upon such appointed physicians as more particularly identified at section 36 of the *Public Hospitals Act*.

The Board is also responsible for establishing a system to ensure and monitor the quality of care provided by physicians, dentists, midwives, and RN(EC)s, (collectively referred to as the Professional Staff), in the Hospital. The Board fulfills this obligation by passing By-laws and policies to provide for: the organization and duties of the medical staff; criteria with respect to the appointment and reappointment of members of the medical staff; and the establishment of one or more committees of the medical staff to assess, among other things, credentials. In addition, the *Hospital Management Regulation* provides that where the Hospital has a dental, midwifery, or extended class nursing staff, the by-laws must similarly provide for the organization, duties, appointment, and reappointment of such staff.

The NRACPP endorsed and agreed upon by 12 Participating Organizations outlines the standardized requirements and processes to be adhered to by each organization when considering an application for appointment, reappointment, or change of category of appointment and/or privileges. This process is commonly referred to as the Northwest Regional Appointment and Credentialing process.

The benefits of the NRACPP will be to ensure a consistent and efficient process for the appointment and reappointment of Professional Staff in the Northwest Region and at each Participating Organization, to ensure the most effective use of Professional Staff human resources within the Northwest Region and to facilitate the ordering of diagnostic tests and other out-patient treatment for patient's closer to their home.

The NRACPP shall ensure that the data/information as identified by this policy shall be shared as between each organization to which the Applicant makes application and maintains privileges.

The appointment and reappointment process identified by the NRACPP shall be supported by the electronic Northwest Regional E-Credentialing System (NRECS). Completed applications will be processed by each Participating Organization in a manner consistent with the by-laws of the respective Hospital.

The NRACPP shall be reviewed every three years by the Participating Organizations.

## **PART "A" POLICY**

### **1. POLICY**

The Participating Organizations are committed to ensuring that those physicians, dentists, midwives, and RN(EC)s appointed to the Participating Organizations' Professional Staff:

- are appropriately trained and qualified for the position to which they are appointed;

- are competent in respect of the privileges granted;
- can meet the Hospital's ongoing Professional Staff needs and will make effective use of the Hospital's available resources for the provision of patient care; and
- will meet the community's needs for quality services including such teaching and research needs as may be determined from time to time.

The purpose of the NRACPP is to support this commitment by providing a clear and specific process for effective decision-making regarding applications for appointment, re-appointment, and change of appointment and/or privileges, and by establishing standardized criteria, processes and procedures for the Participating Organizations as set out in this Policy.

To this end, the NRACPP credentialing system includes:

- An *Initial Appointment Process*, which establishes specific qualifications and criteria for appointment to the Professional Staff of the Participating Organizations;
- A *Re-Appointment Process* that takes place each year and that includes a detailed and comprehensive review and update of the Professional Staff member's file, which requires the Professional Staff member to produce evidence of their current registration, insurance, competence, and history of practice in addition to other criteria as established from time to time;
- A process of review and assessment for members of the Professional Staff who wish to change their category of appointment and/or the nature or scope of their privileges; and
- Consistent with the Board's general obligations regarding quality care and specific requirements under the *Public Hospitals Act* for immediate action where a serious problem exists with the diagnosis, care, or treatment of an in-patient or out-patient and/or a serious issue with respect to the conduct or behaviour of a Professional Staff member has been identified, the Hospital has also identified a specific process for review and mid-term action with respect to a Professional Staff member's privileges where concerns have been raised with respect to their conduct, performance, or competence.

The NRACPP provides direction to the Applicant regarding required information, documentation, as well as timelines for completion. The information collected shall be used by a Participating Organization to evaluate each Applicant and shall be considered in making a recommendation to the Board of a Participating Organization with respect to an application for appointment or reappointment to the Professional Staff or an application for a change of appointment and/or privileges, or generally any matter concerning an Applicant's/Professional Staff member's appointment and privileges.

In the event that an Applicant's/Professional Staff member's privileges or appointment is the subject of review or where the appointment of a Professional Staff member has been revoked, their privileges have been restricted or suspended, or where the Professional Staff member has voluntarily agreed to resign from their appointment and/or to restrict or suspend their privileges, the relevant Participating Organization is required to notify the other Participating Organizations

where the individual in question has applied for privileges or is a member of the Professional Staff.

The Participating Organizations include:

1. Atikokan General Hospital (Atikokan, Ontario)
2. Dryden Regional Health Centre (Dryden, Ontario)
3. Geraldton District Hospital (Geraldton, Ontario)
4. Lake of the Woods District Hospital (Kenora, Ontario)
5. North of Superior Health Care Group (Terrace Bay & Marathon, Ontario)
6. Santé Manitouwadge Health (Manitouwadge, Ontario)
7. Nipigon District Memorial (Nipigon, Ontario)
8. Red Lake Margaret Cochenour Memorial Hospital (Red Lake, Ontario)
9. Riverside Health Care Facilities (Fort Frances, Emo, & Rainy River, Ontario)
10. Sioux Lookout Meno-Ya-Win Health Centre (Sioux Lookout, Ontario)
11. St. Joseph's Care Group (Thunder Bay, Ontario)
12. Thunder Bay Regional Health Sciences Centre (Thunder Bay, Ontario)

The criteria, processes, and procedures established by this Policy shall form part of each Participating Organization's appointment and credentialing processes.

## **2. REGIONAL STAFF CATEGORY**

In support of this Policy, each Participating Organization shall establish a Professional Staff category to be identified as "*Regional Staff*". A member of the Regional Staff category shall be permitted to order out-patient diagnostic procedures and receive reports with respect to such procedure(s). Furthermore, Regional Staff may write orders for in-patients admitted to their facility but attending another regional facility for out-patient diagnostic tests and procedures.

Current Professional Staff of a Participating Organization may obtain a Regional Staff appointment at another Participating Organization as provided for in this Policy. Appointment to the regional staff category of a Participating Organization and the granting of privileges is contingent on the Applicant obtaining/maintaining their privileges at their primary Participating Organization.

## **3. DEFINITIONS**

In this Policy, the following terms shall have the following meanings:

**"Administrator"** means the person appointed by the Board with direct and actual superintendence and charge of the Hospital, as contemplated in the *Public Hospitals Act* and

includes the President and Chief Executive Officer, the Chief Executive Officer, or the Executive Director.

**“Appeal Board”** means the Health Professions Appeal and Review Board established pursuant to the *Ministry of Health and Long-Term Care Appeal and Review Boards Act, 1998*.

**“Applicant”** means a physician, dentist, midwife, or RN(EC) who is applying for initial appointment, re-appointment, or a change of appointment and/or privileges at a Participating Organization

**“Board”** means the board of directors of the Hospital.

**“By-laws”** means the by-laws of the Hospital applicable to the Professional Staff as may be amended from time to time.

**“College”** means, as the case may be, the College of Physicians and Surgeons of Ontario, the Royal College of Dental Surgeons of Ontario, the College of Midwives of Ontario, and/or the College of Nurses of Ontario.

**“Credentialing Staff”** means the individual most responsible for supporting the credentialing process at each Participating Organization.

**“Credentials Committee”** means a subcommittee of the MAC tasked with reviewing applications for appointment and reappointment to the Professional Staff, and applications for a change in privileges, and making recommendations to the MAC on these matters, and if no such subcommittee is established it means the MAC;

**“Credentials Committee Report”** means the report of the Hospital’s Credentials Committee where applicable as described in section 4. (c) hereto.

**“Department”** means a department of the Professional Staff comprised of the chief/head of the department and such other persons who may be designated authority to recommend granting privileges.

**“Hospital”** means a public hospital operated by a Participating Organization.

**“Hospital Management Regulation”** means Regulation 965 “Hospital Management” passed pursuant to the *Public Hospitals Act*.

**“Impact Analysis”** means a study conducted by the Chief Executive Officer or designate, in consultation with the Chief of Staff/Chair of the MAC, Chief Nursing Executive, and Chiefs of Department to determine the impact upon the resources of the Hospital of the proposed or continued appointment of any Applicant.

**“MAC”** means the Medical Advisory Committee of the Hospital.

**“NRACPP”** means this Northwest Regional Appointment and Credentialing Policy and Procedure, also referred to herein as this **“Policy”**.

**“Northwest Regional E-Credentialing System (NRECS)”** means a software application used by the participating Northwest organizations to support the NWO Shared Credentialing Process.

**“Participating Organization”** means each of the Hospitals that have approved this Policy, and that have provided the other Participating Organizations a certificate signed by its Administrator indicating Board-approval.

**“Professional Staff”** means those physicians, dentists (including oral and maxillofacial surgeons), midwives, and RN(EC)s who are appointed by the Board and who are granted specific privileges to practice their profession in the Hospital.

**“Professional Staff Human Resources Plan”** means the plan developed by the Chief Executive Officer in consultation with the Chief of Staff/Chair of the MAC, Chief Nursing Executive, and Chiefs of Department based on the mission and strategic plan of the Hospital and on the needs of the community, which provides information and future projections with respect to the management and appointment of physicians, dentists, midwives, and RN(EC)s who are or may become members of the Professional Staff.

**“Public Hospitals Act”** means the *Public Hospitals Act* (Ontario), and where the context requires, includes the regulations made under it, and any statute that may be submitted for it,, as amended from time to time.

**“Rules and Regulations”** means the rules and regulations adopted by the Board applicable to the Professional Staff as may be amended from time to time.

**“University”** means an academic professional institution to which the Applicant shall hold an affiliation.

#### **4. APPLICATION FOR APPOINTMENT**

The processes as established by the NRACPP with respect to an application for appointment or re-appointment to the Professional Staff or a change of appointment and/or privileges, and mid-term action affecting privileges are reflective of the rights extended to physicians under the *Public Hospitals Act*.

Although the *Public Hospitals Act* does not require the appointment of dentists, midwives, and RN(EC)s to the Professional Staff, the Board may provide for the appointment of such professionals within the By-laws. For consistency, the processes set out in this NRACPP will be applicable to dentists, midwives, and RN(EC)s seeking appointment and privileges at the Participating Organizations, with appropriate changes to reflect the profession being reviewed.

##### **4.1 Appointment Term**

In accordance with the *Public Hospitals Act*, the Board of each Participating Organization shall appoint an Applicant to the Professional Staff for a period of up to one year. All appointments shall end no later than on December 31<sup>st</sup> of the then current year.

Notwithstanding the foregoing, where a Professional Staff member has applied for appointment in accordance with this Policy and, within the existing appointment year, their appointment shall be deemed to continue until;

- (a) the re-appointment is granted or not granted by the Board; or
- (b) where the Applicant has been served with notice that the Board refuses to grant the re-appointment, until the time for giving notice requiring a hearing by the

Appeal Board has expired or where a hearing is required, until the decision of the Appeal Board has become final.

#### **4.2 Timeline for Submission of Initial Application for Appointment**

An applicant will have 45 calendar days to submit their electronic application from the date upon which they receive access to the electronic application. The submitted electronic application will remain active for 15 days thereafter for a total of 60 days, allowing for the receipt of references and certificates of professional conduct and other documentation required from the Applicant. Failure of the Applicant to submit a fully completed application within the time frame set out above will result in the application being considered as withdrawn.

#### **4.3 Qualifications and Criteria for Appointment**

4.3.1 Only an Applicant who is a registrant in good standing of the relevant College and qualified and licensed to practice medicine, dentistry, midwifery, or extended class nursing in Ontario, is eligible to be a member of, and appointed to, the Professional Staff of the Hospital, except as otherwise provided for in the By-laws.

4.3.2 The Applicant must have the following qualifications

- (a) a current certificate of registration with the applicable College;
- (b) a demonstrated ability to provide patient care at an appropriate level of quality and efficiency;
- (c) a willingness to participate in the discharge of staff obligations appropriate to the applicable membership group, including, without limitation, a demonstrated ability to communicate, work with, and relate to members of the administrative staff, Professional Staff, and Hospital staff as well as patients and patients' families in a co-operative and professional manner; and
- (d) adequate training and experience for the privileges requested.

4.3.3 The Applicant must agree to participate in the on-call duty roster(s) as required by the Department Chief and/or Chief of Staff.

4.3.4 The Applicant must agree to 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 they have been assigned.

4.3.5 The Applicant must agree to govern themselves in accordance with the requirements set out in the *Public Hospitals Act*, the By-law, the Professional Staff Rules and Regulations of the Hospital, and all Hospital policies and procedures.

4.3.6 The Applicant must declare and indicate adequate control of any physical or behavioural impairment that may affect the Applicant's skill, attitude, or judgement relevant to the appointment and privileges requested.

4.3.7 There must be a demonstrated need for the services in the community and/or region and sufficient resources to accommodate the Applicant, as demonstrated by an Impact Analysis.

- 4.3.8 The Applicant should meet the needs of the respective Department as described in a Professional Staff Human Resource Plan, and will be assessed on the basis of credentials and experience and such other factors as the Board may, from time to time, consider relevant, or as set out in the Rules and Regulations.
- 4.3.9 The Applicant must provide evidence of up-to-date inoculations, screenings, and tests as may be required by the occupational health and safety policies and practices of the Hospital, the *Public Hospitals Act*, or other legislation, and as suggested in the Communicable Diseases Surveillance Protocols jointly published by the Ontario Hospital Association and the Ontario Medical Association.
- 4.3.10 Where required, and while the Applicant may not be required to hold an appointment with the University's faculty of Medicine/Dentistry, whether or not the Applicant is granted such an appointment shall be considered by the Credentials Committee, where applicable, in assessing the application and, all things being equal, preference will be given to Applicants who are granted a University appointment.

#### 4.4 Initial Appointment

- 4.4.1 The Administrator or delegate of each Participating Organization shall provide an application package to every physician, dentist, midwife, and RN(EC) who requests the opportunity to apply to the Hospital for Professional Staff appointment and privileges.
- 4.4.2 The application provided to the Applicant shall consist of:
- (a) an electronic copy of this Policy;
  - (b) a link to an electronic copy of the primary Participating Organization's By-laws and Rules and Regulations;
  - (c) an electronic copy of the primary Participating Organization's policies in respect to "medical directives" and "delegated medical acts";
  - (d) a link to the *Public Hospitals Act*; and
  - (e) a username for NRECS (password generated by NRECS will be emailed directly to the Applicant).

Where an application is not returned within 45 days and all required information and/or supporting documentation received by the Administrator within 60 days following receipt of the application, the application shall be deemed void and a new application required.

- 4.4.3 The content of each initial application provided to an Applicant for appointment to the Professional Staff shall require from the Applicant:
- (a) an acknowledgement (agree) to abide by the *Public Hospitals Act*, the By-law, the Rules and Regulations, this NRACPP, the Hospital's Policy in respect to "medical directives" and "delegated medical acts" and other relevant Hospital policies (ie. SOPs-Standard Operating Procedures), the Hospital's mission statement, and the Code of Ethics of the Canadian Medical Association.

- (b) an undertaking that, if the Applicant is appointed to the Professional Staff of the Hospital, the Applicant will provide the services to the Hospital (and will govern themselves) as stipulated in the Application in accordance with the *Public Hospitals Act* and in accordance with the By-law, Rules and Regulations, and Hospital policies, all as amended or supplemented from time to time;
- (c) an acknowledgement by the Applicant that:
  - (i) the failure of the Applicant to provide the services as stipulated in the Application in accordance with applicable legislation, the By-law, the Rules and Regulations, and Hospital policies will constitute a breach of their obligations to the Hospital and the Hospital may, upon consideration of the individual circumstances, remove access to any and all Hospital resources, including the limiting or restricting of operating room time, or take such action as is considered reasonable, in accordance with the By-law and Rules and Regulations; and
  - (ii) the Hospital may refuse to appoint an Applicant to the Professional Staff where the Applicant refuses to acknowledge their responsibility to provide services in accordance with the kind and degree of privileges granted by the Board, the *Public Hospitals Act*, the By-law, the Rules and Regulations, and applicable Hospital policies;
  - (iii) concurrent with the provision of the application the University, where appropriate, will be notified of the Applicant's application for appointment;
  - (iv) a copy of the Applicant's resume and other any documents or information provided or disclosed to the Hospital by the Applicant or any other party as a result of the application for appointment to the Professional Staff of the Hospital may be shared among the Participating Organizations; and
  - (v) the failure of the Applicant to maintain an academic appointment where such academic appointment is a condition of the Applicant's appointment to the Professional Staff may result in the Applicant's privileges being restricted or suspended, or their appointment being revoked, or the Applicant being denied reappointment;
- (d) a copy of the Applicant's current registration, certificate, or license to practice in Ontario;
- (e) a record of eligibility for certification for specialty/sub-specialty certifications and for re-certification;
- (f) a copy of fellowship/certification documentation for specialties/sub-specialties, including, where appropriate, a speciality certificate from the applicable College authorizing practice in oral and maxillofacial surgery as applicable;
- (g) an up-to-date curriculum vitae, including a record of the Applicant's professional education and post-graduate training and a chronology of academic and professional career, organizational positions, and committee memberships;
- (h) a current certificate of professional conduct, letter of good standing, or equivalent certificate(s) from the applicable College and consent to the release of the information by the Registrar of the applicable College. In the case of RN(EC)s, a

declaration that they are in good standing and not currently being investigated for any reason by a registering, licensing or regulatory authority shall be required;

- (i) a recital and description of pending or completed disciplinary actions, competency investigations, previous or ongoing performance reviews, and details with respect to prior privileges disputes with other hospitals regarding appointment, re-appointment, change of privileges, or mid-term suspension or restriction of privileges or revocation of appointment;
- (j) a statement with respect to failures to obtain, reduction in classification or voluntary or involuntary resignation of any professional license or certification, professional society membership or fellowship, professional academic appointment or privileges at any other hospital or health care institution;
- (k) information regarding the Applicant's health, including any impairments, medical conditions, diseases or illnesses which may impact on the Applicant's practice relevant to the nature and scope of privileges requested, and where relevant, current treatments, the date of the Applicant's last medical examination, as well as the name of the treating health professional for those impairment(s), condition(s), disease(s) or illness(es) and an authorization for the treating health professional to release relevant information to the Hospital;
- (l) confirmation of professional liability insurance coverage, membership in the Canadian Medical Protective Association or professional liability protection, satisfactory to the Board, including a record of the Applicant's past claims history;
- (m) information regarding any pending criminal proceedings or record of any criminal convictions which may impact the Applicant's professional practice or responsibilities pursuant to their appointment;
- (n) recital and description of completed civil liability actions that are related to the Applicant's professional practice or activities, including final judgements or settlements in which the Applicant was involved;
- (o) a confirmation of compliance with the Hospital's communicable diseases surveillance policies;
- (p) information regarding any other appointments at other hospitals and any existing responsibilities regarding on-call coverage at any other hospital or practice;
- (q) names and addresses of references. If appropriate, preferred references should include:
  - (i) Administrator and Chief of Staff/Chair of the MAC of the last hospital where the Applicant held privileges or received training;
  - (ii) Departmental colleagues from the last hospital or institution in which the Applicant held an appointment or received training; and
  - (iii) Service Director or Head of Training Program if enrolled in a Graduate Training Program within the past three years;

- (r) an authorization for release of information and release from harm for collecting and/or exchanging information and evaluation of the Applicant's credentials and suitability for the purposes of appointment to the Professional Staff;
- (s) a statement indicating:
  - (i) the type of application being made;
  - (ii) the name of the Department or division to which the application is being made;
  - (iii) the category of privileges requested; and
  - (iv) the procedures requested;
- (t) where the Applicant is requesting re-appointment, a list of all relevant changes to information previously provided;
- (u) a signed confidentiality agreement; and
- (v) a passport size photograph.

## **5. APPLICATION FOR REAPPOINTMENT**

The provisions set out in this section of the Policy represent terms generally accepted by the Participating Organizations and shall be in addition to the specific terms and conditions set by each individual Participating Organization with respect to reappointment.

### **5.1 Reappointment**

Each Professional Staff member eligible for reappointment will receive an email inviting them to the NRECS system to complete their application for reappointment and confirming the Applicant's NRECS Username.

All Applicants will have 45 days to submit the application for reappointment following their receipt of the email described above. An application for reappointment must be completed by December 31<sup>st</sup> of the current appointment year.

5.2 The content of each application provided to an Applicant for reappointment to the Professional Staff of the Hospital shall require from the Applicant:

- (a) confirmation of professional liability insurance coverage, membership in the Canadian Medical Protective Association, or professional liability protection, satisfactory to the Board, including a record of the Applicant's claims history over the past year;
- (b) an acknowledgement that the documentation and certification provided during the initial application process remain valid and current;
- (c) an update of information provided during the initial appointment or the Applicant's most recent re-appointment, as applicable, including information:
  - (i) regarding disciplinary actions, College investigations, civil suits, criminal proceedings or convictions, and/or any other relevant legal problems;

- (ii) regarding the Applicant's health, including any impairments, medical conditions, diseases or illnesses, and current treatments therefore, as well as the date of the Applicant's last examination, which may impact on the Applicant's practice, as well as the name of the treating health professional and an authorization to the treating health professional to release relevant information to the Hospital;
- (iii) regarding any changes to the Applicant's affiliation with the Faculty of Medicine/Dentistry at the University; and
- (iv) pertaining to any appointments at other hospitals and potential effects on the duties/obligations of the Applicant to the Hospital.

### 5.3 Requests for Change of Status and/or Privileges following initial appointment/reappointment

- (a) Where a physician, dentist, midwife, or RN(EC) wishes to change their privileges or appointment category, a request shall be submitted to the Administrator or delegate identifying the changes requested, along with evidence of appropriate training, competence, professional liability protection, and the reason(s) for the requested change in appointment category.
- (b) Upon receipt, the Administrator or delegate shall immediately refer the request to the Chief of Department/Staff, who shall refer the request forthwith to the Chair of the Credentials Committee (where exists) or MAC.
- (c) An application for change in privileges or appointment category shall be processed in accordance with the *Public Hospitals Act*, the By-law, the Rules and Regulations and the procedures for an initial Application.
- (d) The MAC may request any additional information or evidence that it deems necessary for consideration of the application for alteration in privileges.

Where a Participating Organization has approved a change of a Professional Staff member's appointment status or privileges, that Participating Organization shall communicate such change to any other Participating Organization where the member has an appointment and/or privileges.

## PART "B" PROCEDURE

### 1. PURPOSE

The purpose of this procedure is to outline the detailed steps and actions required by each Participating Organization when processing an application for appointment or reappointment to the Professional Staff.

A detailed description and checklist for Applicants submitting an application for a first time appointment will be provided by email.

The process for granting appointments and privileges to physicians is clearly set out in the *Public Hospitals Act*, and the By-laws. Pursuant to this Policy, the same process shall be used for physicians, dentists, midwives and RN(EC)s, utilizing the NRECS electronic application. An

Applicant for appointment or re-appointment to any group of the Professional Staff, shall submit an electronic application in accordance with Part I of this policy to the Administrator.

The Administrator or delegate shall refer the application immediately to the Chief of Department/Staff and the Credentialing Staff, who shall keep a record of each application received and then refer the application forthwith to the Chair of the Credentials Committee (where exists) or MAC.

## **2. APPLICATION FOR APPOINTMENT**

2.1 Upon receiving a written or electronic request for an application, the Administrator or delegate at the primary Participating Organization will supply the Applicant via email with an invitation to apply. The email will include the following:

- (a) Information outlining process and requirements– including a Username for *Northwest Regional E-Credentialing System (NRECS)*, timeframe for submission and information on Regional Ordering Privileges (a password generated by NRECS will be emailed directly to the Applicant);
- (b) Application Check List;
- (c) Request for Certificate of Professional Conduct form (excluding RN(EC)s) and once applicant is logged in they will be guided through accepting the invitation and they will be provided with the following:
  - I. Access to the NRACPP;
  - II. Access to the primary Participating Organization's By-law and Rules and Regulations;
  - III. Access to a "Web Link" to the *Public Hospitals Act*.

### **2.2 Time for Completion**

- (a) Applicants shall submit their electronic application and supporting documents within 45 days from the date on which the original invitation email is sent;
- (b) A notification/reminder will be sent from NRECS to the Applicant at day(s) 14, 21 and again at day 35, if the electronic application has not been submitted;
- (c) Applicants shall ensure additional supporting documents (CPC, references) have been received by the Administrator or delegate within 60 days from the date on which the original invitation email is sent;
- (d) Following submission the Applicant may still make changes to the electronic application. The Credentialing Staff will receive notification of changes via nightly email. Credentialing Staff will have the ability to add documents to the application i.e. reference questionnaires, certificates of professional conduct or letters of good standing, OHIP Billing Numbers, etc.;
- (e) Where the required information to complete the application is not submitted within the time prescribed above, the application will be withdrawn and marked as "Inactive" by NRECS. If all the required information has been submitted, the

Credentialing Staff will confirm documents for accuracy and proceed to process the application (release to Level 1).

### **3. APPLICATION FOR RE-APPOINTMENT**

- 3.1 Each eligible Applicant for reappointment will receive an email inviting them to the NRECS system to complete their application for reappointment and confirming the Applicant's NRECS Username. All Applicants will have 45 days to submit the application for reappointment following receipt of the email. An application for reappointment must be completed by December 31<sup>st</sup> of the current appointment year in order to permit continuation of the Professional Staff member's appointment beyond the then current appointment year.

**NOTE:** Staff Status and Privileges Lists are Facility Specific

### **4. APPLICATION PROCESSING AND APPROVAL PROCESS**

The Administrator or delegate shall refer the application immediately to the Chief of Department/Staff and the Credentialing Staff, who shall keep a record of each application received, and then refer the application forthwith to the Chair of the Credentials Committee (where exists) or MAC.

- (a) The relevant Department Chief (if any) or the Chief of Staff shall:
  - (i) review all completed applications received from the Administrator;
  - (ii) for initial applications, the Applicant's referees are provided on a regional reference questionnaire. The Applicant's references may be contacted if any concerns are raised by recommendations from referees;
  - (iii) complete and provide to the Credentials Committee, if any, or to the MAC, the Initial Report, or, for re-applications, the Review Report.
- (b) If, in the view of the Department Chief and/or the Chief of Staff, an Applicant for re-appointment has not met their academic or clinical responsibilities, the Department Chief/Chief of Staff may make an appropriate recommendation to the MAC.
- (c) Where the Hospital has a Credentials Committee, the Credentials Committee shall:
  - (i) investigate the application, with specific attention to the Applicant's qualifications, experience, and their professional reputation;
  - (ii) where not already completed by the Chief of Department, for initial applications, contact each reference listed on the application to obtain information relating to the past performance, experience, and reputation of the Applicant, and make a detailed note to file regarding the time and substance of the conversation (if required);
  - (iii) if a re-application, review and consider the Applicant's privileges file;

- (iv) review the Hospital-approved Professional Staff Human Resource Plan to confirm the availability of the position;
  - (v) receive and review the Initial Department Report or Department Review Report as applicable;
  - (vi) confirm the completion of an Impact Analysis Report and support by the applicable Department;
  - (vii) if applicable, take into consideration the impact, if any, that may result if the Applicant does not hold an appointment in the Faculty of Medicine/Dentistry at the University;
  - (viii) complete the Credentials Committee Report and forward such report, including any and all reports, documents, memorandums etc. that were reviewed or considered by the Credentials Committee to the MAC.
- (d) The MAC shall:
- (i) receive and consider the application along with the Credentials Committee Report and Minutes (where the Credentials Committee exists) and further consider the application in the context of the Professional Staff Human Resource Plan and the Impact Analysis Report completed by the relevant Department;
  - (ii) based on the documents reviewed and considered, make a recommendation with respect to the Applicant's appointment in writing to the Board within 60 days from the date of the application, unless subsection (f) of this section applies;
  - (iii) send notice of its recommendation to the Applicant pursuant to the *Public Hospitals Act*. Where the recommendation is in favour of appointment, the MAC shall specify its recommendation with respect to the privileges the Applicant should be granted and procedures the Applicant should be permitted to perform.
- (e) If the MAC's recommendation is against appointment or re-appointment, the MAC shall provide written notice to the Applicant which shall inform the Applicant that they are entitled to:
- (i) written reasons for the recommendation if a request for reasons is received by the MAC within seven days of the receipt of a notice of the recommendation by the Applicant; and
  - (ii) a hearing before the Board if a written request is received by the Board and the MAC within seven days of the Applicant's receipt of the written reasons.
- (f) The MAC may make its recommendation later than the 60 day period set out in the *Public Hospitals Act* if, prior to the expiry of the 60 day period, it indicates in writing to the Board and the Applicant that a final recommendation cannot yet be made, and gives the written reasons therefore.

- (g) Subject to the provisions of the *Public Hospitals Act*, where no hearing is requested, the Board shall either implement the recommendation of the MAC or reject the MAC's recommendation. In either case, the Board shall cause the MAC and the Applicant to be informed of the Board's decision regarding the recommendation.
- (h) The Board may, in accordance with the *Public Hospitals Act*, refuse to appoint or re-appoint an Applicant to the Professional Staff on any grounds, including a failure to obtain or reduction in/loss of academic status at the University.
- (i) Where an Applicant requests a hearing before the Board within 7 days of the Applicant's receipt of the written reasons described in Section 4(e)(ii), the Board shall appoint a time for and hold the hearing.
- (j) The parties to the Board hearing are the Applicant, the MAC, and such other persons as the Board may specify.
- (k) Where the Board is required to hold a hearing, the Applicant or Professional Staff member and the MAC shall be afforded all of the rights set out in the *Public Hospitals Act*, the By-law, including Schedule "A" thereto (where applicable), and specifically may examine any documentary evidence that will be produced or any report, the contents of which will be given orally in evidence at the hearing, prior to the hearing.
- (l) The Board may make a decision under certain conditions without holding a hearing in accordance with the *Public Hospitals Act*.

## **5. APPLICATION FOR CHANGE IN PRIVILEGES OR APPOINTMENT CATEGORY**

- (a) Where a physician, dentist, midwife, or RN(EC) (where applicable) wishes to change their privileges or appointment category a request shall be submitted to the Administrator or delegate identifying the changes requested, along with evidence of appropriate training, competence, and professional liability protection and the reason(s) for the requested change in appointment category.
- (b) Upon receipt, the Administrator or delegate shall immediately refer the request to the Chief of Department/Staff who shall refer the request forthwith to the Chair of the Credentials Committee (where exists) or MAC.
- (c) An application for change in privileges or appointment category shall be processed in accordance with the *Public Hospitals Act*, the By-laws, the Rules and Regulations and the procedures for an Initial Application.
- (d) The MAC may request any additional information or evidence that it deems necessary for consideration of the application for a change in category of appointment and/or change privileges.