

**POLICY: Credentialing Policy**

**Number: 1-016**

<b>Developed by:</b> Jennifer Caspers, Chief of Staff	<b>Review or Revision by:</b> Board of Directors
<b>Approval Date:</b> <b>Initial:</b> July 2011 <b>Reviewed/Revised Date:</b> October 2012, April 25, 2017	<b>Review or Revision Date:</b> Every Three Years
<b>Approved by:</b>  Board of Directors	<b>Signature(s)</b>  _____

**Disclaimer: Any PRINTED version of this document is only accurate up to the date of printing. Always refer to the Policies and Procedures Intranet site for the most current versions of documents in effect.**

**Policy Statement**

In order to fulfill its responsibility as prescribed by the Public Hospital’s Act, the Board of Directors has approved the following policy.

**New applications for Appointment to the Professional Staff**

1. All written or phone inquiries for application are to be forwarded to the Chief of Department/ Division Head concerned for discussion and review of manpower requirements in accordance with the Clinical Human Resources Plan (CHRP). All written requests for applications shall be then forwarded to Administration for follow-up.
  
2. The application package includes the following information:
  - the categories of privileges (e.g., Courtesy, Associate, Locum);
  - the appropriate Medical Department (e.g., Hospital Medicine, Surgery, Midwifery);
  - a consent form for release of a Certificate of Professional Conduct from the College of Physicians and Surgeons of Ontario;
  - an Authorization for the Release of Information to Consult any Physician, Hospital, University/College, Clinic or Medical/Dental Association Group regarding the applicant;
  - an Authorization and Consent to the Release of Information from the applicant’s treating physician (s);
  - an immunization status form;
  - a copy of the Meditech Access form;
  - a Confidentiality Agreement;

- a copy of the Professional Staff Sections of the Guelph General Hospital By-law; and
  - a copy of the Core Privileges for the appropriate Department.
3. Complete applications must have the following:
    - completed application on the prescribed form;
    - three reference evaluations from referees who have direct knowledge of the applicant's training and experience;
    - a completed Administrative Reference Questionnaire from a Hospital that the candidate has or had privileges;
    - a certificate of Professional Conduct from the College;
    - a letter of standing from the Royal College of Physicians & Surgeons of Canada, where applicable;
    - a letter of recommendation from the Chief of Department/Division Head to which the application was made;
    - documentation supporting the privileges requested;
    - evidence of malpractice insurance coverage or equivalent;
    - immunization status;
    - a Curriculum Vitae;
    - a Passport Size Photo; and
    - payment of the Medical Staff Association fees; and
    - a Criminal Reference Check.
  4. If the applicant or the CPSO provides information pertaining to an outstanding complaint, the applicant shall meet with the Chief of Staff or Chief of Department/ Division Head and the CEO and the CNE is to discuss the complaint. Pending the outcome of the discussion, the Chief of Department/ Division Head will make an appropriate notation in the letter of recommendation to the Credentials Committee.
  5. The Chief of Department/ Division Head will speak with the applicant's three referees.
  6. All applicants should be interviewed by the Chief of Department/ Division Head and must also be interviewed by an inter-disciplinary team as outlined in the CHRP.
  7. All applications must be complete and reviewed by the Chief of Department/ Division Head prior to consideration by the Credentials Committee.
  8. A recommendation from the Chief of Department/ Division Head will be forwarded to the Credentials Committee.
  9. The Credentials Committee will review the complete file of the applicant and make a recommendation to the Medical Advisory Committee.
  10. The Medical Advisory Committee will review the recommendation, and if acceptable, make a recommendation to the Board of Directors.

11. The Board of Directors will review and consider the recommendation, and if acceptable, approve the recommendation.
12. Upon Board approval, a letter from the President and CEO that outlines the approved privileges will be issued to the new applicant.
13. Associate staff will be assigned a mentor by the Chief of Department. The mentor will make a recommendation to the Chief of Department/ Division Head prior to the conclusion of the Associate's term.
14. Arrangements will be made for orientation.

### **Application for Reappointment to the Professional Staff**

1. Annually all Professional Staff will receive an application for reappointment along with a list of their current privileges.
2. All applications for reappointment shall include:
  - evidence of good standing with the appropriate College;
  - evidence of malpractice insurance or equivalent;
  - evidence of continued medical education;
  - documentation of training/experience to substantiate additional privileges requests; and
  - signed and dated affirmation to abide by the requirements set out in the Guelph General Hospital By-law, Clinical Policies, Hospital Policies and The Public Hospitals Act.
3. All complete reapplications are submitted to the appropriate Chief of Department/ Division Head for evaluation and a recommendation to the Credentials Committee.
4. A recommendation from the Chief of Department/ Division Head will be forwarded to the Credentials Committee.
5. The Credentials Committee reviews:
  - correspondence from each Chief/ Division Head for members of their departments;
  - a list of the current privileges for each member of the Professional Staff; and
  - any requests for privilege changes for each member of the Professional Staff.
6. The Credentials Committee will review the complete file of the applicant and make a recommendation to the Medical Advisory Committee.
7. The Medical Advisory Committee will review the recommendation, and if acceptable, make a recommendation to the Board of Directors.
8. The Board of Directors will review and consider the recommendation, and if acceptable, approve the recommendation.

9. Upon Board approval, a letter from the President and CEO that outlines the approved privileges will be issued to the new applicant.
10. An updated listing of Professional Staff Privileges placed on the Guelph General Hospital Intranet.