



Non-hospital Medical and Surgical
Facilities Accreditation Program

ACCREDITATION STANDARDS

Medical Director

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Non-hospital Medical and Surgical Facilities Accreditation Program
College of Physicians and Surgeons of British Columbia
300-669 Howe Street
Vancouver BC V6C 0B4

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Introduction

A medical director, who is a licensee of the College of Physicians and Surgeons of BC, must be appointed. The medical director is responsible for the delivery of medical and surgical care provided by the non-hospital facilities and for ensuring compliance with the accreditation standards, policies, rules, procedures and guidelines for the Non-hospital Medical and Surgical Facilities Accreditation Program (NHMSFAP), and the Bylaws. In addition to being accountable to the governing body of the non-hospital facility, the medical director is accountable to the NHMSFAP Committee.

Medical director

No.	Description	Reference	Risk	Change	Asmt.
MDI1.0	MEDICAL DIRECTOR				
MDI1.1	The physician appointed as medical director is qualified to fulfill their clinical governance responsibilities				
MDI1.1.1	M The medical director is a licensee of the College of Physicians and Surgeons of British Columbia.	2	C		P, F
MDI1.1.2	M The medical director holds the appropriate class of registration with the College of Physicians and Surgeons of British Columbia. Guidance: The medical director must hold a class of registration acceptable to the committee.	2	H	New	P, F
MDI1.1.3	M The medical director must reside in British Columbia.	2	H		P, F
MDI1.1.4	M The medical director has the skills, education and experience to fulfill their clinical governance responsibilities. Guidance: The medical director's curriculum vitae outlines their skills, education and experience in clinical governance responsibilities such as tenure in a health-care leadership role, shaping and leading a safety culture within an organization, patient safety incident investigation, quality improvement and risk management.	2	H		P, F
MDI1.1.5	B The governing body has an established process for the annual performance evaluation of the medical director. Guidance: In organizations where the same person fulfils the roles of governing body and medical director, the medical director should seek feedback on their performance as medical director from their peers (i.e. other medical directors, clinical operations leaders).	1, 13	B	New	F

No.	Description	Reference	Risk	Change	Asmt.
MDI1.2	The clinical governance responsibilities of the medical director are clearly defined.				
MDI1.2.1	B The medical director is responsible and accountable for demonstrating and promoting a patient safety culture. Guidance: An organization's leaders provide the foundation for building a patient safety culture.	14, 15	B		P, F
MDI1.2.2	M The medical director is responsible and accountable for the quality and safety of patient care delivery and the procedures performed. Guidance: This is a key accountability in the medical director's job description.	2, 5	H		P, F
MDI1.2.3	M The medical director is responsible and accountable for the clinical operations of the organization.	1	H		P, F
MDI1.2.4	M The medical director is responsible and accountable for ensuring that clinical operations leaders have the qualifications and skills necessary to provide supervision to their assigned area(s) of responsibility. Guidance: Clinical operations leaders may include a nurse leader and a head of anesthesia.	1, 6, 7, 10	H		P, F
MDI1.2.5	M The medical director is responsible and accountable the selection, appointment and re-appointment of all medical staff.	1, 2	H		P, F
MDI1.2.6	M The medical director is responsible and accountable for ensuring the regulated health professionals are qualified and practise only within their scope and competence.	1, 2	H		P, F
MDI1.2.7	M The medical director is responsible and accountable for the organization's compliance with the NHMSFAP standards, policies, rules and guidelines and the Bylaws.	2	H		P, F

No.	Description	Reference	Risk	Change	Asmt.
MD11.2.8	M The medical director is responsible and accountable for assessing and managing clinical risk through the organization’s risk management framework.	1	H	New	P, F
MD11.2.9	M The medical director is responsible and accountable for the review, investigation and reporting, as required, of patient safety incidents and near misses.	2	H		P, F
MD11.2.10	M The medical director is responsible and accountable for the review, investigation and resolution of all complaints regarding the quality and safety of patient care delivery.	2	M	New	P, F
MD11.2.11	M The medical director is responsible and accountable for evaluating, monitoring and continually improving the organization’s quality of services.	1	M	New	P, F
MD11.2.12	M The medical director is responsible and accountable for reporting matters to external agencies where appropriate. Guidance: The medical director is responsible and accountable for complying with legal, professional and ethical reporting obligations. Some of those responsibilities include a duty to report regulated health professionals, a child that needs protection under the Child, Family and Community Service Act, death of a person under the Coroners Act and reporting of an infection or exposure under the Public Health Act.	1	H		P, F
MD11.3	The medical director demonstrates and promotes a culture of safety and quality.				
MD11.3.1	M The medical director dedicates administrative time to fulfill their clinical governance responsibilities. Guidance: Administrative time and activities are documented. Time spent in clinical operations, e.g. on-shift, scheduled or day, such as pre-admission patient screening or consultation, providing anesthesia or performing surgery is not considered dedicated administrative time.	2	H		P, F

No.	Description	Reference	Risk	Change	Asmt.
MDI1.3.2	<p>B The medical director, or delegated regulated health professional, conducts clinical care audits to evaluate medical and other staff adherence to the organization's policies, procedures and patient care guidelines.</p> <p>Guidance: Clinical care audits involve the 'real-time' observation of patient care delivery across all stages of care delivery (pre-admission, admission, surgery, recovery, discharge) during working conditions and should also include other key areas for patient safety such as SSCL compliance, communication handovers between departments, specimen handling and post-operative medication orders. These audits should be scheduled during administrative time and utilize a standardized assessment/audit tool. This information should be analyzed and used to inform the risk register and quality improvement planning.</p>	6, 7, 9, 15	B		F
MDI1.3.3	<p>B The medical director meets with the governing body to review and discuss the organization's safety and quality of care.</p> <p>Guidance: Quality, safety and risk issues should be openly communicated to the governing body.</p>	11, 12, 15	B	New	F
MDI1.3.4	<p>B The medical director meets with the governance leadership team to review, discuss and continually improve the organization's safety and quality of care.</p>	1, 12, 15	B	New	F
MDI1.3.5	<p>B The medical director meets with the clinical operations leaders to review, discuss and continually improve the organization's safety and quality of care.</p>	1, 12, 15	B		F
MDI1.3.6	<p>B The medical director meets with staff to review, discuss and continually improve the organization's safety and quality of care.</p>	1, 12, 15	B		F
MDI1.4	The medical director demonstrates and promotes a culture of safety and quality.				

No.	Description	Reference	Risk	Change	Asmt.
MDI1.4.1	<p>M The medical director meets with the medical staff applicants to review their application, procedures requested and current experience.</p> <p>Guidance: Medical staff include physicians, anesthesiologists, dentists, oral maxillofacial surgeons and podiatric surgeons. The medical director is responsible for confirming the applicant’s current experience, confirming that the procedures selected are appropriate for the facility and following the BCMQI privileging dictionaries to ensure physician procedure requests meet specialty privileging and current experience requirements. The application interview is documented and filed in the individual’s human resource file.</p>	1, 2, 4, 5	H		P, F
MDI1.4.2	<p>M The medical director confirms the medical staff applicant meets the specialty privileging and current experience requirements specified in the BCMQI privileging dictionaries.</p> <p>Guidance: Interview documentation makes note of the appropriate BCMQI privileging dictionary (not applicable for dentist applications) and confirms credentials and current experience.</p>	1, 2, 3	H		P, F
MDI1.4.3	<p>M The medical director meets with medical staff annually to review their re-appointment application.</p> <p>Guidance: Re-appointment interviews are documented and filed in the individual’s human resource file.</p>	1, 2, 3, 5	H		P, F
MDI1.4.4	<p>M The medical director confirms the re-appointment applicant meets the current experience requirements specified in the BCMQI privileges dictionaries for the procedures they are requesting renewal of privileges to perform.</p> <p>Guidance: Interview documentation makes note of the appropriate BCMQI privileging dictionary (not applicable for dentist applications), confirms current experience and identifies the procedures the applicant is re-privileged to perform at the facility.</p>	1, 2, 3, 5	H		P, F

No.	Description	Reference	Risk	Change	Asmt.
MDI1.4.5	<p>M The medical director reviews and discusses with the re-appointment applicant any changes to their privileges at any facility or any regulatory restrictions on their practice during the previous year.</p> <p>Guidance: Interview documentation makes note of this discussion and the outcome. Non-renewal or denial of privileges due to competence or conduct requires reporting to the medical staff member’s regulatory college.</p>	2, 3	H		P, F
MDI1.4.6	<p>M The medical director reviews and discusses with the re-appointment applicant organizational commitments to safety and quality of care and any concerns.</p> <p>Guidance: Safety and quality of care discussions should include expectations such as teamwork and communication, quality improvement data, infections surveillance data, patient safety incident data and any concerns, complaints or other matters which may affect safety and quality of care. Interview documentation makes note of this discussion and the outcome. Non-renewal or denial of privileges due to competence or conduct requires reporting to the medical staff member’s regulatory college.</p>	2, 6, 7, 8, 9	H		P, F

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Revision history

Date	Revisions
January 7, 2026	<ul style="list-style-type: none"> NHMSFAP Medical Director standard approved (version 1.0)
September 14, 2023	<ul style="list-style-type: none"> Some content revisions to reflect governance and leadership best practices (version 2.0) New standards template
November 27, 2024	<ul style="list-style-type: none"> ISQuaEEA Logo (no content changes) (version 2.1)
April 1, 2026	<ul style="list-style-type: none"> Transcribed to new updated template (no content changes) (version 2.2)