

Notification of New Medical Staff Appointment to a Non-Hospital Medical/Surgical Facility

FACILITY INFORMATION

Facility name: _____ NHID: _____

MEDICAL STAFF INFORMATION

First name: _____ Middle name: _____

Last name: _____ Practitioner type: _____

Medical staff appointment date: _____

Medical staff category requested (at a non-hospital facility):

- Provisional (new medical staff to first year on staff)
- Temporary (defined time period and/or specified number of cases)—end date: _____

Discipline: _____ Discipline sub-specialty: _____

APPROPRIATE PROCEDURES LIST

An [appropriate procedures list](#) indicating only the procedures the medical staff is granted to perform at the above facility must be completed and submitted to the NHMSFAP.

Note:

- Refer to the [BC MQI Provincial Privileging Dictionaries](#) for core and non-core procedures in their area of practice to confirm requirements for qualifications and currency of practice.
- For accredited procedures that are not outlined in the BC MQI privileging dictionary (i.e. hair restoration procedures), please refer to the credentialing and privileging requirements outlined in the NHMSFAP's [Hair Restoration Procedures](#) position statement.

I have submitted a copy of the medical staff's appropriate procedures list(s) to the NHMSFAP with this form.

MEDICAL DIRECTOR DECLARATION AND RECOMMENDATION FOR APPOINTMENT

In signing this document:

- I acknowledge I have reviewed the Notification of New Medical Staff Appointment to a Non-Hospital Medical/Surgical Facility form.
- I acknowledge that I have reviewed the Application for Appointment to a Non Hospital Medical/ Surgical Facility form and requested clinical privileges and supporting documentation (see NHMSFAP's [Checklist for Appointment to a Non-Hospital Medical/Surgical Facility](#) form) for the applicant.
- I declare that I have interviewed the applicant and reviewed their Certificate of Professional Conduct.
- I declare that the medical staff is an active registrant of the College of Physicians and Surgeons of BC.
- I declare that I have reviewed the BC MQI Provincial Privileging Dictionaries **or** the appropriate NHMSFAP position statement (e.g. hair restoration) and that the applicant meets the requirements for education, training and current experience, and demonstrated performance.
- I declare that the medical staff will only perform the procedures as noted on the appropriate procedures list that is submitted to the NHMSFAP.

- I acknowledge that I am responsible and accountable for the appointment of this medical staff and ensuring that they are qualified and practise only within their scope and competence.
- I declare that the privileges requested by the medical staff are for accredited procedures at the above-named facility and such facility has sufficient space, equipment, staffing, and other resources required to safely perform those procedures.
- I declare that the information submitted in this application is true to the best of my knowledge.
- I am aware of and will comply with the *Health Professions Act* section 32.2(1) and (2) (Duty to report registrant):
 - o (1) A registrant must report in writing to the registrar of another person's college if the registrant, on reasonable and probable grounds, believes that the continued practice of a designated health profession by the other person might constitute a danger to the public.
 - o (2) If a person:
 - (a) terminates the employment of another person,
 - (b) revokes, suspends or imposes restrictions on the privileges of another person, or
 - (c) dissolves a partnership or association with another person
 based on a belief described in subsection (1), the person must report this in writing to the registrar of the other person's college.

I hereby

- appoint this medical staff all privileges as requested on the appropriate procedure list(s).
- recommend that this medical staff be granted privileges with conditions or modifications.

Please explain the suggested privilege condition or modification:

Medical director signature: _____ Date: _____

Note: The medical staff application for appointment and all supporting documentation will be reviewed and audited during the facility's accreditation assessment. Please ensure that these records are maintained in their individual human resources file.

SUBMISSION

Please return this form along with the appropriate procedures list(s) by email to nhmsfap@cpsbc.ca.

The information in this form is collected under the authority of part 5, section A of the Bylaws under the *Health Professions Act*, RSBC 1996, c.183. The information provided will be used to process your notification of new medical staff appointment. If you have any questions about the collection and use of this information, please contact the College at 300-669 Howe Street, Vancouver, BC, V6C 0B4 or by phone at 604-733-7758 or 1-800-461-3008 (toll free in BC).