

Medical Leadership Review

Clarifying Core and Shared Functions, Roles & Responsibilities

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Executive Summary

Findings from this review highlight the need for the organization to support ongoing, two-way communication for medical leaders (across operations and regional programs) in the context of their co-leadership dyads. To support two-way communication, the project highlighted the need to create space for building trust, relationships, and community amongst leadership teams across the region.

This review provides recommendations on how the groups will work together in the areas of quality, regional policy development, operational and strategic planning, health human resource planning, recruitment, credentialing and privileging, communications, and continuing practice development. Recommendations for the organization include providing a standardized, consistent orientation for new leaders, developing a clear policy framework for medical staff, revising the NHMAC Terms of Reference and medical leaders' job descriptions, as well as focused work on the co-leadership model.

Final Report

Background

Recent events highlighted the need to clarify the functions between the operational Medical Leaders (Medical Directors, Chief of Staff, Department Heads), the Regional Medical Leads, and the Northern Health Medical Advisory (NHMAC). Several years of experience have been gained since the job descriptions were developed and the NHMAC Terms of Reference was last reviewed. As the organization matures and deals with various operational and quality issues, there is a need to clarify the core and shared functions for each group.

Purpose

This project was commissioned by the NHMAC Chair and VP Medicine to clarify the core and shared functions of the operational Medical Leaders (Medical Directors, Chief of Staff Deputy chief of Staff, and Department Heads), the Regional Program Medical Leads, and the NHMAC. The project was completed with a focus on medical leaders and referenced the NHMAC Terms of Reference, the Hospital Act, the Medical Staff Bylaws and Northern Health's [Co-Leadership Report](#) to help clarify roles and responsibilities.

Method

A review of Northern Health's [Co-Leadership Report](#) to analyze the various job descriptions for medical leaders. The analysis highlighted the core and shared functions, roles and responsibilities for operational Medical Leaders (Medical Directors, Chief of Staff, Department Heads) and the Regional Medical Leads (included Service Network Medical Leads, Clinical Quality Program Leads and Chronic Disease Medical

Leads). The analysis was then used to compare to the core and shared functions, roles and responsibilities outlined in the NHMAC Terms of Reference. A summary of the analysis and overlap can be found in [Appendix A](#).

Following the document analysis, a series of interviews were conducted with key stakeholders to clarify the roles of the three groups in terms of their legislative requirements (the Hospital Act, Health authorities Act, and the NH Medical Staff Bylaws and Rules), as well as organizational requirements and expectations. The interviews were transcribed and themed. The themes from the interviews and the document analysis were used to create a Discussion Document.

The Discussion Document was used to host focus group discussions with two main groups: (1) the senior Medical Director team, and (2) the Regional Medical Leads. The Discussion Document detailed a set of recommendations in relation to the shared functions and overlap. The recommendations were broken down into eight categories:

- (1) Quality
- (2) Regional Policy Development
- (3) Operational and Strategic Planning
- (4) Medical Staff Health Human Resource Planning
- (5) Medical Staff Recruitment
- (6) Credentialing and Privileging
- (7) Communications & Fostering Partnerships
- (8) Continuing Practice Development

The focus groups helped to clarify two sets of recommendations (one by the Medical Directors and one by the Regional Medical Leads) detailing how the groups proposed they would work together in areas of shared functions, as well as the role of NHMAC. This exercise supported discussion to improve role clarity and identify supports needed to best work together. The two sets of recommendations were then brought to NHMAC for further conversation. The NHMAC discussions continued over two sessions and focused on how Medical Directors and Regional Program Medical Leads would work together in the future, especially in those areas of shared or overlapping functions. The two groups co-created one cohesive set of recommendations that are detailed in the [Recommendations](#) section of this report.

An overall view of the document analysis, the key stakeholder interviews, the focus groups and the NHMAC discussions provide several suggestions to better support co-leadership and team-based care. These themes and detailed suggestions are outlined in [the Summary and Next Steps](#) section of this report.

Recommendations

Working Together in Shared Functions Two-Way Communication

The NHMAC identified the importance of two-way communication between the Medical Directors and the Regional Medical Leads on an ongoing basis. This two-way communication is a consistent theme throughout the areas of shared function:

- (1) Quality
- (2) Regional Policy Development

- (3) Operational and Strategic Planning
- (4) Medical Staff Health Human Resource Planning
- (5) Medical Staff Recruitment
- (6) Credentialing and Privileging
- (7) Communications & Fostering Partnerships
- (8) Continuing Practice Development

Two-way communication is a shared responsibility of both groups; NHMAC discussions suggested that the organization build processes that facilitate relationship building and high-level, strategic planning between Medical Directors and Regional Medical Leads on a regular basis, as well as in the broader context of co-leadership and team-based care. Throughout each process within the shared functions below, we need to be thinking about partnership across operations and strategic programs, as well as Northern Health's vision for co-leadership and team-based care.

1. Quality

NHMAC, operational Medical Leaders and Regional Medical Leads all have a responsibility to build a culture of quality, safety, and engagement. Regional Medical Leads will continue to work with their Executive Leads to be the stewards of quality for their Regional Program topic area, bringing regular reports to NHMAC and Executive, as well as indicating areas for improvement to Medical Directors and COOs.

In complaints about quality, Medical Directors would continue to be the stewards of the process using the [Complaints Toolkit](#). Medical Directors, Chief of Staff and Department Heads would reach out to Regional Medical Leads for advice when the concern potentially impacts regional services. They will work together to co-create a plan before a regional quality concern comes to NHMAC.

2. Regional Policy Development

Medical Directors and Regional Medical Leads continue to be part of the development of Medical Staff Rules and Bylaws as part of the broader medical staff. Regional Medical Leads are part of consultation process when developing documents related to the Rules and Bylaws; however, the process will be stewarded by the Medical Directors.

Credentialing policy development will be stewarded by the Credentials Subcommittee of the NHMAC.

Regional Medical Leads continue to steward regional clinical practice standard development directly related to their Program area in partnership with their Executive Leads. Regional Medical Leads consult Medical Directors in the initiation and development of those standards.

Medical Directors, Chief of Staff and Department Heads collaborate and provide input into Program related standards and implementation plans before this work is finalized to ensure implementation runs smoothly. This is an area for collaboration.

3. Operational and Strategic Planning

Medical Directors and COOs will look to the Regional Medical Leads & Executive Leads for advice as they create their operational plans. Operational leaders manage the process, and the Regional Programs provide advice on the resources needed to meet standards in their Program area.

- Regional Medical Leads work with their Executive Leads to indicate where support is needed to meet standards.
- When patient care quality continues to be an issue and sites are not making benchmarks set by the province due to lack of resources, there needs to be a discussion between the Regional Medical Lead, Executive Lead, Medical Director and COO.
- NHMAC does not generally advise on operational resource allocation unless specifically requested to by the Board or Executive.
 - NHMAC would not normally offer advice on the management of personnel in administrative positions, including medical leadership positions, allocation of resources, management or evaluation of non-medical staff and facility management, unless asked to do so in the context of a specific quality of care issue by Executive leadership or the Board.
- Medical Leads and Medical Directors need to establish working relationships and understand one another's roles to ensure they collaborate in this area.

4. Medical Staff Health Human Resource Planning

The HHR Plan helps in setting the goalposts so further work can be undertaken to develop recruitment and retention processes within each of the 3 HSDAs to ensure NH is moving forward towards having an adequate medical staff workforce. Development of this multi-year strategic plan is a broad consultative process that is inclusive of input and feedback from Regional Medical Leads, Medical Directors, all medical staff and various other stakeholders, including COOs, Health Services Administrators, and Executive Leads. It is crucial that the decision-making includes consideration of what is needed to enable services/functions to be effectively implemented at the beginning of the process. Regional Medical Leads and Medical Directors are encouraged to work together to discuss and identify strategic human resource needs for program areas to ensure the HHR Plan is reflective of the evolving needs of our region.

5. Medical Staff Recruitment

Medical Directors continue to steward medical staff recruitment and planning, but where appropriate consultation will occur with the Regional Medical Lead to identify strategic recruitment priorities:

- Medical Directors and Medical Leads could meet ongoing throughout the year to discuss strategic recruitment activities, as well as how to work together to meet service delivery needs and to recruit to specific Program areas.
- Regional Medical Leads will bring forward priority recruitment needs to the regional MACs through the Medical Directors. For changes to the Urgent Priority List. Medical Directors and Regional Medical Leads can co-develop a proposal that comes to their respective regional MAC and if consensus is not reached at that level, then NHMAC will make the final recommendation.

- Similarly, the Regional Medical Leads can utilize these discussions to understand the needs of the various regions when advocating for Medical Staff Human Resources at provincial tables.

The University Hospital of Northern BC (UHNBC) has the addition of Department Heads, as well as regional responsibilities. As such, the Department will work in collaboration with Medical Directors and Regional Medical Leads in medical staff recruitment.

It is crucial that the recruitment decision-making includes consideration of what is needed to enable services/functions to be effectively implemented at the beginning of the process. This requires co-leadership and a team-based care approach.

6. Credentialing and Privileging

NHMAC makes recommendations to the Board with respect to the initial granting of privileges to applicants for membership on the medical staff of NH and with respect to the cancellation, suspension, restriction, non-renewal, or maintenance of the privileges of all members of the medical staff to practice. Credentials committee is a sub-committee of NHMAC and this committee is responsible for preparing the recommendation on behalf of NHMAC.

The only entity that can decide about privileging is the NH Board; the Board approves and revokes privileges. No other medical leadership role or MAC can make a privileging decision; they can only make a recommendation, and those recommendations are not binding on the Board. The Medical Directors make a recommendation to the NHMAC Credentials Committee, which prepares the recommendation for NHMAC, and the NHMAC makes a recommendation to the Board.

- Medical Directors are responsible for this process in preparation for the NHMAC Credentials Committee.
- Medical Directors (or Chief of Staff or Department Heads) should use the valuable, expert resource found in the Regional Medical Leads- they can advise as part of the process.

Medical Directors will continue to monitor adherence and discipline of medical staff. However, when a clinical compliance issue arises that could impact the regional service delivery, Medical Directors will alert Medical Leads so they have the opportunity to join the discussion (in an advisory role) before it comes to NHMAC.

7. Communications and Fostering Partnerships

Communications is a shared function for all medical leaders. Both Medical Directors and Regional Program Medical Leads participate in building partnerships and representing Northern Health in various community, regional and provincial meetings. Where it is unclear who needs to take the lead on a specific initiative, the VP Medicine will delegate the responsibility.

Similarly, NHMAC may collaborate with external organizations and stakeholders (like

the Doctors of BC or the Joint Collaborative Committees). The NHMAC role in communications and fostering Partnership should be formalized in Terms of Reference.

8. Continuing Practice Development

Medical Directors, Chief of Staff, Deputy Chief of Staff and Department Heads can be part of their local CME planning, but CME should be primarily grassroots driven. Regional Medical Leads are a resource for specific advice or guidance on specific education related to their Program areas, based on new standards or gaps, providing regular reports to NHMAC. CME should also be calibrated to the quality improvement needs for a particular clinical service. Regional Medical Leads will work with Medical Directors when an education need is identified for their area.

The role of NHMAC in Continuing Practice Development, research and academic partnerships needs to be discussed as a broader group and potentially revised in the NHMAC Terms of Reference. This has evolved over time to be more advisory/oversight for Continuing Practice Development/Continuing Medical Education (CME).

- NHMAC should get ongoing reports on CME needs, gaps, and themes on CME activity.
- NHMAC can also provide advice on what CME needs to be financially supported

Summary and Next Steps

The overview highlights that NHMAC plays an advisory role to the CEO and Board, while other NH responsibilities are divided between the operational leaders group and the regional program leads. However, it is clear there are several areas where strong collaboration is needed to meet NH organizational goals.

Throughout the review, physician leaders and other key stakeholders suggested several ideas for targeted efforts that would support medical leadership:

- 1. Provide Standardized, Consistent Orientation to new Medical Leaders and their Co-Leads**
 - a. Role on NHMAC:** Providing NHMAC members and their co-leads with education on the roles and responsibilities of NHMAC would be most useful. The role of NHMAC members (both operational and regional leads) are to work together on quality care issues and may be asked to provide advice or comment on the quality-of-care impact of options within such decisions. Legal counsel has offered to do an education session for the current NHMAC members.
 - b. Co-Leadership Orientation:** Orientation for new leaders came forward as one of the strongest themes. Suggestions for improvement focussed on orienting new medical leaders to existing resources, policies and tools in a standardized, consistent manner when leaders take on the role.

Another theme was to introduce education specific to documentation and keeping clear records of decision-making. Adding education on how to document and keep records could become part of a standard, consistent

leadership orientation. For example, how to document recruitment, including interview panels and candidate selection processes would be beneficial. Similarly, how to document and store medical staff performance discussions.

2. Develop/Coordinate/Endorse a Clear Policy Framework for Medical Staff:

Work is needed to ensure a clear, up-to-date policy framework is available to support the medical leadership to function as a regional group. There are currently outdated documents that provide guidance to medical staff, but they are not easy to find, and many are out-of-date. For example, the *Medical Staff Complaints Process* and the *Recruitment* documents. Similarly, the documents online need to be more than describing a process, the documents need to be endorsed by NH Executive to ensure that the document is a clear policy, aligned to the Medical Staff Rules and Bylaws, that has the weight needed to support medical leaders in the work they do.

- a. Once such an updated, organized, and clear set of policies are created, orientation to it must become part of medical staff onboarding. Any policy change or creation must include an implementation and communication strategy to raise awareness. The policies and processes that are available need to be widely shared with medical staff to support transparency.
- b. The medical staff are to conduct themselves according to the Bylaws and the policies of the health authority. Every application for privileges contains a binding agreement to conduct themselves in this way. When medical staff do not follow policy, there needs to be a clear and consistently applied disciplinary process and a set route for escalation.
- c. Medical leaders at each level need to understand the disciplinary process, be supported to ensure they have the skills and resources to follow the process, and how/when to escalate it to the next level. NH needs foster a culture where medical leaders are clear on the authority they possess under the Bylaws and comfortable in the appropriate exercise of that authority. Medical leaders need to feel supported and confident in the skills necessary to have these types of conversations and to create the necessary accountability in medical staff members. These suggestions should be considered in the medical staff complaints process and toolkit.
 - i. There were multiple suggestions that highlighted the need for more support to deal with disciplinary issues, like an added staff or physician or HR expert resource to help with the workload.
- d. Where medical staff feel that a policy needs to be changed or improved in the case of patient care, it is appropriate that this matter come through the MAC system for discussion and recommendation to the NH Executive.

3. **Revision of the NHMAC Terms of Reference and Job Descriptions:** Through this process, it is suggested that the NHMAC Terms of Reference and job descriptions are revised to reflect the findings from this project.
 - a. **NHMAC:** The Terms of Reference will need to be revised to reflect some of the findings of this report. Findings suggested that the role of NHMAC in Communications and Facilitating Partnerships, as well as the evolving role of NHMAC in Continuing Practice Development, Research and Academic Partnerships will need to be explored. Similarly, the current geographic distribution of the NHMAC membership was a theme to be discussed. The process also highlighted the need to consider a set of “Rules of Engagement” for sensitive discussions that occur at NHMAC.
 - b. **Medical Leadership Job Descriptions:** Within the Co-Leadership Report, the job descriptions for medical leaders are outlined. The Chronic Disease portfolio has been redistributed and will need to be updated in the job descriptions. Two other major themes to consider included the current workload for these part-time medical leader positions and the need for an evaluation of the co-leadership model. Targeted efforts to examine and improve the co-leadership model was a clear theme.

4. **Create Space for Building Trust and Relationships:** One of the core themes throughout the various discussions was the need to increase opportunities for building trust and relationships. NHMAC Face-to-Face was highlighted as an important opportunity and there was an interest in creating more of these opportunities that would include co-leaders, as well.
 - a. Retreats with a focus on building team and learning together
 - b. Annual meetings specific to planning for future recruitment across the geographic regions specific to various specialties.
 - c. Invitations to Regional Medical Leads and Medical Directors to attend Department Meetings or local MACs

Supporting the Regional Medical and Executive Leads to develop regional communities of practice. In several instances, Regional Medical Leads talked about how important it was to bring together providers in their Program area across the region to build connections and trust.

Appendix A

Document Analysis: Job Descriptions

Responsibilities: Stated in Job Descriptions or NHMAC Terms of Reference	Operational Medical Leaders (Med Directors, Chief of Staff, Dept Heads)	Regional Medical Leads	NHMAC
Medical Staff Rule and Bylaws			
Participate in the development of Medical Staff Rules and Bylaws, processes, and standards for credentialing and privileging	X		X
Makes recommendations to the Board of Directors on the development, maintenance and updating of Medical Staff Rules, policies and procedures pertaining to medical care provided within the facilities and programs operated by NH			X
Accountable to the Board of Directors for the performance of functions and duties outlined in the Medical Staff Bylaws and accountable to the CEO for advice on issues as outlined in the Medical Staff Bylaws.			X
Monitor and assure compliance with the Medical Staff Bylaws, Rules, and regulations	X		
Recruitment and Retention			
Participate in Physician HR planning and implementation, including recruitment and retention, and ensuring processes for the orientation to the Medical Staff	X		
Assessing and make recommendations to prioritize and maximize efficient and effective use of human resources and approaches to meet standards		X	
Collaborate to review the Physician HR Plan	X	X	
To advise the CEO and the Board on the adequacy of medical staff resources to provide appropriate patient care, including regular reports and submission of a regional Physician HR Plan			X
Provide leadership to physician recruitment and retention processes	X		
Identify recruitment and retention priorities	X		X
Participate in the recruitment and retention of physicians to fulfill service requirements	X	X	
Credentialing, Privileges and Monitoring of Medical Staff			

Makes recommendations to the Board with respect to the initial granting of privileges to applicants for membership on the medical staff of NH and with respect to the cancellation, suspension, restriction, non-renewal, or maintenance of the privileges of all members of the medical staff to practice			X
Provide support and oversight to medical administrative leaders in fulfilling annual reviews as required	X		
Facilitate and engage in a process to monitor and assess competency of members of the Medical Staff to ensure quality of services provided (e.g., physician annual reviews, peer review processes, and recommendations on appointments and reappointments to Medical Staff)	X		
Reviews recommendations from the Credentials Committee concerning the appointment and review of Medical Staff members including the delineation of clinical and procedural privileges. Makes recommendations to the Board of Directors concerning the appointment and review of Medical Staff.			X
Medical Voice & Leadership in Strategic and Operational Plans			
Act as a liaison between physicians and the organization including effectively representing views of Medical Staff (for example, providing medical expertise in the development of regional strategic and operational plans, policies, etc.)	X	X	X
To provide medical input and advise the CEO and Board in NH decision making			X
To advise and provide regular reports to the CEO and Board on areas of importance to the medical staff(s) of NH (including professional and operational issues affecting the medical care of patients)			X
Recommend to Executive and NHMAC strategic direction of regional program services in collaboration with Program Council		X	
To advise the CEO and the Board on the planning goals and provision of medical care within the facilities and programs operated by NH. This includes regular reports in relation to quality of medical care, strategic planning, and prioritization of clinical programs for the region and medical professional standards.			X
Collaborate with operations to align program and operational priorities; Collaborate with operations to align program and operational planning processes & support change management		X	

Provide medical leadership in HSDA, regionally, and provincially.	X	X	
Participate in provincial planning processes for program services; Utilize data, information, research, and best/emerging practices to inform program development and clinic service model		X	
Lead program and service redesign in alignment with the NH strategic direction		X	
Design and deliver on an integrated health system	X		
Assist organizational operations in improving care where possible (e.g., integration)		X	
Assess and make recommendations to prioritize and maximize efficient and effective use of resources (human, financial, material, and equipment)	X	X	
Collaborate with other Quality Programs to ensure optimal utilization of resources and approaches		X	
Allocate resources (money, people, equipment)	X		
Provide oversight to physician contracted services as required (e.g., APP, Sessions, and MOCAP)	X		
Quality			
Foster a culture of patient/staff/physician safety	X	X	X
Develop, assess and monitor regional standards of care, in addition to and in alignment with provincial clinical standards. Provide regular reports for Executive and NHMAC.		X	
Regularly reviews advise the CEO and the Board on the monitoring of the quality and effectiveness of medical care provided within the facilities and programs operated by NH in relation to professional standards. Makes recommendations concerning the quality of medical care where appropriate.			X
Identify and monitor metrics assessing the quality and safety of care provided within a specified HSDA or facility	X		X
Provide clinical expertise and interpretation of relevant data and results; Provide input into the evaluation process		X	
Set priorities and implement strategies in support of delivering high quality patient care		X	
Collaborate on risk management and quality improvement	X	X	
Support processes to monitor patient satisfaction where applicable	X	X	
Support the resolution of quality of patient care and access issues in response to complaints processes	X	X	X
Manage physician complaints/conflict according to NH policy and procedures	X		
Reviews and reports on any concerns related to the professional and ethical conduct of physicians to the Board and, where appropriate, reports those			X

concerns to the appropriate regulatory College (adhering to the code of ethics outlined in the Rules)			
Receives reviews and makes recommendations on reports from quality review bodies and committees concerning the evaluation of the clinical practice of members of the medical staff.			X
Establish and foster a culture of physician and staff engagement and quality improvement	X	X	
Participate in provincial planning processes for program services; Utilize data, information, research, and best/emerging practices to inform program development and clinic service model		X	
Facilitate input into the development, implementation, and evaluation of IT systems in support of Medical Staff	X		
Communication & Fostering Partnership			
Promote and communicate NH strategic priorities to the Medical Staff	X		
Communicate NH policies and procedures to NH staff and members of the Medical Staff & oversee compliance as required	X		
Liaise and communicate with physicians as required to advance program goals, priorities and accreditation including required change management; Develop, implement, and evaluate effective communication of program initiatives		X	
Liaise, champion, and communicate with clinical teams involved in practice change		X	
Communicate and collaborate effectively with physicians, communities, external organizations, provincial partners and stakeholders (e.g., Divisions, FNHA, etc.)	X	X	
Providing medical representation on regional and provincial committees	X	X	
Develop partnerships and collaborate with key stakeholders when developing program strategies; Develop partnerships with key stakeholders and work with interprofessional teams to advance program goals; Facilitate broad stakeholder participation in standardization of service delivery processes		X	
Continuing Professional Development			
Makes recommendations concerning the teaching and research role of NH to the CEO and Board			X
Develop and support an environment for learning and teaching (NMP, student placements, residency programs, etc.)	X		
Advises the CEO and Board on and assists with the development of formally structured ongoing programs in CME			X

Support opportunities for Continuing Professional Development for medical staff	X	X	X
Advises the NHMAC and Executive on medical and other clinical staff education opportunities, including competency development		X	
Advises the CEO and Board on and assists with programs in continuing education of health care providers in the facilities and programs operated by NH			X