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| **Figure 1.3** | **Medical Staff Leadership Positions and Committees** | | | |
| **Position** | **Qualification** | **Responsibilities** | **Term** | **Elected/**  **Appointed** |
| Medical Staff President | Medical staff president must be a member in good standing of the active medical staff category, have previously served in a significant capacity, indicate a willingness and ability to  serve, have no pending adverse recommendations concerning medical staff appointment or clinical privileges, and attend continuing education related to medical staff leadership and/  or credentialing/quality review functions prior to or during the term of office, as defined in the appropriate position description and contained within these bylaws. (Refer to Leadership Development Policy.) | Chairs the MEC  Medical staff advocate and representative in its relationships to the board and the administration of the hospital. Jointly with MEC, provides direction to and oversight of medical staff activities related to assessing and promoting continuous improvement in the quality of clinical services, as  well as all of its other functions.  Represents the needs and interests of the entire medical staff. | Two years | Elected |

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| **Figure 1.3** | **Medical Staff Leadership Positions and Committees (cont.)** | | | |
| **Position** | **Qualification** | **Responsibilities** | **Term** | **Elected/**  **Appointed** |
| Medical Staff President | Must have demonstrated an ability to work well with others and have excellent administrative and communication skills.  Medical staff president must disclose in advance any leadership positions they hold or have held in other medical staff organizations or in an organization that is directly competing with the hospital. Refer also to the [Hospital] Policy on Conflict of Interest. | Advises the hospital by participating in the evaluation of existing  programs, services, and facilities of the hospital and medical staff and evaluating continuation, expansion, abridgment, or termination of each.  Advises the hospital by participating in the evaluation of the financial, personnel, and other resource needs for beginning a new program or service, constructing new facilities, or acquiring new or replacement capital equipment; assesses the relative priorities or services and needs and allocation  of present and future  resources. |  |  |

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| **Figure 1.3** | **Medical Staff Leadership Positions and Committees (cont.)** | | | |
| **Position** | **Qualification** | **Responsibilities** | **Term** | **Elected/**  **Appointed** |
| President-Elect/ Vice President | President-elect/vice president must be a member in good standing of the active medical staff category, have previously served in a significant capacity, indicate a willingness and ability to serve, have no pending adverse recommendations concerning medical staff appointment or clinical privileges, and attend continuing education relating to medical staff leadership and/or credentialing/quality review functions prior to or during the term of office, as defined in the appropriate position description and contained within these bylaws. (Refer to Leadership Development Policy.)  Must have demonstrated an ability to work well with others and have excellent administrative and communication skills.  President-elect/vice president must disclose in advance any leadership positions they hold or have held in other medical staff organizations or in an organization that is directly competing with the hospital. Refer also to the [Hospital] Policy on Conflict of Interest. | Communicates strategic, operational, capital, human resources, information management, and corporate compliance plans to medical staff members.  In the absence of the medical staff president, assumes all the duties and has the authority of the medical staff president.  Further duties to assist the medical staff president as the medical staff president requests. Serves as a member of the MEC and may serve on the medical staff quality committee. | Two years | Elected |

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| **Figure 1.3** | **Medical Staff Leadership Positions and Committees (cont.)** | | | |
| **Position** | **Qualification** | **Responsibilities** | **Term** | **Elected/**  **Appointed** |
| Immediate Past President | Immediate past president must be a member in good standing of the active medical staff category, have previously served in a significant capacity, indicate a willingness and ability to  serve, have no pending adverse recommendations concerning medical staff appointment or clinical privileges, and attend continuing education relating  to medical staff leadership and/ or credentialing/quality review functions prior to or during the term of office, as defined in the appropriate position description and contained within these bylaws. (Refer to Leadership  Development Policy.) | Consultant to the medical staff president and president-elect, provides feedback to the officers regarding their performance of assigned duties, serves as a member of the MEC and credentials committee, and chairs the MEC nominating subcommittee. |  | Elected |
|  | Must have demonstrated an ability to work well with others and have excellent administrative and communication skills. |  |  |
|  | Immediate past president must disclose in advance any leadership positions they hold or have held in other medical staff organizations or in an organization that is directly competing with the hospital. Refer also to the [Hospital] Policy on Conflict of Interest. |  |  |

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| **Figure 1.3** | **Medical Staff Leadership Positions and Committees (cont.)** | | | |
| **Position** | **Qualification** | **Responsibilities** | **Term** | **Elected/**  **Appointed** |
| At-Large Members | MEC at-large members must be members in good standing of the active medical staff category, have previously served in a significant capacity, indicate a willingness and ability to  serve, have no pending adverse recommendations concerning medical staff appointment or clinical privileges, and attend continuing education relating  to medical staff leadership and/ or credentialing/quality review functions prior to or during the term of office, as defined in the appropriate position description and contained within these Bylaws. (Refer to Leadership Development Policy.)  At-large members must have demonstrated an ability to work well with others, and have excellent administrative and communication skills.  At-large members must disclose in advance any leadership positions they hold or have held in other medical staff organizations or in an organization that is directly competing with the hospital. Refer also to the [Hospital] Policy on Conflict of Interest. | At-large members are voting members of the MEC, advise and support the officers of the medical staff, and direct and oversee the work of the medical staff pertaining to quality improvement, peer review, patient  safety, error and liability reduction, medical staff development, [Hospital] strategic and capital planning, credentialing and privileging, medical staff governance, leadership succession, and communication with the medical staff and between the medical staff, senior management, and the board.  Responsible for representing the needs and interests of the entire medical staff and not simply representing the preferences of their own particular clinical specialty. |  | Elected |

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| **Figure 1.3** | **Medical Staff Leadership Positions and Committees (cont.)** | | | |
| **Position** | **Qualification** | **Responsibilities** | **Term** | **Elected/**  **Appointed** |
| Clinical Service Chiefs | Members of the active staff with relevant clinical privileges and certified by an appropriate specialty board or with affirmatively established comparable competence through the privilege delineation process. | Formulate continuing education and encourage discussion of patient care issues  pertinent to that clinical specialty and to other related clinical special-  ties. |  | Elected by majority vote of the active members of the clinical service, subject to ratification by the MEC.  Chiefs may serve successive terms. |
|  |  | Conduct grand rounds as desired by physicians in the clinical service. |
|  |  | Discuss policies and procedures and report same to other appropriate clinical service chiefs to foster cross-specialty communication. |
|  |  | Discuss equipment needs pertinent to that clinical service. |
|  |  | Develop reports and evaluations for a specific issue at the request of another clinical service chief, the MEC, or other hospital or medical staff committee. |

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| **Figure 1.3** | **Medical Staff Leadership Positions and Committees (cont.)** | | | |
| **Position** | **Qualification** | **Responsibilities** | **Term** | **Elected/**  **Appointed** |
| Clinical Service Chiefs |  | Encourage participation in the development  of criteria for clinical privileges and give input on an application or reapplication, when requested by the credentials committee or MEC.  Submit an annual report detailing the clinical service activities to the MEC. |  |  |
| Committee Chairs | Members of the active staff with relevant clinical privileges and certified by an appropriate specialty board or with affirmatively established comparable competence through the privilege delineation process. | Act on all matters of medical staff business and fulfill any state and federal reporting requirements.  Advise the hospital by participating in the evaluation of existing  programs, services, and facilities and medical staff, and by evaluating continuation, expansion, abridgment, or termination of each. |  | Appointed by the medical staff president |

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| **Figure 1.3** | **Medical Staff Leadership Positions and Committees (cont.)** | | | |
| **Position** | **Qualification** | **Responsibilities** | **Term** | **Elected/**  **Appointed** |
|  |  | Participate in the evaluation of the financial, personnel, and other resource needs for instituting a new program or service; constructing new facilities; or acquiring new or replacement capital equipment;  and assess the relative priorities or services and needs and allocation  of present and future resources.  Communicate strategic, operational, capital, human resources, information management, and corporate compliance plans to medical staff members. |  |  |