

Hôpital de Montréal
pour enfants
Centre universitaire
de santé McGill



Montreal Children's
Hospital
McGill University
Health Centre



McGill

Internal Regulations

Department of Pediatrics

**Montreal Children's Hospital of the McGill
University Health Centre**

1. GENERAL

1.1 The Department's mandate

The Department of Pediatrics is a clinical department of the Montreal Children's Hospital (MCH) and a university department of the McGill University Faculty of Medicine. Staff members offer specialized medical services to newborns, infants, children and young people in collaboration with other health care professionals. The Department is also a university training centre at the undergraduate and post-graduate levels; and conducts fundamental and clinical research activities.

To perform its duties, the Department of Pediatrics interacts closely with providers of pediatric care in other hospitals and in the community at large, including members of the McGill integrated university health network (RUIS). These interactions can be governed by agreements reached by the Department or its constituent divisions, the MCH or McGill University. They can be in the form of agreements in writing or based on a mutual understanding of responsibilities acquired over the years.

The Mission, Vision and Values of the Department of Pediatrics of the MCH are the same as those of the McGill University Department of Pediatrics (Appendix 1).

1.2 Organization chart of the Department of Pediatrics

1.2.1 Office of the Chair of the Department of Pediatrics

- 1.2.1.1 Chair and Pediatrician-in-Chief
- 1.2.1.2 Vice-Chair (Community Relations)
- 1.2.1.3 Associate Chair (Clinical Activities)
- 1.2.1.4 Associate Chair (Education)
- 1.2.1.5 Associate Chair (Finances/Information Technology)
- 1.2.1.6 Associate Chair (Health Services Outreach)
- 1.2.1.7 Associate Chair (Research)
- 1.2.1.8 Associate Chair (Special Projects)
- 1.2.1.9 Director, Undergraduate Medical Education
- 1.2.1.10 Director, Post-Graduate Medical Education

1.2.2 Division of General Pediatrics

- 1.2.2.1 Asthma Program
- 1.2.2.2 Child Protection
- 1.2.2.3 Development and Behaviour Pediatric Services
- 1.2.2.4 In-Patient Services
- 1.2.2.5 Complex Care Services
- 1.2.2.6 Medical Day Centre
- 1.2.2.7 Neonatal Follow-up Program
- 1.2.2.8 Palliative Care Program
- 1.2.2.9 Pediatric Consultation Centre
- 1.2.2.10 Resident Follow-up Clinic
- 1.2.2.11 Short Stay Unit
- 1.2.2.12 Social Pediatrics

1.2.3 Adolescent Medicine Division

1.2.4 Division of Pediatric Emergency Medicine

- 1.2.5 Neonatology Division
- 1.2.6 Allergy, Immunology and Dermatology Division
- 1.2.7 Cardiology Division
- 1.2.8 Pediatric Critical Care Medicine Division
- 1.2.9 Endocrinology Division
- 1.2.10 Gastroenterology Division
- 1.2.11 Hematology and Oncology Division
- 1.2.12 Infectious Diseases Division
- 1.2.13 Neurology Division
- 1.2.14 Nephrology Division
- 1.2.15 Respiratory Medicine Division
- 1.2.16 Rheumatology Division

A Division is defined by one or more of the following unique factors; a focus on a particular organ system, restriction of clinical services to a particular age range, assigned PEM, or Royal College specialty designated. Any of these Divisions can be amalgamated with another division(s) at the discretion of the Chair if an operational contingencies crisis occurs

The following Divisions have their own internal regulations and resource utilization rules: Neonatology, Emergency and Intensive Care.

2. DUTIES AND POWERS OF THE CHAIR AND PEDIATRICIAN-IN-CHIEF

The Chair and Pediatrician-in-Chief is appointed according to the provisions of the Act by a selection committee made up of university and hospital representatives. The mandate is for five years at the University and can be extended for an additional five years. At the hospital level, the mandate is for four years and can be extended by one year to make it concordant with the university appointment and can be renewed. The Chair and Pediatrician-in-Chief reports to the Director of Professional Services and Dean of the Faculty of Medicine. In particular, he/she must:

- a. Coordinate and supervise the professional activities carried out in the Department of Pediatrics, and ensure that :
 - i. quality care is administered to sick children;
 - ii. pediatric consultations are performed; and
 - iii. health records are completed within the prescribed time frames.
- b. Coordinate and supervise scientific and educational meetings aimed at participants at various levels of competency, i.e., students, residents and physicians in the Department;
- c. Coordinate and supervise teaching and research activities, in particular:
 - i. designate pediatricians responsible for the organization of the teaching of students and residents. They are responsible for establishing on-call lists for students and residents;
 - ii. ensure that clinical duties provide enough free time for teaching and research;
- d. Handle discipline-related issues within the department. To this end, he/she shall:

- i. inform the Council of Physicians, Dentists and Pharmacists of all disciplinary matters concerning a doctor in the Department and submit to the Director of Professional Services any complaint regarding a member of the hospital's staff, whose work is of a quality that compromises the effective operation of the Department as per the *Act respecting health services and social services*.
 - ii. in an emergency, he/she may limit or suspend the privileges granted to any physician in his/her department or the latter's right to use the hospital's resources, pursuant to the *Act respecting health services and social services*. He/she must advise the Chair of the Executive Committee of the Council of Physicians, Dentists and Pharmacists by letter, setting out the grounds for his/her decision;
 - iii. unresolved disciplinary issues within the Department can be reported to the Medical Examiner who must follow due process as outlined in the Act and the Bylaws of the Council of Physicians, Dentists and Pharmacists.
- e. Collaborate with the Council of Physicians, Dentists and Pharmacists on the monitoring of the quality of medical acts performed and participate directly or by delegation in the Medical Acts Evaluation Committee;
 - f. Call a meeting of members in the Department of Pediatrics at least twice a year at a date and time set at least one week in advance for the purpose of planning the Department's development, operations and strategic directions.
 - g. The Chair and Pediatrician-in-Chief is responsible for recruiting physicians and researchers, whose contribution can improve the quality of care, teaching and research. Recruiting is done in collaboration with the Director of the appropriate Division, in accordance with the regulations of the Council of Physicians, Dentists and Pharmacists of the Montreal Children's Hospital. All new physicians shall have a Certificate in Pediatrics or a relevant subspecialty from the Collège des médecins du Québec and a certificate from the Royal College of Physicians and Surgeons of Canada. Moreover, the Department can recruit a pediatrician or subspecialist with a restrictive licence in compliance with the standards of the Collège des médecins du Québec. With the agreement of McGill University and the Agence de la santé et des services sociaux de Montréal, all graduating residents must take at least one complementary year of training outside the McGill University RUIS. On an exceptional basis and at the discretion of the Department and McGill University, the training can be completed in the McGill RUIS.
 - h. Establish ties with various providers of pediatric care within the community and in hospitals in order to achieve optimal delivery of services to children throughout the range of pediatric medicine, including the transition to adult care, as required;
 - i. Conduct an annual evaluation of university activities (clinical, scientific and educational) by members of the Department;
 - j. Ensure harmonious relations between the Department and the senior management of the hospital and the McGill University Faculty of Medicine;
 - k. See to the organization of regular ongoing medical training activities (particularly scientific meetings) of educational interest to Department staff members;
 - l. Act in his/her capacity as Pediatrician-in-Chief of the McGill University Health Centre.

3. **EXECUTIVE COMMITTEE**

The Executive Committee of the Department comprises the Department Chair, Vice-Chair and Associate Chairs. It functions as an advisory committee dealing with both operational decisions and challenges and maintaining the Department's strategic orientations. The Vice-Chair and Associate Chairs are selected and appointed by the Department Chair and serve at the Chair's discretion. It is expected that when the Chair steps down for whatever reason, the Vice-Chair and Associate Chairs will tender their written resignation to the incoming Chair. All members of the Executive Committee will be members of the Department's Leadership Council. The mandate and responsibilities of the Vice-Chair and Associate Chairs are listed in Appendix 2. If the Chair is removed for cause, dies or cannot serve due to incapacity the Vice Chair and Associate Chair may continue in their position on an interim basis until the appointment of an Interim Chair or New Chair.

4. **DIRECTOR(S), UNDERGRADUATE MEDICAL EDUCATION**

The Director(s) of Undergraduate Medical Education will have direct operational responsibility for all matters pertaining to medical student undergraduate medical education in pediatrics including, but not limited to, content, curriculum, faculty assignment of didactic and small group teaching responsibilities, scheduling, evaluation and discipline. The Director(s) will be chosen by a Selection Committee established by the Chair of the Department comprising Departmental, Faculty and hospital representation. The initial term will be for 5 years subject to renewals by the Chair pending a mandatory review conducted in the final year of the current term.

5. **DIRECTOR(S), POSTGRADUATE MEDICAL EDUCATION**

The Director(s) of Postgraduate Medical Education will have direct operational responsibility for all matters pertaining to resident postgraduate medical education in pediatrics including resident selection, Royal College and CMQ accreditation, content, curriculum, faculty assignment of didactic and small group teaching responsibilities, scheduling, evaluation and discipline. The Director(s) will be chosen by a Selection Committee established by the Chair of the Department comprising Departmental, Faculty and hospital representation. The initial term will be for 3 years subject to renewals by the Chair pending a mandatory review conducted in the final year of the current term.

6. **DUTIES AND RESPONSIBILITIES OF MEMBERS OF THE DEPARTMENT OF PEDIATRICS**

6.1 **Division Directors – Selection and Mandate Renewal**

Division Director appointments are made on the recommendation of the Chair and Pediatrician-in-Chief with the advice of the Selection Committee. Division Directors perform the duties the Chair of the Department entrusts to them in compliance with the bylaws of the Council of Physicians, Dentists and Pharmacists and are accountable to the latter and the Chair. Division Director mandates are for four years subject to a compulsory evaluation by a Review Committee that is chaired by the Chair and Pediatrician-in-Chief and the Director of Professional Services. The Chair

and Pediatrician-in-Chief can renew this mandate following the Review Committee evaluation for an additional four-year period in writing.

6.1.1 Division Directors - Duties

To deliver the care to patients and perform the education and research activities, Division Directors must hold meetings at regular intervals, (at least once a quarter) with the Directors of other divisions in the Department and participate in the Department's ad hoc meetings. They must participate in the administrative meetings of physicians in their division or organize such meetings.

The Directors of each Division are responsible for:

- Ensuring that the Division is operating effectively;
- Distributing work relating to the delivery of care in a hospital setting (as required) and in ambulatory care (as required);
- Following up on the education and research activities of each of the members on the team;
- Evaluating students and residents;
- Establishing the on-call list according to the Department's resource utilization rules;
- Managing Division resources, given the measures established in the hospital's organization plan;
- Organizing ongoing medical training activities of interest to staff members of the Division;
- Supervising the care being provided and ensuring that the care provided is the highest possible quality and meets the department's standards;
- Maintaining relations with paramedical staff;
- Performing an annual review of the university activities of members in the division;
- Reporting on Division activities regularly (for the group collectively and for each of the members), as per the requests from the Chair of the Department.

The Directors

- Must attend at least 50% of Division Directors' meetings annually;
- Be members of the Department's Leadership Council.

6.2 **Division Members**

6.2.1 Privileges

The clinical privileges of physicians who are members of the Department of Pediatrics are assigned by the MUHC Board of Directors according to their recognized competencies. All active members must work on call, the nature and frequency of which are determined by the Chair and Pediatrician-in-Chief in conjunction with the Divisional Directors and/or Service Chiefs based on the active member's activities and the Department's requirement in accordance with the rules governing how resources are used.

Active members who do not perform any ongoing clinical and/or education and/or research activities with no valid reason for one year without an exemption or who do not work on call for one year could lose their active member privileges and the related position appearing on the medical staffing plan (MSP).

PEM holders in the General Pediatrics Division must devote a minimum of four (4) days per week to Division activities, as determined by the Division Director or the Chair of the Department. These may include a proportionate share of evenings and overnight call and weekend duties.

PEM holders in the Division of Pediatric Emergency Medicine must work a minimum of 112 hours per 28-day period in the emergency department, which includes night and weekend shifts, or as determined by the Division Director or the Chair of the Department.

PEM holders in the Neonatology Division must participate equitably in the care of hospitalized patients in comparison with the other members of their Division, as determined by the Division Director or the Chair of the Department. For those with a clinical orientation, this will be a minimum of 14 weeks on service, 14 weekends and 24 nights on call on an annual basis. For those with a research orientation, featuring external salary support, this will be a minimum of 6 weeks on service, 10 weekends and 20 nights on call on an annual basis.

PEM holders in other Department of Pediatrics Divisions must participate proportionately in clinical activities (including care to hospitalized patients and to ambulatory clinic patients) and in education and research activities, as determined by the Division Director or the Chair and Pediatrician-in-Chief.

Associate members in the General Pediatrics Division must devote at least one day per week to the Division's clinical activities, as determined by the Division Director.

Associate members in the Division of Pediatric Emergency Medicine must work at least one 8-hour shift per week in the emergency department, which can include shifts on statutory holidays and/or weekends, or as determined by the Division Director.

Associate members in the Neonatology Division must work at least one night shift per week, which can include statutory holidays and weekends, as determined by the Division Director.

Associate members of other Divisions are not required to be on call. However, they must perform ongoing activities (clinical and/or teaching and/or research activities) and participate regularly in scientific and administrative meetings. Associate members who do not perform any ongoing activities for one complete year and/or do not attend scientific or administrative meetings run the risk of losing their associate member privileges, unless this absence has been justified.

A member of the Council who has not performed any clinical, scientific or administrative activities in the Department of Pediatrics for a full year risks losing his/her privileges.

Exceptions to the above activity requirements must be approved in writing by both the responsible Division Director and the Chair and Pediatrician-in-Chief. Such exceptions shall be in force for no longer than a year and must be the subject of a re-evaluation or a renewal on an annual basis or sooner, as the case may be.

6.2.2 Responsibilities of Division members

Responsibilities regarding medical acts.

- Physicians are personally responsible for all prescriptions and all analyses and consultations deemed necessary to investigate and treat patients.
- Members may be required to provide services outside their Division from time to time.

Punctuality

- Physicians must comply with the schedules established for their activities:
 - a. In the care units;
 - b. For consultations with hospitalized patients;
 - c. For outpatient consultations;
 - d. For consultations in the emergency department;
 - e. For Department meetings.

On-call system (See also the Resource Utilization Rules document)

- At least one member of the Department of Pediatrics shall be available at all times to administer urgent care relating to pediatrics or the relevant subspecialty;
- On-call lists are prepared each month by Division Directors or the person they have designated.
- On-call lists are distributed to each physician, to the secretariat of the Division and to the hospital's call centre, among others.
- Each physician appearing on the on-call list but unable to be on call is required to find a replacement and advise the secretariat and the call centre within 48 hours preceding the designated on-call period.
- In the event of an unjustified absence from an already planned on-call period or if the physician refuses to respond to an urgent consultation, the general regulations established by the Council of Physicians, Dentists and Pharmacists shall apply.

Participation in scientific meetings

- Physicians who have the status of an active member or an associate member of the Council of Physicians, Dentists or Pharmacists are required to take part in scientific meetings of the Department and the appropriate Division.
- An annual absenteeism rate exceeding 50% shall be justified in a letter to the Chair and Paediatrician-in-Chief, if need be.
- All Division members must be responsive to evolving Departmental priorities which may affect clinical practice and staffing.
- All Division members need to adhere to clinical practice efforts established by their respective divisional leadership.

Participation in Departmental Academic Fund

- All Division members must participate in the Department academic support and development fund (Medical Staff Services Association [MSSA]) according to the rules established thereof. Failure to participate, report relevant earnings or remit expected payments for a period of 3 months may result in the suspension or forfeiture of some or all Departmental privileges. The matter will be addressed using the process provided under section 13 for resolving disputes.

7. **DEPARTMENT LEADERSHIP COUNCIL**

7.1 The Department Leadership Council exists to foster participation, oversight and accountability. The membership, mandate, and operations of the Leadership Council is outlined in Appendix 3.

7.2 Budget Sub-Committee of the Department Leadership Council

The Budget Sub-Committee of the Department Leadership Council exists to exercise a fiduciary responsibility to oversee in a transparent and accountable manner the management of Departmental funds derived from its Practice Plan, the MCH Foundation's academic support, endowments targeting Departmental activities, and potential discretionary Departmental sources of revenues. The membership, mandate, operations and reporting structure of this Budget Sub-Committee is outlined in Appendix 4.

8. **POLICY ON ADMITTING PATIENTS TO THE DEPARTMENT**

Priority shall be given to urgent admissions requested by the emergency physician or a physician in the Department of Pediatrics. Non-urgent admissions or day centre admissions shall be selected on the basis of:

- Bed availability;
- the chronological order of requests;
- The availability of professional services.

9. **CONSULTATIONS AT THE EMERGENCY DEPARTMENT AND FOR HOSPITALIZED PATIENTS**

The physician serves as a consultant as per their specialty in the emergency department or for hospitalized patients and responds to requests from the doctor in emergency, other specialist physicians in the MCH, physicians in the community or MCH or external pediatricians. A physician in each subspecialty is always assigned to consultations in the emergency department and for hospitalized patients, and this is a Department priority. Once the pediatrician is requested for a consultation, the child will be seen and his/her care shall be determined, ideally within six hours following the request for consultation. Consultations with hospitalized patients shall be done on the first working day following the request.

First, the physician at the emergency department sees all children sent to the emergency department or who have come there. He/she shall then request a consultation in a subspecialty, if he/she deems it necessary. Both physicians can, upon mutual consent, defer the evaluation of the child to one of their ambulatory clinics as soon as possible, depending on the patient's medical condition and the waiting list of the clinic in question.

10. **FILES**

Pediatric files must include:

- A medical observation on a form for this purpose, which must be completed in less than 48 hours;
- Notes on the evolving health condition recorded on the file daily or more often, depending on how the situation is evolving;
- The time and date of the discharge;
- A summary of the file in the usual format and any other information according to the rules of the Medical Records Department.

11. **TEACHING**

The teaching of undergraduate students and medical residents is a responsibility that lies directly with physicians selected for this purpose by the Chair and the Pediatrician-in-Chief.

In addition to providing medical residents with clinical education, members of the Department or the Division can also participate in the clinical education of students from related disciplines (interdisciplinary education).

The teaching of undergraduate students and residents must take place during daily medical visits in various clinical education units, in ambulatory clinics with or without appointments, in the pediatric emergency and during scientific meetings on the schedule. Daily service rounds should occur as early as possible.

Physicians responsible for teaching residents and undergraduate students are required to meet half way through the training to review their performance. At the end of the training, the physicians responsible for teaching comment on the cases of each student at an ad hoc Department meeting to facilitate the final evaluation of the training by the physicians collectively. As well, they meet with the students and/or residents as often as possible to discuss their final evaluation.

12. **CONTRIBUTION TO THE UNIVERSITY**

All full time physicians in the university Department of Pediatrics must have their own research project, or collaborate in a research activity performed by another physician or attend scientific meetings as part of ongoing medical training meetings or be involved in appropriate university-based committees. Protocol development for the Department can replace a research activity.

This activity comes under the responsibility of the Chair and Pediatrician-in-Chief and the Scientific Director of the MUHC Research Institute, if necessary.

All research projects must be structured and proposed to the Scientific Research Committee. If the project relates directly to a patient, it must also be accepted by the Research Ethics Committee (REC). All research projects conducted on human subjects must be approved by the REC before they start. Every effort shall be made to minimize the risks that human subjects could be exposing themselves to by participating in a research project. Informed consent must be obtained from each research subject before they are registered in a research project.

13. **BEHAVIOUR**

All staff members in the Department must display professionalism and respect in all of their activities. Emphasis is placed on cordial professional relations and the delivery of care with compassion, with consideration given to cultural diversity and tolerance of differences. Although disagreements are foreseeable, they must be resolved in an open forum with transparency, courtesy open-mindedness and mutual respect.

Behaviour that is not in keeping with the aforementioned principles may result in disciplinary action and the temporary or permanent withdrawal of privileges extended within the Department in the hospital. Issues which cannot be resolved within the Department will be referred to the Medical Examiner who will follow due process according to the Act and the bylaws of the Council of

Physicians, Dentists, and Pharmacists. The imposition of such measures in cases of transgressions during the performance of university duties shall be in accordance with the regulations in force in the Faculty and at the university. All Departmental members agree to adhere to the university's Code of Conduct and the Deontology Code of the Collège des médecins du Québec.

14. **IMPLEMENTATION AND REVIEW**

The internal regulations of the Department of Clinical Pediatrics shall be implemented once they have been approved by the CSCA. They shall be modified as required or when needed, and reviewed (as a matter of course) every three (3) years.

15. **LIST OF APPENDICES**

Appendix 1: Mission, Vision and Values of the Department of Pediatrics of the MCH are the same as those of the McGill University Department of Pediatrics.

Appendix 2: Mandate and responsibilities of the Vice-Chair and Associate Chairs

Appendix 3: Membership, mandate, and operations of the Leadership Council

Appendix 4: Budget Sub-Committee: Terms of reference

APPENDIX 1

Mission, Vision, and Values of the Department of Pediatrics



Department of Pediatrics—McGill University

Mission: Through excellence and leadership to optimize the health & wellbeing of infants, children, and youth within the context of their families.

Vision: Our mission will be accomplished through the following practices:

1. Comprehensive and complex clinical care at the highest level
2. Dynamic education of professionals involved in pediatric health that puts the needs of learners first
3. Innovative and transformative research in pediatric health at the bench, at the bedside, in the clinics, and in the population at large
4. Effective advocacy on behalf of vulnerable pediatric populations as an engaged partner with the communities we serve
5. Commitment to an effective, efficient, transparent, and accountable organization that encourages professional growth

Values: To achieve our mission, we seek to weave the following into all our ongoing activities:

1. Compassionate caring that is at all times in partnership with the children and families we serve; culturally sensitive in its orientation; and shared between disciplines, professions, and allied community-based partners
2. Dedication to knowledge translation that improves pediatric health care practice and outcomes, that is evidence-based in its choices, that is innovative, and that provides objective rationale for policy makers
3. Professionals who are invariably respectful, honest, tolerant, open to change, passionate, transparent, collegial, communicative, inquisitive, and committed to excellence
4. Teamwork and partnerships across disciplines and locales as the best model to provide comprehensive pediatric health care
5. Processes that we continually seek to improve, valuing all contributions, and rewarding excellence and effort
6. Members and leaders who are accountable to each other
7. Commitment to an ingrained ethos of patient safety and quality improvement

APPENDIX 2

Mandate and responsibilities of the Vice-Chair and Associate Chairs



Department of Pediatrics

Mandate and responsibilities of Inner Cabinet

Departmental Vice-Chair [community]

The Vice-Chair's mandate derives from the Department's commitment to enhance and facilitate its interactions with its local community referral network. The focus of the Vice-Chair's efforts will be the interface between the Department and community physicians both before and after presentation and evaluation at the Montréal Children's Hospital.

Specific operational challenges for the Vice-Chair will include and not be limited to the following:

- I. Improved information exchange with community physicians
- II. Improved 'shared care' for complex needs patients
- III. Improved utilization of community resources as teaching opportunities for both undergraduate and postgraduate trainees
- IV. Improved liaison with community-based pediatric groups and GMF'S
- V. Assisting in the development of any Departmental community-based ambulatory initiatives, which may include off-campus or 'MCH designated' ambulatory sites
- VI. Represent the Department as need be in any formal interactions or consultations with the Canadian Pediatric Society [CPS], Association des Pédiatries du Québec.
- VII. Provide the community-based input & perspective as the hospital transitions to the Glen site
- VIII. Membership in the Department's Executive Committee providing input that reflects the community-based perspective and orientation
- IX. When so delegated represent the Chair in his absence.

It is to be expected that the Vice-Chair will interact with the Associate Chairs for outreach, clinical operations, teaching, and financial/informatics amongst others in the pursuit of the above operational challenges.

Associate Chair [research]

The Associate Chair [research] mandate derives from the Department's core commitment to enhance and realize all potential research opportunities in both clinical and basic domains. The Associate Chair [research] will work closely with the Director of the Montréal Children's Hospital Research Institute and the Chair of the Department in enabling successful recruitment efforts.

Specific operational challenges include and are not limited to the following:

- I. Recruitments that includes a designated research component
- II. Prioritization of Departmental recruitment efforts
- III. Identification of potential target areas for research Chairs and candidates for these potential Chairs
- IV. Ongoing evaluation of Departmental research strengths and needs
- V. Identification of the specific research needs for individual recruits
- VI. Interaction with the McGill University Health Centre-Research Institute and McGill University where appropriate
- VII. Identification of potential new research opportunities through local, provincial, national, or international collaborations or initiatives
- VIII. Creation of a Departmental wide research culture that permeates Departmental clinical and teaching efforts
- IX. Ensuring the successful career trajectory of researchers through an active mentoring process
- X. Membership on the Department's Executive Committee to provide a research perspective
- XI. When so delegated to represent the Chair in his absence

It is to be expected that to meet and succeed at the above operational challenges close interaction will be necessary with the Associate Chairs of teaching, special projects, clinical operations, outreach, and financial/informatics.

Associate Chair [outreach]

The Associate Chair [outreach] mandate derives from the Department's obligation and firm commitment to serve child health needs in its RUIS.

Specific operational challenges include and are not limited to the following:

- I. Ensure that all services requested within our RUIS sector are met wherever possible
- II. Monitor those services provided within our RUIS by Departmental physicians to ensure that they meet requested needs of our partners
- III. Develop extra-RUIS corridors of the services where needed and Departmental resources are available
- IV. Seek out new outreach opportunities and facilitate their operationalization
- V. Work with Departmental physicians, divisions and programs to develop outreach activities so that the Department's outreach potential is fully maximized
- VI. Maintain an ongoing updated inventory of Departmental outreach activities
- VII. Utilize existing and novel technologies to facilitate outreach activities
- VIII. Work with RUIS partners and Departmental physicians to develop outreach CME activities
- IX. Recognize and implement potential teaching opportunities in outreach locations
- X. Recognize and implement potential research opportunities in outreach that includes efforts in the evaluation, organization, and outcomes of health service delivery
- XI. Ensure Departmental participation on various committees, Tables, and networks within the province that relate to aspects of child health service delivery
- XII. Membership on the Department's Executive Committee to represent the outreach perspective
- XIII. When so designated represent the Chair in his absence

It is to be expected that to meet the above operational challenges close interaction will be necessary with the Associate Chairs responsible for teaching, research, clinical operations and special projects as well as the Vice-Chair.

Associate Chair [clinical operations]

The Associate Chair [clinical operations] mandate derives from the Department's core raison d'être and primary interface with the public which is the clinical care it provides to children and their families throughout the Department.

Specific advisory operational mandates include and are not limited to the following:

- I. Advocates for and supports excellence in clinical care delivery
- II. Supports initiatives that foster efficiency in clinical care delivery and that make optimal utilization of available resources (both time, human and technological)
- III. Ensures that information exchange, within the hospital as well as its referral network, is done in a manner that improves patient care
- IV. Supports the use of new information technologies/systems with the goal of improving clinical care delivery and communication processes
- V. Oversees the Department's clinical operations and management of patient flow at various points of intake and care provision, especially during times of resource shortages
- VI. Works with community and hospital partners to collaboratively support innovative models of care delivery to ensure that Department remains a leader in child health
- VII. Works with the Department's Divisions and programs to define service expectations that meet the needs of patients and the referral network
- VIII. Advocates for the development of solid metrics to evaluate aspects of Departmental care delivery, and for their dissemination to all stakeholders XI. Ensure that the Department's teaching and research mandates remain a priority in clinical operations
- IX. Membership on the Department's Executive Committee to represent the clinical operations perspective
- X. When so designated represent the Chair when absent.

It is to be expected that to meet the above operational challenges close interaction will be necessary with the Associate Chairs for outreach, education, research, finances, and the Vice Chair.

Associate Chair [financial]

The Associate Chair [financial] mandate derives from the essential need to manage in a responsible fiduciary manner the Department's practice plan [MSSA] and its other sources of academic support (MCH Foundation, Endowments, CME earnings) in a way that is fair, objective and transparent. This effort is meant to reflect the communal goals of the Department as it relates to its support of academic activities and prioritization therein.

Specific operational challenges include and are not limited to the following:

- I. Review, analysis, and presentation of quarterly MSSA financial statements.
- II. Review, analysis, and presentation of annual MSSA financial statements
- III. Chairing regular MSSA Budget Sub-Committee
- IV. Formulation of an annual academic support budget for presentation to the Department's Leadership Council and its general membership.
- IV. Presentation to MSSA membership of financial information
- V. Responding to membership questions and concerns
- VI. Direct supervision of MSSA employees
- VII. Reviewing and updating MSSA human resource policies
- VIII. Membership in the Department's Executive Committee to represent the financial perspective
- IX. When so designated represent the Chair when absent

It is to be expected that the above operational challenges will require close interaction with the Associate Chair [clinical operations] and others.

Associate Chair [education]

The Associate Chair [education] mandate derives from the Department's essential academic mission to train the current and next generation of physicians, through excellence and leadership, to help children and families maintain health and well-being despite illness. The Department of Pediatrics is committed to maintaining the highest quality educational programs that are reflective of current needs and educational practices, as well as fostering innovation and scholarship in medical education and promoting shared efficiencies and insights amongst the educator community.

Specific advisory, and when necessary, operational challenges include and are not limited to the following:

- I. Enhancement of an existing socially responsive undergraduate curriculum in Pediatrics that is aligned with the overall objectives of the Faculty MDCM program.
- II. Enhancement of postgraduate and advance postgraduate [fellowship] programs in pediatrics that are competitive at a national and international level
- III. Alignment of Divisional education missions and goals with those of the Department's educational mission and goals with increased transparency and accountability of the Department's education mission, vision and values.
- IV. Enrichment of Pediatrics-related continuing professional development (CPD) activities directed at physicians in practice with the explicit goals of:
 - a. Maintaining and advancing competency
 - b. Increasing the Department's exposure and profile in the local and provincial professional community
 - c. Developing a CPD model that will allow cost-recovery and possibly revenue-generation to further support educational initiatives.
 - d. Encouraging inter-Divisional collaboration
- V. Promotion and development of internal faculty development of Departmental members
- VI. Support and promote a respectful, responsive, and engaging work and learning environment that is technology-enabled which takes maximal advantage of advances in technology to facilitate learning.
- VII. Development of an inter-professional educational program with fellow health professionals involved in child health care delivery
- VIII. Expansion of simulation-based learning within the Department directed at all levels of learners and pediatric health care professionals
- IX. Promotion and support of scholarship innovation and knowledge translation in medical education which includes allocation of educationally-related funds.
- X. Chair the Departmental Educational Leadership Committee (DELIC) which leads the coordination, synchronization, expansion and development of Departmental educational efforts.
- XI. Identification and integration of educational innovations that will result in improved clinical outcomes
- XII. Membership in the Department's Executive Committee providing input that reflects the educational community and mandate
- XIII. Representation of Chair in his/her absence, when so delegated

It is to be expected that to meet the above operational challenges close interaction will be necessary with ongoing existing leadership in undergraduate medical education and postgraduate medical education that respects current responsibilities and leadership styles, as well as with leaders within the Faculty of Medicine. Close interaction is also anticipated with Associate Chairs for clinical operations, outreach, and the Vice-Chair.

APPENDIX 3

Membership, mandate, and operations of the Leadership Council



TERMS OF REFERENCE

NAME: Leadership Council

MEMBERSHIP: Department Chair, Division Directors and Executive Committee Members

AUTHORITY AND ACCOUNTABILITY :

The Leadership Council connects its authority and accountability to the members of the Department. The Council acts in accordance with the Department's Mission, Vision and Values. The Council articulates the requests and expectations of the Department and is accountable to the Department. The Council formulates the strategies and resources needed and acceptable to achieve the desired results and provides oversight by monitoring the use of resources and the achievement of the intended results.

MANDATE:

The Leadership Council will :

- Propose, discuss and decide on Departmental strategic priorities on an ongoing basis and articulate specific objectives.
- Oversee the budget .
- Review and advise on the annual MCH Foundation budget submitted by the Budget Sub-Committee.
- Review and advise on the annual MSSA budget generated by the contributions of Departmental members submitted by the Budget Sub-Committee.
- Forward such discretionary annual budget to the Department members for final approval.
- Establish standing and ad-hoc committees of the Leadership Council consisting of Council members. Non-council members can be invited into such committees based on specific expertise.
- Receive reports annually from the Department Chair and Executive Committee members on budgetary, strategic and operational activities.
- Monitor revenues and expenses of the Department.
- Reports Council decisions to Departmental members

RELATIONSHIPS OF THE LEADERSHIP COUNCIL TO THE DEPARTMENT CHAIR:

The Leadership Council will be advisory to the Chair. The Chair is expected to follow the advice of the Leadership Council except in extraordinary circumstances.

The Leadership Council sets policy and strategic directions and approves/advises on budgetary issues. It delegates ongoing operational management to the Department Chair, Executive Committee members, Division Directors and others within the Department.

RELATIONSHIPS OF THE LEADERSHIP COUNCIL TO DEPARTMENT MEMBERS:

The Leadership Council members are expecting to represent the interests of the Department while simultaneously represent the members of their respective Divisions and their academic, clinical or administrative mandates.

MEETINGS:

The Leadership Council will meet 3 times per year. The current group of “Division and Program Heads”, which includes program directors and others, will continue to meet seven times per year. Special ad-hoc meeting may be called on at least one week’s notice by the Chair or a majority of the Council’s members.

LEADERSHIP COUNCIL AGENDA:

- a. The Department Chair sets the agenda of the Leadership Council meetings. The written agenda is sent by the Department Chair to the Council members at least 3 working days prior to the meeting.
- b. Council members wishing to add items to the agenda, have to submit them to the Department Chair in writing before the agenda is distributed, or request their addition at the beginning of the meeting. Time permitting, such items will be dealt with or added to the agenda of a subsequent meeting.
- c. All relevant information will be distributed in writing prior to the meeting, if possible, to allow decisions to be taken.
- d. Decisions can be postponed to a later meeting by the Department Chair or at the request of at least 50% of voting attendants, if relevant information is missing, discussion time is insufficient, or in the absence of a quorum (defined below).

VOTING:

Each person has 1 vote (Division Directors who are also Executive Committee members have only 1 vote). If a Leadership Council member is unable to attend, s/he may designate a replacement with full voting privileges in advance by written notification to the Department Chair.

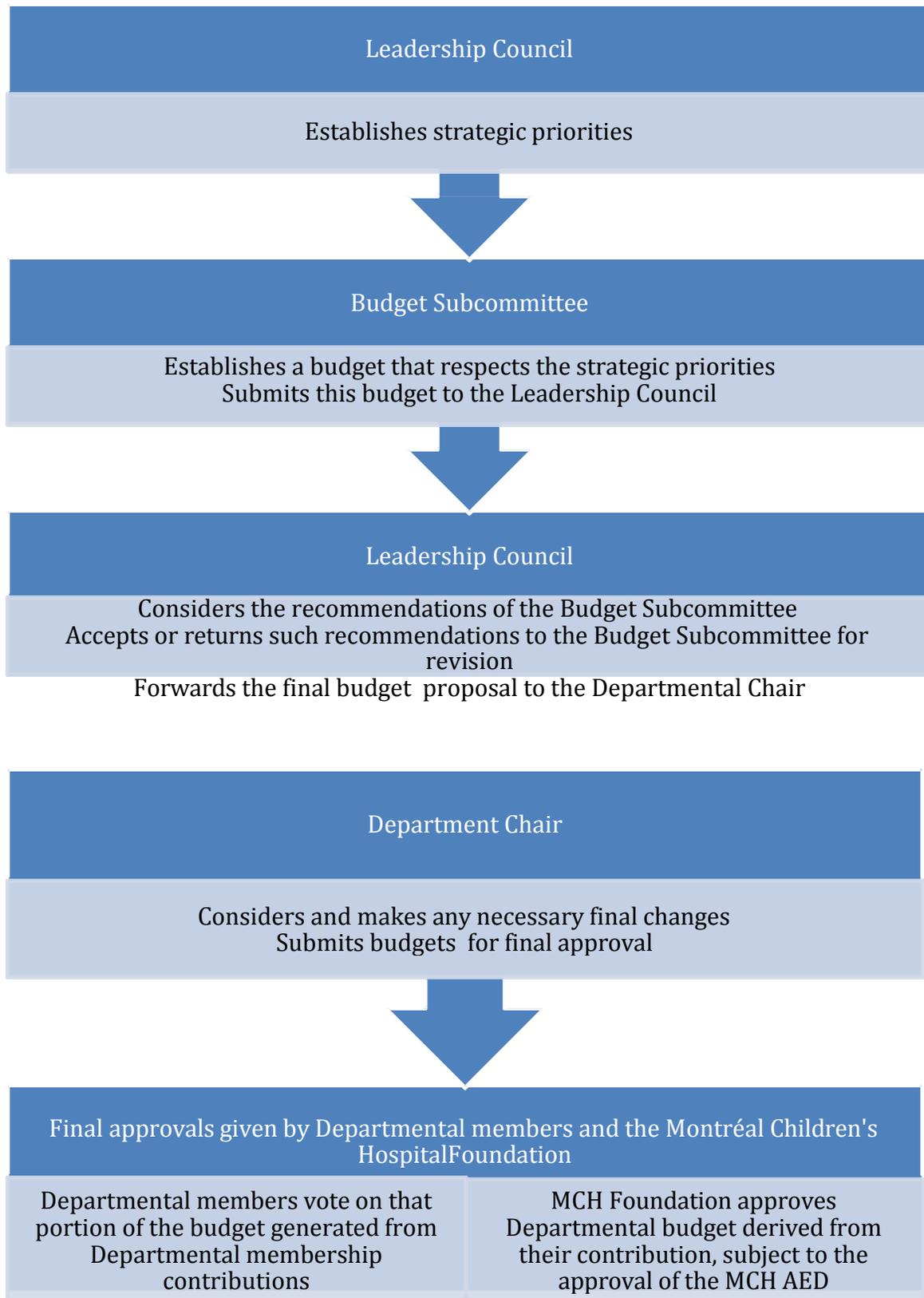
- a. Quorum will comprise 2/3 of Leadership Council members
- b. To call for a vote, a proposer brings forward a motion, followed by a seconder. After time for discussion, a vote is called.
- c. 50% + 1 vote are needed to carry a vote or adopt a motion.
- d. The Department Chair may vote in case of a tie or may request that the issue be further reviewed

RECORD KEEPING:

- a. Minutes of each meeting will be taken by the Department's administrative assistant.
- b. Minutes of the previous meeting will be adopted at the beginning of each meeting
- c. Minutes will be distributed to all Leadership Council members before the next meeting for approval.
- d. Minutes will be distributed to all Department members one month after their approval.

ROBERT'S RULES OF ORDER:

- a. Robert's Rules of Order will apply when there are questions about procedure or process.



APPENDIX 4

Budget Sub-Committee : Terms of Reference



Department of Pediatrics

BUDGET SUB-COMMITTEE: TERMS OF REFERENCE

GOALS

- Fiduciary
 - Oversight of Department's budget
 1. MSSA funds
 2. MCHF funds
 3. Other future sources of discretionary Departmental funds
- Strategic
 - Ensure that the annual Budget matches and evolves with Departmental Mission, Vision and Values
- Generative
 - Nil

MANDATE

- To provide sufficient input from and feedback to Membership
- To provide sufficient input from and feedback to Divisions
- To provide sufficient input from and feedback to Leadership Council
- To provide sufficient input from and feedback to Executive Committee
- To provide sufficient input from and feedback to Chair of Department
- To balance the above mandates and view Departmental finances as a unified budget

COMMITTEE

- Composition
 - 5 members
 - 1 Associate Chair Finance (Chair of Committee)
 - 4 Divisional Representatives
 - One of the Divisional Representatives must come from the following 3 (Large) Divisions- General Pediatrics, Emergency Medicine, Neonatology
 - The Divisional Representative may be the Division Director or a member of the Division selected by the Division Director
 - The large Division representative is chosen by the large Division Directors
 - The remaining Divisional representatives are chosen by vote by amongst the non-large Divisional Directors
 - The Chair of Department is ex-officio and non-voting.
- Election
 - The 4 Divisional Representatives are elected by secret ballot amongst the Divisions.
 - Each Division may nominate 1 member for the election.

- Term limits
 - Divisional Representatives are nominated for a two-year term
 - A Divisional Representative may sit on the committee for a maximum of two two-year terms, unless a Representative is later nominated as the Associate Chair of Finance.
 - The Divisional Representative from General Pediatrics, Emergency Medicine, Neonatology may sit for a maximum of only 1 two-year term.
 - The terms of the 3 other Divisional Representatives shall be staggered so that no more than two Divisional Representatives are replaced at any one time.
 - The Associate Chair of Finance will serve as the Chair of this committee for the duration of his/her term as Associate Chair as defined by the Department of Pediatrics Regulations
- Meetings
 - The committee shall meet a minimum of 4 times per year.
 - The committee shall meet at predictable, recurrent dates throughout the year.
 - Quorum is defined as 4 of the 5 voting members of the committee.
- Voting
 - Resolutions may be adopted by a majority of attending members.
 - In the case of a tie, the Chair of the Committee shall cast the deciding vote
 - Voting by mail or email is permitted.
 - Voting by Proxy is not permitted.
- Remuneration
 - There will be no additional specific remuneration for duties performed on this committee, above the remuneration members may receive from RAMQ or for other sources for performance of their duties as Division Directors or as Associate Chair (Finance).

BUDGET PROCESS

- Requests for Funding
 - All requests for Departmental Funding are to be sent to the Chair of the Budget Committee
 - A standardized funding application form will be developed and circulated to the membership of the Department.
 - This form will include all relevant and necessary information in order to assess the impact and necessity of the proposed support
 - In order to receive continued funding, previous applications must periodically provide outcome data to demonstrate the impact of the funded program.
 - Funding requests will have to be received by a specified deadline in order to be considered for the next budget.
 - The committee will considered other requests received after the cutoff date only under very exigent circumstances.

- Calculation of Estimated Available Funds
 - MCHF Funds
 - The Chair of the Department of Pediatrics, after consultation with the MCHF, will provide the Committee Chair with an estimated total amount available for the upcoming year.
 - MSSA Funds
 - Available MSSA funds are calculated as a percentage of the previous year's income for budgeting purposes and are therefore known one year in advance
 - Other potential discretionary funds (e.g. OPD Clinic, CME activities, etc.)
- Departmental Priorities
 - The Leadership Council is to provide the Budget Committee with a prioritized Strategic Plan.
 - This Strategic Plan will serve as a guide to the Budget Committee in its determination of funding.
- Budget Process
 - The Chair of the Budget Committee shall develop a categorized and complete list of all funding requests
 - Based on the Strategic Plan, the Funding Requests received will be prioritized
 - The Budget Committee will then review all of the Funding Requests with respect to the Strategic Plan and accept or reject the requests.
 - The Budget Committee may recommend to the Leadership Council the need for either an increase or decrease in Membership contributions depending on the Departmental priorities and the availability of other funds.
- Budget Review
 - The proposed budget shall be presented to the Leadership Council including a summary of all Funding Requests- both approved and rejected
 - The Leadership Council may request that the Budget Committee revise the budget based on current Departmental priorities.
- Budget Approval
 - The proposed budget shall be circulated to the Membership including a summary of all Funding Requests- both approved and rejected
 - Final approval of the budget is by a vote of the Membership at the Annual General Meeting
 - The Chair of Department shall have a final veto over the portion of the funds coming from the MCHF as is currently required by the MCHF.