

Hôpital de Montréal
pour enfants
Centre universitaire
de santé McGill



Montreal Children's
Hospital
McGill University
Health Centre



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 Genetics Division
- 1.2.12 Hematology and Oncology Division
- 1.2.13 Infectious Diseases Division
- 1.2.14 Neurology Division
- 1.2.15 Nephrology Division
- 1.2.16 Respiratory Medicine Division
- 1.2.17 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