2.1 PURPOSE

To provide guidelines for allied health professionals to follow if they wish to provide patient care services at The Chambersburg Hospital, in accordance with Section 4.4 of the Medical Staff Bylaws, Rules, and Regulations. Per the Medical Staff Bylaws, Rules and Regulations, Allied Health Professionals are defined as individuals, “... other than licensed practitioners, whose patient care activities require that their authority to perform specified patient care services be processed through medical staff channels or with involvement of medical staff representatives.”

2.2 GENERAL PROVISIONS

2.2-1 Each allied health professional will submit his or her request for permission to provide patient care services on an application approved by the Board, together with an application fee. The applicant will provide references from at least three persons who are qualified to comment on his or her professional performance, fitness for institutional practice and adherence to relevant ethical standards. The applicant will also produce evidence of (1) professional liability insurance coverage in an amount established by the Board, (2) professional certification, if applicable, (3) professional licensure (4) DEA certificate registered in the State of Pennsylvania for certified registered nurse practitioners, physician assistants and podiatrists, and (5) evidence of recent health assessment including results of a TB test performed within the last twelve months.

2.2-2 Each application and its supporting materials, after verification by Medical Staff Services, will be reviewed by the department chair to which the applicant's scope of practice would pertain. The department chair may request a personal interview with the applicant and, after evaluation and review, transmit the application, supporting materials and his or her recommendation, including the scope of practice to be granted and any conditions placed upon the exercise of such scope of practice, to the Credentials Committee.

2.2-3 The Credentials Committee will review and evaluate the allied health professional's application, supporting materials, the department chair's recommendation, and any other relevant information. The
Credentials Committee will determine whether or not to endorse the department chair's recommendation and will forward its decision to the Medical Executive Committee that, in turn, will review all material, and make a recommendation to the Board respecting the granting of permission to provide patient care services to the applicant. The Board will make the final decision respecting the granting of the applicant's scope of practice and will direct the hospital President to notify the applicant of its decision in writing.

2.2-4 Each department under whose jurisdiction the patient care duties of allied health professionals fall will prepare specific criteria for the evaluation of applicants for their scope of practice as allied health professionals.

2.2-5 Each allied health professional granted permission to provide patient care services in the hospital must agree in writing, prior to the exercise of any patient care, to comply with all requirements and responsibilities established by the Medical Staff Bylaws, Rules and Regulations, departmental rules and regulations and hospital policies that would pertain to allied health professionals.

2.2-6 Applications for professions other than those reflected in this policy will not be provided to allied health professional applicants until the profession has been duly recognized and approved by the Board of Directors.

2.2-7 With respect to the detail of application procedure and renewal of permission to provide patient care services, the provisions of Sections 3.4 and 3.5 of the Medical Staff Bylaws, Rules and Regulations will apply. All initial appointments to the staff of allied health professionals shall be for a minimum six-month provisional period and may not exceed 24 months (the medical staff shall refer to said allied health professionals as “allied health professional provisional,” and reappointments shall not exceed a period of 24 months.

2.3 INDEPENDENT ALLIED HEALTH PROFESSIONALS

2.3-1 DEFINITION -- Independent allied health professionals are employees neither of the hospital nor of a member of the medical staff. No category of independent allied health professionals may be recognized unless such practitioners are licensed or otherwise directly regulated by the Commonwealth of Pennsylvania. They must be permitted by law to provide a significant range of independent professional practice responsibilities, which are agreed to by the hospital Board of Directors.

2.3-2 GENERAL PROVISIONS

A. Independent allied health professionals may be appointed to serve on medical staff committees and may attend meetings of the department in which they have privileges, as well as the Quarterly Meeting of the Medical Staff. As a condition of continued appointment, independent allied health professionals are required to attend meetings involving quality review of patient care in which they participated.
B. Patients of independent allied health professionals may be admitted by independent allied health professionals when there is concurrence of a practitioner member of the medical staff who will provide the same basic medical appraisal as for any other patient and the practitioner member of the medical staff must have accepted responsibility for the medical needs of the patient existing at admission or which develop during hospitalization.

C. In the event that the practitioner member of the medical staff who has accepted responsibility for the medical needs of a patient (as indicated in Paragraph 7 above) disagrees with diagnostic or therapeutic measures proposed by the independent allied health professional, said proposed patient care measures will not be commenced until the chair of the department has reviewed the proposed measures and has stated in writing whether or not the patient may receive the treatment as recommended by the independent allied health professional.

D. The provisions of Article X of the Medical Staff Bylaws, Rules, and Regulations will fully apply to corrective action concerning an independent allied health professional, substituting the term “independent allied health professional” for “staff member.”

E. An independent allied health professional will be accorded the procedural rights set forth in Articles XI and XII of the Medical Staff Bylaws, Rules and Regulations in the event of an adverse recommendation by the Medical Executive Committee and/or an adverse decision by the board, with respect to an application for an initial grant, modification or renewal of scope of practice.

2.3-3 APPROVED PROFESSIONS

A. CLINICAL PSYCHOLOGISTS/CLINICAL SOCIAL WORKERS

1. Psychologists/social workers, who hold current licenses to practice from the Commonwealth of Pennsylvania, may be granted permission to provide psychological patient care services.

2. A psychologist/social worker will include among his or her references, reference from at least two (2) psychiatrists and one (1) psychologist/social worker familiar with his or her professional performance.

3. Departmental review of applications from psychologists/social workers will be conducted by the Chair of the Department of Psychiatry and Behavioral Health Services.

4. Psychological patient care services may only be exercised pursuant to a referral from, or upon a request for consultation by, a medical staff member unless otherwise agreed to by the Department of Psychiatry and Behavioral Health Services and Board of Directors.

5. The Department of Psychiatry and Behavioral Health Services will be responsible for determining and implementing such supervision as is appropriate for the exercise of specific clinical privileges, per the Monitoring Protocol.

2.3-4 DEPENDENT ALLIED HEALTH PROFESSIONALS
A. **DEFINITION** -- Dependent allied health professionals are employees of a (1) practitioner member of the medical staff or (2) a health services organization whose employees provide services pursuant to a contract between such an organization and the hospital, for whom the Board has decided that permission to grant patient care services may be granted to qualified individuals. Hemodialysis registered nurses will be credentialed through Patient Care Services.

B. **GENERAL PROVISIONS**

1. The clinical duties of a dependent allied health professional employed by a member of the medical staff will be automatically terminated (I) upon termination of the medical staff appointment of the employing practitioner, (ii) upon curtailment of the employing practitioner's clinical privileges to the extent that the services of the individual are no longer necessary or permissible to assist the employing practitioner, and (iii) upon the loss by the dependent allied health professional of licensure or other regulatory status in the Commonwealth of Pennsylvania.

2. The clinical duties of a dependent allied health professional employed by a member of the medical staff may be terminated by action of the Medical Executive Committee or by the hospital President said action will to be reviewed by the Board at its next scheduled meeting.

3. The medical staff member employing a dependent allied health professional will (I) accept full responsibility and accountability for the conduct of his or her employee within the hospital, (ii) accept full responsibility to acquaint the dependent allied health professionals with the applicable Medical Staff Bylaws, Rules and Regulations and of the department to which the medical staff member is assigned, and (iii) maintain professional liability insurance coverage for his or her employee.

4. All dependent limited health practitioners will wear identification badges indicating their titles and group practice in words.

5. All modifications in the clinical duties and responsibilities of dependent allied health professionals will not be effective until they have been approved in accordance with the procedures for granting permission to perform clinical duties in Section 2 (General Provisions) above.

2.4 **APPROVED PROFESSIONS**

A. **AUDIOLOGISTS**

1. Audiologists who hold a current license to practice from the Commonwealth of Pennsylvania (as well as a certificate of current clinical competence from the American Speech-Language-Hearing Association) may be granted permission to provide audiological patient care services.

2. An audiologist will include among his or her references, references from at least two (2)
practitioners and one (1) audiologist familiar with his or her professional performance.

3. Departmental review of applications from Audiologists will be conducted by the Chair of the Department of Surgery.

4. The Chair of the Department of Surgery, with consultation of the appropriate subspecialist with medical staff privileges, will be responsible for determining and implementing such supervision as is appropriate for the exercise of specific clinical privileges by Audiologists per the Monitoring Protocol.

B. CERTIFIED ADDICTIONS COUNSELOR (CAC)

1. Certified Addictions Counselors, who hold certification from the Pennsylvania Chemical Abuse Certification Board, may be granted permission to provide certified addictions counselor patient care services.

2. A CAC will include among his or her references, references from at least two (2) practitioners and one (1) CAC familiar with his or her professional performance.

3. Departmental review of applications from CACs will be conducted by the Chair of the Department of Psychiatry and Behavioral Health Services.

4. The Chair, Department of Psychiatry and Behavioral Health Services, will be responsible for determining and implementing such supervision as is appropriate for the exercise of scope of practice by CACs, per the Monitoring Protocol.

5. CACs must maintain their certification. All continuing education must be either PCACB approved or approved by an ICRC member certification board.

C. CERTIFIED NURSE MIDWIFE (CNM)

1. DEFINITION -- a certified nurse midwife (CNM) will be an individual educated in the two disciplines of nursing and midwifery, who possesses evidence of certification according to the requirements of the American College of Nurse-Midwives. Inpatient nurse-midwifery practice is confined to the management of essentially normal newborns and women, antepartally, intrapartally and postpartally. The Chair of Department of Obstetrics and Gynecology or Family Medicine, depending on the specialty of the sponsoring practitioner(s), must recommend scope of practice requested in the application.

2. IDENTIFICATION -- a nametag will be worn in keeping with regulations set forth by the State Board of Medicine. It will include the following information: name, title, and CNM.

3. ORGANIZATIONAL STRUCTURE/SUPERVISION

a. Practice sponsorship by a member of the Active Medical Staff with obstetrical privileges is required.

b. Presentation of a collaborative agreement between nurse-midwife and sponsoring practitioner(s)
will be available for inspection that:

1. Establishes protocols for procedures and the usage of medications during the antepartum, intrapartum and postpartum course of the mother;

2. Delineates high risk criteria and complications which mandate consultation with, or referral to, the sponsoring practitioner(s) and/or obstetrics and gynecology specialist; and

3. Affirms the responsibility of the sponsoring practitioner(s) as to quality of care provided for all the patients attended by the CNM. This will include:
   a. Antenatal evaluation of each CNM patient by the sponsoring practitioner(s);
   b. Assurance of adequate backup coverage in case of absence of the sponsoring practitioner(s). If secondary coverage cannot be assured at any specific time, CNM privileges will be suspended by the Medical Staff President for that period.

4. QUALIFICATIONS -- Applicant nurse-midwife will demonstrate the following minimum credentials:
   a. A current Midwifery license from the State of Pennsylvania;
   b. A current Registered Nurse license from the State of Pennsylvania;
   c. Certification by the American College of Nurse-Midwives;
   d. A current professional liability insurance policy that would cover inpatient nurse-midwifery.

5. CONTINUING EDUCATION REQUIREMENTS -- All CNMs will be required to keep individual records of Continuing Education, and meet the minimum continuing education requirements sufficient to maintain continued certification and state licensure, said records to be collected with each reappointment application.

6. MONITORING -- CNMs will require obstetrical backup only in the case of complications; a family physician with obstetrical privileges may otherwise supervise a CNM. Direct observation will be required for at least the first 25 vaginal deliveries that the CNM performs. The responsible covering physician can determine further observation.

7. SCOPE OF ACTIVITIES -- The scope of activities performed by the nurse-midwife applicant must be determined by the sponsoring practitioner and approved by the Chair, Department of Obstetrics and Gynecology and Chair, Department of Family Medicine (if CNM is sponsored by a member of the Department of Family Medicine), Credentials Committee, Medical Executive Committee and the Board of Directors. The record of the CNM's activities must be kept current. These activities will in all instances be within the rules and regulations of the Board of Nursing, and Board of Medicine, and will be in accordance with The Chambersburg Hospital approved protocols.
a. Duties and responsibilities of CNMs may include the following (those followed by an asterisk [*] require mandatory consultation):

1. Spontaneous delivery, vertex presentation;
   a. Emergency
   b. Non-emergency
2. Routine postpartum care;
3. Episiotomy and repair;
4. Stillborn/Intrauterine fetal demise *
5. Treatment of medical complications of obstetrics -- heart, lungs, kidney, diabetes, etc. *
6. Repair of vaginal lacerations;
7. Amniotomy;
8. Prolonged rupture of membranes in 36 to 40 week pregnancy;
9. Scalp electrode;
10. Placement of IUPC (intrauterine pressure catheter);
11. Interpretation of tests for well-being.
12. Preeclampsia:
13. Mild
14. Severe *
15. Anesthesia:
16. Pudendal block*, local;
17. IV - (Valium, morphine, etc.)
18. Circumcision of an infant;
19. Repair of third and fourth degree lacerations*;
20. Excision of vulvar lesions at delivery;
21. Management of VBAC (vaginal birth after Caesarean) *
22. Management of dystocia including Pitocin Augmentation/ Induction of Labor *
23. Management of preterm labor;
25. Management of inversion of a uterus *
26. Hemorrhoid excision;
27. Resuscitation of an infant;
28. Removal of an intrauterine device;
29. Pelvic inflammatory disease, uncomplicated.
30. Vacuum extraction. *

* Mandatory consultation required.

D. CERTIFIED OPHTHALMIC ASSISTANT
1. Ophthalmic assistants who are certified by the Joint Commission on Allied Health Personnel in Ophthalmology may be granted permission to provide patient care services.
2. A certified ophthalmic assistant will include among his or her references, references from at least two (2) practitioners and one (1) certified ophthalmic assistant familiar with his or her professional performance.
3. Departmental review of applications from ophthalmic assistants will be conducted by the Chair of the Department of Surgery.
4. The Chair of the Department of Surgery will be responsible for determining and implementing such supervision as is appropriate for the exercise of patient care services.

E. CERTIFIED REGISTERED NURSE ANESTHETIST (CRNA)
1. CRNAs who hold a current license to practice as a registered nurse from the Commonwealth of Pennsylvania as well as current certification by the Council on Recertification of Nurse Anesthetists may be granted permission to provide nurse anesthesia services.
2. For new graduates of a nurse anesthesia training program:
   a. Have completed an appropriate training program and have current Pennsylvania licensure as a registered nurse.
   b. Provide a current copy of the American Association of Nurse Anesthetists “certification eligible” card.
3. If the Medical Staff and Board of Directors approve the credentialing application, the noncertified registered nurse who has completed an approved anesthesia program may administer anesthesia under the direction of and in the presence of the chief or director of anesthesia services or a Board certified anesthesiologist until the announcement of results of the first examination given for certification for which she is eligible. If a person fails to take or fails to pass the examination, the person shall immediately cease practicing as a nurse anesthetist. If the applicant, due to extenuating circumstances, cannot take the first scheduled examination following completion of the program, the applicant shall appeal to the Board for authority to continue practicing.
4. A CRNA will include among his or her references, references from at least two (2) practitioners and one (1) CRNA familiar with his or her professional performance.
5. Departmental review of applications from CRNAs will be conducted by the Chair of the Department of Anesthesiology.

6. The Chair of the Department of Anesthesiology will be responsible for determining and implementing such supervision as is appropriate for the exercise of specific clinical privileges by CRNAs, per the Monitoring Protocol.

7. DUTIES AND RESPONSIBILITIES: The supervising physician must cosign all entries with the exception of the post anesthesia evaluation record.

F. CERTIFIED REGISTERED NURSE PRACTITIONER (CRNP)

1. DEFINITION -- The Nurse Practitioner is a skilled person, qualified by academic and clinical education to provide for patient services under the supervision of a staff practitioner who, in turn, is responsible for the performance and clinical evaluation of this person. The Nurse Practitioner is a “Dependent Allied Health Professional” with whom a practitioner member of the Medical Staff of The Chambersburg Hospital collaborates. Responsibilities and limitations are defined in the Medical Staff Bylaws and approved by the Board of Directors of The Chambersburg Hospital, and conform to the regulations as set forth by the Board of Nursing.

2. IDENTIFICATION – The nurse practitioner will wear a nametag keeping with regulations set forth by the State Board of Nursing. It will include the following information to be worn over the left chest pocket of the lab coat: name, title, CRNP, and the assigned collaborating physician group.

3. ORGANIZATIONAL STRUCTURE -- Reports clinically to practitioner collaborating physician group.

4. QUALIFICATIONS
   a. Graduated from an approved course of study and experience acceptable to the State Board of Nursing.
   b. Ability to meet Pennsylvania state requirements for certification.
   c. Satisfactory recommendations as part of preemployment application.

5. CONTINUING EDUCATION REQUIREMENTS -- All Nurse Practitioners will be required to keep individual records of Continuing Medical Education to be collected with each reappointment application.

6. SCOPE OF ACTIVITIES -- The scope of activities the Certified Registered Nurse Practitioner performs will fall within the area of competence of his or her collaborating practitioner. The collaborating practitioner must determine the scope of activities collaborating practitioner and subject to the approval of the Medical Executive Committee and Board of Directors. The Nurse Practitioner must keep the record of his/her clinical scope of activities. These activities will be, in all instances, within the rules and regulations of the Board of
Nursing, and will be in accordance with The Chambersburg Hospital approved protocols.

a. Duties and responsibilities of Nurse Practitioners may include the following:

1. Assume responsibility under the practitioner's collaboration for the diagnosis and management of the patient's problems.

2. Assist in hospital rounds. Make complete entries in the medical record for inpatients and observation patients; write orders, and record progress notes. The collaborating practitioner, or his or her designated practitioner, will review and countersign all H&Ps, consults and progress notes.

3. Perform history and physical examination on inpatients and outpatients in the Hospital. After discussion with the practitioner collaborator, initiate appropriate laboratory, radiological, and special examinations for tests required for the evaluation of illness.

4. Communicate with patients by phone and letter regarding their problems, after consultation with the practitioner collaborator.

5. Provide counseling and instruction to patients regarding the patient's health-related problems.

6. Prepare and dictate summaries of the hospitalization and clinical care of the patient.

7. Maintain current cardiopulmonary resuscitation (CPR) certification.

8. Give orders for oral and parenteral medications for inpatients.


10. Manage medical emergencies and initiate appropriate therapy until the arrival of a practitioner, as per state-mandated collaborative agreement.

11. Provide follow-up and health maintenance care, including appropriate adjustments of medications to patients, in accordance with established protocols or specific instructions from the collaborating practitioner.

12. Perform initial evaluations of the newborn, but the collaborating practitioner must examine the newborn before discharge.

13. Assist in the operating room.

Inpatient supervision of a Nurse Practitioner will be under the collaborating practitioner. The number of Nurse Practitioners who may be supervised by a practitioner will not exceed the number allowed by law. Collaborating physicians must see new admissions and new consults within twelve (12) hours, or earlier if clinical circumstances warrant.

8. DISCIPLINE -- When a CRNP does not comply with the policies in this document, the Department Chair, after review with the collaborating physician, will be responsible for taking the appropriate corrective action. If the Department Chair is the collaborating physician, the Department Vice Chair will be
responsible for taking the appropriate corrective action.

G. CHILD/FAMILY COUNSELOR

3. DEFINITION -- Child/Family Counselors, who (1) have graduated from an approved Master’s Degree program in psychology, counseling, or social work, and (2) are currently certified by the National Board for Certified Counselors, may be granted permission to provide child/family counseling patient care services.

4. A child/Family Counselor will include among his or her references, references from at least two (2) practitioners and one (1) child/family counselor familiar with his or her professional performance.

5. Departmental review of applications from child/family counselors will be conducted by the Chair of the Department of Psychiatry and Behavioral Health Services.

6. The Chair, Department of Psychiatry and Behavioral Health Services, will be responsible for determining and implementing such supervision as is appropriate for the exercise of scope of practice by child/family counselors, per the Monitoring Protocol.

H. PHYSICIAN ASSISTANTS (PA-C)

1. DEFINITION -- The Physician Assistant is a skilled person, qualified by academic and clinical education to provide for patient services under the supervision of a member of the Medical Staff who, in turn, is responsible for the performance and clinical evaluation of this person. Physician Assistants are "Dependent Allied Health Professionals" who are utilized by a physician member (supervising physician) of the Medical Staff of The Chambersburg Hospital. Under appropriate direction and supervision by the supervising physician, the Physician Assistant will augment the physician's data-gathering abilities in order to assist the physician in reaching decisions and instituting care plans for the physician's patients. Medical Executive Committee will define responsibilities and limitations in accordance with the Allied Health Professionals rules and regulations approved by the Board of Directors of The Chambersburg Hospital, conforming to the regulations as set forth by the Pennsylvania State Board of Medicine and/or State Board of Osteopathic Medicine

2. IDENTIFICATION – The physician assistant shall wear an identification tag which uses the term ‘Physician Assistant’ in easily readable type. The tag shall be conspicuously worn.

3. A Physician Assistant may not render medical services to a patient until he/she has informed the patient or the patient’s legal guardian that:

   a. The Physician Assistant is not a physician.

   b. The Physician Assistant may perform the service required as the agent of the physician and only as directed by the supervising physician.

   c. The patient has the right to be treated by the physician, if the patient desires.
4. **QUALIFICATIONS**
   a. Graduation from an approved course of study and experience acceptable to the Pennsylvania State Board of Medicine and/or State Board of Osteopathic Medicine.
   b. Certified by the National Commission on Certification of Physician Assistants within one year.

5. **CONTINUING EDUCATION REQUIREMENTS**
   a. The same as required by the National Commission on Certification of Physician Assistants.
   b. All Physician Assistants will be required to keep individual records of Continuing Education to be collected with each reappointment application.

6. **SCOPE OF ACTIVITIES** -- The scope of activities performed by the Certified Physician Assistant must fall within the area of competence of his or her supervising physician. The supervising physician must determine the scope of activities and Medical Executive Committee and Board of Directors must be approved it. The Physician Assistant must keep a current record of his/her clinical activities. In all instances, these activities will be within the rules and regulations of the Pennsylvania State Board of Medicine and/or State Board of Osteopathic Medicine and will be in accordance with The Chambersburg Hospital approved protocols.

   Duties and responsibilities of Physician Assistants are outlined on the Chambersburg Hospital Physician Assistant scope of practice, and must not exceed the supervising physician agreement filed with the State Board of Medicine and/or State Board of Osteopathic Medicine.

1. Assume responsibility under the physician's supervision for the diagnosis and management of the patient's problems.

2. Assist in hospital rounds. Make complete entries in the medical record for inpatients and observation patients; write orders, and record progress notes. The supervising physician, or his or her designated physician, will review and countersign all H&Ps, consults, and progress notes.

3. Perform history and physical examination on inpatients and outpatients in the Hospital. After discussion with the supervising physician, initiate appropriate laboratory, radiological, and special examinations for tests required for the evaluation of illness after discussion with physician supervisor.

4. Communicate with patients by phone and letter regarding their problems, after consultation with the PA Supervising Physician.

5. Provide counseling and instruction to patients regarding the patient's health-related problems.

6. Prepare and dictate summaries of the hospitalization and care of the patient.

7. Maintain annual cardiopulmonary resuscitation (CPR) certification.

8. Give orders for oral and parenteral medications for inpatients

10. Manage medical emergencies and initiate appropriate therapy until the arrival of a physician, as per state-mandated written agreement.

11. Provide follow-up and health maintenance care, including appropriate adjustments of medications to patients, in accordance with established protocols or specific instructions from the supervising physician.

12. Perform initial evaluation of the newborn, but the supervising physician must examine the newborn before discharge.

13. Assist in the operating room.

14. Perform clinical procedures under the direction and/or supervision of the supervising physician.

7. **SUPERVISION** -- For inpatient care, the Physician Assistant will be under the supervision of the supervising physician. Where multiple physicians simultaneously are involved in any one case, the Physician Assistant will be supervised and responsible to only one physician. The supervising physician is the Medical Staff member who is properly registered with the Pennsylvania State Board of Medicine and/or State Board of Osteopathic Medicine and who is responsible for the Physician Assistant activities during a specified period.

The Department Chair will determine the number of Physician Assistants a physician may supervise, and the number will not exceed that allowed by law. The level of performance expected will be in conformance with the level of medical care performed in his/her Department.

8. **DISCIPLINE** -- When a Physician Assistant does not comply with the policies in this document, the Department Chair, after review with the supervising physician, will be responsible for taking the appropriate corrective action. If the Department Chair is the supervising physician, the Department Vice Chair will be responsible for taking the appropriate corrective action.

I. **SURGICAL TECHNICIAN**

1. Surgical technicians who are candidates for certification by the Association of Surgical Technologists or certificate eligible past completing an accredited surgical program may be granted permission to provide patient care services.

2. A surgical technician will include among his or her references, references from at least two (2) practitioners and one (1) surgical technician familiar with his or her professional performance.

3. Departmental review of applications from surgical technicians will be conducted by the Chair of the Department of Surgery.

4. The Chair of the Department of Surgery will be responsible for determining and implementing such supervision as is appropriate for the exercise of patient care services.
2.5. **POLICY REVIEW** -- The Board will, from time to time, upon the advice of the Credentials Committee and Medical Executive Committee, review this policy and the procedures for its implementation, and make such modifications, as it deems advisable.