SESSION 3:
THE MEDICAL STAFF ORGANIZATION MANUAL/ COMMITTEE MANUAL – ESSENTIALS & UPDATES

OCTOBER 9, 2026 (12:00 PM – 2:00 PM EASTERN)
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The "Medical Staff Organization Manual" or "Committee Manual" is one of the most important, but rarely discussed, Medical Staff governance documents. It is often drafted as a standalone policy, outlining the Medical Staff's existing department structure and medical staff committees (composition, duties and responsibilities, and meetings, reports and recommendations). Revisiting the content of the Organization Manual periodically provides an opportunity for Medical Staff leaders to carefully assess their current departments and committee structures to determine whether they continue to work for the organization. Medical Staffs that are part of growing systems, or which have recently unified, may want to consider whether the Medical Staff would be better served by committees that represent the entire system (e.g., a system Credentials Committee) and, further, whether any committees (whether specific to the hospital or system-based) should be modified in order to make the work of the Medical Staff more effective and efficient, or to include representation more reflective of the modern Medical Staff (e.g., ambulatory representatives, campus-based representatives).

TOPICS TO BE COVERED:

- The value of a Medical Staff ***Leadership Council*** – and its duties and responsibilities;

- Pros and cons of a dedicated ***Practitioner Health Committee***. We will discuss the duties and responsibilities that can and/or should be assigned to a health committee, including tips for maintaining a robust committee engaged in active, regular oversight of health issues amongst Medical Staff members and privileged practitioners;

- Empowered Medical Staff ***Peer Review Committees*** – including the value in removing routine peer review from the MEC's to-do list and, instead, empowering a multi-specialty committee to manage oversight of the entire peer review process;

- Are dedicated ***Advanced Practice Professional Review Committees*** necessary or recommended? Who should sit on them? What are their duties? To whom do they report?

- The Medical Staff's responsibility for oversight of graduate medical education (GME) – and what the Medical Staff governance documents should say about that;

- Bylaw and policy language ***acknowledging and supporting the assistance and participation of System and Hospital leaders*** in Medical Staff credentialing and peer review activities, and ***authorizing committee chairs and officers to take action between meetings*** of review committees – to avoid waiving applicable immunity and privilege protections;

- The ***role of the presiding officer*** in managing meeting logistics, conflicts of interest, and confidentiality.

SUPPLEMENTAL MATERIALS:

- Sample Medical Staff Bylaws/policy language – Leadership Council
- Sample Medical Staff Bylaws/policy language – Practitioner Health Committee (composition and duties)
- Sample Medical Staff Bylaws/policy language – Peer Review Committee (composition and duties)
- Sample Medical Staff Bylaws/policy language – GME oversight responsibilities of the Medical Staff
- Sample Medical Staff Bylaws/policy language – Duties and authorities of a "Presiding Officer"
- Sample Medical Staff Bylaws/policy language – Action on behalf of a department and/or committee and action between meetings
- Sample Medical Staff Bylaws/policy language – The role of system and hospital representatives in supporting Medical Staff activities
- Sample Medical Staff Bylaws/policy language – Fulfilling Medical Staff functions through participation in system, regional, and/or hospital committees

LEARNING OBJECTIVES:

Upon completion of this audio conference, participants should be able to:

1. Develop Medical Staff Bylaws/policy language reflecting the integration and support of system and hospital representatives into Medical Staff functions (as appropriate to the Medical Staff's particular structure and activities).
2. Develop Medical Staff Bylaws/policy language that adequately reflects the Medical Staff's role in overseeing graduate medical education (GME) and defining supervision, countersignature, and related requirements for GME participants.
3. Develop an active and engaged Practitioner Health Committee that undertakes continuous assessment and monitoring of practitioner health for all applicants and privileged providers.

4. Develop Medical Staff Bylaws/policy language clearly articulating the authority of the presiding officer of a department and/or committee.