



Central
Health

**Medical Staff Bylaws
for the
Central Health Authority**

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PART I

BYLAWS RESPECTING MEDICAL STAFF

1. Title

These bylaws respecting medical staff shall be referred to as the Medical Staff Bylaws for the Central Health Authority.

2. Purpose

2.1 These bylaws respecting medical staff are developed and enacted in order to:

- 2.1.1 provide an administrative structure for the governance of medical staff affairs within the Regional Health Authority;
- 2.1.2 promote within available resources the provision of quality health services, ensuring patient safety and quality improvement/assurance of medical care;
- 2.1.3 provide a mechanism for physicians to identify health care needs and advocate for adequate availability of resources;
- 2.1.4 govern the procedure for the appointment, reappointment, suspension and termination of appointment of physicians to the medical staff, ensuring fairness, due process and timeliness;
- 2.1.5 comply with health care educational standards and with national undergraduate and postgraduate standards in collaboration with the Faculty of Medicine of Memorial University;
- 2.1.6 promote participation in, and ensure adherence to ethical policies applicable to, approved research;
- 2.1.7 provide a means of effective and efficient communication amongst the medical staff, the Regional Health Authority, and administration within the health region;
- 2.1.8 provide for medical staff input into policy, procedure, planning and budget decisions of the Regional Health Authority;
- 2.1.9 promote an environment that is safe and healthy for patients and staff;
- 2.1.10 promote and encourage a responsibility for personal health and the maintenance of wellness;
- 2.1.11 maintain efficient use of resources; and
- 2.1.12 govern the procedure for the discipline of members of the medical staff ensuring fairness, due process and timeliness.

- 2.2 These bylaws respecting medical staff apply to the medical staff members appointed or reappointed pursuant to these bylaws.

3. Definitions

In these bylaws, the following definitions apply:

- 3.1 "Applicant" means a person who has applied for appointment to the medical staff under Part VI of these By Laws;
- 3.2 "Board" means those persons appointed as members of the Board of Trustees of the Regional Health Authority by the Lieutenant Governor in Council pursuant to Section 8 of the *Regional Health Authorities Act*;
- 3.3 "Business Day": means a day other than a Saturday or Sunday or a "public holiday" within the meaning of the Labour Standards Act;
- 3.4 "Chief Executive Officer" (or "CEO") means the person appointed by the Board of the Regional Health Authority as Chief Executive Officer within the meaning of Section 14 of the Regional Health Authorities Act, responsible to the Board of Regional Health Authority for the day-to-day conduct and management of the affairs and activities of the Regional Health Authority at its facilities or delivered through its programs and services, and includes a person to whom the powers, duties and responsibilities of the Chief Executive Officer are delegated by the Board in the absence or incapacity of the person appointed as Chief Executive Officer;
- 3.5 "Chief Operating Officer" (COO) means an executive team member appointed by the CEO and responsible for a regional referral centre;
- 3.6 "Chief of Staff" means a medical staff leader of a combination of medical services at a regional referral centre;
- 3.7 "College" means the College of Physicians and Surgeons of Newfoundland and Labrador;
- 3.8 "Credentials Committee" means the committee appointed by each of the Referral Centre Medical Advisory Committees and the Rural Medical Advisory Committee to review the appointments and reappointments to the Medical Staff of the Regional Health Authority and make recommendations to the appropriate Medical Advisory Committee;
- 3.9 "Delegate" means that person who has been authorized to act or perform a task on behalf of another person;
- 3.10 "Director of Health Services" is the term to denote the administrative leader of a group of health services within a designated geographical location;
- 3.11 "Chief of Service" is the medical staff leader of a medical service at a regional referral centre;

- 3.12 "Vice President Rural Health" is an executive team member responsible for eight rural health services areas.
- 3.13 "Senior Medical Officer" is a term to denote the medical staff leader of a rural health services area;
- 3.14 "Health Region" means the Central Health Region established pursuant to Section 6 of the Regional Health Authorities Act;
- 3.15 "Impact Analysis" means a study conducted by the Vice President Medical Services, or delegate, in consultation with the appropriate physician leader to determine the impact upon the resources of the Regional Health Authority of a proposed appointment of any person to the medical staff;
- 3.16 "Medical Staff" means those physicians who have been appointed as members of the medical staff by the Chief Executive Officer, and "member" has a corresponding meaning;
- 3.17 "Physician Leader" includes the following:
 - 3.17.1 Chief of Staff
 - 3.17.2 Chief of Service
 - 3.17.3 Senior Medical Officer
- 3.18 "Physician" means a physician who is entitled to practice medicine pursuant to the Medical Act, 2005;
- 3.19 "Policies and Procedures" means those policies and procedures that have been approved in accordance with a Regional Health Authority process;
- 3.20 "Post Graduate Medical Trainees" means physicians who have qualified and completed a medical degree and who are pursuing further supervised training in accredited Royal College or family medicine programs;
- 3.21 "Privileges" means the authority granted to a physician by the Chief Executive Officer in accordance with these Bylaws;
- 3.22 "Program/Service/Department" is the term used to describe a group of similar/complementary services across or within sites in the health region that are directed towards meeting specific health care needs of a group of patients, residents and/or clients;
- 3.23 "Program/Service/Department Director" denotes the person who is the administrative leader of a program, service or department;
- 3.24 "Program/Service/Department Leadership Team" denotes the leadership group of a program/service/department and is to include but is not limited to:
 - 3.24.1 Chief Operating Officer / Vice President Rural Health
 - 3.24.2 Director Health Services / Other relevant directors

3.24.3 Chief of Staff / Senior Medical Officer

- 3.25 "Provincial Medical Association" means the organized body of physicians who practice in the health region and hold memberships in the Newfoundland and Labrador Medical Association (NLMA);
- 3.26 "Provincial Program" is a term used to describe a clinical service that encompasses and services the whole province;
- 3.27 "Regional Health Authority" means the Central Regional Health Authority established pursuant to Section 6 of the Regional Health Authorities Act;
- 3.28 "Resident" means a client/patient living in a facility of Central Health;
- 3.29 "Medical Staff Policies and Procedures" means policies and procedures governing the medical staff in the health region and in a particular department, program or service, which have been established for the medical staff and approved by the Chief Executive Officer on the recommendations of the Vice President Medical Services and the appropriate Medical Advisory Committee, as contemplated by Section 13.1.2;
- 3.30 "University" means Memorial University;
- 3.31 "Vice President Medical Services" means the physician appointed as Vice President Medical Services by the Chief Executive Officer and responsible for medical services in the Regional Health Authority.

PART II

ORGANIZATION OF THE MEDICAL STAFF

- 4. Responsibilities of the Board of the Regional Health Authority**
- 4.1 Pursuant to Section 8(1) of the Regional Health Authorities Act, the Board is responsible for the direction of the management and affairs of the Regional Health Authority in order to deliver quality healthcare and promotion of community wellness.
- 4.2 Pursuant to Section 10(2) of the Regional Health Authorities Act, the Board may make bylaws respecting medical staff of the Regional Health Authority, including bylaws respecting
- 4.2.1 the granting, variation, suspension and revocation of medical staff privileges;
 - 4.2.2 categories of medical staff privileges;
 - 4.2.3 the membership of Medical Advisory Committees;
 - 4.2.4 the duties and functions of physician leaders of the Regional Health Authority; and
 - 4.2.5 policies and procedures governing medical staff.
- 4.3 The Minister of Health and Community Services has directed that bylaws respecting medical staff shall provide standards to be applied in all health regions relating to quality in the following areas:
- 4.3.1 Types of privileges;
 - 4.3.2 Appointments;
 - 4.3.3 Credentialing process;
 - 4.3.4 Discipline; and
 - 4.3.5 Appeals.
- 4.4 Pursuant to Section 14 of the Regional Health Authorities Act the CEO is, under the direction of the Board, responsible for the day to day management and conduct of the affairs of the Authority including the responsibility for the implementation of the Bylaws respecting medical staff made in accordance with Section 10(2) of the Regional Health Authorities Act.

5. Responsibilities of the Chief Executive Officer

The Regional Health Authority through its Chief Executive Officer shall be responsible:

- 5.1 for facilitating the delivery of medical services within the health region, consistent with the strategic plan and mission of the Regional Health Authority, applicable legislation and these Bylaws;
- 5.2 For the organization of the medical staff into such departments, programs and/or services as are warranted from time to time and as outlined in these bylaws respecting medical staff. In so doing, the Chief Executive Officer shall establish an organizational structure to implement and fulfill the strategic plan and mission of the Regional Health Authority, including but not limited to:
 - 5.2.1 ensuring the appointment of physician leaders by the Vice President Medical Services, as required; and
 - 5.2.2 establishment of a Regional, Referral Centre, and Rural Medical Advisory Committee structure.
- 5.3 The Chief Executive Officer shall appoint a Vice President responsible for Medical Services after giving full consideration to the recommendations and advice of the Search Committee appointed by the CEO for that purpose.

6. Responsibilities of the Vice President Medical Services

- 6.1 The Vice President Medical Services shall be accountable to the Chief Executive Officer with respect to all matters regarding the management and organization of medical staff affairs under the jurisdiction of the Regional Health Authority and in keeping with Sections 5.1 and 5.2 of these Bylaws.
- 6.2 The roles and responsibilities of the Vice President Medical Services shall include, but are not limited to:
 - 6.2.1 with respect to corporate administration:
 - 6.2.1.1 full membership on the senior leadership team of the regional health authority, participation in all management discussions and decisions including, but not limited to, discussions and decisions regarding strategic planning, financial and program planning, human resources planning, the development, implementation and evaluation of patient/client/resident care programs and services, and resource allocation;

- 6.2.2 with respect to medical staff administration:
 - 6.2.2.1 developing, maintaining and updating medical staff policies and procedures pertaining to medical services provided within the facilities, programs and services operated by the regional health authority;
 - 6.2.2.2 providing leadership and direction in collaboration with the physician leaders on matters pertaining to clinical organization, human resources, medical technology and other relevant medical staff administrative matters;
 - 6.2.2.3 participating in any regional health authority committees, as required; and
 - 6.2.2.4 providing leadership and direction and ensuring effective coordination and cooperation among physician leaders, other medical staff leaders, and the medical advisory committees and all its standing and ad hoc committees, so as to integrate the activities of the various departments, programs and committees with each other and with the goals of the regional health authority;
- 6.2.3 with respect to the appointment, or reappointment, privileging and discipline, including, termination, suspension or amendment of privileges, of the medical staff in collaboration with physician leaders:
 - 6.2.3.1 ensuring that appropriate medical staff appointment, privileging, reappointment and discipline processes are in place and consistent with applicable law and legislation and with these Bylaws;
- 6.2.4 with respect to the provision of the quality of medical care in collaboration with physician leaders:
 - 6.2.4.1 developing, establishing and maintaining patient safety, quality assurance, quality improvement, risk management and utilization activities within the health region in compliance with all applicable legislation, bylaws, policies and procedures of the regional health authority; and
 - 6.2.4.2 collaborating with members of the medical staff and other staff to ensure that all concerns regarding the quality and safety of medical care are investigated and resolved in a timely manner;
- 6.2.5 with respect to medical staff resource planning, in collaboration with physician leaders:

- 6.2.5.1 submitting annually a regional medical staff human resource plan to the Chief Executive Officer and the Board of the Regional Health Authority that addresses the needs of the health region; and
- 6.2.5.2 providing leadership and direction on matters pertaining to physician compensation, recruitment, orientation and retention;
- 6.2.6 with respect to the professional and ethical conduct of the medical staff:
 - 6.2.6.1 encouraging, promoting and fostering the professional and ethical conduct of medical staff in relation to their practice, teaching, research and interactions with others;
 - 6.2.6.2 addressing concerns arising from the professional and ethical conduct of medical staff;
 - 6.2.6.3 ensuring adherence to the Respectful Workplace Policy and other relevant Human Resource policies of Central Health; and
 - 6.2.6.4 ensuring adherence to the Media Relations Policy of Central Health;
- 6.2.7 with respect to continuing medical staff education: in collaboration with physician leaders:
 - 6.2.7.1 facilitating the availability of appropriate continuing medical staff education on an ongoing basis; and
 - 6.2.7.2 identifying and addressing the management and leadership development needs of physicians within the health region and facilitating their availability;
- 6.2.8 with respect to provincial medical services issues:
 - 6.2.8.1 co-operating and co-coordinating with other vice presidents of medical services in the province;
- 6.2.9 with respect to teaching and research in collaboration with physician leaders:
 - 6.2.9.1 encouraging, promoting and fostering teaching and research within the health region;
 - 6.2.9.2 ensuring compliance with the policies and procedures for consideration and approval of research proposals;

6.2.9.3 liaising with the faculty of Medicine of Memorial University to ensure effective coordination and cooperation for clinical care, education and research.

6.3 The Vice President Medical Services may if required, delegate responsibilities to a subordinate but is at all times ultimately responsible for the duties assigned to his/her role.

7. Establishment of Programs, Departments, Divisions and/or Services

7.1 Authority to Establish Programs, Departments, Divisions and/or Services

7.1.1 The Vice President Medical Services may make recommendations to the Chief Executive Officer to establish or dissolve programs, departments, divisions and/or services, as considered appropriate from time to time.

7.1.2 The establishment or dissolution of any program, department, division and/or service shall not take effect until confirmed by the Chief Executive Officer.

7.1.3 The composition and duties of each program, department, division and/or service shall be described in the policies and procedures.

7.1.4 The Vice President Medical Services shall consult with and give consideration to the advice of the Referral Centre / Rural Medical Advisory Committee in the exercise of any of the powers under Section 7.1.

7.2 Clinical Programs and Services

7.2.1 The following are the clinical programs within Central Health:

James Paton Memorial Regional Health Centre

Palliative End of Life

Family Medicine

Emergency Medicine

Anesthesia

Surgery

Orthopedics

Radiology

Obstetrics/Gynecology

Pathology

Pediatrics

Ophthalmology

Internal Medicine

Otolaryngology (ENT)

Psychiatry

Hospitalist Medicine

Central Newfoundland Regional Health Centre

Palliative End of Life
Family Medicine
Emergency Medicine
Anesthesia
Surgery (including Urology)
Radiology
Obstetrics/Gynecology
Pathology
Pediatrics
Ophthalmology
Internal Medicine (Hospitalist Medicine)
Psychiatry
Otolaryngology (ENT)

Health Service Areas

Baie Verte Peninsula
Green Bay
Buchans
Exploits
Connaigre
Lewisporte
Fogo / Twillingate
New-Wes-Valley

7.2.2 Divisions

7.2.2.1 The Chief Executive Officer, after considering the recommendation of the relevant Medical Advisory Committee, the recommendation of the physician leaders and the Vice President Medical Services may establish subcategories within or groupings of programs and services.

7.2.3 Clinical Programs and Services Meetings and Responsibilities of Members

7.2.3.1 The Medical Staff members of each Clinical Program and Service shall meet on a regular basis at least six times per year, or at other times at the call of the chair.

7.2.3.2 Medical Staff members and the Chief of Service of each clinical Program/Service at each of the two Regional Referral Centres shall be responsible to the Chief of Staff of that Referral Centre. Medical Staff members at health service areas are responsible to the Senior Medical Officer at the health services area.

8. Appointment of Physician Leaders to Programs, Services, Health Services Areas and Referral Centres

- 8.1 In accordance with the policies and procedures, the Vice President Medical Services may, with the concurrence of the Chief Executive Officer, appoint an individual to be responsible for and serve as physician leader for a program, service, or health service area. These individuals shall be known as Chiefs of Service or Senior Medical Officers. The Vice President Medical Services may also appoint an individual to be responsible for the group of Medical Services in a Referral Centre. These individuals shall be known as Chiefs of Staff.
- 8.2 Each Program/Service/Health Service Area shall have a physician leader who is, approved by the Vice President of Medical Services and confirmed by the Chief Executive Officer.
- 8.3 The physician leader shall be appointed and/or reappointed for a period of 3 years unless otherwise provided for in the policies and procedures.
- 8.4 Reappointment should generally be limited to one additional term for a maximum of 2 consecutive terms.
- 8.5 The appointment / reappointment of physician leaders shall be based on a satisfactory performance appraisal by the Vice President of Medical Services in accordance with the medical policies and procedures.
- 8.6 The Vice President Medical Services may at any time for just cause revoke or suspend the appointment of a physician leader.
- 8.7 No appointment, revocation or suspension of the appointment of a physician leader shall be in effect for longer than five (5) days, unless confirmed in writing by the Chief Executive Officer or his/her delegate.
- 8.8 The Vice President Medical Services may appoint an acting physician leader where the incumbent is absent, or unwilling to carry out the responsibilities. The acting physician leader shall have all of the powers, duties and responsibilities of the incumbent.

9. Responsibilities of Physician Leaders (Chiefs of Staff, Chiefs of Service, Senior Medical Officers)

- 9.1 A physician leader(s) is responsible to the Vice President Medical Services or delegate for the effective organization, management and functioning of the medical staff within the assigned program/service, health service area or referral centre.
- 9.2 A Chief of Staff / Senior Medical Officer is jointly accountable with the Chief Operating Officer and/or Vice President of Rural Health and the Director of

Health Services / Program Director, as appropriate, for the effective and efficient operation of the Program, Service, or health service area.

- 9.3 Issues of quality medical care, need for physician resources and medical program development to achieve appropriate standard of care are primarily the responsibility of the Chief of Staff or the Senior Medical Officer. The Chief of Staff or Senior Medical Officer shall be responsible through the appropriate Medical Advisory Committee for the quality, safety and coordination of medical services delivered and for the promotion of an interdisciplinary approach in the delivery of patient care. Where there is a conflict between the physician leader(s), and/or Program Director/Director of Health Services and/or Chief Operating Officer/Vice President Rural Health regarding patient care, the issue may be brought to Vice President, Medical Services for resolution by him or her.

10. Specific Accountabilities for Chief of Staff / Senior Medical Officer

- 10.1 The Chief of Staff / Senior Medical Officer shall be appointed by the Vice President of Medical Services, as authorized by the Chief Executive Officer, and is responsible to the Vice President Medical Services to:
- 10.1.1 ensure appropriate supervision of the professional care provided by members of the medical staff in the referral centre or health service area or assign an active staff member to supervise the practice of medicine of other members of the referral centre or health service area for any period of time;
 - 10.1.2 ensure appropriate orientation and integration of new members of the Medical Staff in the referral centre or health service area;
 - 10.1.3 review the privileges granted to members of the medical staff in the referral centre or health service area and make recommendations for changes of such privileges to the appropriate Credentials Committee and the appropriate Referral Centre / Rural Medical Advisory Committee;
 - 10.1.4 submit written recommendations to the appropriate Credentials Committee and Referral Centre / Rural Medical Advisory Committee concerning members of the medical staff in his/her referral centre or health service area;
 - 10.1.5 ensure annual performance evaluations for physicians within their referral centre or health service area are carried out by the appropriate Chief of Service or Senior Medical Officer. The evaluation shall be based on the objectives, duties and obligations of the particular category of privileges granted. The evaluation and recommendations are forwarded annually to the office of the Vice President of Medical Services and to the appropriate Credentials Committee when required;

10.1.6 notify the Vice President Medical Services, of his or her absence, and suggest an alternate for consideration by the Vice President Medical Services to be responsible for the conduct of affairs in the case of such absence.

10.2 Quality Initiatives

Subject always to any Bylaws of the Board in this regard,

10.2.1 ensure the development and maintenance of quality and safe patient focused care;

10.2.2 ensure the development and evaluation of standards of care as well as outcome measures;

10.2.3 ensure the provision of quality services through a process of continuous quality improvement;

10.2.4 support the creation of a working environment which facilitates the involvement of students, all levels of allied health care staff, nurses, physicians and post graduate medical trainees as well as input from consumers of the referral centre or health service area;

10.2.5 establish an appropriate method for ongoing quality assurance within the guidelines and umbrella of the organizational quality framework;

10.2.6 participate in and facilitate the engagement of all physicians in the organization's risk management program, including risk identification/occurrence reporting, risk analysis/assessment, risk control/response, and complaints resolution;

10.2.7 represent the referral centre or health service area to the community, patients and families and receive feedback related to patient care, particularly as it applies to medical issues;

10.2.8 liaise with other Chiefs of Staff or Senior Medical Officers and the Regional, Referral Centre, or Rural Medical Advisory Committees to ensure achievement of clinical excellence.

10.2.9 advocate for an interdisciplinary approach to health care delivery.

10.3 Resource Management – Financial

10.3.1 ensure the effective and efficient use of resources particularly as it relates to the medical staff of his/her respective referral centre or health service area; advocate for satisfactory resources to be available to physicians, nurses and allied staff to perform their clinical services to achieve safe, quality, and timely patient care;

- 10.3.2 develop, with relevant others, an annual operating and capital budget and participate in the monitoring of the referral centre's or health service area's fiscal performance;
 - 10.3.3 coordinate the development and annual update of a multi-year medical human resource, equipment and operational plan for the referral centre or health service area, in consultation with the Vice President Medical Services;
 - 10.3.4 assist in the recruitment of medical staff members in consultation with the Vice President Medical Services.
- 10.4 Planning
- 10.4.1 assist in the development of objectives and strategies for the referral centre or health service area, which focus on patient outcomes that are consistent with the overall Mission, Values, Vision and Corporate Strategic Directions of the Regional Health Authority, and are supportive of, and integrated with, the key directions of other programs and services;
 - 10.4.2 participate in the implementation and evaluation of approved key directions and objectives.
- 10.5 Liaison
- 10.5.1 ensure the maintenance of a comprehensive consultation network within the referral centre/health services area which supports interdisciplinary collaboration and decision making;
 - 10.5.2 ensure liaison among all programs/services within the referral centre/health service area;
 - 10.5.3 liaise with the Vice President Medical Services, with respect to medical resource issues;
 - 10.5.4 participate in appropriate medical staff activities associated with the local Medical Staff Organization;
 - 10.5.5 liaise with appropriate external providers involved in the continuum of patient care; and
 - 10.5.6 maintain an active involvement in committees of the Regional Health Authority.
- 10.6 Research
- The Chief of Staff / Senior Medical Officer will ensure all research conducted / led by physicians in Central Health adheres to the Central Health policies and procedures with respect to research and to all ethical standards pertaining thereto.

10.7 Monitoring and Evaluating

The Chief of Staff / Senior Medical Officer is primarily responsible for activities that monitor the delivery of care by the referral centre / health service area and the ongoing evaluation of the quality of medical care.

11. Specific Accountabilities for Chiefs of Service

- 11.1 Chiefs of Service shall be appointed by the Chief Executive Officer following consultation with and nomination by the Vice President Medical Services.
- 11.2 Chiefs of Service shall be responsible to the Vice President Medical Services and have such duties as assigned. Duties of Chiefs of Service may include but are not limited to:
 - 11.2.1 program/service leadership and overall supervision of clinical care, both inpatient and ambulatory, given by members of the Program/Department/Division/Service;
 - 11.2.2 the convening and chairing of service meetings with minimum of five meetings to be held in each calendar year. The agenda of these meetings should include a review of clinical affairs within the Service, the liaison with other professional groups such as nursing, social work and physiotherapy and liaison with Administration;
 - 11.2.3 coordination of undergraduate and postgraduate teaching;
 - 11.2.4 the promotion of research; and
 - 11.2.5 coordination with interdisciplinary colleagues for teaching and research.
- 11.3 Chiefs of Service may be reappointed after appropriate review and serve for a maximum of 2 terms with each term not exceeding 3 years duration.

12. Establishment of the Medical Advisory Committee Structure

The Chief Executive Officer in consultation with Vice President Medical Services shall establish a Regional Medical Advisory Committee, two Referral Centre Medical Advisory Committees and one Rural Medical Advisory Committee.

13. Responsibilities of the Regional Medical Advisory Committee

- 13.1 The Regional Medical Advisory Committee(s) shall:
 - 13.1.1 assist the Vice President Medical Services with the effective organization, management and functioning of the medical staff throughout the Regional Health Authority;

- 13.1.2 in conjunction with the Vice President Medical Services, develop policies and procedures relating to medical staff affairs in the Regional Health Authority;
 - 13.1.3 make recommendations to the Vice President Medical Services in accordance with and as required by these Bylaws; and
 - 13.1.4 hold not less than 3 meetings in each fiscal year at the call of the chair and/or the Vice President Medical Services.
- 13.2 The responsibilities of the Regional Medical Advisory Committee(s) include, but are not limited to, providing policy advice and recommendations to the Vice President Medical Services, with a view to integrating and coordinating activities in a consistent manner throughout the health region on matters with respect to:
- 13.2.1 Medical Staff Administration:
 - 13.2.1.1 providing advice and recommendations to the Vice President Medical Services on the development, maintenance and updating of medical staff policies and procedures pertaining to medical care provided within facilities, programs and services operated by the Regional Health Authority;
 - 13.2.1.2 providing advice and recommendations to the Vice President Medical Services on matters pertaining to clinical care, organization, medical technology and other relevant medical administrative matters; and
 - 13.2.1.3 providing advice and recommendations to the Vice President Medical Services on matters pertaining to strategic planning, financial and program planning, the development, implementation and evaluation of patient/client/resident care programs and services and resource allocation.
 - 13.2.2 Quality of Medical Care:

Subject always to any Bylaws of the Board in this regard,

 - 13.2.2.1 receiving, reviewing and making recommendations to the Vice President Medical Services on reports from quality review bodies and committees;
 - 13.2.2.2 making recommendations to the Vice President Medical Services concerning the establishment and maintenance of professional standards in facilities, programs and services operated by the Regional Health Authority in

compliance with all applicable legislation, bylaws, policies and procedures of the Regional Health Authority;

13.2.2.3 reporting and making recommendations to the Vice President Medical Services on the quality, effectiveness and availability of medical services provided in facilities, programs and services operated by the Regional Health Authority; and

13.2.2.4 reporting on and making recommendations to the Vice President Medical Services to address, maintain and improve patient/client/resident safety in the provision of medical services.

13.2.3 Medical Human Resource Planning:

13.2.3.1 making recommendations to the Vice President Medical Services regarding medical human resources required to meet the health needs of the population served by the Regional Health Authority.

14. Regional Medical Advisory Committee Composition

14.1 A Regional Medical Advisory Committee is established and shall be constituted in accordance with the provisions of Appendix A.

14.2 The Chair of the Regional Medical Advisory Committee shall be appointed by the Chief Executive Officer. The appointment shall be for a two-year term, with reappointment for a second term by agreement of the existing voting members of the Regional Medical Advisory Committee following review and approval by the Chief Executive Officer.

14.3 The Chief Executive Officer may at any time revoke or suspend the appointment of the Chairperson of the Regional Medical Advisory Committee and appoint an acting Chairperson until a replacement is found or until the suspension is lifted, as the case may be.

14.4 The Vice-Chairperson of the Regional Medical Advisory Committee shall be appointed from amongst their number by the voting members of the Regional Medical Advisory Committee for a two-year term. In the absence of the Chairperson, the Vice-Chairperson shall assume all of the Chairperson's duties and shall have all of his or her authority.

14.5 The Chair of the Regional Medical Advisory Committee shall:

14.5.1 preside at all meetings of the Regional Medical Advisory Committee;

14.5.2 give notice of all meetings of the Regional Medical Advisory Committee;

- 14.5.3 in consultation with the Vice President Medical Services, develop the agenda for Regional Medical Advisory Committee meetings;
 - 14.5.4 maintain the minutes of all meetings of the Regional Medical Advisory Committee;
 - 14.5.5 maintain an attendance record of those attending all meetings of the Regional Medical Advisory Committee;
 - 14.5.6 perform such other duties as ordinarily pertain to this office and as the Regional Health Authority may from time to time direct; and
 - 14.5.7 report to the Board in accordance with the Board's reporting requirements.
- 14.6 The Vice-Chair of the Regional Medical Advisory Committee shall have all the powers and perform all the duties of the chair in the absence of the Chair, together with such other duties as are usually incidental to such a position or as may be assigned by the Regional Health Authority from time to time.

15. Standing and Ad Hoc Committees of the Regional Medical Advisory Committee

- 15.1 The Regional Medical Advisory Committee may establish such standing committees and ad hoc committees as required to advise the Vice President Medical Services.
- 15.2 The terms of reference, duties and composition of each standing and ad hoc committee shall be recorded in the policies and procedures or minutes of the Regional Medical Advisory Committee;
- 15.3 The Regional Medical Advisory Committee shall appoint a Chair of each standing committee and each ad hoc committee.
- 15.4 The Chair of each standing or ad hoc committee shall submit the minutes, reports, and any recommendations of the standing or ad hoc committee on a regular basis, or as directed by the Regional Medical Advisory Committee, and, at the request of the Regional Medical Advisory Committee, be present to discuss all or part of any minutes, reports, or recommendations of the standing or ad hoc committee.
- 15.5 The Chairperson and members of the standing committees shall be appointed every two years by the Regional Medical Advisory Committee.

16. Responsibilities of the Referral Centre and the Rural Medical Advisory Committees

- 16.1 The Chief Executive Officer in consultation with the Vice President Medical Services shall establish Medical Advisory Committees in the two referral centres and a Medical Advisory Committee representing the combination of health services areas (Rural):

- 16.1.1 Central Newfoundland Regional Health Centre Medical Advisory Committee
- 16.1.2 James Paton Memorial Regional Health Centre Medical Advisory Committee
- 16.1.3 Rural Medical Advisory Committee (comprised of all health service areas)
- 16.2 The Referral Centre / Rural Medical Advisory Committees shall meet 8 times per year. The Chair of each of these committees shall be appointed by the Chief Executive Officer in consultation with the Vice President Medical Services. Appointments shall be for a two-year period with renewal for a further two-year period if mutually agreeable. The Vice Chair shall be elected from the other members of each Referral Centre / Rural Medical Advisory Committee for a two year period.
- 16.3 The roles of the Referral Centre / Rural Medical Advisory Committee are to:
 - 16.3.1 work with the Regional Medical Advisory Committee to deal with medical care services in their area of responsibility, encompassing quality, safety, coordination, timeliness and adequacy.
 - 16.3.2 advise the relevant Chief Operating Officer(s) / Vice President Rural Health on matters related to medical care and other issues as appropriate.
 - 16.3.3 serve as a forum for discussion and, if necessary, decision making among the various elements of these medical staff.
 - 16.3.4 consider, act on, or refer to the Regional Medical Advisory Committee items which are submitted by the Chief Operating Officer / Director of Health Services.
 - 16.3.5 review credentials and make recommendations initially and then at appropriate intervals to the Chief Executive Officer or delegate on the appointment, category of appointment , or variation of privileges, granting of privileges, reappointment, promotion, suspension and retirement of each medical staff member in keeping with these Bylaws and policies as developed by the Regional Health Authority.
 - 16.3.6 report to the Chief Executive Officer through the Chair of the Referral Centre / Rural Medical Advisory Committee.

17. Composition of the Referral Centre / Rural Medical Advisory Committees: (See Appendix B)

- 17.1 The Referral Centre Medical Advisory Committees and the Rural Medical Advisory Committee shall be constituted in accordance with the provisions of Appendix B.

18. Special Functions of the Medical Advisory Committee

- 18.1 Special committees shall be appointed by the Regional Medical Advisory Committee or the Referral Centre / Rural Medical Advisory Committees from time to time as may be required to perform specific functions. Such committees shall confine their work to the purpose for which they were appointed and shall report in writing to the appropriate Medical Advisory Committee.
- 18.2 These special committees shall include the local medical advisory sub-committee at each of the rural sites, comprised of the medical staff and appropriate administrative staff in the health service area. These sub-committees will report to the Rural Medical Advisory Committee. They will be chaired by the Senior Medical Officer and forward information / items for consideration through the Senior Medical Officer to the Rural Medical Advisory Committee.
- 18.3 Subject always to any Bylaws of the Board in this regard, any special committees of the Medical Advisory Committee(s) and other committees or panels within the Regional Health Authority which in the opinion of the Medical Advisory Committee(s) or the Chief Executive Officer perform in whole or in part and from time to time functions relating to quality initiatives and/or peer review within the Regional Health Authority shall be designated by the Medical Advisory Committee(s) or by the Chief Executive Officer to be a quality assurance and/or peer review committee as contemplated by Section 8.1(2) of the Evidence Act (Newfoundland) as amended.
- 18.4 Additional committees of an administrative nature may be appointed from time to time to assist the medical administration of the Regional Health Authority. Such committees shall report in writing to the appropriate Medical Advisory Committee.
- 18.5 The conduct of meetings of Medical Advisory Committee(s), the local Medical Advisory sub-committee, department, program or service meetings and general meetings of the medical staff, as well as questions of procedure at both regular and special meetings of such bodies shall be determined in accordance with the policies and procedures, as established from time to time.

PART III

MEDICAL STAFF ASSOCIATION

19. Officers of the Medical Staff Association

- 19.1 Each of the referral centres (CNRHC, JPMRHC) and the group of health service areas (Rural) shall have Local Medical Staff Associations. The elected officers of the Medical Staff Association shall be the President, Vice-President, Secretary-Treasurer and others as decided by the Medical Staff Association who shall constitute the Executive of the Medical Staff Associations. They shall be elected by the Active and Associate Staff at an annual meeting and serve for a two year period. The President and Vice President of a Medical Staff Association shall sit on the appropriate Referral Centre / Rural Medical Advisory Committee. The elected officers shall be responsible for the collection, use and disbursement of Medical Staff funds as directed by the Medical Staff.
- 19.2 The President shall be responsible for calling and presiding at the Medical Staff Association meetings and shall be a member, ex-officio, of all Standing Medical Staff Association committees. He or she shall be a member of and represent the Medical Staff at meetings of the appropriate Credentials Committee.
- 19.3 The Vice-President, in the absence of the President, shall be empowered to assume all of the President's duties and have all of his or her authority. He or she shall be expected to perform such other duties as may be assigned by the President.
- 19.4 The Secretary-Treasurer shall be responsible for keeping accurate and complete minutes of all Medical Staff Association meetings, calling meetings on order of the President, attending to all correspondence and performing such other duties as ordinarily pertain to that office. He or she shall be accountable for all Medical Staff Association funds and will be responsible for the preparation and presentation to Medical Staff of a yearly audit of such funds.

20. Meetings of the Medical Staff Association

- 20.1 The annual meeting of each Referral Centre / Rural Medical Staff Association shall be held in a designated month each year, and the President shall present his or her annual report including the financial statement of the Medical Staff Association. The election of officers shall take place. Voting, if necessary, shall be by ballot by the Active and Associate Medical Staff.
- 20.2 Regular meetings of the Medical Staff Association shall be held at least quarterly. These quarterly meetings shall not release Medical Staff Association members from their obligations to attend the regular meetings of the Program/Department/Division or Service. In addition to matters of organization, the Agenda of these meetings must include a written report of

either the Referral Centre or Rural Medical Advisory Committee and Regional Medical Advisory Committee.

- 20.3 Special meetings of the Medical Staff Association may be called at any time by the President, and shall be called at the written request of the Referral Centre / Rural Medical Advisory Committee, the Executive Committee or any five members of the Medical Staff. At any special meeting, no business shall be transacted except that stated in the notice calling the meeting. Notice of any meeting shall be emailed at least eight days before the time set for the meeting with the exception that special meetings called in relation to the election of officers shall require a minimum of ten days' notice.
- 20.4 The requirements for attendance, quorum, power to excuse absence, the agenda setting process and other matters relating to these Referral Centre / Rural Medical Staff Associations shall be as determined by each Medical Staff Association.
- 20.5 The purposes of the medical staff associations are as follows:
 - 20.5.1 To provide a formal mechanism to address medical staff concerns initially through the Chief of Staff / Senior Medical Officer, the Referral Centre / Rural Medical Advisory Committee, Vice President Medical Services and subsequently to the Chief Executive Officer.
 - 20.5.2 To provide a means for medical staff members to communicate with each other and to act as an advocacy group for physicians and their patients.
 - 20.5.3 To provide a forum to advocate for quality healthcare.

PART IV

MEDICAL STAFF CATEGORIES

21. Medical Staff Categories

- 21.1 The medical staff shall be organized into the following categories:
 - 21.1.1 Active;
 - 21.1.2 Courtesy;
 - 21.1.3 Assistant;
 - 21.1.4 Associate;
 - 21.1.5 Visiting;
 - 21.1.6 Honorary;
- 21.2 Active Medical Staff
 - 21.2.1 The active medical staff shall consist of those physicians who have been appointed according to Parts IV and V as active medical staff by the Chief Executive Officer after consultation with the Vice President Medical Services and relevant Chief of Service / Chief of Staff / Senior Medical Officer.
 - 21.2.2 Every physician applying for an initial appointment to the active medical staff will first be appointed to the associate medical staff unless the Chief Executive Officer directs otherwise.
 - 21.2.3 Active medical staff shall:
 - 21.2.3.1 ensure that care is provided to his or her patients/clients/residents in Regional Health Authority facilities, programs and services, and, as required, ensure arrangements are in place for the ongoing care of his or her patients/clients/residents by another member of the medical staff with the appropriate privileges when he or she is unable to attend to his or her patients/clients/residents;
 - 21.2.3.2 attend patients/clients/residents and undertake such medical and surgical treatments in accordance with the privileges granted by the Chief Executive Officer;
 - 21.2.3.3 undertake such duties respecting patient/client/resident care as may be reasonably assigned by the Vice President Medical Services and Chief of Service / Senior Medical Officer in circumstances where additional medical human resources are required if within the scope of mutually agreed terms and conditions as outlined in a job description and/or privileging agreement;

- 21.2.3.4 act as a mentor or supervisor of a member of the associate medical staff as mutually agreed upon by the associate medical staff, the active staff, the Vice President Medical Services and the Chief of Service / Senior Medical Officer.
 - 21.2.3.5 attend program/department/service meetings of the medical staff as required by policies and procedures of the Regional Health Authority;
 - 21.2.3.6 have an annual review and evaluation conducted by the appropriate physician leader in accordance with predetermined organization criteria;
 - 21.2.3.7 abide by applicable legislation, bylaws, policies and procedures;
 - 21.2.3.8 not alter the scope of practice unilaterally but by agreement between the physician and Central Health;
 - 21.2.3.9 attend educational rounds and continuing medical education when appropriate;
 - 21.2.3.10 participate in quality improvement and assurance initiatives within the umbrella of the Regional Health Authority quality assurance program; and
 - 21.2.3.11 participate in a collaborative fashion with interdisciplinary care teams.
- 21.2.4 Active medical staff may refer any of his or her patients/clients/residents to services and programs provided by the Regional Health Authority consistent with any privileges, policies and procedures established for the referral to those programs and services.
- 21.2.5 At the discretion of the Chair of the Referral Centre / Rural Medical Advisory Committee or the Vice President Medical Services, active medical staff may serve as a member or the Chairperson of any committee established by the Referral Centre / Rural Medical Advisory Committee or the Vice President Medical Services and vote at meetings of the medical staff or at any committee on which he or she holds membership.
- 21.3 Courtesy Medical Staff
- 21.3.1 The Chief Executive Officer may appoint a physician to the courtesy medical staff if:
 - 21.3.1.1 the applicant has patients/clients/residents within the health region;

- 21.3.1.2 the applicant has demonstrated a need to access Regional Health Authority programs and services such as diagnostic imaging, laboratory, rehabilitation, health promotion, health education and community care to serve the needs of his or her patients/clients/residents residing within the health region, and
- 21.3.1.3 the applicant does not have an active medical staff appointment in the Regional Health Authority.
- 21.3.2 The courtesy medical staff shall consist of those physicians who have been appointed according to Parts IV and V as courtesy medical staff by the Chief Executive Officer after consultation with the Vice President Medical Services. The appropriate range of privileges shall be outlined in the letter of appointment.
- 21.3.3 Courtesy medical staff shall not have admitting privileges.
- 21.3.4 Courtesy medical staff shall:
 - 21.3.4.1 ensure that care is provided for his or her patients/clients/residents in Regional Health Authority facilities, programs and services, and, as required, ensure arrangements are in place for the ongoing care of his or her patients/clients/residents by another member of the medical staff;
 - 21.3.4.2 abide by applicable legislation, Bylaws, policies and procedures; and
 - 21.3.4.3 attend meetings of the medical staff as required by the policies and procedures of the Regional Health Authority.
- 21.3.5 At the discretion of the Chair of the Referral Centre / Rural Medical Advisory Committee or the Vice President Medical Services, courtesy medical staff may serve as a member of any committee established by the Referral Centre / Rural Medical Advisory Committee or the Vice President Medical Services and vote at meetings of the medical staff or at any committee in which they hold membership.
- 21.4 Assistant Medical Staff
 - 21.4.1 The Chief Executive Officer, in consultation with the Vice President Medical Services and Clinical Chief, may appoint a physician to the assistant medical staff if the applicant is to provide specific services within a department, program and/or service.
 - 21.4.2 The assistant medical staff shall consist of those physicians who have been appointed according to Parts IV and V to the assistant medical staff by the Chief Executive Officer after consultation with the Vice President Medical Services.

- 21.4.3 Assistant medical staff shall not have admitting privileges.
 - 21.4.4 Assistant medical staff shall:
 - 21.4.4.1 under the supervision of an active or associate medical staff member(s) approved by the Vice President Medical Services attend patients/clients/residents and undertake such medical and surgical treatments in accordance with the privileges granted by the Chief Executive Officer;
 - 21.4.4.2 have an annual review and evaluation conducted by a physician leader appointed under Section 21.2.3.4 in accordance with predetermined objectives or job description;
 - 21.4.4.3 attend meetings of the medical staff association as required by the policies and procedures of the Regional Health Authority;
 - 21.4.4.4 abide by applicable legislation, Bylaws, policies and procedures.
 - 21.4.5 At the discretion of the chair of the Referral Centre / Rural Medical Advisory Committee or the Vice President Medical Services, assistant medical staff may serve as a member of any committee established by the Referral Centre / Rural Medical Advisory Committee or the Vice President Medical Services.
- 21.5 Associate Medical Staff
- 21.5.1 Appointment to the associate medical staff shall be considered a probationary appointment during which time the Referral Centre / Rural Medical Advisory Committee and the appropriate physician leader shall evaluate the medical staff member.
 - 21.5.2 The associate medical staff shall consist of those physicians who apply for an initial appointment to the active or courtesy medical staff, and who are appointed according to Parts IV and V by the Chief Executive Officer after consultation with the Vice President Medical Services.
 - 21.5.3 Each associate medical staff member shall have such privileges that are appropriate to the active or courtesy medical staff category to which they applied, unless otherwise specified in the appointment. These privileges shall be outlined in the letter of appointment by the Chief Executive Officer.
 - 21.5.4 Subject to Section 21.5.5, an associate medical staff member shall work for a 12-month probationary period under the mentorship or supervision of an active medical staff assigned by the Vice President Medical Services as recommended by the physician leader under

whose responsibility the associate medical staff member has been assigned. During this probationary period the staff member will undergo quarterly evaluations by the appropriate supervisor.

- 21.5.5 In exceptional circumstances, the Vice President Medical Services may recommend to the Chief Executive Officer a waiver or reduction of the twelve-month probationary period, and the Chief Executive Officer may waive or reduce the probationary period. If the Chief Executive Officer agrees with the recommendation, the Chief Executive Officer may grant an appointment for the balance of the probationary term in the category of medical staff to which the physician initially applied.
- 21.5.6 At the end of the 12-month probationary appointment, and subject to the provisions of these Bylaws respecting reappointment, the Referral Centre / Rural Medical Advisory Committee shall review the performance of the associate medical staff member and recommend to the Vice President Medical Services and the Chief Executive Officer either:
 - 21.5.6.1 the appointment of the physician in accordance with the category of appointment sought and privileges requested;
 - 21.5.6.2 the appointment of the physician but that the category of medical staff or privileges be modified from those requested by the physician;
 - 21.5.6.3 the physician be subject to a further probationary period by reappointment to the associate medical staff for a further period not exceeding twelve months; or
 - 21.5.6.4 the application be refused, in which case the reasons for refusal shall be in writing.
- 21.5.7 Physicians shall be appointed to the associate medical staff for no more than 24 consecutive months.
- 21.5.8 The physician leader may request the Vice President Medical Services to assign a different mentor or supervisor at any time during the physician's appointment to the associate medical staff.
- 21.5.9 At any time, the Referral Centre / Rural Medical Advisory Committee may recommend to the Vice President Medical Services that the appointment of a physician to the associate medical staff be terminated. If the Referral Centre / Rural Medical Advisory Committee recommends termination, the Referral Centre / Rural Medical Advisory Committee shall prepare written reasons with respect to its recommendation, and the Vice President Medical Services shall forward the recommendation of the Referral Centre / Rural Medical Advisory Committee to the Chief Executive Officer, together with his/her own recommendation thereon.

21.5.10 Upon consideration of the recommendations of the Referral Centre / Rural Medical Advisory Committee, including the reasons therefor, and the representations of the associate medical staff member, if any, the Chief Executive Officer shall within ten (10) business days, in consultation with the Vice President Medical Services, make a decision that may:

21.5.10.1 confirm the appointment of the associate medical staff member to the medical staff with the same privileges as held before the recommendation for termination by the Referral Centre / Rural Medical Advisory Committee;

21.5.10.2 confirm the appointment of the associate medical staff member to the medical staff with the privileges considered appropriate by the Chief Executive Officer; or

21.5.10.3 confirm the recommendation for termination of the appointment as an associate medical staff member.

21.5.11 The Chief Executive Officer shall ensure that a copy of his or her decision and the reasons for the decision is received by the applicant, the Vice President Medical Services and the Referral Centre / Rural Medical Advisory Committee within ten (10) days after rendering the decision.

21.5.12 At any time, the Referral Centre / Rural Medical Advisory Committee may recommend to the Vice President Medical Services that the privileges outlined in Section 21.5.3 may be changed or modified. Members shall be advised of any changes in privileges in writing by the Vice President Medical Services.

21.5.13 Associate medical staff may have such membership and voting rights, and be subject to such duties, privileges and obligations commensurate with the active or courtesy medical staff category to which they are appointed.

21.6 Visiting Medical Staff

21.6.1 The Chief Executive Officer after consultation with the Vice President Medical Services may appoint a physician to the visiting medical staff with such privileges as deemed appropriate:

21.6.2 Appointment to the visiting medical staff may occur where the appointment is:

21.6.2.1 for a defined period of time and/or for a specific purpose; or

21.6.2.2 to provide temporary replacement or support for a member of the medical staff;

- 21.6.3 Appointment to the visiting medical staff may also occur where the applicant has:
- 21.6.3.1 an active medical staff appointment with another NL Regional Health Authority, health authority, hospital or other similar health care organization in Canada;
- AND
- 21.6.3.2 demonstrated a need to access diagnostic imaging, laboratory, rehabilitation, health promotion and health education, and community care programs and services to serve the needs of his or her patients/clients/residents residing within the health region;
- OR
- 21.6.3.3 established consultant clinics or performs itinerant services in any of the regional health authority facilities.
- 21.6.4 The visiting medical staff shall consist of those physicians who have been appointed to the visiting medical staff by the Chief Executive Officer after consultation with the Vice President Medical Services.
- 21.6.5 Notwithstanding Section 21.6.1, the Vice President Medical Services may:
- 21.6.5.1 appoint a physician who is not a member of the medical staff to the visiting medical staff and grant temporary privileges where, in the opinion of the Vice President Medical Services, there is an immediate need for the service and it is not practical for the applicant to submit all of the information required to be submitted according to these Bylaws provided the Vice President Medical Services is satisfied that the applicant meets the criteria for appointment set out in Section 28.1 and 28.2
 - 21.6.5.2 grant temporary privileges to a physician where, in the opinion of the Vice President Medical Services, there is an immediate need for the service: and
 - 21.6.5.3 this appointment will not be longer than 90 days.
- 21.6.6 The privileges which may be granted to a member of the visiting staff under Section 21.6.1 or 21.6.2 include the privilege to attend, admit patients/clients/residents or perform surgical or other operative procedures in a hospital(s) or health centre(s).
- 21.6.7 Each member of the visiting medical staff shall:

- 21.6.7.1 ensure that care is provided to his or her patients/clients/residents in regional health authority facilities, programs and services, and as required, ensure arrangements are in place for the ongoing care of his or her patients/clients/residents by another member of the medical staff with the commensurate privileges when he or she is unable to attend patients/clients/residents;
 - 21.6.7.2 attend patients/clients/residents and undertake such medical and surgical treatments in accordance with the privileges granted by the Chief Executive Officer in consultation with the Vice President Medical Services;
 - 21.6.7.3 undertake such duties respecting patient/client/resident care as may be reasonably assigned by the Vice President Medical Services in circumstances where additional medical human resources are required if within the scope of mutually agreed terms and conditions as outlined in a job description and/or privileges agreement; and
 - 21.6.7.4 abide by applicable legislation, bylaws, policies and procedures.
- 21.6.8 Visiting medical staff may refer any of their patients/clients/residents to services and programs provided by the Regional Health Authority consistent with any policies and procedures established for the referral to those programs and services.
- 21.6.9 Members of the visiting medical staff shall have no voting rights and may not hold any office or be a voting member on any committee.
- 21.7 Honorary Medical Staff
- 21.7.1 The honorary medical staff category is to recognize physicians who have provided distinguished service to the patients/clients/residents of the health region.
 - 21.7.2 A physician may be appointed to the honorary medical staff by the Chief Executive Officer in consultation with the Vice President Medical Services on the recommendation of the Referral Centre / Rural Medical Advisory Committee. Parts IV and V of these bylaws respecting medical staff do not apply to an appointment to this category.
 - 21.7.3 Members of the honorary medical staff hold no privileges.
 - 21.7.4 Members of the honorary medical staff:
 - 21.7.4.1 subject to Section 21.7.5, may attend meetings of the medical staff established by the Referral Centre / Rural Medical Staff Association or by the Vice President Medical Services but shall have no voting rights;

- 21.7.4.2 may not hold any office or be a voting member on any committee; and
- 21.7.4.3 are not subject to mandatory meeting attendance as required by the policies and procedures of the Regional Health Authority.
- 21.7.5 An honorary medical staff member may be excluded from any meeting or portion of a meeting of a committee established by the Referral Centre / Rural Medical Advisory Committee or by the Vice President Medical Services at the discretion of the Chair, where personal information, personal health information or confidential information is being discussed.
- 21.7.6 The Chief Executive Officer may at any time, where in his or her opinion it is considered appropriate, terminate the appointment of a physician from the honorary medical staff.

22. Responsibilities of the Medical Staff

- 22.1 Collectively, the medical staff have a responsibility and accountability to the Regional Health Authority to:
 - 22.1.1 promote and provide within available resources a level of quality care in the Regional Health Authority facilities, departments, programs and services that is directed towards addressing, maintaining and improving patient/client/resident safety, satisfying the needs of the patient/client/resident, and meeting the standards set out by recognized bodies of the profession, such as licensing bodies, national clinical societies and others where the essential components of quality include competence, accessibility, acceptability, effectiveness, appropriateness, efficiency, affordability and safety;
 - 22.1.2 report any change in professional status to the Vice President Medical Services;
 - 22.1.3 participate in appropriate quality improvement initiatives aimed at improving access to and quality of care provided within the health region;
 - 22.1.4 promote appropriate use of evidence-based clinical practice;
 - 22.1.5 assist in fulfilling the mandate of the Regional Health Authority by contributing where reasonably possible to the strategic planning, community needs assessment, resource utilization management and quality management activities; and
 - 22.1.6 participate in the education and/or teaching activities of the

program/department and/or service as directed by the Chief of Service / Senior Medical Officer in accordance with the affiliation agreement between the Faculty of Medicine and Regional Health Authority.

- 22.2 Each member of the medical staff has a responsibility to the Regional Health Authority to:
- 22.2.1 ensure that a high professional and ethical standard of care is provided to patients/clients/residents under his or her care and abide by the Code of Ethics adopted by the College of Physicians and Surgeons of Newfoundland and Labrador;
 - 22.2.2 maintain professional liability insurance satisfactory to the Regional Health Authority and the College, and notify the Chief Executive Officer and the College immediately upon the occurrence of any lapse suspension or termination of such insurance;
 - 22.2.3 practice within the limits of the privileges provided and his or her professional competency and skill;
 - 22.2.4 meet the requirements for continuing medical education and continuing professional learning as established by the College of Physicians and Surgeons of Newfoundland and Labrador and the Regional Health Authority;
 - 22.2.5 participate in such education and training initiatives as appropriate that support the Regional Health Authority in providing quality health services;
 - 22.2.6 recognize the authority of the physician leaders, the Medical Advisory Committees, the Vice President Medical Services and the Chief Executive Officer;
 - 22.2.7 abide by applicable legislation, Bylaws, policies and procedures;
 - 22.2.8 participate in appropriate quality improvement initiatives, including risk management activities and complaints resolution;
 - 22.2.9 work, cooperate with and relate to others in a collegial and professional manner; and in accordance with the Authority's Respectful Workplace Policy;
 - 22.2.10 conduct himself or herself in a manner consistent with the Regional Health Authority's mandate, vision and values and in accordance with the requirements of the College of Physicians and Surgeons of Newfoundland and Labrador;
 - 22.2.11 serve where required by these bylaws respecting medical staff on Regional Health Authority and medical staff committees;

- 22.2.12 utilize health care resources within Regional Health Authority facilities and programs in a manner consistent with Regional Health Authority policies, procedures and practices;
- 22.2.13 participate in impact analyses as required by the Vice President Medical Services;
- 22.2.14 undergo annual evaluation as per predetermined organizational criteria; and
- 22.2.15 provide to the office of the Vice President of Medical Services on a yearly basis proof of current licensure and proof of current membership with CMPA or other acceptable professional liability insurer.

23. Clinical Privileges

23.1 Description of Privileges

- 23.1.1 The definition of major clinical privileges for each Department, Program and/or Service shall be determined by the Referral Centre / Rural Medical Advisory Committee on the recommendation of the Chief of Service / Senior Medical Officer and Vice President Medical Services.
- 23.1.2 The description of major privileges may be changed from time to time as appropriate by the Referral Centre / Rural Medical Advisory Committee on advice from the Chief of Service / Senior Medical Officer and Vice President Medical Services.
- 23.1.3 The Chief Executive Officer may request or direct the Referral Centre / Rural Medical Advisory Committee to review any specific areas of privilege from time to time as necessary.
- 23.1.4 Clinical privileges of a member of the Medical Staff shall be specified in writing in his or her letter of appointment.
- 23.1.5 Clinical privileges shall be reviewed at the time of reappointment.

23.2 Specific Privileges

- 23.2.1 Specific or delineated privileges shall refer to privileges in a specialty which is excluded from the definition of major privileges. They may be granted to certain members of the Medical Staff who have proven competence in these areas of practice or in the conduct of these procedures.
- 23.2.2 A member of the Medical Staff desiring specific privileges shall apply in writing to the Chief of Service / Senior Medical Officer, listing the specific privileges requested. The Chief of Service / Senior Medical

Officer will make recommendation concerning specific privileges to the Referral Centre / Rural Medical Advisory Committee.

23.2.3 Specific privileges shall be considered on an individual basis and shall be delineated by the Referral Centre / Rural Medical Advisory Committees in writing.

23.3 Renewal of Privileges

A review of clinical/specific privileges will be done in conjunction with an annual appraisal. Changes maybe recommended at that time.

23.4 Emergency Privileges

In the case of an emergency, the Medical Staff member attending the patient shall be expected to do all in his or her power to save the life of the patient, including such consultations(s) as may be quickly available, subject to the expressed wishes of the patient or substitute decision-maker. For the purpose of this section, an emergency is defined as a condition in which the life of the patient is in immediate danger and in which any delay in administering treatment would add to that danger. If a member of the Active Medical Staff is not available, then the Chief Executive Officer or delegate shall be empowered and have discretion to appoint any individual Medical Staff member to attend to the emergency. The treatment provided by the Medical Staff member shall be restricted to dealing with the particular emergency. Consent will be obtained as soon as possible for any procedures that are not related to the emergency.

24. Leave of Absence

24.1 A member of the medical staff may apply to the Vice President Medical Services, for a leave of absence. Except where in the opinion of the Vice President Medical Services special circumstances exist, three months notice will be required.

24.2 The Vice President Medical Services may grant a leave of absence for a period not exceeding twelve months in any of the following circumstances:

24.2.1 the medical staff member has enrolled in an educational program approved by the Vice President Medical Services;

24.2.2 maternity/family leave or disability/illness;

24.2.3 in any other circumstance which the Vice President Medical Services, considers appropriate.

24.3 Medical staff may apply for consecutive leaves of absence, which the Chief Executive Officer may approve if he or she considers it advisable or appropriate.

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- 24.4 If the member's reappointment comes due during the period of the member's leave of absence, the member shall apply for reappointment.
- 24.5 While on an approved leave of absence, members of the medical staff maintain their medical staff appointment to the category of medical staff to which they are appointed however:
 - 24.5.1 are exempt from department, program and services duties, including the requirement to attend department and program and service meetings; and
 - 24.5.2 do not have any admitting, discharge or clinical privileges.
- 24.6 While on an approved leave of absence, members are required to maintain licensure with the College of Physicians and Surgeons of Newfoundland and Labrador and shall maintain professional liability insurance satisfactory to the Regional Health Authority.
- 24.7 Prior to commencing a leave of absence, members must ensure arrangements are in place for the ongoing care of their patient/client/residents by another member of the medical staff, subject to approval by the Vice President Medical Services or delegate.

APPOINTMENT and REAPPOINTMENT – GENERAL

25. Power to Appoint and Reappoint

- 25.1. The Chief Executive Officer has the power to appoint and reappoint members to the medical staff and to grant privileges. In considering whether to make an appointment or reappointment to the medical staff, or to grant privileges, the Chief Executive Officer shall consider the recommendations of the Vice President Medical Services and the appropriate Medical Advisory Committee, however the Chief Executive Officer is not bound by those recommendations. If the CEO rejects the recommendation for reappointment, the applicant has a right to appeal as per Part X to the Board or its sub-committee.
- 25.2. Except in the circumstances mentioned in Section 23.4, a physician must hold an appointment to the medical staff in order:
 - 25.2.1 to hold any privilege under these Bylaws; and
 - 25.2.2 to provide any service to an individual or patient/client/resident in a facility operated or program offered by the Regional Health Authority.
- 25.3. Except in circumstances mentioned in Section 23.4, or as otherwise provided in these Bylaws, a physician must hold an appointment with the medical staff of a Regional Health Authority to refer an individual or patient/client/resident to any service or diagnostic procedure provided by the Regional Health Authority.
- 25.4. Any member of the medical staff who resigned or otherwise caused or permitted his or her termination from the medical staff, or whose medical staff membership has been terminated by the Chief Executive Officer and who subsequently wishes to become a member of the medical staff, is required to make application and follow the process for an initial appointment set out in Part VI of these Bylaws.
- 25.5. In no circumstances shall a physician review his/her own application of appointment/reappointment. In these circumstances, the Vice President Medical Services shall be the reviewing / recommending physician.

26. Term of Appointment or Reappointment

- 26.1. Subsequent to the successful completion of a probationary appointment as an associate medical staff member under Section 21.5, unless otherwise specified in an appointment or the appointment is terminated prior to the expiration of the term of the appointment, an appointment expires on that day that is five years from the date on which the appointment is granted;
- 26.2. Each appointment to the Medical Staff shall state the category of appointment, program assignments, and description of clinical responsibilities to each program department and/or service to which the member is appointed, and shall confer on the appointee only such privileges as may be

defined. Category of appointment, program assignments (where applicable), and clinical responsibilities shall not be amended without the agreement of the member and the responsible physician leader in consultation with the Vice President Medical Services or delegate but will be reviewed and may be revised at the time of the annual review or at the time of reappointment.

- 26.3 There will be an annual evaluation, including review of evidence of a current license, membership in the Canadian Medical Protective Association or other acceptable professional liability insurer and privileges; and
- 26.4 Notice of resignation from an appointment shall be provided to the Vice President Medical Services at least three months in advance of the date on which the resignation takes effect.

PART VI

INITIAL APPOINTMENT

27. Initial Appointment Procedure

- 27.1 An application for initial appointment to the medical staff shall be processed in accordance with the provisions of the Regional Health Authorities Act, these Bylaws, and the policies and procedures of the Regional Health Authority.
- 27.2 The Vice President Medical Services shall supply a copy of these Bylaws to each physician who expresses an intention to apply for appointment to the medical staff.
- 27.3 An applicant for initial appointment to the medical staff shall submit an application in writing to the Vice President Medical Services, on the standard appointment application form approved by the Vice President Medical Services of the Regional Health Authority, together with all information required to be submitted by these Bylaws. The Vice President Medical Services will require the applicant to complete an impact analysis questionnaire.
- 27.4 Each application must include:
 - 27.4.1 an indication of the category of medical staff appointment being sought and the medical staff privileges requested;
 - 27.4.2 an up-to-date curriculum vitae which shall include a chronological account of the applicant's education, training, academic qualifications, continuing education and continuing professional learning, the applicant's professional experience and memberships and positions held in professional organizations and committees;
 - 27.4.3 a statement detailing any circumstances in which there was a failure to obtain, or reduction in classification or voluntary or involuntary resignation, termination, suspension, or variation of, any professional license or certification, fellowship, professional academic appointment or privileges at any other hospital, health authority, other health organization or health clinic;
 - 27.4.4 information regarding any criminal proceedings or convictions involving the applicant which may impact the applicant's ability to practice (results of a current criminal records check regarding the applicant and, where possible, a notarized copy of the Police Clearance Certificate from the applicant's country of origin);
 - 27.4.5 information regarding any pending court or legal decisions, including a statement of claim, or out-of-court settlements in any civil suit related to medical practice in which the applicant has been involved;

- 27.4.6 information regarding any physical or mental impairment or health condition known to the applicant that affects, or may affect the applicant's ability to exercise the necessary skill, ability and judgment to provide appropriate care;
- 27.4.7 evidence of a current license or proof of eligibility to obtain a license from the College of Physicians and Surgeons of Newfoundland and Labrador; and where applicable, the appropriate Certification or Fellowship of the Royal College of Physicians and Surgeons of Canada, or the College of Family Physicians of Canada, or current eligibility to write the appropriate specialty examination of the Royal College of Physicians and Surgeons of Canada, or Quebec;
- 27.4.8 evidence of membership in CMPA or other acceptable professional liability insurer; is required either directly from the applicant or from the College;
- 27.4.9 a signed consent authorizing a professional licensing body, hospital, health authority, other health organization or health clinic in which the applicant provided services to disclose:
 - 27.4.9.1 a report on any action taken by a disciplinary committee, Medical Advisory Committee, other health organization or health clinic;
 - 27.4.9.2 a description of any pending or completed disciplinary actions by such professional licensing body, hospital, health authority, other health organization or health clinic, or voluntary restriction of privileges, competency investigations, performance reviews, and details with respect to prior privileges disputes with other hospitals, health authorities, other health organizations or health clinics regarding appointment, reappointment, change of privileges, restriction or cancellation of privileges, or suspension or revocation of privileges; and
 - 27.4.9.3 a letter of standing.
- 27.4.10 a direction authorizing the Vice President Medical Services to contact any previous hospitals, health authorities, other health organizations or health clinics where the applicant has provided services with such direction to include the names and addresses of the following:
 - 27.4.10.1 the Chief Executive Officer and the Vice President Medical Services, or a person exercising similar responsibilities of the most recent hospital, health authority, other health organization or health clinic where the applicant held privileges or received training;

- 27.4.10.2 the service director or head of a training program, if the applicant was enrolled in a graduate training program within the past three years;
 - 27.4.10.3 in the case of recent graduates within three years, the dean of medicine or program head of the last educational institution in which the applicant held an appointment or was trained; and
 - 27.4.10.4 at least three referees who can attest to the character and medical competence of the applicant, based on first-hand knowledge of the applicant within the previous four years.
- 27.4.11 a signed authorization to any applicable hospital, health authority, regulatory body, other health organization or health clinic to release and disclose personal information respecting the applicant on any matter required by this section;
- 27.4.12 an undertaking that, if appointed to the medical staff, the applicant will provide those services to the health region which have been agreed upon, will participate in the discharge of medical staff obligations applicable to the membership category to which the applicant is assigned and will act in accordance with applicable legislation, these Bylaws, or policies and procedures and such professional and ethical standards as established from time to time;
- 27.4.13 a statement signed by the applicant declaring the truth of the information outlined in the application and supporting materials provided by the applicant, and acknowledging that the discovery of any untruth therein may result in the appointment not being granted or, where such occurs following the appointment being granted, the immediate revocation of the privileges and appointment granted;
- 27.4.14 a statement by the applicant confirming that the applicant has read the bylaws respecting medical staff and agrees to abide by same;
- 27.4.15 a signed oath / affirmation of confidentiality.
- 27.5 The applicant has the burden of producing adequate information to address the requirements of this section. The applicant may produce any additional information in support of the application, should the applicant so desire, prior to consideration by the Physician Leader and the Credentials Committee.
- 27.6 Until the applicant has provided all the information required by these Bylaws or requested by the Vice President Medical Services, the application for appointment will be considered to be incomplete and will not be processed. If the information required by this section is not provided within ninety (90) days from the date of submission of the initial application, the application will be considered withdrawn.

28. Criteria for Appointment

- 28.1 Each applicant seeking appointment to the medical staff is required to meet the following criteria. The applicant shall:
 - 28.1.1 be a member in good standing with the College of Physicians and Surgeons of Newfoundland and Labrador and entitled to practice medicine pursuant to the Medical Act, 2005;
 - 28.1.2 have education, training and experience appropriate to the privileges being sought;
 - 28.1.3 if seeking to practice in a specialty, be licensed by the College of Physicians and Surgeons of Newfoundland and Labrador on the basis of the physician's training and experience in that specialty;
 - 28.1.4 agree to participate in continuing professional development and education programs where applicable;
 - 28.1.5 agree to participate in ongoing quality initiatives under the auspices of an appropriately delegated Regional Health Authority quality improvement / assurance program;
 - 28.1.6 practice in accordance within the Royal College of Physicians and Surgeons of Canada (RCPSC) competency framework and/or the principles of the Canadian College of Family Practice (CCFP) and by the Canadian Medical Association (CMA) code of ethics.
- 28.2 The applicant will have demonstrated:
 - 28.2.1 the ability to provide and document patient/client/resident care at an appropriate level of quality and efficiency;
 - 28.2.2 the ability to work and cooperate with and relate to others in a collegial and professional manner, in accordance with the Regional Health Authority's Respectful Workplace Policy;
 - 28.2.3 the ability to communicate and relate appropriately with patients/clients/residents and patients/clients/residents' families;
 - 28.2.4 the willingness to participate in the committee and other obligations appropriate to the membership category;
 - 28.2.5 ethical character, performance and behavior;
 - 28.2.6 evidence of membership in the Canadian Medical Protective Association or other acceptable professional liability insurer; and
 - 28.2.7 familiarity with these bylaws respecting medical staff.

- 28.3 All appointments to medical staff shall:
- 28.3.1 be consistent with the need for service, as determined by the Regional Health Authority, from time to time;
 - 28.3.2 be consistent with the provincial and regional medical staff human resource plan, if any;
 - 28.3.3 be consistent with the strategic plan and mandate of the Regional Health Authority;
 - 28.3.4 be supported by a demonstrated sufficiency of resources within the Regional Health Authority and the program, department, division, service or site to which the applicant is applying, through an impact analysis; and
 - 28.3.5 support the Regional Health Authority to maximize its provision of quality healthcare and community services.
- 28.4 Privileges requested by the applicant shall be reviewed by the Chief of Service or Senior Medical Officer and shall be recommended based on meeting the criteria for the appointment, needs of the organization and availability of resources.

29. Process on Initial Appointment

- 29.1 Subject to Section 29.2, upon receipt of a completed application for appointment, the Vice President Medical Services or delegate, if of the initial opinion that the applicant meets the criteria set out in Section 28, shall forward the completed application and all supporting material for approval by relevant Chiefs of Service / Senior Medical Officers. From there, the completed application is submitted to the Credentials Committee of the appropriate Medical Advisory Committee for consideration and recommendation.
- 29.2 If the Vice President Medical Services or delegate is of the initial opinion that the application fails to meet the criteria set out in Section 28, the Vice President Medical Services may refuse to process the application for appointment and shall advise the applicant of the decision and the reasons for the decision within thirty (30) days of receiving the application.

30. Review of Application for Appointment by the Appropriate Credentials Committee

- 30.1 The Credentials Committees shall be constituted in accordance with the provisions of Appendix C.
- 30.2 In considering an application for appointment, the appropriate Credentials Committee:

- 30.2.1 shall evaluate the applicant with regard to the criteria set out in Section 28;
 - 30.2.2 shall evaluate the information submitted or obtained from the applicant;
 - 30.2.3 shall consider the advice of the appropriate physician leader; and
 - 30.2.4 may interview the applicant.
- 30.3 Following consideration of the application, and the material and information referred to in Section 30.2, the appropriate Credentials Committee shall make a recommendation with written reasons to support its recommendation to the appropriate Referral Centre / Rural Medical Advisory Committee respecting the application for initial appointment, that either:
- 30.3.1 the application be accepted in accordance with the category of appointment sought and privileges requested;
 - 30.3.2 the application be accepted but the category of appointment or the privileges be modified from those requested by the applicant; or
 - 30.3.3 the application be refused.

31. Recommendation of the Referral Centre / Rural Medical Advisory Committee

- 31.1 Having regard to the recommendations of the appropriate Credentials Committee and the information referred to in Section 30, the Referral Centre / Rural Medical Advisory Committee shall make a recommendation to the Vice President Medical Services respecting the application for initial appointment, that either:
- 31.1.1 the application be accepted in accordance with the category of appointment sought and privileges requested;
 - 31.1.2 the application be accepted but the category of appointment or the privileges be modified from those requested by the applicant; or
 - 31.1.3 the application be refused.
- 31.2 If the Referral Centre / Rural Medical Advisory Committee recommends to the Vice President Medical Services that the application be granted in accordance with the category of appointment sought and privileges requested, the Vice President Medical Services shall then forward the recommendation of the Referral Centre / Rural Medical Advisory Committee to the Chief Executive Officer, together with any recommendations the Vice President Medical Services may have in relation to the application.
- 31.3 If the recommendation of the Referral Centre / Rural Medical Advisory Committee is to refuse the application or if it varies from the appointment sought or and privileges requested by the applicant, the Referral Centre / Rural

Site Medical Advisory Committee shall prepare written reasons which shall be forwarded to the Vice President Medical Services to accompany the recommendation to the Chief Executive Officer, together with any recommendations the Vice President Medical Services may have in relation to the application.

32. Decision of the Chief Executive Officer

- 32.1 Upon consideration of the application and all supporting information as outlined in Section 27 herein, the criteria for appointment as specified in Section 28, the recommendations of VP Medical Services and the appropriate Medical Advisory Committee, including the reasons, if any, for those recommendations, and the representations of the applicant, if any, the Chief Executive Officer shall:
- 32.1.1 appoint the applicant to the medical staff the category of appointment sought and privileges requested by the applicant; or
 - 32.1.2 appoint the applicant to the medical staff in such category of appointment, and with such privileges, considered appropriate by the Chief Executive Officer; or
 - 32.1.3 refuse the application for appointment.
- 32.2 The Chief Executive Officer shall ensure that a copy of his or her decision and the written reasons for the decision are provided to the applicant, the Vice President Medical Services and the appropriate Medical Advisory Committee within thirty (30) days of receiving the recommendations of the Referral Centre / Rural Medical Advisory Committee. The decision of the Chief Executive Officer is final and binding.

PART VII
REAPPOINTMENT

33. Application for Reappointment

- 33.1 Each application for reappointment shall be submitted not less than six (6) months before the expiry of the five year term then in effect. The member shall submit such application(s) for reappointment to the Vice President Medical Services, which shall include:
- 33.1.1 a completed application for reappointment on a form approved by the Vice President Medical Services and by no later than the date specified by the Vice President Medical Services; and
 - 33.1.2 the information set out in Section 34 and such other information as may be requested by the Vice President Medical Services.
- 33.2 An application for reappointment to the medical staff shall be processed in accordance with the provisions of the Regional Health Authorities Act and Regulations, these Bylaws, and any relevant policies and procedures.
- 33.3 Notwithstanding Section 26, where a medical staff member applies for reappointment pursuant to this section, his or her appointment to the medical staff shall be considered as continuing until the application for reappointment is determined by the Chief Executive Officer in accordance with these Bylaws.

34. Information to be submitted

- 34.1 The medical staff member seeking reappointment shall submit details of:
- 34.1.1 a current license with the College of Physicians and Surgeons of Newfoundland and Labrador;
 - 34.1.2 continuing medical education activities undertaken during the preceding five year period;
 - 34.1.3 additional training or academic achievement during the preceding five year period;
 - 34.1.4 administrative, teaching, research, scholarly work or special responsibilities assumed or continued during the preceding five year period;
 - 34.1.5 current membership in the Canadian Medical Protective Association; or other acceptable professional liability insurer;
 - 34.1.6 any updated information on the materials provided under Section 27 in relation to the preceding five year period;

- 34.1.7 the category of reappointment, the department, program, service or site to which the reappointment is requested and the privileges requested;
 - 34.1.8 support of the appropriate Chief of Service / Senior Medical Officer for reappointment; and
 - 34.1.9 evidence of completion of annual evaluations.
- 34.2 Notwithstanding Section 35.2, until the medical staff member has provided all the information required to be submitted according to these Bylaws, the application for reappointment will be considered incomplete and will not be processed. If the information required by this section is not provided within ninety (90) days from the date of initial submission of the application for reappointment, the application for reappointment is considered to be withdrawn by the applicant, and the applicant will be informed in writing of the fact of the pending expiry of his/her appointment and privileges.

35. Process on Reappointment

- 35.1 Upon receipt of the completed application for reappointment, the Vice President Medical Services shall forward the completed application and all supporting materials for approval by the relevant Chief of Service / Senior Medical Officer. From there the completed application and all supporting documentation is submitted to the appropriate Credentials Committee, constituted pursuant to Appendix C, for consideration and recommendation.
- 35.2 If the Vice President of Medical Services is of the initial opinion that the application for reappointment fails to meet the criteria set out in Section 34, the Vice President Medical Services may refuse to process the application for reappointment and shall advise the applicant in writing of the decision and reasons for the decision within (90) days of receiving the initial application for reappointment.

36. Review of Application for Reappointment by Credentials Committee

- 36.1 In considering the application for reappointment, the appropriate Credentials Committee shall:
 - 36.1.1 evaluate the medical staff member with respect to the matters referred to in Section 28.1 through 28.3;
 - 36.1.2 evaluate the information submitted or obtained from the medical staff member;
 - 36.1.3 evaluate the information submitted or obtained from the physician leader if applicable; and
 - 36.1.4 assess the medical staff member's:
 - 36.1.4.1 performance over the preceding five year period; and

- 36.1.4.2 utilization of Regional Health Authority resources.
- 36.1.5 shall discuss the medical staff member's plans, if any, for any changes in the privileges and/or category of appointment of the medical staff member, and/or changes in the type or level of service to be provided by the medical staff member; and
- 36.1.6 shall discuss the medical staff member's plans, if any, to reduce his or her type or level of service and/or relinquish his or her privileges and/or appointment;
- 36.2 The Credentials Committee, in considering the application for reappointment may:
 - 36.2.1 interview the medical staff member;
 - 36.2.2 consult with the appropriate physician leader, if any;
 - 36.2.3 assess the medical staff member's fitness for work;
- 36.3 Following consideration of the application for reappointment and all materials and information submitted by the medical staff member, the appropriate Credentials Committee shall make a recommendation with reasons to the Medical Advisory Committee respecting the application for reappointment that either:
 - 36.3.1 the application for reappointment be accepted to the category of appointment sought and privileges requested;
 - 36.3.2 the application for reappointment be accepted but the category of appointment or privileges be modified from those requested by the medical staff member; or
 - 36.3.3 the application for reappointment be refused.
- 36.4 If the Credentials Committee makes a recommendation that the application for reappointment be granted in accordance with the category of appointment sought and privileges requested, the recommendation with written reasons shall be forwarded by the appropriate Credentials Committee to the Referral Centre / Rural Medical Advisory Committee for its consideration at its next regular meeting.
- 36.5 If the recommendation of the appropriate Credentials Committee is to refuse the application for reappointment or if it varies from the reappointment sought or privileges requested by the medical staff member, the appropriate Credentials Committee shall prepare written reasons to accompany the recommendation for consideration by the Referral Centre /Rural Medical Advisory Committee.

37. Recommendation of the Referral Centre / Rural Medical Advisory Committees

- 37.1 Upon consideration of the application for reappointment and the recommendation of the appropriate Credentials Committee, including the reasons for the recommendation, the Referral Centre / Rural Medical Advisory Committee shall make a recommendation to the Vice President Medical Services respecting the application for reappointment, that either:
- 37.1.1 the application for reappointment be accepted to the category of appointment sought and privileges requested;
 - 37.1.2 the application for reappointment be accepted but the category of appointment or privileges be modified from those requested by the medical staff member; or
 - 37.1.3 the application for reappointment be refused.
- 37.2 If the Referral Centre / Rural Medical Advisory Committee recommends to the Vice President Medical Services that the application for reappointment be granted in accordance with the category of appointment sought and privileges requested, the Vice President Medical Services shall forward the recommendation of the Referral Centre / Rural Medical Advisory Committee to the Chief Executive Officer, together with any recommendations the Vice President Medical Services may have in relation to the application.
- 37.3 If the recommendation of the Referral Centre / Rural Medical Advisory Committee to the Vice President Medical Services is to refuse the application for reappointment or if it varies from the reappointment sought or privileges requested by the medical staff member, the Referral Centre / Rural Medical Advisory Committee shall prepare written reasons with respect to its recommendation and the Vice President Medical Services shall forward the recommendation and the written reasons to the Chief Executive Officer, together with any recommendations the Vice President Medical Services may have in relation to the application.

38. Chief Executive Officer Decision

- 38.1 Upon consideration of the application for reappointment and all supporting information as outlined in Section 34 herein and the recommendations of the Vice President Medical Services and the Referral Centre / Rural Medical Advisory Committee, including any written reasons prepared according to Section 37.3, the Chief Executive Officer shall:
- 38.1.1 reappoint the medical staff member to the medical staff the category of appointment sought and with the privileges requested by the medical staff member; or
 - 38.1.2 reappoint the medical staff member to the medical staff

in such category of appointment, and with such privileges, considered appropriate by the Chief Executive Officer; or

38.1.3 refuse the application for reappointment.

38.2 The Chief Executive Officer shall ensure that a copy of the decision regarding reappointment along with written reasons and notification of the right to appeal the decision are provided to the medical staff member and to the Vice President Medical Services at least 60 days before the end of the existing five-year appointment.

38.3 Where the application for reappointments is granted as requested, the decision shall advise the date upon which the reappointment will expire.

39. Appeals

39.1 Following the notification of the right of appeal by the Chief Executive Officer in Section 38.2, the Vice President Medical Services shall notify the applicant in writing of the mechanisms of Appeal as outlined in Part X.

40. Request for Change of Category or Privileges

40.1 A member of the medical staff may request a change of medical staff category or privileges during the term of the medical staff member's appointment by written application to the Vice President Medical Services. An impact analysis may be done if considered to be appropriate by the Vice President Medical Services.

PART VIII

DISCIPLINE

41. General

- 41.1 The medical staff and its members are committed to the development and evaluation of standards of quality care. All medical staff members are subject to the disciplinary proceedings and provisions outlined in this Part, which are an integral part of a process whereby the quality of care provided by medical staff members can be assessed and development or improvement opportunities can be identified, and are intended to provide a fair and effective method for assessing quality of care provided by medical staff members.
- 41.2 The Regional Health Authority shall follow procedural due process under the tenets of applicable administrative law, with appropriate avenues for alternate dispute resolution. The resolution of professional conduct issues shall be attempted initially through informal discussions and communication within applicable departments or programs where appropriate. When informal discussions and communication respecting professional conduct issues are not successful or are deemed inappropriate, or where clinical practice deficiencies or patient safety concerns are identified, the formal processes outlined below shall be strictly followed.

42. Conduct Subject to Discipline

- 42.1 Conduct subject to discipline includes, without limitation, demeanor or conduct or any one or more act, omission or statement, that if proven would, or would be likely to:
- 42.1.1 expose a patient, client, resident or any staff member or employee of the Regional Health Authority to harm or injury; or
 - 42.1.2 be detrimental to the safety of a patient, client, resident or any staff member or employee of the Regional Health Authority; or
 - 42.1.3 be detrimental to the delivery of quality patient, client or resident care; or
 - 42.1.4 is, or is likely to be, detrimental to the operations of the Regional Health Authority; or
 - 42.1.5 constitute abuse, harassment or conduct that may result in the imposition of sanctions by the College; or
 - 42.1.6 be contrary to the bylaws, the policies and procedures of the Regional Health Authority, any applicable and relevant laws or regulatory requirements.

- 42.2 Disciplinary procedures and investigations respecting complaints related to alleged clinical practice deficiencies or patient safety concerns will be conducted in accordance with the provisions of Sections 43 to 48 inclusive, and the appeal procedures set out in Part X.
- 42.3 Disciplinary procedures and investigations respecting complaints related to all other alleged conduct subject to discipline, including without limitation professional conduct concerns, will be conducted in accordance with the provisions of Sections 49 to 55 inclusive, and the appeal procedures set out in Part X.

43. Disciplinary Procedure for Clinical Competence

- 43.1 The following shall, without limitation, constitute a complaint for all purposes of Sections 43 to 48 inclusive:
 - 43.1.1 a notification that one or more clinical practice deficiencies or patient safety concerns have been identified in the course of an annual or regular scheduled review of a medical staff member, and remedial action has not been taken by the medical staff member;
 - 43.1.2 a notification that one or more clinical practice deficiencies or patient safety concerns have been identified respecting a medical staff member during the course of an internal quality assurance review, and remedial action has not been taken by the medical staff member;
 - 43.1.3 a notification from any source that the College has concluded any proceeding against the medical staff member prescribed by the Medical Act, 2005, as from time to time amended, in respect of clinical practice deficiencies or patient safety concerns, that has resulted in the revocation of, or any limitation to, the licensure of the medical staff member;
 - 43.1.4 a notification from any source of any allegation in respect of the medical staff member that, if proven, would demonstrate one or more practice deficiencies or patient safety concerns; or
 - 43.1.5 the Vice President Medical Services or delegate has confirmed an immediate suspension of the medical staff member's appointment or privileges in accordance with 56.2.
- 43.2 Any Physician Leader, the Vice President Medical Services or the Chief Executive Officer may receive a complaint against a medical staff member in respect of any matter set out in Sections 43.1.1 to 43.1.4. A complaint shall be in writing outlining in detail the concerns regarding the medical staff member.
- 43.3 The Physician Leaders, Vice President Medical Services and Chief Executive Officer shall advise each other as soon as practically possible if any of them

receives a complaint against a medical staff member in respect of any matter set out in Section 43.1.

- 43.4 The Vice President Medical Services or delegate shall advise the medical staff member of the nature of the complaint, and the medical staff member will be given the opportunity to present relevant oral and/or written information concerning the subject matter of the complaint on his or her own behalf within ten (10) business days of receipt of the complaint by him or her.
- 43.5 Following such consultation with the Physician Leader as he or she may deem necessary, the Vice President Medical Services or delegate shall determine whether a further inquiry is necessary and if so, shall initiate such inquiry. The Vice President Medical Services may conduct such inquiry personally or delegate such inquiry to others, including without limitation one or more external consultants.
- 43.6 The Vice President Medical Services or delegate shall review and discuss the results of any initial inquiry with the medical staff member and shall:
 - 43.6.1 if the complaint has been determined to be unsubstantiated or does not warrant further steps, advise the medical staff member accordingly;
 - 43.6.2 If the complaint has been determined to have substance, refer the complaint to a Peer Review Committee and/or, with the consent of the medical staff member, do any one or more of the following:
 - 43.6.2.1 arrange for the medical staff member to undertake a period of clinical supervision with concurrent consultation or direct supervision,
 - 43.6.2.2 arrange for the medical staff member to undertake a period of clinical supervision with retrospective review of cases but without prior or concurrent consultation, or
 - 43.6.2.3 arrange for the medical staff member to undertake such other remedial measures, including without limitation educational upgrading, to address the matter that gave rise to the complaint as may be appropriate in the circumstances.
 - 43.6.3 In the event that the Vice President refers the complaint to a Peer Review Committee, he or she shall so advise the medical staff member before concluding discussions with the medical staff member regarding any of the actions set out in Section 43.6 (43.6.1- 43.6.2.2).
- 43.7 Notwithstanding any provision of Sections 43.2 to 43.6 inclusive, in the event that the Vice President Medical Services or delegate has confirmed an immediate suspension of the medical staff member's appointment or privileges in accordance with Section 56.2 (56.2.1 – 56.2.2), the complaint shall be referred directly to a Peer Review Committee.
- 43.8 A member of medical staff may at any time request that the Vice President

Medical Services refer a complaint respecting that member to a Peer Review Committee, and the Vice President Medical Services may agree to do so at his or her discretion.

- 43.9 The Vice President Medical Services shall advise the Physician Leader and the Referral Centre / Rural Medical Advisory Committee Chair of the determination made pursuant to Section 43.6 or of a referral made pursuant to Section 43.7.

44. Composition of the Peer Review Committee

- 44.1 For the purposes of this Part, the Peer Review Committee shall be composed of three or more members that will facilitate a majority vote and that are acceptable to both the Vice President Medical Services and the medical staff member. Subject to the foregoing and the provisions of Sections 44.2 and 44.3, the Chief of Service / Senior Medical Officer may appoint one physician member considered to have clinical qualifications, training and experience reasonably similar in nature and scope to that of the medical staff member (and whether or not such physician is a member of the medical staff) to, a Peer Review Committee. The Peer Review Committee shall by majority vote select a member of the Peer Review Committee to act as chair.
- 44.2 In the event that a complaint is referred to a Peer Review Committee respecting a Chief of Service / Senior Medical Officer the Vice President Medical Service may designate another Chief of Service / Senior Medical Officer to appoint a clinical member to the Peer Review Committee.
- 44.3 No person who participated in the presentation or support of a complaint or who conducted an immediate suspension shall be eligible for membership on the Peer Review Committee.
- 44.4 In the event that the Vice President Medical Services and the medical staff member cannot reach agreement upon any aspect of the composition of the Peer Review Committee within five (5) Business Days of the referral made pursuant to Section 43.6 or 43.7, then the Chief Executive Officer, in consultation with another relevant physician leader, shall appoint a sole arbitrator to determine the issue, and the determination of the arbitrator shall be final and binding upon the Vice President Medical Services and the medical staff member.
- 44.5 Any member of the Peer Review Committee who resigns from his or her office prior to the conclusion of the Committee's mandate hereunder may continue to be a member of the Peer Review Committee, but only for the purposes of completing the mandate. No additional member may be added to the Peer Review Committee upon commencement of its mandate.
- 44.6 A Peer Review Committee constituted pursuant to these Bylaws shall conduct its inquiries, deliberations, reports and communications in a confidential manner, and a Committee so constituted shall constitute a "Peer Review Committee" within the meaning of the Evidence Act, as from time to time amended.

45. Referral to Peer Review Committee

- 45.1 In the event that the Vice President Medical Services refers a complaint to a Peer Review Committee, the Vice President Medical Services shall notify the member in writing of such referral.
- 45.2 The Vice President Medical Services may simultaneously refer the matter to the College, for the purposes of such parallel disciplinary or other action that the College may deem appropriate.

46. Peer Review Committee Investigation

- 46.1 At the commencement of a Peer Review Committee's mandate, the chair of the Peer Review Committee shall inform the medical staff member in writing that it will be investigating the complaint against the medical staff member, and setting out:
 - 46.1.1 the particulars of the complaint;
 - 46.1.2 the time frame established by the Peer Review Committee for the conduct of its deliberations;
 - 46.1.3 the right of the medical staff member to meet personally with and make representations to the Peer Review Committee, and to attend such meeting with colleague or counsel;
 - 46.1.4 the right of the medical staff member to examine any written information or report provided or obtained in relation to the complaint;
 - 46.1.5 the right of the medical staff member to respond to any oral information or report provided or obtained in relation to the complaint; and
 - 46.1.6 that if the medical staff member does not wish to meet with the Peer Review Committee, the Peer Review Committee may proceed with consideration of the complaint in his or her absence.
- 46.2 The medical staff member shall be given full opportunity to respond to each allegation contained in the complaint. The Peer Review Committee may decide in its discretion whether the complainant shall be afforded an opportunity to present additional oral or written information concerning the subject matter of the complaint.
- 46.3 The Peer Review Committee may decide at its discretion to have its own legal counsel.

47. Peer Review Committee Report

- 47.1 The Peer Review Committee shall, within ten (10) Business Days following completion of its deliberations, prepare and deliver a report of its findings and recommendations to the appropriate Referral Centre / Rural Medical Advisory Committee. In the event that any member of the Peer Review Committee disagrees with the report in any respect, he or she shall within the same time frame deliver to the medical staff member, the Vice President Medical Services and the Chief Executive Officer a report setting out all areas of disagreement with such findings and recommendations.
- 47.2 The Peer Review Committee's report respecting the medical staff member shall include one or more of the following recommendations:
- 47.2.1 that no disciplinary action is appropriate in the circumstances;
 - 47.2.2 that the medical staff member be required to undertake a period of clinical supervision with concurrent consultation or direct supervision;
 - 47.2.3 that the medical staff member be required to undertake a period of clinical supervision with retrospective review of cases without prior or concurrent consultation;
 - 47.2.4 that the medical staff member be required to undertake such other remedial measures as the Peer Review Committee may determine appropriate in the circumstances to address any allegation that gave rise to the complaint;
 - 47.2.5 that the medical staff member's privileges be modified, suspended or revoked;
 - 47.2.6 that the medical staff member's medical staff category be modified;
 - 47.2.7 that the medical staff member's medical staff appointment be suspended or terminated; or
 - 47.2.8 such other action as the Peer Review Committee may determine appropriate in the circumstances.
- 47.3 The appropriate Referral Centre / Rural Medical Advisory Committee shall review the report of the Peer Review Committee, and consider whether in its opinion any further investigation or information is required, and the Referral Centre / Rural Medical Advisory Committee may in its discretion refer the matter back to the Peer Review Committee for such further investigation as may be necessary. In the event that it decides to refer the complaint back to the Peer Review Committee, then the Vice President Medical Services shall prescribe a time frame for completion of the Peer Review Committee's report. The Vice President Medical Services shall, within ten (10) Business Days

following receipt of the final report of the Peer Review Committee, deliver the report to the medical staff member and the Chief Executive Officer.

48. Chief Executive Officer Decision

- 48.1 Upon consideration of the report of the Peer Review Committee, the Chief Executive Officer shall, in consultation with the Vice President Medical Services, accept or reject the report of the Peer Review Committee.
- 48.2 The Chief Executive Officer shall deliver his or her decision to the medical staff member within 20 Business Days following receipt of the Peer Review Committee report.
- 48.3 The decision of the Chief Executive Officer shall include a notice advising the medical staff member that he or she may appeal the decision in accordance with the procedures set out in Part X.
- 48.4 In the event that the Chief Executive Officer, having consulted with the Vice President Medical Services, rejects the report of the Peer Review Committee, such decision shall also include his or her reasons for such rejection.
- 48.5 The Chief of Staff, Chief of Service or Senior Medical Officer shall have authority, in consultation with the Vice President Medical Services, to take all appropriate remedial, corrective and preventative actions to ensure maintenance, development or improvement of any quality of care standards arising out of a report of the Peer Review Committee, and all actions so taken by the Chief of Service / Senior Medical Officer shall be final and binding upon the medical staff member.

49. Disciplinary Procedure Governing Professional Conduct

- 49.1 A notification from any source in respect of a medical staff member alleging conduct that, if proven, would demonstrate one or more instances of behaviour contemplated for investigation and possible sanction pursuant to the Respectful Workplace Policy of the Regional Health Authority as from time to time amended, shall not constitute a complaint for the purpose of this Part, but shall be referred for investigation in accordance with the Regional Health Authority Policy.
- 49.2 The following shall, without limitation, constitute a complaint for all purposes of Sections 49 to 55 inclusive:
 - 49.2.1 a notification that one or more instances of professional misconduct have been identified in the course of an annual or regular scheduled review of a medical staff member, and remedial action has not been taken by the medical staff member;
 - 49.2.2 a notification that one or more instances of professional misconduct have been identified respecting a medical staff member during the course of an internal quality assurance review, and remedial action has not been taken by the medical staff member;

- 49.2.3 a notification from any source in respect of the medical staff member alleging conduct that, if proven, could demonstrate one or more instances of:
 - 49.2.3.1 breach of these Bylaws, policies and procedures of the Regional Health Authority, or any applicable statute or regulation,
 - 49.2.3.2 failure to cooperate with any appointment, reappointment or discipline process established in these Bylaws,
 - 49.2.3.3 failure to comply with any condition imposed upon the member arising out of a disciplinary process described in this Part,
 - 49.2.3.4 failure to take any remedial step imposed upon the member pursuant to any peer review assessment or alternative dispute resolution process, or
 - 49.2.3.5 failure to undertake or maintain mutually agreed administrative, clinical teaching or research commitments;
- 49.2.4 a notification from any source that the College has concluded any proceeding against the medical staff member prescribed by the Medical Act, 2005, as from time to time amended, in respect of actions or omissions described in the Medical Act, 2005, as from time to time amended, as constituting "conduct deserving of sanction", that has resulted in the revocation of, or any limitation to, the licensure of the medical staff member; or
- 49.2.5 the Vice President Medical Services or delegate has confirmed an immediate suspension of the medical staff member's appointment or privileges in accordance with Section 56.
- 49.3 In the event of a conflict between the operation of any one or more of Sections 49.2.1, 49.2.2, or 49.2.3 and those provisions of the CMA Code of Ethics that pertain directly to a physician's obligations in regard to patient advocacy, those provisions of the CMA Code of Ethics shall prevail.
- 49.4 Any Physician Leader, the Vice President Medical Services and the Chief Executive Officer may receive a complaint against a medical staff member in respect of any matter set out in Section 49.2. A complaint shall be in writing outlining in detail the concerns regarding the medical staff member.
- 49.5 The Physician Leader, Vice President Medical Services and Chief Executive Officer shall advise each other as soon as practically possible if any of them receives a complaint against a medical staff member in respect of any matter set out in Section 49.2.

- 49.6 The Vice President Medical Services or delegate shall advise the medical staff member of the nature of the complaint, and the medical staff member shall be given an opportunity to present relevant oral and/or written information concerning the subject matter of the complaint on his or her own behalf within ten (10) Business Days of his or her receipt of the complaint by him or her.
- 49.7 Following such consultation with the Physician Leader as he or she may deem necessary, the Vice President Medical Services shall determine whether a further inquiry is necessary and if so, shall initiate such inquiry. The Vice President Medical Services may conduct such inquiry personally or delegate such inquiry to others, including without limitation one or more external consultants.
- 49.8 The Vice President Medical Services shall review and discuss the results of any initial inquiry with the medical staff member and shall:
 - 49.8.1 if the complaint has been determined to be unsubstantiated or does not warrant further steps, advise the medical staff member; or
 - 49.8.2 if the complaint has been determined to have substance:
 - 49.8.2.1 refer the complaint to an Investigations Committee, or
 - 49.8.2.2 with the consent of the medical staff member, initiate the alternative dispute resolution process set out in Section 49.9.
- 49.9 An alternative dispute resolution process initiated pursuant to Section 49.8.2.2 shall be conducted, on a without prejudice basis to the parties thereto, in the following manner:
 - 49.9.1 The Chief Executive Officer shall appoint a facilitator who is acceptable to the parties thereto. If no facilitator has been agreed within five (5) Business Days of the initiation of the alternative dispute resolution process, the Vice President Medical Services shall refer the complaint and all particulars thereof to the Investigations Committee;
 - 49.9.2 all communications during the alternative dispute resolution process other than the proposed resolution are confidential and shall not be disclosed in any subsequent disciplinary proceedings, except as may be required by law;
 - 49.9.3 if the matter is resolved through the alternative dispute resolution process:
 - 49.9.3.1 the parties thereto shall prepare and each sign a written description of the proposed resolution confirming that such resolution accords with each party's understanding;

- 49.9.3.2 the proposed resolution shall be submitted to the Chief Executive Officer for consideration in consultation with the Vice President Medical Services; and
- 49.9.3.3 if the proposed resolution is approved by the Chief Executive Officer, the approved resolution may be disclosed in any subsequent disciplinary proceeding; and
- 49.9.4 The facilitator shall use all reasonable efforts to ensure that the alternative dispute resolution process is completed, and all required notifications given, in an expeditious manner.
- 49.10 In the event that:
 - 49.10.1 the matter is not resolved through the alternative dispute resolution process; or
 - 49.10.2 the proposed resolution reached in the alternative dispute resolution process is not approved by the Chief Executive Officer, then the Vice President Medical Services shall refer the complaint and all particulars thereof to an Investigations Committee;
- 49.11 The Vice President Medical Services shall advise the College in the event that the alternate dispute resolution process results in any one of more of the following:
 - 49.11.1 the medical staff member's privileges being modified, suspended or revoked; or
 - 49.11.2 the member's medical staff category being modified; or
 - 49.11.3 the member's medical staff appointment being suspended or terminated.
- 49.12 Notwithstanding any provision of Sections 49.3 to 49.9 inclusive, in the event that the Vice President Medical Services or delegate has confirmed an immediate suspension of the medical staff member's appointment or privileges in accordance with Section 56, the complaint shall be referred directly to an Investigations Committee.
- 49.13 The Vice President Medical Services shall advise the Physician Leader and the Appropriate Referral Centre / Rural Medical Advisory Committee Chair of the resolution reached pursuant to Section 49.8 or of a referral made pursuant to Sections 49.9 or 49.11.

50. Composition of the Investigations Committee

- 50.1 For the purposes of this Part, the Investigations Committee shall be composed of three or more members that will facilitate a majority vote, at least one of whom shall be appointed by the Chair of the appropriate Referral Centre / Rural Medical Advisory Committee, at least one of whom shall be appointed

by the Chief Executive Officer, and at least one member of medical staff acceptable to both the Vice President and the medical staff member. The Investigations Committee shall select by majority vote a member of the Investigations Committee to act as chair.

- 50.2 In the event that a complaint is referred to an Investigations Committee respecting a member who is the Chair of a Referral Centre or Rural Medical Advisory Committee, the Vice President Medical Services may appoint that member's delegate to the Investigations Committee.
- 50.3 No person who participated in the alternative dispute resolution process or in the presentation or support of a complaint or who conducted an immediate suspension shall be eligible for membership on an Investigations Committee.
- 50.4 In the event that the Vice President Medical Services and the medical staff member cannot reach agreement upon any aspect of the composition of the Investigations Committee within five (5) Business Days of the referral pursuant to Section 49.9 or 49.11, then the Chief Executive Officer, in consultation with a relevant physician leader, shall appoint a sole arbitrator to determine the issue, and the determination of the arbitrator shall be final and binding upon the Vice President Medical Services and the medical staff member.
- 50.5 Any member of the Investigations Committee who resigns from his or her office prior to the conclusion of the Committee's mandate hereunder may continue to be a member of the Investigations Committee, but only for the purposes of completing the mandate. No additional member may be added to the Investigations Committee upon commencement of its mandate.
- 50.6 If the nature of the complaint raises issues of quality assurance, then an Investigations Committee constituted pursuant to these Bylaws shall conduct its inquiries, deliberations, reports and communications in a confidential manner, and a Committee so constituted shall constitute a "Quality Assurance Committee" within the meaning of the Evidence Act, as from time to time amended.

51. Referral to Investigations Committee

- 51.1 In the event that the Vice President Medical Services refers a complaint to an Investigations Committee, the Vice President Medical Services shall forthwith notify the medical staff member in writing of such referral.
- 51.2 The Vice President Medical Services may simultaneously refer the matter to the College, for the purposes of such parallel disciplinary or other action that the College may deem appropriate.

52. Investigations Committee Process

- 52.1 At the commencement of the Investigation Committee's mandate, the chair of the Investigations Committee shall inform the medical staff member in writing that it will be investigating the complaint against the medical staff member, and setting out:

- 52.1.1 the particulars of the complaint;
 - 52.1.2 the time frame established by the Investigations Committee for the conduct of its deliberations;
 - 52.1.3 the right of the medical staff member to meet personally with and make representations to the Investigations Committee, and to attend such meeting with a colleague or counsel;
 - 52.1.4 the right of the medical staff member to examine any written information or report provided or obtained in relation to the complaint;
 - 52.1.5 the right of the member to respond to any oral information or report provided or obtained in relation to the complaint; and
 - 52.1.6 that if the medical staff member does not wish to meet with the Investigations Committee, the Investigations Committee may proceed with consideration of the complaint in his or her absence.
- 52.2 The medical staff member shall be given full opportunity to respond to each allegation contained in the complaint. The Investigations Committee may decide in its discretion whether the complainant shall be afforded an opportunity to present additional oral or written information concerning the subject matter of the complaint.
- 52.3 The Investigation Committee may decide in its discretion to have its own legal counsel.

53. Investigations Committee Report

- 53.1 The Investigations Committee shall, within twenty (20) Business Days following completion of its deliberations, prepare and deliver a report of its findings and recommendations to the medical staff member, the Vice President Medical Services and the Chief Executive Officer. In the event that any member of the Investigations Committee disagrees with the report in any respect, he or she shall within the same time frame deliver to the medical staff member, the Vice President Medical Services and the Chief Executive Officer a report setting out all areas of disagreement with such findings and recommendations.
- 53.2 The Investigations Committee's report respecting the medical staff member shall include one or more of the following recommendations:
- 53.2.1 that no disciplinary action is appropriate in the circumstances;
 - 53.2.2 that the medical staff member be required to undertake such other remedial measures as the Investigations Committee may determine appropriate in the circumstances to address any allegation that gave rise to the complaint;

- 53.2.3 that the medical staff member's privileges be modified, suspended or revoked;
- 53.2.4 that the medical staff member's medical staff category be modified;
- 53.2.5 that the medical staff member's medical staff appointment be modified, suspended or terminated; or
- 53.2.6 such other action as the Investigations Committee may determine appropriate in the circumstances.

54. Chief Executive Officer Decision

Upon consideration of the report of the Investigations Committee, the Chief Executive Officer shall, in consultation with the Vice President Medical Services, either accept the report of the Investigations Committee, with or without modification, or reject the report of the Investigations Committee and substitute therefor his or her own decision.

55. Notification of Chief Executive Officer Decision

- 55.1 The Chief Executive Officer shall deliver his or her decision to the medical staff member within 20 Business Days following receipt of the Investigations Committee report.
- 55.2 The decision of the Chief Executive Officer shall include a notice advising the medical staff member that he or she may appeal the decision in accordance with the procedures set out in Part X.
- 55.3 In the event that the decision of the Chief Executive Officer, in consultation with the Vice President Medical Services, modifies or rejects the report of the Investigations Committee, such decision shall also include his or her reasons for such modification or rejection.
- 55.4 The Chief of Staff, Chief of Service / Senior Medical Officer shall have authority, in consultation with the Vice President Medical Services, to take all appropriate remedial, corrective and preventative actions to ensure maintenance, development or improvement of any quality of care standards arising out of a report of the Investigations Committee, and all actions so taken by the Chief of Service / Senior Medical Officer shall be final and binding upon the medical staff member.

PART IX

IMMEDIATE SUSPENSION

56. Immediate Suspension of Appointment or Privileges

- 56.1 All medical staff members are subject to the provisions of this Part.
- 56.2 Notwithstanding anything otherwise set out in these Bylaws, and where in the opinion of the Vice President of Medical Services no less restrictive measure can be taken, the Vice President Medical Services or delegate may immediately suspend the appointment or privileges of a medical staff member, or both appointment and privileges, in circumstances where in the opinion of the Vice President Medical Services or delegate,
 - 56.2.1 the conduct, performance or competence of a medical staff member, whether within or outside the Regional Health Authority, exposes, or is likely to expose, one or more patient, client, resident, staff member or employee of the Regional Health Authority or other person to harm or injury, or is, or is likely to be, detrimental to the delivery of quality patient, client or resident care provided by the Regional Health Authority; and
 - 56.2.2 immediate action must be taken to protect one or more patient, client, resident, staff member or employee of the Regional Health Authority or other person, or to avoid detriment to the delivery of quality patient, client or resident care.
- 56.3 The Vice President Medical Services or delegate shall advise the medical staff member of the suspension.
- 56.4 Within forty-eight (48) hours of the immediate suspension, the Vice President Medical Services or delegate who suspended the medical staff member shall provide the medical staff member with written reasons for the suspension.
- 56.5 The Vice President Medical Services or delegate shall immediately appoint another member of the active medical staff to assume responsibility for the care of all of the patients, clients or residents of the suspended medical staff member within the facilities of the Regional Health Authority as required.
- 56.6 The Vice President Medical Services or delegate shall notify the College of the suspension, without reasons.

57. Confirmation or Cancellation of Suspension

- 57.1 The Vice President Medical Services or delegate shall, within five (5) Business Days of the coming into effect of the immediate suspension, investigate and consider the circumstances giving rise to the immediate suspension and the representations of the medical staff member, if any, and decide whether to:

- 57.1.1 cancel the immediate suspension and notify the College that suspension has been cancelled; or
- 57.1.2 extend the immediate suspension for a specified period of time or until the conclusion of a specified event; or
- 57.1.3 confirm the immediate suspension and refer the matter as a complaint to either the Peer Review Committee pursuant to Section 43 or to the Investigations Committee pursuant to Section 49.

58. Notification of Decision

- 58.1 The Vice President Medical Services or delegate shall deliver his or her decision together with reasons to the medical staff member within five (5) Business Days following the rendering of the decision made under Section 57.
- 58.2 The decision shall include a notice advising the medical staff member that if he or she is aggrieved by the decision, the medical staff member may appeal that decision in accordance with the procedures set out in Part X.

PART X

APPEALS

59. Grounds for Appeal

- 59.1 An appeal of a decision by the Chief Executive Officer may be made by a member whose appointment or privileges have been cancelled, suspended, modified, or not renewed.
- 59.2 A medical staff member may appeal:
 - 59.2.1 a decision made by the Chief Executive Officer pursuant to Section 48 or Section 55; or
 - 59.2.2 a decision made by the Vice President Medical Services or delegate pursuant to Section 57.

60. Appeal Notice

- 60.1 In respect of an appeal contemplated by Section 59.1, the Vice President Medical Services shall notify the member in writing of his or her right to appeal, of the procedures governing the appeal and of the right to be represented at the appeal hearing.
- 60.2 In respect of an appeal contemplated by Section 59.2.1, the notice to the member shall contain the information set out in Part VIII.
- 60.3 In respect of an appeal contemplated by Section 59.2.2, the notice to the member shall contain the information set out in Section 58.

61. Appeal Process

- 61.1 The Notice of Appeal by the medical staff member must be provided in writing to the Chief Executive Officer within ten (10) days of his or her receipt of notification of the process for appeal pursuant to Section 60.
- 61.2 The appeal hearing shall be conducted within thirty (30) days of the receipt by the Chief Executive Officer of the Notice of Appeal, or within such other time as the medical staff member and the Chief Executive Officer may agree on.
- 61.3 The medical staff member may, on request, present his or her case with or without counsel at the appeal hearing before the Board or such committee of the Board as may be appointed for the purpose of hearing the appeal.
- 61.4 For the purposes of preparing for an appeal of a decision rendered under Parts VI or VII of these Bylaws, the medical staff member may, on request, review and receive copies of the recommendations of the Referral Centre / Rural Medical Advisory Committee and/or the Credentials Committee. The medical

staff member may be permitted to review or receive the redacted reports of the referees obtained for the purpose of assessing the medical staff member.

- 61.5 At the appeal hearing of a decision rendered under Parts VI or VII of these Bylaws, the Board or if a subcommittee of the Board is appointed for that purpose, that subcommittee may invite representatives from the Referral Centre / Rural Medical Advisory Committee and/ or another relevant committee or the delegated representatives from such committees to present the position of these committees.
- 61.6 At the appeal hearing of a decision rendered under Parts VIII of these Bylaws, the Board or if a subcommittee of the Board is appointed for that purpose, that subcommittee may invite the complainant, if any, to present his or her position.
- 61.7 A majority decision of the Board or such Committee of the Board as appointed for the purpose of hearing the appeal shall be final and binding.

62. Appeal Decision

- 62.1 After completion of the appeal hearing, the Board, or if a committee of the Board is appointed, then that committee, shall within thirty (30) days of such hearing render and deliver to the appellant a decision in the matter, which decision shall be final and not be subject to further appeal or other review.
- 62.2 The Board or committee of the Board shall ensure that a copy of the decision and written reasons is provided to the CEO, the Vice President Medical Services and the appropriate Referral Centre / Rural Medical Advisory Committee within five (5) business days after rendering the decision.
- 62.3 Appointments and privileges reduced, suspended, modified, cancelled or terminated during the term of appointment shall remain reduced, suspended, modified, cancelled or terminated until the Board or committee of the Board reaches a final decision in the appeal.

63. Legal Recourse

Nothing in these Bylaws limits or restricts any other remedy, if any, available to a person at law.

PART XI

GENERAL PROCEDURES

64. Requirement to Provide Information

- 64.1 The Chief Executive Officer, Vice President Medical Services or Physician Leader may, at any time, request information and explanations from a medical staff member relating to or arising out of any matter contained in these Bylaws.
- 64.2 Upon receipt of a written request pursuant to Section 64.1, a medical staff member shall:
- 64.2.1 respond to the request in writing by providing the information or explanation requested, to the best of the medical staff member's ability to do so;
 - 64.2.2 provide originals or certified copies of documents requested, if originals are requested, or legible copies of documents if copies are requested; and
 - 64.2.3 provide a printed or electronic record if the requested information or documents are stored in an electronic computer storage form or similar form.
- 64.3 A medical staff member shall provide the requested information within fourteen (14) days of receipt of the request, or such additional time as the Chief Executive Officer, Vice President Medical Services or a department head may grant for the response.

65. Conflict of Interest

- 65.1 Any medical staff member who has a conflict of interest or possible conflict of interest shall disclose such conflict to the Vice President Medical Services at the earliest opportunity where that medical staff member is involved:
- 65.1.1 in making recommendations to Chief Executive Officer on any matter; or
 - 65.1.2 in considering or recommending any applicant for appointment, reappointment, privileges or discipline.
- 65.2 The Vice President Medical Services, in keeping with applicable law, policies and procedures of the Regional Health Authority regarding conflict of interest and bias, shall determine whether the medical staff member has a conflict of interest and outline what, if any, involvement in the discussion and voting the medical staff member may have concerning the issue with respect to which the conflict exists.

66. Bias

In all proceedings before the Chief Executive Officer or the Vice President Medical Services according to these Bylaws, he or she shall not have taken part in any discussion or review of the subject matter of the investigation, other than reviewing written submissions, if any, made under Section 43.1, 43.2 or 49.1, 49.2, before the investigation takes place and shall not directly or indirectly communicate on the subject matter of the investigation with anyone involved in the investigation before the investigation takes place.

The Chief Executive Officer or the Vice President Medical Services shall not have any personal or professional interest, directly or indirectly, in the outcome of the proceedings.

PART XII

AMENDMENTS

67. Amendments

- 67.1 Amendments to these bylaws may be proposed by:
- 67.1.1 the two Referral Centre Medical Advisory Committees, the Rural Medical Advisory Committee and the Regional Medical Advisory Committee;
 - 67.1.2 the Vice President Medical Services;
 - 67.1.3 the Medical Staff Association Presidents (2 Referral Centres, 1 Rural);
 - 67.1.4 the Chief Executive Officer.
- 67.2 An amendment proposed pursuant to Section 67.1.2, 67.1.3 or 67.1.4 shall be presented to the two referral centre Medical Advisory Committees and the Rural Medical Advisory Committee for deliberation and consideration. Once voted by the aforementioned committees, the Chairpersons, or their delegates, shall provide in writing a summary of their recommendations and the reasons for their agreement or disagreement to the Chief Executive Officer within a period of 60 days.
- 67.3 The Health Authority Chief Executive Officer shall consider modifications to the bylaws in consultation with the Vice President Medical Services and the recommendations of the Medical Advisory Committee pursuant to 67.2. If consensus is not achievable within 90 days, then the matter will be brought forward to the Board and the dissenting party(ies) will be offered an opportunity to make representations to the Board.
- 67.4 Nothing contained herein shall be deemed to restrain or limit the authority of the Board to propose, make or amend these Bylaws.

PART XIII

ADOPTION AND APPROVAL

68. Adoption of Bylaws

These bylaws respecting medical staff of the Central Regional Health Authority are adopted and shall replace any Medical Staff Bylaw previously enacted by the Regional Health Authority or its predecessor organization(s).

69. Transitional Provisions Required

69.1 The replacement of a Medical Staff Bylaw does not:

69.1.1 affect the previous operation of the replaced Bylaw or anything done or permitted according to it;

69.1.2 affect a right or obligation acquired under the replaced Bylaw; prevent or affect any investigation or disciplinary proceedings, and any investigation or proceeding may be continued and enforced and any penalty or sanction imposed as if the Bylaw had not been replaced.

70. Approval

ADOPTED by the Central Regional Health Authority the _____ day of _____,
2011

Chairperson, Board of Trustees

Chief Executive Officer

APPENDICES

Regional Medical Advisory Committee

The composition of the Regional Medical Advisory Committee shall be:

1. Independent Chairperson, who shall be a physician
2. The Chairperson of each Medical Advisory Committee:
 - 2.1 JPMRHC
 - 2.2 CNRHC
 - 2.3 Rural
3. Two Chief Operating Officers / Vice President Rural Health
 - 3.1 JPMRHC
 - 3.2 CNRHC
 - 3.3 Rural
4. Three other physicians, one from each of the 2 Referral Centres and one from the Rural Medical Advisory Committee, as chosen by the majority of members of those Medical Advisory Committees.
5. Chief Executive Officer (ex officio)
6. Vice President Quality, Planning and Priorities (ex officio)
7. Vice President Medical Services (ex officio)

Referral Centre Medical Advisory Committee

The composition of each of the two Referral Centre Medical Advisory Committees shall be:

1. The Chief of Staff
2. The Chiefs of each of the medical services/programs or service/program groupings within the Referral Centre.
3. Administrative representative of the nursing department.
4. Administrative representative of the Corporate Improvement Department.
5. The Chief Operating Officer as the Senior Administration representative.
6. President of the appropriate Medical Staff Association.
7. Vice President of the appropriate Medical Staff Association.
8. Vice President Medical Services (Ex Officio).

Rural Medical Advisory Committee

The composition of the Rural Medical Advisory Committee shall be:

1. The Senior Medical Officer of each of the rural sites.
2. The Director of Health Services of each of the rural sites.
3. The Vice President of Rural Health as the Senior Administrative representation.
4. President of the Rural Medical Staff Association.
5. Vice President of the Rural Medical Staff Association.
6. Vice President Medical Services (Ex Officio)

Referral Centre Credentials Committee

The composition of the Credentials Committee for each of the Referral Centres shall be:

1. The Chair of the Medical Advisory Committee
2. The Chief of Staff if that physician is not the Chair of the Medical Advisory Committee. If the Chief of Staff is the Chair of the Medical Advisory Committee, then this position will be filled by another Chief of Service, chosen as per 4.
3. The President of Medical Staff
4. Two other Chiefs of Service chosen by a majority vote of the remaining voting members of Medical Advisory Committee

Rural Credentials Committee

The composition of the Rural Credentials Committee shall be:

1. The Chair of the Medical Advisory Committee
2. The President of Medical Staff
3. Three other Senior Medical Officers chosen by a majority vote of the remaining voting members of Medical Advisory Committee