



Central
Health

MEDICAL STAFF BYLAWS
CENTRAL HEALTH
REGIONAL AUTHORITY

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PART I
BYLAWS RESPECTING MEDICAL STAFF

Title

These Medical Staff Bylaws for the Central Health Authority shall be referred to as the “Bylaws”.

1. Purpose

- 1.1 These Bylaws Respecting Medical Staff are developed and enacted in order to:
- 1.1.1 Provide an administrative structure for the governance of Medical Staff affairs within the Central Regional Health Authority;
 - 1.1.2 Promote the provision of quality health services, ensuring patient safety and quality assurance of medical care;
 - 1.1.3 Identify health care needs and advocate for adequate availability of resources;
 - 1.1.4 Govern the procedure for the appointment, reappointment, suspension and termination of appointment of physicians to the Medical Staff;
 - 1.1.5 Comply with national undergraduate and postgraduate standards in collaboration with the Faculty of Medicine of Memorial University of Newfoundland;
 - 1.1.6 Promote participation, and ensure adherence to, ethical policies applicable to approved research;
 - 1.1.7 Provide a means of effective and efficient communication amongst the Medical Staff, the Central Regional Health Authority, and management within the health region;
 - 1.1.8 Provide for Medical Staff input into policy, rules, planning and budget decisions of the Central Regional Health Authority;
 - 1.1.9 Promote an environment that is safe and healthy for patients and staff;
 - 1.1.10 Promote and encourage a responsibility for personal health and the maintenance of wellness;
 - 1.1.11 Maintain efficient use of resources; and
 - 1.1.12 Govern the procedure for the remediation and discipline of members of the Medical Staff ensuring fairness, due process and timeliness.
- 1.2 These Bylaws apply to the Medical Staff members appointed pursuant to these Bylaws.

2. Definitions

In these Bylaws, the following definitions apply:

- 2.1 **Appeal Committee** is an ad-hoc committee of the Board of Trustees constituted pursuant to the Board's Governance Bylaws, whose role is to hear and decide administrative appeals brought under Part X of these Bylaws;
- 2.2 **Applicant** means a person who has applied for appointment to the Medical Staff under Part V of these Bylaws;
- 2.3 **Appointment and Privileges Committee** is a committee of the Board of Trustees constituted pursuant to the Board's Governance Bylaws, whose role is to evaluate applications and make recommendations to the Board concerning appointment and reappointment to the Medical Staff and granting of Privileges within the Regional Health Authority;
- 2.4 **Board** means those persons appointed as members of the Board of Trustees of the Central Regional Health Authority by the Lieutenant Governor in Council pursuant to Section 8 of the *Regional Health Authorities Act*;
- 2.5 **Business Day** means a day other than a Saturday or Sunday or a "public holiday" within the meaning of the *Labour Standards Act*;
- 2.6 **President and Chief Executive Officer (CEO)** means the person appointed by the Lieutenant Governor in Council after consultation with the Board of the Central Regional Health Authority as President and CEO within the meaning of Section 14 of the *Regional Health Authorities Act*, responsible to the Central Regional Health Authority for the day-to-day conduct and management of the affairs of and activities provided by the Central 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 President and CEO are delegated by the Board in the absence or incapacity of the person appointed as President and CEO;
- 2.7 **Code of Conduct** means a document that sets out the expectations for professional and personal conduct for members of the medical staff, as set out in Appendix A and as approved by the MAC;
- 2.8 **College** means the College of Physicians and Surgeons of Newfoundland and Labrador;
- 2.9 **Community Lead** is a term to denote the Medical Staff leader within the Department of Family Practice (FP) appointed to assist the Department Chief and/or Deputy Chief(s) (FP) in a particular community;
- 2.10 **Complete Application** means, for purposes of an Initial Appointment or Reappointment pursuant to Parts VI and VII herein, a complete application form together with all supporting documentation as required pursuant to the applicable Part VI or VII of these

Bylaws, or as otherwise requested by the Vice President Medical Services/Chief of Staff or delegate;

- 2.11 **Credentials Committee** means a subcommittee of the Medical Advisory Committee established to review appointments and reappointments to the Medical Staff and make recommendations to the Medical Advisory Committee, the composition of which Credentials Committee is more particularly set out in Appendix B of these Bylaws;
- 2.12 **Days** means calendar days unless otherwise specifically noted herein;
- 2.13 **Delegate** means that person who has been authorized to act or perform a task on behalf of another person;
- 2.14 **Department** is a term to denote services within the health region that are provided by a medical discipline or group of related medical disciplines as set out in Appendix C;
- 2.15 **Department Chief** is a term to denote the Medical Staff leader of a Department;
- 2.16 **Deputy Chief (FP)** is a term to denote the Medical Staff leader of a group of services within the Department of Family Practice;
- 2.17 **Impact Analysis** means a study submitted to the Vice President Medical Services/Chief of Staff, or delegate, and completed by the program leadership team to determine the impact upon the resources of the Central Regional Health Authority of a proposed appointment of any person to the Medical Staff;
- 2.18 **Medical Advisory Committee (MAC)** is a committee of the Regional Health Authority having the composition as set out in Appendix D and the responsibilities as more particularly set out in Section 15 of the Bylaws;
- 2.19 **Medical Staff** means those physicians who have been appointed as members of the Medical Staff by the Board and may sometimes be referred to as a “member”;
- 2.20 **Medical Staff Association** is the representative organization of the Medical Staff that develops and maintains its own governance structure, rules and policies as set out in Appendix E;
- 2.21 **Medical Director (FP)** is a term used to denote the medical leader appointed by the President and CEO to perform administrative duties within the Department of Family Practice;
- 2.22 **Patient** has the meaning as set out in the *Patient Safety Act*, being a person who is receiving or who has received a health service, and includes residents living in any facility of Central Health;
- 2.23 **Physician** means a physician who is entitled to practice medicine pursuant to the *Medical Act, 2011* as from time to time amended;

- 2.24 **Physician Leader** is a term used to denote a Medical Staff leader who has been appointed by the Board;
- 2.25 **Physician Resource Plan** is the document, developed by the MAC and approved by the President and CEO, designed to obtain the appropriate compliment of physicians with the requisite clinical skills working throughout Central Health to provide necessary medical care.
- 2.26 **Policies and Procedures** means those policies and procedures that have been approved in accordance with the Central Regional Health Authority processes;
- 2.27 **Privileges** means the scope of practice granted to a Medical Staff member by the Board in accordance with these Bylaws;
- 2.28 **Program** means a group of complimentary services directed towards meeting specific health care needs of a group of Patients;
- 2.29 **Regional Health Authority** means the Central Health Regional Authority which is a statutory body constituted under and pursuant to the *Hospitals Act* and continued as the Central Regional Integrated Health Authority under the *Regional Health Authorities Act*;
- 2.30 **Site Lead** is a term to denote the Medical Staff leader appointed to assist the Department Chief in the execution of his/her duties in the second hospital site;
- 2.31 **Vice President** means an individual appointed by the President and CEO to provide leadership within the Program structure of the Regional Health Authority; and
- 2.32 **Vice President Medical Services/Chief of Staff (VP/COS)** means the physician appointed by the Board and the President and CEO as a Vice President who is responsible for Medical Services and shall perform the role of a Chief of Staff in the Regional Health Authority, and includes a person to whom the powers, duties and responsibilities of the VP/COS are delegated by the VP/COS or the President and CEO in the absence or incapacity of the person appointed as VP/COS.

PART II
ORGANIZATION OF THE MEDICAL STAFF

3. Responsibilities of the Chief Executive Officer

The Central Regional Health Authority through its President and CEO shall be responsible:

- 3.1 to facilitate 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;
- 3.2 for the day-to-day management and conduct of the affairs of the authority, including but not limited to:
 - 3.2.1 ensuring the appointment of Physician Leaders by the Board, as required; and
 - 3.2.2 ensuring the establishment of a MAC structure.
- 3.3 Having given full consideration to the recommendations and advice of a Search Committee appointed by the President and CEO for that purpose, the President and CEO shall appoint a Vice President responsible for Medical Services and to perform the role of Chief of Staff. Such appointment shall be subject to approval by the Board and the position shall be referred to in these Bylaws as the Vice President Medical Services/Chief of Staff (VP/COS).
- 3.4 The President and CEO may appoint an Associate Vice President Medical Services/Chief of Staff to assist with such responsibilities as set out in Section 4, and as otherwise determined by the VP/COS and President and CEO from time to time.
- 3.5 The President and CEO may appoint a Medical Director (FP), in accordance with Regional Health Authority's Human Resources policies and procedures, to perform such administrative duties within the Department of Family Practice as deemed necessary by the President and CEO from time to time.
- 3.6 The President and CEO shall sit as an ex-officio non-voting member of the MAC and all Board committees but the President and CEO shall be recused from MAC meetings where matters to be determined are those relating to any matter with a right of appeal under Part X of the Bylaws.

4. Responsibilities of the Vice President Medical Services/Chief of Staff

- 4.1 The VP/COS shall be accountable to the Board and President and CEO with respect to all matters regarding Medical Staffing throughout the region and providing the clinical, operational, strategic, fiscal, and cultural leadership as Central Health's chief physician.

- 4.2 The VP/COS shall be accountable to the Board for issues of quality of medical diagnosis, care and treatment within the health region, supervising all medical care given to Patients, within Central Health through and with the Department Chiefs, including:
- 4.2.1 The VP/COS shall lead the physician credentialing, privileging, and appointment process;
 - 4.2.2 The VP/COS shall advise on metrics related to medical care, manage physician remediation and discipline issues and oversee the work of the MAC.
- 4.3 The VP/COS shall report, and be accountable to the President and CEO providing advice and clinical perspective on issues related to strategy and operations, including:
- 4.3.1 participation in the development and implementation of strategic and operational planning;
 - 4.3.2 contribute to financial processes, including budget development, monitoring, and variance assessment and reporting;
 - 4.3.3 monitor relevant organizational metrics and associated resource utilization and make recommendations accordingly;
 - 4.3.4 assume primary administrative responsibility for the establishment, management and oversight of Departments; and
 - 4.3.5 work in a close partnership as a member of the Senior Management Team of Central Health.
- 4.4 The roles and responsibilities of the VP/COS shall include, but are not limited to:
- 4.4.1 With respect to corporate management:
 - 4.4.1.1 participate with full membership on the Senior Management Team of the Regional Health Authority, and work in close relationship with all Vice Presidents of Central Health, participate 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 and resident care programs and services, and of resource allocation; and
 - 4.4.1.2 report on the activities of the Medical Staff to the Senior Management Team.
 - 4.4.2 With respect to Medical Staff administration:
 - 4.4.2.1 develop, maintain, and update Medical Staff policies and procedures pertaining to medical services provided within the facilities, programs, and services operated by the Regional Health Authority;

- 4.4.2.2 provide leadership and direction in collaboration with the Department Chiefs on matters pertaining to clinical organization, physician resources, medical technology, and other relevant Medical Staff administrative matters;
- 4.4.2.3 participate in any Central Health committees, as required;
- 4.4.2.4 provide leadership and direction to Department Chiefs, other Medical Staff leaders and the MAC, and all its standing and ad hoc committees, so as to integrate the activities of the various programs and committees with each other and with the goals of the Central Health; and
- 4.4.2.5 The VP/COS shall sit as an ex-officio voting member of the MAC but the VP/COS shall be recused from such meetings where matters to be determined are those related to Parts VI, VII, VIII and IX of the Bylaws.

4.4.3 With respect to the appointment, privileging, and discipline:

- 4.4.3.1 ensure there are thorough, fair, and effective processes for review and assessment, credentialing and privileging, appointment and re-appointment of Medical Staff, that are consistent with applicable law and legislation, and with these Bylaws; and
- 4.4.3.2 collaborate with Department Chiefs in matters related to remediation, discipline, and suspension of physicians.

4.4.4 With respect to the quality of medical care:

- 4.4.4.1 advocate for the provision of high quality, safe, team-based care;
- 4.4.4.2 collaborate with all Vice Presidents of Central Health and with Department Chiefs to develop, establish, and support quality improvement initiatives within Central Health in compliance with all applicable legislation, bylaws, rules, and policies;
- 4.4.4.3 ensure quality assurance processes are in place in accordance with the *Patient Safety Act*;
- 4.4.4.4 collaborate with Department Chiefs and quality of care personnel to ensure that Patient concerns regarding the quality of medical care are resolved in a timely manner; and
- 4.4.4.5 ensure the timely investigation and management of occurrences and implements improvements in medical care based on trended data.

4.4.5 With respect to medical care:

- 4.4.5.1 through the Department Chiefs, support and manage physician remediation, discipline and privilege issues;
 - 4.4.5.2 ensure that all breaches related to conduct are reported to the Board and applicable regulatory authorities and are in accordance with the bylaws, rules, legislation, and policies;
 - 4.4.5.3 ensure that Central Health has in place reasonable systems and mechanisms for the effective oversight of the performance of physicians and to support physicians in their development;
 - 4.4.5.4 through Department Chiefs, is responsible for medical care, particularly when patient concerns or complaints arise relative to their care or the care of a family member; and
 - 4.4.5.5 work with the patient complaint process to address concerns of patients and their family.
- 4.4.6 With respect to Medical Staff resource planning:
- 4.4.6.1 support the MAC in developing, implementing, and monitoring a Physician Resource Plan for Central Health that includes the quality, mix, number and distribution of physicians to address the needs of the health region; and
 - 4.4.6.2 provide leadership and direction on matters pertaining to physician compensation, recruitment, orientation, and retention.
- 4.4.7 With respect to the professional and ethical conduct of the Medical Staff:
- 4.4.7.1 encourage, promote, and foster civility as well as the professional and ethical conduct of members in relation to their practice, teaching, and interactions with others;
 - 4.4.7.2 address concerns arising from incivility as well as the professional and ethical conduct of members;
 - 4.4.7.3 promote and foster the professional and ethical conduct of Medical Staff in relation to their practice, teaching, research, and interactions with others; and
 - 4.4.7.4 address concerns arising from the professional and ethical conduct of Medical Staff.
- 4.4.8 With respect to continuing Professional Development:
- 4.4.8.1 promote and foster participation in continuing professional development on an ongoing basis;

- 4.4.8.2 assist in identifying and addressing the management and leadership needs of physicians within Central Health; and
- 4.4.9 With respect to provincial medical services issues:
 - 4.4.9.1 co-operate and co-coordinate with other Vice Presidents of Medical Services in the province.
- 4.4.10 With respect to teaching and research in collaboration, with Department Chiefs:
 - 4.4.10.1 encourage, promote, and foster teaching and research within Central Health;
 - 4.4.10.2 ensure appropriate learning experiences and clinical supervision of postgraduate medical trainees, undergraduate medical students, and other physician-taught learners, as applicable within Central Health;
 - 4.4.10.3 ensure that appropriate processes and protocols are in place, where applicable, for the consideration and approval of research proposals and compliance thereto; and
 - 4.4.10.4 liaise with the Faculty of Medicine of Memorial University of Newfoundland to ensure effective coordination and cooperation for education and research.
- 4.5 The VP/COS may, if required, delegate one (1) or more responsibilities to a subordinate while at all times being ultimately responsible for this role.

5. Establishment of Departments

- 5.1 The VP/COS, giving due consideration to the advice of the MAC, may recommend the establishment or dissolution of Departments as considered appropriate from time to time.
- 5.2 The Departments and their composition shall be named in Appendix C, as amended from time to time, to these Bylaws.
- 5.3 Department Meetings and Responsibilities of Medical Staff:
 - 5.3.1 the Medical Staff members of each Department shall meet on a regular basis at least eight (8) times per year, at the call of the Chair, who shall be the Department Chief.
 - 5.3.2 Medical Staff members of each Department shall be responsible to the Department Chief.

6. Appointment of Physician Leaders

- 6.1 Each Department shall have a Department Chief appointed by the Board on considering the recommendation of a selection committee.
- 6.2 The Department Chief:
- 6.2.1 shall be appointed and/or reappointed for a period of three (3) years.
 - 6.2.2 should generally be limited to one (1) additional term, for a maximum of two (2) consecutive terms, unless otherwise determined by the Board.
 - 6.2.3 a selection process shall be invoked to recommend a Department Chief after the initial and subsequent (if applicable) terms. The incumbent leader may offer themselves as a potential candidate.
- 6.3 Each Department shall have a Site Lead, or Deputy Chief (FP), appointed by the Board following its consideration of a selection committee's recommendation.
- 6.4 The Department of Family Practice may have Community Leads appointed by the Board giving consideration to a recommendation by the VP/COS.
- 6.5 Site Leads, Deputy Chiefs (FP), or Community Leads:
- 6.5.1 will be appointed and/or reappointed for a period of three (3) years upon a recommendation from the VP/COS.
 - 6.5.2 should generally be limited to one (1) additional term, for a maximum of two (2) consecutive terms, unless otherwise determined by the Board.
- 6.6 All Physician Leaders shall undergo an annual performance review in accordance with the policies and procedures.
- 6.7 The VP/COS may at any time, for just cause, revoke or suspend the appointment of a Physician Leader.
- 6.8 ~~Subject to Section 6.9, t~~he VP/COS may appoint an acting Physician Leader where the incumbent is absent, unwilling, or unable to carry out the responsibilities. The acting Physician Leader shall have all of the powers, duties, and responsibilities of the incumbent.
- 6.9 In respect of Physician Leaders, other than those appointed in an acting capacity:
- 6.9.1 ~~no appointment~~No appointment, revocation, or suspension of the appointment of a Physician Leader shall be in effect for longer than ninety five (590) days unless confirmed in writing by the Board or delegate; and
 - 6.9.2 ~~no revocation or suspension of an appointment shall be in effect for longer than five (5) days unless confirmed in writing by the Board or delegate.-~~

6.96.10 The VP/COS shall give consideration to the advice of the MAC in the exercise of any of the powers under this section.

7. Department Chiefs

- 7.1 Department Chiefs are responsible to the VP/COS or delegate for the effective organization, management, and functioning of the Medical Staff within the assigned Department.
- 7.2 Department Chiefs provide leadership to ensure the integration of the clinical and operational standards, quality improvement initiatives, and academic activities of the Department, while also providing support to the VP/COS in matters related to appointments, credentials, privileges, and the management of remediation and discipline, in accordance with these Bylaws.

8. Responsibilities of Department Chiefs

Department Chiefs provide leadership within the Department, while also supporting the VP/COS, in matters relating to appointment, reappointment, remediation and discipline. These responsibilities include, but are not limited to:

8.1 Management within the Department

8.1.1 In collaboration with the Department Site Lead:

8.1.1.1 be responsible for the overall management of the Department, including, but not limited to, financial and departmental planning, human resources planning, the development, implementation and evaluation of physician provided Patient care programs and services; and

8.1.1.2 develop, implement, and evaluate Departmental call coverage schedules to meet patient needs, while considering available resources.

8.1.2 In collaboration with administrative directors, resolve disputes within the Department and across clinical areas, sectors, and disciplines.

8.1.3 In conjunction with administrative directors, establish, review, and revise Departmental priorities and objectives in accordance with Central Health's values, mission, vision, strategic plan, and financial management plan.

8.2 Medical Staff administration within the Department

- 8.2.1 In consultation with the VP/COS, develop, maintain, and update Medical Staff rules and policies and procedures pertaining to the medical care provided within the Department.
- 8.2.2 Work with the VP/COS to provide advice and recommendations to the MAC on matters pertaining to clinical organization, medical technology and other relevant medical administrative matters.
- 8.2.3 Work collaboratively with the administrative director, and others, to develop, implement, and update operational plans including human resources, space, supplies, instruments, and equipment needed for the proper functioning of the Department.
- 8.2.4 Conduct regular Department meetings, no less than eight (8) times per year, and serve as the Chair of those Department meetings. Participate in any other Department or program committees, as required, and monitor liaison between members of the Department.
- 8.2.5 Attend MAC meetings, which are held no less than eight (8) times per year.

8.3 Medical and administrative direction within the Department

- 8.3.1 functioning as a strong advocate for evidence-based medical practice;
- 8.3.2 assessing the performance and professional development plans of Department members;
- 8.3.3 reviewing clinical concerns from Risk Management, Patient Representatives, or other care providers involving quality of care, access to facilities and services, as well as concerns about physician practice;
- 8.3.4 examining or reviewing the chart of any patient under the care of a member of the Medical Staff who has privileges in the Department, where such action is deemed appropriate, and in accordance with the *Personal Health Information Act*; and
- 8.3.5 intervening, assuming, or delegating responsibility for a patient's care when such is warranted due to the patient's condition and/or concerns regarding the diagnosis, care, or treatment of the patient by a Department member.

8.4 Medical Staff appointment, reappointment, remediation and discipline

- 8.4.1 In consultation with the VP/COS, ensuring that the Medical Staff appointment, privileging, reappointment, and discipline processes established by Central Health are adhered to.

- 8.4.2 Cooperating with and assisting, when necessary, the VP/COS and legal counsel for Central Health in such processes.

8.5 Provision of Quality Care

- 8.5.1 In consultation with the VP/COS and in collaboration with the Department Site Lead, developing, establishing, and maintaining quality assurance, quality improvement, patient safety, continuity of care, risk management, and utilization activities within the Department in compliance with all applicable legislation, bylaws, rules and regulations, and/or policies and procedures of Central Health.
- 8.5.2 In consultation with the administrative directors, and recognizing that patient care is provided by multidisciplinary teams, establishing a Departmental quality improvement management program that includes:
 - 8.5.2.1 ongoing monitoring of the quality and safety of medical practice and patient care;
 - 8.5.2.2 ensuring effective processes and mechanisms are in place to encourage best practices and improve clinical outcomes and other dimensions of quality; and
 - 8.5.2.3 identifying potential liability issues within the Department.
- 8.5.3 Reporting to the VP/COS on the quality, effectiveness, utilization, and availability of medical care provided, in relation to professional standards within the Department.

8.6 Medical Staff resource planning

- 8.6.1 In conjunction with the administrative directors, ensure that the Physician Resource Plan that are developed fit with regional priorities and operational plans.
- 8.6.2 In consultation with the VP/COS, and in collaboration with the Site Lead, or Deputy Chief (FP), as applicable, provide leadership and direction, and be responsible for matters pertaining to physician recruitment, orientation and retention within the Department.

8.7 Professional and ethical conduct of Medical Staff members within the Department

- 8.7.1 Encourage, promote, and foster the professional and ethical conduct of members within the Department, program or section in relation to their practice, teaching, research and interactions with others.
- 8.7.2 Model the values of Central Health, and both encourage and exemplify professional and ethical conduct in relation to practice, teaching, research, and

interactions with others in keeping with the Code of Conduct for Physicians (Appendix A) and the Code of Ethics adopted by the CPSNL.

8.7.3 Address concerns related to the professional and ethical conduct of members within the Department, by:

8.7.3.1 assisting the VP/COS, where appropriate, with the implementation of processes regarding remediation and discipline and/or the modification, termination, or suspension of a Department member's membership and/or privileges; and

8.7.3.2 cooperating and assisting with all parties in such processes, when necessary and in consultation with administrative directors.

8.8 Continuing professional development

8.8.1 Encourage, promote, and foster participation in continuing professional development within the Department, for each Department member to meet or exceed the Central Health requirements for CME/CPD in relation to reappointment applications.

8.8.2 Ensure that professional development programs, in which the Department is involved, meet the required standards.

8.9 Teaching and research

8.9.1 Collaborate with the VP/COS to ensure that, where applicable, the academic program and the experience of students and residents are optimized in the Department.

8.9.2 Collaborate with the VP/COS, and consult with the Site Lead, to create an annual academic plan, where applicable, which will encourage, promote and foster teaching and research within the Department.

8.9.3 Participate, and ensure appropriate participation by the Department members, in the education of students and residents, as opportunities arise.

9. **Department Site Leads or Deputy Chiefs (FP)**

9.1 Deputy Chiefs are responsible to the Department Chiefs or delegate for assisting in the effective organization, management, and functioning of the Medical Staff within the assigned Department.

9.2 The Department Site Leads or Deputy Chiefs (FP) collaborate with their Department Chief, to provide leadership and support at the second Regional Hospital site or Family Practice service, as applicable.

10. Responsibilities of Department Site Leads or Deputy Chiefs (FP)

The Responsibilities of Department Site Leads and Deputy Chiefs are accomplished through local presence and include, but are not limited to:

10.1 Management within the Department

10.1.1 Assist the Department Chief with:

10.1.1.1 overall management of the Department which may include acting as Chief during short term absences; and

10.1.1.2 call coverage schedules.

10.2 Medical Staff administration within the Department

10.2.1 Work with the Department Chief to:

10.2.1.1 identify opportunities to update and improve rules, policies, and procedures for the Department; and

10.2.1.2 update plans for physician resources, space, supplies, instruments, and equipment needed for the proper functioning of the Department.

10.3 Appointments, privileging, remediation, and discipline

10.3.1 Collaborate with and assist the Department Chief in these processes.

10.4 Provision of Quality Care

10.4.1 Assist the Department Chief to develop, establish, and maintain quality assurance, quality improvement, patient safety, risk management, and utilization activities within the Department.

10.4.2 Participate, with all Department members, in the Departmental multidisciplinary quality improvement management programs, where applicable.

10.5 Physician Resource planning

10.5.1 Assist the Department Chief to develop and maintain a Physician Resource Plan and in physician recruitment, orientation, and retention within the Department.

10.6 Other responsibilities

10.6.1 Assist the Department Chief to address matters related to:

- 10.6.1.1 professional and ethical conduct;
- 10.6.1.2 continuing professional development; and
- 10.6.1.3 teaching and research.

11. Responsibilities of Community Leads (FP)

- 11.1 Community Leads shall be responsible to the Department Chief and have such duties as assigned. Such duties may include but are not limited to:
 - 11.1.1 leadership and overall supervision of clinical care given by Medical Staff members;
 - 11.1.2 call schedules; and
 - 11.1.3 assistance with completion of performance evaluations as required and directed by the Department Chief.

12. Establishment of the Medical Advisory Committee Structure

- 12.1 The VP/COS in collaboration with the President and CEO shall establish a MAC structure for Central Health constituted with voting and non-voting members in accordance with the provisions of Appendix D.

13. Composition of the Medical Advisory Committee

- 13.1 The MAC shall be established and will include the various representatives as outlined in Appendix D.
- 13.2 The Chair of the MAC shall be appointed for a three (3) year term by the Board, giving consideration to the recommendation from a selection committee. Reappointment for a second term may be made by the Board, giving consideration to the recommendation of the VP/COS.
- 13.3 The Chair of the MAC shall be accountable to, and shall provide reports to the Board.
- 13.4 The Chair of the MAC shall:
 - 13.4.1 preside at all meetings of the MAC;
 - 13.4.2 give notice of all meetings of the MAC;
 - 13.4.3 in consultation with the VP/COS, develop the agenda for MAC meetings;
 - 13.4.4 maintain the minutes of all meetings of the MAC;

- 13.4.5 maintain an attendance record of those attending all meetings of the MAC;
 - 13.4.6 perform such other duties as ordinarily pertain to this office and as the Regional Health Authority may from time to time direct; and
 - 13.4.7 report to the Board in accordance with the Board's reporting requirements.
- 13.5 The Vice-Chair of the MAC shall be appointed by the Board for a one (1) year term, with reappointment at the discretion of the Board.
- 13.6 In the absence of the Chair, the Vice-Chair shall assume all of the Chair's duties and shall have all of the Chair's authority, and shall assume 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.

14. Meetings of the Medical Advisory Committee

- 14.1 The MAC shall meet no less than eight (8) times per year, and at the call of the Chair or the VP/COS, and minutes shall be kept of all meetings and provided to the members.
- 14.2 The MAC shall provide at least fourteen (14) days' notice of the regular meeting to the MAC members.
- 14.3 The quorum for a meeting of the MAC or any of its committees must be a majority of the voting members.
- 14.4 The Chair shall only be entitled to vote in the situation of an equality of votes.
- 14.5 Where the Chair or the VP/COS is of the opinion that a matter is urgent and requires the immediate attention of the MAC membership, the Chair may call a special meeting of the MAC by providing at least forty-eight (48) hours' notice. The special meeting shall transact only the business stated in the notice of the meeting.
- 14.6 The VP/COS shall keep a record of the activities of each MAC meeting for archives. The record shall include the agendas and minutes of the meetings and be stored in the Medical Services Office.

15. Responsibilities of the Medical Advisory Committee

- 15.1 The MAC is a committee of the Regional Health Authority which advises the Board, President and CEO, and VP/COS on matters concerning the provision of medical care and the grant of privileges and appointments.
- 15.2 The responsibilities of the MAC include, but are not limited to, providing advice and recommendations on matters with respect to:

15.2.1 Medical Staff Administration

- 15.2.1.1 assist the VP/COS with the effective organization, management, and functioning of the Medical Staff throughout the Regional Health Authority;
- 15.2.1.2 consider, coordinate, and recommend to the Board, President and CEO, and/or VP/COS rules, regulations, and polices as they apply to the Medical Staff as a whole or to individual Departments;
- 15.2.1.3 consider and take appropriate action on all matters and recommendations forwarded from its standing and ad hoc committees or subcommittees;
- 15.2.1.4 consider and make recommendations on such matters as may be referred to it by the Board;
- 15.2.1.5 in conjunction with the VP/COS, develop policies and procedures relating to Medical Staff affairs in the Regional Health Authority;
- 15.2.1.6 make recommendations to the VP/COS in accordance with and as required by these Bylaws;
- 15.2.1.7 provide oversight of the ethical conduct and professional practice of the members of the Medical Staff;
- 15.2.1.8 review reports from the Credentials Committee and make recommendations to the Board on the appointment or reappointment, category of appointment, granting or variation of privileges of each Medical Staff member in keeping with these Bylaws and policies of the Regional Health Authority;
- 15.2.1.9 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;
- 15.2.1.10 clinical care, organization, medical technology, and other relevant medical administrative matters; and
- 15.2.1.11 strategic planning, financial and program planning, the development, implementation and evaluation of Patient care programs and services and resource allocation.

15.2.2 Quality of Medical Care

- 15.2.2.1 receive, review, and make recommendations to the VP/COS on reports from quality review bodies and committees;

- 15.2.2.2 establish and maintain medical standards in facilities, programs, and services operated by the Regional Health Authority in compliance with all applicable legislation, Bylaws, and policies and procedures of the Regional Health Authority;
- 15.2.2.3 provide advice and recommendations concerning the quality, effectiveness, and availability of medical services provided in facilities, programs, and services operated by the Regional Health Authority;
- 15.2.2.4 work closely with the Regional Quality Committee, and the Quality Committee of the Board in pursuance of the goals and objectives as determined relating to improving quality, patient centered care; and
- 15.2.2.5 report on and make recommendations to the VP/COS to address, maintain, and improve the quality and safety of medical services.

15.2.3 Physician Resource Planning

- 15.2.3.1 develop a Physician Resource Plan, to recommend to the VP/COS for approval by the President and CEO, that meets the health needs of the population served by the Regional Health Authority; and
- 15.2.3.2 review and update the Physician Resource Plan annually and make recommendations to the VP/COS.

16. Standing and Ad Hoc Committees of the Medical Advisory Committee

- 16.1 The MAC may establish such standing committees and ad hoc committees as required.
 - 16.1.1 The terms of reference, duties, and composition of each standing and ad hoc committee shall be recorded in the policies and procedures or the minutes of the MAC.
 - 16.1.2 The Board, giving consideration to a recommendation of the MAC, shall appoint a Chair of each standing committee and each ad hoc committee.
 - 16.1.3 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 MAC, and, at the request of the MAC, be present to discuss all or part of any minutes, reports, or recommendations of the standing or ad hoc committee.
 - 16.1.4 The Chair and members of the standing committees shall be appointed every two years.

PART III
MEDICAL STAFF ASSOCIATION

17. Purpose of the Medical Staff Association

- 17.1 Central Health recognizes and acknowledges the Medical Staff Association which, in the context of these Bylaws, has the following purposes:
 - 17.1.1 To provide a formal mechanism for unified decision making to address Medical Staff concerns to the VP/COS and/or, through the President of the Medical Staff Association, to the Board.
 - 17.1.2 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.
 - 17.1.3 To provide a forum to advocate for quality healthcare.
- 17.2 The Medical Staff Association develops and maintains its own governance structure, rules, and policies, as may be amended, which at the sole discretion of the Medical Staff Association, may be appended to these Bylaws as Appendix E.

PART IV**MEDICAL STAFF CATEGORIES****18. Medical Staff Categories**

18.1 The Medical Staff shall be organized into the following categories:

- 18.1.1 Active;
- 18.1.2 Associate;
- 18.1.3 Ancillary; and
- 18.1.4 Emeritus (Designation).

18.2 Active Medical Staff

18.2.1 The active Medical Staff shall consist of those physicians who have been appointed according to Parts VI and VII as active Medical Staff by the Board giving consideration to the recommendation of the MAC.

18.2.2 Every physician applying for an initial appointment to the active Medical Staff will first be appointed to the associate Medical Staff unless the Board directs otherwise.

18.2.3 Active Medical Staff shall:

- 18.2.3.1 ensure that care is provided to their Patients in Regional Health Authority facilities, programs and services, and, as required, ensure arrangements are in place for the ongoing care of their Patients by another member of the Medical Staff with the appropriate privileges when they are unable to attend to their Patients;
- 18.2.3.2 attend to Patients and undertake such medical and surgical treatments in accordance with the privileges granted by the Board;
- 18.2.3.3 undertake such duties respecting Patient care as may be reasonably assigned by the Department Chief or VP/COS in circumstances where additional physician resources are required, if within the scope of mutually agreed terms and conditions as outlined in a job description and/or privileging agreement;
- 18.2.3.4 act as a mentor or supervisor of a member of the associate Medical Staff as mutually agreed upon by the associate Medical Staff

member, the active Medical Staff member and the Department Chief;

- 18.2.3.5 attend program/department/service meetings of the Medical Staff as required by policies and procedures of the Regional Health Authority;
- 18.2.3.6 have an annual review and evaluation conducted by the appropriate Physician Leader in accordance with policies and procedures of the Regional Health Authority;
- 18.2.3.7 abide by applicable legislation, bylaws, policies, and procedures;
- 18.2.3.8 not alter the scope of practice unilaterally but by agreement between the physician and the Regional Health Authority;
- 18.2.3.9 attend educational rounds and continuing medical education when appropriate;
- 18.2.3.10 participate in quality improvement and assurance initiatives within the umbrella of the Regional Health Authority quality assurance program; and
- 18.2.3.11 participate in a collaborative fashion with interdisciplinary care teams.

18.2.4 Active Medical Staff may refer any of their Patients 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.

18.2.5 At the discretion of the Chair of the MAC or VP/COS, active Medical Staff may serve as a member or the Chair of any committee established by the MAC or VP/COS and vote at any committee on which they hold membership.

18.3 Associate Medical Staff

18.3.1 Appointment to the associate Medical Staff shall be considered a probationary appointment during which time the MAC and the appropriate Physician Leader shall evaluate the Medical Staff member.

18.3.2 The associate Medical Staff shall consist of those physicians who apply for an initial appointment to the active Medical Staff, and who are appointed according to Parts VI and VII by the Board giving consideration to the recommendation of the MAC.

18.3.3 Each associate Medical Staff member shall have such privileges that are appropriate to the active 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 Board.

- 18.3.4 An associate Medical Staff member shall work for a 12-month probationary period under the mentorship and/or supervision of an active Medical Staff assigned by the VP/COS as recommended by the Department Chief under whose responsibility the associate Medical Staff member has been assigned. During this probationary period, the staff member will undergo quarterly evaluations by the appointed supervisor.
- 18.3.5 The Physician Leader may request that a different mentor and/or supervisor be appointed at any time during the physician's appointment to the associate Medical Staff.
- 18.3.6 At the end of the 12-month probationary appointment, and subject to the provisions of these Bylaws respecting reappointment, the MAC shall review the performance of the associate Medical Staff member and recommend to the Appointment and Privileges Committee either:
 - 18.3.6.1 the appointment of the physician in accordance with the category of appointment sought and privileges requested;
 - 18.3.6.2 the appointment of the physician but that the category of Medical Staff or privileges be modified from those requested by the physician;
 - 18.3.6.3 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
 - 18.3.6.4 the application be refused, in which case the reasons for refusal shall be in writing.
- 18.3.7 Upon consideration of the recommendations of the MAC, including any reasons therefor, if any, and contents of the quarterly evaluations as contemplated in Section 18.3.4, the Appointment and Privileges Committee shall, within ten (10) Business Days, make a decision to:
 - 18.3.7.1 confirm the appointment of the associate Medical Staff member to the Medical Staff with the category of appointment sought and privileges requested in the initial application;
 - 18.3.7.2 confirm the appointment of the associate Medical Staff member to the Medical Staff with the category and privileges considered appropriate by the Appointment and Privileges Committee;
 - 18.3.7.3 confirm the reappointment of the Medical Staff member to the associate category for a further period not exceeding twelve months; or

- 18.3.7.4 confirm the recommendation to refuse the application and to terminate the appointment.
- 18.3.8 Physicians will not be appointed to the associate Medical Staff for more than 24 consecutive months.
- 18.3.9 At any time, the VP/COS may recommend, with written reasons, to the MAC that the appointment of a physician to the associate Medical Staff be terminated.
- 18.3.10 Upon consideration of the recommendation of the VP/COS, including the reasons therefor, the MAC shall either:
 - 18.3.10.1 reject the recommendation of the VP/COS and the associate Medical Staff member shall continue their probationary period; or
 - 18.3.10.2 recommend to the Appointment and Privileges Committee that the privileges be modified, pursuant to Section 18.3.11; or
 - 18.3.10.3 accept the recommendation of the VP/COS and recommend to the Appointment and Privileges Committee that the appointment of the Medical Staff member to the associate category be terminated, at which point time, the application would proceed to the process set out in Section 28.4
- 18.3.11 At any time, the MAC may recommend to the Appointment and Privileges Committee that the privileges outlined in Section 18.3.3 be modified. Medical Staff members shall be advised of any modification in privileges in writing by the VP/COS.
- 18.3.12 Associate Medical Staff may have such membership and voting rights, hold Physician Leader positions, and be subject to such duties, privileges, and obligations commensurate with the active Medical Staff category.
- 18.4 Ancillary Medical Staff
 - 18.4.1 The Board, on the recommendation of the MAC, may appoint a physician to the ancillary Medical Staff to admit and attend Patients, and undertake such medical and surgical treatments in accordance with such privileges as deemed appropriate.
 - 18.4.2 Appointment to the ancillary Medical Staff may occur where the appointment is:
 - 18.4.2.1 for a defined period of time and/or for a specific purpose;
 - 18.4.2.2 to provide temporary replacement or support for a member of the Medical Staff; or

- 18.4.2.3 to provide specific services within a Department, under the supervision of an active or associate Medical Staff member; or
 - 18.4.2.4 the applicant has Patients within the health region and has 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 their Patients residing within the health region.
- 18.4.3 The appropriate range of privileges shall be outlined in the letter of appointment.
- 18.4.4 Appointment to the ancillary Medical Staff may also occur where the applicant has:
- 18.4.4.1 an active Medical Staff appointment with another regional health authority in the Province of Newfoundland and Labrador, or health authority, hospital, or other similar health care organization in Canada; and
 - 18.4.4.2 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 their Patients residing within the health region; or
 - 18.4.4.3 established consultant clinics or performs itinerant services in any of the Regional Health Authority facilities.
- 18.4.5 The ancillary Medical Staff shall consist of those physicians who have been appointed to the temporary Medical Staff by the Board, on the recommendation of the MAC.
- 18.4.6 Notwithstanding Section 18.4.1, the VP/COS may:
- 18.4.6.1 appoint a physician who is not a member of the Medical Staff to the ancillary Medical Staff and grant temporary privileges where, in the opinion of the VP/COS, there is an immediate need for the service and it is not practical for the physician to submit all of the information required to be submitted according to these Bylaws provided the VP/COS is satisfied that the applicant meets the criteria for appointment set out in Sections 23.2 and 23.3; or
 - 18.4.6.2 grant temporary privileges to a physician where, in the opinion of the VP/COS, there is an immediate need for the service, and
 - 18.4.6.3 this appointment shall not be longer than ninety (90) days.

- 18.4.7 The privileges granted to a member of the ancillary Medical Staff under Sections 18.4.1 or 18.4.2 may include the privilege to attend, admit Patients, or perform medical or surgical procedures in a facility.
- 18.4.8 Each member of the ancillary Medical Staff shall:
- 18.4.8.1 ensure that care is provided to his or her Patients 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 by another member of the Medical Staff;
 - 18.4.8.2 attend Patients and undertake such medical and surgical treatments in accordance with the privileges granted by the Board, on the recommendation of the MAC, or by the VP/COS;
 - 18.4.8.3 undertake such duties respecting Patient care as may be reasonably assigned by the VP/COS in circumstances where additional physician, resources are required, if within the scope of mutually agreed terms and conditions, as outlined in a job description and/or privileges agreement; and
 - 18.4.8.4 abide by applicable legislation, bylaws, policies, and procedures.
- 18.4.9 Ancillary Medical Staff may refer any of their Patients 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.
- 18.4.10 At the discretion of the VP/COS, and in keeping with Section 6, members of the ancillary Medical Staff may hold interim or acting Physician Leader positions, subject to approval by the Board.
- 18.4.11 At the discretion of the MAC or the VP/COS, ancillary Medical Staff may serve on a temporary basis as a member of any committee established by the MAC or the VP/COS and vote at any committee in which they hold membership.
- 18.4.12 Members of the ancillary Medical Staff may be subject to review and evaluation conducted by a Physician Leader as contemplated under Section 18.2.3.6.

18.5 Emeritus Status

- 18.5.1 Emeritus Status is awarded to recognize physicians who have provided distinguished service to the Patients of the health region.
- 18.5.2 A physician may be awarded Emeritus status by the Board on a recommendation of the MAC.
- 18.5.3 Emeritus status may be awarded to retired members or members of the active Medical Staff.

- 18.5.4 Member of the active Medical Staff with Emeritus status shall be subject to the rules pertaining to the active category.
- 18.5.5 Retired members with Emeritus status:
- 18.5.5.1 subject to Section 18.5.5.3, may attend meetings of the Medical Staff established by MAC or VP/COS but shall have no voting rights;
 - 18.5.5.2 may not hold any office or be a voting member on any committee;
 - 18.5.5.3 may be excluded from any meeting or portion of a meeting of a committee established by the MAC or the VP/COS at the discretion of the Chair, where personal information, personal health information or confidential information is being discussed; and
 - 18.5.5.4 are not subject to mandatory meeting attendance as required by the policies and procedures of the Regional Health Authority.
- 18.5.6 Only the Board shall have the authority to rescind Emeritus status where such circumstances arise which warrants such action.

19. Responsibilities of the Medical Staff

- 19.1 Collectively, the Medical Staff have a responsibility and accountability to the Regional Health Authority to:
- 19.1.1 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 safety, satisfying the needs of the Patient, 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;
 - 19.1.2 promote appropriate use of evidence-based clinical practice; and
 - 19.1.3 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.
- 19.2 Each member of the Medical Staff has a responsibility to the Regional Health Authority to:

- 19.2.1 ensure that a high professional and ethical standard of care is provided to Patients under their care and abide by the Code of Conduct for Physicians, as may be amended (Appendix A), and the Code of Ethics adopted by the College;
- 19.2.2 maintain professional liability insurance satisfactory to the Regional Health Authority and the College, and notify the VP/COS and the College immediately upon the occurrence of any lapse, suspension or termination of such insurance;
- 19.2.3 practice within the limits of the privileges provided and his or her professional competency and skill;
- 19.2.4 meet the requirements for continuing medical education and continuing professional learning as established by the College and the Regional Health Authority;
- 19.2.5 participate in the education and/or teaching activities of the Department as directed by the Department Chief.
- 19.2.6 participate in such education and training initiatives as appropriate that support the Regional Health Authority in providing quality health services;
- 19.2.7 report any change in professional status to the VP/COS;
- 19.2.8 participate in appropriate quality improvement initiatives aimed at improving access to and quality of care provided within the health region;
- 19.2.9 recognize the authority of the Physician Leaders, the MAC, the VP/COS, the President and CEO, and the Board;
- 19.2.10 abide by applicable legislation, Bylaws, policies, and procedures;
- 19.2.11 participate in appropriate quality improvement initiatives, including risk management activities and complaints resolution;
- 19.2.12 work, cooperate with, and relate to others in a collegial and professional manner; and in accordance with the Regional Health Authority's Respectful Workplace, Bullying and Harassment Policy (the "Respectful Workplace Policy");
- 19.2.13 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;
- 19.2.14 serve where required by these Bylaws respecting Medical Staff on Regional Health Authority and Medical Staff committees;
- 19.2.15 utilize health care resources within Regional Health Authority facilities and programs in a manner consistent with Regional Health Authority policies, procedures, and practices;

- 19.2.16 participate in impact analyses as required by the VP/COS;
- 19.2.17 undergo annual evaluation in accordance with the policies and procedures of the Regional Health Authority; and
- 19.2.18 provide to the office of the VP/COS on a yearly basis proof of current licensure with the College and proof of current membership with CMPA or other acceptable professional liability insurer.

20. Clinical Privileges

20.1 Privileges Specific to Departments

- 20.1.1 The clinical privileges specific to each Department shall be determined by the MAC on the recommendation of VP/COS.
- 20.1.2 Such privileges may be changed from time to time as deemed appropriate by the MAC on the recommendation of the VP/COS.
- 20.1.3 The VP/COS may request the MAC to review the privileges specific to any Department from time to time as necessary.
- 20.1.4 Clinical privileges of a member of the Medical Staff shall be specified in writing in their letter of appointment.
- 20.1.5 Clinical privileges of each member of the Medical Staff shall be reviewed at the time of annual evaluation.

20.2 Special Privileges

- 20.2.1 Special privileges shall refer to privileges in a Department which are excluded from the clinical privileges specific to that Department. 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.
- 20.2.2 A member of the Medical Staff desiring special privileges shall apply in writing to the Department Chief listing the special privileges requested. The Department Chief will make a recommendation concerning special privileges to the Credentials Committee.
- 20.2.3 Special privileges shall be considered on an individual basis and shall be delineated by the MAC in writing and shall be subject to approval by the Board.

20.3 Renewal of Privileges

Renewal of clinical and special privileges, where applicable, will be done in conjunction with reappointment. Changes may be recommended at that time.

20.4 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 consultation(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 President and CEO, VP/COS, Department Chief, 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.

21. **Leave of Absence**

- 21.1 A Medical Staff member may apply to the VP/COS, for a leave of absence. Except where in the opinion of the VP/COS special circumstances exist, three (3) months' notice will be required.
- 21.2 The VP/COS may grant a leave of absence for a period not exceeding twelve months in any of the following circumstances:
- 21.2.1 the Medical Staff member has enrolled in an educational program approved by the VP/COS;
 - 21.2.2 maternity/family leave or disability/illness;
 - 21.2.3 in any other circumstance which the VP/COS, considers appropriate.
- 21.3 A Medical Staff member may apply for consecutive leaves of absence, which the VP/COS may approve if it is considered advisable or appropriate.
- 21.4 If the member's reappointment comes due during the period of the member's leave of absence, the member shall apply for reappointment.
- 21.5 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:
- 21.5.1 are exempt from department, program, and services duties, including the requirement to attend department and program and service meetings; and
 - 21.5.2 do not have any admitting, discharge, or clinical privileges.

- 21.6 While on an approved leave of absence, members are required to maintain licensure with the College and shall maintain professional liability insurance satisfactory to the Regional Health Authority.
- 21.7 Prior to commencing a leave of absence, members must ensure arrangements are in place for the ongoing care of their Patients by another member of the Medical Staff, subject to approval by the VP/COS or delegate.

PART V**APPOINTMENT and REAPPOINTMENT – GENERAL****22. Power to Appoint and Reappoint**

- 22.1 The Board, or such committee of the Board as may be appointed for purposes of evaluating applications for appointment or reappointment (“Appointment and Privileges Committee”), 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 Board, while not being bound thereto, shall consider the recommendations of the MAC, as presented by the MAC Chair and recommendations, if any, of the VP/COS.
- 22.2 Except in the circumstances mentioned in Section 20.4, a physician must hold an appointment to the Medical Staff in order:
- 22.2.1 to hold any privilege under these Bylaws; and
 - 22.2.2 to provide any service to an individual or Patient in a facility operated or program offered by the Regional Health Authority.
- 22.3 Except in circumstances mentioned in Section 20.4, or as otherwise provided in these Bylaws, a physician must hold an appointment to the Medical Staff of the Regional Health Authority to refer an individual or Patient to any service or diagnostic procedure provided by the Regional Health Authority.
- 22.4 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 Board, or who has otherwise allowed their membership to lapse 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.
- 22.5 In no circumstances shall a physician review their own application of appointment/reappointment. In these circumstances, the VP/COS shall be the reviewing/recommending physician. In the case of the VP/COS, the reviewing/recommending physician shall be the Department Chief.

23. Criteria for Appointment

- 23.1 Privileges requested by the applicant shall only be recommended based on meeting the criteria for the appointment, needs of the organization and availability of resources.
- 23.2 Each applicant seeking appointment to the Medical Staff is required to meet the following criteria. The applicant shall:

- 23.2.1 be a member in good standing with the College and entitled to practice medicine pursuant to the *Medical Act, 2011*;
 - 23.2.2 commit to practice in accordance with 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 to abide by the College of Physicians and Surgeons of Newfoundland and Labrador (CPSNL) code of ethics;
 - 23.2.3 have education, training and experience appropriate to the privileges being sought;
 - 23.2.4 if seeking to practice in a specialty, be licensed by the College on the basis of the physician's training and experience in that specialty;
 - 23.2.5 commit to participate in continuing professional development and education programs where applicable;
 - 23.2.6 commit to contributing to the teaching and training of medical learners as required; and
 - 23.2.7 commit to participate in ongoing quality initiatives under the auspices of an appropriately delegated Regional Health Authority quality improvement/assurance program.
- 23.3 The applicant will have demonstrated:
- 23.3.1 the ability to provide and document Patient care at an appropriate level of quality and efficiency;
 - 23.3.2 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;
 - 23.3.3 the ability to communicate and relate appropriately with Patients and Patients' families;
 - 23.3.4 the willingness to participate in committees and other obligations appropriate to the membership category;
 - 23.3.5 ethical character, performance and behavior;
 - 23.3.6 evidence of membership in the Canadian Medical Protective Association or other acceptable professional liability insurer; and
 - 23.3.7 familiarity with these bylaws respecting Medical Staff.

- 23.4 All appointments to Medical Staff shall:
- 23.4.1 be consistent with the need for service, as determined by the Regional Health Authority, from time to time;
 - 23.4.2 be consistent with the Physician Resource Plan;
 - 23.4.3 be consistent with the strategic plan and mandate of the Regional Health Authority;
 - 23.4.4 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
 - 23.4.5 support the Regional Health Authority to maximize its provision of quality healthcare and community services.

24. Term of Appointment or Reappointment

- 24.1 Subsequent to the successful completion of a probationary appointment as an associate Medical Staff member under Section 18.3, unless otherwise specified in the appointment or the appointment is terminated prior to the expiration of the term of the appointment, an appointment expires on that day that is two (2) years from the date on which the appointment is granted.
- 24.2 Each appointment to the Medical Staff shall state the category of appointment, and description of clinical responsibilities the 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, and clinical responsibilities shall not be amended without the agreement of the member and the responsible Physician Leader in consultation with the VP/COS or delegate but will be reviewed and may be revised at the time of the annual review or at the time of reappointment.
- 24.3 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.
- 24.4 In circumstances where the College advises of any change to the licensure of a Medical Staff member during the term of an appointment, an immediate modification or suspension shall occur pursuant to Part IX of these Bylaws. Any termination, withdrawal or suspension of license by the College will result in a revocation of the appointment to the Medical Staff pursuant these Bylaws.
- 24.5 Notice of resignation from an appointment shall be provided to the VP/COS at least three (3) months in advance of the date on which the resignation takes effect. In special circumstances the VP/COS may waive the advance notice, or part thereof.

PART VI
INITIAL APPOINTMENT

25. Initial Appointment Procedure

- 25.1 An application for initial appointment to the Medical Staff shall be processed in accordance with these Bylaws, and the policies and procedures of the Regional Health Authority.
- 25.2 The VP/COS shall supply a copy of these Bylaws to each physician who expresses an intention to apply for appointment to the Medical Staff.
- 25.3 The VP/COS may decline to provide an appointment application if there is no identified need for physician services pursuant to the Physician Resource Plan.
- 25.4 All initial appointments to the active medical staff shall first be made to the associate medical staff category for a probationary period of 12 months.
- 25.5 An applicant for initial appointment to the Medical Staff shall submit an application in writing to the VP/COS, on a form approved by the MAC of the Regional Health Authority, together with all information required to be submitted by these Bylaws. The VP/COS may require the applicant to complete an impact analysis questionnaire.
- 25.6 Each application must include:
 - 25.6.1 an indication of the category of Medical Staff appointment being sought and the Medical Staff privileges requested;
 - 25.6.2 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;
 - 25.6.3 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;
 - 25.6.4 information regarding any criminal proceedings or convictions involving the applicant as well as 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;
 - 25.6.5 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;

- 25.6.6 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;
- 25.6.7 evidence of a current license or proof of eligibility to obtain a license from the College; 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;
- 25.6.8 evidence of membership in CMPA or other acceptable professional liability insurer is required;
- 25.6.9 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:
 - 26.6.9.1 a report on any action taken by a disciplinary committee, MAC, other health organization or health clinic;
 - 26.5.9.2 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
 - 26.6.9.3 a letter of standing.
- 25.6.10 a signed consent authorizing the VP/COS to contact any previous hospitals, health authorities, other health organizations or health clinics where the applicant has provided services, and consent for the release of information to the VP/COS, with such direction to include the names and addresses of the following:
 - 25.6.10.1 the President and CEO and the VP/COS 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;
 - 25.6.10.2 the service director or head of a training program, if the applicant was enrolled in a graduate training program within the past three (3) years;

- 25.6.10.3 in the case of recent graduates within three (3) years, the dean of medicine or program head of the last educational institution in which the applicant held an appointment or was trained; and
- 25.6.10.4 at least three (3) 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.
- 25.6.11 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;
- 25.6.12 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;
- 25.6.13 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;
- 25.6.14 a statement by the applicant confirming that the applicant has read the bylaws respecting Medical Staff and agrees to abide by same; and
- 25.6.15 a signed oath / affirmation of confidentiality.
- 25.7 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 Department Chief and the Credentials Committee.
- 25.8 Until the applicant has provided all the information required by these Bylaws or requested by the VP/COS, 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.

26. Process on Initial Appointment

- 26.1 Upon receipt of a Complete Application for appointment, the VP/COS or delegate, being of the initial opinion that the applicant meets the criteria set out in Section 23,

shall forward the Complete Application and all supporting materials for assessment by the relevant Department Chief.

- 26.2 If the VP/COS or delegate is of the initial opinion that the Complete Application for appointment fails to meet the criteria for appointment in Section 23, the VP/COS shall set out in writing, and with relevant supporting evidence, if any, the reasons why, in his or her opinion, the application fails to meet those criteria. The opinion and reasons of the VP/COS contemplated herein shall be sent to the applicant who will be given an opportunity to respond within thirty (30) days.
- 26.3 If, following review of the response by the applicant, if any, the VP/COS or delegate remains of the opinion that the Complete Application for appointment does not meet the criteria for appointment as set out in Section 23, the VP/COS 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.
- 26.4 If, following review of the response by the applicant, if any, the VP/COS is of the opinion that the Complete Application for appointment now meets the criteria for appointment as set out in Section 23, the VP/COS shall forward the Complete Application for assessment by the relevant Department Chief.
- 26.5 Privileges requested by the applicant shall be assessed by the Department Chief based upon the qualifications, experience and skills sufficient to support the grant of privileges sought by the applicant; the needs of the organization; and the availability of resources. Following assessment, the Department Chief shall recommend to the Chair of the Credentials Committee either:
- 26.5.1 the appointment of the individual in accordance with the category of appointment sought and privileges requested;
- 26.5.2 the appointment of the individual but in a category of Medical Staff or with privileges differing from those requested by the physician, with written reasons given for the recommendation; or
- 26.5.3 the application for appointment be refused with written reasons given for the denial.

27. Review of Application for Appointment by the Credentials Committee

- 27.1 In considering an application for appointment, the Credentials Committee:
- 27.1.1 shall evaluate the applicant with regard to the criteria set out in Section 23;
- 27.1.2 shall evaluate the information submitted or obtained from the applicant;
- 27.1.3 shall, if applicable, consult with or interview, and consider the advice of the VP/COS and/or the appropriate Physician Leader; and

27.1.4 may interview the applicant and shall do so where the Credentials Committee intends to recommend anything other than the appointment and/or grant of privileges being sought.

27.2 Following consideration of the application, and the material and information referred to in Section 26, the Credentials Committee shall make a recommendation with written reasons to support its recommendation to the MAC respecting the application for initial appointment, that either:

27.2.1 the application be accepted in accordance with the category of appointment sought and privileges requested;

27.2.2 the application be accepted but the category of appointment or the privileges be modified from those requested by the applicant; or

27.2.3 the application be refused.

28. Recommendation of the Medical Advisory Committee

28.1 Upon consideration of the application for appointment and the recommendation of the Credentials Committee, including the reasons for its recommendation, the MAC shall make a recommendation to the Board respecting the application for appointment, that either:

28.1.1 the application be accepted in accordance with the category of appointment sought and privileges requested;

28.1.2 the application be accepted but the category of appointment or the privileges be modified from those requested by the applicant; or

28.1.3 the application be refused.

28.2 If the MAC recommends to the Board that the application be granted in accordance with the category of appointment sought and privileges requested, the Chair of MAC shall then present the recommendation of the MAC to the Board, together with any recommendations the VP/COS may have in relation to the application.

28.3 If the recommendation of the MAC is to refuse the application or if it varies from the appointment sought and privileges requested by the applicant, the MAC shall prepare written reasons which the Chair of MAC shall present to the Board, together with any recommendations the VP/COS may have in relation to the application.

28.4 Where the recommendation of the MAC to the Board is to refuse the application for appointment or if it varies from the appointment sought or privileges requested by the Medical Staff member pursuant to Sections 28.1.2 or 28.1.3, the VP/COS shall advise the applicant of the MAC's recommendation being made to the Board and the reasons for that recommendation. The applicant will have an opportunity to provide written

comment in response, prior to the recommendation of the MAC being made to the Board, and any response by the applicant shall also be provided to the Board for consideration.

29. Decision of the Board Appointment and Privileges Committee

- 29.1 Upon consideration of the application and all supporting information as outlined in Section 26 herein, the criteria for appointment as specified in Section 23, the recommendations of the MAC, including its written reasons, if any; and the recommendation of the VP/COS, if any; and the representations of the applicant, if any; the Appointment and Privileges Committee, on behalf of the Board, shall:
- 29.1.1 appoint the applicant to the Medical Staff in the category of appointment sought and privileges requested by the applicant; or
 - 29.1.2 appoint the applicant to the Medical Staff in such category of appointment, and with such privileges, considered appropriate by the Board; or
 - 29.1.3 refer the application back to the MAC for reconsideration or clarification; or
 - 29.1.4 refuse the application for appointment.
- 29.2 The Board shall ensure that a copy of its decision and the written reasons for the decision are provided to the applicant, the VP/COS and the MAC within thirty (30) days of receiving the recommendations of the MAC. The decision of the Board is final and binding.

PART VII
REAPPOINTMENT

30. Application for Reappointment

- 30.1 Each application for reappointment shall be submitted not less than six (6) months before the expiry of the term then in effect or by no later than the date specified by the VP/COS. The member shall submit such application(s) for reappointment to the VP/COS, which shall include:
- 30.1.1 a Complete Application for reappointment on a form approved by the MAC; and
- 30.1.2 the information set out in Section 31; and
- 30.1.3 such other information as may be requested by the VP/COS.
- 30.2 An application for reappointment to the Medical Staff shall be processed in accordance with these Bylaws, and any relevant policies and procedures.
- 30.3 Notwithstanding Section 24.1, 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 Board in accordance with these Bylaws.
- 30.4 Notwithstanding Section 24.1, where a Medical Staff member is the subject of a Concern under Part VIII of the Bylaws, any reappointment application process already commenced or not yet commenced will, at the discretion of the VP/COS, either:
- 30.4.1 proceed without consideration of the Concern, or
- 30.4.2 be held in abeyance, pending the conclusion of any review process under Part VIII.
- 30.5 Where a Medical Staff member fails to apply for reappointment pursuant to this section, his or her appointment shall end on the last day of the term then in effect.

31. Information to be submitted

- 31.1 The Medical Staff member seeking reappointment shall submit details of:
- 31.1.1 a current license with the College;
- 31.1.2 current membership in the Canadian Medical Protective Association; or other acceptable professional liability insurer;

- 31.1.3 continuing medical education activities undertaken during the preceding two-year period;
 - 31.1.4 additional training or academic achievement during the preceding two-year period;
 - 31.1.5 administrative, teaching, research, scholarly work or special responsibilities assumed or continued during the preceding two (2) year period;
 - 31.1.6 any updated information on the materials provided under Section 25 in relation to the preceding two-year period;
 - 31.1.7 the category of reappointment, the department, program, service or site to which the reappointment is requested, and the privileges requested;
 - 31.1.8 support of the appropriate Department Chief for reappointment; and
 - 31.1.9 evidence of completion of annual evaluations.
- 31.2 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 thirty (30) days from the date of initial submission of the application for reappointment, unless extended by the VP/COS, 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.

32. Process on Reappointment

- 32.1 Upon receipt of a Complete Application for reappointment, the VP/COS or delegate, being of the initial opinion that the applicant meets the criteria set out in Section 23 as well as those required pursuant to Section 31, shall forward the Complete Application and all supporting materials for assessment by the relevant Department Chief.
- 32.2 If the VP/COS is of the initial opinion that the Complete Application for reappointment fails to meet the criteria set out for appointment in Section 23 as well as those required pursuant to Section 31, the VP/COS shall set out in writing the reasons why, in his or her opinion, the application fails to meet those criteria. The opinion and reasons of the VP/COS contemplated herein shall then form part of the Complete Application. The VP/COS shall forward the Complete Application for assessment by the relevant Department Chief.
- 32.3 Privileges requested by the applicant shall be assessed by the Department Chief based upon the qualifications, experience and skills sufficient to support the grant of privileges sought by the applicant; the needs of the organization; and the availability of resources. Following assessment, the Department Chief shall provide a report on clinical and

professional performance of the member, together with any related documentation, and recommend to the Chair of the Credentials Committee either:

- 32.3.1 the appointment of the individual in accordance with the Medical Staff category of reappointment sought and privileges requested;
- 32.3.2 the reappointment of the individual but in a category of Medical Staff or with privileges differing from those requested by the physician, with written reasons given for the particular recommendation; or
- 32.3.3 the application for reappointment be refused with written reasons given for the denial.

33. Review of Application for Reappointment by Credentials Committee

- 33.1 In considering the application for reappointment, the Credentials Committee shall:
 - 33.1.1 evaluate the Medical Staff member with respect to any change or variance in the matters referred to in Sections 23.1 through 23.3;
 - 33.1.2 evaluate the information submitted or obtained from the Medical Staff member;
 - 33.1.3 evaluate the information submitted or obtained from the VP/COS and Department Chief, if applicable;
 - 33.1.4 assess the Medical Staff member's:
 - 33.1.4.1 performance over the preceding two-year period; and
 - 33.1.4.2 utilization of Regional Health Authority resources.
 - 33.1.5 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
 - 33.1.6 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.
- 33.2 The Credentials Committee, in considering the application for reappointment may:
 - 33.2.1 interview the Medical Staff member, and shall do so where the Credentials Committee intends to recommend anything other than the appointment and/or grant of privileges being sought;

- 33.2.1.1 during the interview, the Credentials Committee shall reveal the reason(s) why it intends to recommend anything other than the appointment and/or grant of privileges being sought; and
- 33.2.1.2 the Credentials Committee shall provide the applicant the opportunity to respond to the reasons provided.
- 33.2.2 consult with the appropriate Physician Leader; and/or
- 33.2.3 ask that the Department Chief request an independent assessment of the Medical Staff member's fitness for work within the Medical Staff Category and privileges sought.
- 33.3 Following consideration of the application for reappointment and all materials and information submitted by the Medical Staff member, the Credentials Committee shall make a recommendation with reasons to the MAC respecting the application for reappointment, that either:
 - 33.3.1 the application for reappointment be accepted to the category of appointment sought and privileges requested;
 - 33.3.2 the application for reappointment be accepted but the category of appointment or privileges be modified from those requested by the Medical Staff member; or
 - 33.3.3 the application for reappointment be refused.
- 33.4 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 shall be forwarded by the Credentials Committee to the MAC for its consideration at its next regular meeting.
- 33.5 If the recommendation of the 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 Credentials Committee shall prepare written reasons to accompany the recommendation for consideration by the MAC.

34. Recommendation of the Medical Advisory Committee

- 34.1 Upon consideration of the application for reappointment and the recommendation of the Credentials Committee, including any reasons for the recommendation, the MAC shall make a recommendation to the Board respecting the application for reappointment, that either:
 - 34.1.1 the application for reappointment be accepted to the category of appointment sought and privileges requested;

- 34.1.2 the application for reappointment be accepted but the category of appointment or privileges be modified from those requested by the Medical Staff member; or
- 34.1.3 the application for reappointment be refused.
- 34.2 If the MAC recommends to the Board that the application for reappointment be granted in accordance with the category of appointment sought and privileges requested, the Chair of MAC shall present the recommendation of the MAC to the Board together with any recommendations the VP/COS may have in relation to the application.
- 34.3 If the recommendation of the MAC to the Board is to refuse the application for reappointment or if it varies from the reappointment sought or privileges requested by the Medical Staff member, the MAC shall prepare written reasons with respect to its recommendation and the Chair of MAC shall present the recommendation and the written reasons to the Board together with any recommendations the VP/COS may have in relation to the application.
- 34.4 Where the recommendation of the MAC to the Board is to refuse the application for reappointment or if it varies from the reappointment sought or privileges requested by the Medical Staff member pursuant to Sections 34.1.2 or 34.1.3, the VP/COS shall advise the applicant of the MAC recommendation being made to the Board and the reasons for that recommendation. The applicant will have an opportunity to provide written comment in response, prior to the recommendation of the MAC being made to the Board, and any response by the applicant shall also be provided to the Board for consideration.

35. Decision of the Board Appointment and Privileges Committee

- 35.1 Upon consideration of the application for reappointment and all supporting information as outlined in Section 31 herein and other supporting information and the recommendations of the MAC, including any written reasons prepared according to Section 34.3, any written response made by the Medical Staff member according to Section 34.4, and the recommendation of the VP/COS, if any, the Board, or the Appointment and Privileges Committee, on behalf of the Board, shall:
 - 35.1.1 reappoint the Medical Staff member to the Medical Staff to the category of appointment sought and with the privileges requested by the Medical Staff member; or
 - 35.1.2 reappoint the Medical Staff member to the Medical Staff in such category of appointment, and with such privileges, considered appropriate by the Appointment and Privileges Committee; or
 - 35.1.3 refer the reapplication request back to the MAC for reconsideration or clarification; or
 - 35.1.4 refuse the application for reappointment.

- 35.2 Where the application for reappointment is granted as requested, the VP/COS shall advise Medical Staff member of the date upon which the reappointment will expire.
- 35.3 Where the decision of the Appointment and Privileges Committee is to reappoint the Medical Staff member pursuant to Section 35.1.2, or to refuse the application for reappointment pursuant to Section 35.1.4, the Appointment and Privileges Committee shall provide the Medical Staff member written reasons for its decision and also notification of the right to appeal the decision in accordance with the procedures set out in Part X. The Appointment and Privileges Committee shall ensure that a copy of the decision regarding reappointment along with written reasons are provided to the Medical Staff member and to the VP/COS at least thirty (30) days before the end of the existing term of appointment. Where an appeal is not made within the time frame set out in Part X, the Board Appointment and Privileges Committee decision shall become a decision of the Board and be final and binding.

36. Request for Change of Category or Privileges

- 36.1 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 VP/COS. An impact analysis may be done if considered to be appropriate by the VP/COS.
- 36.2 For consideration and approval, in relation to the requested change only, such request shall proceed through the reappointment processes in this Part VII, commencing at Section 32 where:
- 36.2.1 changes in Medical Staff Category commence at MAC, and
 - 36.2.2 changes in privileges commence at Credentials Committee.

PART VIII
REMEDICATION AND DISCIPLINE

37. General

- 37.1 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.
- 37.2 The Regional Health Authority shall follow procedural due process under the tenets of applicable administrative law with appropriate avenues for alternative dispute resolution. The resolution of professional conduct issues may initially be attempted through informal and documented 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.

38. Conduct Subject to Discipline

- 38.1 Conduct subject to discipline includes, without limitation, demeanor or conduct or any one (1) or more act, omission or statement, either within or outside of the Regional Health Authority, that if proven would, or would be likely to:
- 38.1.1 expose a Patient and/or any member of their family, or any Medical Staff member, employee, or volunteer of the Regional Health Authority to harm or injury; or
 - 38.1.2 be detrimental to the safety of a Patient and/or any member of their family, or any Medical Staff member, employee, or volunteer of the Regional Health Authority; or
 - 38.1.3 be detrimental to the delivery of quality Patient care; or
 - 38.1.4 be detrimental to the operations of the Regional Health Authority; or
 - 38.1.5 constitute a failure to follow a lawful order or direction issued by the Board, VP/COS, President and CEO, or anyone having authority under these Bylaws, and any attendant Rules and Regulations or Policies and Procedures, of the Regional Health Authority;

- 38.1.6 constitute a failure to comply with the conditions of any disciplinary action, penalty, or remedial steps imposed on a Medical Staff member or the terms of an alternative dispute resolution; or
 - 38.1.7 constitute abuse, harassment or conduct that, if proven, may result in the imposition of sanctions by the College; or
 - 38.1.8 be contrary to the Bylaws, the policies and procedures of the Regional Health Authority, the Code of Conduct for Physicians, or any applicable and relevant laws or legislated requirements.
- 38.2 Disciplinary procedures and investigations respecting a concern or complaint (hereinafter a “Concern” or “Concerns”), related to alleged clinical practice deficiencies or patient safety Concerns will be conducted in accordance with the provisions of Sections 39 to 45 inclusive, and the appeal procedures set out in Part X.
 - 38.3 Disciplinary procedures and investigation respecting Concerns 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 46 to 52 inclusive, and the appeal procedures set out in Part X.
 - 38.4 Where a Concern involves allegations relating to clinical practice deficiencies or patient safety as well as professional conduct, a Clinical Review Committee may be utilized to address all allegations, while a Conduct Review Committee shall only address professional conduct allegations.

39. Disciplinary Procedure for Clinical Competence

- 39.1 The following shall, without limitation, constitute a Concern for all purposes of Sections 39 to 45 inclusive:
 - 39.1.1 a notification that one (1) 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;
 - 39.1.2 a notification that one (1) 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 or incident management review;
 - 39.1.3 a notification from any source that the College has concluded any proceeding against the Medical Staff member prescribed by the *Medical Act, 2011*, 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;

- 39.1.4 a notification from any source of any allegation in respect of the Medical Staff member that, if proven, would demonstrate one (1) or more practice deficiencies or patient safety concerns; or
- 39.1.5 the VP/COS, President and CEO or Department Chief issues an immediate modification or suspension of the Medical Staff member's appointment or privileges in accordance with Part IX.
- 39.2 Any Physician Leader, the VP/COS or the President and CEO may receive a Concern against a Medical Staff member in respect of any matter set out in Section 39.1. A Concern shall be in writing outlining in detail any allegations regarding the Medical Staff member.
- 39.3 The Physician Leaders, VP/COS and President and CEO shall advise each other as soon as practically possible if any of them receives a Concern about a Medical Staff member in respect of any matter set out in Section 39.1.
- 39.4 The VP/COS or delegate shall advise the Medical Staff member of the nature of the Concern, and the Medical Staff member will be given the opportunity to present relevant oral and/or written information relating to the subject matter of the Concern on his or her own behalf within ten (10) Business Days of receipt of the Concern.
- 39.5 Following the earlier of: (i) the ten (10) Business Days, or (ii) upon receipt by the VP/COS or delegate of any oral or written information from the member, and following such consultation with the Physician Leader as is deemed necessary, the VP/COS or delegate shall determine whether a further inquiry is necessary and if so, shall initiate such inquiry. The VP/COS may conduct such inquiry personally or delegate such inquiry to others, including without limitation one (1) or more external consultants.
- 39.6 The VP/COS or delegate shall review and discuss the results of any initial inquiry with the Medical Staff member and shall:
- 39.6.1 If the Concern has been determined to have no reasonable grounds or does not warrant further steps, document the findings with the reasons, and advise the Medical Staff member accordingly;
- 39.6.2 Where there appears to be reasonable grounds or evidence supporting the Concern, refer the Concern to a Clinical Review Committee and/or, with the consent of the Medical Staff member, do any one (1) or more of the following:
- 39.6.2.1 arrange for the Medical Staff member to undertake educational upgrading deemed to be adequate to address the Concern,
- 39.6.2.2 arrange for the Medical Staff member to undertake a period of clinical supervision with concurrent consultation or direct supervision,

- 39.6.2.3 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 direct supervision, or
 - 39.6.2.4 arrange for the Medical Staff member to undertake such other remedial measures to address the matter that gave rise to the Concern as may be appropriate in the circumstances.
- 39.6.3 In the event that the VP/COS refers the Concern to a Clinical Review Committee, the VP/COS shall so advise the Medical Staff member before concluding discussions with the Medical Staff member regarding any of the actions set out in Section 39.6.2.
- 39.7 Notwithstanding any provision of Sections 39.2 to 39.6 inclusive, in the event that the VP/COS, President and CEO, or Department Chief has issued an immediate modification or suspension of the Medical Staff member's appointment or privileges in accordance with Section 53.2, the Concern shall not require substantiation, and shall be referred directly to a Clinical Review Committee.
- 39.8 A member of Medical Staff may at any time request that the VP/COS refer a Concern respecting that member to a Clinical Review Committee, and the VP/COS may agree to do so at his or her discretion.
- 39.9 The VP/COS shall advise the Department Chief and the MAC Chair of the determination made pursuant to Section 39.6 or of a referral made pursuant to Section 39.7.

40. Composition of the Clinical Review Committee

- 40.1 For the purposes of this Part, the Clinical Review Committee shall be composed of:
- 40.1.1 a total of three (3) voting members who are acceptable to both the VP/COS and the Medical Staff member, one (1) or more of whom may be physicians considered to have clinical qualifications, training and experience reasonably similar in nature and scope to that of the Medical Staff member (whether or not such physician is a member of the Medical Staff); and
 - 40.1.2 a non-voting member who is a Vice President, or delegate, of a Program, other than that which is at issue in the review. The non-voting member shall be eligible to attend all Clinical Review Committee meetings and act in an administrative capacity as a liaison between the Regional Health Authority and the Clinical Review Committee; and
 - 40.1.3 the voting members of the Clinical Review Committee shall select a voting member of the Clinical Review Committee to act as Chair.

- 40.2 No person who participated in the substantiation of a Concern or who conducted an immediate suspension shall be eligible for membership on the Clinical Review Committee.
- 40.3 In the event that the VP/COS and the Medical Staff member cannot reach agreement upon any aspect of the composition of the Clinical Review Committee (that requires agreement) within ten (10) Business Days of the referral made pursuant to Sections 39.6 or 39.7 (which time period may be extended upon mutual agreement of the VP/COS and Medical Staff member), then the President and CEO shall appoint a sole arbitrator to determine the composition of the Clinical Review Committee, and the determination of the arbitrator shall be final and binding upon the VP/COS and the Medical Staff member.
- 40.4 Any member of the Clinical 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 Clinical Review Committee, but only for the purposes of completing the mandate. No additional member may be added to the Clinical Review Committee upon commencement of its mandate.
- 40.5 A Clinical Review Committee constituted pursuant to these Bylaws shall conduct its inquiries, deliberations, reports and communications in a confidential manner.

41. Referral to Clinical Review Committee

- 41.1 In the event that the VP/COS refers a Concern to a Clinical Review Committee, the VP/COS shall notify the member in writing of such referral.
- 41.2 The VP/COS may simultaneously refer the matter to the College, for the purposes of such parallel disciplinary action or competency assessment that the College may deem appropriate.

42. Clinical Review Committee Investigation

- 42.1 The mandate of the Clinical Review Committee, and its authority hereunder, is to conduct an investigation into the Concern, the scope of which may include a review of the Medical Staff member's practice in matters related to the Concern;
- 42.1.1 if, in the course of its investigation, the Clinical Review Committee identifies further matters of concern, the Chair of the committee shall refer these to the VP/COS, who may:
- 42.1.2 recommend that the Clinical Review Committee, at its discretion and if deemed both necessary and reasonable, include such matters in the scope of its review, or

- 42.1.3 consider the matter to be a separate Concern pursuant to Section 39.1.
- 42.2 At the commencement of a Clinical Review Committee's mandate, the Chair of the Clinical Review Committee shall inform the Medical Staff member in writing that it will be investigating the Concern against the Medical Staff member, and setting out:
 - 42.2.1 the particulars of the Concern alleged;
 - 42.2.2 subject to Section 42.1 herein, the scope of the review to be conducted;
 - 42.2.3 subject to Section 42.4 herein, the anticipated time frame established by the Clinical Review Committee for the conclusion of its deliberations;
 - 42.2.4 the right of the Medical Staff member to meet personally with and make representations to the Clinical Review Committee, and to attend such meeting with a colleague or counsel;
 - 42.2.5 the right of the Medical Staff member to examine any written information or report provided or obtained in relation to the Concern;
 - 42.2.6 the right of the Medical Staff member to respond to any oral information or report provided or obtained in relation to the Concern; and
 - 42.2.7 that if the Medical Staff member does not wish to meet with the Clinical Review Committee, the Clinical Review Committee may proceed with consideration of the Concern in his or her absence.
- 42.3 The Medical Staff member shall be given full opportunity to respond to each allegation contained in the Concern. The Clinical 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 Concern.
- 42.4 The Clinical Review Committee investigation shall be conducted within one hundred and twenty (120) days following the formation of the Clinical Review Committee, or within such other time as the Clinical Review Committee and the VP/COS may agree on. To ensure appropriate time is available for fair process, the Chair may request the VP/COS to grant an extension of the timeframe.

43. Clinical Review Committee Report

- 43.1 The Clinical 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 MAC.
- 43.2 In the event that any voting member of the Clinical Review Committee disagrees with the report in any respect, they shall within seven Business Days following deliberations, deliver to the other voting Committee members, a report setting out all areas of

disagreement with those members' findings and recommendations, and their reasons for such dissent. The report of the Clinical Review Committee, including any such dissenting report, shall be delivered to the MAC within the time frame set out in section 43.1 and in the same time frame, delivered to the Medical Staff member and the VP/COS.

- 43.3 The Clinical Review Committee's report respecting the Medical Staff member shall include one (1) or more of the following recommendations, without limitation:
- 43.3.1 that no disciplinary action is appropriate in the circumstances;
 - 43.3.2 that the Medical Staff member be required to undertake educational upgrading deemed to be adequate to address any allegation that gave rise to the complaint;
 - 43.3.3 that the Medical Staff member be required to undertake a period of clinical supervision with concurrent consultation or direct supervision;
 - 43.3.4 that the Medical Staff member be required to undertake a period of clinical supervision with retrospective review of cases without prior or concurrent consultation or direct supervision;
 - 43.3.5 that the Medical Staff member be required to undertake such other remedial measures as the Clinical Review Committee may determine appropriate in the circumstances to address any allegation that gave rise to the complaint;
 - 43.3.6 that the Medical Staff member's privileges be modified, suspended or revoked;
 - 43.3.7 that the Medical Staff member's Medical Staff category be modified;
 - 43.3.8 that the Medical Staff member's Medical Staff appointment be suspended or terminated; or
 - 43.3.9 such other action as the Clinical Review Committee may determine appropriate in the circumstances.
- 43.4 The Chair of the Clinical Review Committee shall deliver its report to the MAC who shall review the report and consider whether in its opinion any further investigation or information is required, and the MAC may, in its discretion, refer the Concern back to the Clinical Review Committee for such further investigation as may be necessary.
- 43.4.1 In the event that the MAC refers the Concern back to the Clinical Review Committee, the VP/COS shall prescribe a time frame for completion of the Clinical Review Committee's report.
 - 43.4.2 The Chair of the MAC shall forward the final report of the Clinical Review Committee to the VP/COS who shall, within five (5) Business Days following receipt of the final report, deliver a copy thereof to the Medical Staff member and the President and CEO.

44. Medical Advisory Committee Review Process

- 44.1 Within ten (10) Business Days of its receipt of the Clinical Review Committee Report as contemplated in Section 43.1, or otherwise where action is taken pursuant to Section 43.3, the MAC shall set a date and time for a review of the Clinical Review Committee Report and its recommendations and shall notify the Medical Staff member of the date and time of the review.
- 44.2 Within five (5) Business Days of receipt of notice from the MAC pursuant to Section 44.1, the Medical Staff member may request to appear before the MAC to make representations, and where such a request is made:
 - 44.2.1 the Chair of the MAC shall determine its process unless expressly set out in these Bylaws;
 - 44.2.2 the review before the MAC shall be on the record;
 - 44.2.3 the Medical Staff member shall be entitled to be accompanied by legal counsel at the review before the MAC; and
 - 44.2.4 the MAC may proceed to review the Clinical Review Committee report and its recommendations in the absence of a Medical Staff member.
- 44.3 Upon consideration of the report of the Clinical Review Committee, and any representations made on behalf of the Medical Staff member, the MAC shall either:
 - 44.3.1 accept the recommendations contained in the Clinical Review Committee report, or
 - 44.3.2 accept the recommendations contained in the Clinical Review Committee report, with modifications; or
 - 44.3.3 reject the recommendations contained in the Clinical Review Committee report and substitute its own recommendations.
- 44.4 In the event that the recommendations of the MAC modify or reject the recommendations contained in the Clinical Review Committee report, the MAC shall also include its reasons for such modification or rejection.
- 44.5 Within ten (10) Business days from the review date, the recommendation of the MAC, with reasons if applicable, shall be sent to the Board Appointment and Privileges Committee and Medical Staff member.

45. Board Appointment and Privileges Committee Review and Decision

- 45.1 Within fifteen (15) Business Days of its receipt of the MAC recommendation and reasons, if applicable, as contemplated in Section 44.5, the Appointment and Privileges Committee shall set a date and time for a review of the Clinical Review Committee report and its recommendations, as well as the MAC recommendations and reasons, if applicable, and shall notify the Medical Staff member of the date and time of the review.
- 45.2 Within five (5) Business Days of receipt of notice from the Appointment and Privileges Committee pursuant to Section 45.1, the Medical Staff member may request to appear before the Appointment and Privileges Committee to make representations, and where such a request is made:
- 45.2.1 the Chair of the Appointment and Privileges Committee shall determine its process unless expressly set out in these Bylaws;
 - 45.2.2 the review process before the Appointment and Privileges Committee shall be on the record;
 - 45.2.3 the Medical Staff member shall be entitled to be accompanied by legal counsel at the review process before the Appointment and Privileges Committee; and
 - 45.2.4 the Appointment and Privileges Committee may proceed to review the Clinical Review Committee report and its recommendations, as well as the MAC recommendation and reasons, if applicable, in the absence of the Medical Staff member, if they were advised of the date and time of the meeting.
- 45.3 Upon consideration of the report of the Clinical Review Committee, the recommendation and reasons, if any, of the MAC, and any representations made on behalf of the Medical Staff member, the Appointment and Privileges Committee shall:
- 45.3.1 accept the recommendations of the Clinical Review Committee and the MAC, where those recommendations are the same; or
 - 45.3.2 accept the recommendations of the Clinical Review Committee or the MAC where such recommendations differ; or
 - 45.3.3 make such other determinations that the Board Appointment and Privileges Committee feel are appropriate in the circumstances.
- 45.4 The Board Appointment and Privileges Committee shall deliver its decision to the Medical Staff member, the VP/COS, the President and CEO and the MAC within five (5) Business Days and shall include a notice advising the Medical Staff member that they may appeal a decision made in accordance with Section 45.3, pursuant to the process set out in Part X. Where an appeal is not made within the time frame set out in Part X, the Board Appointment and Privileges Committee decision shall become a decision of the Board and be final and binding.

- 45.5 The Department Chief shall have authority, in consultation with the VP/COS, to take all appropriate remedial, corrective and preventative actions to ensure maintenance, development or improvement of any clinical standards arising out of a decision by the Board Appointment and Privileges Committee, and all actions so taken by the Department Chief shall be final and binding upon the Medical Staff member.

46. Disciplinary Procedure Governing Professional Conduct

- 46.1 In addition to the items enumerated in Section 46.2 herein, a notification from any source in respect of the Medical Staff member alleging conduct that, if proven, would demonstrate one (1) or more instances of behavior contemplated for investigation and possible sanction pursuant to the Respectful Workplace Policy of the Regional Health Authority as from time to time amended, shall constitute a Concern for the purpose of this Part, but shall be referred by the VP/COS for investigation by an external investigator in accordance with the Policy. Upon completion of the investigation pursuant to the Policy, the findings of fact resulting from such investigation shall be forwarded to a Conduct Review Committee for review and recommendation.
- 46.2 The following shall, without limitation, constitute a Concern for all purposes of Sections 46 to 52 inclusive:
- 46.2.1 A notification that one (1) 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;
 - 46.2.2 A notification that one (1) 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;
 - 46.2.3 A notification of conduct that, if proven, could be detrimental to the safety of a Patient, and/or any member of their family, or any Medical Staff member, employee, or volunteer of the Regional Health Authority;
 - 46.2.4 A notification of conduct that, if proven, could be detrimental to the delivery of quality Patient care;
 - 46.2.5 A notification from any source in respect of the Medical Staff member alleging conduct that, if proven, would demonstrate one (1) or more instances of:
 - 46.2.5.1 breach of these Bylaws, policies and procedures of the Regional Health Authority, the Code of Conduct, or any applicable statute or regulation;

- 46.2.5.2 failure to cooperate with any appointment, reappointment or discipline process established in these Bylaws;
 - 46.2.5.3 failure to comply with any condition imposed upon the member arising out of a disciplinary process described in this Part;
 - 46.2.5.4 failure to take any remedial step imposed upon the member pursuant to any Clinical review assessment or alternative dispute resolution process; or
 - 46.2.5.5 failure to undertake or maintain mutually agreed administrative, clinical teaching or research commitments.
- 46.2.6 A notification from any source that the College has concluded any proceeding against the Medical Staff member prescribed by the *Medical Act, 2011*, as from time to time amended, in respect of actions or omissions described in the *Medical Act, 2011*, 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
- 46.2.7 The VP/COS or delegate issues an immediate modification or suspension of the Medical Staff member’s appointment or privileges in accordance with Part IX.
- 46.3 A Physician Leader, the VP/COS or the President and CEO, or their respective delegate, may receive a Concern against a Medical Staff member in respect of any matter set out in Sections 46.1 or 46.2. A Concern shall be in writing outlining in detail the allegation regarding the Medical Staff member.
- 46.4 The Physician Leader, VP/COS and President and CEO, or their respective delegate shall advise each other as soon as practically possible if any of them receives a Concern against a Medical Staff member in respect of any matter set out in Sections 46.1 or 46.2.
- 46.5 The VP/COS or delegate shall advise the Medical Staff member of the nature of the Concern, and the Medical Staff member shall be given an opportunity to present the VP/COS with relevant oral and/or written information relating to the subject matter of the Concern on his or her own behalf within ten (10) Business Days of his or her receipt of the Concern.
- 46.6 Following such consultation with the Physician Leader as is deemed necessary, the VP/COS shall determine whether a further inquiry is necessary and if so, shall initiate such inquiry. The VP/COS may conduct such inquiry personally or delegate such inquiry to others, including without limitation one (1) or more internal or external consultants.
- 46.7 The VP/COS or delegate shall review and discuss the results of any initial inquiry with the Medical Staff member and shall:

- 46.7.1 If the Concern has been determined to have no reasonable grounds or does not warrant further steps, advise the Medical Staff member; or
- 46.7.2 Where there appear to be reasonable grounds or evidence supporting the Concern:
 - 46.7.2.1 obtain a voluntary undertaking regarding the matter, in writing, from the Medical Staff member;
 - 46.7.2.2 give a verbal or written reprimand to the Medical Staff member;
 - 46.7.2.3 refer the Concern to a Conduct Review Committee; or
 - 46.7.2.4 with the consent of the Medical Staff member and the complainant, who shall be the parties thereto, initiate the alternative dispute resolution process set out in Section 46.8.
- 46.7.3 If the matter is resolved pursuant to Sections 46.7.2.1 or 46.7.2.2 above, the VP/COS or delegate shall keep a record of the Concern and its resolution, and a copy of the record shall be provided to the appropriate Department Chief and the Medical Staff member. The Medical Staff member may, within thirty (30) days of receiving such record, provide a written response, which shall become part of the record and included in the member's personnel file.
- 46.8 An alternative dispute resolution process initiated pursuant to Section 46.7.2.4 shall be conducted in the following manner:
 - 46.8.1 The VP/COS, or delegate, shall appoint a facilitator who is acceptable to the parties thereto. If no facilitator has been selected within five (5) Business Days of the initiation of the alternative dispute resolution process, the VP/COS shall refer the Concern and all particulars thereof to the Conduct Review Committee;
 - 46.8.2 All communications during the alternative dispute resolution process other than the final resolution are confidential and shall not be disclosed in any subsequent disciplinary proceedings, except as may be required by law;
 - 46.8.3 If the matter is resolved through the alternative dispute resolution process,
 - 46.8.3.1 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;
 - 46.8.3.2 the proposed resolution shall be submitted to the VP/COS for consideration, in consultation with the MAC; and
 - 46.8.3.3 if the proposed resolution is approved by the VP/COS, the approved resolution shall be disclosed in any subsequent disciplinary proceeding.

- 46.8.4 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.
- 46.9 In the event that:
- 46.9.1 the matter is not resolved through the alternative dispute resolution process; or
- 46.9.2 the proposed resolution reached in the alternative dispute resolution process is not approved by the VP/COS then the VP/COS shall refer the Concern to a Conduct Review Committee.
- 46.10 The VP/COS shall advise the College in the event that the alternative dispute resolution process results in any one (1) or more of the following:
- 46.10.1 the Medical Staff member's privileges being modified, suspended or revoked; or
- 46.10.2 the member's Medical Staff category being modified; or
- 46.10.3 the member's Medical Staff appointment being suspended or revoked.
- 46.11 Notwithstanding any provision of Sections 46.3 to 46.8 inclusive, in the event that the VP/COS or delegate has issued an immediate suspension of the Medical Staff member's appointment or privileges in accordance with Section 53.2, the Concern shall not require substantiation, and shall be referred directly to a Conduct Review Committee.
- 46.12 The VP/COS or delegate shall advise the Physician Leader and the Chair of the MAC of the resolution reached pursuant to Sections 46.7.2.1 or 46.7.2.2; or of a referral made pursuant to Sections 46.7.2.3 or 46.7.2.4.

47. Composition of the Conduct Review Committee

- 47.1 For the purposes of this Part, the Conduct Review Committee shall be composed of three (3) individuals who will facilitate a majority vote, at least one (1) of whom shall be external and appointed by the MAC, at least one (1) of whom shall be appointed by the President and CEO, and at least one (1) member of Medical Staff acceptable to both the VP/COS and the Medical Staff member. The majority of the Conduct Review Committee shall select one (1) of their own from the Conduct Review Committee to act as Chair. Not all appointees to the Conduct Review Committee have to be Medical Staff members.
- 47.2 In the event that a Concern is referred to a Conduct Review Committee respecting a member who is the Chair of the MAC, the VP/COS may appoint that member's delegate to the Conduct Review Committee.
- 47.3 No person who participated in the alternative dispute resolution process or in the substantiation of a Concern or who conducted an immediate suspension shall be eligible for membership on a Conduct Review Committee.

- 47.4 In the event that the VP/COS and the Medical Staff member cannot reach agreement upon any aspect of the composition of the Conduct Review Committee (that requires agreement) within ten (10) Business Days of the referral pursuant to Sections 46.7.2.3, 46.9.2 or 46.11 (which time period may be extended by mutual agreement of the VP/COS and the Medical Staff member), then the President and CEO, shall appoint a sole arbitrator to determine the composition of the Conduct Review Committee, and the determination of the arbitrator shall be final and binding upon the VP/COS and the Medical Staff member.
- 47.5 Any member of the Conduct 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 Conduct Review Committee, but only for the purposes of completing the mandate. No additional member may be added to the Conduct Review Committee upon commencement of its mandate.
- 47.6 A Conduct Review Committee constituted pursuant to these Bylaws shall conduct its inquiries, deliberations, reports and communications in a confidential manner.

48. Referral to Conduct Review Committee

- 48.1 Where an investigation is conducted pursuant to Section 46.1, or in the event that the VP/COS refers a Concern to a Conduct Review Committee, the VP/COS shall notify the Medical Staff member in writing of such investigation or referral.
- 48.2 The VP/COS may simultaneously refer the matter to the College, for the purposes of such parallel action that the College may deem appropriate.

49. Conduct Review Committee Process

- 49.1 In circumstances where an investigation is conducted pursuant to Section 46.1, the Conduct Review Committee process shall solely entail receiving and reviewing the External Investigator's Report, which may be referred back to the External Investigator for further investigation at the direction of the Conduct Review Committee, and making recommendations relating to the findings contained therein pursuant to Section 50.4 herein.
- 49.2 Except as set out in Section 50.1, at the commencement of the Conduct Review Committee's mandate, the Chair of the Conduct Review Committee shall inform the Medical Staff member in writing that it will be investigating the Concern against the Medical Staff member, and setting out:
- 49.2.1 the particulars of the Concern;

- 49.2.2 subject to Section 49.4 herein, the anticipated time frame established by the Conduct Review Committee for the conclusion of its deliberations;
 - 49.2.3 the right of the Medical Staff member to meet personally with and make representations to the Conduct Review Committee, and to attend such meeting with a colleague or counsel;
 - 49.2.4 the right of the Medical Staff member to examine any written information or report provided or obtained in relation to the Concern;
 - 49.2.5 the right of the Medical Staff member to respond to any oral information or report provided or obtained in relation to the Concern; and
 - 49.2.6 that if the Medical Staff member does not wish to meet with the Conduct Review Committee, the Conduct Review Committee may proceed with consideration of the Concern in his or her absence.
- 49.3 The Medical Staff member shall be given full opportunity to respond to each allegation contained in the Concern. The Conduct 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 Concern.
- 49.4 The Conduct Review Committee investigation shall be conducted within one hundred and twenty (120) days following the formation of the Conduct Review Committee, or within such other time as the Conduct Review Committee and the VP/COS may agree on. To ensure appropriate time is available for fair process, the Chair may request the VP/COS to grant an extension of the timeframe.

50. Conduct Review Committee Report

- 50.1 Where a Conduct Review Committee is constituted in relation to a Respectful Workplace Policy investigation pursuant to Section 46.1, it shall, within fifteen (15) Business Days following its receipt of the External Investigator's Report completed pursuant to Section 46.1, prepare and deliver a report containing its recommendations pursuant to Section 50.4, to the Medical Staff member, the VP/COS and the MAC.
- 50.2 In all other circumstances where a Conduct Review Committee is constituted, it 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 VP/COS and the MAC.
- 50.3 In the event that any member of the Conduct Review Committee disagrees with the report in any respect, they shall within fifteen (15) Business Days following deliberations, deliver to the other Conduct Review Committee Members, a report setting out all areas of disagreement with those members' findings and recommendations, and their reasons for such dissent. The report of the Conduct Review Committee, including any such dissenting report, shall be delivered to the MAC within

the time frame set out in section 50.2 and in the same time frame, delivered to the Medical Staff member and the VP/COS.

- 50.4 The Conduct Review Committee's report respecting the Medical Staff member shall include one (1) or more of the following recommendations, without limitation:
- 50.4.1 that no disciplinary action is appropriate in the circumstances;
 - 50.4.2 that the Medical Staff member be required to undertake such other remedial measures as the Conduct Review Committee may determine appropriate in the circumstances to address any allegation that gave rise to the Concern;
 - 50.4.3 that the Medical Staff member's privileges be modified, suspended or revoked;
 - 50.4.4 that the Medical Staff member's Medical Staff category be modified;
 - 50.4.5 that the Medical Staff member's Medical Staff appointment be suspended or terminated; or
 - 50.4.6 such other action as the Conduct Review Committee may determine appropriate in the circumstances.

51. Medical Advisory Committee Review Process

- 51.1 Within ten (10) Business Days of its receipt of the Conduct Review Committee Report as contemplated in Sections 50.1 or 50.2, the MAC shall set a date and time for a review of the Conduct Review Report and its recommendations and shall notify the Medical Staff member of the date and time of the review.
- 51.2 Within five (5) Business days of receipt of notice from the MAC pursuant to Section 51.1, the Medical Staff member may request to appear before the MAC to make representations, and where such a request is made:
- 51.2.1 the Chair of the MAC shall determine its process unless expressly set out in these Bylaws;
 - 51.2.2 the review before the MAC shall be on the record;
 - 51.2.3 the Medical Staff member shall be entitled to be accompanied by legal counsel at the review before the MAC; and
 - 51.2.4 the MAC may proceed to review the Conduct Review Committee report and its recommendations in the absence of the Medical Staff member if they were advised of the date and time of the meeting.
- 51.3 Upon consideration of the report of the Conduct Review Committee, and any representations made on behalf of the Medical Staff member, the MAC shall either:

- 51.3.1 accept the recommendations contained in the Conduct Review Committee report, or
 - 51.3.2 accept the recommendations contained in the Conduct Review Committee report, with modifications; or
 - 51.3.3 reject the recommendations contained in the Conduct Review Committee report and substitute its own recommendations.
- 51.4 In the event that the recommendations of the MAC modify or reject the recommendations contained in the Conduct Committee report, the MAC shall also include its reasons for such modification or rejection.
- 51.5 Within ten (10) Business days from the review date, the recommendation of the MAC, with reasons if applicable, shall be sent to the Appointment and Privileges Committee and the Medical Staff member.

52. Board Appointment and Privileges Committee Review and Decision

- 52.1 Within fifteen (15) Business Days of its receipt of the MAC recommendation and reasons, if applicable, as contemplated in Section 51.5, the Appointment and Privileges Committee shall set a date and time for a review of the Conduct Review Committee report and its recommendations, as well as the MAC recommendations and reasons, if applicable, and shall notify the Medical Staff member of the date and time of the review.
- 52.2 Within five (5) Business Days of receipt of notice from the Appointment and Privileges Committee pursuant to Section 52.1, the Medical Staff member may request to appear before the Appointment and Privileges Committee to make representations, and where such a request is made:
- 52.2.1 the Chair of the Appointment and Privileges Committee shall determine its process unless expressly set out in these Bylaws;
 - 52.2.2 the review process before the Appointment and Privileges Committee shall be on the record;
 - 52.2.3 the Medical Staff member shall be entitled to be accompanied by legal counsel at the review process before the Appointment and Privileges Committee; and
 - 52.2.4 the Appointment and Privileges Committee may proceed to review the Conduct Review Committee report and its recommendations, as well as the MAC recommendation and reasons, if applicable, in the absence of the Medical Staff member if they were advised of the date and time of the meeting.
- 52.3 Upon consideration of the report of the Conduct Review Committee, the recommendation and reasons, if any, of the MAC, and any representations made on behalf of the Medical Staff member, the Appointment and Privileges Committee shall:

- 52.3.1 accept the recommendations of the Conduct Review Committee and the MAC, where those recommendations are the same; or
 - 52.3.2 accept the recommendations of the Conduct Review Committee or the MAC where such recommendations differ; or
 - 52.3.3 make such other determinations that the Board Appointment and Privileges Committee feel are appropriate in the circumstances.
- 52.4 The Board Appointment and Privileges Committee shall deliver its decision to the Medical Staff member, the VP/COS and the MAC within five (5) Business Days and shall include a notice advising the Medical Staff member that they may appeal the decision pursuant to the process set out in Part X. Where an appeal is not made within the time frame set out in Part X, the Board Appointment and Privileges Committee decision shall become a decision of the Board and be final and binding.
- 52.5 The Department Chief shall have authority, in consultation with the VP/COS, to take all appropriate remedial, corrective and preventative actions to ensure maintenance, development or improvement of any clinical standards arising out of a decision by the Appointment and Privileges Committee, and all actions so taken by the Department Chief shall be final and binding upon the Medical Staff member.

PART IX
IMMEDIATE MODIFICATION OR SUSPENSION

53. Immediate Modification or Suspension of Appointment or Privileges

- 53.1 All Medical Staff members are subject to the provisions of this Part.
- 53.2 Notwithstanding anything otherwise set out in these Bylaws, and where in the opinion of the President and CEO or the VP/COS or Department Chief no less restrictive measure can be taken, the President and CEO or the VP/COS or Department Chief may immediately modify the appointment and/or privileges of a Medical Staff member, or suspend both appointment and privileges, in circumstances where in the opinion of the President and CEO or the VP/COS or Department Chief,
- 53.2.1 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 (1) or more Patient, 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 care provided by the Regional Health Authority;
- 53.2.2 and immediate action must be taken to protect one (1) or more Patient, staff member or employee of the Regional Health Authority or other person, or to avoid detriment to the delivery of quality Patient care.
- 53.3 The President and CEO or the VP/COS or delegate or Department Chief shall advise the Medical Staff member of the modification or suspension.
- 53.4 Within forty-eight (8) (48) hours of the immediate modification or suspension, the President and CEO or the VP/COS or Department Chief who modified or suspended the appointment and/or privileges of a Medical Staff member shall provide the Medical Staff member with written reasons for the modification or suspension.
- 53.5 The President and CEO or the VP/COS or Department Chief shall immediately appoint another member of the active Medical Staff to assume responsibility for the care of all of the Patients of the Medical Staff member whose appointment and/or privileges have been modified or suspended within the facilities of the Regional Health Authority as required.
- 53.6 The President and CEO or the VP/COS shall notify the College of any modification or suspension of appointment and/or privileges under the provisions of this section, without reasons, and shall make such further communications to the College as is required to satisfy any obligations under the *Medical Act, 2011*, that arise out of such changes.
- 53.7 Where the term of an appointment of a Medical Staff member whose appointment and/or privileges have been modified or suspended expires, any reappointment application pursuant to Part VII of the Bylaws shall be deferred pending the outcome of

all processes contemplated and set forth in this Part IX, including the resolution of any appeal arising from the immediate modification or suspension.

54. Confirmation or Cancellation of Modification or Suspension

54.1 The VP/COS shall, within three (3) Business Days of the coming into effect of the immediate modification or suspension, investigate and consider the circumstances giving rise to the immediate modification or suspension and the representations of the Medical Staff member, if any, and decide whether to:

54.1.1 set aside the modification or suspension; or

54.1.2 extend the modification or suspension, which may be further modified, for a specified period of time; or

54.1.3 set aside the modification or suspension and refer the matter to be investigated as a Concern in accordance with the provisions within Part VIII of these Bylaws; or

54.1.4 confirm the modification or suspension and refer the matter to be investigated as a Concern in accordance with the provisions within Part VIII of these Bylaws.

55. Notification of Decision

55.1 The VP/COS shall deliver their decision together with reasons to the Medical Staff member within two (2) Business Days following the rendering of the decision made under Section 54.

55.2 The decision of the VP/COS shall include a notice advising the Medical Staff member that if they are aggrieved by the decision in respect of the immediate modification or suspension, the Medical Staff member may appeal that decision in accordance with the procedures set out in Part X.

PART X
APPEALS

56. Grounds for Appeal

56.1 A Medical Staff member may appeal:

56.1.1 a decision made by the Appointment and Privileges Committee pursuant to Section 35; or

56.1.2 a decision made by the Appointment and Privileges Committee pursuant to Section 45 or Section 52; or

56.1.3 a decision made by the VP/COS pursuant to Sections 54.1.2 or 54.1.3.

57. Appeal Notice

57.1 In respect of an appeal contemplated by Section 56.1.1, the notice to the member shall contain the information set out in Section 35.3.

57.2 In respect of an appeal contemplated by Section 56.1.2, the notice to the member shall contain the information set out in Section 45.4 or section 52.4, as applicable.

57.3 In respect of an appeal contemplated by Section 56.1.3, the notice to the member shall contain the information set out in Section 55.2.

58. Appeal Process

58.1 The Notice of Appeal by the Medical Staff member must be provided in writing to the President and CEO within thirty (30) days of his or her receipt of notification of the process for appeal pursuant to Section 57.

58.2 The appeal hearing shall be conducted within thirty (30) days of the receipt by the President and CEO of the Notice of Appeal, or within such other time as the Medical Staff member and the President and CEO may agree on.

58.3 The Medical Staff member may, on request, present his or her case with or without counsel at the appeal hearing before a committee of the Board as may be appointed for the purpose of hearing the appeal (the "Appeal Committee").

58.4 The Appeal Committee shall be constituted of Board members who have not been previously involved in any decisions relating to the matter under appeal.

- 58.5 At the appeal hearing of a decision rendered under Part VII of these Bylaws, the Appeal Committee may invite the Department Chief, and/or representatives from the MAC and/ or another relevant committee or the delegated representatives from such committees to present the position of these committees.
- 58.6 At the appeal hearing of a decision rendered under Part VIII of these Bylaws, the Appeal Committee may invite the complainant, if any, to present his or her position.
- 58.7 A majority decision of the Appeal Committee shall be final and binding.

59. Appeal Hearings Generally

- 59.1 The parties to an appeal hearing under this Part are the affected Medical Staff member and the Regional Health Authority administration.
- 59.2 In all matters before it under these Bylaws, the Appeal Committee may, subject to these Bylaws:
 - 59.2.1 Proceed with a hearing or preliminary process in relation to the appeal, in the absence of the Medical Staff member, if the Medical Staff member fails to attend a hearing or preliminary process in relation to the appeal, after being provided with notice of the date, time and location of the hearing or process in relation to the appeal.
 - 59.2.2 Adjourn a hearing from time to time where it considers it advisable.
 - 59.2.3 Accept any evidence that it considers appropriate and not be bound by the rules of evidence.
 - 59.2.4 Subject to Section 59.3, establish its own rules of procedure, including as to whether the appeal is on the record or *de novo*.
 - 59.2.5 Engage any professional, technical or clerical support or other assistance that may be considered necessary or advisable.
- 59.3 Without limiting the generality of Section 59.2.4, the Appeal Committee shall advise all parties to the appeal hearing of their right to be represented by legal counsel, and to make submissions to the Appeal Committee. Barring exceptional circumstances, an appeal hearing in relation to:
 - 59.3.1 A decision flowing from a Conduct Review Committee report shall be a *de novo* hearing with a corresponding right to present evidence, to examine and cross-examine witnesses, and
 - 59.3.2 A decision flowing from a Clinical Review Committee report shall be on the record.

- 59.4 With the exception of 58.1, timeframes set forth in this Part X are guidelines and are directory only and not mandatory. Timelines are meant to balance expediency in the resolution of an appeal while ensuring appropriate time is available for a fair process and best decisions. Failure by the Appeal Committee to comply with a requirement of these Bylaws as to time does not invalidate any decision made by the Appeal Committee.

60. Appeal Decision

- 60.1 After completion of the appeal hearing, the Appeal Committee shall within thirty (30) days of such hearing render and deliver to the appellant a decision in the matter, which decision shall be a decision of the Board, and shall be final and not be subject to further appeal or other review.
- 60.2 The Appeal Committee shall ensure that a copy of the decision and written reasons is provided to the President and CEO, VP/COS and MAC within five (5) Business Days after rendering the decision.
- 60.3 Appointments and privileges reduced, suspended, modified, cancelled or terminated during the term of appointment shall remain reduced, suspended, modified, cancelled or terminated until the Appeal Committee reaches a final decision in the appeal.

61. Deemed Abandonment

- 61.1 Where an appeal has not been heard within one (1) year after the Notice of Appeal was received by the President and CEO due to inaction on the part of the Medical Staff member, the Chair of the Appeal Committee constituted to hear the Appeal shall give the Medical Staff member notice (at the last known address of the Medical Staff member held on file by the Regional Health Authority), that the appeal must be heard within sixty (60) days of the date set out in the notice, or be deemed to have been abandoned.
- 61.2 Upon receiving notice under Section 61.1, the Medical Staff member may deliver to the Chair of the Appeal Committee and to Regional Health Authority Administration, a proposed plan to proceed with the appeal within the time frame set out in the notice contemplated in Section 61.1 and the appeal shall not be deemed abandoned.
- 61.3 Upon consent of both parties to the Appeal, the Appeal Committee may adjourn the appeal indefinitely where the parties agree that the appeal should not be deemed abandoned but that, at the time, it is not practical to proceed with the appeal.
- 61.4 If the Medical Staff member does not deliver an explanation and proposed plan under Section 61.2 or apply for an indefinite adjournment under Section 61.3 within sixty (60) days after the notice under Section 61.1 was sent, the appeal shall be deemed abandoned.

61.5 When an appeal has been deemed abandoned, the Chair of the Appeal Committee shall deliver notice to both parties. Inability to locate the Medical Staff member in order to deliver the notice shall not affect the deemed abandonment of the appeal

62. Legal Recourse

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

PART XI
GENERAL PROCEDURES

63. Requirement to Provide Information

- 63.1 The President and CEO, VP/COS 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.
- 63.2 Upon receipt of a written request pursuant to Section 63.1, a Medical Staff member shall:
- 63.2.1 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;
 - 63.2.2 provide originals or certified copies of documents requested, if originals are requested, or legible copies of documents if copies are requested; and
 - 63.2.3 provide a printed or electronic record if the requested information or documents are stored in an electronic computer storage form or similar form.
- 63.3 A Medical Staff member shall provide the requested information within fourteen (14) days of receipt of the request, or such additional time as the President and CEO, VP/COS or a Physician Leader may grant for the response.

64. Conflict of Interest

- 64.1 Any Medical Staff member who has a conflict of interest or possible conflict of interest shall disclose such conflict to the VP/COS at the earliest opportunity where that Medical Staff member is involved:
- 64.1.1 in making recommendations to VP/COS, MAC or President and CEO on any matter; or
 - 64.1.2 in considering or recommending any applicant for appointment, reappointment, privileges or discipline.
- 64.2 The VP/COS, 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.

65. Bias

In all proceedings according to these Bylaws, before the VP/COS, MAC, the Board, or a committee of the Board, , the VP/COS, MAC members, and Board members who are decision makers 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 Sections 39.1, 39.2 or 46.1, 46.2, or 46.3 before a Clinical Review or Conduct Review takes place and shall not directly or indirectly communicate on the subject matter of any inquiry with anyone involved in the Clinical Review Committee or Conduct Review Committee before such reviews take place.

The President and CEO or the VP/COS shall not have any personal or professional interest, directly or indirectly, in the outcome of the proceedings.

PART XII
AMENDMENTS

66. Amendments

- 66.1 Amendments to these bylaws may be proposed by:
- 66.1.1 the MAC;
 - 66.1.2 the VP/COS;
 - 66.1.3 the Medical Staff Association President; and
 - 66.1.4 the President and CEO.
- 66.2 An amendment proposed pursuant to Sections 66.1.2, 66.1.3 or 66.1.4 shall be presented to the MAC for deliberation and consideration. Once voted on by the MAC, the Chairperson, or their delegate, shall provide in writing a summary of its recommendations and the reasons for their agreement or disagreement to the President and CEO within a period of sixty (60) days.
- 66.3 The President and CEO shall consider modifications to the bylaws in consultation with the VP/COS and the recommendations of the MAC pursuant to 66.2. If consensus is not achievable within ninety (90) days, then the matter will be brought forward to the Board and the dissenting party or parties will be offered an opportunity to make representations to the Board.
- 66.4 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

67. Adoption of Bylaws

These Medical Staff Bylaws for the Central Health Authority are adopted and shall replace any Medical Staff Bylaw previously enacted by the Regional Health Authority or its predecessor organization(s).

68. Transitional Provisions Required

68.1 The replacement of a Medical Staff Bylaw does not:

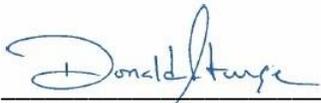
68.1.1 affect the previous operation of the replaced Bylaw or anything done or permitted according to it;

68.1.2 affect a right or obligation acquired under the replaced Bylaw;

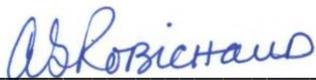
68.1.3 prevent or affect any investigation or disciplinary proceedings, and any investigation or proceeding may be continued and enforced and any penalty or sanction imposed as if the Bylaw had not been replaced.

69. Approval

ADOPTED by the Central Regional Health Authority the 19 day of April, 2021



Donald Sturge, Chair - Board of Trustees



Andrée Robichaud, President and Chief Executive Officer

**APPENDIX A
CODE OF CONDUCT**

APPENDIX B**Credentials Committee****Terms of Reference****Mandate / Purpose**

In accordance with the Medical Staff Bylaws for the Central Health Authority (Bylaws), the Credentials Committee will review and evaluate applications for appointment and reappointment to the Medical Staff and make recommendations to the Medical Advisory Committee (MAC) regarding appointments and privileges.

Accountability

The committee is accountable to the Medical Advisory Committee.

Membership

The committee shall consist of 7 members and will consist of:

- Physician Representatives from at least two Rural sites (minimum 2)
- Physician Representatives from JPMRHC (minimum 2)
- Physician Representatives from CNRHC (minimum 2)
- Physician Representative, Members at Large (1)
- Chair – elected by Credentials Committee (from committee members)
- Vice Chair- elected by Credentials Committee (from committee members)
- Administrative/Clerical support

Appointments

In response to an expression of interest offered to all members of the Medical Staff, the Medical Advisory Committee will make appointments to the committee for a two-year term, renewable twice.

Members of the MAC shall not be appointed to the Credentials Committee.

Roles and Responsibilities of Individual Committee Members

Committee members will commit to the following:

- Act in respectful and civil manner
- Review documents and materials, and be prepared for discussion
- When decisions are made through consensus, support the decision moving forward
- Endeavor to attend all meetings
- Utilize electronic tools for functioning of the committee

Responsibilities of the Committee

The committee has the following responsibilities:

- Evaluate Complete Applications with regard to criteria set out in Bylaws s.23
- Evaluate the information submitted or obtained from the applicant
- If applicable, consult with or interview, and consider the advice of the VP/COS and/or the appropriate physician leader
- Interview the applicant, and shall do so where the committee intends to recommend anything other than the grant of privileges being sought
- Make a recommendation with written reasons to the MAC respecting the application for appointment / reappointment, that either:
 - The application be accepted in accordance with the category of appointment sought and privileges requested
 - The application be accepted but the category of appointment or the privileges be modified from those requested by the applicant
 - The application be refused

Chair and Vice Chair

The Chair and Vice Chair of the Credentials Committee will be elected by the Credentials Committee and will be appointed for a two-year term with an option of reappointment, to a maximum of four terms on the committee.

Role of Chair/ Vice Chair

1. Ensure the committee meetings run effectively and efficiently
2. Distribute documents 5 business days prior to the meeting for review
3. When required, consult with or interview, and consider the advice of the appropriate Physician Leader within seven days of initial application review

4. When required identify 3 committee members (Chair or Vice Chair and two other members) to interview the applicant within seven days of initial application review
5. Call urgent meetings when deemed necessary
6. Forward committee recommendations to the MAC within seven calendar days of committee recommendation

Frequency & Timing of Meetings

The committee will meet no less than 10 times per year.

Committee will meet at the call of the committee Chair in urgent circumstances.

Decision Making

Decisions of the committee will be reached by consensus. The following levels will be used to ensure common understanding and communication among committee members:

Level	Meaning/Interpretation
Level 1	'I am fully onboard'
Level 2	'I am ok, not ideal but I like it'
Level 3	'I don't like this but I am willing to live with it'
Level 4	'I can't live with this'

In urgent circumstances, consensus and decision making for recommendation can be gained through alternate methods, i.e. electronic communication. A quorum is required for decision making under these circumstances.

Minutes

Minutes of each meeting will be recorded by the Executive Assistant for the VP Medical Services.

Application recommendations will be recorded in meeting minutes.

Declaration of Bias / Conflict of Interest

Members must declare, and furthermore abstain from decisions where a conflict of interest arises, i.e. where a member has a personal interest that conflicts, might conflict, or may be perceived to conflict, with the ability to complete the duties as a committee member objectively, independently and without bias.

Quorum

Quorum will be considered a simple majority, with no less than 5 members, one being the Chair and/or Vice Chair. Rural, CNRHC and JPMRHC must each be represented to obtain a quorum.

APPENDIX C**CENTRAL REGIONAL HEALTH AUTHORITY****DEPARTMENTS**

- **Obstetrics & Gynecology**
- **Medical Imaging**
- **Pathology**
- **Pediatrics**
- **Orthopedics**
- **Emergency Medicine**
- **Anesthesia**
- **Psychiatry**
- **Surgery**
 - General Surgery
 - Otolaryngology (ENT)
 - Ophthalmology
 - Urology
- **Medicine**
 - Internal Medicine
 - Nephrology
 - Neurology
 - Dermatology
- **Family Medicine**
 - Urban FM
 - Inpatient FM
 - FM Obstetrics
 - LTC/Palliative/Care of Elderly
 - Rural FM
 - LTC/Palliative/Care of Elderly
 - “Category B” ER
 - 3-4 “Site Areas”

APPENDIX D**COMPOSITION OF MAC**

VOTING	NON-VOTING
Chair – Independent and Board appointed	CEO – Ex Officio (1)
VP/COS (1)	President of the Medical Staff or designate (1)
Department Chiefs (11) one of whom is appointed as Vice-Chair	VPs of Clinical Services and Quality (2)
	Shalloway Primary Care Network Representative (1)
	MUN Representative (1)
	Medical Officer of Health (1)

APPENDIX E