



Western
Health

**Western Health Bylaws
Respecting Medical Staff**

**The vision of Western Health is that the people of Western
Newfoundland have the highest level of health and well being possible –
Your Health Our Priority.**

TABLE OF CONTENTS

Introduction	1
Basic Assumption.....	1
Legislative Framework.....	2
Memorandum of Agreement	3
Key Principles	3
Future Steps.....	3

PART I BYLAWS RESPECTING MEDICAL STAFF

1. Title.....	4
2. Purpose	4
3. Definitions	5

PART II ORGANIZATION OF THE MEDICAL STAFF

4. Responsibilities of the Board of the Regional Health Authority	8
5. Responsibilities of the Chief Executive Officer	9
6. Responsibilities of Vice President Medical Service	9
7. Establishment of Disciplines and Divisions	12
8. Appointment of Physician Leaders to Disciplines.....	13
9. Responsibilities of the Physician Leader(s).....	14
10. Accountabilities for Chiefs of Discipline (COD)	14
11. Accountabilities for Division Heads.....	18
12. Accountabilities for Chiefs of Staff (COS)	18
13. Establishment of the Medical Advisory Committee Structure	22
14. Responsibilities of the Regional Medical Advisory Committee.....	22
15. Regional Medical Advisory Committee Composition.....	24
16. Standing and Ad Hoc Committees of the Regional Medical Advisory Committee	25
17. Responsibilities of the Local Medical Advisory Committee.....	26
18. Composition of the Local Medical Advisory Committee.....	26
19. Special Functions of the Medical Advisory Committee.....	26

PART III MEDICAL STAFF ASSOCIATION

20. Officers of the Medical Staff Association	28
21. Meetings of the Medical Staff Association	28

PART IV MEDICAL STAFF CATEGORIES

22. Medical Staff Categories	29
23. Responsibilities of the Medical Staff.....	39
24. Clinical Privileges.....	41
25. Leave of Absence	42

**PART V
APPOINTMENT AND REAPPOINTMENT – GENERAL**

26.	Power to Appoint and Reappoint.....	44
27.	Term of Appointment or Reappointment	44

**PART VI
INITIAL APPOINTMENT**

28.	Initial Appointment Procedure	46
29.	Criteria for Appointment	49
30.	Process on Initial Appointment	51
31.	Review of Application for Appointment by the Credentials Committee	51
32.	Recommendation of the Regional Medical Advisory Committee.....	51
33.	Decision of the Chief Executive Officer	52

**PART VII
REAPPOINTMENT**

34.	Application for Reappointment	53
35.	Information to be Submitted.....	53
36.	Process on Reappointment	54
37.	Review of Application for Reappointment by Credentials Committee.....	54
38.	Recommendation of the Regional Medical Advisory Committee.....	56
39.	Chief Executive Officer Decision.....	56
40.	Appeals	57
41.	Request for Change of Category or Privileges	57

**PART VIII
DISCIPLINE**

42.	General.....	58
43.	Conduct Subject to Discipline	58
44.	Disciplinary Procedure for Clinical Competence Stream.....	59
45.	Composition of the Peer Review Committee	61
46.	Referral to Peer Review Committee	62
47.	Peer Review Committee Investigation	62
48.	Peer Review Committee Report	62
49.	Chief Executive Officer Decision.....	64
50.	Disciplinary Procedures Governing Professional Conduct Stream	64
51.	Composition of the Investigations Committee	68
52.	Referral to Investigations Committee	68
53.	Investigations Committee Process.....	69
54.	Investigations Committee Report	69
55.	Chief Executive Officer Decision.....	70
56.	Notification of Chief Executive Officer Decision	70

**PART IX
IMMEDIATE SUSPENSION**

57.	Immediate Suspension of Appointment or Privileges	71
58.	Confirmation or Cancellation of Suspension.....	71
59.	Notification of Decision	72

**PART X
APPEALS**

60.	Grounds for Appeal	73
61.	Appeal Notice	73
62.	Appeal Process	73
63.	Appeal Decision	74
64.	Legal Recourse	74

**PART XI
GENERAL PROCEDURES**

65.	Requirement to Provide Information	75
66.	Conflict of Interest.....	75
67.	Bias	76

**PART XII
AMENDMENTS**

68.	Amendments	77
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**PART XIII
ADOPTION AND APPROVAL**

69.	Adoption of Bylaws.....	78
70.	Transitional Provisions Required	78
71.	Approval	78

APPENDICES

Appendix A – Regional Medical Advisory Committee	79
Appendix B – Local Medical Advisory Committee.....	80

Introduction

In April, 2005, the health and community services system in Newfoundland and Labrador implemented a significant change from fourteen health boards to four Regional Health Authorities (RHAs). The four RHAs each have the mandate to deliver and administer the entire range of provincial health and community services in an integrated manner in the four new health regions. New Bylaws respecting medical staff are required for the RHAs to reflect the new structure in the health and community services system.

These Bylaws are based upon a model set of Bylaws that were developed through a consultative process with the Department of Health and Community Services (DOHCS), Newfoundland and Labrador Health Boards Association (NLHBA), and the Regional Health Authorities. These model Bylaws respecting medical staff are intended to promote consistency across the province where required by legislation or ministerial direction, while providing flexibility in organizational structural issues so that RHAs can address individual regional circumstances and needs.

Improving and maintaining quality patient care require ongoing input and dialogue between physicians and management. Recognizing the interdependence of the various groups and functions will facilitate progress on addressing a quality agenda.

Basic Assumptions

Physicians irrespective of their mode of remuneration would be subject to Regional Health Authority Bylaws respecting medical staff with respect to:

- (a) A standard province-wide appointment and reappointment process;
- (b) A standard province-wide privileging and credentialing process;
- (c) A standard province-wide discipline process;
- (d) A standard selection process for the appointment of the senior physician leaders;
- (e) The requirement to establish a Local Medical Advisory Committee;
- (f) The requirement to establish departments based upon regional needs; and
- (g) The requirement to establish a Regional Medical Advisory Committee structure.

Legislative Framework

The powers of the Minister of Health and Community Services are defined in Section 4 of the *Regional Health Authorities Act*:

--- (1)The minister may determine:

- (a) Health and community services which shall be provided by an authority; and
- (b) Standards for the provision of health and community services by an authority.

--- (2) Where the minister determines a health and community service or a standard under the above, the authority to which is applicable shall comply with the minister's determination.

The Minister of Health and Community Services has directed that Bylaws respecting medical staff shall address standards relating to quality in the provision of health and community services by a Regional Health Authority to be applied consistently across the province in the following areas:

Types of privileges
Appointments
Credentialing process
Discipline
Appeals

Further directions on the content of Bylaws Respecting Medical Staff are laid out in Section 10 (2) of the *Regional Health Authority Act*, which states:

--- (2)the board may make Bylaws respecting medical staff of the authority, including Bylaws respecting:

- (a) the granting, variation, suspension and revocation of medical staff privileges;
- (b) categories of medical staff privileges;
- (c) the membership of a medical advisory committee;
- (d) the duties and functions of the senior medical officers of the authority; and
- (e) rules and regulations governing medical staff

Memorandum of Agreement

Section 10.03 of the Memorandum of Agreement between the Government of Newfoundland and Labrador and the Newfoundland and Labrador Medical Association (NLMA), dated October 1, 2005 to September 30, 2009, also states that the NLMA will make best efforts to encourage all licensed physicians providing clinical services in the Province of Newfoundland and Labrador to be credentialed and privileged with a Regional Health Authority.

Key Principles

These Bylaws respecting medical staff therefore incorporate the following principles:

- (a) address the key elements of appointment, reappointment, privileging and discipline that all Regional Health Authorities will be required to follow;
- (b) incorporate permissive language that will allow Regional Health Authorities to develop organizational structures that address regional needs;
- (c) balance the obligations of Regional Health Authorities to address issues of risk management and patient/client/resident safety while at the same time ensure that the principles of due process and procedural fairness are maintained; and
- (d) address physicians concerns and establish ongoing liaison with Regional Health Authorities and their management teams.

Future Steps

All the parties involved in the development of these Bylaws are committed to a process of annual review and revision, as required, to ensure that the Bylaws support the provision of quality health services in the region and the province.

PART 1

BYLAWS RESPECING MEDICAL STAFF

1 Title

These Bylaws shall be referred to as the “Western Health Bylaws Respecting Medical Staff.”

2 Purpose

(1) These Bylaws respecting medical staff are developed and enacted in order to:

- (a) provide an administrative structure for the governance of medical staff affairs within the Regional Health Authority;
- (b) promote the provision of quality health services, ensuring patient safety and quality assurance of medical care;
- (c) identify health care needs and advocate for adequate availability of resources;
- (d) govern the procedure for the appointment, reappointment, suspension and termination of appointment of physicians to the medical staff ensuring fairness and due process;
- (e) provide, maintain and improve health care educational standards. Comply with the national undergraduate and postgraduate standards in conjunction with the Faculty of Medicine of Memorial University;
- (f) promote participation, and ensure adherence to, ethical policies applicable to approved research;
- (g) provide a means of effective and efficient communication between the medical staff, the Regional Health Authority, and management within the health region;
- (h) provide for medical staff input into policy, rules, planning and budget decisions of the Regional Health Authority;
- (i) promote an environment that is safe and healthy for patients and staff;
- (j) promote and encourage a responsibility for personal health and the maintenance of wellness;
- (k) maintain efficient use of resources; and

- (1) govern the procedure for the discipline of members of the medical staff ensuring fairness, due process and timeliness.

(2) These Bylaws respecting medical staff apply to the medical staff members appointed pursuant to these Bylaws.

3 Definitions

In these Bylaws respecting medical staff, the following definitions apply:

- (a) “Academic Supervisor” is a term to denote the medical staff delegated by the Discipline Chair to oversee academic endeavours and performance;
- (b) “Affiliation Agreement” is the agreement between Western Health and Memorial University of Newfoundland (MUN) in which physicians having joint appointments will participate in clinical educational experiences;
- (c) “Applicant” means a person who has applied for appointment to the medical staff under Part VI of these Bylaws;
- (d) “Board” means those persons appointed as members of the Board of Trustees of the Regional Health Authority by the Lieutenant Governor in Council pursuant to Section 8 of the *Regional Health Authorities Act*;
- (e) “Business Day” means a day other than a Saturday or Sunday or a “public holiday” within the meaning of the Labour Standards Act;
- (f) “Chief Executive Office” (CEO) means the person appointed by the Board of the Regional Health Authority as Chief Executive Officer within the meaning of Section 14 of the *Regional Health Authorities Act*, responsible to the Regional Health Authority for the day-to-day conduct and management of the affairs of the activities provided by the Regional Health Authority at its facilities or delivered through its programs and services, and includes a person to whom the powers, duties and responsibilities of the Chief Executive Officer are delegated by the Board in the absence or incapacity of the person appointed as Chief Executive Officer;
- (g) “Chief of Discipline” is a term used to denote the medical staff leader of the discipline;
- (h) “Chief of Division” is a term to denote the medical staff leader of a division within a discipline;
- (i) “Chief of Staff” is a term to denote the medical staff leader that is site specific;

- (j) “College” means the College of Physicians and Surgeons of Newfoundland and Labrador, (CPSNL);
- (k) “Credentials Committee” means the committee appointed by the Regional Medical Advisory Committee to review the appointments and reappointments to the Medical Staff of the Regional Health Authority and make recommendations to the Regional Medical Advisory Committee;
- (l) “Delegate” means that person who has been authorized to act or perform a task on behalf of another person;
- (m) “Discipline Chair” means the academic head of the relevant discipline of the Faculty of Medicine at Memorial University of Newfoundland.
- (n) “Discipline” is the term used to describe a group of clinical services within certain areas of the health region that are directed towards meeting the health care needs of a group of patients, in a patient focused and interdisciplinary manner;
- (o) “Health Region” means the Western health region established pursuant to Section 6 of the *Regional Health Authority Act*;
- (p) “Impact Analysis” means a study conducted by the VP Medical Services, or delegate, in consultation with the department and/or services head to determine the impact upon the resources of the Regional Health Authority of a proposed appointment of any person to the medical staff;
- (q) “Leadership Team” refers to the group of Regional Directors, Chiefs of Disciplines, Chiefs of Staff, VP Medical Services and non physician managers employed by Western Health;
- (r) “Medical Staff” means those physicians who have been appointed as members of the medical staff by the Chief Executive Officer;
- (s) “Physician Leader” is to include the following:
 - (a) Chief of Discipline
 - (b) Chief of Staff
 - (c) Chief of Division
 - (d) Academic Supervisor
- (t) “Physician” means a physician who is entitled to practice medicine pursuant to the *Medical Act, 2005*;
- (u) “Policies and Procedures” means those policies and procedures that have been approved in accordance with the Regional Health Authority process;

- (v) “Post Graduate Medical Trainees” means physicians who have qualified and completed a medical degree and who are pursuing further supervised training in an accredited royal college or family medicine programs;
- (w) “Privileges” means the authority granted to a physicians by the Chief Executive Officer in accordance with these Bylaws;
- (x) “Provincial Medical Association” means the organized body of physicians who practice in the health region and hold a membership with the Newfoundland and Labrador Medical Association (NLMA);
- (y) “Provincial Program” is a term used to describe a clinical service that encompasses and services the whole province;
- (z) “Regional Director” refers to a variety of assigned management positions within Western Health, typically with broad leadership responsibilities in a specific functional area(s);
- (aa) “Regional Health Authority” means the Western Regional Health Authority established pursuant to Section 6 of the *Regional Health Authorities Act*;
- (bb) “Resident” means a client/patient living in a Long Term Care facility of Western Health;
- (cc) “Rules and Regulations” means those rules and regulations governing the medical staff in the health region, which have been established by the medical staff and approved by the Chief Executive Officer on the recommendations of the VP Medical Services and the Regional Medical Advisory Committee;
- (dd) “University” means Memorial University of Newfoundland and Labrador (MUN) or other recognized universities within Canada; and
- (ee) “Vice President” (VP) means an executive team member appointed by the CEO and responsible for areas of clinical services;
- (ff) “Vice President (VP) Medical Services” means the physician appointed as VP Medical Services by the Chief Executive Officer and responsible for medical services in the Regional Health Authority.

PART II ORGANIZATION OF THE MEDICAL STAFF

4 Responsibilities of the Board of the Regional Health Authority

(1) Pursuant to Section 8(1) of the *Regional Health Authorities Act* the Board is responsible for the direction of the management and affairs of the Regional Health Authority in order to deliver quality health care and promotion of community wellness.

(2) Pursuant to Section 10(2) of the *Regional Health Authorities Act* the Board may make Bylaws respecting medical staff of the Regional Health Authority, including Bylaws respecting:

- (a) the granting, variation, suspension and revocation of medical staff privileges;
- (b) categories of medical staff privileges;
- (c) the membership of a Medical Advisory Committee;
- (d) the duties and functions of senior medical officers of the Regional Health Authority; and
- (e) Rules and Regulations governing medical staff.

(3) The Minister of Health and Community Services has directed that Bylaws respecting medical staff shall provide standards to be applied in all health regions relating to quality in the following areas:

- Types of privileges
- Appointments
- Credentialing process
- Disciplines and
- Appeals

(4) Pursuant to Section 14 of the *Regional Health Authorities Act* the CEO is, under the direction of the Board responsible for the day to day management and conduct of the affairs of the Authority including the responsibility for the implementation of the Bylaws respecting medical staff made in accordance with Section 4(2) of these Bylaws.

5 Responsibilities of the Chief Executive Officer

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

- (1) for facilitating the delivery of medical services within the health region, consistent with the strategic plan and mission of the Regional Health Authority, applicable legislation, and these Bylaws;
- (2) for the organization of the medical staff into such departments and/or services as are warranted from time to time and as outlined in these Bylaws respecting medical staff. In so doing, the Chief Executive Officer shall establish an organizational structure to implement and fulfill the strategic plan and mission of the Regional Health Authority, including but not limited to:
 - (a) ensuring the appointment of department and/or service heads by the VP Medical Services, as required; and
 - (b) establishment of a Regional and Local Medical Advisory Committee Structure
- (3) The Chief Executive Officer shall appoint a Vice President responsible for Medical Services having given full consideration to the recommendations and advice of the Search Committee appointed by the CEO for that purpose.

6 Responsibilities of the VP Medical Services

(1)The VP Medical Services shall be a physician accountable to the Chief Executive Officer with respect to all matters regarding the management and organization of medical staff affairs under the jurisdiction of the Regional Health Authority and in keeping with Sections 5(1) and 5(2) of these Bylaws.

(2)The roles and responsibilities of the VP Medical Services shall include, but are not limited to:

- (a) with respect to corporate management:
 - (i) full membership on the senior management team of the Regional Health Authority, participating in all management discussion and decisions including, but not limited to discussions and decisions regarding strategic planning, financial and program planning, human resources planning, the development, implementation and evaluation of patient/client/resident care programs and services, and resource allocation;
- (b) with respect to medical staff administration:

- (i) developing, maintaining and updating medical staff rules and regulations and policies and procedures pertaining to medical services provided within the facilities, programs and services operated by the Regional Health Authority;
 - (ii) providing leadership and direction in collaboration with the Chiefs of Disciplines and Chiefs of Staff on matters pertaining to clinical organization, human resources, medical technology and other relevant medical staff administrative matters;
 - (iii) participating in any regional health authority committees, as required; and
 - (iv) providing leadership and direction and ensuring effective coordination and cooperation among department and service heads, other medical staff leaders, and the medical advisory committees and all its standing and ad hoc committees, so as to integrate the activities of the various departments, and committees with each other and with the goals of the Regional Health Authority.
- (c) with respect to the appointment, privileging and discipline, including reappointment, termination, suspension and amendment thereof, of the medical staff in collaboration with Chiefs of Disciplines and Chiefs of Staff:
- (i) ensuring that the appropriate medical staff appointment, privileging, reappointment and discipline processes are in place and consistent with applicable law and legislation and with these Bylaws.
- (d) with respect to the provision of the quality of medical care in collaboration with Chiefs of Disciplines and Chiefs of Staff:
- (i) developing, establishing and maintaining quality assurance, quality improvement, risk management and utilization activities within the health region in compliance with all applicable legislation, Bylaws, rules and regulations, and policies and procedures of the Regional Health Authority;
 - (ii) collaborating with members of the medical staff and other staff to ensure that patient/client/resident concerns regarding the quality of medical care are investigated and resolved in a timely manner; and
 - (iii) responding to physician concerns regarding patient safety and quality of medical care in a timely manner.

- (e) with respect to medical staff resource planning in collaboration with Chiefs of Disciplines and Chiefs of Staff:
 - (i) submitting annually a regional medical staff human resource plan to the Chief Executive Officer and the Regional Health Authority that addresses the needs of the health region; and
 - (ii) providing leadership and direction on matters pertaining to physician compensation, recruitment, orientation and retention.
- (f) with respect to the professional and ethical conduct of the medical staff:
 - (i) encouraging, promoting, fostering and insisting upon the professional and ethical conduct of medical staff in relation to their practice, teaching, research and interactions with others; and
 - (ii) addressing concerns arising from the professional and ethical conduct of medical staff.
- (g) with respect to continuing medical staff education, in collaboration with Chiefs of Disciplines and Chiefs of Staff:
 - (i) facilitating the availability of appropriate continuing medical staff education and an ongoing basis; and
 - (ii) identifying and addressing the management and leadership development needs of physicians within the health region and facilitating their availability.
- (h) with respect to provincial medical services issues:
 - (i) cooperating and coordinating with other vice presidents of medical services in the province.
- (i) with respect to teaching and research in collaboration with Chiefs of Disciplines and Chiefs of Staff and recognized university faculty members:
 - (i) encouraging, promoting and fostering teaching and research within the health region;
 - (ii) ensuring that appropriate processes and protocols are in place for the consideration and approval of research proposals and compliance thereto; and

- (iii) liaising with recognized university representatives to ensure effective coordinating and cooperating for clinical care, education and research.

(3)The VP Medical Services may if required, delegate responsibilities to a subordinate but is at all times ultimately responsible for this role.

7 Establishment of Disciplines and Divisions

- (1) (a) The VP Medical Services may make recommendations to the Chief Executive Officer to establish or dissolve disciplines and divisions as considered appropriate from time to time.
- (b) The establishment or dissolution of any discipline and division by the VP Medical Services shall not take effect until confirmed by the Chief Executive Officer.
- (c) The composition and duties of each discipline and division shall be described in the policies and procedures.
- (d) The VP Medical Services shall give consideration to the advice of the Regional Medical Advisory Committee in the exercise of any of the powers under Section 7(1) (a).

(2) Clinical Disciplines and Divisions

(a) The following are the clinical disciplines within Western Health:

- (i) Children’s and Women’s Health
- (ii) Emergency/Ambulatory Care
- (iii) Family Practice
- (iv) Medical Imaging
- (v) Medicine
- (vi) Pathology and Laboratory Medicine
- (vii) Perioperative
- (viii) Psychiatry
- (ix) Surgery

(b) Divisions

The Chief Executive Officer, after considering the recommendation of the Regional Medical Advisory Committee, the recommendation of the Chief of Discipline, and the VP Medical Services may establish Divisions within the Discipline.

(c) Discipline/Division Meetings and Responsibilities of Members

- (j) The Medical Staff members of each Discipline/Division shall meet at least 6 times per year or at the call of the chair.
- (ii) Medical Staff members and Division Heads within each Discipline shall be responsible to the Chief of Discipline. Members of a Division are responsible to the Head of the Division (where applicable).

8 Appointment of Physician Leaders to Discipline/Division

- (1) In accordance with the policies and procedures, the VP Medical Services may appoint one or more individuals to be responsible for and serve as physician leaders of each discipline/division.
- (2) Each Discipline and/or Division shall have a physician leader(s) who is named through a selection process and recommended by the Regional Medical Advisory Committee. Final authorization is by the Chief Executive Officer.
- (3) The physician leader shall be appointed and/or reappointed for a period of 3 years unless otherwise provided for in the policies and procedures.
- (4) Reappointment should generally be limited to one additional term for a maximum of 2 consecutive terms unless otherwise provided for in the policies and procedures.
- (5) A selection process shall be invoked to recommend a physician leader after the initial 2 terms. The incumbent leader may offer themselves as a potential candidate.
- (6) The physician leader shall undergo an annual performance review in accordance with the policies and procedures.
- (7) The VP Medical Services may at any time for just cause revoke or suspend the appointment of a physician leader.
- (8) No appointment, revocation, or suspension of the appointment of a physician leader shall be in effect for longer than five (5) days unless confirmed in writing by the Chief Executive Officer or his/her delegate.
- (9) The VP Medical Services may appoint an acting physician leader where the incumbent is absent, or unwilling to carry out the responsibilities. The acting physician leader shall have all the powers, duties and responsibilities of the incumbent.
- (10) The VP Medical Services shall give consideration to the advice of the Regional Medical Advisory Committee in the exercise of any of the powers under Section 8(1).

9 Responsibilities of the Physician Leader(s)

- (1) A physician leader(s) is responsible to the VP Medical Services or delegate for the effective organization, management and functioning of the medical staff within the assigned discipline/division.
- (2) The physician leader(s) is jointly accountable with the Vice President and his/her managers, as appropriate, for the effective and efficient operation of the Discipline/Division.
- (3) Issues of medical quality care, need for physician resources and medical program development to achieve appropriate standard of care are primarily the responsibility of the Chief of Discipline and/or Chief of Staff in collaboration of the VP Medical Services. The Chief of Discipline and/or Chief of Staff shall be responsible through the Regional Medical Advisory Committee for the quality, safety and intra-professional coordination of medical services delivered and for the promotion of an interdisciplinary approach in the delivery of patient care. Where there is a conflict between the physician leader(s) and Vice President regarding patient care, the issue will be brought to VP Medical Services for resolution.

10 Accountabilities for Chiefs of Disciplines (COD)

- (1) The Chiefs of Discipline shall be appointed by the Chief Executive Officer and be responsible to the VP Medical Services to:
 - (a) convene and chair meetings of the Discipline with a minimum of 6 per year or more at the call of the Chair and address concerns of physicians within the discipline;
 - (b) ensure appropriate supervision of the professional care provided by members of the medical staff in the discipline or assign an active staff member to supervise the practice of medicine of other members of the discipline for any period of time;
 - (c) ensure appropriate orientation and integration of new members of the Medical Staff in the discipline;
 - (d) review the privileges granted to members of the medical staff in the discipline and to make recommendations for changes of such privileges to the Credentials Committee;
 - (e) submit written recommendation to the Credentials Committee concerning members of the medical staff in his/her discipline;
 - (f) ensure annual performance evaluations for physicians within their discipline are carried out. The evaluation shall be based on the objectives,

duties and obligations of the agreed to credentialing agreement. The evaluation and recommendations are forwarded annually to the medical services office and at the appropriate time, to the Credentials Committee.

- (g) notify the VP Medical Services, of his or her absence, and suggest an alternate for consideration by the VP Medical Services to be responsible for the conduct of affairs in the case of such absence;
 - (h) be accountable along with the Leadership Team responsible for the relevant medical service;
 - (i) investigate complaints and provide advice to the VP Medical Services and/or Vice President regarding resolution of the complaint; and
 - (j) participate in patient disclosure on the request of the Vice President of Medical Services and/or Vice President.
- (2) Quality Initiatives:
- (a) ensure the development and maintenance of quality patient focused care;
 - (b) ensure the development and evaluation of standards of care as well as outcomes;
 - (c) ensure the provision of quality services through a process of continuous quality improvement;
 - (d) support the creation of working environment which facilitates the involvement of students, all levels of allied health care staff, nurses, physicians and post graduate medical trainees as well as input from members of the Discipline;
 - (e) establish an appropriate method of ongoing quality assurance within the Discipline;
 - (f) represent the discipline to the community, patients and families and receive feedback related to patient care, particularly as it applies to medical issues;
 - (g) liaise with other Chiefs of Disciplines/Chiefs of Staff and the Regional and Local Medical Advisory Committees to ensure achievement of clinical excellence;
 - (h) advocate for an interdisciplinary approach to health care delivery;

- (i) ensure morbidity and morality rounds are conducted on, at least, a quarterly basis; and
 - (j) participates as a member of the relevant accreditation team(s).
- (3) Resource Management – Financial:
- (a) ensure the effective and efficient use of resources particularly as it relates to the medical staff of his/her respective discipline; advocate for satisfactory resources to be available to physicians, nurses and allied staff to perform their clinical services to achieve safe, quality, and timely patient care;
 - (b) consult with the other members of the Leadership Team on the development of an annual operating and capital budget and participate in the monitoring of the Discipline’s fiscal performance;
 - (c) coordinate the development and annual update of a multi-year medical human resource, equipment and operational plan for the Discipline in consultation with the VP Medical Services; and
 - (d) recruit medical staff members in consultation with the VP Medical Services or delegate.
- (4) Planning:
- (a) develop objectives and strategies for the Discipline which focus on patient outcomes that are consistent with the overall Mission, Values, Vision and Corporate Strategic Directions of the Regional Health Authority, and are supportive of, and integrated with, the key directions of other disciplines; and
 - (b) participate in the implementation and evaluation of approved Strategic Directions and Objectives.
- (5) Liaison:
- (a) ensure the maintenance of a comprehensive consultation network within the discipline which supports interdisciplinary collaboration and decision-making;
 - (b) ensure liaison among all disciplines, particularly those disciplines with which it has strong linkages;
 - (c) liaise with the VP Medical Services, with respect to medical resource issues;

- (d) participate in appropriate medical staff activities associated with the local Medical Staff Organization;
- (e) liaise with the VP Medical Services for issues related to education and research where appropriate;
- (f) liaise with appropriate external providers involved in the continuum of patient care; and
- (g) maintain an active involvement in committees of the Regional Health Authority.

(6) Education:

The Chief of Discipline will ensure that education and research requirements are met as per terms of the affiliation agreement for:

- (a) medical educational programs offered by the Faculty of Medicine;
- (b) the educational programs offered by the Regional Health Authority for other health professionals in collaboration with Memorial University of Newfoundland and Labrador and other agencies; and
- (c) where there is a conflict between education or research and clinical care or safety, Western Health policy and procedure will prevail.

(7) Research:

The Chief of Discipline will liaise with the Leadership Teams to ensure that ethically approved research by the University and the Regional Health Authority physicians requiring the Regional Health Authority's resources will be reviewed and appropriately accommodated as per the liaison agreement.

This would include:

- (a) the promotion and facilitation of research;
- (b) the promotion of evidence-based practice;
- (c) the promotion of research into the delivery of health care; and
- (d) adherence to ethical principle of the Tri Council standard for ethics.

(8) Monitoring and Evaluating:

The Chief of Discipline is primarily responsible for activities that monitor the delivery of care by the Discipline and the ongoing evaluation of quality of medical care.

11 Accountabilities for Division Heads

(1)These “Heads” shall be appointed by the Chief Executive Officer following consultation with the Regional and/or Local Medical Advisory Committees and following a selection process as established by the Chief of Discipline.

(2)They shall be responsible to the Chief of Discipline and have such duties as assigned. Duties of these “Heads” may include but are not limited to:

- (a) division leadership and overall supervision of clinical care, both inpatient and ambulatory, given by members of the Division;
- (b) the convening and chairing of division meetings. The agenda of these meetings should include a review of clinical affairs within the Division, the liaison with other professional groups such as nursing, social work and physiotherapy and liaison with the Leadership Team;
- (c) coordination of undergraduate and postgraduate teaching, in liaison with individual program directors as required;
- (d) the promotion of research;
- (e) coordination with interdisciplinary colleagues for teaching and research.

(3)These “Heads” may be reappointed after appropriate review and serve for a maximum of 2 terms with each term not exceeding a three (3) year duration unless otherwise provided for in the policy and procedure.

12 Accountabilities of the Chiefs of Staff (COS)

(1)The Chiefs of Staff (6) shall be appointed by the Chief Executive Officer and be responsible to the VP Medical Services. They are located at the:

- (a) Bonne Bay Health Centre
- (b) Calder Health Centre
- (c) Dr. Charles L. LeGrow Health Centre
- (d) Rufus Guinchard Health Centre
- (e) Sir Thomas Roddick Hospital
- (f) Western Memorial Regional Hospital

(2)The Chief of Staff is responsible to supervise all clinical care given to patients within his/her hospital or health care centre. Within the generality of the aforementioned the accountabilities for the Chief of Staff shall:

- (a) convene and chair at minimum 8 meetings of the LMAC per year and address concerns of physicians within their site;
- (b) ensure appropriate supervision of the professional care provided by members of the medical staff at the site or assign an active staff members to supervise the practice of medicine of other members of the site for any period of time;
- (c) ensure appropriate orientation and integration of new members of the medical staff at the site;
- (d) review the privileges granted to members of the medical staff at the site and to make recommendations for changes of such privileges to the Credentials Committee;
- (e) submit written recommendation to the Credentials Committee concerning members of the medical staff in his/her location;
- (f) ensure annual performance evaluations for physicians are carried out. The evaluation shall be based on the objectives, duties and obligations of the employment agreement and job description. The evaluation and recommendations are forwarded annually to the medical services office and at the appropriate time to the Credentials Committee;
- (g) notify the VP Medical Services, of his or her absence, and name an alternate for consideration by the VP Medical Services to be responsible for the conduct of affairs in the case of such an absence;
- (h) be accountable with the Leadership Team responsible for the relevant medical service at his/her site;
- (i) investigate complaints and provide advice to the VP Medical Services and/or Vice President regarding resolution of the complaint;
- (j) participate in the patient disclosure on the request of the VP Medical Services and/or Vice President;
- (k) whereas some of the aforementioned accountabilities overlap with the Chief of Discipline, the Chief of Staff should consult with the appropriate Chief of Discipline regarding privileges and performance of medical staff within the site.

(3)Accountabilities of the Chiefs of Staff shall also include;

- (a) Quality Initiatives:

The Chief of Staff shall:

- (i) with support from the Administrative organization in consultation with collaboration with Regional Chiefs of Discipline and VP Medical Services be responsible to ensure the development, implementation and maintenance of quality patient care services.
- (ii) ensure the development and implementation of appropriate standards of care, evaluates outcomes and makes recommendations for change through the Regional Medical Advisory Committee.
- (iii) liaise with Regional Chiefs of Disciplines and the Local Medical Advisory Committee as well as outside resources as necessary to ensure achievement of clinical excellence at his/her facility.
- (iv) report to and advises the Chair of the Regional Medical Advisory Committee on all matters concerning the quality of medical care provided at the site.
- (v) ensure medical staff compliance with the Medical Staff Bylaws within his/her facility.

(4)Resource Management:

- (a) The Chief of Staff in consultation and collaboration with the Regional Chief of Discipline shall:
 - (i) be responsible for the day-to-day medical administration within his/her hospital or health centre. He/she shall make recommendations to the Regional Medical Advisory Committee on policies, procedures, staff, equipment and supplies necessary for efficient and effective patient care.
 - (ii) advise on recruitment, assessment and recommendation of appointments of medical staff to assure the continuing efficient functioning of his/her hospital/health centre.
 - (iii) be responsible for the allocation of medical staff resources within the facility and its satellite clinics. Organize physicians schedules and requests for annual leave, education leave, etc., coordinate medical manpower and actively recruit short term locum staff or allocates available manpower to ensure appropriate coverage of health care programs and services for his/her area of responsibility.

- (iv) be responsible for reviewing applications of Dentists and Chiropractors for appointment and privileges at the site.
- (v) participate in decision making regarding program development or enhancements.
- (vi) consult with the Director of Health Services, VP Medical Services and other appropriate team members regarding an annual operating and capital budget. Participates in the year long monitoring of the hospital/health care centre's fiscal performance.
- (vii) consult with the Chair of Regional Medical Advisory Committee and the VP Medical Services to promote the ongoing learning and development of physicians within his/her hospital/health care centre.
- (viii) ensure that regular performance appraisals are completed on all members of the medical staff for whom he/she is responsible. Works in collaboration with Regional Chiefs of Disciplines to ensure the provision of quality medical services at that site. Review all appropriate performance appraisals and make recommendations to the Regional Medical Advisory Committee if there is a change in the practitioner's staff category or privileges and/or if discipline proceedings are being initiated.
- (ix) participate in all peer review activities which relate to physicians assigned to his/her facilities.
- (x) be responsible to promote continuing medical education and learning in the physicians working at that site.
- (xi) coordinate a long term medical human resource plan in consultation with the VP Medical Services and the Chair of the Regional Medical Advisory Committee.
- (xii) recruit permanent physicians in consultation with the VP Medical Services and Chair of the Regional Medical Advisory Committee or others as appropriate.

(5)Planning:

- (a) The Chief of Staff shall:
 - (i) develop a medical human resource plan for his/her site which is in keeping with the Vision, Mission and Strategic Plan of Western

Health, which is developed in consultation with the VP Medical Services and Regional Chief of Discipline.

- (ii) provide consultation regarding review and revision of the Board's Strategic Plan as it relates to his/her site.
- (iii) be responsible with the VP Medical Services and Regional Chief of Discipline, as appropriate, for the recruitment, hiring and credentialing of medical staff for his/her site.

(6)Communication:

(a)The Chief of Staff shall:

- (i) ensure the maintenance of a comprehensive consultation network within the facility which supports multi disciplinary collaboration and decision making.
- (ii) participate actively in appropriate medical staff activities and is involved in committees of Western Health as required in order to ensure significant medical input into all phases of Western Health's activities.
- (iii) serve as a Chairperson of the Local Medical Advisory Committee providing information and interpretation of fiscal or organizational issues before Western Health to the Local Medical Advisory Committee.
- (iv) in consultation, advise the Local Medical Advisory Committee with respect to the quality of medical diagnosis, care and treatment provided to patients at his/her hospital/health care centre.

13 Establishment of the Medical Advisory Committee Structure

The Chief Executive Officer in consultation with VP Medical Services shall establish a Regional and Local Medical Advisory Committee structure.

14 Responsibilities of the Regional Medical Advisory Committee

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

- (b) in conjunction with the VP Medical Services, develop rules and regulations and polices and procedures relating to medical staff affairs in the Regional Health Authority;
- (c) make recommendations to the VP Medical Services in accordance with and as required by these Bylaws; and
- (d) hold not less than 8 meetings in each fiscal year at the call of the chair and/or the VP Medical Services.

(2)The responsibilities of the Regional Medical Advisory Committee include, but are not limited to, providing policy advice and recommendations to the VP Medical Services, with a view to integrating and coordinating activities in a consistent manner throughout the health region on matters with respect to:

- (a) Medical Staff Administration:
 - (i) providing advice and recommendations to the VP Medical Services on the development, maintenance and updating of medical staff rules and regulations; polices and procedures pertaining to medical care provided within facilities, programs and services operated by the Regional Health Authority;
 - (ii) providing advice and recommendations to the VP Medical Services on matters pertaining to clinical care, organization, medical technology and other relevant medical administrative matters;
 - (iii) providing advice and recommendations to the VP Medical Services on matters pertaining to strategic planning, financial and program planning, the development, implementation and evaluation of patient/client/resident care and services and resource allocation; and
 - (iv) reviewing credentials and making recommendations initially and then at appropriate intervals to the Chief Executive Officer or delegate on the appointment, category of appointment, granting of privileges, reappointment, promotion, suspension and retirement of each medical staff member in keeping with these Bylaws and polices as developed by the Regional Health Authority.
- (b) Quality of Medical Care:
 - (i) receiving, reviewing and making recommendations to the VP Medical Services on reports from quality review bodies and committees;

- (ii) making recommendations to the VP Medical Services concerning the establishment and maintenance of professional standards in facilities, disciplines and services operated by the Regional Health Authority in compliance with all applicable legislation, Bylaws, rules and regulations and polices and procedures of the Regional Health Authority;
 - (iii) reporting and making recommendations to the VP Medical Services on quality, effectiveness and availability of medical services provided in facilities and services operated by the Regional Health Authority; and
 - (iv) reporting on and making recommendations to the VP Medical Services to address, maintain and improve patient/client/resident safety in the provision of medical services.
- (c) Medical Human Resource Planning:
- (i) making recommendations to the VP Medical Services regarding medical human resources required to meet the health needs of the population served by the Regional Health Authority.

15 Regional Medical Advisory Committee Composition: (See Appendix A)

(1)A Regional Medical Advisory Committee shall be established and may include a representative or representatives from the medical disciplines and sites.

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

(3)The Chief Executive Officer may at any time revoke or suspend the Chairperson of the Regional Medical Advisory Committee and appoint an acting Chairperson until a replacement is found in accordance with this section or until the suspension is lifted, as the case may be.

(4)The Vice-Chairperson of the Regional Medical Advisory Committee shall be appointed from among the members by the voting member of the Regional Medical Advisory Committee for a one-year term. In the absence of the Chairperson, the Vice-Chairperson shall assume all of the Chairperson’s duties and shall have all of his or her authority together with such other duties as are usually incidental to such a position or as may be assigned by the Regional Health Authority from time to time.

(5)The Chair of the Regional Medical Advisory Committee shall:

- (a) preside at all meeting of the Regional Medical Advisory Committee;
- (b) give notice of all meetings of the Regional Medical Advisory Committee;
- (c) in consultation with the VP Medical Services, develop the agenda for the Regional Medical Advisory Committee meeting;
- (d) maintain the minutes of all meetings of the Regional Medical Advisory Committee;
- (e) maintain an attendance record of those attending all meetings of the Regional Medical Advisory Committee;
- (f) perform such other duties as ordinarily pertain to this office and as the Regional Health Authority may from time to time direct; and
- (g) report to the Board in accordance with the Board's reporting requirements.

16 Standing and Ad Hoc Committee of the Regional Medical Advisory Committee

(1)The Regional Medical Advisory Committee may establish such standing committees and ad hoc committee as required to advise the VP Medical Services.

(2)The terms of reference, duties and composition of each standing and ad hoc committee shall be recorded in the rules and regulations, polices and procedures or minutes of the Regional Medical Advisory Committee.

(3)The Regional Medical Advisory Committee shall appoint a Chair of each standing committee and each ad hoc committee.

(4)The Chair of each standing or ad hoc committee shall submit the minutes, reports, and any recommendations of the standing or ad hoc committee on a regular basis, or as directed by the Regional Medical Advisory Committee, and at the request of the Regional Medical Advisory Committee, be present to discuss all or part of any minutes, reports, or recommendations of the standing or ad hoc committee.

(5)The Chairperson and members of the standing committee shall be appointed annually by the Regional Medical Advisory Committee.

(6)The Local Medical Advisory Committees as established in Section 17 shall be subcommittees of the Regional Medical Advisory Committee and shall be chaired by the appropriate Chief of Staff at the site.

17 Responsibilities of the Local Medical Advisory Committees (See Appendix B)

(1)The Chief Executive Officer in consultation with the VP Medical Services and Vice Presidents shall provide for the establishment of Local Medical Advisory in each of the following areas:

- (a) Burgeo
- (b) Bonne Bay
- (c) Corner Brook
- (d) Port aux Basques
- (e) Port Saunders
- (f) Stephenville

(2)The Local Medical Advisory Committees shall meet at minimum of 8 times per year.

(3)The roles of the Local Medical Advisory Committee are to:

- (a) report to Regional Medical Advisory Committee and work with the Vice President and VP Medical Services to deal with medical care services in their area of responsibility, encompassing quality, safety, coordination, timeliness and adequacy.
- (b) advise relevant Vice President(s) on matters related to medical care and other issues as appropriate.
- (c) serve as a forum for discussion and, if necessary, decision making among the various elements of these medical staff.
- (d) consider, act on, or refer to the Regional Medical Advisory Committee items which are submitted by the Vice Presidents.

18 Composition of the Local Medical Advisory Committees:

(1)The Local Medical Advisory Committee shall be composed of appropriate representatives of the medical staff, medical leadership and administrative staff as determined by the local area in consultation with the Local Chief of Staff.

(2)The Chair of the Local Medical Advisory Committee is the Chief of Staff and will be appointed by the Chief Executive Officer, VP Medical Services and Vice President and will hold the position for 3 years with the possibility of renewal for 3 years upon review.

19 Special Function of the Medical Advisory Committee

(1)Special committees shall be appointed by the Regional Medical Advisory Committee and/or the Local Area Medical Advisory Committees from time to time as may be required to perform specific functions. Such committees shall confine their work to the

purpose for which they were appointed and shall report in writing to the Medical Advisory Committee.

(2) Any special committees of the Medical Advisory Committee(s) and other committees or panels within the Regional Health Authority which in the opinion of the Medical Advisory Committee(s) or the Chief Executive Officer perform in whole or in part from time to time functions relating to quality initiatives and/or peer review within the Regional Health Authority shall be delegated by the Medical Advisory Committee(s) or by the Chief Executive Officer to be a quality assurance and/or peer review committee as may from time to time be contemplated by Section 8.1(2) of the *Evidence Act (Newfoundland)* as amended.

(3) Additional committees of an administrative nature may be appointed from time to time to assist the medical administration of the Regional Health Authority. Such committees shall report in writing to the appropriate Medical Advisory Committee.

(4) The conduct of Medical Advisory Committee(s), discipline meetings and general meetings of the medical staff, as well as questions of procedure at both regular and special meetings of such bodies shall be determined in accordance with the rules and regulations or policies and procedures, as established from time to time.

PART III MEDICAL STAFF ASSOCIATION

20 Officers of the Medical Staff Association

(1) Each of the sites may have a Local Medical Staff Association. The elected officers of the Medical Staff Association may be the President, Vice-President, Secretary-Treasurer and others as decided by the Medical Staff Association who shall constitute the Executive and others as decided by the Medical Staff Association who shall constitute the Executive Committee of the Medical Staff Associations. They shall be elected by the Active, Associate, and Courtesy Medical Staff at the annual meeting. The President and Vice President of the Medical Staff Association shall sit on the appropriate Local Medical Advisory Committee. The elected officer shall be responsible for the collection, use and disbursement of Medical Staff funds as directed by the Medical Staff.

(2) The President shall be responsible for calling and presiding at the Medical Staff Association meetings and shall be members, ex-officio, of all Standing Medical Staff Association committees.

(3) The Vice-President, in the absence of the President, shall be empowered to assume all of the President's duties and have all of his or her authority. He or she shall be expected to perform such other duties as may be assigned by the President.

(4) The Secretary-Treasurer shall be responsible for keeping accurate and complete minutes of all Medical Staff Association meetings, calling meetings on order of the President, attending to all correspondence and performing such other duties as ordinarily pertain to that office. He or she shall be accountable for all Medical Staff Association funds and will be responsible for the preparation and presentation to Medical Staff of a yearly audit of such funds.

21 Meeting of the Medical Staff Association

(1) The annual meeting of each local Medical Staff Association shall be held in June and the President shall present his or her annual report including the financial statement of the Medical Staff Association. The election of officers shall take place. Voting, if necessary, shall be by ballot by the Active, Associate and Courtesy Medical Staff.

(2) Regular meetings of the Medical Staff Association shall be held at least quarterly. These quarterly meetings shall not release Medical Staff Association members from their obligations to attend the regular meetings of the Discipline or Division. In addition to matters of organization, the Agenda of these meetings must include a written report of the Local Area Medical Advisory Committee and Regional Medical Advisory Committee.

(3) Special meetings of the Medical Staff Association may be called at any time by the President, and shall be called at the written request of the Local Area Medical Advisory Committee, the Executive Committee of any five members of the Medical Staff. At any

special meeting, no business shall be transacted except that stated in the notice calling the meeting. Notice of any meeting shall be mailed at least eight days before the time set for the meeting with the exception that special meetings called in relation to the election of officers shall require a minimum of ten days' notice.

(4)The requirements for attendance, quorum, power to excuse absence, the agenda-setting process and other matters relating to these Local Medical Staff Associations are set out by each locality internally.

(5)The purposes of the medical staff association area as follows:

- (a) To provide formal mechanism to address medical staff concerns initially through the Chief of Staff, Local Medical Advisory Committee, VP Medical Services and/or Vice President and subsequently to the Chief Executive Officer.
- (b) 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.
- (c) To provide a forum to advocate for quality health care.
- (d) To provide a forum for information exchange between administration and the medical staff.

PART IV MEDICAL STAFF CATEGORIES

22 Medical Staff Categories

(1)The medical staff shall be organized into the following categories:

- (a) Active
- (b) Courtesy
- (c) Assistant
- (d) Associate
- (e) Visiting
- (f) Honorary
- (g) Postgraduate Medical Trainee

(2)Active Medical Staff

- (a) The active medical staff shall consist of those physicians who have been appointed according to Parts IV and V as active medical staff by the Chief Executive Officer in consultation with the VP Medical Services and relevant clinic chief.
- (b) In accordance with the affiliation agreement all active staff must be jointly appointed within the Faculty of Medicine of MUN when involved in clinical education experiences.
- (c) Unless otherwise specified in their appointment to the medical staff, all active medical staff shall have admitting privileges to all Regional Health Authority facilities, which shall be outlined in the letters of appointment.
- (d) Except where approved by the Chief Executive Officer, no physician with an active medical staff appointment with another Regional Health Authority shall be appointed to the active medical staff.
- (e) Every physician applying for an initial appointment to the active medical staff will first be appointed to the associate medical staff unless the Chief Executive Officer directs otherwise.
- (f) Active medical staff shall:
 - (i) ensure that care is provided to his or her patients/clients/residents in Regional Health Authority facilities, disciplines and services, and, as required, ensure arrangements are in place for the ongoing care of his or her patients/clients/residents by another member of the medical staff with the appropriate privileges when he or she is unable to attend to his or her patients/clients/residents;

- (ii) attend patients/clients/residents and undertake such medical and surgical treatments in accordance with the privileges granted by the Chief Executive Officer;
- (iii) undertake such duties respecting patient/client/resident care as may be reasonably assigned by the VP Medical Services and Chief of Discipline and/or Chief of Staff in circumstances where additional medical human resources are required if within the scope of mutually agreed terms and conditions as outlined in a job description and/or privileging agreement;
- (iv) act as mentor or supervisory of a member of the associate medical staff as mutually agreed upon by the associate medical staff, the active staff, the VP Medical Services and the, Chief of Discipline and/or Division Head;
- (v) attend discipline meetings of the medical staff as required by the rules and regulations and policies and procedures of the Regional Health Authority;
- (vi) have an annual review and evaluation conducted by the physician leader in accordance with predetermined organization criteria;
- (vii) abide by applicable legislation, Bylaws, Rules and Regulations and Polices and Procedures;
- (viii) not alter the scope of practice unilaterally but by agreement between the physician and Western Health;
- (ix) attend education rounds as arranged by disciplines when appropriate;
- (x) participate in research and in the education of undergraduate and postgraduate students, colleagues and other Regional Health Authority personnel in accordance with the affiliation agreement and as per the job description agreed to with the Chief of Discipline;
- (xi) participate in quality assurance initiatives within the umbrella of the Regional Health Authority quality assurance program;
- (xii) participate in a collaborative fashion with interdisciplinary care teams.

- (g) Active medical staff may refer any of his or her patients/clients/residents to services provided by the Regional Health Authority consistent with any rules and regulations, privileges and polices and procedures established for the referral to those programs and services.
- (h) At the discretion of the Chair of the Regional Medical Advisory Committee or the VP Medical Services, active medical staff shall serve as a member or the Chairperson of any committee established by the Regional Medical Advisory Committee or the VP Medical Services and vote at meetings of the medical staff or at any committee on which they hold membership.

(3) Courtesy Medical Staff

- (a) The Chief Executive Officer may appoint a physician to the courtesy medical staff if:
 - (i) the applicant has patients/clients/residents within the health region;
 - (ii) the applicant has demonstrated a need to access Regional Health Authority programs and services such as medical imaging, laboratory, rehabilitation, health promotion, health education and community care to serve the needs of his or her patients/clients/residents residing within the health region,
 - (iii) the applicant does not have an active medical staff appointment in the Regional health Authority.
- (b) The courtesy medical staff shall consist of those physicians who have been appointed according to Parts IV and V as courtesy medical staff by the Chief Executive Officer in consultation with the VP Medical Services. The appropriate range of privileges shall be outlined in the letter of appointment.
- (c) Courtesy medical staff shall not have admitting privileges.
- (d) Courtesy medical staff shall:
 - (i) ensure that care is provided for his or her patients/clients/residents in Regional Health Authority facilities, and services, and, as required, ensure arrangements are in place for the ongoing care of his or her patients/clients/residents by another member of the medical staff with the appropriate privileges when he or she is unable to attend patients/clients/residents;

- (ii) abide by applicable legislation, Bylaws, Rules and Regulations and Polices and Procedures; and
 - (iii) attend meetings of the medical staff as required by the Rules and Regulations and Polices and Procedures of the Regional Health Authority.
- (e) At the discretion of the Chair of the Local and/or Regional Medical Advisory Committee or the VP Medical Services, courtesy medical staff shall serve as a member or the Chairperson of any committee established by the Local and/or Regional Medical Advisory Committee or the VP Medical Services and vote at meetings of the medical staff or at any committee on which they hold membership.

(4)Assistant Medical Staff

- (a) The Chief Executive Officer, in consultation with the VP Medical Services and Chief of Discipline, may appoint a physician to the assistant medical staff if the applicant is to provide specific services within a discipline.
- (b) The assistant medical staff shall consist of those physicians who have been appointed according to Parts IV and V to the assistant medical staff by the Chief Executive Officer in consultation with the VP Medical Services.
- (c) Assistant medical staff shall not have admitting privileges.
- (d) Assistant medical staff shall:
 - (i) under the supervision of an active or associate medical staff members(s) approved by the VP Medical Services attend patients/clients/residents and undertake such medical and surgical treatments in accordance with the privileges granted by the Chief Executive Officer;
 - (ii) have an annual review and evaluation conducted by the supervisor appointed under Section 21(2)(f)(iv) in accordance with predetermined objective and job description;
 - (iii) attend meetings of the medical staff association as required by the Rules and Regulations and Policies and Procedures of the Regional Health Authority;
 - (iv) abide by applicable legislation, Bylaws, Rules and Regulations and Policies and Procedures.

- (e) At the discretion of the chair of the Local and Regional Medical Advisory Committee or the VP Medical Services, assistant medical staff may serve as a member of any committee established by the Local and/or Regional Medical Advisory Committee or the VP Medical Services.

(5) Associate Medical Staff

- (a) Appointment to the associate medical staff shall be considered a probationary appointment during which time the Regional Medical Advisory Committee and the appropriate Chief of Discipline shall evaluate the medical staff member.
- (b) The associate medical staff shall consist of those physicians who apply for an initial appointment to the active or courtesy medical staff, and who are appointed according to Parts IV and V by the Chief Executive Officer in consultation with the VP Medical Services to the associate medical staff.
- (c) Each associate medical staff member shall have such privileges that are appropriate to the active or courtesy medical staff category to which they applied, unless otherwise specified in the appointment. These privileges shall be outlined in the letter of appointment by the Chief Executive Officer.
- (d) Subject to Section 21(5)(e), an associate medical staff member shall work for a twelve-month probationary period under the mentorship or supervision of an active medical staff assigned by the VP Medical Services as recommended by the Chief of Discipline under whose responsibility the associate medical staff member has been assigned. During this probationary period the staff member will undergo quarterly evaluations by the appropriate supervisor.
- (e) In exceptional circumstances, the VP Medical Services may recommend to the Chief Executive Officer a waiver or reduction of the twelve-month probationary period, and the Chief Executive Officer may waive or reduce the probationary period. If the Chief Executive Officer agrees with the recommendation, the Chief Executive Officer may grant an appointment for the balance of the term to the category of medical staff to which the physician initially applied.
- (f) At the end of the twelve-month probationary appointment, and subject to the provisions of these Bylaws respecting reappointment, the Regional Medical Advisory Committee shall review the performance of the associate medical staff member and recommend to the VP Medical Services and the Chief Executive Officer either:

- (i) the appointment of the physician in accordance with the category of appointment sought and privileges requested;
 - (ii) the appointment of the physician but the category of medical staff or privileges be modified from those requested by the physician;
 - (iii) 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
 - (iv) the application be refused and the reasons given for denial shall be in writing.
- (g) No associate medical staff shall be appointed to the associate medical staff for more than twenty-four consecutive months.
- (h) The Chief of Discipline or Chief of Staff may request the VP Medical Services to assign a different mentor or supervisor at any time during the physician's appointment to the associate medical staff.
- (i) At any time, the Regional Medical Advisory Committee may recommend to the VP Medical Services that the appointment of a physician to the associate medical staff be terminated. If the Regional Medical Advisory Committee recommends termination, the Medical Advisory Committee shall prepare written reasons with respect to its recommendation and the VP Medical Services shall forward the recommendation of the Regional Medical Advisory Committee to the Chief Executive Officer.
- (j) Upon consideration of the recommendations of the Regional Medical Advisory Committee, including the reasons therefore, and the representations of the associate medical staff member, if any, the Chief Executive Officer shall within ten (10) business days, in consultation with the VP Medical Services, make a decision that may:
- (i) confirm the appointment of the association medical staff member to the medical staff with the same privileges as held before the recommendation for termination by the Regional Medical Advisory Committee;
 - (ii) confirm the appointment of the associate medical staff member to the medical staff with the privileges considered appropriate by the Chief Executive Officer; or
 - (iii) confirm the recommendation for termination of the appointment as an associate medical staff member.

- (k) The Chief Executive Officer shall ensure that a copy of his or her decision and the reasons for the decision is received by the applicant, the VP Medical Services and the Regional Medical Advisory Committee within thirty (30) days after rendering the decision.
- (l) At any time, the Regional Medical Advisory Committee may recommend to the VP Medical Services that the privileges outlined in Section 21(5)(c) may be changed or modified. Members shall be advised of any changes in privileges in writing by the VP Medical Services.
- (m) Associate medical staff may have such membership and voting rights, and be subject to such duties, privileges and obligations commensurate with the active or courtesy medical staff category to which they are appointed.

(6) Visiting Medical Staff

- (a) The Chief Executive Officer in consultation with the VP Medical Services may appoint a physician to the visiting medical staff with such privileges as deemed appropriate.
- (b) Appointment to the visiting medical staff may occur where the appointment is:
 - (i) for a defined period of time and for a specific purpose; or
 - (ii) to provide temporary replacement or support for a member of the medical staff.
- (c) Appointment to the visiting medical staff may also occur where the applicant has:
 - (i) an active medical staff appointment with another Regional Health Authority, health authority, hospital or other similar health care organization in Canada;
 - (ii) demonstrated a need to access medical imaging, laboratory, rehabilitation, health promotion and health education, and community care programs and services to serve the needs of his or her patients/clients/residents residing within the health region; or
 - (iii) established consultant clinics or performs itinerant services in any of the Regional Health Authority facilities.
- (d) The visiting medical staff shall consist of those physicians who have been appointed to the visiting medical staff by the Chief Executive Officer in consultation with the VP Medical Services.

- (e) Notwithstanding Section (6)(a), the VP Medical Services may:
 - (i) appoint a physician who is not a member of the medical staff to the visiting medical staff and grant temporary privileges where, in the opinion of the VP Medical Services, there is an immediate need for the service and it is not practical for the applicant to submit all of the information required to be submitted according to these Bylaws provided the VP Medical Services is satisfied that the applicant meets the criteria for appointment set out in Section 26;
 - (ii) grant temporary privileges to a physician who is a member of the medical staff where, in the opinion of the VP Medical Services, there is an immediate need for the service; and
 - (iii) this appointment will not be longer than 90 days.
- (f) The privileges which may be granted to a member of the visiting staff under Section 21(6)(a) or 21(6)(b) include the privilege to attend, admit patients/clients/residents or perform surgical or other operative procedures in a hospital(s) or health centre(s).
- (g) Each member of the visiting medical staff shall:
 - (i) ensure that care is provided to his or her patients/clients/residents in Regional Health Authority facilities, and services, and as required, ensure arrangements are in place for the ongoing care of his or her patients/clients/residents by another member of the medical staff with the commensurate privileges where he or she is unable to attend patients/clients/residents;
 - (ii) attend patients/clients/residents and undertake such medical and surgical treatments in accordance with the privileges granted by the Chief Executive Officer in consultation with the VP Medical Services;
 - (iii) undertake such duties respecting patient/client/resident care as may be reasonably assigned by the VP Medical Services in circumstances where additional medical human resources are required if within the scope of mutually agreed terms and conditions as outlined in a job description and/or privileges agreement; and
 - (iv) abide by applicable legislation, Bylaws, Rules and Regulations and Policies and Procedures.

- (h) Visiting medical staff may refer any of their patients/clients/residents to services provided by the Regional Health Authority consistent with any rules and regulations and policies and procedures established for the referral to those programs and services.
- (i) Members of the visiting medical staff shall have no voting rights and may not hold any office or be a voting member on any committee.

(7)Honorary Medical Staff

- (a) The honorary medical staff category is to recognize physicians who have provided distinguished service to the patients/clients/residents of the health region.
- (b) A physician may be appointed to the honorary medical staff by the Chief Executive Officer in consultation with the VP Medical Services on the recommendation of the Regional Medical Advisory Committee. Parts IV and V of these Bylaws respecting medical staff do not apply to an appointment to this category.
- (c) Members of the honorary medical staff hold no privileges.
- (d) Members of the honorary medical staff shall:
 - (i) subject to Section 21(7)(e), may attend meetings of the medical staff established by the Local Medical Advisory Committee or the VP Medical Services but shall have not voting rights;
 - (ii) may not hold any office or be a voting member on any committee; and
 - (iii) are not subject to mandatory meeting attendance as required by the rules and regulations and policies and procedures of the Regional Health Authority.
- (e) An honorary medical staff member may be excluded from any meeting or portion of a meeting of a committee established by the Regional Medical Advisory Committee or the VP Medical Services at the discretion of the Chair, where personal information, personal health information or confidential information is being discussed.
- (f) The Chief Executive Officer may at any time, where considered appropriate, terminate the appointment of a physician from the honorary medical staff.

(8) Postgraduate (PG) Medical Trainee

- (a) The Regional Health Authority may grant a physician an appointment to the postgraduate medical staff with such privileges that are consistent with the Faculty of Medicine's learning objectives for the physician. These appointments are consistent with the training level as outlined by the Faculty of Medicine and comply with the Affiliation Agreement. The postgraduate trainee must:
 - (i) be participating in an approved training program recognized by the College of Physicians and Surgeons of Newfoundland and Labrador;
 - (ii) be working under the direct supervision of the academic physician leader who shall act as the postgraduate trainee's supervisor and be responsible for the postgraduate trainee's work;
 - (iii) be on the educational register of College of Physicians and Surgeons of Newfoundland and Labrador and be registered with the Faculty of Medicine post graduate office; and
 - (iv) abide by applicable legislation, Bylaws, Rules and Regulations and Policies and Procedures.

23 Responsibilities of the Medical Staff

(1) Collectively, the medical staff have a responsibility and accountability to the Regional Health Authority to:

- (a) promote and provide a level of quality care in the Regional Health Authority facilities, departments and services that is directed towards addressing maintaining and improving patient/client/resident safety, satisfying the needs of the patient/client/resident, and meeting the standards set out by recognized bodies of the profession, such as licensing bodies, national clinical societies and others where the essential components of quality include competence, accessibility, acceptability, effectiveness, appropriateness, efficiency, affordability and safety;
- (b) report any change in professional status to the VP Medical Services;
- (c) participate in appropriate quality improvement initiatives aimed at improving access to and quality of care provided within the health region;
- (d) promote appropriate use of evidence-based clinical practice;

- (e) assist in fulfilling the mandate of the Regional Health Authority by contributing where reasonably possible to the strategic planning, community needs assessment, resource utilization management and quality management activities; and
- (f) participate in the education and/or teaching activities of the discipline and/or service as directed by the Physician Leader in accordance with the affiliation agreement between the Faculty of Medicine and Regional Health Authority.

(2) Each member of the medical staff has a responsibility to the Regional Health Authority to:

- (a) ensure that a high professional and ethical standard of care is provided to patients/clients/residents under his or her care and abide by the Code of Ethics adopted by the College of Physicians and Surgeons of Newfoundland and Labrador;
- (b) practice within the limits of the privileges provided and his or her professional competency and skill;
- (c) meet the requirements for continuing medical education and continuing professional learning as established by the College of Physicians and Surgeons of Newfoundland and Labrador and the Regional Health Authority;
- (d) participate in such education and training initiatives as appropriate that support the Regional Health Authority in providing quality health services;
- (e) recognize the authority of the physician leader, the Medical Advisory Committees, the VP Medical Services and the Chief Executive Officer;
- (f) abide by applicable legislation, Bylaws, rules and regulations and policies and procedures;
- (g) participate in appropriate quality improvement initiatives;
- (h) work, cooperate with and relate to others in a collegial and professional manner;
- (i) conduct him or herself in a manner consistent with the Regional Health Authority's mandate, vision and values and in accordance with the requirements of the College of Physicians and Surgeons of Newfoundland and Labrador;

- (j) serve where required by these Bylaws respecting medical staff on various Regional Health Authority and medical staff committees;
- (k) utilize health care resources within Regional Health Authority facilities in a manner consistent with Regional Health Authority policies and procedures and practices;
- (l) participate in impact analyses as required by the VP Medical Services; and
- (m) undergo annual evaluation as per predetermined organizational criteria.

24 Clinical Privileges

(1)Description of Privileges

- (a) The definition of major clinical privileges for each Discipline and/or Division shall be determined by the Regional Medical Advisory Committee on the recommendation of the Chiefs of Discipline/Chiefs of Staff and VP Medical Services.
- (b) The description of major privileges may be changed from time to time as appropriate by the Regional Medical Advisory Committee on advice from the Chief of Disciplines/Chiefs of Staff and VP Medical Services.
- (c) The Chief Executive Officer may request or direct the Regional Medical Advisory Committee to review any specific areas of privilege from time to time as necessary.
- (d) Clinical privileges of any new member of the medical staff shall be specified in writing in his or her letter of appointment.
- (e) Clinical privileges shall be reviewed at the time of reappointment.

(2)Specific Privileges

- (a) Specific or delineated privileges shall refer to privileges in a specialty which is excluded from the definition of major privileges. They may be granted to certain members of the medical staff who have proven competence in these areas of practice or in the conduct of these procedures.
- (b) A member of the medical staff desiring specific privileges shall apply in writing to the Chief of Discipline/Chief of Staff, listing the specific privileges requested. The Chief of Discipline/Chief of Staff will make recommendation concerning specific privileges to the Regional Medical Advisory Committee through the Credentials Committee.

- (c) Specific privileges shall be granted on an individual basis and shall be delineated by the Regional Medical Advisory Committee in writing.

(3)Renewal of Privileges

A review of privileges will be done in conjunction with an annual appraisal. Changes may be recommended with mutual consent.

(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 Chief Executive Officer or delegate shall be empowered and have discretion to appoint any individual medical staff member to attend to the emergency. The treatment provided by the medical staff member shall be restricted to dealing with the particular emergency. Consent will be obtained as soon as possible for any procedures that are not related to the emergency.

25 Leave of Absence

(1)A member of the medical staff may apply to the VP Medical Services for a leave of absence.

(2)The VP Medical Services may grant a leave of absence for a period not exceeding twelve months in any of the following circumstances:

- (a) the medical staff member has enrolled in an education program approved by the VP Medical Services;
- (b) maternity/family leave or disability/illness; or
- (c) in any other circumstance which the VP Medical Services considers appropriate.

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

(4)If the member's reappointment comes during the period of the member's leave of absence, the member shall apply for reappointment.

(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:

- (a) are exempt from discipline and sections/services duties, including the requirement to attend department and program and section meetings; and
- (b) do not have any admitting, discharge or procedural privileges.

(6) While on an approved leave of absence, members are required to maintain licensure with the College of Physicians and Surgeons of Newfoundland and Labrador and shall maintain professional liability insurance satisfactory to the Regional Health Authority.

(7) Prior to commencing the leave of absence, members must ensure arrangements are in place for the ongoing care of their patient/client/residents by another member of the medical staff, subject to approval by the VP Medical Services or delegate. If three months notice has been given, the individual should not be deprived of leave of absence. Following approval, the leave of absences cannot be reneged.

PART V APPOINTMENT AND REAPPOINTMENT – GENERAL

26 Power to Appoint and Reappoint

(1) Except for a visiting appointment or the granting of temporary privileges under Section 21(6), subsequent to the successful conclusion of a probationary appointment as an associate medical staff member under Section 21(5), the Chief Executive Officer has the power to appoint and reappoint members to the medical staff and to grant privileges. In considering whether to make an appointment or reappointment to the medical staff, or to grant privileges, the Chief Executive officer shall consider the recommendations of the VP Medical Services and the Medical Advisory Committee, however the chief Executive Officer is not bound by those recommendations. If the CEO rejects the recommendation for reappointment, the applicant has a right to appeal as per Part X to the Board or its sub-committee. Refusal to appoint should be on the basis of documented concerns following the procedures outlined below.

(2) Except in the circumstances mentioned in Section 23(4), a physician must hold an appointment to the medical staff in order:

- (a) to hold any privilege under these Bylaws; and
- (b) to provide any service to an individual or patient/client/resident in a facility operated or program offered by the Regional Health Authority.

(3) Except in circumstances mentioned in Section 23(4), a physician must hold an appointment with the medical staff of a Regional Health Authority to refer an individual or patient/client/resident to any service or diagnostic procedure provided by the Regional Health Authority.

(4) Any member of the medical staff who resigned or otherwise caused or permitted his or her termination from the medical staff, or whose medical staff membership has been terminated by the Chief Executive Officer and who subsequently wishes to become a member of the medical staff, is required to make application and follow the process for an initial appointment set out in Part VI of these Bylaws.

27 Term of Appointment or Reappointment

(1) Subsequent to the successful completion of a probationary appointment as an associate medical staff member under Section 21(5), unless otherwise specified in an appointment or terminated prior to the expiration of the term of the appointment, an appointment expires on the day that is five years from the date on which the appointment is granted.

(2) Each appointment to the medical staff shall state the category of appointment, program assignments, and description of clinical responsibilities to each Discipline and/or Division to which the member is appointed, and shall confer on the appointee only such

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

(3) There will be an annual evaluation, including review of evidence of a current license, membership in the Canadian Medical Protective Association and an updated Disclosure Statement.

(4) Notice of resignation from an appointment shall be provided to the VP Medical Services at least three months in advance of the date on which the resignation takes effect.

PART VI INITIAL APPOINTMENT

28 Initial Appointment Procedure

(1) An application for initial appointment to the medical staff shall be processed in accordance with the provisions of the *Regional Health Authorities Act*, these Bylaws, the Rules and Regulations and the Policies and Procedures of the Regional Health Authority.

(2) The VP Medical Services shall supply a copy of these Bylaws to each physician who expresses an intention to apply for appointment to the medical staff.

(3) An applicant for initial appointment to the medical staff shall submit an application in writing to the VP Medical Services, on the standard appointment application form approved by the VP Medical Services of the Regional Health Authorities, together with all information required to be submitted by these Bylaws. The VP Medical Services will require the applicant to complete an impact analysis questionnaire.

(4) The process of joint appointment to the Faculty of Medicine shall be coordinated and facilitated at this time. Negotiations and decisions regarding clinical service, administrative leadership teaching and research shall involve the medical staff member, clinical chief and discipline chair. These appointments require a written “job description” to be completed by the clinical chief and discipline chair.

(5) Each application must include:

- (a) an indication of the category of medical staff appointment being sought and the medical staff privileges requested;
- (b) 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;
- (c) a statement detailing any completed proceedings in which there was a failure to obtain, or subsequent reduction in classification or voluntary or involuntary resignation, or termination or suspension of any professional license or certification, fellowship, professional academic appointment or privileges at any other hospital, health authority, other health organization or health clinic;
- (d) information regarding any criminal proceedings or convictions involving the applicant which may impact the applicant’s ability to practice (results of a current criminal records check regarding the applicant and, where

possible, a notarized copy of the Police Clearance Certificate from the applicant's country of origin);

- (e) 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;
- (f) 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;
- (g) evidence of a current license or proof of eligibility to obtain a license from the College of Physicians and Surgeons of Newfoundland and Labrador; and where applicable, the appropriate Certification or Fellowship of the Royal College of Physicians and Surgeons of Canada, or the College of Family Physicians of Canada, or current eligibility to write the appropriate specialty examination of the Royal College of Physicians and Surgeons of Canada or Quebec;
- (h) evidence of membership in Canadian Medical Protection Association (CMPA) is required either directly from the applicant or from the College;
- (i) a signed consent authorizing a professional licensing body, hospital, health authority, other health organization or health clinic in which the applicant provided service to disclose:
 - (i) a report on any action taken by a disciplinary committee, Medical Advisory Committee, other health organization or health clinic;
 - (ii) a description of any pending or completed disciplinary actions by such professional licensing body, hospital, health authority, other health organization or health clinic, 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 mid-term suspension or revocation of privileges; and
 - (iii) a letter of good standing;
- (j) a direction authorizing the VP Medical Services to contact any previous hospitals, health authorities, other health organizations or health clinics where the applicant has provided services with such direction to include the names and addresses of the following:

- (i) the Chief Executive Officer and the VP Medical Services, or 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;
 - (ii) the service director or head of training program, if the applicant was enrolled in a graduate training program within the past three years;
 - (iii) in the case of recent graduates within three years, the Dean of Medicine or program head of the last educational institution in which the applicant held an appointment or was trained; and
 - (iv) at least three referees who can attest to the character and medical competence of the applicant, based on first-hand knowledge of the applicant within the previous four years;
- (k) 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;
- (l) 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, Rules and Regulations or Policies and Procedures and such professional and ethical standards established from time to time;
- (m) 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 appointment being granted, the immediate revocation of the privileges and appointment granted;
- (n) a statement by the applicant confirming that the applicant has read the Bylaws respecting medical staff; and
- (o) a signed “acknowledgement” of the confidentiality policy.
- (6) For proper evaluation of the applicant’s competence, character, ethics and other qualifications, 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 applications, should the

applicant so desire prior to consideration by the Chief of Discipline and Chief of Staff and the Credentials Committee in accordance with Section 28.

- (7) Until the applicant has provided all the information required by these Bylaws or requested by the VP Medical Services, the application for appointment will be considered to be incomplete and will not be processed. If the information required by this section is not provided within ninety (90) days from the date of submission of the initial application, the application may be withdrawn.

29 Criteria for Appointment

(1) Each applicant seeking appointment to the medical staff is required to meet the following criteria. The applicant shall:

- (a) be a member in good standing with the College of Physicians and Surgeons of Newfoundland and Labrador and is entitled to practice medicine pursuant to the *Medical Act, 2005*;
- (b) have education, training and experience appropriate to the privileges being sought;
- (c) if seeking to practice in a specialty, be licensed by the College of Physicians and Surgeons of Newfoundland and Labrador on the basis of the physician's training and experience in that specialty;
- (d) agree to participate in continuing professional development;
- (e) agree to participate in ongoing quality initiatives under the auspices of an appropriately delegated Regional Health Authority quality assurance program;
- (f) where there is involvement with clinical educational experiences, the applicant will have a joint appointment with the Faculty of Medicine as per the affiliation agreement between Memorial University of Newfoundland and Labrador and the Regional Health Authority;
- (g) agree to appropriate participation in the university educational programs where applicable;
- (h) 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 by the Canadian Medical Association (CMA) code of ethics; and
- (i) have education, training, and experience appropriate to the privileges being sought.

(2)The applicant will have demonstrated:

- (a) the ability to provide patient/client/resident care at an appropriate level of quality and efficiency;
- (b) the ability to work and cooperate with and relate to others in a collegial and professional manner;
- (c) the ability to communicate and relate appropriately with patient/clients/resident's families;
- (d) the willingness to participate in committees and other obligations appropriate to the membership category;
- (e) ethical character, performance and behaviour;
- (f) evidence of membership in the Canadian Medical Protective Association;
- (g) familiarity with the Bylaws respecting medical staff; and
- (h) compliance with the policies of the Regional Health Authority.

(3)All appointments to medical staff shall be:

- (a) consistent with the need for service, as determined by the Regional Health Authority, from time to time;
- (b) consistent with the provincial and regional medical staff human resource plan, if any;
- (c) consistent with the strategic plan and mandate of the Regional Health Authority;
- (d) supported by a demonstrated sufficiency of resources within the Regional Health Authority and the discipline, division and/or service to which the applicant is applying through an impact analysis; and
- (e) shall support the Regional Health Authority to maximize its provision of quality health care and community services.

(4)Privileges requested by the applicant shall be reviewed by the Chiefs of Disciplines and or Chiefs of Staff and shall be recommended based upon the qualifications of the applicant, needs of the organization and availability of resources.

30 Process on Initial Appointment

(1) Subject to Section 28(2), upon receipt of a completed application for appointment, the VP Medical Services or delegate, being of the initial opinion that the applicant meets the criteria set out in Section 28, shall forward the completed application and all supporting material for approval by Chief of Discipline and Chief of Staff. From there, the completed application is submitted to the Credentials Committee of the Regional Medical Advisory Committee for consideration and recommendation.

(2) If the VP Medical Services or delegate is of the initial opinion that the applicant fails to meet the criteria set out in Section 28, the VP Medical Services may refuse to process the application for appointment and shall advise the applicant of the decision and the reasons for the decision within ninety (90) days of receiving the application.

31 Review of Application for Appointment by the Credentials Committee

(1) In considering an application for appointment, the Credentials Committee:

- (a) shall evaluate the applicant with regard to the criteria set out in Section 28;
- (b) shall evaluate the information submitted or obtained from the applicant;
- (c) shall consider the advice of the appropriate physician leader, if any; and
- (d) may interview the applicant.

(2) Following consideration of the application, and the material and information referred to in Section 30(1), the Credentials Committee shall make a recommendation with written reasons to support its recommendation to the Regional Medical Advisory Committee respecting the application for initial appointment, that either:

- (a) the application be accepted in accordance with the category of appointment sought and privileges requested;
- (b) the application be accepted by the category of medical staff or the privileges of medical staff be modified from those requested by the applicant; or
- (c) the application be refused.

32 Recommendation of the Regional Medical Advisory Committee

(1) Having regard to the recommendations of the Credentials Committee and the information referred to in Section 30, the Regional Medical Advisory Committee shall make a recommendation to the VP Medical Services respecting the application for initial appointment, that either:

- (a) the application be accepted in accordance with the category of appointment sought and privileges requested;
- (b) the application be accepted but the category of medical staff or the privileges of medical staff be modified from those requested by the applicant; or
- (c) the application be refused.

(2) If the Regional Medical Advisory Committee recommends to the VP Medical Services that the application be granted in accordance with the category of appointment sought and privileges requested, the VP Medical Services shall then forward the recommendation of the Regional Medical Advisory Committee to the Chief Executive Officer for consideration.

(3) If the recommendation of the Regional Medical Advisory Committee varies from the appointment and/or privileges requested by the applicant, the Regional Medical Advisory Committee shall prepare written reasons which shall be forwarded to the VP Medical Services to accompany the recommendation to the Chief Executive Officer.

33 Decision of the Chief Executive Officer

(1) Upon consideration of the application and all supporting information as outlined in Section 27 herein, the criteria for appointment as specified in Section 28, the recommendations of VP Medical Services and the Regional Medical Advisory Committee, including the reasons for those recommendations, and the representations of the applicant, if any, the Chief Executive Officer shall:

- (a) appoint the applicant to the medical staff and grant privileges to the category of appointment sought and privileges requested by the applicant;
- (b) appoint the applicant to the medical staff and grant privileges to the category and with the privileges considered appropriate by the Chief Executive Officer; or
- (c) refuse the application for appointment.

(2) The Chief Executive Officer shall ensure that a copy of his or her decision and the written reasons for the decision are provided to the applicant, the VP Medical Services and the Regional Medical Advisory Committee within thirty (30) days of receiving the recommendations of the Regional Medical Advisory Committee. The decision of the Chief Executive Officer is final and binding subject to the right to seek judicial review (Section 63).

PART VII REAPPOINTMENT

34 Application for Reappointment

(1) Each active and courtesy member of the medical staff shall apply for reappointment which if granted shall take effective five years after the original appointment and every five years thereafter. Each application for reappointment date and shall be resubmitted every five years thereafter. The member shall submit such application(s) for reappointment to the VP Medical Services which shall include:

- (a) a completed application for reappointment on a form approved by the VP Medical Services and by no later than the date specified by the VP Medical Services.
- (b) the information set out in Section 34 and such other information as may be requested by the VP Medical Services.

(2) An application for reappointment to the medical staff shall be processed in accordance with the provisions of the *Regional Health Authorities Act* and regulations, these Bylaws, the rules and regulations and the policies and procedures.

(3) Notwithstanding Section 26, where a medical staff member applies for reappointment pursuant to this section, his or her appointment to the medical staff shall be considered as continuing until the application for reappointment is determined by the Chief Executive Officer in accordance with these Bylaws.

35 Information to be Submitted

- (1) The medical staff member seeking reappointment shall submit details of:
- (a) a current license with the College of Physicians and Surgeons of Newfoundland and Labrador;
 - (b) continuing medical education activities undertaken during the preceding five year period;
 - (c) additional training or academic achievement during the preceding five year period;
 - (d) administrative, teaching, research, scholarly work or special responsibilities assumed or continued during the preceding five year period;
 - (e) proof of current membership in the Canadian Medical Protective Association;

- (f) any updated information on the materials provided under Section 27 in relations to the preceding five year period;
- (g) the category of appointment, the discipline and/or service to which they reappointment is requested and the privileges requested;
- (h) support of the appropriate Chief of Discipline/Chief of Staff for reappointment; and
- (i) review of prior annual evaluations.

(2) Notwithstanding Section 35(2), until the medical staff member has provided all the information required to be submitted according to these Bylaws, the application for reappointment will be considered incomplete and will not be processed. If the information required by this section is not provided within ninety (90) days from the date of submission of the application for reappointment, the application for reappointment is considered to be withdrawn by the applicant.

(3) Privileges requested by the applicant will be reviewed by the Chief of Discipline/Chief of Staff and will be recommended based upon qualifications of the applicant, needs of the organization and availability of resources.

36 Process on Reappointment

(1) Upon receipt of the completed application for reappointment, the VP Medical Services shall forward the completed application and all supporting materials for approval by the relevant Chief of Discipline and Chief of Staff. From there the completed application and all supporting documentation is submitted to the Credentials Committee for consideration and recommendation.

(2) If the VP Medical Services is of the initial opinion that the application for reappointment fails to meet the criteria set out in Section 34, the VP Medical Services may refuse to process the application for reappointment and shall advise the applicant of the decision and reasons for the decision within ninety (90) day of receiving the application for reappointment.

37 Review of Application for Reappointment by Credentials Committee

(1) In considering the application for reappointment, the Credentials Committee shall:

- (a) evaluate the medical staff member with respect to the matters referred to in Section 28(1) through (3)
- (b) evaluate the information submitted or obtained from the medical staff member;

- (c) evaluate the information submitted or obtained from the physician leader if applicable; and
- (d) assess the medical staff member's:
 - (i) performance over the preceding five year period: and
 - (ii) utilization of Regional Health Authority resources.

(2)The Credentials Committee, in considering the application for reappointment, may:

- (a) interview the medical staff member;
- (b) consult with the appropriate physician leader, if any;
- (c) review the medical staff member's fitness for work;
- (d) discuss the medical staff member's plans, if any, for any changes in the privilege 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
- (e) 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.

(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 support its recommendation to the Regional Medical Advisory Committee respecting the application for reappointment that either:

- (a) the application for reappointment be accepted to the category of appointment sought and privileges requested;
- (b) the application for reappointment be accepted but the category of medical staff or privileges be modified from those requested by the medical staff member; or
- (c) the application for reappointment be refused.

(4)If the Credentials Committee makes a recommendation that the application for reappointment be granted in accordance with the category of appointment sought and privileges requested, the recommendation with written reasons shall be forwarded by the Credentials Committee to the Regional Medical Advisory Committee for its consideration at its next regular meeting.

(5) If the recommendation of the Credentials Committee 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 Regional Medical Advisory Committee.

38 Recommendation of the Regional Medical Advisory Committee

(1) Upon consideration of the application for reappointment and the recommendation of the Credentials Committee, including the reasons for the recommendation, the Regional Medical Advisory Committee shall make a recommendation to the VP Medical Services respecting the application for reappointment, that either:

- (a) the application for reappointment be accepted to the category of appointment sought and privileges requested;
- (b) the application for reappointment be accepted but the category of medical staff or privileges be modified from those requested by the medical staff member; or
- (c) the application for reappointment be refused.

(2) If the Regional Medical Advisory Committee recommends to the VP Medical Services that the application for reappointment be granted in accordance with the category of appointment sought and privileges requested, the VP Medical Services shall forward the recommendation of the Regional Medical Advisory Committee to the Chief Executive Officer.

(3) If the recommendation of the Regional Medical Advisory Committee to the VP Medical Services varies from the reappointment sought or privileges requested by the medical staff member, the Regional Medical Advisory Committee shall prepare written reasons with respect to its recommendation and the VP Medical Services shall forward the recommendation and the written reasons to the Chief Executive Officer.

39 Chief Executive Officer Decision

(1) Upon consideration of the application for reappointment and all supporting information as outlined in Section 34 herein and the recommendations of the VP Medical Services and the Regional Medical Advisory Committee, including any written reasons prepared according to Section 38(3), the Chief Executive Officer shall:

- (a) reappoint the medical staff member to the medical staff and grant the privileges to the category of appointment sought and privileges requested by the medical staff member;

(b) reappoint the medical staff member to the medical staff and grant the privileges to the category and with the privileges considered appropriate by the Chief Executive Officer; or

(c) refuse the application for reappointment.

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

(3)Where the application for reappointment is granted as requested, the decision shall advise the date upon which the reappointment will expire.

40 Appeals

(1)Following the notification of the right of appeal by the Chief Executive Officer in Section 38(2), the VP Medical Services shall notify the applicant in writing of the mechanisms of Appeal as outlined in Part X.

41 Request for Change of Category or Privileges

(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 Medical Services. An impact analysis may be done if considered to be appropriate by the VP Medical Services.

PART VIII DISCIPLINE

42 General

(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.

(2)The Regional Health Authority shall follow procedural due process under the tenets of applicable administrative law with the appropriate avenues for alternate dispute resolution. The resolution of professional conduct issues shall be attempted initially through informal discussions and communication within applicable departments or programs where appropriate. When informal discussions and communication respecting professional conduct issues are not successful or are deemed inappropriate, or where clinical practice deficiencies or patient safety concerns are indentified, the formal processes outlined below shall be strictly followed.

43 Conduct Subject to Discipline

(1)Conduct subject to discipline includes, without limitation, demeanor or conduct or any one or more act, omission or statement, within or directly affecting the Regional Health Authority, that if proven would, or would be likely to:

- (a) expose a patient, client, resident or any staff member or employee of the Regional health Authority to harm or injury; or
- (b) be detrimental to the safety of a patient, client, resident or any staff member or employee of the Regional health Authority; or
- (c) be detrimental to the delivery of quality patient, client or resident care; or
- (d) is, or is likely to be, detrimental to the operations of the Regional Health Authority; or
- (e) constitute abuse, harassment or conduct that would result in the imposition of sanctions by the College; or
- (f) be contrary to the Bylaws, the rules and regulations, or the polices and procedures of the Regional Health Authority, any applicable and relevant laws or legislated requirements.

(2)Disciplinary procedures and investigations respecting complaints related to alleged clinical practice deficiencies or patient safety concerns will be conducted in accordance with the provisions of Section 43 to 48 inclusive, and the appeal procedures set out in Part X.

(3)Disciplinary procedures and investigations respecting complaints related to all other alleged conduct subject to discipline, including without limitation professional conduct concerns, will be conducted in accordance with the provision of Sections 50 to 56 inclusive, and the appeal procedures set out in Part X.

44 Disciplinary Procedure for Clinical Competence Stream

(1)The following shall, without limitation, constitute a complaint for all purposes of Sections 44 to 49 inclusive:

- (a) a notification that one or more clinical practice deficiencies or patient safety concerns have been identified in the course of an annual or regular scheduled review of a medical staff member, and remedial action has not been taken by the medical staff member;
- (b) a notification that one or more clinical practice deficiencies or patient safety concerns have been identified respecting a medical staff member during the course of an internal quality assurance review, and remedial action has not been taken by the medical staff member;
- (c) a notification from any source that the College has concluded any proceeding against the medical staff member prescribed by the *Medical Act, 2005*, as from time to time amended, in respect of clinical practice deficiencies or patient safety concerns, that has resulted in the revocation of, or any limitation to, the licensure of the medical staff member;
- (d) a notification from any source of any allegation in respect of the medical staff member that, if proven, would demonstrate one or more practice deficiencies or patient safety concerns; or
- (e) the VP Medical Services or delegate has confirmed an immediate suspension of the medical staff member's appointment or privileges in accordance with Section 58(1)(c).

(2)Any Physician Leader, the VP Medical Services or the Chief Executive Officer may receive a complaint against a medical staff member in respect of any matter set out in Section 44(1). A complaint shall be in writing outlining in detail the concerns regarding the medical staff member.

(3)The Physician Leaders, VP Medical Services and Chief Executive Officer shall advise each other as soon as practically possible if any of them receives a complaint against a medical staff member in respect of any matter set out in Section 44(1).

(4)The VP Medical Services or delegate shall advise the medical staff member of the nature of the complaint, and the medical staff member will be given the opportunity to present relevant oral and/or written information concerning the subject matter of the complaint on his or her own behalf within ten (10) business days of receipt of the complaint.

(5)Following such consultation with the Physician Leader as he or she may deem necessary, the VP Medical Services or delegate shall determine whether a further inquiry is necessary and if so, shall initiate such inquiry. The VP Medical Services may conduct such inquiry personally or delegate such inquiry to others, including without limitation one or more external consultants.

(6)The VP Medical Services or delegate shall review and discuss the results of any initial inquiry with the medical staff member and shall:

- (a) if the complaint has been determined to be unsubstantiated or does not warrant further steps, advise the medical staff member accordingly;
- (b) if the complaint has been determined to be substantiated, refer the complaint to a Peer Review Committee and/or, with the consent of the medical staff member, do any one or more of the following:
 - (i) arrange for the medical staff member to undertake a period of clinical supervision with concurrent consultation or direct supervision,
 - (ii) 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
 - (iii) arrange for the medical staff member to undertake such other remedial measures, including without limitation educational upgrading, to address the matter that gave rise to the complaint as may be appropriate in the circumstances.
- (c) In the event that the VP Medical Services refers the complaint to a Peer Review Committee, he or she shall so advise the medical staff member before concluding discussion with the medical staff member regarding any of the actions set out in Section 44(6)(b)(i) or (iii).

(7)Notwithstanding any provision of Sections 44(2) to (6) inclusive, in the event that the VP Medical Services or delegate has confirmed an immediate suspension of the medical

staff member's appointment or privileges in accordance with Section 57(2)(b), the complaint shall not require substantiation, and shall be referred directly to a Peer Review Committee.

(8)A member of medical staff may at any time request that the VP Medical Services refer a complaint respecting that member to a Peer Review Committee, and the VP Medical Services may agree to do so at his or her discretion.

(9)The VP Medical Services shall advise the Physician Leader and the Regional Medical Advisory Committee Chair of the determination made pursuant to Section 44(6) or of a referral made pursuant to Section 44(7).

45 Composition of the Peer Review Committee

(1)For the purposes of this Part, the Peer Review Committee shall be composed of three or more members that will facilitate a majority vote and that are acceptable to both the VP Medical Services and the medical staff member. Subject to the foregoing and the provisions of Section 45(3), the Chief of Discipline may appoint one or more physicians considered to have clinical qualifications, training and experience reasonably similar in nature and scope to that of the medical staff member (and whether or not such physician is a member of the medical staff) to a Peer Review Committee. The majority of the Peer Review Committee shall select a member of the Peer Review Committee to act as Chair.

(2)No person who participated in the substantiation of a complaint or who conducted an immediate suspension shall be eligible for membership on the Peer Review Committee.

(3)In the event that the VP Medical Services and the medical staff member cannot reach agreement upon any aspect of the composition of the Peer Review Committee that requires agreement within five (5) business days of the referral made pursuant to Section 44(6) or 44(7), then the Chief Executive Officer shall appoint a sole arbitrator to determine the issue, and the determination of the arbitrator shall be final and binding upon the VP Medical Services and the medical staff member.

(4)Any member of the Peer Review Committee who resigns from his or her office prior to the conclusion of the Committee's mandate hereunder may continue to be a member of the Peer Review Committee, but only for the purposes of completing the mandate. No additional member may be added to the Peer Review Committee upon commencement of its mandate.

(5)A Peer Review Committee constituted pursuant to these Bylaws shall conduct its inquiries, deliberations, reports and communications in a confidential manner, and a Committee so constituted shall constitute a "Peer Review Committee" within the meaning of the *Evidence Act*, as from time to time amended.

46 Referral to Peer Review Committee

(1) In the event that the VP Medical Services refers a complaint to a Peer Review Committee, the VP Medical Services shall notify the member in writing of such referral.

(2) The VP Medical Services 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.

47 Peer Review Committee Investigation

(1) At the commencement of a Peer Review Committee's mandate, the Chair of the Peer Review Committee shall inform the medical staff member in writing that it will be investigating the complaint against the medical staff member, and setting out:

- (a) the particulars of the complaint allegations;
- (b) the time frame established by the Peer Review Committee for the conclusion of its deliberations;
- (c) the right of the medical staff member to meet personally with and make representations to the Peer Review Committee, and to attend such meeting with colleague or counsel;
- (d) the right of the medical staff member to examine any written information or report provided or obtained in relations to the complaint;
- (e) the right of the medical staff member to respond to any oral information or report provided or obtained in relation to the complaint; and
- (f) that if the medical staff member does not wish to meet with the Peer Review Committee, the Peer Review Committee may proceed with consideration of the complaint in his or her absence.

(2) The medical staff member shall be given full opportunity to respond to each allegation contained in the complaint. The Peer Review Committee may decide in its discretion whether the complainant shall be afforded an opportunity to present additional oral or written information concerning the subject matter of the complaint.

48 Peer Review Committee Report

(1) The Peer Review Committee shall, within ten (10) business days following completion of its deliberations, prepare and deliver a report of its findings and recommendations to the Chief of Discipline. In the event that any member of the Peer Review Committee disagrees with the report in any respect, he or she shall within the same time frame deliver to the medical staff member, the VP Medical Services and the Chief Executive

Officer a report setting out all areas of disagreement with such findings and recommendations.

(2)The Peer Review Committee's report respecting the medical staff member shall include one or more of the following recommendations, without limitation:

- (a) that no disciplinary action is appropriate in the circumstances;
- (b) that the medical staff member be required to undertake a period of clinical supervision with concurrent consultation or direct supervision;
- (c) 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;
- (d) that the medical staff member be required to undertake such other remedial measures as the Peer Review Committee may determine appropriate in the circumstances to address any allegation that gave rise to the complaint;
- (e) that the medical staff member's privileges be modified, suspended or revoked;
- (f) that the medical staff member's medical staff category be modified;
- (g) that the medical staff member's medical staff appointment be suspended or terminated; or
- (h) such other action as the Peer Review Committee may determine appropriate in the circumstances.

(3) The Chief of Discipline shall review the report of the Peer Review Committee, and consider whether the conclusions and recommendations contained therein are complete or require further investigation. The Chief of Discipline may in its discretion refer the complaint back to the Peer Review Committee for such further investigation as may be necessary to ensure a complete report. In the event that it decides to refer the complaint back to the Peer Review Committee, then the Chief of Discipline shall prescribe as short a time frame for completion of the Committee's report as the Chief of Discipline considers appropriate in the circumstances. The Chief of Discipline shall, within ten (10) business days following confirmation that the report is complete, deliver the report to the medical staff member, the VP Medical Services and the Chief Executive Officer.

49 Chief Executive Officer Decision

(1) Upon consideration of the report of the Peer Review Committee, the Chief Executive Officer shall, in consultation with the VP Medical Services, accept or reject the report of the Peer Review Committee.

(2) The Chief Executive Officer shall deliver his or her decision to the medical staff member within twenty (20) business days following receipt of the Peer Review Committee report.

(3) The decision of the Chief Executive Officer shall include a notice advising the medical staff member that he or she may appeal the decision in accordance with the procedures set out in Part X.

(4) In the event that the decision of the Chief Executive Officer rejects the report of the Peer Review Committee, such decision shall also include his or her reasons for such rejection.

(5) The Chief of Discipline shall have authority, in consultation with the VP Medical Services, to take all appropriate remedial, corrective and preventative actions to ensure maintenance, development or improvement of any quality of care standards arising out of a report of the Peer Review Committee, and all actions so taken by the Chief of Discipline shall be final and binding upon the medical staff member.

50 Disciplinary Procedure Governing Professional Conduct Stream

(1) A notification from any source in respect of the medical staff member alleging conduct that, if proven, would demonstrate one or more instances of behaviour contemplated for investigation and possible sanction pursuant to be the Harassment Policy of the Regional Health Authority as from time to time amended, shall not constitute a complaint for the purpose of this Part, but shall be referred for investigation in accordance with the Harassment Policy.

(2) the following shall, without limitation, constitute a complaint for all purposes of Section 50 to 56 inclusive:

- (a) a notification that one or more instances of professional misconduct have been identified in the course of an annual or regular scheduled review of a medical staff member, and remedial action has not been taken by the medical staff member;
- (b) a notification that one or more instances of professional misconduct have been identified respecting a medical staff member during the course of an internal quality assurance review, and remedial action has not been taken by the medical staff member;

- (c) notification from any source in respect of the medical staff member alleging conduct that, if proven, would demonstrate one or more instances of:
 - (i) breach of these Bylaws, any rules and regulations, or policies and procedures of the Regional Health Authority, or any applicable statute or regulation;
 - (ii) failure to cooperate with any appointment, reappointment or discipline process established in these Bylaws,
 - (iii) failure to comply with any condition imposed upon the member arising out of a disciplinary process described in this Part,
 - (iv) failure to take any remedial step imposed upon the member pursuant to any peer review assessment or alternative dispute resolution process, or
 - (v) failure to undertake or maintain mutually agreed administrative, clinical teaching or research commitments;
- (d) a notification from any source that the College has concluded any proceeding against the medical staff member prescribed by the *Medical Act, 2005*, as from time to time amended, in respect actions or omissions described in the *Medical Act, 2005*, as from time to time amended, as constituting “conduct deserving of sanction”, that has resulted in the revocation of, or any limitation to, the licensure of the medical staff member; or
- (e) the VP Medical Services or delegate has confirmed an immediate suspension of the medical staff member’s appointment or privileges in accordance with Section 57(2)(b).

(3) In the event of a conflict between the operation of any one or more of Sections 50(2)(a), (b) or (c) and those provisions of the CMA Code of Ethics that pertain directly to a physician’s obligations in regard to patient advocacy, those provisions of the CMA Code of Ethics shall prevail.

(4) Any Physician Leader, the VP Medical Services and the Chief Executive Officer may receive a complaint against a medical staff member in respect of any matter set out in Section 50(2). A complaint shall be in writing outlining in detail the concerns regarding the medical staff member.

(5) The Physician Leader, VP Medical Services and Chief Executive Officer shall advise each other as soon as practically possible if any of them receives a complaint against a medical staff member in respect of any matter set out in Section 50(2).

(6)The VP Medical Services or delegate shall advise the medical staff member of the nature of the complaint, and the medical staff member shall be given an opportunity to present relevant oral and/or written information concerning the subject matter of the complaint on his or her own behalf within ten (10) business days of his or her receipt of the complaint.

(7)Following such consultation with the Physician Leader as he or she may deem necessary, the VP Medical Services shall determine whether a further inquiring is necessary and if so, shall initiate such inquiry. The VP Medical Services may conduct such inquiry personally or delegate such inquiry to others, including without limitation one or more external consultants.

(8)The VP Medical Services shall review and discuss the results of any initial inquiry with the medical staff member and shall:

- (a) if the complaint has been determined to be unsubstantiated or does not warrant further steps, advise the medical staff member; or
- (b) if the complaint has been determined to be substantiated:
 - (i) refer the complaint to an Investigations Committee, or
 - (ii) with the consent of the medical staff member, initiate the alternative dispute resolution process set out in Section 50(7).

(9)An alternative dispute resolution process initiated pursuant to Section 50(8)(b)(ii) shall be conducted, on a without prejudice basis to the parties thereto, in the following manner:

- (a) the Chief Executive Officer 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 Medical Services shall refer the complaint and all particulars thereof to the Investigations Committee;
- (b) all communications during the alternative dispute resolution process other than the proposed resolution are confidential and shall not be disclosed in any subsequent disciplinary proceedings, except as may be required by law;
- (c) if the matter is resolved through the alternative dispute resolution process:
 - (i) 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;

- (ii) the proposed resolution shall be submitted to the Chief Executive Officer for consideration in consultation with the VP Medical Services; and
- (iii) if the proposed resolution is approved by the Chief Executive Officer, the approved resolution shall be disclosed in any subsequent disciplinary proceeding; and
- (d) 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.

(10) In the event that:

- (a) the matter is not resolved through the alternative dispute resolution process; or
- (b) the proposed resolution reached in the alternative dispute resolution process is not approved by the Chief Executive Officer;

then the VP Medical Services shall refer the complaint and all particulars thereof to an Investigations Committee.

(11) The VP Medical Services shall advise the College in the event that the alternative dispute resolution process results in any one or more of the following:

- (a) the medical staff member's privileges being modified, suspended or revoked; or
- (b) the member's medical staff category being modified; or
- (c) the member's medical staff appointment being suspended or terminated.

(12) Notwithstanding any provision of Sections 50(3) to (9) inclusive, in the event that the VP Medical Services or delegate has confirmed an immediate suspension of the medical staff member's appointment or privileges in accordance with Section 58(1)(c), the complaint shall not require substantiation, and shall be referred directly to an Investigations Committee.

(13) The VP Medical Services shall advise the Physician Leader and the Regional Medical Advisory Committee Chair of the resolution reached pursuant to Section 50(8) or of a referral made pursuant to Section 50(9) or (11).

51 Composition of the Investigations Committee

(1) For the purposes of this Part, the Investigations Committee shall be composed of three or more members that will facilitate a majority vote, at least one of whom shall be appointed by the Chair, Regional Medical Advisory Committee, at least one of whom shall be appointed by the Chief Executive Officer, and at least one member of medical staff acceptable to both the VP Medical Services and the medical staff member. The majority of the Investigations Committee shall select a member of the Investigations Committee to act as Chair.

(2) In the event that a complaint is referred to an Investigations Committee respecting a member who is the Chair, Regional Medical Advisory Committee, the VP Medical Services may appoint that member's delegate to the Investigations Committee.

(3) No person who participated in the alternative dispute resolution process or in the substantiation for a complaint or who conducted an immediate suspension shall be eligible for membership on an Investigations Committee.

(4) In the event that the VP Medical Services and the medical staff member cannot reach agreement upon any aspect of the composition of the Investigations Committee that requires agreement within five (5) business days of the referral pursuant to Section 50(9) or 50(11), then the Chief Executive Officer shall appoint a sole arbitrator to determine the issue, and the determination of the arbitrator shall be final and binding upon the VP Medical Services and the medical staff member.

(5) Any member of the Investigations Committee who resigns from his or her office prior to the conclusion of the Committee's mandate hereunder may continue to be a member of the Investigations Committee, but only for the purposes of completing the mandate. No additional member may be added to the Investigations Committee upon commencement of its mandate.

(6) If the nature of the complaint raises issues of quality assurance, then an Investigations Committee constituted pursuant to these Bylaws shall conduct its inquiries, deliberations, reports and communications in a confidential manner, and a Committee so constituted shall constitute a "Quality Assurance Committee" within the meaning of the *Evidence Act*, as from time to time amended.

52 Referral to Investigations Committee

(1) In the event that the VP Medical Services refers a complaint to an Investigations Committee, the VP Medical Services shall notify the medical staff member in writing of such referral.

(2) The VP Medical Services 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.

53 Investigations Committee Process

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

- (a) the particulars of the complaint;
- (b) the time frame established by the Investigations Committee for the conclusion of its deliberations;
- (c) the right of the medical staff member to meet personally with and make representations to the Investigations Committee, and to attend such meeting with a colleague or counsel;
- (d) the right of the medical staff member to examine any written information or report provided or obtained in relation to the complaint;
- (e) the right of the member to respond to any oral information or report provided or obtained in relation to the complaint; and
- (f) that if the medical staff member does not wish to meet with the Investigations Committee, the Investigations Committee may proceed with consideration of the complaint in his or her absence.

(2)The medical staff member shall be given full opportunity to respond to each allegation contained in the complaint. The Investigations Committee may decide in its discretion whether the complainant shall be afforded an opportunity to present additional oral or written information concerning the subject matter of the complaint.

54 Investigations Committee Report

(1)The Investigations Committee shall, within twenty (20) business days following completion of its deliberations, prepare and deliver a report of its findings and recommendations to the medical staff member, the VP Medical Services and the Chief Executive Officer. In the event that any member of the Investigations Committee disagrees with the report in any respect, he or she shall within the same time frame deliver to the medical staff member, the VP Medical Services and the Chief Executive Officer a report setting out all areas of disagreement with such findings and recommendations.

(2)The Investigations Committee’s report respecting the medical staff member shall include one or more of the following recommendations, without limitation:

- (a) that no disciplinary action is appropriate in the circumstances;

- (b) that the medical staff member be required to undertake such other remedial measures as the Investigations Committee may determine appropriate in the circumstances to address any allegation that gave rise to the complaint;
- (c) that the medical staff member's privileges be modified, suspended or revoked;
- (d) that the medical staff member's medical staff category be modified;
- (e) that the medical staff member's medical staff appointment be suspended or terminated; or
- (f) such other action as the Investigations Committee may determine appropriate in the circumstances.

55 Chief Executive Officer Decision

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

56 Notification of Chief Executive Officer Decision

(1)The Chief Executive Officer shall deliver his or her decision to the medical staff member within twenty (20) business days following receipt of the Investigations Committee report.

(2)The decision of the Chief Executive Officer shall include a notice advising the medical staff member that he or she may appeal the decision in accordance with the procedures set out in Part X.

(3)In the event that the decision of the Chief Executive Officer modifies or rejects the report of the Investigations Committee, such decision shall also include his or her reasons for such modification or rejection.

(4)The Chief of Discipline shall have authority, in consultation with the VP Medical Services, to take all appropriate remedial, corrective and preventative actions to ensure maintenance, development or improvement of any quality of care standards arising out of a report of the Investigations Committee, and all actions so taken by the Chief of Discipline shall be final and binding upon the medical staff member.

PART IX IMMEDIATE SUSPENSION

57 Immediate Suspension of Appointment or Privileges

(1) All medical staff members are subject to the provisions of this Part.

(2) Notwithstanding anything otherwise set out in these Bylaws, and no less restrictive measure can be taken, the VP Medical Services or delegate may immediately suspend the appointment or privileges of a medical staff member, or both appointment and privileges, in circumstances where in the opinion of the VP Medical Services or delegate:

- (a) the conduct, performance or competence of a medical staff member, whether within or outside the Regional Health Authority, exposes, or is likely to expose, one or more patient, client, resident, staff member or employee of the Regional Health Authority or other person to harm or injury, or is likely to be, detrimental to the delivery of quality patient, client or resident care provided by the Regional Health Authority; and
- (b) immediate action must be taken to protect one or more patient, client, resident, staff member or employee of the Regional Health Authority or other person, to avoid detriment to the delivery of quality patient, client or resident care.

(3) The VP Medical Services or delegate shall advise the medical staff member of the suspension.

(4) Within forty-eight (48) hours of the immediate suspension, the Vice President Medical Service or delegate who suspended the medical staff member shall provide the medical staff member with written reasons for the suspension.

(5) The VP Medical Services or delegate, with the assistance and cooperation of the medical staff member, shall immediately appoint another member of the active medical staff to assume responsibility for the care of all of the patients, clients or residents of the suspended medical staff member within the facilities of the Regional health authority as required.

(6) The VP Medical Services or delegate shall notify the College of suspension, without reasons.

58 Confirmation or Cancellation of Suspension

(1) The VP Medical Services or delegate shall, within five (5) business days of the immediate suspension, investigate and consider the circumstances giving rise to the immediate suspension and the representations of the medical staff member, if any, and decide whether to:

- (a) cancel the immediate suspension; or
- (b) extend the immediate suspension for a specified period of time or until the conclusion of a specified event; or
- (c) confirm the immediate suspension and refer the matter as a complaint to either the Peer Review Committee pursuant to Section 43 or to the Investigations Committee pursuant to Section 49.

59 Notification of Decision

(1)The VP Medical Services or delegate shall deliver his or her decision together with reasons to the medical staff member within five (5) business days following the rendering of the decision.

(2)The decision shall include a notice advising the medical staff member that if he or she is aggrieved by the decision, the medical staff member may appeal that decision in accordance with the procedures set out in Part X.

PART X APPEALS

60 Grounds for Appeal

(1) An appeal of a decision by the Chief Executive Officer may be made by a member whose appointment or privileges have been cancelled, suspended, modified, or not renewed.

(2) A medical staff member may appeal:

- (a) a decision made by the Chief Executive Officer pursuant to Section 48 or Section 55; or
- (b) a decision made by the VP Medical Services or delegate pursuant to Section 57.

61 Appeal Notice

(1) In respect of an appeal contemplated by Section 59(1), the VP Medical Services shall notify the member in writing of his or her right to appeal, of the procedures governing the appeal and of the right to be represented at the appeal hearing.

(2) In respect of an appeal contemplated by Section 59(2)(a), the notice to the member shall contain the information set out in Part VIII.

(3) In respect of an appeal contemplated by Section 59(2)(b), the notice to the member shall contain the information set out in Section 58.

62 Appeal Process

(1) The Notice of Appeal by the medical staff member must be provided in writing to the Chief Executive Officer within thirty (30) days of his or her receipt of notification of the process for appeal pursuant to Section 60.

(2) The appeal hearing shall be conducted within thirty (30) days of the receipt by the Chief Executive Officer of the Notice of Appeal, or within such other time as the medical staff member and the Chief Executive Officer may agree on.

(3) The medical staff member may, on request, present his or her case with or without counsel at the appeal hearing before the Board or such committee of the Board as may be appointed for the purpose of hearing the appeal.

(4) For the purposes of preparing for an appeal of a decision rendered under Parts VI or VII of these Bylaws, the medical staff member may, on request, review and receive copies of the recommendations of the Regional Medical Advisory Committee and/or the

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

(5)At the appeal hearing of a decision rendered under Parts VI and VII of these Bylaws, the Board or if a subcommittee of the Board is appointed for that purpose, that subcommittee may invite representatives from the Regional Medical Advisory Committee and/or another relevant committee or the delegated representatives from such committees to present the position of these committees.

(6)At the appeal hearing of a decision rendered under Parts VIII of these Bylaws, the Board or if a subcommittee of the Board is appointed for that purpose, that subcommittee may invite the complainant, if any, to present his or her position.

(7)A two-thirds majority decision of the Board or such Committee of the Board as appointed for the purpose of hearing the appeal shall be final and binding.

63 Appeal Decision

(1)After completion of the appeal hearing, the Board, or if a committee of the Board is appointed, then that committee, shall within thirty (30) days of such hearing render a decision in the matter, which decision shall be final and not subject to further appeal or other review within the Regional Health Authority. The decision along with written reasons shall be forwarded to the medical staff member in writing within five (5) business days of rendering the decision.

(2)The Board or committee of the Board shall ensure that a copy of the decision and written reasons is provided to the Chief Executive Officer and the VP Medical Services and the Regional Medical Advisory Committee within five (5) business days after rendering the decision.

(3)Appointments and privileges reduced, suspended, modified, cancelled or terminated during the term of appointment shall remain reduced, suspended, modified, cancelled or terminated until the Board or committee of the Board reaches a final decision in the appeal.

64 Legal Recourse

Nothing in these Bylaws limits or restricts any other legal recourse including the right to seek judicial review that is available to an individual under the *Regional Health Authorities Act and Regulations*, or any other applicable law.

PART XI GENERAL PROCEDURES

65 Requirement to Provide Information

(1)The Chief Executive Officer, VP Medical Services or Physician Leader may, at any time, request information and explanations from a medical staff member relating to any matter contained in these Bylaws.

(2)Upon receipt of a written request pursuant to Section 64(1), a medical staff member shall:

- (a) 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;
- (b) provide originals or certified copies of documents requested, if originals are requested or legible copies of documents if copies are requested; and
- (c) provide a printed or electronic record if the requested information or documents are stored in an electronic computer storage form or similar form.

(3)A medical staff member shall provide the requested information within fourteen (14) days of receipt of the request, or such additional time as the Chief Executive Officer, VP Medical Services or a Chief of Discipline may grant for the response.

66 Conflict of Interest

(1)Any medical staff member who has a conflict of interest or possible conflict of interest shall disclose such conflict to the VP Medical Services at the earliest opportunity where that medical staff member is involved:

- (a) in making recommendations to Chief Executive Officer on any matter; or
- (b) in considering or recommending any applicant for appointment, reappointment, privileges or discipline.

(2)The VP Medical Services, in keeping with applicable law, rules and regulations and 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.

67 Bias

(1) In all proceedings before the Chief Executive Officer or the VP Medical Services according to these Bylaws, he or she shall not have taken part in any discussion or review of the subject matter of the investigation, other than reviewing written submissions, if any, made under Section 43(1), 43 (2), or 49(1), 49(2), before the investigation takes place and shall not directly or indirectly communicate on the subject matter of the investigation with anyone involved in the investigation before the investigation takes place.

(2) The Vice President or the VP Medical Services shall not have any personal or professional interest, directly or indirectly, in the outcome of the proceedings.

PART XII AMENDMENTS

68 Amendments

(1) Amendments to these Bylaws may be proposed by:

- (a) the Local/Regional Medical Advisory Committee;
- (b) the VP Medical Services;
- (c) the Medical Staff Association President;
- (d) the Chief Executive Officer.

(2) An amendment proposed pursuant to Section 67 (1)(a), (b) or (c) shall be presented to the Chief Executive Officer for consideration.

(3) In considering modifications to Bylaws, every effort will be made to do so by consensus between the Health Authority Chief Executive Officer and a physician-designated representative who shall be a member of the medical staff of Western Health. If consensus is not achievable within ninety (90) days the matter will be brought forward to the Board and the physician representative will be afforded an opportunity to make representations to the Board.

(4) The Board has the authority to make the final decision with respect to Bylaws.

**PART XIII
ADOPTION AND APPROVAL**

69 Adoption of Bylaws

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

70 Transitional Provisions Required

(1)The replacement of a Medical Staff Bylaw does not:

- (a) affect the previous operation of the replaced Bylaw or anything done or permitted according to it;
- (b) affect a right or obligation acquired under the replaced Bylaw;

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

71 Approval

ADOPTED by the Western Regional Health Authority the 20th day of October 2011.



Chief Executive Officer

Appendix A

Regional Medical Advisory Committee

The Composition of the Regional Medical Advisory Committee shall be:

- (1) Independent Chairperson
- (2) The Chairperson of each Local Medical Advisory Committee:
 - (a) Burgeo
 - (b) Bonne Bay
 - (c) Corner Brook
 - (d) Port aux Basques
 - (e) Port Saunders
 - (f) Stephenville
- (3) The Chiefs of Disciplines
- (4) Two Vice Presidents
 - (a) Secondary Services (ex officio)
 - (b) Long Term Care/Rural Health (ex officio)
- (5) Chief Executive Officer (ex officio)
- (6) VP Medical Services (ex officio)
- (7) Regional Director Medical Services (ex officio)

Appendix B

Local Medical Advisory Committee

The composition of the Local Medical Advisory Committee shall be:

- (1) Medical representatives of disciplines and/or divisions and/or area/regions within the site
- (2) Administrative representatives of disciplines and/or divisions within the site (ex officio)
- (3) Discipline Chairs (where appropriate)
- (4) Senior administrative representation from the site to include applicable Vice Presidents, site directors and site clinical chiefs
- (5) President of the Medical Staff Association
- (6) Vice President of the Medical Staff Association