



MEDICAL STAFF BYLAWS

FRASER HEALTH AUTHORITY

JANUARY 2, 2013

TABLE OF CONTENTS

TABLE OF CONTENTS	2
INTRODUCTION	4
PREAMBLE	5
ARTICLE 1. – DEFINITIONS	7
ARTICLE 2. – PURPOSE OF THE MEDICAL STAFF BYLAWS AND ORGANIZATION.....	10
2.1. General Purpose of the Bylaws.....	10
2.2. Purpose of the Medical Staff Organization	10
2.3. Code of Ethics	11
ARTICLE 3. – MEMBERSHIP AND APPOINTMENT	12
3.1. Terms of Appointment.....	12
3.2. Criteria for Membership	12
ARTICLE 4. – APPOINTMENT AND REVIEW PROCEDURES	14
4.1. Procedure for Appointment	14
4.2. Burden of Providing Information.....	15
4.3. Process for Application	16
4.4. Procedure for Review	17
4.5. Process for Review	18
4.6. Changes to Appointment and/or Privileges	18
4.7. Maintenance of Membership.....	19
ARTICLE 5. – RESPONSIBILITY FOR PATIENT CARE.....	20
5.1. Admission	20
5.2. Treatment of Patients.....	20
5.3. Access to information.....	20
ARTICLE 6. – CATEGORIES OF MEDICAL STAFF	21
6.1 Preamble	21
6.2 Provisional Medical Staff.....	21
6.3 Active Medical Staff	22
6.4 Associate Staff.....	22
6.5 Consulting Staff	23
6.6 Temporary Staff	24
6.7 Locum Tenens Staff.....	24
6.8 Dental Staff.....	25
6.9 Midwifery Staff	25
6.10 Nurse Practitioner Staff.....	26
6.11 Scientific and Research Staff	27

6.12 Honorary Staff.....	27
ARTICLE 7. - ORGANIZATION OF MEDICAL STAFF	28
7.1. Regional Departments	28
7.2. Responsibilities of the Regional Department Head	28
ARTICLE 8. – THE HEALTH AUTHORITY MEDICAL ADVISORY COMMITTEE	29
8.1. Purpose	29
8.2. Composition.....	29
8.3. Duties	30
ARTICLE 9. – THE MEDICAL ADVISORY COMMITTEE STRUCTURE	33
9.1. General Principles.....	33
9.2. Relationship Between HAMAC and Other Medical Staff Committees.....	33
ARTICLE 10. – MEDICAL STAFF ASSOCIATION.....	33
10.1. General Principles.....	33
10.2. Duties of Elected Officers	34
ARTICLE 11. – DISCIPLINE AND APPEAL	34
11.1. General Principles.....	34
11.2. Process of Disciplinary Action	35
ARTICLE 12. – MEDICAL STAFF RULES	38
ARTICLE 13. – APPROVAL OF BYLAWS	39

INTRODUCTION

The establishment of regional health authorities provided a unique opportunity to revisit the principles and assumptions surrounding medical staff organization and process. In the past, much of the discussion relating to medical staff organization and process has focused on procedural issues related to bylaws, namely, privileging, appointment, reappointment and discipline. At the same time there has been limited attention to developing organizational structures and processes that support the development of an environment that contributes to a quality management agenda at the facility that is integrated at a regional level as a system that involves practitioner, allied staff, management and Board participation, regional and system level on a continuous basis with the participation of board, management, practitioners and other staff.

Regional health authorities are responsible for ensuring the quality of care and services within their health region. This includes having systems in place to monitor and report on quality issues and concerns.

Quality management at the medical staff (practitioner) level is one facet of the larger quality agenda. It is important to recognize the interdependent relationships between the board, management, practitioners, patients and the public, as opposed to relying on traditional structures and processes that assign to each group separate and unrelated activities. Recognizing this interdependence of groups and their functions will facilitate progress on advancing the quality agenda.

The medical staff bylaws incorporate the following principles:

- Address the key elements of appointment, reappointment, privileging and discipline that all regional health authorities are required to follow
- Incorporate permissive language that will allow regional health authorities to
 - 1) Balance obligations to address issues of risk management and patient safety while at the same time ensuring the principles of due process/procedural fairness are maintained
 - 2) Address concerns with respect to physician advocacy and ongoing liaison with regional health authorities and their management teams

PREAMBLE

This Document presents bylaws for the medical staff of facilities and programs operated by the Fraser Health Authority.

These bylaws are promulgated by the Board of Directors of the Fraser Health Authority pursuant to the authority and requirements of the *Hospital Act* and its *Regulation*, and the *Health Authorities Act*. Bylaws for the medical staff are a description of the relationship and the responsibilities between the Board of Directors and individual members of the medical staff acting collectively as the medical staff organization.

Bylaws set out the conditions under which members of the medical staff serve the facilities and programs operated by the Health Authority, provide patient care, and offer medical, dental, midwifery and nurse practitioner practice advice to the Board of Directors.

The Board's obligation to patient care includes supporting the medical staff through the provision of adequate and appropriate resources.

The Board of Directors grants privileges to appropriately qualified medical staff practitioners in the facilities and programs operated by the Fraser Health Authority.

The Board of Directors employs the Chief Executive Officer to oversee the conduct of the day-to-day affairs of the facilities and programs operated by the Health Authority and to ensure effective operation.

The medical staff practitioners must be organized in conformity with these bylaws, the Medical staff rules and Medical staff policies and procedures.

The Board of Directors is ultimately accountable for the quality of care and provision of appropriate resources in the facilities and programs operated by the Health Authority. This accountability is delivered via the Chief Executive Officer (CEO) who is the Board of Directors' representative as outlined in the *Hospital Act* Regulation section 3(1).

The members of the medical staff are responsible to the Regional Department Head to which they are assigned for the quality of medical care in the facilities and programs operated by the Fraser Health Authority.

Members of the medical staff are required to adhere to, and are offered the protections of, the *Freedom of Information and Protection of Privacy Act* and other applicable legislation respecting personal privacy.

The Hospital Appeal Board, established under the *Hospital Act* exists for the purpose of hearing and ruling on practitioners appeals regarding...

- (a) a decision of the Board that modifies, refuses, suspends, revokes or fails to renew a practitioner's appointment and /or privileges

- (b) the failure or refusal of the Board to consider and decide on an application for an appointment and/or privileges.

A practitioner may appeal to the Hospital Appeal Board if...

- (a) the practitioner is dissatisfied with the decision of the Board
- b) the Board fails to notify the practitioner of its decision within the prescribed time.

A practitioner who wishes to appeal to the Hospital Appeal Board is not required to first proceed by way of an application to the Board.

ARTICLE 1. – DEFINITIONS

Affiliation Agreement: An agreement between the Board of Directors of FHA and the Board of Governors of a post-secondary educational institution.

Appointment: The process by which a Physician, Dentist, Midwife or Nurse Practitioner becomes a Member of the Medical Staff of the FHA. Appointment does not constitute employment.

Board: The Board of Directors of the FHA which is the governing body of the FHA.

Chief Executive Officer (CEO) / President: The person engaged by the FHA to provide leadership to the FHA. This individual is responsible for management of the Hospitals and other facilities and Programs operated by the FHA in accordance with the bylaws, rules and policies

Credentials: Refers to the documents that present qualifications, professional education and training, clinical experience and experience in leadership, research, education, communication and teamwork that contribute to the Medical Staff member's competence, performance and professional suitability to provide safe, high quality healthcare services.

Dentist: A Member of the Medical Staff who is duly licensed by the College of Dental Surgeons of British Columbia and who is entitled to practice dentistry in British Columbia.

Executive Medical Director: The Physician, appointed by FHA and accountable to the VP Medicine, to provide professional leadership for co-ordination and direction of medical care within a group of Programs.

Facility: A health care facility owned and operated by FHA including those subject to the *Hospital Act* and Regulation of British Columbia.

Head of Department (local): The member of the medical staff in each facility or community program where the regional department operates, appointed by the Board and responsible to the Regional Department Head. The Head of Department (local) is responsible for coordinating functions of the regional department in that facility or community program and will be a member of the Multidisciplinary Healthcare Coordinating Committee

Health Authority Medical Advisory Committee (HAMAC): The advisory committee to Health Authority on medical, dental, midwifery and nurse practitioner practice matters

Hospital Act and Regulation: The *Hospital Act*, [RSBC 1996] Ch. 200 and associated Regulation, as amended or replaced from time to time.

Medical Care: For the purposes of this document, Medical Care includes the clinical services provided by Physicians, Dentists, Midwives and, Nurse Practitioners.

Medical Staff: The physicians, dentists, midwives and nurse practitioners who have been granted privileges by the Board to practise in the facilities and Programs owned or operated by the Health Authority.

Medical Staff Association: The organization established pursuant to Article 10 of the Bylaws.

Medical Staff Bylaws (Bylaws): The Bylaws promulgated by the Board pursuant to the Authority of the *Hospital Act* and its Regulation governing the relationship and responsibilities between the Board and Medical Staff, and the organization and conditions of practice of the Medical Staff in the facilities and Programs owned or operated by the Health Authority.

Medical Staff Rules (Rules): The Rules approved by the Board governing the day-to-day obligations of the Medical Staff in the facilities and Programs owned or operated by the Health Authority..

Member: A Physician, Dentist, Midwife or Nurse Practitioner appointed to the Medical Staff of FHA.

Midwife: A Member who is duly licensed by the College of Midwives of British Columbia and who is entitled to practice midwifery in British Columbia.

Nurse Practitioner : A member of the medical staff who is duly licensed by the College of Registered Nurses of British Columbia and who is entitled to practise nursing as a nurse practitioner in British Columbia.

Oral and Maxillofacial Surgeon: A dentist who holds a specialty certificate from the College of Dental Surgeons of British Columbia authorizing practise in oral and maxillofacial surgery.

Physician: A Member who is duly licensed by the College of Physicians and Surgeons of British Columbia and who is entitled to practice medicine in British Columbia.

Practitioner: A physician, dentist, midwife or nurse practitioner appointed to the Medical Staff of the Health Authority.

President of Medical Staff: An elected officer of the Medical Staff Association.

Primary Regional Department: The Regional Department to which a Member is appointed according to his/her training, and within which the Member delivers the majority of care to patients.

Privileges: The right granted by the Board to Members to provide specific types of medical care within the facilities and programs of the Health Authority. Privileges are differentiated into:

- **Core Privileges:** Those activities or procedures which are permitted by virtue of possessing a defined set of credentials usually obtained as part of a standard training program.

- **Non-Core Privileges:** Those activities and procedures which are outside of the core privileges, that require specific training or certification or reflect advances in medical practice not currently reflected in core privileges

Program: An ongoing care delivery system under the jurisdiction of FHA for coordinating a specified type of patient care.

Regional Department: A major subunit of the Medical Staff composed of members with common clinical or specialty interest.

Regional Department Head: The Member accountable to the Program Medical Director and responsible for the operation of and quality of care within a Regional Department.

Regional Division: A component of a Regional Department composed of members with a clearly defined sub-specialty interest.

Regional Division Head: A Member of Medical Staff appointed by the Board and responsible to the Regional Department Head. The Regional Division head is responsible for co-ordinating the operation of and quality of care within a Regional Division.

Regulation: The Regulation to the Hospital Act of BC.

Vice President Medicine: The Physician, appointed by the CEO, responsible for the coordination and direction of the activities of the Medical Staff.

Year: The fiscal year adopted by the FHA, defined currently as April 1 of a given year to March 31 of the following year.

ARTICLE 2. – PURPOSE OF THE MEDICAL STAFF BYLAWS AND ORGANIZATION

2.1. GENERAL PURPOSE OF THE BYLAWS

- 2.1.1. To provide a structure for the organization, governance, management and administration of the medical staff within the health authority
- 2.1.2. To promote the provision of quality health care in the programs of the Health Authority.
- 2.1.3. To govern the procedures for the appointment, reappointment, suspension and termination of the appointment of medical staff (practitioners)
- 2.1.4. To govern procedures for the discipline of members of the medical staff
- 2.1.5. To provide a means of granting privileges to members of the medical staff, including the amendment, suspension or revocation thereof
- 2.1.6. To provide a means for effective and efficient communication between the medical staff, the health authority and the management within the health region
- 2.1.7. To provide for medical staff input into policy, planning and budget decisions of the health authority

2.2. PURPOSE OF THE MEDICAL STAFF ORGANIZATION

- 2.2.1. To act in an advisory capacity to the Board of Directors of the Fraser Health Authority, in the manner provided in the Hospital Act and the Regulation, and these Bylaws and the Rules.
- 2.2.2. To be accountable for the quality of medical care provided in the programs and facilities of the Health Authority.
- 2.2.3. To assist in providing adequate and appropriate documentation for the purpose of maintaining a health record for each patient.
- 2.2.4. To participate in relevant activities including but not limited to: quality improvement; risk assessment and management; resource utilization; education and research; program development and evaluation.
- 2.2.5. To promote a high level of professional performance by all practitioners authorized to practice in the Health Authority.

2.3. CODE OF ETHICS

- 2.3.1. The professional conduct of the members of the medical staff practitioners is governed by each profession's Code of Ethics: for physicians, the Code of Ethics as defined by the College of Physicians and Surgeons of B.C. including, but not limited to, the Code of Ethics adopted by the Canadian Medical Association; for dentists, the Code of Ethics in the Rules under the Dentists Act adopted by the College of Dental Surgeons of B.C; for midwives, the Code of Ethics in the Bylaws of the College of Midwives of B.C. and for nurse practitioners, the Code of Ethics of the College of Registered Nurses of B.C.

ARTICLE 3. – MEMBERSHIP AND APPOINTMENT

3.1. TERMS OF APPOINTMENT

- 3.1.1. The Board of Directors shall appoint a medical staff.
- 3.1.2. The Board, on the advice of the Health Authority Medical Advisory Committee, shall from time to time establish criteria for appointment to the medical staff and for review of that appointment on a regular basis. Such criteria are detailed in the Medical Staff Rules.
- 3.1.3. The Board of Directors may make allowance for site-specific and/or program-specific privileges.
- 3.1.4. The Board of Directors has authority over an appointment and the cancellation, suspension or restriction of an appointment to the medical staff.
- 3.1.5. An appointment to the medical staff is dependent on the human resource requirements of the facilities and programs operated by the Health Authority and on the needs of the population served by the Health Authority. Each appointment is contingent upon the ability of Health Authority's resources to accommodate the appointment.
- 3.1.6. The Board of Directors must, except in response to disciplinary procedure, patient safety issue or quality of medical care issue, give a member of the medical staff twelve months notice of termination of that member's appointment.
- 3.1.7. The Board will give a member of the medical staff twelve months notice of any program or facility closure that will prevent the member from practicing within the Health Authority.

3.2. CRITERIA FOR MEMBERSHIP

- 3.2.1. Only an applicant licensed to practice medicine and a member in good standing of the College of Physicians and Surgeons of B.C., or licensed to practice dentistry and a member in good standing of the College of Dental Surgeons of B.C., or licensed to practice midwifery and a registrant in good standing of the College of Midwives of B.C. or licensed to practice nursing as a nurse practitioner and a registrant in good standing of the College of Registered Nurses of B.C. licensed as a nurse practitioner and is a member in good standing of the College of Registered Nurses of B.C is eligible to be a member of and appointed to the medical staff.

- 3.2.2. The applicant must:
- 3.2.2.1. demonstrate the ability to provide patient care at an appropriate level of quality and efficiency
 - 3.2.2.2. have adequate training and experience for the privileges requested
 - 3.2.2.3. produce evidence of current membership in the Canadian Medical Protective Association (CMPA) or professional liability insurance coverage in the category appropriate to the practice of the member of the medical staff, which is subject to approval by the Board of Directors
 - 3.2.2.4. demonstrate the ability to communicate and work with colleagues and staff in a cooperative and professional manner
 - 3.2.2.5. provide documentation of experience and competence from any previous hospital/facility appointments
- 3.2.3. The applicant must agree to be governed by the requirements set out in these bylaws, the medical staff rules, and policies, and, where applicable, affiliation agreements.
- 3.2.4. The applicant must disclose any physical or mental impairment that affects or may affect the proper exercise by the applicant of the necessary skill, ability and judgment to deliver appropriate patient care.
- 3.2.5. The Board of Directors, on the advice of the Health Authority Medical Advisory Committee, may establish further criteria from time to time for appointment to the medical staff and for review of that appointment on a regular basis. Such criteria are detailed in the Medical Staff Rules.

ARTICLE 4. – APPOINTMENT AND REVIEW PROCEDURES

4.1. PROCEDURE FOR APPOINTMENT

- 4.1.1. Applicants who express in writing their intention to apply for appointment to the medical staff must be provided with a copy of the Hospital Act and the Regulation and a copy of the medical staff Bylaws and Rules.
- 4.1.2. Applicants for appointment to the medical staff must submit to the office of the CEO one original written application on a specified form together with the documents and information detailed in section 4.1.3.
- 4.1.3. Each completed application must contain:
 - 4.1.3.1. a statement that the applicant has read the Hospital Act and the Regulation, and the Bylaws and Rules of the medical staff
 - 4.1.3.2. an undertaking that, if appointed to the medical staff, the applicant will be governed in accordance with the requirements set out in the bylaws, rules and policies of the medical staff, as established by the Board of Directors from time to time upon the recommendation of the HAMAC.
an undertaking that, if appointed to the medical staff, the applicant will participate in the discharge of medical staff obligations applicable to the membership category to which he/she is assigned
 - 4.1.3.3. an agreement to accept committee assignments and such other reasonable duties and responsibilities as shall be assigned to the member
 - 4.1.3.4. evidence of current membership in CMPA or in an organization with professional liability insurance in the category appropriate to the practice of the member of the medical staff, which is subject to approval by the Board of Directors
 - 4.1.3.5. a list of privileges requested
 - 4.1.3.6. an up-to-date curriculum vitae
 - 4.1.3.7. the names of a minimum of three professional referees who can be contacted by the health authority. Where possible, one should be the Chief of Staff or Senior Medical Administrator of the organization in which the applicant has most recently worked (and/or the Post Graduate Program Director, in the case of an applicant who has recently completed post graduate training).

4.1.3.8. information on any civil suit relating to the applicant's professional practice where there was a finding of negligence or battery, or where a monetary settlement was made on behalf of the applicant

4.1.3.9. information on any physical or mental impairment or health condition that affects, or may affect, the proper exercise by the applicant of the necessary skill, ability and judgment to deliver appropriate patient care

4.1.3.10. a signed consent authorizing the Board of Directors to obtain:

- a Certificate of Professional Conduct from the College of Physicians and Surgeons of B.C., the College of Dental Surgeons of B.C. the College of Midwives of B.C. or the College of Registered Nurses of B.C;
- in the case of an applicant from outside B.C., a Certificate of Professional Conduct from the licensing body under whose jurisdiction the applicant was in practice and a letter from the appropriate B.C. College confirming eligibility for a license
- reports on any action taken by a College disciplinary committee
- reports on privileges that have been curtailed or cancelled by any medical, dental, midwifery or nurse practitioner licensing authority or by any hospital or facility because of incompetence, negligence or any act of professional misconduct.

4.1.4. Under special or urgent circumstances, the CEO, a Regional Department Head or Executive Medical Director may grant temporary appointments and temporary privileges. Such appointments and privileges with specific conditions are for a designated purpose and period of time. These appointments and privileges must be ratified or terminated by the Board of Directors at its next meeting.

4.2. BURDEN OF PROVIDING INFORMATION

4.2.1. The applicant shall have the burden of producing adequate information for a proper evaluation of his/her competence, character, ethical conduct, and other qualifications.

4.2.2. Until the applicant has provided all the information requested by the Health Authority, the application for appointment will be deemed incomplete and will not be processed. If the requested information is not provided within 60 days, the application is deemed withdrawn.

- 4.2.3. The applicant shall notify the Health Authority in writing in the event that additional information relevant to the application becomes available after the initial application form was completed.

4.3. PROCESS FOR APPLICATION

- 4.3.1. The CEO will refer the original completed application promptly to ,the Regional Department Head as described in Medical Staff Rules.
- 4.3.2. Each completed application shall be investigated in accordance with the criteria for membership of the medical staff as set out in Section 3.2, and in consideration of the medical human resource requirements of, and the impact that granting privileges would have on, the facilities and programs of the health authority.
- 4.3.3. Within 60 days after the date that the Regional Department Head received the application, HAMAC shall review the application and make a recommendation and, in turn, shall notify the Board of Directors of its recommendations regarding the application.
- 4.3.4. In the case of a recommendation for medical staff membership, the HAMAC must specify the membership category and the privileges it recommends for the applicant.
- 4.3.5. The Board of Directors shall review the application, consider the recommendations of the HAMAC, make a decision and notify the applicant and the medical staff in writing within 120 days after the receipt of the completed application by the CEO.
- 4.3.6. If the Board of Directors appoints the applicant to the medical staff, the Board of Directors must specify the membership category, the regional department to which the applicant is assigned, the applicant's primary site and the privileges granted to the applicant.
- 4.3.7. The HAMAC must be advised of the action taken by the Board of Directors at the next regular meeting of the HAMAC.
- 4.3.8. If the Board of Directors fails to make a decision within 120 days of receipt of the completed application by the CEO, or rejects the application, the applicant may appeal to the Board of Directors for a hearing. The Board of Directors must hear and consider the matter at the next Board meeting and advise the applicant in writing of its decision by registered mail within 30 days after the date of the hearing.

4.4. PROCEDURE FOR REVIEW

- 4.4.1. Each member of the medical staff shall have his/her appointment and privileges reviewed on a regular basis as specified in the Rules.
- 4.4.2. Each review of a medical staff member must contain:
 - 4.4.2.1. evidence of current membership in the CMPA or professional liability coverage protection in the category appropriate to the practice of a member of the medical staff, which is subject to approval by the Board of Directors
 - 4.4.2.2. information on any physical or mental impairment or health condition that affects, or may affect, the proper exercise by the member of the necessary skill, ability and judgment, to deliver appropriate patient care
 - 4.4.2.3. evidence of renewal of licensure or registration status with the College of Physicians and Surgeons of B.C., the College of Dental Surgeons of B.C., the College of Midwives of B.C. or the College of Registered Nurses of B.C
 - 4.4.2.4. information on any actions taken by a disciplinary committee of the applicable regulatory college
 - 4.4.2.5. a list of the privileges currently held, and any additional privileges requested
 - 4.4.2.6. information on any civil suit arising out of professional activity where there was a finding of negligence or battery or where a monetary settlement was made on behalf of the member
- 4.4.3. When the review is in process, the appointment and privileges of the member continue until the review has been considered by the Board of Directors and a decision with respect to renewal of appointment and privileges has been made.
- 4.4.4. The review process shall include a regular, in-depth, performance evaluation of the member (at least every three years). The criteria and procedures for an in-depth performance evaluation are described in further detail in Medical Staff Rules.
- 4.4.5. If the Board of Directors decides to alter the privileges of a member for other than a disciplinary issue, patient safety concerns or quality of medical care concerns, that member of the medical staff must be given twelve months notice before privileges are modified or appointment is terminated.

4.5. PROCESS FOR REVIEW

- 4.5.1. Notification of the review process and accompanying documentation must be mailed to each member of the medical staff under review at least 90 days prior to the date on which the review is to be completed.
- 4.5.2. The appropriate Regional Department Head shall consider information provided by each member, and information on the manner in which the member has fulfilled the duties and obligations as a member of the medical staff, and report his/her recommendations to the HAMAC. HAMAC shall notify the Board of Directors of its recommendations regarding the review.
- 4.5.3. If the HAMAC recommends renewal of medical staff membership, it must specify the privileges it recommends for the member.
- 4.5.4. If the HAMAC recommends changes in medical staff membership or privileges, it must specify the membership category and privileges it recommends for the member and notify the member of that recommendation in writing.
- 4.5.5. The Board of Directors shall consider the recommendations made by the HAMAC, make a decision regarding renewal of membership of the practitioner, and notify the member in writing of its decision.
- 4.5.6. The Board of Directors will specify membership category and privileges appropriate to renewal of membership on the medical staff.
- 4.5.7. The HAMAC shall be advised of the actions taken by the Board of Directors at the next regular meeting of the HAMAC.
- 4.5.8. If the Board of Directors decides to terminate the appointment or alter the membership category or privileges of a member, that member must be notified of the right to request a hearing before the Board of Directors (see article 11 of the Bylaws – “Discipline and Appeal”).

4.6. CHANGES TO APPOINTMENT AND/OR PRIVILEGES

- 4.6.1. A request for a change to appointment category or additional privileges or extension of privileges is handled according to the process set out in article 4.3.
- 4.6.2. In the event that a member wishes to resign from the medical staff, change membership category, site(s) or privileges, or substantially reduce the scope of his/her practice within the facilities/programs operated by the health authority, the member must provide 60 days prior written notice to the health authority.
 - 4.6.2.1. The notice requirement is not applicable in circumstances where reduction of privileges or resignation is based upon advice received by

the member from the appropriate Regional Department Head and/or regulatory College.

- 4.6.2.2. The Board of Directors may waive or reduce the notice requirement for a member if satisfied that this requirement would be unreasonable or would cause undue hardship in the circumstances in which notice is being given by the member.

4.7. MAINTENANCE OF MEMBERSHIP

- 4.7.1. A member of the medical staff may apply for a leave of absence for a continuous period of no longer than twelve consecutive months.
- 4.7.2. Failure to abide by these Bylaws and with the Rules of the medical staff may result in referral to the HAMAC for investigation and possible recommendation for disciplinary action.
- 4.7.3. A member of the medical staff whose license has been suspended by the College of Physicians and Surgeons of B.C., the College of Dental Surgeons of B.C., the College of Midwives of B.C. or the College of Registered Nurses of B.C. automatically ceases to be a member of the medical staff.
- 4.7.4. A new application for membership of the medical staff can be made once the suspension under Article 4.7.3 is removed.

ARTICLE 5. – RESPONSIBILITY FOR PATIENT CARE

5.1. ADMISSION

- 5.1.1. Only members of the medical staff with admitting privileges can admit a patient to the facilities operated by the Fraser Health Authority

5.2. TREATMENT OF PATIENTS

- 5.2.1. Every patient receiving medical care in the facilities and programs operated by the Fraser Health Authority must be under the care of a member of the medical staff who has admitting privileges.
- 5.2.2. Members of the medical staff who have accepted a duty to provide ongoing care to a patient(s) shall ensure that such care is available on a continuous basis by an appropriately qualified practitioner with appropriate appointment and privileges.
- 5.2.3. Members of the medical staff shall ensure the availability of medical care to their patients and will, once having accepted responsibility for a patient, continue to provide services until they are no longer required, until arrangements have been made for another practitioner with an appropriate appointment and privileges to provide that care or until the patient is transferred to a long term care facility.
- 5.2.4. Formal transfer of responsibility for the care of a patient must be acknowledged on the patient's record by both the referring member of the medical staff and receiving member of the medical staff.
- 5.2.5. As outlined in Section 7(7) of the *Hospital Act* Regulation, the Board of Directors may designate individuals who are not members of the medical staff to be allowed to render health care services to patients provided the admission, medical care and discharge responsibilities rest with a member of the medical staff with admitting privileges. Specific requirements and details for such services are outlined in the Medical Staff Rules.

5.3. ACCESS TO INFORMATION

- 5.3.1. A member of the medical staff may access the Fraser Health Authority's electronic health systems for patient care delivery from within Fraser Health Authority facilities and/or the community, in accordance with security standards established by the Fraser Health Authority.

ARTICLE 6. – CATEGORIES OF MEDICAL STAFF

6.1 PREAMBLE

All members of the medical staff must be appointed by the Board of Directors to one of the categories listed below:

- provisional
- active
- associate
- consulting
- temporary
- locum tenens
- dental
- midwifery
- nurse practitioner
- scientific and research
- honorary

6.2 PROVISIONAL MEDICAL STAFF

- 6.2.1 The initial appointment of all applicants applying to the active staff membership category will be to the provisional staff, unless specifically exempted from that requirement by the Board. This category may also apply to members of the medical staff who are under review.
- 6.2.2 Members of the provisional staff are assigned to a Primary Regional Department and may admit, attend, investigate, diagnose, and treat patients within the limits of that member's privileges.
- 6.2.3 Members of the provisional staff are required to complete a prescribed orientation program as defined in the Rules.
- 6.2.4 Members of the provisional staff may be considered for appointment to the active staff after the completion of six months provisional staff membership, on recommendation of their Regional Department Head.
- 6.2.5 Members of the provisional staff are not eligible to hold office or vote at medical staff and Regional Departmental meetings.
- 6.2.6 Unless specifically exempted by the Health Authority, members of the provisional staff are required to participate in fulfilling the organizational and service responsibilities, including on-call responsibilities, of the Regional Department to

which the member is assigned, as determined by the Health Authority and described in Medical Staff Rules.

- 6.2.7 Members of the provisional staff are required to participate in administrative and educational activities of the medical staff and are required to attend at least 50% of Primary Regional Departmental/ divisional meetings.
- 6.2.8 Continuous membership in the provisional staff category cannot exceed two years.

6.3 ACTIVE MEDICAL STAFF

- 6.3.1 Members of the active staff must satisfactorily complete the required period on the provisional staff, unless exempted from that requirement by the Board of Directors.
- 6.3.2 Members of the active staff are required to complete a prescribed orientation and Health Authority refresher training program on a regular basis as defined in the Rules.
- 6.3.3 Members of the active staff are assigned to a Primary Regional Department and may admit, attend, investigate, diagnose and treat patients within the limits of that member's privileges.
- 6.3.4 Members of the active staff may have privileges restricted to particular areas of practice or particular procedures.
- 6.3.5 Members of the active staff are eligible to hold office and vote at medical staff and Regional Departmental meetings.
- 6.3.6 Unless specifically exempted by the Health Authority, members of the active staff are required to participate in fulfilling the organizational and service responsibilities, including on-call responsibilities, of the Regional Department to which the member is assigned, as determined by the Health Authority and described in Medical Staff Rules.
- 6.3.7 Members of the active staff are required to participate in administrative and educational activities of the medical staff and are required to attend at least 50% of Primary Regional Departmental/divisional meetings.

6.4 ASSOCIATE STAFF

- 6.4.1 Members of the associate staff may attend patients in facilities and community programs operated by FHA.
- 6.4.2 Members of the associate staff may utilize diagnostic facilities, assist in the operating room and/or undertake other duties specifically assigned to them but

must not perform surgical or interventional procedures for which additional privileges are required.

- 6.4.3 Members of the associate staff may not normally admit patients or write orders unless this is specifically identified as part of their assigned duties.
- 6.4.4 Members of the associate staff are assigned to a primary Regional Department.
- 6.4.5 Members of the associate staff are not required to (but are encouraged to) attend Regional Departmental meetings and are encouraged to participate in administrative and educational activities of the medical staff
- 6.4.6 Members of the associate staff are not eligible to hold office or vote at medical staff committees or Regional Departmental meetings unless their attendance record demonstrates attendance at 50% or more of meetings.

6.5 CONSULTING STAFF

- 6.5.1 Members of the consulting staff include physicians, dentists and midwives and nurse practitioners with special training or other qualifications in a particular discipline who have been recommended by the HAMAC to be of special advantage to the facilities and programs operated by the health authority.
- 6.5.2 Members of the consulting staff shall be assigned to the relevant Regional Department(s).
- 6.5.3 Members of the consulting staff are required to complete a prescribed orientation and Health Authority refresher training program on a regular basis as defined in the Rules.
- 6.5.4 Members of the consulting staff may not admit patients, but may write orders and treat patients in a consulting capacity.
- 6.5.5 Unless specifically exempted by the Health Authority, members of the consulting staff may be required to participate in fulfilling the organizational and service responsibilities, including on-call responsibilities, of the Regional Department to which the member is assigned, as determined by the Health Authority and described in Medical Staff Rules.
- 6.5.6 Members of the consulting staff are not required to attend Regional Departmental meetings, but are encouraged to participate in administrative and educational activities of the medical staff
- 6.5.7 Members of the consulting staff are not eligible for appointment to medical staff committees and are not eligible to vote at medical staff or Regional Departmental meetings.

6.6 TEMPORARY STAFF

- 6.6.1 Members of the temporary staff are appointed for a specified period not to exceed twelve months for the purpose of filling a temporary service need.
- 6.6.2 Members of the temporary staff are required to complete a prescribed orientation program as defined in the Rules.
- 6.6.3 Renewal of appointment and privileges may be considered upon review.
- 6.6.4 Members of the temporary staff are assigned to a Primary Regional Department in accordance with their qualifications.
- 6.6.5 Members of temporary staff are expected to attend educational activities.
- 6.6.6 Unless specifically exempted by the Health Authority, members of the temporary staff are required to participate in fulfilling the organizational and service responsibilities, including on-call responsibilities, of the Regional Department to which the member is assigned, as determined by the Health Authority and described in Medical Staff Rules.
- 6.6.7 Members of the temporary staff are not eligible for appointment to medical staff committees and are not eligible to vote at medical staff or Regional Departmental meetings.

6.7 LOCUM TENENS STAFF

- 6.7.1 Members of the locum tenens staff are appointed for a specified period not to exceed twelve months for the purpose of replacing an absent member of the active, provisional, or consulting staff or for the purpose of replacing the duties of a vacant medical staff position
- 6.7.2 Members of the locum tenens staff are required to complete a prescribed orientation program as defined in the Rules.
- 6.7.3 Renewal of appointment and privileges may be considered upon review.
- 6.7.4 Privileges of locum tenens staff are to be commensurate with training and experience but must not exceed the privileges of the staff member or position replaced.
- 6.7.5 Members of locum tenens staff are expected to attend educational activities.
- 6.7.6 Members of the locum tenens staff are not eligible for appointment to medical staff committees and are not eligible to vote at medical staff or Regional Departmental meetings.

- 6.7.7 Members of the locum tenens staff are appointed to a Regional Department in accordance with their qualifications.
- 6.7.8 Unless specifically exempted by the Health Authority, members of the locum tenens staff are required to participate in fulfilling the organizational and service responsibilities, including on-call responsibilities, of the Regional Department to which the member is assigned, as determined by the Health Authority and described in Medical Staff Rules.

6.8 DENTAL STAFF

- 6.8.1 The dental staff consists of qualified dentists who are members of the College of dental surgeons of B.C. and is comprised of:
- (a) oral and maxillofacial surgeons with admitting and discharging privileges
- (b) dentists who do not have admitting or discharging privileges.
- 6.8.2 Members of the dental staff will be classified as active, provisional, associate, consulting, temporary, locum tenens, scientific and research, and honorary, as outlined in articles 6.2 to 6.7, 6.11 and 6.12.
- 6.8.3 Members of the dental staff are required to complete a prescribed orientation and Health Authority refresher training program on a regular basis as defined in the Rules.
- 6.8.4 The procedures for appointment and assignment of privileges are the same as for physicians, including assignment to a Regional Department.
- 6.8.5 Unless specifically exempted by the Health Authority, members of the dental staff may be required to participate in fulfilling the organizational and service responsibilities, including on-call responsibilities, of the Regional Department to which the member is assigned, as determined by the Health Authority and described in Medical Staff Rules.
- 6.8.6 Members of the dental staff do not have admitting privileges unless they are oral and maxillofacial surgeons.
- 6.8.7 The Rules of the medical staff must include rules outlining the duties of the dental staff with respect to patient care.

6.9 MIDWIFERY STAFF

- 6.9.1 The midwifery staff consists of qualified midwives who are registered with the College of Midwives of B.C.

- 6.9.2 Members of the midwifery staff will be classified as active, provisional, associate, consulting, temporary, locum tenens, scientific and research, and honorary, as outlined in articles 6.2 to 6.7, 6.11 and 6.12.
- 6.9.3 The procedures for appointment and assignment of privileges are the same as for physicians, including assignment to a Regional Department.
- 6.9.4 Members of the midwifery staff are required to complete a prescribed orientation and Health Authority refresher training program on a regular basis as defined in the Rules.
- 6.9.5 Unless specifically exempted by the Health Authority, members of the midwifery staff are required to participate in fulfilling the organizational and service responsibilities, including on-call responsibilities, of the Regional Department to which the member is assigned, as determined by the Health Authority and described in Medical Staff Rules.
- 6.9.6 Members of the midwifery staff carry out those duties, including teaching and research, assigned to them by the Regional Department Head of the Regional Department to which they have been assigned.
- 6.9.7 Members of the active, provisional or locum midwifery staff may admit patients and write orders as appropriate to the practice of midwifery.

6.10 NURSE PRACTITIONER STAFF

- 6.10.1 The nurse practitioner staff consists of qualified nurse practitioners who are registered with the College of registered Nurses of B.C.
- 6.10.2 Members of the nurse practitioner staff will be classified as active, provisional, associate, consulting, temporary, locum tenens, scientific and research, and honorary, as outlined in articles 6.2 to 6.7, 6.11 and 6.12.
- 6.10.3 Members of the nurse practitioner staff are required to complete a prescribed orientation and Health Authority refresher training program on a regular basis as defined in the Rules.
- 6.10.4 The procedures for appointment and delineation of privileges are the same as for physicians other than the process is led by the Chief Nurse.
- 6.10.5 Nurse practitioners will be appointed to a Regional Department of Nurse Practitioners, of which the Chief Nursing Officer (or delegate) is the Department Head.

- 6.10.6 Unless specifically exempted by the Health Authority, members of the nurse practitioner staff are required to participate in fulfilling the organizational and service responsibilities, including on-call responsibilities, and teaching and research, of the Regional Department to which the member is assigned, as determined by the Health Authority and described in Medical Staff Rules
- 6.10.7 Members of the active, provisional or locum tenens nurse practitioner staff may admit, discharge and write orders as appropriate to the practice of nurse practitioners.

6.11 SCIENTIFIC AND RESEARCH STAFF

- 6.11.1 The scientific and research staff consists of qualified researchers or educators who, in recognition of their training, experience and ability have been granted this appointment.
- 6.11.2 Members of the scientific and research staff are required to complete a prescribed orientation and Health Authority refresher training program on a regular basis as defined in the Rules.
- 6.11.3 Members of the scientific and research staff carry out those duties, including teaching and research, assigned to them by the head of the Regional Department to which they have been appointed.
- 6.11.4 Members of the scientific and research staff must not admit patients, write orders, vote at Regional Departmental or Medical Staff Meetings, or be officers of the medical staff.
- 6.11.5 Members of the scientific and research staff shall serve on those committees to which they have been appointed.

6.12 HONORARY STAFF

- 6.12.1 Membership includes medical staff members the Board of Directors wishes to honor who are not active in the facilities and programs operated by the health authority, and may include individuals with outstanding reputations or prominent physicians, dentists or midwives who have retired.
- 6.12.2 Members of the honorary staff may not admit or treat patients.
- 6.12.3 Members of honorary staff do not have assigned duties or responsibilities and do not have voting rights at Regional Department or medical staff meetings.
- 6.12.4 Members of the honorary staff are not subject to regular review.

ARTICLE 7. - ORGANIZATION OF MEDICAL STAFF

The Board of Directors, upon the advice of the HAMAC, shall organize the medical staff into Regional Departments, Regional Divisions as warranted by the professional resources of the medical staff. The medical staff organization shall be described in the Medical Staff Rules.

7.1. REGIONAL DEPARTMENTS

- 7.1.1 Each Regional Department shall have a head of the Regional Department, who is appointed by the Board of Directors on the advice of the HAMAC and the Vice President Medicine, through a process defined in the Medical Staff Rules.
- 7.1.2 Regional Departments may be subdivided into divisions depending on the specialty mix and complexity of the Regional Department.
- 7.1.3 Members of the medical staff are appointed to a Primary Regional Department by the Board of Directors on the recommendation of the HAMAC.
- 7.1.4 Members may be appointed to additional Regional Departments at the discretion of the Board of Directors, on the advice of the HAMAC.
- 7.1.5 Each Regional Department shall review its membership requirements and recommend a medical staff resource plan to HAMAC on an annual basis, or more frequently as circumstances require.
- 7.1.6 Each Regional Department shall have a Regional Department site lead for every facility in which its members practice.

7.2. RESPONSIBILITIES OF THE REGIONAL DEPARTMENT HEAD

- 7.2.1 The Regional Department Head is responsible for monitoring the quality of medical care provided to patients by members of the Regional Department, or within that discipline, through processes defined in the Medical Staff Rules.
- 7.2.2 The Regional Department Head establishes Regional Departmental terms of reference, policies and procedures governing the operation of the Regional Department, in consultation with the Regional Department's members.
- 7.2.3 The Regional Department Head reviews and makes recommendations to the HAMAC on all new appointments to the Regional Department and on any changes to appointment or privileges of a member arising out of a review of a member of the Regional Department.

- 7.2.4 The Regional Department Head reports regularly on the activities of the Regional Department to the Program Medical Director, HAMAC and to the Vice President Medicine.

ARTICLE 8. – THE HEALTH AUTHORITY MEDICAL ADVISORY COMMITTEE

8.1. PURPOSE

- 8.1.1 The Board of the Directors shall appoint a Health Authority Medical Advisory Committee (HAMAC).
- 8.1.2 The HAMAC makes recommendations to the Board of Directors with respect to cancellation, suspension, restriction, non-renewal, or maintenance of the appointments and privileges of all members of the medical staff to practice within the facilities and programs operated by the Fraser Health Authority.
- 8.1.3 The HAMAC provides advice to the Board of Directors and to the CEO on:
- 8.1.3.1 the provision of medical care within the facilities and programs operated by the Fraser Health Authority
 - 8.1.3.2 the monitoring of the quality and effectiveness of medical care provided within the facilities and programs operated by the Fraser Health Authority
 - 8.1.3.3 the adequacy of medical staff resources
 - 8.1.3.4 the continuing education of the members of the medical staff
 - 8.1.3.5 planning goals for meeting the medical care needs of the population served by the Fraser Health Authority
 - 8.1.3.6 the availability and adequacy of resources to provide appropriate patient care in the Fraser Health Authority

8.2. COMPOSITION

- 8.2.1 The membership of HAMAC shall be described in Medical Staff Rules, and shall include representation from the following areas:

- 8.2.1.1 members of the medical staff who have been appointed to medical leadership positions within the Health Authority
- 8.2.1.2 members of the medical staff who have been elected by the medical staff of the Health Authority
- 8.2.1.3 the Chief Medical Health Officer of the Health Authority
- 8.2.1.4 the Vice President Medicine of the Health Authority, who shall provide secretariat services to the HAMAC
- 8.2.1.5 the CEO of the Health Authority, who shall be a non-voting member
- 8.2.1.6 other senior administrative or medical staff of the Health Authority as appropriate, in a non-voting capacity
- 8.2.1.7 The Chair and Vice-Chair of the HAMAC are appointed by the Board of Directors after considering the recommendation of the HAMAC
- 8.2.2 The Chair and Vice-Chair of HAMAC will be selected from among the members of the Active Medical Staff.
- 8.2.3 The Chair of the HAMAC is appointed for a term of not more than three years and may be reappointed for up to three consecutive terms.
- 8.2.4 The Chair or Vice-Chair of HAMAC shall provide a report to the Board of Directors and to the CEO on a regular basis. The Chair or Vice-Chair of HAMAC shall attend meetings of the Board of Directors, and the appropriate committee of the Board, to participate in discussion pertaining to the purposes identified for the HAMAC under Articles 8.1.2 and 8.1.3.

8.3. DUTIES

- 8.3.1 Medical Administration
 - 8.3.1.1 the HAMAC recommends chairs and members of standing committees to the Board and HAMAC ensures these committees function effectively including recording minutes of meetings
 - 8.3.1.2 the HAMAC makes recommendations to the Board of Directors on the development, maintenance and updating of medical staff rules, policies and procedures pertaining to medical care provided within facilities and programs operated by the Fraser Health Authority
 - 8.3.1.3 the HAMAC advises on matters pertaining to clinical organization, medical technology, and other relevant medical administrative matters

8.3.2 Appointments and Privileges

8.3.2.1 the HAMAC reviews recommendations from the Regional Department Head concerning the appointment and review of medical staff members including the delineation of clinical and procedural privileges

8.3.2.2 the HAMAC makes recommendations to the Board of Directors concerning the appointment and review of medical staff

8.3.2.3 the HAMAC makes recommendations to the Board of Directors regarding disciplinary measures for violation of Bylaws, Rules or policies of the medical staff.

8.3.2.4 the HAMAC may require a member of the medical staff to appear before the committee whenever necessary to carry out its duties.

8.3.3 Quality of Care

8.3.3.1 the HAMAC receives, reviews and provides advice on reports from quality review bodies and committees concerning the evaluation of the clinical practice of members of the medical staff

8.3.3.2 the HAMAC reviews recommendations concerning the establishment and maintenance of professional standards in programs funded and operated by the Health Authority in compliance with all relevant legislation, Bylaws, Rules, and policies of the medical staff

8.3.3.3 the HAMAC submits regular reports to the Board of Directors and the CEO on the quality, effectiveness and availability of medical care provided, in relation to professional standards, in facilities and programs operated by the Health Authority

8.3.3.4 the HAMAC makes recommendations where appropriate concerning the quality of medical care in the Health Authority

8.3.3.5 the HAMAC makes recommendations where appropriate concerning the availability and adequacy of resources to provide appropriate patient care in the Health Authority

8.3.4 Medical Staff Resource Planning

8.3.4.1 the HAMAC reviews reports regarding human resource requirements required to meet the medical, dental, midwifery and nurse practitioner needs of the population served by the Fraser Health Authority and following the review provides advice to the Board of Directors and the CEO

8.3.5 Professional and Ethical Conduct of Members of the Medical Staff

8.3.5.1 the HAMAC reviews and reports on any concerns related to the professional and ethical conduct of physicians to the Board of Directors, and, where appropriate, reports those concerns to the appropriate regulatory College

8.3.6 Continuing Medical and Health Education

8.3.6.1 the HAMAC advises on and assists with the development of formally structured ongoing programs in continuing medical education and orientation and refresher training of medical staff

8.3.6.2 the HAMAC advises on and assists with programs in continuing education of other health care providers in the facilities and programs operated by the Health Authority

8.3.6.3 the HAMAC advises on, and makes recommendations concerning, the teaching and research role of the health authority

8.3.7 Physician Health and Wellbeing

8.3.7.1 the HAMAC advises on and assists with the development of formally structured ongoing programs in physician health and wellbeing

ARTICLE 9. – THE MEDICAL ADVISORY COMMITTEE STRUCTURE

9.1. GENERAL PRINCIPLES

- 9.1.1 The Board of Directors, on the advice of the HAMAC, may establish other committees, reporting to the HAMAC, to undertake specific responsibilities that fall within the responsibility of the medical staff organization.
- 9.1.2 The composition and terms of reference of all such committees shall be delineated in Medical Staff Rules.

9.2. RELATIONSHIP BETWEEN HAMAC AND OTHER MEDICAL STAFF COMMITTEES

- 9.2.1 All medical staff committees shall report to the HAMAC in a manner specified in the Medical Staff Rules.
- 9.2.2 All recommendations of these committees requiring the attention of the Board of Directors shall be forwarded to the HAMAC and shall be reported to the Board by the Chair of HAMAC.

ARTICLE 10. – MEDICAL STAFF ASSOCIATION

10.1. GENERAL PRINCIPLES

- 10.1.1 The Medical Staff Association of the Fraser Health Authority shall consist of all members of the medical staff.
- 10.1.2 The Medical Staff Association shall elect officers of the medical staff annually whose collective role shall be to represent the medical staff and to ensure effective communications between the medical staff, administration, and the Board of Directors of the health authority.
- 10.1.3 The elected officers of the Medical Staff shall be elected at an annual meeting of the Medical Staff and shall hold office for a period of two (2) years. Officers may hold office for up to three (3) consecutive terms.
- 10.1.4 The number of elected officer positions, the roles and duties of each position, the procedures for holding annual elections, the procedures for removal, recall, and the filling of vacancies; and details regarding procedural arrangements necessary to

support the effective functioning of the medical staff shall be delineated in Medical Staff Rules.

10.2. DUTIES OF ELECTED OFFICERS

- 10.2.1 Collectively, the duties of elected officers shall include:
- 10.2.2 Call and preside at all meetings of the medical staff.
- 10.2.3 Give notice and keep minutes of all meetings of the medical staff.
- 10.2.4 Where approved by the medical staff membership, collect dues from medical staff members, maintain records of funds received and expended, ensure a financial statement of the medical staff funds is prepared and presented to the membership, and ensure an audit of medical staff funds is conducted at least annually with any cost incurred being charged to those funds.
- 10.2.5 Represent the medical staff in general and speak for the individual medical staff member in particular. In the case of disciplinary action taken with respect to an individual staff member, it shall be the duty of the president of the medical staff, and, in his absence, the vice president of the medical staff association to inform the member of their rights under these bylaws.
- 10.2.6 Serve in a voting capacity on HAMAC and all other Medical Advisory committees and subcommittees, in accordance with the terms of reference of these committees.
- 10.2.7 Bring before the HAMAC and/or other committees, as appropriate, any resolution duly passed at a meeting of the medical staff.

ARTICLE 11. – DISCIPLINE AND APPEAL

11.1. GENERAL PRINCIPLES

- 11.1.1 Unprofessional or unethical conduct, breach of professional ethics codes or violation of the requirements set out in legislation, Bylaws, Rules and policies of the Ministry of Health and the Board of Directors by a member of the Medical Staff, or a finding of professional negligence by a court of law, against a member of the medical staff, may be grounds for cancellation, suspension, restriction or non-renewal of privileges, in accordance with established medical staff disciplinary procedures, as set out in Article 6 of the Rules.

- 11.1.2 In response to the conduct outlined in section 11.1.1, the Board of Directors may upon advice received from the HAMAC, cancel, suspend, restrict, or refuse to renew the appointment of a member of the medical staff.
- 11.1.3 The Board of Directors has responsibility for ensuring effective disciplinary procedures and policies in the facilities.
- 11.1.4 Disciplinary action may be taken by the Board of Directors through the CEO or VP of Medicine.

11.2. PROCESS OF DISCIPLINARY ACTION

11.2.1 Summary Restriction/Suspension

- 11.2.1.1 where the CEO or VP Medicine becomes aware of a serious problem or potential problem that adversely affects or may adversely affect the care, safety or security of patients or staff and/or action is required to protect the safety and best interests of patients or staff, the CEO or VP of Medicine may summarily restrict or suspend privileges of a member of the medical staff by notifying that member in writing.
- 11.2.1.2 all such restrictions and suspensions must be reported by the CEO or the VP of Medicine to the HAMAC and the Board of Directors.
- 11.2.1.3 If the restriction or suspension exceeds one month the CEO, VP of Medicine, or Chief Nursing Officer must notify within seven days the College of Physicians and Surgeons of B.C., the College of Dental Surgeons of B.C., the College of Midwives of B.C., or the **College of Registered Nurses of B.C.** as appropriate..
- 11.2.1.4 in cases of urgency, action required to protect the safety and best interests of patients or staff must be taken by the individual immediately responsible and subsequently reported to the CEO, the VP of Medicine, the Chair of the HAMAC, the Board of Directors and the Registrar of the appropriate College.
- 11.2.1.5 summary restriction or suspension will be considered at a special meeting of the HAMAC within fourteen days of the restriction or suspension. The member of the medical staff has the right to be heard at this meeting
- 11.2.1.6 consistent with the provisions of 11.2.2, the HAMAC will make recommendations to the Board of Directors with respect to cancellation, suspension, restriction, or non-renewal of privileges, or request an investigation into the problem, or rescind the summary

suspension/restriction, as appropriate, after giving the member of the medical staff an opportunity to be heard.

11.2.1.7 in cases of summary restrictions or suspensions, the CEO in consultation with the VP of Medicine or Regional Department Head will appoint another member of medical staff to undertake the care of patients under the care of the disciplined member- with immediate notice to the Board of Directors.

11.2.2 General Disciplinary Action

11.2.2.1 if the privileges of a member of the medical staff have been recommended for cancellation, suspension, restriction or non-renewal, the Board of Directors must consider the recommendation of the HAMAC and the CEO at its next meeting.

11.2.2.2 the member of the medical staff must be given at least seven days notice in writing of any recommendation of the CEO or the HAMAC to the Board of Directors and of the date and time at which the recommendation will be considered in-camera by the Board of Directors.

11.2.2.3 the member of the medical staff has the right to be heard at this meeting.

11.2.2.4 all documentation provided to the Board of Directors must be made available to the member of the medical staff at the time notice is given (see 11.2.2.2).

11.2.2.5 the Board of Directors must convey its decision to the member of the medical staff in writing within seven days of the date of the meeting at which it considered the recommendation for cancellation, suspension, restriction or non-renewal of the Member's privileges.

11.2.3 Automatic Suspension

11.2.3.1 the Board, in consultation with the HAMAC, may specify in the Medical Staff Rules, the categories of acts or omissions which result in automatic temporary suspension of the privileges of a member of the medical staff.

11.2.4 Appeal Procedures

11.2.4.1 A duly qualified practitioner:

- who has filed an application and who has not been notified by the Board of Directors within the time set out in the Regulation

- or, whose application has been refused in whole or in part
- or, whose privileges have been cancelled, suspended, restricted, or not renewed

is entitled, on application in writing to the Board of Directors, to appear in person or by legal counsel and make representations to the Board of Directors and the Board of Directors must hear, consider, or reconsider the matter, as the case may be, and advise the practitioner in writing of its decision by registered mail within 30 days after the date that the practitioner or the practitioner's counsel appeared before the Board of Directors.

11.2.4.2 Notice of an appeal by the member of the medical staff or by an applicant for medical staff membership of the decision of the Board of Directors must be delivered to the secretary of the Board of Directors:

- not later than 30 days after the day on which the Board of Directors caused notification of its decision to be sent to the member of the medical staff
- or, in the case of the Board of Directors failing to notify an applicant for medical staff membership of its decision, not later than 30 days after the expiration of a period of 120 days following the day on which the applicant applied for privileges in the manner prescribed in the Regulation.

11.2.4.3 The appellant must be given seven days notice in writing of the date and time at which the Board of Directors will consider the appeal.

11.2.4.4 All documentation provided to the Board of Directors must be made available to the appellant at the time notice is given (see 11.4.3).

11.2.4.5 A practitioner may appeal at the Hospital Appeal Board if:

- the practitioner is dissatisfied with the decision of the Board of Directors regarding that member's privileges
- the Board of Directors fails to notify the practitioner of its decision within the time prescribed under this section

ARTICLE 12. – MEDICAL STAFF RULES

- 12.1 Rules necessary for the proper conduct of the medical staff will be established by the Board of Directors.
- 12.2 Development of Rules will be a joint process by the VP Medicine, HAMAC and the medical staff association.
- 12.3 Such Rules must not conflict with the Hospital Act and the Regulation, the Bylaws and policies of the Board of the Directors, or Medical Staff Bylaws.
- 12.4 Rules and Amendments of Rules must be recommended to the Board by the HAMAC.
- 12.5 Rules and amendments thereto are effective when approved by the Board of Directors.

ARTICLE 13. – APPROVAL OF BYLAWS

These Bylaws become effective only when first adopted by the Board of Directors of the Fraser Health Authority and subsequently approved by the Minister of Health of British Columbia.

THIS IS TO CERTIFY:

The Bylaws of the medical staff of the Fraser Health Authority
were adopted by the Board of Directors of the Fraser Health Authority
on November 1, 2012.

Signed by:



Chair, Board of Directors



Chief Executive Officer

Approved by Minister of Health of British Columbia

Date: _____