



# Vitalité Health Network

*(Regional Health authority A)*

## ***BY-LAWS***

Approved by the Minister of Health  
on October 22, 2013

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## SECTION A - GENERAL

### A.1.0 Definitions

These by-laws are developed to be gender neutral therefore references to gender are made as they/their/them and are meant to encompass both genders.

Any terms used in these by-laws which are also used in the *Regional Health Authorities Act* and regulations thereunder shall have the same meaning as they do in the said Act and Regulations.

In these by-laws, unless the context otherwise requires:

“Board” means the Board of Regional Health Authority A (Vitalité Health Network), appointed according to the provisions of the *Regional Health Authorities Act* and Regulations made thereunder;

“By-Laws’ Rules” mean those Rules governing the conduct of the Regional Health Authority as adopted from time to time by the Board pursuant to these by-laws;

“Chief Executive Officer”(CEO) means the appointee under the terms of the *Regional Health Authorities Act*, and pursuant to Section B.12 of these by-laws, or his delegate;

“Chief of Staff” means that physician appointed by the Board as Chief of Staff of the RHA pursuant to Section B.13 of these by-laws;

“CME” means continuing medical education;

“CNO” means the Chief Nursing Officer of the RHA;

“Chief Operating Officer” (COO) means the person in charge of the management of operations and delivery of care and services of a zone;

“CPD “means continuous professional development;

“Dean” means the Dean appointed by the affiliated university medical education program;

“Dental Practitioner” means a person lawfully entitled to practice dentistry in the Province, and includes a dental officer of the Canadian Forces serving in this province;

“Department Head” means that physician appointed by the Board to manage a Department or his delegate;

“Department”, unless otherwise expressly stated, means a medical department;

“Departmental Rules” means those rules governing the conduct of a Department as adopted from time to time by the MAC;

“Facility” means any building or premises in or from which health services are provided ;

“Formal hearing” means the opportunity for a member of the Medical Staff or the RHA to call evidence in a formal setting as outlined in Section C.13, as against the right to be heard, which is a personal appearance only that can be satisfied with written submissions;

“Health Region” means a health region established under the *Regional Health Authorities Act*;

“Hospital facility” means any hospital operated by the RHA that provides in-patient care;

“LMAC” means Local Medical Advisory Committee;

“Local Chief of Staff” means that physician, appointed by the Chief of Staff, as Local Chief of Staff pursuant to Section B13.5(b) of these by-laws;

“Local Medical Advisory Committee Representative” means a physician appointed to act as a local representative pursuant to the By-laws Rules;

“MAC Committee” means a committee of the Medical Advisory Committee and which reports to the MAC;

“MAC” means the Medical Advisory Committee;

“Medical Practitioner” means a person lawfully entitled to practice medicine in the Province, and includes a medical officer of the Canadian Forces serving in the Province;

“Medical Staff Organization” means the administrative structure operated by and governing the affairs of the Medical Staff as referred to in the By-laws Rules hereof;

“Medical Staff” means medical practitioners, oral and maxillofacial surgeons and dental practitioners who are appointed by a board to the medical staff of a Regional Health Authority and granted privileges;

“Member of the Board” means a member of the Board of the RHA appointed in accordance with the provisions of the *Regional Health Authorities Act* and regulations thereunder;

“Medical director” means the medical director for each zone of a RHA;

“Minister” means the Minister of Health;

“Oral and maxillofacial surgeon” means a dental practitioner whose name is entered in the specialists register and who is the holder of a specialist’s license in oral and maxillofacial surgery issued pursuant to the *New Brunswick Dental Act, 1985*, and includes a dental officer of the Canadian Forces serving in the Province, who specializes in oral and maxillofacial surgery;

“PAC” means Professional Advisory Committee;

“Privileges” means permission granted by the Board to a member or potential member of the medical staff to render care to a patient and to use the diagnostic and therapeutic services of the RHA;

“Professional Staff” means practitioners of health professions that are self-regulated under a private Act of the Legislature, who are employed by, in contract with or privileged by the RHA to practice their profession in the Regional Health Authority, and includes Medical Staff;

“RHA” means any Regional Health Authority as defined in the *Regional Health Authorities Act*;

“Zone” means geographical areas within the Regional Health Authority that consist of a hospital or cluster of hospitals and/or other types of facilities or programs.

## **A.2.0 By-Laws, Public Access**

A copy of the by-laws of the RHA shall be made available in both official languages for public inspection, during normal business hours.

## **A.3.0 Amendment to By-Laws**

Before being forwarded to the Minister for approval a Notice of Motion to make a new by-law or to amend these by-laws shall be given in the notice calling the meeting of the Board at which it is intended to present the by-law or the amendment. Such Notice of Motion shall be circulated not less than fourteen (14) days before the meeting at which it is to be discussed.

## **A.4.0 Confidentiality**

- A.4.0.1** Each board member, officer, employee, members of the medical staff, non-staff personnel or agent shall respect and abide by all applicable statutes, laws, regulations and RHA policies and procedures regarding privacy and confidentiality.

### **A.4.1 Confidential Information and Materials**

All information and materials supplied to or obtained by board members, officers, employees, members of the medical staff, non-staff personnel or agents of the RHA including, but not limiting the generality of the foregoing, all patient information, all personnel matters, all medical staff records, and all materials and information of a confidential nature shall be deemed to be, and shall be kept, confidential. All materials considered at private sessions of the Board shall also be deemed and kept confidential. Information or materials which have been discussed or tabled at an open session of the Board, or which have been otherwise published by the Board, shall no longer be deemed to be confidential.



#### **A.4.2 Breach of Privacy or Confidentiality**

Any suspected breach of privacy or confidentiality will be investigated as per RHA A (Vitalité Health Network) privacy and confidentiality policies. The CEO shall report any confirmed breach by an officer, employee, member of the medical staff, non-staff personnel or agent to the Minister and the Board Chair shall report any breach of such confidentiality by a Board member to the Minister.

#### **A.5.0 Records**

The RHA shall maintain all medical, administrative and financial records which may be required from time to time under applicable legislation, or which may be required by the Minister and/or are requirements under the *Hospital Act*, or the *Regional Health Authorities Act*.

#### **A.6.0 Severability**

In the event any provision of these by-laws shall for any reason be held by a court of competent jurisdiction to be invalid, illegal or unenforceable, such invalidity, illegality or unenforceability shall not affect any other provision hereof and these by-laws shall be construed as if such invalid, illegal or unenforceable provision had never been contained herein.

#### **A.7.0 Legal Force**

A by-law or amendment passed at a properly constituted meeting of the Board has no force or effect in law until it receives the approval of the Minister as required under the *Regional Health Authorities Act*.

## SECTION B – ADMINISTRATIVE

### B.1.0 Board

The business and affairs of the RHA shall be controlled and managed by a board consisting of fifteen (15) voting members, seven of whom will be appointed by the Minister and eight (8) who will be elected and three (3) non-voting members: the CEO, the Chairperson of the PAC and the Chairperson of the MAC.

### B.2.0 Members - Eligibility, Maximum Service

- B.2.0.1** Persons appointed or elected to the Board shall not be, except for the Chief Executive Officer, the Chairperson of PAC and the Chairperson of the MAC: an employee of any RHA; a person who has privileges with any RHA; an employee with the Department of Health; an elected member of the Legislative Assembly of New Brunswick, the House of Commons of Canada or the Senate, a director, officer or employee of Ambulance New Brunswick Inc., an employee, the Chief Executive Officer or a member of the New Brunswick Health Council; a director, officer or employee of FacilicorpNB Ltd., a judge of the Court of Appeal, The Court of Queen’s Bench of New Brunswick or the Provincial Court or a person ineligible to vote in accordance with the regulations under the *Regional Health Authorities Act*.
- B.2.0.2** A person elected to the Board shall accept office by subscribing to the oath of office in the form provided by the Minister at the first meeting of the Board after the day of polling and shall remain in office until his or her successor on the Board subscribes to the oath of office.
- B.2.0.3** A member of the Board shall accept in writing any mission statement approved by the Board and the person shall serve on the board in accordance with the spirit and intent of the mission statement.
- B.2.0.4** Each member of the Board, before taking office, shall accept in writing to preserve the philosophy, values and mission that are associated with the delivery of hospital services, in a hospital facility owned in whole or in part by a religious order.
- B.2.0.5** A member appointed under the *Regional Health Authorities Act* shall hold office at the pleasure of the Minister for a term of four (4) years and the term may be renewed.

### B.3.0 Board - Vacancy

Vacancies shall be filled in the same manner as the position on the Board which it replaces. In the situation where no candidate is nominated for an elected position on the Board or, an elected candidate withdraws or dies before taking office as a member, the Minister shall appoint a member to fill the vacancy.

## **B.4.0 Meetings - Procedure, Notice, Quorum, Public Access**

- B.4.0.1** Each member shall faithfully attend meetings of the Board.
- B.4.0.2** The Chairperson shall determine the rules of order of all meetings, subject to these by-laws and/or the *Regional Health Authorities Act* or regulations thereunder.
- B.4.0.3** Questions arising at any meeting of the Board and Committees shall be decided by a majority vote of those voting members in attendance and voting. The Chairperson shall not vote except where there are an equal number of votes cast, in which case the Chairperson shall have the deciding vote. All votes shall be taken by ballot if so demanded by any member present, but if no such demand is made the vote shall be taken in the usual way by assent or dissent.
- B.4.0.4** Reasonable notice of Board and Committee meetings shall be given in such manner and at such times as the Board or Committees may determine from time to time.
- B.4.0.5** A quorum for any meeting of the Board or Standing or Special Committees of the Board shall be a majority of the voting members of the Board or the Committee respectively.
- B.4.0.6** All meetings of the Board shall be open to the public, except a meeting or part of a meeting may be held in private if the Board is of the opinion that the discussion would reveal:
  - (a) information specific to an identifiable individual;
  - (b) information relating to risk management or patient care issues;
  - (c) prejudice any security measures undertaken by the RHA; or
  - (d) compromise the RHA's effectiveness in carrying out its duties and responsibilities.

### **B.4.1 Translation Services**

The RHA shall ensure that simultaneous translation services in both official languages is provided for members of the public who attend a Board meeting that is open to the public or any meeting conducted by the RHA that is open to the public.

## **B.5.0 Minutes**

Minutes shall be kept of all meetings of the Board and Committees of the Board, and all such minutes shall be circulated among all members of the Board or Committees following such meetings. Where the Board holds a meeting, or a portion of a meeting, in private, it shall ensure that the minutes of the meeting indicate the nature of the subject matter to be discussed in private and why the Board, in its opinion, considers it necessary to hold the meeting, or a portion of the meeting, in private. The Board shall forward a copy of the adopted minutes of a meeting to the Minister within seven (7) days

following the meeting at which the minutes were adopted, and shall provide the Minister with the minutes of any meeting, or portion of meeting, that was held in private.

#### **B.5.1 Minutes, Public Access**

The Board shall ensure that the adopted minutes, other than the minutes arising from a meeting or portion of the meeting that was held in private for cause, are made available to the public in both official languages during normal business hours.

### **B.6.0 Meetings of the Board**

**B.6.0.1** Regular meetings of the Board shall be held at least four (4) times each fiscal year at a time and place in New Brunswick to be determined by the Board. Between Board meetings, the Board may delegate to the Executive Committee such powers as are necessary for the operation of the RHA and the discharge of essential functions which cannot be postponed until the Board next meets.

**B.6.0.2** A member of the Board of the RHA may participate in a meeting of the Board or of a committee of the Board by means of telephone or other communication facilities that permit all persons participating in a meeting to hear each other and provided that all the members of the board or the committee consent. A member participating in a meeting by such means shall be deemed to be present at the meeting.

#### **B.6.1 Special Meetings of the Board**

Special meetings of the Board shall be called by the Secretary on the request of the Chairperson, or in their absence the Vice-Chairperson, or upon the written request of three (3) members (where the request shall contain details of the topic to be considered).

#### **B.6.2 Annual Meetings of the Board**

The RHA shall hold an annual meeting open to the public. Such annual meeting shall be held during the month of June in each year at a time and place to be fixed by the Board.

#### **B.6.3 Annual Meeting Agenda**

Business conducted at the annual meeting shall include:

- (a) adoption of minutes of last annual meeting;
- (b) presentation of the Annual Report of the RHA;
- (c) report of the Board Chairperson;
- (d) report of the CEO;
- (e) report of the Chairperson of the Medical Advisory Committee;

- (f) report of the Chairperson of the Professional Advisory Committee;
- (g) report of the Treasurer;
- (h) report of the Auditors;
- (i) report of the Governance and Nominating Committee;
- (j) election of Officers;
- (k) appointment of Chairpersons of Standing Committees;
- (l) appointment of Members of Standing Committees;
- (m) appointment of Auditors.

## **B.7.0 Officers of the Board**

**B.7.0.1** The officers of the Board shall be the Chairperson, Vice-Chairperson, Treasurer and Secretary and such other officers as may be determined by the Board.

**B.7.0.2** The Chairperson shall be appointed by the Minister from amongst the voting members of the Board. The Board shall elect the Vice-Chairperson and Treasurer from amongst the remaining voting members at the annual meeting of the Board. The Secretary shall be the CEO.

### **B.7.1 Duties of the Chairperson**

The Chairperson shall:

- (a) preside at all meetings of the Board;
- (b) be Chairperson of the Executive Committee;
- (c) be an ex officio voting member of all Standing Committees of the Board;
- (d) report to each Annual Meeting concerning the operation of the RHA; and
- (e) perform such other duties as may be determined by the Board.

### **B.7.2 Duties of the Vice-Chairperson**

The Vice-Chairperson shall have all of the powers and perform all the duties of the Chairperson in the absence or disability of the Chairperson, together with such other duties as may from time to time be determined by the Board.

### **B.7.3 Duties of the Treasurer**

The Treasurer shall:

- (a) ensure the safekeeping and control of all securities, funds and financial records;
- (b) submit a financial report at each regular meeting of the Board and an annual report at the Annual Meeting of the Board; and
- (c) perform such other duties as may be directed by the Board.

#### **B.7.4 Duties of the Secretary**

The Secretary shall:

- (a) ensure that minutes are recorded at all meetings;
- (b) ensure that all Board correspondence is attended to;
- (c) ensure that all reports required under the Acts and Regulations of the Province of New Brunswick are prepared;
- (d) be custodian of all minute books, documents and registers of the RHA;
- (e) be custodian of the seal of the RHA;
- (f) ensure that notices of meetings of the Board and Committees of the Board are sent to members; and
- (g) perform such other duties as may be directed by the Board.

#### **B.8.0 Standing Board Committees**

Except as otherwise specified in these by-laws, chairpersons and members of the Standing Committees of the Board shall be appointed by the Board at the Annual Meeting or at such other times as the Board may authorize.

The following shall be the Standing Committees of the Board:

- (a) Executive Committee;
- (b) Finance and Audit Committee;
- (c) Governance and Nominating Committee.

### **B.8.1 Executive Committee**

The Executive Committee shall consist of the Chairperson, Vice-Chairperson, Treasurer, Secretary and three (3) other voting members of the Board. The Executive Committee shall have the power to transact all regular business during the period between the regular meetings of the Board subject to the limitations contained in these by-laws or unless otherwise specified by the Board. The Committee shall report all such actions to the Board at its next meeting and carry out such other functions as directed by the Board.

The Chairperson of the Board shall be the Chairperson of the Executive Committee.

### **B.8.2 Finance and Audit Committee**

The Finance and Audit Committee shall consist of four (4) voting Board members, including the Treasurer who shall be Chairperson. The Finance Committee shall be responsible for:

- (a) recommending the annual budget and for ongoing monitoring of operational results;
- (b) recommending to the Board actions arising from the annual audit report of the RHA;
- (c) informing and advising the Board on financial matters as requested;
- (d) advising the Board on investment of funds for which it has fiduciary responsibility; and
- (e) performing such other duties as may be directed by the Board.

### **B.8.3 Governance and Nominating Committee**

**B.8.3.1** The Governance and Nominating Committee shall consist of no less than three (3) voting Board members, one being the chairperson. The Board shall appoint the Chairperson. The Governance and Nominating shall be responsible for:

- (a) advising the Board on matters relating to the Board's governance structure and processes, evaluation of Board effectiveness, education and evaluation of Board members;
- (b) recruiting and nominating of officers and chairs of board committees;
- (c) submitting, to the Annual Meeting of the Board, nominations for the positions of vice-chairperson, treasurer, members of all board committees except for otherwise provided directly by the by-laws and for the nominations on the PAC and MAC including nominations for replacement of positions vacated prior to completion of their appointment terms;
- (d) performing any other such duties as may be directed by the Board.

### **B.9.0 Special Committees of the Board**

The Board may establish special committees and appoint the members and Chairpersons thereof to

deal with such matters as may from time to time arise and which may most suitably be dealt with by such committees. The Executive Committee may also appoint special committees, subject to ratification by the Board at its next regular meeting.

## **B.10.0 Conflict of Interest**

**B.10.0.1** A member of the Board shall not vote on or speak to a matter before the Board if:

- (a) the member has an interest in the matter, distinct from an interest arising from their functions as a member;
- (b) the member has a direct or indirect pecuniary interest in the matter; a parent, spouse, brother, sister or child of the member has an interest in the matter; or
- (c) the member is an officer, employee or agent of a corporation or an unincorporated association, or other association of persons that has an interest in the matter.

**B.10.0.2** Where a member of the Board is in conflict, the member shall disclose to the Board the nature and extent of the interest either in writing or by requesting to have it entered in the minutes of the meeting of the Board. A member shall disclose a conflict of interest at the meeting where the matter giving rise to the conflict of interest is considered, or if the member is not in a conflict of interest at the time the matter is first considered, the member shall make the declaration at the first meeting that is held after the conflict arises.

**B.10.0.3** Any member of the board who has declared a conflict of interest or interest in any proposed contract or transaction or other financial interest relating to the RHA or otherwise which is being discussed, shall absent themselves during the discussion of and vote upon the matter and this absence shall be recorded in the minutes.

## **B.11.0 Advisory Committees**

The Board shall establish a Professional Advisory Committee and a Medical Advisory Committee in accordance with the *Regional Health Authorities Act*, and shall appoint and establish the terms of reference for such other committees as it may deem necessary for the proper governance of the RHA.

### **B.11.1 Professional Advisory Committee**

**B.11.1.1** The Professional Advisory Committee (PAC) shall consist of not more than fifteen (15) voting members (excluding ex officio members) appointed by the Board, who shall be members of the RHA professional staff.

**B.11.1.2** Appointments shall be for a three (3) year term renewable annually by the Board. Each member of the PAC shall not be appointed for more than two (2) consecutive terms of three (3) years, but may thereafter be appointed after an absence of three (3) years from the PAC.



**B.11.1.3** The Professional Advisory Committee shall:

- (a) meet at least four (4) times a year and at the call of the Chairperson and shall maintain a permanent record of its proceedings and actions;
- (b) have special meetings as may be called at any time by the Chairperson or upon the written request of three (3) members (where the request shall contain details of the topic to be considered);
- (c) provide advice to the Board on clinical care and health issues;
- (d) provide advice to the Board on criteria for admission and discharge of patients;
- (e) provide advice to the Board on recommendations resulting from quality assurance and risk management issues;
- (f) provide advice to the Board on services delivered by the RHA and multidisciplinary options for service delivery;
- (g) provide advice to the Board on service standards and appropriateness of patient placement;
- (h) monitor accreditation standards;
- (i) ensure the annual credentialing of all regulated health care professionals other than physicians, dentists and oral and maxillofacial surgeons ;
- (j) when necessary, establish sub-committees to assist in its duties; and
- (k) perform such other such duties as may be directed by the Board.

**B.11.2 Professional Advisory Committee - Composition**

- (a) The membership shall be representative of the health disciplines within the RHA and reflect geographical areas that will allow the committee to meet its mandate. The committee shall consist of not more than fifteen (15) voting members at least five (5) of whom shall be members of different health professions that are self-regulated under a private Act and include at least one (1) member normally practicing in each of the fields of: hospital services, extra mural services, public health and community mental health, primary care and addiction services.
- (b) The Chairperson shall be appointed by the Board upon recommendation of the CEO and the PAC. The Chairperson of MAC and the CEO will be non-voting ex officio members of the Professional Advisory Committee. The CEO shall attend every meeting of the Professional Advisory Committee.

### **B.11.3 Medical Advisory Committee**

**B.11.3.1** The Medical Advisory Committee (MAC) shall consist of not more than fifteen (15) voting members (excluding ex officio members) appointed by the Board, who shall be members of the medical staff. Appointments shall be for a three (3) year term renewable annually by the Board. Each member of the MAC shall not be appointed for more than two consecutive terms of three (3) years, but may thereafter be appointed after an absence of three years from the MAC.

**B.11.3.2** The Medical Advisory Committee shall:

- (a) meet at least four (4) times a year and at the call of the Chairperson and maintain a permanent record of its proceedings and actions;
- (b) have special meetings as may be called at any time by the Chairperson of the MAC;
- (c) advise the Board with respect to appointments to the Medical Staff and on privileges of members of the Medical Staff;
- (d) investigate, at the request of the Board, questions requiring medical judgment and report to the Board;
- (e) make adequate provision for the supervision of all medical services, physician assistant services, dental services and oral and maxillofacial surgery services provided by the RHA;
- (f) coordinate the activities and general policies of the various departments;
- (g) receive and act upon the reports of all Medical Staff committees and Departments;
- (h) advise the CEO and the Board on matters concerning the standards of practice within the RHA and to provide supervision over the practice of medicine, dentistry and oral and maxillofacial surgery in the RHA;
- (i) implement approved Board policies with respect to the practice of medicine, dentistry and oral and maxillofacial surgery in the RHA;
- (j) provide advice to the Board on issues concerning quality medical care and safety;
- (k) take all reasonable steps to ensure professionally ethical conduct on the part of all members of the Medical Staff;
- (l) assist the Board and the CEO in meeting standards required by the accreditation programs;
- (m) hear grievances and disputes between members of the Medical Staff and mediate between the parties concerned on matters not relating to professional competency, misconduct, negligence, discipline or any other matters outlined in Section C.7;
- (n) carry out functions assigned to it in the by-laws respecting accreditation programs;

- (o) carry out functions assigned to it in the by-laws respecting complaints and discipline;
- (p) regularly inform Medical Staff of activities of the MAC;
- (q) when necessary, establish sub-committees to assist in its duties; and
- (r) perform other such duties as may be directed by the Board.

#### **B.11.4 Medical Advisory Committee - Composition**

- (a) The membership shall be representative of the clinical management structure and reflect geographical and specialty areas that will allow the Committee to meet its mandate and reflect the composition outlined in the by-laws' rules.
- (b) The Board shall appoint the Chief of Staff as the Committee Chairperson. In addition, the Chairperson of PAC and the CEO will be non-voting ex officio members of the MAC. A Medical Officer of Health, appointed by Chief Medical Officer of Health and a representative from the Université de Sherbrooke Faculty of Medicine shall also be non-voting, ex officio members of the MAC. The CEO shall attend every meeting of the MAC.

#### **B.11.5 Local Medical Advisory Committee**

- (a) The Board may, after consultation with the MAC, create or eliminate a Local Medical Advisory Committee (LMAC) for each zone. The LMAC shall consist of no more than fifteen (15) voting members who shall be members of the Medical Staff of the specific zone(s) for which the LMAC is struck. Appointments shall be made for a three (3) year term, renewable annually by the Board. Each member of the LMAC, shall not be appointed for more than two (2) consecutive terms of three (3) years, but may thereafter be appointed after an absence of three (3) years from the LMAC unless otherwise provided by the Board.
- (b) The Local Chief of Staff will be the Committee Chairperson. In addition, the CEO, the Medical Director of the Zone, the Chief operating officer of the Zone and a representative from nursing, recommended by the CEO, will be non-voting ex officio members of the LMAC.
- (c) The LMAC shall perform any and all duties as may be directed by the Board and/or the MAC.

#### **B.11.6 Credentials Committee and other Local Committees**

The LMAC shall create a Credentials Committee and such other committees as may be provided for by the by-laws' rules. The composition and mandate of said committees shall be specified in the by-laws' rules.

## **B.12.0 Chief Executive Officer**

**B.12.0.1** The Minister shall appoint the Chief Executive Officer who shall hold office at the pleasure of the Minister and who shall be responsible to the Board for the general management and conduct of the affairs of the Regional Health Authority within the by-laws, by-laws' rules, policies and directions of the Board. In these by-laws, CEO refers to the Chief Executive Officer or their delegate.

### **B.12.1 Duties of the Chief Executive Officer**

Without limiting the generality of the foregoing and except as otherwise provided in these by-laws, or in the *Regional Health Authorities Act*, the *Hospital Act*, the *Hospital Services Act* or any other Act or regulations made under those Acts, the Chief Executive Officer's duties shall include but are not limited to:

- (a) being responsible for the management of the RHA;
- (b) being responsible for the selection, employment, control, development, direction and discharge of all employees;
- (c) attending all meetings of the Board and Committees of the Board except as excused by the Board;
- (d) being an ex officio member without a vote on all Committees of the RHA including all committees and/or sub committees of the Board;
- (e) being responsible for taking whatever actions are necessary to meet the requirements of the approved RHA Health and Business Plan, the *Regional Health Authorities Act*, and *Hospital Act* and regulations thereunder, for enforcing the RHA by-laws, by-laws' rules and Board policies, and for ensuring the observance by RHA personnel of all legislation applicable to the RHA; and
- (f) appointing of a delegate at their discretion.

## **B.13.0 Chief of Staff**

### **B.13.1 Qualifications Chief of Staff**

The Chief of Staff shall be a practising physician who is a member in good standing of the Active Medical Staff of the RHA and who is carrying on an active medical practice.

### **B.13.2 Part Time Paid Position**

The position of Chief of Staff is a paid position and may be part-time. The Board shall from time to time establish the minimum amount of time that the Chief of Staff must dedicate to such position and the amount of remuneration that it shall pay for their services.

Except as otherwise specifically permitted in the by-laws or in the by-laws' rules or by the CEO, the Chief of Staff will not hold any other major office or position in the Medical Staff or in any other organization that would conflict with or interfere with their duties as Chief of Staff.

### **B.13.3 Selection Process**

The Chief of Staff will be appointed by the Board after receiving and considering the recommendations of a search committee consisting of the following persons, namely:

- (a) one medical director, as appointed by the CEO;
- (b) the Chief Executive Officer;
- (c) a representative of the Medical Staff Organisation;
- (d) the CNO or other member of senior management;
- (e) two (2) representatives from the MAC appointed by the MAC; and
- (f) the Dean of the Université de Sherbrooke Faculty of Medicine or their delegate.

At their first meeting, the committee will choose a chairperson from amongst its members.

### **B.13.4 Term of Appointment**

The Chief of Staff shall be appointed for a five (5) year term and shall be eligible for reappointment for one (1) additional term not to exceed five (5) years. The Chief of Staff's appointment is subject to annual review and confirmation of the Board.

### **B.13.5 Responsibilities of the Chief of Staff**

The Chief of Staff is responsible to the Board for the quality of care provided by the Medical Staff in all facilities within the RHA. They shall work with the CEO and report directly to the Board and shall regularly attend Board meetings. Duties of the Chief of Staff may be delegated to a Chair of a LMAC and/or Department Head(s) as required in order to ensure timely attention. The Chief of Staff is responsible:

- (a) to the extent permitted by the resources of the RHA, ensure that a high standard of patient care is maintained by the Medical Staff in all of the facilities in accordance with the law and their regulations, the by-laws, the by-laws' rules, departmental rules, and licensing and accreditation standards and the standards of affiliated University Medical Schools;
- (b) after consultation with the local members of the medical staff, appoint the local chief of staff within the RHA or for each LMAC as outlined in the by-laws' rules.
- (c) to work through and with Department Heads, to oversee the care given to all of the RHA's

- patients by the Medical Staff;
- (d) to have the authority, where necessary or appropriate, to remove from and assign to another member of the Medical Staff the responsibility for the care of any patient who, in the opinion of the Chief of Staff, is not being properly cared for;
  - (e) to receive and act, through appropriate channels, on all reports from Medical Staff or Administration with respect to situations which may adversely affect patient care in or at a facility;
  - (f) to have supervisory and disciplinary authority over members of the Medical Staff with respect to patient care;
  - (g) perform such functions respecting complaints against members of the Medical Staff as set out in these by-laws;
  - (h) to ensure that each new member of the Medical Staff meets them or their respective Department Head to ensure that they have adequate knowledge of relevant statutes and regulations pertaining to patient care;
  - (i) through the Heads of Departments, ensure that the Medical Staff are kept informed of changes in RHA policy, objectives and regulations as they affect patient care;
  - (j) in conjunction with the LMACs and the MAC ensure that all members of the Medical Staff participate in CME/CPD;
  - (k) in cooperation with the medical director of the zone, document and attempt to resolve significant matters of concern regarding individual members of the Medical Staff;
  - (l) to promote and maintain an effective and efficient clinical organization of the Medical Staff;
  - (m) to promote and maintain a productive and cooperative liaison between the Medical Staff, the Administration and the Board;
  - (n) to assist the Administration in short and long term planning;
  - (o) to be chairperson of the Medical Advisory Committee;
  - (p) to be an ex-officio member of the Professional Advisory Committee;
  - (q) to be an ex officio member of all subcommittees of the Medical Advisory Committee, of all LMACs and their respective sub-committees;
  - (r) to be a member of the Physician Resource Committee and assist the medical directors in planning and managing the physician resource requirements of the various Departments;

- (s) in cooperation with the medical directors, ensure that there is an annual review of the clinical performance of the Department Heads, and to make recommendations on their re-appointment to the Medical Staff; and
- (t) to have such other duties and responsibilities as may be assigned to them from time to time by the CEO or as set out in the rules.

#### **B.13.6 Acting Chief of Staff**

With the approval of the CEO, the Chief of Staff shall designate a member of the MAC as an alternate to act on their behalf in their absence.

#### **B.14.0 Board Policies**

The Board shall ensure that policies consistent with the *Regional Health Authorities Act*, *Hospital Services Act* and *Hospital Act* and regulations thereunder for the admission and care of patients and such other policies and procedures as may be necessary for the efficient operation of the RHA are established. Policies specifically approved by the Board are Board Policies and may only be changed with Board approval.

#### **B.15.0 Regional Health and Business Plan**

The RHA shall prepare and submit to the Minister, a proposed regional health and business plan having regard to the provincial health plan as provided by the *Regional Health Authorities Act*.

#### **B.16.0 Annual Report to the Minister**

The RHA shall submit to the Minister an annual report including the audited financial statements and the auditor's report on financial statements by the thirtieth (30th) day of June each year for the preceding fiscal year. The annual report shall contain:

- (a) reports on the activities of the RHA and on the performance of the RHA in relation to the performance targets set by the Minister;
- (b) a summary of the audited financial statements of the RHA;
- (c) a summary of the budgeted and actual revenues and the anticipated and actual expenditures of the RHA;
- (d) a report on the salaries paid to senior management of the RHA; and
- (e) any other information required by the *Regional Health Authorities Act*, the *Hospital Act*, the *Hospital Services Act* or any other Act or regulations made under those Acts.

### **B.17.0 Fiscal Year**

The fiscal year of the RHA shall commence on April first (1st) and shall terminate on March thirty-first (31) of the following year.

### **B.18.0 Banking**

The Board shall from time to time designate chartered banks, trust companies, or credit unions in which the funds of the RHA are to be kept on deposit, and may authorize the opening of such accounts as may be necessary. The Board may, by resolution, authorize one (1) or more officers or employees, for or in the name of the Board, to:

- (a) deposit to the credit of the RHA in a bank, trust company or credit union designated by the Board, all monies received by the RHA;
- (b) withdraw by cheque of the RHA such deposited funds as are required for payment of accounts by the RHA; and
- (c) borrow money from time to time for the requirements of the RHA with approval from the Minister.

### **B.19.0 Signing Officers**

The CEO together with the Chief Financial Officer shall sign on behalf of the RHA and affix the corporate seal to all contracts, agreements, conveyances, mortgages or other documents requiring the corporate seal. The Board may by resolution authorize the execution of any contract, agreement or other document by the CEO or such other employees as the Board may deem necessary.

### **B.20.0 Bonding**

Directors, officers and such employees of the RHA as the Board may designate shall secure from a guarantee company a bond of fidelity of an amount approved by the Board. At the discretion of the Board the above requirements may be met by a blanket position bond. The expenses of any fidelity bond secured under this section shall be paid by the RHA.

### **B.21.0 Seal**

The seal of the RHA shall be in the form impressed hereon.

### **B.22.0 Auditors**

The accounts, records and financial transactions of the RHA shall be audited annually by an external auditor to be appointed by the Board at its Annual Meeting. The auditor shall not be an officer or member of the Board and shall not be an employee of the RHA. The auditor shall not have or have had a direct or indirect interest in an agreement or contract entered into by the RHA, other than a contract respecting the audit. The auditor shall not be a member of the immediate family of an



officer or member of the Board, or employee of the RHA. The auditor shall submit their report to the Board at its next Annual Meeting and shall from time to time report to the Board on their work when so directed by the Board.

### **B.23.0 Auxiliary Associations**

- B.23.0.1** The Board may approve the formation of such auxiliary associations supporting the work of the RHA as it deems advisable. Such associations shall be conducted with the advice of the Board for the general welfare and benefit of the RHA and its patients.
- B.23.0.2** Each such association shall elect its own officers and formulate its own by-laws and the employees of such auxiliary associations are not considered employees of the RHA, but at all times the objects, activities and by-laws of each association shall be subject to review and approval by the Board. An auxiliary association under this section shall report annually to the Board and at such other times as the Board deems advisable.
- B.23.0.3** An auxiliary association approved under this section or any member of such organization shall, upon entering a health facility, be under the control and direction of the CEO. Each auxiliary association shall have its financial affairs reviewed by an auditor. The auditor for the RHA may be the auditor for the auxiliary association in this section.
- B.23.0.4** No association may use or employ the name of the RHA or its facilities in connection with any activity without the written consent of the Board.

## SECTION C – MEDICAL STAFF

### C.1.0 Medical Administration

#### C.1.1 One Medical Staff

There shall be a single Medical Staff for the entire RHA regardless of the number of facilities/programs from time to time operated by the RHA. Notwithstanding the foregoing, privileges granted to members of the Medical Staff by the Board may be restricted to one (1) or more facilities/programs and may vary from facility to facility or programs.

#### C.1.2 Medical Administrative Structure

The Medical Staff shall be organized into a number of Departments at the RHA or zone level as may be required and approved by the Board from time to time. These Departments in turn shall consist of such Divisions at the zone level and may be further sub-divided into Services within zones as may be required and approved by MAC from time to time.

#### C.1.3 Division of Departments

**C.1.3.1** The Head of a Department may from time to time, with approval of the MAC, subdivide their Department into Divisions and Services to facilitate organization and education. The Department Head, with approval of MAC, shall appoint Heads for each Division/Service and may grant various degrees of autonomy recognizing that each Division/Service is part of a Department and responsible to the Department Head who in turn is responsible for the performance of all Divisions/Services in their Department.

**C.1.3.2** Should the need no longer exist, for a Division or Service, the Head of Department, with the approval of MAC, may rescind such Division/Service and assign it to the appropriate existing Department.

#### C.1.4 Responsibilities of Departments within the RHA or Zone

Each Department shall be responsible for having its organizational structure approved by MAC and shall represent the advice of its members to the CEO and to appropriate committees and other clinical and service departments. Each Department shall be responsible for implementing all LMAC, MAC and Administration policies to the extent that they apply to such Department. Each Department shall:

- (a) review and monitor specific statistical data relevant to the Department's activities;
- (b) ensure the provision of the best possible quality care;

- (c) regularly audit its member's activities relating to patient care;
- (d) maintain and promote a CME/CPD program for its members;
- (e) assist with appropriate learning experience for learners;
- (f) collaborate and cooperate with other Departments, Divisions and Services and all other sectors of the RHA;
- (g) work within the strategic alignment provided by the Board;
- (h) create and maintain departmental rules; and,
- (i) have such other responsibilities as from time to time determined by the Department, the Chief of Staff or the CEO or their designates.

### **C.1.5 Formation of New Departments**

When any group of physicians with a common interest indicate or when it becomes evident to the CEO that:

- (a) the RHA and its patients would be better served if a separate Department was created; and
- (b) the group of physicians are prepared to assume the responsibilities of operating as a separate Department;

the CEO, after consultation with the current Department Head, the Chief of Staff, the LMAC and the MAC, may recommend to the Board that a new Department be created.

### **C.1.6 Changing Departmental Status**

When requested by a Department or if at any time it becomes evident to the CEO that a Department is:

- (a) considered unable to remain effectively autonomous; or
- (b) is unable to acquire a Department Head with the interest and capabilities of assuming the responsibilities of such a position;

the CEO, after consultation with the Chief of Staff, LMAC and the MAC, may recommend to the Board that such Department shall become temporarily or permanently a part of the appropriate existing Department.

### **C.1.7 Heads of Department**

The Board shall appoint a Head of each Department of the Medical Staff and the Board and/or the CEO shall establish their duties and responsibilities from time to time. The Head of a Department

shall:

- (a) be a member of the Active Medical Staff;
- (b) conduct the major part of their practice in the RHA;
- (c) be responsible to the CEO, for the proper organization and functioning of their Department;
- (d) where the Department is at the zone level, be responsible to the Chairperson of the LMAC for the general supervision of the medical and/or dental and oral and maxillofacial care of patients;
- (e) where the Department is at the RHA level, be responsible to the Chairperson of the MAC for the general supervision of the medical and/or dental and oral and maxillofacial care of patients; and
- (f) have the authority to delegate the responsibilities of a department as outlined in C.1.4 to a Division and/or Service.

The terms of appointment of Department Heads shall be specified in the by-laws' rules.

## **C.2.0 Clinical Groups**

If Departments are present in more than one zone, the MAC may recommend to the Board to approve the creation of clinical groups at the RHA level.

### **C.2.1 Responsibilities of Clinical Groups**

Each Clinical Group shall:

- (a) develop and monitor indicators for appropriateness and efficiency of care within the specialty/sub-specialty;
- (b) strive towards implementation of best practices; and
- (c) recommend quality improvement initiatives.

Individual physician, dentist and oral and maxillofacial surgeon, members of Clinical Groups report within their own Departmental structure; however the Head of the Clinical Group shall report to MAC.

### **C.2.2 Clinical Groups - Composition**

Each Clinical Group shall be composed of representative(s) from each zone within a specialty or sub-specialty, where it exists. RHA clinical program staff/management can be added to the Clinical Group as required to carry out their mandate.

### **C.2.3 Heads of Clinical Groups**

The MAC shall appoint a Head of each Clinical Group of the Medical Staff and the CEO shall establish their duties and responsibilities from time to time. The Head of a Clinical Group shall:

- (a) be a member of the Active Medical Staff;
- (b) conduct the major part of their practice in the RHA;
- (c) be responsible to the MAC to carry out their mandate.

The terms of appointment of Heads of Clinical Groups shall be specified in the by-laws' rules.

### **C.3.0 Rights and Duties of Categories of Medical Staff**

Each Department shall define, in its Departmental rules/policies, the specific responsibilities associated with each category of Medical Staff. Members are to abide by the responsibilities associated with their privileges. Failure to do so may result in the Board reducing, suspending or terminating said member's privileges. The Board shall have the ultimate authority in the granting of all privileges.

#### **C.3.1 Active Medical Staff**

**C.3.1.1** The Active Medical Staff shall consist of those physicians, dentists and oral and maxillofacial surgeons who have been appointed by the Board to the Medical Staff and who are actively engaged in the practice of medicine, dentistry or oral and maxillofacial surgery in the RHA and ordinarily reside therein and who wish to assist the RHA in the achievement of its mission. A prerequisite for appointment to the Active Medical Staff shall be service as a member of the Associate Medical Staff of the RHA. A member of the Active Medical Staff:

- (a) shall attend meetings of the Medical Staff Organization and of the Department or Departments to which they are appointed;
- (b) shall be eligible to vote at Medical Staff Organization meetings and Departmental and Committee meetings of which they are a member, to hold office (except where otherwise stated), and to be appointed to any committee;
- (c) may sit on such committees as requested by the Board, the CEO, the LMAC, the MAC, the Chief of Staff or the Head of their Department;
- (d) may participate in educational and clinical activities of the department;
- (e) may participate in the education of the Medical Staff, other RHA personnel, Medical Learners and Clinical Trainees as determined by their Head of Department;
- (f) may generally supervise members of the Associate Staff as requested by the Head of their

Department;

- (g) shall maintain a satisfactory standard of professional medical, dental or oral and maxillofacial surgery knowledge and ability in the fields of their practice;
- (h) shall have such admission and treatment privileges as may be determined and adjusted from time to time by the Board;
- (i) shall assist the RHA to attain or maintain accreditation; and
- (j) shall perform such other duties as may be assigned to them from time to time by the Board, the CEO, the MAC, the LMAC, the Head of their Department and by the by-laws, by-laws' rules and departmental rules.

**C.3.1.2** On recommendation of the relevant Department Head and the Chief of Staff, a physician who is engaged in a full clinical community practice in the RHA may be appointed to the Active Medical Staff without having admitting privileges, said physician shall be referred to as "Active - Non Admitting".

### **C.3.2 Associate Medical Staff**

**C.3.2.1** The Associate Medical Staff shall consist of those physicians, dentists and oral and maxillofacial surgeons who have expressed a desire for appointment to the Active Medical Staff. This appointment shall be for a probationary period of no less than one (1) year, during which time the physician's, dentist's or oral and maxillofacial surgeon's performance and clinical competence shall be evaluated. Two (2) formal evaluations and reports shall be made to the Credentials Committee; the first shall be no later than after the first six (6) months of service and the second at the completion of the twelve (12) months.

**C.3.2.2** Except in the case of dentists, a member of the Associate Medical Staff shall work under the general supervision of the Head of the Department to which they have been assigned by the Board. Dentists shall keep their Department Head informed of all planned treatments and, if required by their Department Head, shall provide at least forty-eight (48) hours advance notice of any actual treatment.

**C.3.2.3** Members of the Associate Medical Staff, except where otherwise provided, shall have all the rights and responsibilities of an Active Medical Staff member, including attendance at meetings, but shall not be eligible to:

- (a) vote at Medical Staff meetings;
- (b) be a member of the LMAC, MAC or Credentials Committee; or
- (c) serve as chairperson of any committee or hold any office.

**C.3.2.4** Following the probationary period, the Credentials Committee shall review the evaluation reports and recommend, after consultation with the Department Head, through the LMAC and the MAC, to the Board that the associate member be:

- (a) promoted to Active Medical Staff;
- (b) held as a member of the Associate Medical Staff for a further period not exceeding one (1) year; or
- (c) have their appointment terminated.

**C.3.2.5** Where a member of the associate medical staff has been held an additional period as Associate Medical Staff, the Credentials Committee, after consultation with the Department Head, shall recommend, through the LMAC and the MAC, to the Board that the member of the associate medical staff be either promoted to Active Medical Staff or have their appointment terminated.

### **C.3.3 Consulting Medical Staff**

The Consulting Medical Staff shall consist of properly qualified physicians, dentists or oral and maxillofacial surgeons of recognized professional ability appointed by the Board. The Consulting Staff shall consist of “within province” Consulting Staff and “out-of-province” Consulting Staff.

#### **C.3.3.1 Within province Consulting Staff**

Within province Consulting Staff are Active or Associate Medical Staff in at least one (1) facility who may be appointed to the Consulting Staff of any other facility in a New Brunswick RHA and as such, shall have the privilege of providing consulting and treatment services but not admitting privileges other than in their primary facility unless deemed necessary by the MAC and approved by the Board.

Within province Consulting Medical Staff may attend Medical Staff Organisation and Departmental meetings and may serve on committees, but cannot vote or hold office except where they are Active/Associate members.

#### **C.3.3.2 Out-of-province Consulting Staff**

Out-of-province Consulting Staff shall be members of the medical, dental or oral and maxillofacial professions licensed to practice in the province of New Brunswick whom the Board, upon the recommendation of the MAC, extends the privilege of providing consultant services most often not available from the RHA medical staff. Out-of-province Consulting Staff shall have the privilege of providing consulting and treatment services but not admitting privileges unless deemed necessary by MAC and approved by the Board.

Out-of-province Consulting Staff members may attend Medical Staff Organisation and Departmental meetings but cannot vote, serve on committees or hold office.

### **C.3.4 Locum Tenens**

**C.3.4.1** The LMAC, upon the request of a member or a number of physicians of the Active/Associate Medical Staff and after the processing of an application in the manner set out in the by-laws' rules, may recommend to the Board, through the MAC, the appointment of a Locum Tenens as a planned replacement for that/those physician(s) for a specified period of time not to exceed that permitted by the by-laws' rules. Should an extension be requested, such extension shall not go beyond the next June thirtieth (30th) or, Annual Meeting of the Board, and may be granted upon the recommendation of the Head of the Department and the sponsoring physician(s). The Locum Tenens shall have a review of their performance and clinical practice by the Department Head during their first tenure, as outlined in the rules.

**C.3.4.2** A Locum Tenens:

- (a) shall have clinical privileges and responsibilities as determined by the Department Head and approved by the Board;
- (b) may not vote at Medical Staff or Departmental meetings;
- (c) may serve on committees, other than the Credentials Committee, but shall not act as chairperson thereof; and
- (d) shall have such other responsibilities as set out in the by-laws' rules and departmental rules.

### **C.3.5 Courtesy Medical Staff**

**C.3.5.1** The Courtesy Medical Staff shall consist of members of the medical, dental or oral and maxillofacial surgery professions licensed to practice in New Brunswick. The Board may grant a physician, a dentist or an oral and maxillofacial surgeon an appointment to the Courtesy Medical Staff in one (1) or more of the following circumstances:

- (a) the applicant has an active staff commitment at another RHA or out-of-province institution;
- (b) the applicant has a primary commitment to, or contractual relationship with, another organization and is not remunerated by Medicare.

**C.3.5.2** The Board may grant the Courtesy Medical Staff privileges, in any or all facilities of the RHA, such as:

- (a) ordering out-patient diagnostic investigations and other out-patient services for their own patients;
- (b) referring to another physician of the RHA;
- (c) providing consultation services through the use of telemedicine technologies.

**C.3.5.3** Courtesy Staff members may, upon invitation of the Head of Department, attend Medical Staff Organisation meetings and Departmental meetings but cannot vote, hold office or serve as



members of committees.

### **C.3.6 Clinical Assistant**

A Clinical Assistant is a physician licensed to practice in New Brunswick and appointed by the Board for a specific task as recommended by a Department Head. Applications for privileges must be made through the usual application process. Job descriptions will be developed for each applicant by the respective Department Head and submitted to the Credentials Committee with the application. A Clinical Assistant shall:

- (a) attend meetings of the Medical Staff Organization and of the Department or Departments to which they are appointed; but may only vote after completion of a twelve (12) month probation period and shall not hold office;
- (b) sit on such committees as appointed by the Board, the CEO, the MAC, the LMAC or the Head of their Department, but shall not act as chairperson thereof;
- (c) participate in educational and clinical activities of the department;
- (d) maintain a satisfactory standard of professional medical or dental knowledge and ability in the fields of their practice;
- (e) have such admission and treatment privileges as may be determined and adjusted from time to time by the Board;
- (f) assist the RHA to attain or maintain accreditation; and
- (g) perform such other duties as may be assigned to them from time to time by the Board, the CEO, the MAC, the LMAC, the Head of their Department and by the by-laws, the by-laws' rules and the departmental rules.

### **C.3.7 Clinical Fellow**

**C.3.7.1** A Clinical Fellow is a physician who has completed the minimum requirements for Royal College Physicians and Surgeons of Canada in specialty training and/or the College of Family Physicians of Canada qualifications and who is licensed to practice in New Brunswick. Such an appointment should be reserved for a physician:

- (a) to spend a period of time in teaching and/or research;
- (b) to further their specialty training in preparation for exams; or
- (c) who is already a practising qualified specialist, to return for a period of further training and education.

Their duties, privileges and assignments are to be delineated by the Department Head. A Clinical Fellow shall not occupy a position in the resident establishment. Their appointment is for one (1)

year but, under exceptional circumstances, may be extended for a second (2nd) year only. Clinical Fellows shall not work outside of the facilities except by permission of the Head of the Department concerned and the CEO.

**C.3.7.2** Clinical Fellows may be invited to attend Medical Staff Organisation meetings and Departmental meetings but they cannot vote, serve on committees or hold office.

### **C.3.8 Clinical Trainee**

A Clinical Trainee is a physician licensed to practice medicine in New Brunswick or holding a College of Physicians and Surgeons of New Brunswick educational license who may be accepted by the CEO as Clinical Trainee in various Departments for the purpose of :

- (a) assessing their expertise, or
- (b) strengthening their expertise.

Their privileges as a clinical trainee shall be specified in writing by the Head of the Department concerned and approved by Board upon recommendation from the LMAC and the MAC. A Clinical Trainee acts under the supervision of a member of the Department to which they are assigned but shall have no admitting privileges .They may attend Department meetings on invitation of the Head of the Department but cannot vote, hold office or serve on committees. Clinical Trainees shall be under the direction and discipline of the Head of the Department to which they are assigned and the CEO.

### **C.4.0 Affiliated Staff**

Affiliated staff are physicians, non-physicians with qualifications allied to medicine or other individuals who have made a contribution to health care. Although not part of the regular complement of the Medical Staff, they contribute to the care of patients. Members of the Affiliated Staff may not admit or treat patients, vote at Medical Staff meetings or hold office and shall include: Medical Learner, Scientific Staff and Honorary Medical Staff.

#### **C.4.1 Medical Learner**

A Medical Learner is a graduate in medicine holding a College of Physicians and Surgeons of New Brunswick educational licence or an undergraduate in medicine who is enrolled within a Hospital facility by the CEO for training purposes at the request of a Canadian University Medical School. Medical Learners shall include undergraduate and post graduate trainees. They shall have no admitting privileges but may treat patients under the supervision of the patients' attending physician. They may attend Department meetings on invitation of the Head of the Department but may not vote, hold office or serve on committees. Medical Learners shall be under the direction and discipline of the Head of the Department to which assigned, the Dean or delegate and the CEO. Discipline of Medical Learners shall be subject to the terms of the agreement between the RHA and

the University.

#### **C.4.2 Scientific Staff**

- C.4.2.1** A scientist or other health care worker, not being medically qualified but who by reason of special knowledge or skill is closely involved with the clinical management of patients may be invited to apply for an appointment to the Affiliated Staff as a member of the Scientific Staff on an affirmative vote of the LMAC and the MAC. Scientific Staff shall normally hold a post-graduate university degree in a relevant science and play an important role in patient care. They shall be responsible, where applicable, for meeting standards established by licensing bodies and professional associations. The MAC may at their discretion extend such an invitation to a health worker having a technical rather than a university background. A member of the Scientific Staff shall not have admitting privileges; they may advise on patient care, attend meetings of Medical Staff and serve on committees when requested, but cannot vote or hold office.
- C.4.2.2** Nothing in this by-law shall supersede any employment or contractual relationship between the RHA and a member of the Scientific Staff.

#### **C.4.3 Honorary Medical Staff**

- C.4.3.1** The Honorary Medical Staff shall consist of physicians, dentists, oral and maxillofacial surgeons or other individuals who have made significant contributions to the health care field upon whom, the Board, upon recommendation from the MAC, may wish to confer the status of “honoris causa”. In the case of physicians, dentists and oral and maxillofacial surgeons affiliated with the RHA, they have completely retired from the practice of medicine at the time of being honoured.
- C.4.3.2** The Honorary Medical Staff shall have no assigned duties. They shall have no privileges. They may attend Medical Staff meetings as non-voting guest and may be invited to participate on committees in an advisory capacity but may not hold office.

### **C.5.0 Appointments and Credentialing of Medical Staff**

#### **C.5.1 Code of Ethics**

Each member of the Medical Staff shall comply with the Code of Ethics of the Canadian Medical Association or the Code of Ethics of the Canadian Dental Association and such code of ethics as shall from time to time be set out or referred to in the by-laws’ rules.

#### **C.5.2 Insurance or Liability Protection**

Each member of the Medical Staff shall obtain and maintain a valid professional liability insurance policy acceptable to the Board or ensure that they are a member of a liability protective organization acceptable to the Board.

### C.5.3 Qualifications

Membership in the Medical Staff shall be limited to graduates of Medical Schools who are licensed by the College of Physicians and Surgeons of New Brunswick or, in the instance of dentistry, those who are licensed by the New Brunswick Dental Society or in the case of oral and maxillofacial surgery, those who hold a specialist's license in oral and maxillofacial surgery issued pursuant to the *New Brunswick Dental Act, 1985*.

### C.5.4 New Appointments - Credentialing and Granting of Privileges

- C.5.4.1** An appointment may be made to the Medical Staff by the Board, after the application for appointment, on a form prescribed by the Board, has been made to the CEO and the application has been reviewed by the appropriate LMAC's Credentials Committee and a recommendation has been received from the Department Head concerned, the Credentials Committee the LMAC and the MAC.
- C.5.4.2** The Board's application form is to include, but is not limited to, the recognition that the applicant agrees to participate in departmental "on call" requirements and, to participate in emergency room coverage and to provide surgical assistance as determined by their Head of Department.
- C.5.4.3** Consideration of an application for a new appointment and privileges or for an application for additional privileges:
- (a) must take into account the physician, dental or oral and maxillofacial surgery resource requirements of the Department concerned; and
  - (b) will be assessed on the basis of:
    - i. the available resources and physical capacities of the RHA;
    - ii. the credentials and experience of the applicant for the privileges requested;
    - iii. the character, competence and fitness to practice of the applicant; and
    - iv. such other factors as the Board may from time to time consider relevant or as set out in the by-laws' rules.
- C.5.4.4** All physicians, dentists and oral and maxillofacial surgeons appointed to the Medical Staff must accept in writing the mission statement and philosophy of the RHA and must agree in writing to abide by *Regional Health Authorities Act* and its regulations, the by-laws, by-laws' rules and departmental rules and policies of the RHA. They must also provide a written release to obtain such other information that the Board may require, from time to time, respecting competence, capacity and conduct.
- C.5.4.5** A physician's, dentist's or oral and maxillofacial surgeon's appointment must include clearly delineated clinical responsibilities for each Department to which they are appointed. A physician, dentist or oral and maxillofacial surgeon shall not be permitted to modify their clinical

responsibilities, as set out in their appointment, without the prior approval of the Board, upon recommendation of the Head of Department, the members of the Department, the LMAC and the MAC. Failure to accept and carry out the delineated clinical responsibilities by any physician, dentist or oral and maxillofacial surgeon shall be considered a disciplinary matter as provided in Sections C.6 and C.7 of the by-laws. Each new appointee must understand and acknowledge in writing the foregoing obligations and consequences.

- C.5.4.6** In the case of teaching departments, a physician's, dentist's or oral and maxillofacial surgeon's appointment must include clearly delineated teaching and clinical responsibilities. Physicians, dentists and oral and maxillofacial surgeons will not be allowed to modify either their teaching responsibility or their clinical responsibility, as set out in their appointment, without prior approval of the Board upon the recommendation of the Head of the Department, the members of the Department, the LMAC and the MAC. Failure to accept and carry out the above obligations shall be considered a disciplinary matter as provided in Sections C.6 and C.7 of the by-laws. Each new appointee must understand and acknowledge in writing the foregoing obligations and consequences.

### **C.5.5 Process - New Appointments and Additional Privileges**

- C.5.5.1** All applications for new appointments or additional privileges to the Medical Staff shall be made to the CEO. The CEO shall not forward an application to the LMAC (who shall direct it to the appropriate Credentials Committee for consideration) unless they first determine, after consultation with the Head of the Department concerned, that there is an opening available on the Medical Staff for the position applied for or a need to grant additional privileges.
- C.5.5.2** Additional procedures for applying for appointment and reappointment to membership on the Medical Staff shall be as set out by the Board from time to time and described in the by-laws' rules.

### **C.5.6 Process - Reappointments**

- C.5.6.1** All physicians, dentists and oral and maxillofacial surgeons shall apply to the CEO for reappointment to the Medical Staff, on a biennial basis. In the year where the appointment terminates, the applications must be received on or before a date set by the Board and on a form prescribed by the Board.

Such form is to include but is not limited to the recognition that the applicant agrees to participation in departmental "on call" requirements and to participate in emergency room coverage and provision of surgical assistance as determined by their Head of Department.

- C.5.6.2** Consideration of an application for reappointment and privileges must take into account;
- (a) the medical or dental or oral and maxillofacial surgery resource requirements of the Department concerned; and

(b) and assessed on the basis of:

- i. the available resources and physical capacities of the RHA;
- ii. the credentials of the applicant for the privileges requested;
- iii. applicants experience and past performance;
- iv. the character, competence and fitness to practice of the applicant;
- v. the recommendation of the Head of the Department; and,
- vi. such other factors as the Board may from time to time consider relevant or as set out in the by-laws' rules.

**C.5.6.3** A physician's, dentist's or oral and maxillofacial surgeon's reappointment must include clearly delineated clinical responsibilities for each Department to which they are appointed. A physician, dentist or oral and maxillofacial surgeon shall not be permitted to modify their clinical responsibilities, as set out in their appointment, without the prior approval of the Board, upon the recommendation of the Head of Department, the members of the Department, the LMAC and the MAC. Failure to accept and carry out the delineated clinical responsibilities by any physician, dentist or oral and maxillofacial surgeon shall be considered a disciplinary matter as provided in Sections C.6 and C.7 of the by-laws. Each reappointee must understand and or acknowledge in writing the foregoing obligations and consequences.

**C.5.6.4** In the case of Teaching Departments, a physician's, dentist's or oral and maxillofacial surgeon's reappointment must include clearly delineated teaching and clinical responsibilities. Physicians, dentists and oral and maxillofacial surgeons will not be allowed to modify either their teaching responsibility or their clinical responsibility, as set out in their appointment, without prior approval of the Board, upon the recommendation of the Head of the Department, the members of the Department, the LMAC and the MAC. Failure to accept and carry out the above responsibilities shall be considered a disciplinary matter as provided in Sections C.6 and C.7 of the by-laws. Each reappointee must understand and acknowledge in writing the foregoing obligations and consequences.

**C.5.6.5** All physicians, dentists and oral and maxillofacial surgeons re-appointed to the Medical Staff must accept in writing the mission statement and philosophy of the RHA and must agree in writing to abide by the *Regional Health Authorities Act* and its regulations, by-laws, the by-laws' rules, the departmental rules and policies of the RHA.

### **C.5.7 Cross Appointments**

A member who wishes to practice within more than one Department shall apply for a cross appointment. The member shall meet the requirements of each Department to which they have applied. The Board may, from time to time, appoint members of the Medical Staff to more than one

(1) Department in accordance with the usual procedures for appointments. When making a cross appointment, the Board shall designate which Department is the principal Department of such member.

### **C.5.8 Rejection, reduction or suspension of privileges**

**C.5.8.1** The provisions of this section are only applicable to those persons who are members of the Medical Staff.

If at any stage in the credentialing process either the LMAC or the MAC recommends:

- (a) a rejection of the requested privileges by a member of the Medical Staff, either in whole or in part; or
- (b) a suspension of privileges of a member of the Medical Staff; the following procedure shall be applicable.

**C.5.8.2** The recommendation shall be conveyed to the CEO, the Chief of Staff and the member of the Medical Staff concerned by delivering the recommendation to them by personal delivery or by registered mail as soon as practicable.

**C.5.8.3** The recommendation shall specify the reasons for the refusal to grant the requested privileges or the suspension of privileges.

**C.5.8.4** Within 14 days of the receipt of notification of the recommendation as prescribed by Section C.5.8.3, the member of the Medical Staff concerned or the CEO may request the Chief of Staff to appoint a Review Panel which shall be constituted as outlined in Section C.11, and the Review Process shall follow that as specified in Sections C.12 and C.13. The final review process by the MAC and the Board shall follow the procedure as outlined in Section C.14.

### **C.5.9 Temporary Privileges**

The CEO, after consultation with the Chief of Staff or the medical director concerned, and the Head of the Department concerned, may grant temporary privileges for a specified limited time, not to exceed twelve (12) consecutive weeks and for a specified purpose to a physician, dentist or oral and maxillofacial surgeon who is not a member of the Medical Staff. In the exercising of such privileges, the appointee shall be under the general supervision of the Head of the Department concerned. The Executive Committee of the Board may approve the extension of temporary privileges for an additional twelve (12) weeks. The Board shall be advised of the granting of temporary privileges. The granting of temporary privileges does not grant membership to the Medical Staff.

### **C.5.10 Leave of Absence**

**C.5.10.1** The CEO, after consultation with the Department concerned, may, for any reason and upon any terms and conditions, grant a leave of absence to any member of the Medical Staff for a period not exceeding twelve (12) consecutive months. Should any Medical Staff member's absence exceed that

permitted by the CEO, they will be deemed to have resigned from the Medical Staff.

**C.5.10.2** This section shall not govern a medical leave of absence.

**C.5.10.3** The terms relating to the member's return following the leave shall be governed by the Departmental rules.

### **C.5.11 Emergency Restriction/Suspension**

**C.5.11.1** Where the CEO or the Chief of Staff becomes aware of a serious problem or potential problem which, in their opinion, adversely affects or may adversely affect the care of patients or the safety and security of patients or staff, and immediate action is required to protect the safety and best interests of patients or staff, the CEO, after consulting with the Chief of Staff, may summarily restrict or suspend the privileges of a member of the Medical Staff by notifying that member in writing.

**C.5.11.2** All emergency restrictions and suspensions of privileges must be reported by the CEO to the Board, the College of Physicians and Surgeons of New Brunswick or to the New Brunswick Dental Society, to any other New Brunswick RHA and, if required by any legislative provisions, to the Department of Health - Medicare Services.

**C.5.11.3** If the CEO suspends a member they shall immediately ensure that arrangements are made for proper care of patients affected by the suspension and, where necessary, that a replacement attending physician is appointed and identified on the patient's clinical record.

**C.5.11.4** In cases of summary restriction or suspension of a member of the Medical Staff, the Chief of Staff shall take the appropriate steps to ensure that it is processed in accordance with the Review Procedure as set out in Sections C.11, C.12, C.13 and C.14 in these by-laws.

## **C.6.0 Discipline**

All members of the Medical Staff are subject to the disciplinary proceedings and provisions outlined herein. Discipline action shall be proportionate to the severity of the infraction and shall take into account all of the relevant factors including the prior disciplinary record of the member. Disciplinary action or penalties may include, without limitation:

- (a) a verbal or written reprimand;
- (b) the requirement to adhere to conditions;
- (c) temporary suspension or probation, with or without conditions;
- (d) mandatory supervision and/or drug and alcohol testing;
- (e) mandatory training;
- (f) alteration, reduction, withdrawal or revocation of privileges;



- (g) dismissal from the Medical Staff; or
- (h) such further disciplinary action that may be deemed appropriate.

### **C.7.0 Conduct Subject to Discipline**

**C.7.0.1** Conduct subject to discipline includes, but is not limited to acts, omissions, statements, demeanour or professional or personal conduct, which:

- (a) exposes, or is reasonably likely to expose, patients and/or staff to harm or injury;
- (b) is or is reasonably likely to be detrimental to patient/staff safety or to the delivery of quality patient care within the RHA;
- (c) does, or is reasonably likely to, constitute abuse;
- (d) results in the imposition of sanctions by a College; or
- (e) is contrary to the by-laws, by-laws' rules, departmental rules, regulations, and policies and procedures of the RHA, or any applicable and relevant laws or legislated requirements.

**C.7.0.2** Without limiting the generality of the foregoing, the following are examples of conduct subject to discipline:

- (a) conduct which is unprofessional or unethical as defined from time to time in the Code of Ethics of the Canadian Medical Association, by the College of Physicians and Surgeons of New Brunswick, the New Brunswick Dental Society, the Canadian Dental Association and/or any other professional licensing body for the Province of New Brunswick for dental staff, or as set out in any legislation in effect in the Province of New Brunswick;
- (b) incompetence or demonstrable deficiencies in clinical practice;
- (c) a complaint which has been dealt with under any of the RHA's policies relating to behaviour in the workplace but which could not be resolved pursuant to those policies;
- (d) violation of the by-laws, by-laws' rules, departmental rules and/or any formal agreement with the RHA, existing policies and procedures of the RHA or any directive or policy of the Board of Management and/or any governmental department;
- (e) conduct which is unprofessional or disruptive to the operations of the RHA. Disruptive workplace behaviour includes behaviour either verbal or non-verbal, which by its nature may:
  - i. demonstrate disrespect to others in the workplace;
  - ii. affect or have the potential to affect adversely the care provided to patients; or

- iii. reflect the misuse of a power imbalance between the parties.
- (f) failure to comply with the conditions of any disciplinary action, penalty, or remedial steps imposed on a member;
- (g) failure to undertake mutually agreed upon assigned administrative, clinical teaching and research commitments;
- (h) persistent failure to perform charting duties as required by the *Hospital Act* and as outlined in the by-laws' rules and/or departmental rules; and
- (i) any other matter which the CEO or Chief of Staff determines should be investigated in accordance with these by-laws provisions.

### **C.8.0 Complaint against a Member of the Medical Staff**

- C.8.0.1** A complaint against a member of the Medical Staff respecting any matter set out in Section C.7, or any other complaint, shall be made or forwarded to the Department Head or the Chief of Staff.
- C.8.0.2** The Department Head and the Chief of Staff shall advise each other, and may advise the CEO, if any one of them receives a complaint made against a member, respecting any matter set out in Section C.7, or any other complaint, or if they become aware of any matter set out in Section C.7.
- C.8.0.3** Upon receipt of a complaint, or upon becoming aware of any matter set out in Section C.7, if, in the opinion of the Chief of Staff, upon consultation with the Department Head, patient safety is in issue, the Chief of Staff shall strike an Investigative Committee pursuant to Section C.10.
- C.8.0.4** The Medical Staff member shall be advised of the nature of any complaint and shall be given a reasonable opportunity to respond.
- C.8.0.5** Upon receipt of a complaint or upon becoming aware of any matter set out in Section C.7, the Chief of Staff may take initial steps to resolve the matter prior to engaging in the formal discipline procedures set out herein.
- C.8.0.6** If the Chief of Staff is unable to resolve the matter within thirty (30) days of receipt of the complaint or becoming aware of any matter set out in Section C.7, upon consultation with the Department Head, he may refer the matter to an alternative dispute resolution process pursuant to Section C.9 or to an Investigative Committee pursuant to Section C.10.

### **C.9.0 Alternative Dispute Resolution Process**

- C.9.0.1** The alternative dispute resolution process adopted pursuant to Section C.8.0.6, is an attempt to gain a mediated resolution of the matter with mutual consent of the parties, and shall be conducted on a without prejudice basis to the parties within sixty (60) days of the appointment of the mediator pursuant to Section C.9.0.2.

**C.9.0.2** The Chief of Staff shall appoint a mediator for the alternative dispute resolution process who is acceptable to the parties.

**C.9.0.3** Any communications or discussions during the alternative dispute resolution process are privileged and shall not be disclosed in any subsequent disciplinary proceeding, if any.

If the matter is resolved through the alternative dispute resolution process:

- (a) the matter and the proposed resolution shall be reported to the Chief of Staff for consideration; and
  - (b) if the proposed resolution is not approved by the Chief of Staff, in consultation with the Department Head, the complaint will be referred to the Investigative Committee under Section C.10 .
- C.9.0.4** If the matter is not resolved, or that in the opinion of the mediator the matter cannot be resolved, through the alternative dispute resolution process, the complaint shall be referred to an Investigative Committee under Section C.10.

**C.9.0.5** If the proposed resolution arising from the alternative dispute resolution process involves the alteration or removal of the member's privileges, the following process shall be followed:

- (a) the proposed resolution shall be forwarded to the CEO;
- (b) if the CEO agrees with the proposed resolution and alteration of privileges, the CEO shall refer the proposed resolution to the MAC;
- (c) if the CEO does not agree with the proposed resolution and proposed alteration of the privileges, the CEO shall refer the matter to the Chief of Staff who shall strike an Investigative Committee pursuant to Section C.10 ;
- (d) if the MAC agrees with the proposed resolution, the CEO shall refer the matter to the Board of the RHA for final approval;
- (e) if the Board approves the proposed resolution and proposed alteration of the privileges, it shall refer the matter to the Chief of Staff for implementation;
- (f) if the MAC does not agree with the proposed resolution and the proposed alteration of the privileges, it shall refer the matter to the Chief of Staff who shall strike an Investigative Committee, pursuant to Section C.10.

## **C.10.0 Investigative Committee**

**C.10.0.1** Within twenty-one (21) days of either completion of the alternative dispute resolution process, if the matter has not been resolved or upon referral by the CEO, the MAC or the Chief of Staff, the Chief of staff shall strike an ad hoc committee (Investigative Committee), composed of three (3)

persons as follows, and advise the member accordingly:

- (a) one (1) Department Head, other than the member's or complainant's Department Head or, with the permission of the Chief of Staff, their designate who shall act as chair of the Investigative Committee;
- (b) one (1) physician appointed by the President of the Medical Staff organization or his delegate. In the event the President of the Medical Staff organization fails or is unable to make such appointment, the Chief of Staff may make such appointment; and
- (c) one (1) physician who has been a member of the active Medical Staff for not less than ten (10) years appointed by the Chief of Staff.

**C.10.0.2** None of the members of the Investigative Committee shall be current members of the MAC or have participated in the Alternative Dispute Resolution process.

**C.10.0.3** The Investigative Committee shall undertake appropriate enquiries concerning the complaint, consult with the member, the complainant and any other persons as appropriate, including external consultants, but not conduct a formal hearing.

**C.10.0.4** In any request by the Investigative Committee to the member to be interviewed, the member may be accompanied by counsel or agent.

**C.10.0.5** All questions of procedure shall be decided by the Chairperson of the Investigative Committee.

**C.10.0.6** The Investigative Committee shall prepare a report of its recommendations which shall be forwarded to the member, the Chief of Staff and CEO within thirty (30) days of the Investigative Committee being struck. The report:

- (a) shall determine whether the matter warrants further action;
- (b) may provide recommendations in response to the complaint;
- (c) may recommend referral of the complaint to the Review Panel pursuant to Section C.11.

**C.10.0.7** Upon receipt of the report from the Investigative Committee, the Chief of Staff may review the report with the member.

**C.10.0.8** Within ten (10) days of receipt of the report and recommendations of the Investigative Committee, the member, the CEO or the Chief of Staff, if not satisfied with the findings and/or recommendations may refer the matter to a Review Panel pursuant to Section C.11.

**C.10.0.9** If the Investigative Committee's recommendations involve the alteration of the member's privileges and there is no appeal as provided for in Section C.10.0.8, the following procedure shall be followed:

- (a) if the CEO agrees with the recommendations and the alteration of privileges, the CEO shall

refer the report and recommendations to the MAC;

- (b) if the MAC agrees with the findings and/or recommendations, the CEO shall refer the matter to the Board;
- (c) if the Board agrees with the findings and/or recommendations, it shall refer the matter back to the Chief of Staff for implementation;
- (d) if the CEO does not agree with the finding and/or recommendations, he shall refer the matter to the Review Panel under Section C.11;
- (e) if the MAC does not agree with the findings and/or recommendations and the proposed alteration of the privileges, it shall refer the matter to the Review Panel pursuant to Section C.11.

**C.10.0.10** If, after the expiration of the ten (10) days from receipt of the report from the Investigative Committee, the matter has not been referred to a Review Panel and the recommendations do not involve the alteration of the member's privileges, the Chief of Staff shall take the necessary steps to implement the recommendations contained in the report.

### **C.11.0 Review Panel**

**C.11.0.1** The Review Panel shall be an ad hoc sub-committee of the MAC composed of three (3) members of the MAC, one of whom shall be a designate of the Chief of Staff, and who shall chair the Review Panel.

**C.11.0.2** The members of the Review Panel shall be appointed by the Chief of Staff, or his designate, within ten (10) days of the referral from the member, Chief of Staff, Investigative Committee, the MAC or the CEO. No member of the Review Panel shall have served on the Investigative Committee or have been involved in the Alternative Dispute Resolution Process. The majority of the members of the Review Panel shall be from zones other than the zone where the member being investigated principally practices.

### **C.12.0 Review Process**

**C.12.0.1** Upon a referral under Sections C.5.8.4, C.9 or C.10 or an appeal under Section C.10, the Review Panel shall appoint a time and place of formal hearing to be held within forty-five (45) days of receipt of the referral or notice of intention to appeal by the Review Panel.

**C.12.0.2** The Review Panel shall review the report and recommendations of the Investigative Committee, if applicable, together with any other documentation it deems relevant. The Review Panel may retain the services of external consultants.

**C.12.0.3** The member shall be given fifteen (15) days' notice of the formal hearing and shall be advised of the time and place of the formal hearing and be provided with a list or copies of all documentation

which is then in the possession of the Review Panel and which it intends to consider at the hearing.

**C.12.0.4** At the formal hearing, the Review Panel shall follow the procedure stipulated in Section C.13. With respect to matters for which no provision is made in that section, the Review Panel shall adopt such rules of procedure that it considers conducive to a fair and timely resolution of the issues.

**C.12.0.5** Within ten (10) days of the conclusion of its formal hearing, the Review Panel shall prepare a written report containing its conclusions, together with its reasons and recommendations and provide it to the member, the Chief of Staff and the CEO.

**C.12.0.6** If the decision and recommendations from the Review Panel do not involve the alteration of the member's privileges, the decision is final and binding and the Chief of Staff shall take the necessary steps to implement the recommendations of the Review Panel.

**C.12.0.7** If the decision and recommendations arising from the Review Panel involve the alteration of the member's privileges, the Chief of Staff shall advise the MAC

### **C.13.0 Procedure at Formal Hearings of the Review Panel**

The procedure to be followed at a formal hearing of the Review Panel, include the following:

- (a) the member concerned may appear at the formal hearing and may be represented by counsel or by agent;
- (b) the RHA may be a party to the formal hearing, may be represented by counsel and may call evidence;
- (c) the Review Panel may proceed with the formal hearing in the absence of the member concerned, his counsel or agent, provided that notice of the formal hearing has been provided to the member as required by these by-law provisions ;
- (d) the Review Panel may adjourn the formal hearing at any time, and if it does so, shall appoint the time and place for the recommencement of the formal hearing and shall send to the member, if they are not present at the time of the adjournment, written notice of the time and place of recommencement;
- (e) the formal hearing shall be held in camera;
- (f) evidence is not admissible before the Review Panel unless the member and/or the RHA has been given, at least seven (7) days before the formal hearing:
  - i. in the case of written documentary evidence, an opportunity to examine the evidence;
  - ii. in the case of evidence of an expert, a copy of the expert's written report or if there is no written report, a written summary of the evidence; or

- iii. in the case of evidence of a witness, the identity of the witness and a written outline of the evidence to be provided by the witness (“Will Say” statement).
- (g) notwithstanding Section C.13(f), the Review Panel may, in its discretion, allow the introduction of evidence that would be otherwise inadmissible under Section C.13(f) and may make directions it considers necessary to ensure that the member or RHA has an appropriate opportunity to respond;
- (h) all acts of the Review Panel shall be decided by the votes of a majority of the members present;
- (i) no member of the Review Panel shall participate in a decision following a formal hearing of the Review Panel unless that member was present throughout the formal hearing.

### **C.14.0 Medical Advisory Committee and Board Review Process**

- C.14.0.1** Within ten (10) days of receiving notification by the Chief of Staff under Section C.12.0.7, the MAC shall fix a date and time for review of the report and recommendations of the Review Panel and shall advise the member and the CEO of the date and time of such review.
- C.14.0.2** Within ten (10) days of receipt of the notice from the MAC under Section C.14.0.1, the member and/or the RHA may ask to appear before the MAC, but the member and/or the RHA shall not be entitled to a formal hearing.
- C.14.0.3** If the member elects to appear before the MAC pursuant to Section C.14.0.1, the member may be accompanied by counsel or by agent.
- C.14.0.4** The MAC may proceed with a review of the report and recommendations of the Review Panel in the absence of the member and/or the RHA if they were advised of the date and time of the meeting.
- C.14.0.5** Following its review of the report and recommendations of the Review Panel, the MAC shall forward them to the Board, along with its recommendations, and at the same time provide its recommendations to the member and the CEO.
- C.14.0.6** Upon receiving the recommendations of the MAC, the Board shall fix a date and time for review of the report and recommendations from the Review Panel and the recommendations of the MAC and shall advise the member and the CEO.
- C.14.0.7** Within ten (10) days of receipt of the notice from the Board pursuant to Section C.14.0.6 the member and/or the RHA may ask to appear before the Board, but they shall not be entitled to a formal hearing.
- C.14.0.8** If the member elects to appear before the Board pursuant to Section C.14.0.6, the member may be accompanied by counsel or by agent.

**C.14.0.9** The Board may proceed with a review of the report and recommendations of the Review Panel and the recommendations of the MAC in the absence of the member and/or RHA, if they were advised of the date and time of the meeting.

**C.14.0.10** Upon reviewing the report and recommendations of the Review Panel and the recommendations of the MAC, the Board shall render a decision, which decision shall be final and binding. The decision of the Board will be provided to the member of the medical staff, the CEO and such other individuals as needed, who shall implement the recommendations.

**C.14.0.11** If the Board is not satisfied that it has all the information that it requires to render a decision, it may require that a formal hearing be held before it.

### **C.15.0 Notification**

**C.15.0.1** When a member's privileges are reduced, suspended or not renewed, the Chief of Staff shall notify the College of Physicians and Surgeons of New Brunswick or the New Brunswick Dental Society, and any other New Brunswick RHA. Such notification shall include the nature and details of the complaint, the final decision and any recommendations for discipline. The Chief of Staff shall notify the Medicare Services of the Department of Health when a member's privileges are suspended or not renewed.

**C.15.0.2** When a member of the Medical Staff has privileges and upon receiving notice from another Regional Health Authority that the member's privileges in the other Regional Health Authority have been withdrawn, or significantly modified for incompetence, negligence or misconduct, or the member has resigned when competence or conduct is under investigation, the CEO, after consulting with the Chief of Staff, may suspend the privileges of the said member of the medical staff in accordance with the provisions of Section C.5.11 and thereafter, the by-laws' provisions contained in Sections C.10 through C.16 shall be followed.

### **C.16.0 Extension of Time**

The CEO and/or the Chief of Staff may extend any time period contained in these by-laws when they or one of them determines that the time period cannot be reasonably met, and notice of this extension shall be provided to the member in writing as well as to the chairman of any committee that may be affected by the extension of time.

### **C.17.0 Responsibility for Charting**

**C.17.0.1** All members of the Medical Staff shall perform their charting responsibilities in accordance with the provisions of the *Regional Health Authorities Act* or the *Hospital Act* and the Regulations thereunder, and failure to do so shall be grounds for the suspension, reduction or withdrawal of privileges.

**C.17.0.2** A member of the Medical Staff shall be subject to suspension where the member fails to complete a patient's record within a period of time as determined by the by-laws' rules.



**C.17.0.3** The CEO shall give notice of the temporary suspension of privileges under these by-laws, to the Medical Staff member, the Chairperson of the LMAC and the Head of the member's Department. Provisions shall be made by the member for alternate coverage, where required.

### **C.18.0 Emergency Situations**

Regardless of Departmental or staff status, in case of an emergency, any physician shall do all in their power to save the life or major organ of a patient, including calling for such assistance as may be available. For the purpose of this section, an emergency is defined as a condition in which the life or major organ of the patient is in immediate danger and in which any delay in administering treatment would increase the danger. At the earliest possible opportunity, the Chief of Staff shall be advised of the emergency situation and of the actions taken.

### **C.19.0 Medical Staff Organization (MSO)**

#### **C.19.1 One Medical Staff Organization**

There shall be a single medical staff organisation for the entire RHA regardless of the number of facilities/programs from time to time operated by the RHA. The Medical Staff Organisation may be sub-divided as described in the By-Laws' Rules.

The objectives of the Medical Staff Organisation shall be to:

- (a) ensure that all patients admitted to or treated at a facility receive the best possible care within the resources of the RHA;
- (b) ensure a high level of professional performance of all medical practitioners, dentists and oral and maxillofacial surgeons authorized to practice in any facility through ongoing review and evaluation of each members performance;
- (c) provide instruction and encourage high educational standards generally among the Medical Staff, and to encourage participation in medical research;
- (d) make such arrangements as are necessary to meet the requirements of undergraduate and postgraduate training programs operated in conjunction with a university or other academic or technical institutions with which the RHA enters into agreements for training and education;
- (e) participate in the maintenance and improvement of community health;
- (f) provide medical administrative advice to the CEO and the Board;
- (g) establish such staff organization and review procedures as are necessary to promote the attainment of the foregoing objectives.

### **C.19.2 Statement of Purpose**

Members of the MSO will work cooperatively with the RHA to provide efficient and effective services to those individuals under their care. Members of the MSO will always be mindful of the need to teach and to explore alternate methods that would benefit their patients.

### **C.19.3 Philosophy**

Members of the MSO will deliver their services in a compassionate and responsible manner, always cognizant of the needs of the patient and the dignity of the individual and family.