



# MEDICAL STAFF RULES

Approved by the Board of Directors on June 19, 2017

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## Introduction

All the terms used in these rules have the same meaning as in the *Regional Health Authorities Act* and the By-Laws.

In these rules, unless the context otherwise requires:

“CC” refers to the Credentials Committee;  
“CME” refers continuing medical education  
“CPD” refers to continuing professional development  
“DGLDUHC” refers to the Dr. Georges-L.-Dumont University Hospital Centre;  
“M-M” refers to morbidity and mortality;  
“EMP” refers to the Extra-Mural Program;  
“ROP” refers to required organizational practice;  
“RHPB” refers to the Regional Health and Business Plan;  
“University” refers to the Université de Sherbrooke;  
“Network” refers to Vitalité Health Network.

A copy of these rules must be available to the public in both official languages during regular business hours.

### 1. Conflict with By-Laws

If conflict should arise between these rules and the By-Laws, the By-Laws must take precedence.

### 2. Divisibility

If a competent court should, for any reason, declare any of the provisions of these rules invalid, illegal, or unenforceable, said invalidity, illegality, or unenforceability shall not affect any other provisions hereof, and these rules must be interpreted as if such an invalid, illegal, or unenforceable provision had never existed.

### 3. Meeting procedures

This article applies to the meetings of the MAC, LMAC, CC, clinical groups, departments / divisions / services, and their respective committees. For the purposes of this article, the term “committee” refers to all these committees, unless otherwise indicated.

Any meeting must be conducted by the Chair of the meeting in accordance with the By-Laws, these rules, or the code Morin, *Procédures des assemblées délibérantes*.

#### 3.1 Notice of regular meeting

The schedule of committee meetings for the upcoming year must be set and communicated to members within a reasonable time.

Any notice of meeting may be communicated electronically, or in accordance with the procedures that the committee may from time to time determine.

Subject to article 3.3 of these rules, the Committee Chair is responsible for setting the agenda.

#### 3.2 Special meetings

Special meetings are held as needed, at the request of the Committee Chair.

**3.3 Meeting agendas**

- a) Call to order;
- b) Adoption of minutes of previous meeting;
- c) Business arising from the minutes.

**d) Standing items for departments:****For a regional department:**

- d.1 Development and monitoring of quality plan:
  - M-M reviews
  - Medical procedure quality review audits
  - Implementation of best practices
  - Development of relevance and effectiveness of care indicators within the specialty or sub-specialty and close follow-up of those indicators
  - Recommendation of quality improvement initiatives

**For a local department:**

- d.1 Development and monitoring of quality plan:
  - M-M reviews
  - Medical procedure quality review audits
  - Implementation of best practices
- d.2 RHBP scorecard and Quality (clinical objectives) – barriers and successes;
- d.3 ROP follow-up;
- d.4 Reception of LMAC and MAC reports;
- d.5 Reception of Provincial Drugs and Therapeutics Committee reports;
- d.6 CME or CPD activities;
- d.7 Annually review the expectations related to physician behaviour as set out in the Guide to Managing Complaints and the Code of Ethics of the College of Physicians and Surgeons of New Brunswick and the various policies relevant to the Vitalité Health Network workplace (Occupational Health and Safety, Workplace Harassment, Workplace Violence);
- d.8 Every two years, review the section of the Minimum Requirements Form relevant to the department.

**d) Standing items for the LMACs**

- d.1 Quality plans:
  - Review, approval, and monitoring of quality plans by department;
  - RHBP scorecard and Quality (clinical objectives) – barriers and successes;
  - ROP monitoring;
  - Reception of department reports;
  - Reception and monitoring of recommendations contained in department incident management reports
- d.2 Reading of MAC reports
- d.3 Reception of reports from the medical representative of the Medical Staff Organization and the CEO
- d.4 Privileges and appointments:
  - New requests;

- Monitoring and evaluation of associate members;
- Monitoring and withdrawal of conditional privileges;
- Review and approval of minimum requirement forms;
- Requests to change or renew privileges.

**d) Standing items for clinical groups**

- d.1 Development of relevance and effectiveness of care indicators within the specialty or sub-specialty and close follow-up of those indicators
- d.2 Implementation of best practices
- d.3 Recommendation of quality improvement initiatives

**e) To close meetings:**

- Table of current business;
- New business;
- Adjournment and date of next meeting.

**3.4 Remote attendance**

Where permitted by law, members may attend committee meetings by telephone or any other means of communication. An individual attending a meeting in accordance with the provisions of this article is deemed to be present at the meeting.

**3.5 Meeting attendance**

Active and associate physicians must attend a minimum of 50% of the meetings of their department, division, or service, as applicable, between July 1 and June 30 of each year, failing which they may be subject to a reduction in their privileges, with notice to the College of Physicians and Surgeons of New Brunswick.

Being absent from a meeting may only be justified by a serious illness, a family emergency, or an on-call shift that precludes attending in person or remotely. A physician is excused from attending meetings in cases of authorized long-term leave (e.g. maternity leave, sabbatical).

The Chair of a meeting may examine any exceptional circumstance potentially justifying an absence.

**3.6 Quorum**

A majority of the voting members (50% plus one) must be present at a meeting to constitute quorum. Quorum must be achieved for voting to occur.

If quorum is not achieved, the Chair may, at his or her discretion, hold an information meeting. It is recommended that minutes be kept of this information meeting.

**3.7 Voting**

Matters requiring approval by the committee members must be adopted by a majority of the voting members present at the meeting (50% plus one). Ex officio members are not entitled to vote. The Chair of the meeting must not vote, except where a tie occurs. Members may vote by saying “yes” or “no” or by show of hands. Proxy voting is not permitted.

**3.8 Proof of voting**

A statement by the Chair of a committee meeting that a motion was adopted and an indication to this effect in the minutes constitute proof of said motion, without need for proof of the number or proportion of votes cast for or against the motion. The names of the mover and seconder of each motion must be recorded in the minutes.

**3.9 Minutes**

Under the *Hospital Act*, the originals of minutes of all meetings of the MAC, committees of the MAC, and clinical groups must be kept at the Network's Head Office in the Regional Medical Services Office. A copy of the minutes is distributed to all committee members before the next meeting and to the Chief of Staff for the next meeting of the MAC.

The originals of minutes of the LMAC; departments, divisions or services; and committees of the LMAC must be kept in the Local Medical Services Office. A copy of the minutes is distributed to the committee members before the next meeting, to the Local Chief of Staff, for the next meeting of the LMAC, and to the Chief of Staff for the next meeting of the MAC.

All minutes are made available to all members of the Medical Staff.

**4. Medical Advisory Committee (MAC)****4.1 MAC membership**

The MAC must have a minimum of 8 voting members and a maximum of 15 voting members, including the Chief of Staff who chairs the MAC.

The following individuals are members of the MAC:

- Chief of Staff - Zone 1B
- Chief of Staff - Zone 4
- Chief of Staff - Zone 5
- Chief of Staff - Zone 6

The Board appoints the other members of the MAC and seeks equitable representation from among the four zones and the following specialties:

- Family Medicine in an urban setting
- Family Medicine in a rural setting
- Emergency Medicine
- Internist (from a tertiary centre)
- Internist 2
- Surgery 1
- Surgery 2
- Mother/Child Program or Pediatrics
- Psychiatry
- Diagnostic Medicine

In addition to the Chair of the PAC and the CEO, a Network representative responsible for quality and another responsible for professional practice are appointed as ex officio non-voting members.

The MAC may also invite Regional Department Heads and Clinical Group Heads to attend and participate in meetings, but these individuals are not entitled to vote.

#### **4.2 Selection and appointment process for MAC members**

The MAC submits its appointment proposals to the Board based on the consultations conducted in the zones by the Local Chiefs of Staff and the Medical Directors and with the MAC Members.

### **5. Local Medical Advisory Committee (LMAC)**

The LMAC reports to the MAC and supports the latter within its zone.

#### **5.1 LMAC membership**

Each LMAC must have a minimum of 8 voting members and a maximum of 15 voting members, including the Local Chief of Staff who chairs the LMAC.

The seven following people are members of the LMAC:

- Head of General Medicine
- Head of Internal Medicine
- Head of Surgery
- Head of Anesthesia
- Head of Mother/Child
- Head of Psychiatry
- Head of Diagnostic Services
- LMSO Chair

The Board appoints the other members of the LMAC to represent the following facilities or services:

For Zone 1B: Stella-Maris-de-Kent Hospital;

For Zone 4: Grand Falls General Hospital and Hôtel-Dieu Saint-Joseph de Saint-Quentin;

For Zone 5: St. Joseph Community Health Centre;

For Zone 6: hospitals in Caraquet, Tracadie, and Lamèque;

One or more representatives from the following community services:

- EMP
- Public Health and Community Mental Health
- Addiction Services, or
- Any other existing department

A medical representative of the Medical Staff Organization and the CEO as well as a representative of clinical programs are appointed as ex officio non-voting members.

#### **5.2 Selection process for LMAC members**

The MAC submits its appointment proposals to the Board based on the consultations conducted in the zones by the Local Chiefs of Staff, Medical Directors, and CEO and with the LMAC.

In the absence of explicit authorization to the contrary in the By-Laws or the Rules or in the absence of authorization to the contrary by the CEO, an LMAC member may not hold any other major position or any position within the Medical Staff or any other organization that could lead to conflict with his or her duties as an LMAC member.

The independence during each step of the audience process, in relation with disciplinary issues or any other subject, is critical in maintaining:

- a) the protection of equity of the legislative procedure of the By-Laws
- b) the protection of committee members to potential accusations of bias
- c) the protection of integrity and legal force and the effect of the committee's decision

For example, a LMAC member cannot be part of the CC, of an investigative committee or any other committee related to a complaint, etc.

### **5.3 LMAC duties**

The MAC may delegate the following duties to the LMAC:

- a) Advise the MAC with respect to appointments to the Medical Staff and on privileges of members of the Medical Staff;
- b) Investigate questions requiring medical judgment;
- c) Make adequate provision for the supervision of all medical services, physician assistant services, dental services, and oral and maxillofacial surgery services;
- d) Coordinate the activities and general policies of the various departments / divisions / services;
- e) Receive and act upon the reports of all Medical Staff committees and Departments;
- f) Receive reports on medical procedure quality review activities and follow up on recommendations made;
- g) Advise the CEO on matters concerning the standards of practice of medicine within the zone and provide supervision over the practice of medicine, dentistry, and oral and maxillofacial surgery within its departments while ensuring that the best practices and performance indicators recommended by clinical groups are followed;
- h) Implement approved Board policies with respect to the practice of medicine, dentistry, and oral and maxillofacial surgery within the zone;
- i) Provide advice to the MAC on issues concerning quality medical care and safety;
- j) Take all reasonable steps to ensure professionally ethical conduct on the part of all members of the zone's Medical Staff;
- k) Assist the CEO in meeting standards required by the accreditation programs;
- l) Hear grievances and disputes between members of the Medical Staff and mediate between the parties concerned on matters not related to professional competency, poor conduct, negligence, discipline, or any other situation covered by article C.7 and paragraph B.11.3.2 m) of the By-Laws;
- m) Carry out functions assigned to it in the By-Laws respecting accreditation programs;
- n) Carry out functions assigned to it in the By-Laws respecting complaints and discipline;
- o) Receive departments' incident management reports and follow up on recommendations;
- p) Regularly inform Medical Staff of activities of the LMAC;
- q) When necessary, establish subcommittees to assist in its duties;
- r) Advise the CEO and the Local Medical Director on resource and equipment planning;
- s) Perform other such duties as may be directed by the MAC.

**5.4 LMAC committees**

An LMAC may occasionally establish subcommittees that it deems appropriate. An LMAC must determine its Chair, membership, and terms of reference and the duties of its committees.

**6. Local Chief of Staff****6.1 Appointment of Local Chief of Staff**

The Chief of Staff appoints the Local Chief of Staff taking into consideration the consultations conducted in the zone, including with the CEO, a medical representative, one or more representatives of the LMAC, and a representative of the LMSO.

**6.2 Term of Local Chief of Staff**

The Local Chief of Staff is appointed for a five-year term and must be eligible for another term not to exceed five years. The Local Chief of Staff's appointment is subject to annual review and confirmation by the Board.

**6.3 Duties of Local Chief of Staff**

Each Local Chief of Staff is accountable to the Chief of Staff for the quality of the care that the Medical Staff deliver in the zone's facilities, programs, departments and services. The Local Chief of Staff supports the Chief of Staff in his or her duties and must therefore:

- a) Chair the LMAC;
- b) Within the Network's resources, ensure that the Medical Staff maintain a high standard of patient care in all facilities in accordance with relevant statutes and related regulations, the By-Laws and Rules, department rules, accreditation licensing standards, and the standards of affiliated medical schools;
- c) Work through, and in collaboration with, Department Heads and supervise the care delivered by the Medical Staff to all patients of the zone;
- d) Receive all reports from the Medical Staff or administration concerning situations that could have an adverse effect on patient care in a facility and react through appropriate channels;
- e) Exercise supervisory authority over the members of the Medical Staff with respect to patient care;
- f) Perform such functions respecting complaints against members of the Medical Staff as set out in the By-Laws;
- g) Meet with all new members of the Medical Staff or have them meet their respective Department Head to ensure they have adequate knowledge of relevant statutes and their related regulations, the By-Laws, these rules, and policies pertaining to patient care;
- h) Through the Departments Heads, ensure that the Medical Staff are kept informed of changes in the Vitalité Network's policies, objectives, and By-Laws as they affect patient care;
- i) Ensure that all members of the Medical Staff participate in continuing medical education and continuing professional development sessions;
- j) In collaboration with the Medical Director of the zone, document and attempt to resolve significant matters of concern regarding individual members of the Medical Staff;
- k) Promote and maintain effective and efficient clinical organization of the Medical Staff;
- l) Promote and maintain productive and cooperative liaison between the Medical Staff and the local administration;
- m) Help the local administration to conduct short-term and long-term planning;

- n) Be a voting member of any local committee on clinical services, quality, and utilization;
- o) Be an ex officio member of all subcommittees of the LMAC established under the medical structure, except for the CC, where he or she may be invited as needed;
- p) Be a member of the Medical Resources Committee and help the Medical Director to plan and manage the medical resource requirements of the various departments;
- q) In collaboration with the Medical Directors, ensure that the Department Heads undergo an annual performance review and make recommendations on their re-appointment to the Medical Staff;
- r) Take on other duties and responsibilities that may from time to time be assigned by the Regional Chief of Staff or that are set out in the Rules;
- s) Manage certain clinical groups;
- t) Be accountable to the Chief of Staff by submitting an annual written report.

## 7. Credentials Committee (CC)

### 7.1 CC terms of reference

The CC, which reports to the LMAC, examines the requests of all candidates wishing to become members of the Medical and Dental Staff. It also examines all requests related to modifying, renewing, and adding privileges. It then makes recommendations to the LMAC.

In cases where there is no LMAC within a given zone, the MAC is responsible for forming a CC reporting to the MAC.

In cases where a CC is disbanded or cannot be appointed, the Local Chief of Staff is responsible for appointing an emergency ad hoc CC made up of at least two and at most four members.

### 7.2 CC membership

The CC is made up of at least three voting members from the Medical / Dental Staff appointed by the LMAC. The CC members cannot sit on another committee involved in the organization of the Medical Staff, such as the LMAC, MAC, and MSO Executive Committee.

The LMAC appoints one of the CC members as Chair for a two-year term. The Chair may be appointed for a second two-year term.

### 7.3 Meetings

CC meetings must take place before each LMAC or MAC meeting to ensure that the appointment or re-appointment process runs smoothly.

## 8. Programs

The CEO may establish programs based on the modalities and parameters that the CEO deems appropriate.

**9. Departments / divisions / services and clinical groups**

To achieve its objectives, discharge its responsibilities, and increase its effectiveness, a department has the flexibility to delegate the responsibilities it deems appropriate to divisions or services.

**9.1 Process for selecting and appointing Department Heads**

The MAC submits to the Board its proposed appointments based on the consultations it has conducted with the members of the department, division, or service; the Medical Director; and the LMAC.

In the case of Department Heads of the DGLDUHC, consultations must be conducted with a representative of the University appointed by the Dean. If a Department Head is already in place, these consultations must take place at least three months before the end of the incumbent's term.

Eligibility criteria for a Regional Department Head or a Department Head of the DGLDUHC:

- Hold a licence from the Royal Canadian College or the College of Family Physicians of Canada
- Actively involved in research or training

The Board appoints a head for each department for a three-year term, renewable by the Board on an annual basis. A head may not be appointed for more than two consecutive three-year terms but may be reappointed after a three-year hiatus.

**9.2 Duties of Department Heads**

In addition to the duties and responsibilities set out in Article C.1.7 of the By-Laws, a Department Head must also:

- a) Establish the operational structure of the department, which includes creating divisions where deemed appropriate;
- b) Appoint, and supervise the work of, the Division and Service Heads and assign them duties and responsibilities appropriate to the effective management of the department;
- c) Establish and then revise every two years the department rules and the minimum requirements to obtain privileges based on the minimum requirements form;
- d) Ensure that the members of the department comply with the By-Laws, Medical Staff Rules, and department rules;
- e) Implement all policies of the MAC and the Network to the extent that they apply to the department;
- f) Maintain and promote a continuing medical education program for the members of the department;
- g) Provide an appropriate educational experience for Medical Staff, medical students, and other hospital staff;
- h) Share relevant information with the members of the department to ensure optimal operation of the department;
- i) Ensure that the regional on-call list is compiled and distributed, if applicable;
- j) Ensure that complaints filed in the divisions are managed appropriately;
- k) Communicate the opinions and concerns of the department members to the Network's management, the appropriate committees, and other departments;
- l) Hold meetings following agendas that comply with the rules;
- m) Review and monitor statistical data relevant to the department's activities;
- n) Report to the MAC on quality activities, performance, and progress on the department's quality plan;
- o) Regularly audit department members' activities and service quality related to patient care;

p) For head of local departments:

Participate actively to all relevant regional clinical group meetings to:

- Develop and closely monitor care relevance and effectiveness indicators within a specialty or subspecialty;
- Implement best practices;
- Recommend quality improvement initiatives to the MAC

For head of regional departments:

- Develop and closely monitor care relevance and effectiveness indicators within a specialty or subspecialty;
- Implement best practices;
- Recommend quality improvement initiatives to the MAC

q) Motivate members to contribute to the effective operation of nursing units;

r) If applicable, delegate responsibilities to divisions or services to improve the department's effectiveness.

### **9.3 Divisions**

Departments may be divided into local divisions, as explained in Appendix A of these rules (medical administrative structure table).

### **9.4 Duties of Division Heads**

After they are appointed by a Department Head, Division Heads must:

- a) Establish the operational structure of the division, which includes creating services where deemed appropriate;
- b) Appoint, and supervise the work of, the Service Heads and assign them duties and responsibilities appropriate to the effective management of the division;
- c) If applicable to complete the department rules, establish and then revise every two years the division rules, including the minimum requirements to obtain privileges based on the department's minimum requirements form;
- d) Ensure that members of the department follow the By-Laws, Medical Staff Rules, and department rules;
- e) Implement all policies of the MAC and the Network to the extent that they apply to the division (program);
- f) Share relevant information with the members of the division to ensure optimal operation of the division;
- g) See that the on-call lists of the various services are compiled and circulated (in keeping with the Network's policy);
- h) Participate in the complaint management process in accordance with the Network's By-Laws and policies;
- i) Communicate the opinions and concerns of the division members to the department, the appropriate committees, and other divisions;
- j) Hold meetings following agendas that comply with the rules;
- k) Review and monitor specific statistical data relevant to the division's activities;
- l) Regularly audit division members' activities and service quality related to patient care;
- m) Closely monitor the relevance indicators identified by the department;
- n) Implement best practices;

- o) Recommend quality improvement initiatives to the Department Head;
- p) Motivate members to contribute to the effective operation of nursing units;
- q) Ensure that beds are utilized efficiently;
- r) Set clear objectives and responsibilities for each level of practice;
- s) Every two years, participate in evaluating each member of the division based on the minimum requirements form and submit appointment recommendations to the CC. The Division Head evaluates:
  - A member's activities on committees of the Network's Board, the LMAC, or the department, division, or service in which they hold privileges;
  - The member's participation on committees and in other initiatives of the Network;
  - The member's participation in teaching, research, and other pedagogical efforts;
  - Recognition of the member's professional competence by colleagues, other clinical associations, and patients and families;
  - Any complaints filed against the member;
  - The knowledge and skills demonstrated by the member as well as the nature and quality of their clinical results and utilization habits in recent years.

#### **9.5 Process for selecting and appointing clinical group heads**

The MAC appoints based on the consultations it has conducted with the members of the department, division, or service and the VP Medical. Generally, it would be the heads of departments/divisions/local services or their delegate.

Eligibility criteria for a Clinical Group Head:

- Hold a licence from the Royal Canadian College or the College of Family Physicians of Canada
- Actively involved in research or training

The MAC appoints a head for each clinical group for a three-year term, renewable by the CMC on an annual basis. A head may not be appointed for more than two consecutive three-year terms but may be reappointed after a three-year hiatus.

#### **9.6 Administrative duties**

When a physician assumes the duties of the administrative positions of Chief of Staff; Local Chief of Staff; Medical Director; Department, Division, or Service Head; or Program Director, the hours devoted to the administrative duties of these positions count toward the physician's hospital service hours, including, without being limited to, on-call, hospitalization, emergency shifts, and EMP. A physician's hospital service hours will be proportionately reduced by the number of hours devoted to administrative position duties. The number of hours to be devoted to the duties of each administrative position will be determined with the approval of the Local Chief of Staff, Medical Director, or Department Head, as appropriate.

#### **9.7 Department / division / service meetings**

- 9.7.1 When a division is subdivided into services, members of the services must meet within their respective services at least four times per year.

- 9.7.2 When a department is subdivided into divisions but the divisions are not subdivided into services, the members of the divisions must meet within their respective divisions at least four times per year.
- 9.7.3 Members of departments not subdivided into divisions must meet within their respective departments at least four times per year.
- 9.7.4 Service Heads within the same division must meet with their Division Head at least two times per year.
- 9.7.5 Division Heads within the same department must meet with their Department Head at least two times per year.
- 9.7.6 A Service Head, Division Head, or Department Head may at any time call a special meeting of all members of their service, division, or department, as appropriate.

#### **9.8    Department / division / service rules**

- 9.8.1 Department, division, and service rules must be included in the minimum requirements form.
- 9.8.2 In case of conflict between the regulations of departments, divisions, and services and the Medical Staff Rules or the By-Laws, the Medical Staff Rules or the By-Laws take precedence.
- 9.8.3 The CEO or Chief of Staff may at any time require a department head to revise or modify one or more rules of their department, divisions, or services to ensure the department is organized satisfactorily and operating effectively. This revision must take place within a maximum period of three months.
- 9.8.4 If, following a request for revision of its rules, a department/division/service doesn't suggest any appropriate modification, the local chief of staff may designate an ad hoc committee, comprised of three chiefs of staff or their delegate, to study the issue. The ad hoc committee will propose to the chief of staff any modification to be made to the department/division/service rules deemed appropriate. The MAC has afterwards the authority to impose any modification to the department/division/service rules

#### **9.9    Minimum requirements form**

Every two years, the Local Chief of Staff distributes the minimum requirements form to the Department, Division, or Service Heads.

Every two years, the Regional Chief of Staff distributes the minimum requirements form to the Regional Department Heads.

##### Department with no division

The Department Head reviews the minimum requirements form with its members. Together, they develop and agree upon the minimum requirements and the rules for the department. The Department Head submits its form to the fall meeting of the MAC.

##### Department with divisions

The Department Head reviews the minimum requirements form with the head of each division. Together, they develop and agree upon the minimum requirements and the rules for the department. The Head of each division then revises the minimum requirements form with their members and develops or reviews the rules for the division.

If there are services under a division, the head of the division reviews the minimum requirements form with the head of each service. The head of each service then revises the minimum requirements form with their members and develops the rules for the service.

The Department Head submits their form to the fall meeting of the MAC.

When the MAC has approved the minimum requirements form specific to each department, the Department Head, in consultation with the VP Medical or his delegate, evaluates their members during privilege renewal based on the minimum requirements form. The reappointment process begins in the winter (January-February) every two years and ends with the annual general meeting of the Board, based on the following schedule:

- CC: February or March
- LMAC: March or April
- MAC: April or May

The period of time covered by the minimum requirements form is two years starting July 1.

### **9.9.1 Continuing Medical Education**

#### **9.9.1.1 Credits – Family Physicians**

Family physicians must obtain a minimum of 25 credits of continuing education per year and a minimum of 250 credits over a five-year period.

#### **9.9.1.2 Credits – Medical Specialists**

Medical specialists must obtain a minimum of 40 credits of continuing education per year and a minimum of 400 credits over a five-year period.

#### **9.9.1.3 Credits – Dentists**

Dentists must obtain a minimum of 60 credits of continuing education over a three-year period. Dental specialists must obtain a minimum of 50% of their continuing education credits within their specialty.

#### **9.9.1.4 Authorized long-term leave**

In the case of physicians on authorized long-term leave, their obligations with respect to continuing education are set out in policies AMD.4.40.50 and AMD.4.40.70.

## **10. Categories of medical staff**

### **10.1 Active and associate medical staff**

**10.1.1** The members of the active medical staff or associate medical staff obtain privileges for one or more specific facilities of the Network.

**10.2.3** The members of the active medical staff or associate medical staff also become members of the **consulting** medical staff and **locum tenens** medical staff for all other facilities of the Network. When a physician ceases to be a member of the active medical staff, they also cease to be a member of the consulting medical staff and locum tenens medical staff.

A member of the active medical staff or associate medical staff has an obligation to assume responsibilities as a member of the consulting medical staff or locum tenens medical staff solely in the following cases:

- a) A department, division, or service of a given facility has identified a need for the services of a member of the consulting medical staff or locum tenens medical staff; and
- b) The member agrees to provide the services in question following a request from the department, division, or service having identified the need.

The obligations and responsibilities of a member of the active medical staff or associate medical staff to assume responsibilities as a member of the **consulting** medical staff or **locum tenens** medical staff, as appropriate, cease when the member has completed the delivery of the services requested by the department, division, or service in question.

## 10.2 Locum tenens medical staff

### 10.2.1 Orientation

The physician responsible for a member of the locum tenens medical staff must see to their orientation, which includes:

- a) Reviewing how the department operates;
- b) Reviewing the minimum requirements form;
- c) Evaluating the member if they have been practising within the Network for over six months;
- d) Visiting the nursing units in question;
- e) Monitoring to ensure that the locum tenens member interacts well with the medical team and multidisciplinary care team; and
- f) Reviewing the patient transfer and continuity of care process when the member leaves.

## 10.3 Courtesy medical staff

The Network's Board grants courtesy medical staff privileges in all of the Network's facilities to all members of the active medical staff of Horizon Health Network. When a physician ceases to be a member of the active medical staff of Horizon Health Network, they also cease holding courtesy medical staff privileges with the Network.

## 10.4 Medical learners (students, interns, residents)

At its annual general meeting, the Network's Board may grant medical learner privileges by approving the list of graduates and learners registered in a hospital facility for training purposes at the request of a Canadian faculty of medicine.

A request from any medical learner who does not originate from a Canadian faculty of medicine must be approved individually by the Network's Board.

- 10.4.1** After consulting with the Chief of Staff or the Medical Director in question and the Department Head in question, the CEO may grant medical learner privileges for a specific purpose and for a period not exceeding 12 consecutive weeks to a medical graduate or an undergraduate from a Canadian medical school who is not yet a medical learner within the Network. The Executive Committee of the Board may approve the extension of the temporary privileges for an additional 12-week period. The Board must be made aware of the granting of temporary medical learner privileges.

**10.5 Extra-Mural Program (EMP) patients**

(*N.B. Section to be revised if the management of the EMP is entrusted to Medavie*)

The members of the Medical Staff who obtain active or associate member privileges automatically acquire privileges to admit patients into the EMP as well as the obligation to meet all EMP requirements. Physicians with patients in the EMP must:

- a) Provide satisfactory follow-up for their patients by doing house calls as needed or referring them satisfactorily;
- b) Maintain each of their patient's health records;
- c) Write and sign orders for the care required by their patients;
- d) Be available to EMP professionals to discuss the condition of their patients or how an illness is progressing;
- e) Ensure that when they are absent, their patients receive medical care;
- f) Promptly discharge their patients when required;
- g) Complete and sign all documents required at discharge.

**11. Appointment and reappointment**

The Department, Division, or Service Head must ensure that all requests for appointment or reappointment meet the minimum requirements set out on the form to this effect.

Every two years, the department, division, or service in question revises the minimum requirements to obtain active member privileges.

Each Department, Division, or Service Head must make recommendations concerning the appointment; the reappointment with renewal of current privileges, change of category, or additional privileges; or non-reappointment of each candidate within the department, division, or service. Reappointment forms must be processed by the CC, LMAC, and MAC, who makes its recommendations to the Board in accordance with the procedure set out in the By-Laws.

**11.1 Appointment and reappointment of physicians with teaching duties**

Under the contract between the Network and the University, the appointment and reappointment of a physician with teaching duties is submitted for consultations with the Assistant Dean of the University during the appointment and reappointment process.

**11.2 Refusal, reduction, or suspension of privileges**

If the LMAC recommends the partial or full refusal of requested privileges or the suspension of the privileges of a member of the Medical Staff, and no request for a review panel is filed under article C.5.8.4 of the By-Laws, the LMAC's recommendation is submitted to the MAC.

If the MAC recommends the partial or full refusal of requested privileges or the suspension of the privileges of a member of the Medical Staff, and no request for a review panel is filed under article C.5.8.4 of the By-Laws, the MAC's recommendation is submitted to the Board.

**11.2.1** Under paragraph C.5.4.3(b) iv and C.5.6.2(b) vi of the By-Laws, the Board can refuse a request for additional privileges or re-appointment request if a member is on a medical leave for more than two years. In such case, the Board may grant additional privileges or accept the candidacy for a re-appointment if the member:

- Meets the minimum requirements of the department
- Meets the requirements issued following a regional consultation with other departments of the same specialty
- Is subject to close monitoring
- Follows, if required, a training based on the number of months required for year of absence (one month for one year); and
- Obtains a medical certificate that meets policy ADM.4.20.15 “Physician’s Disability Leaves”

The Local Chief of Staff ensures the process is followed and all conditions are satisfactory before making recommendations to the MAC.

## **12. Authorized leave**

All requests for leave under article C.5.10.1 of the By-Laws must be submitted in writing to the Department Head of the member making the request. The Department Head evaluates the request for leave and makes a recommendation to the CEO.

## **13. Structure of the Medical Staff Organization (MSO)**

The administrative structure of the MSO consists of four local organizations (LMSOs) representing the Network's four zones.

The MSO Council of Presidents:

- Is made up of the four Presidents elected from each of the local organizations (LMSOs);
- Is responsible for meeting the MSO objectives as set out in the By-Laws;
- Is a forum for the LMSO Presidents to make their respective zones' points of view known;
- Is responsible for setting up the LMSOs;
- Is empowered to delegate any appropriate duty or responsibility to the LMSOs;
- Must elect a Chair from among its members to communicate with the Network (act as spokesperson).

## **14. Local Medical Staff Organizations (LMSOs)**

### **14.1 Membership of the LMSO Executive Committees**

Each LMSO Executive Committee is made up of four members elected from among the Medical Staff who hold the positions of President, Vice-President, Secretary, and Treasurer.

### **14.2 Nominating Committee**

Each Nominating Committee is made up of the President and a member elected by the LMSO and is formed at least two months before the annual general meeting (AGM) of the LMSO at which the election is to take place. At the AGM, the committee presents a list of qualified candidates.

Only physicians who are members of the active medical staff may be elected as members of an LMSO Executive Committee.

**14.3 Other nominations**

Any member of the active medical staff wishing to be a candidate for a position on an LMSO Executive Committee must apply, with support in writing from at least three members of the active medical staff, to the Nominating Committee at least seven days before the AGM at which the election is to take place. Nominations must be posted to inform the members of the LMSO.

**14.4 Length of terms of LMSO Executive Committee members**

LMSO Executive Committee members are elected for a two-year term and cannot be re-elected to the same position for more than two consecutive terms. A member may be re-elected to the same position after a two-year hiatus.

If a member of an LMSO Executive Committee cannot complete their term, the Executive Committee appoints a replacement to do so.

**14.5 LMSO meetings**

An LMSO must meet at least four times per year.

**14.6 Other LMSO committees**

An LMSO Executive Committee can form LMSO subcommittees. The Chairs, members, and terms of reference of these committees are determined and set by the LMSO Executive Committee. These committees must solely be vested with the authority, powers, and responsibilities granted by the LMSO Executive Committee for the purpose of fulfilling their terms of reference.

**14.7 Duties of an LMSO Executive Committee**

In addition to the duties set out in these rules, an LMSO Executive Committee must:

- a) Transact the LMSO business between LMSO meetings that cannot reasonably be deferred; and
- b) Report on all these activities at LMSO meetings.

**14.8 LMSO Executive Committee meetings**

An Executive Committee meets between an LMSO's regular meetings to manage the organization's business, with the frequency of these meetings varying based on the LMSO's needs.

**14.9 LMSO change of status**

If an LMSO makes such a request or if, at any time, it becomes apparent to the MSO Council of Presidents that an LMSO is:

- a) Deemed unable to operate effectively while remaining independent;
- b) Unable to find a President interested in, and capable of, fulfilling the responsibilities of such a position;

The Council of Presidents may, after consulting with the CEO, temporarily or permanently merge the LMSO with another LMSO.

The trusteeship power held by the administrative trustee includes all the prescribed powers and means of control available and necessary for the Medical Staff Organization to comply with the By-Laws and these rules.

## **15. Procedures governing MSO and LMSO meetings**

### **15.1 Quorum for MSO and LMSO meetings**

The quorum for any meeting of an Executive Committee or other committee of the MSO or an LMSO is a majority of voting members, i.e. 50% plus one.

The quorum for all regular or special meetings and LMSO AGMs is 15 members.

### **15.2 Passing motions at the MSO and LMSOs**

Any motions moved within the MSO, an LMSO, and their respective committees must be adopted by a majority of the members attending the meeting, i.e. 50% plus one. The meeting chair only votes in the case of a tie.

## **16. Duties of LMSO executive members**

### **16.1 Duties of the LMSO President**

An LMSO President must:

- a) Chair LMSO meetings;
- b) Call regular meetings and special meetings as needed;
- c) Chair the LMSO Executive Committee;
- d) Attend LMAC meetings as a voting member; and
- e) Serve as a non-voting ex officio member of all LMSO subcommittees.

### **16.2 Duties of the LMSO Vice-President**

An LMSO Vice-President must:

- a) Attend and, as needed, replace the President and perform the President's duties;
- b) Perform other duties that may be assigned from time to time by the President.

### **16.3 Duties of the LMSO Secretary**

An LMSO Secretary must:

- a) Draft the minutes of all LMSO meetings and distribute these to the LMSO's members;
- b) Handle all LMSO correspondence;
- c) Perform other duties normally associated with this position or assigned from time to time by the President; and
- d) Attend and, as needed, replace the President and Vice-President and perform their duties.

**16.4 Duties of the LMSO Treasurer**

An LMSO Treasurer must:

- a) Keep the LMSO's books and financial reports up to date;
- b) Update the LMSO's members on the LMSO's financial situation and do so at every meeting;
- c) Provide the LMSO's members with an annual report and with financial statements;
- d) Prepare the annual budget;
- e) Perform other duties normally associated with this position or assigned from time to time by the President; and
- f) Attend and, as needed, replace the President, Vice-President, and Secretary and perform their duties.

**17. LMSO meetings**

An LMSO must hold at least four regular meetings per year.

**17.1 Agenda for LMSO meetings**

The agenda for LMSO meetings must include the following:

- a) Call to order;
- b) Presentations related to patient care;
- c) Adoption of minutes of previous meetings and minutes of special meetings not previously adopted;
- d) Business arising from the minutes;
- e) Report by the LMSO President;
- f) Reports by the LMSO committees;
- g) Report by the Executive Committee;
- h) New business.

**17.2 LMSO annual general meeting**

An LMSO's annual general meeting (AGM) must take place before the end of June.

**17.3 Agenda for an LMSO AGM**

The agenda for an LMSO AGM must include the following:

- a) Call to order;
- b) Adoption of minutes of previous AGM;
- c) Business arising from the minutes;
- d) Receipt of annual reports of the LMSO and the Chairs of the various LMSO committees;
- e) Report by the Treasurer and approval of the financial statements;
- f) Adoption of the budget for the coming year;
- g) Report by the Nominating Committee and election of the LMSO Executive Committee;
- h) Members' assessment;
- i) Program for future meetings;
- j) New business.

**17.4 LMSO special meetings**

An LMSO President may call special meetings at any time by issuing a notice of meeting specifying the business to be transacted. The only business that may be transacted at this meeting is that specified in the notice of meeting.

Notice of an LMSO special meeting is distributed to members at least 48 hours before the scheduled time of the meeting, as follows:

- a) By electronic means;
- b) By posting the notice in the medical staff lounge or the surgeon's room; or
- c) By posting the notice in any other location frequently used by the members of the Medical Staff of each facility.

**18. Honoraria of LMSO President**

An LMSO may from time to time establish the amount of the honoraria to be paid to the LMSO President.

**19. Compulsory assessment**

If a notice to this effect is given to the members of the Medical Staff at an LMSO's AGM, the LMSO may require of the members (with the exception of honorary members and dentists) the payment of, or an increase in, the annual assessment to cover the LMSO's operating expenses. A majority vote (50% plus one) of the LMSO members present at the AGM is required to adopt such a motion. Each LMSO member must then pay the assessment adopted at the AGM within 30 days of receiving a notice of assessment.