

MEDICAL STAFF BYLAWS

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Medical Staff Bylaws For Interior Health Authority

PREAMBLE

- This Document presents Bylaws for the medical staff of facilities and programs operated by the Interior Health Authority.
- These Bylaws are promulgated by the Board of Directors of the Interior Health Authority pursuant to the authority and requirements of the *Hospital Act* and its *Regulations*, and the *Health Authorities Act*. Bylaws for the medical staff are a description of the relationship and the responsibilities between the Board of Directors and individual members of the medical staff acting collectively as the medical staff organization. Bylaws set out the conditions under which members of the medical staff serve the facilities and programs operated by the Interior Health Authority, provide patient care, and offer medical, dental, midwifery, and nurse practitioner practice advice to the Board of Directors. The Board's obligation to patient care includes supporting the medical staff through the provision of adequate and appropriate resources.
- The Board of Directors grants privileges to appropriately-qualified medical staff members in the facilities and programs operated by the Interior Health Authority.
- The Board of Directors employs the Chief Executive Officer (CEO) to conduct the day-to-day affairs of the facilities and programs operated by the Interior Health Authority and to ensure effective operation.
- The medical staff must be organized in conformity with these Medical Staff Bylaws, the Medical Staff Rules and Medical Staff Policies and Procedures.
- The Board of Directors is ultimately accountable for the quality of medical care, and provision of appropriate resources, in the facilities and programs operated by the Interior Health Authority. This accountability extends to the Chief Executive Officer (CEO) who is the Board of Directors' representative as outlined in the *Hospital Act Regulation* section 3(1).
- The members of the medical staff are responsible to the Head of the Department to which they are assigned for the quality of medical care in the facilities and programs operated by the Interior Health Authority.
- Members of the medical staff are required to adhere to, and are offered the protections of, the *Freedom of Information and Protection of Privacy Act* and other applicable legislation respecting personal privacy.

Article 1 – DEFINITIONS

Appointment – The process by which a physician, dentist, midwife, or nurse practitioner becomes a member of the medical staff of the Interior Health Authority. Appointment does not constitute employment.

Board of Directors – The governing body of the Interior Health Authority.

Chief Executive Officer (CEO) – The person engaged by the Interior Health Authority to provide leadership to the health authority and to carry out the day-to-day management of the facilities and programs operated by the health authority in accordance with the bylaws, rules and policies of the health authority.

Dentist – A member of the medical staff, who is duly licensed by the College of Dental Surgeons of B.C. and who is entitled to practice dentistry in British Columbia.

Department – A major component of the medical staff composed of members with common clinical or specialty interest.

Department Head – The member of the medical staff appointed by the Interior Health Authority, and responsible to the Senior Medical Administrator (VP Medicine), to be in charge of and responsible for the operation of a Department.

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

Facility – A health care facility as defined by the *Hospital Act* and *Regulations* of B.C.

Health Authority Medical Advisory Committee (HAMAC) – The advisory committee to the Interior Health Authority on medical, dental, midwifery and nurse practitioner practice matters, as described in Article 8 of the Bylaws.

Medical Care – For the purposes of this document, medical care includes the clinical services provided by physicians, dentists, midwives and nurse practitioners.

Medical Staff – The physicians, dentists, midwives and nurse practitioners who have been granted privileges by the Board to practice in the facilities and programs owned or operated by the Interior Health Authority.

Medical Staff Rules (or Rules) – The rules approved by the Board of Directors governing the day-to-day management of the medical staff in the facilities and programs operated by the Interior Health Authority.

Midwife – A member of the medical staff, who is duly licensed by the College of Midwives of B.C. and who is entitled to practice midwifery in British Columbia.

Nurse Practitioner (NP) – A member of the medical staff, who is duly licensed by the College of Registered Nurses of British Columbia and who is entitled to practice nursing as a nurse practitioner in British Columbia.

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

Physician – A member of the medical staff, who is duly licensed by the College of Physicians and Surgeons of B.C. and who is entitled to practice medicine in British Columbia.

Practitioner – A physician, dentist, midwife, or nurse practitioner who is a member of (appointed to) the medical staff of the Interior Health Authority.

Primary Department – The Department to which a member of the medical staff is assigned according to his/her training, and where the member delivers the majority of care to patients.

Privileges – A permit to practice medicine, dentistry, midwifery, or nursing as a nurse practitioner in the facilities and programs operated by the Interior Health Authority and granted by the Interior Health Authority to a member of the medical staff, as set forth in the *Hospital Act* and its *Regulations*. Privileges describe and define the scope and limits of each practitioner's permit to practice in the facilities and programs of the Interior Health Authority.

Program – An ongoing care delivery system under the jurisdiction of the Interior Health Authority for coordinating a specified type of patient care.

Regulations – The Regulations made under the authority of the *Hospital Act*.

Section – A component of a Division composed of members with clearly defined sub-specialty interests.

Senior Medical Administrator (VP Medicine) – The physician, appointed by the CEO, responsible for the coordination and direction of the activities of the medical staff.

Temporary Privileges – A permit to practice in the facilities and programs operated by the Interior Health Authority that is granted to a member of the medical staff for a specified period of time in order that he/she may provide a specific service.

Article 2 – PURPOSE OF THE MEDICAL STAFF ORGANIZATION

2.1 General Purpose

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

2.2 Functions of the Medical Staff Organization

- 2.2.1 To make recommendations regarding the standards of medical care delivery in the Interior Health Authority.
- 2.2.2 To participate in interdisciplinary structures and processes to improve the quality and safety of health care services.
- 2.2.3 To make recommendations to the Board of Directors and the CEO for the establishment, maintenance and continuing improvement of professional standards of the medical staff collectively and individually.
- 2.2.4 To review, analyze and evaluate the clinical practices of all medical staff members in order to determine the quality of medical care rendered in the facilities and programs operated by the Interior Health Authority.
- 2.2.5 To report regularly to the Board of Directors and the CEO on the quality of medical care in terms of professional standards; to make recommendations for the enforcement of those standards; and to initiate corrective action as required.
- 2.2.6 To make recommendations to the Board of Directors concerning the appointment of physicians, dentists midwives and nurse practitioners to the medical staff and the granting of privileges to medical staff members.

- 2.2.7 To make recommendations to the Board of Directors concerning the maintenance of privileges of members of the medical staff based upon regular review and evaluation of each practitioner's performance.
- 2.2.8 To make recommendations to the Board of Directors and the CEO concerning medical staff human resource needs.
- 2.2.9 To supervise and ensure compliance with the Bylaws, Rules and policies of the Board of Directors and medical staff.
- 2.2.10 To exercise discipline within and up to the limitations of authority delegated by the Board of Directors.
- 2.2.11 To assist in planning goals to meet community needs within the Interior Health Authority.
- 2.2.12 To maintain appropriate formally structured education programs.

2.3 Code of Ethics

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

Article 3 – MEMBERSHIP AND APPOINTMENT

3.1 Terms of Appointment

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

3.2 Criteria for Membership

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

3.2.2 The applicant must:

1. demonstrate the ability to provide patient care at an appropriate level of quality and efficiency;
2. have adequate training and experience for the privileges requested;
3. produce evidence of current membership in the Canadian Medical Protective Association (CMPA) or professional liability insurance coverage in the category appropriate to the practice of the member of the medical staff, which is subject to approval by the Board of Directors;
4. demonstrate the ability to communicate and work with colleagues and staff in a cooperative and professional manner;
5. provide documentation of experience and competence from any previous hospital/facility appointments.

3.2.3 The applicant must agree to be governed by the requirements set out in these Bylaws, the Medical Staff Rules, and policies, and, where applicable, affiliation agreements.

3.2.4 The applicant must disclose any physical or mental impairment that affects or may affect the proper exercise by the applicant of the necessary skill, ability and judgment to deliver appropriate patient care.

3.2.5 The Board of Directors may establish further criteria for membership from time to time.

Article 4 – APPOINTMENT AND REVIEW PROCEDURES

4.1 Procedure for Appointment

- 4.1.1 Applicants who express in writing the intention to apply for appointment to the medical staff must be provided with a copy of the *Hospital Act* and the *Regulations* and a copy of the Medical Staff Bylaws and Rules.
- 4.1.2 Applicants for appointment to the medical staff must submit to the office of the CEO one original written application on a specified form together with the documents and information detailed in section 4.1.3.
- 4.1.3 Each completed application must contain:
 1. a statement that the applicant has read the *Hospital Act* and the *Regulations*, and the Bylaws and Rules of the medical staff;
 2. an undertaking that, if appointed to the medical staff, the applicant will be governed in accordance with the requirements set out in the Bylaws, Rules and policies of the medical staff, as established by the Board of Directors and the Health Authority Medical Advisory Committee from time to time;
 3. an undertaking that, if appointed to the medical staff, the applicant will participate in the discharge of medical staff obligations applicable to the membership category to which he/she is assigned;
 4. an agreement to accept committee assignments and such other reasonable duties and responsibilities as shall be assigned to the member;
 5. evidence of current membership in CMPA or in an organization with professional liability insurance in the category appropriate to the practice of the member of the medical staff, which is subject to approval by the Board of Directors;
 6. a list of privileges requested;
 7. an up-to-date curriculum vitae;

8. The names of a minimum of three professional referees whom the Interior Health Authority can contact, one of whom shall be the Chief of Staff or Senior Medical Administrator (VP Medicine) of the organization in which the applicant has most recently worked (and/or the Post Graduate Program Director, in the case of an applicant who has recently completed post graduate training).
 9. information on any civil suit relating to the applicant's professional practice where there was a finding of negligence or battery, or where a monetary settlement was made on behalf of the applicant;
 10. information on any physical or mental impairment or health condition that affects, or may affect, the proper exercise by the applicant of the necessary skill, ability and judgment to deliver appropriate patient care;
 11. a signed consent authorizing the Board of Directors to obtain:
 - a Certificate of Professional Conduct from the College of Physicians and Surgeons of B.C., the College of Dental Surgeons of B.C., the College of Midwives of B.C., or the College of Registered Nurses of B.C.;
 - in the case of an applicant from outside B.C., a Certificate of Professional Conduct from the licensing body under whose jurisdiction the applicant was practicing and a letter from the appropriate B.C. College confirming eligibility for a license;
 - reports on any action taken by a College disciplinary committee;
 - reports on privileges that have been curtailed or cancelled by any medical, dental, midwifery, or nursing licensing authority or by any hospital or facility because of incompetence, negligence or any act of professional misconduct.
- 4.1.4 In cases where, under special or urgent circumstances, temporary medical staff privileges are required, the CEO may, in consultation with the Senior Medical Administrator (VP Medicine), grant such appointments with specific conditions, and for a designated purpose and period of time. These appointments must be ratified or terminated by the Board of Directors at its next meeting.

4.2 Burden of Providing Information

- 4.2.1 The applicant shall have the burden of producing adequate information for a proper evaluation of his/her competence, character, ethical conduct, and other qualifications.
- 4.2.2 Until the applicant has provided all the information requested by the Interior Health Authority, the application for appointment will be deemed incomplete and will not be processed. If the requested information is not provided within 60 days, the application is deemed withdrawn.
- 4.2.3 The applicant shall notify the Interior Health Authority in writing in the event that additional information relevant to the application becomes available after the initial application form was completed.

4.3 Process for Application

- 4.3.1 The CEO will refer the original completed application promptly to the Credentials Committee and/or such other committee, as described in Medical Staff Rules.
- 4.3.2 Each completed application shall be investigated in accordance with the criteria for membership on the medical staff as set out in Section 3.2, and in consideration of the medical human resource requirements of, and the impact that granting privileges would have on, the facilities and programs of the Interior Health Authority.
- 4.3.3 Within 60 days after the date that the Credentials Committee, or such other committee, received the application, it shall report its recommendation to the HAMAC, which in turn shall notify the Board of Directors of its recommendations regarding the application.
- 4.3.4 In the case of a recommendation for medical staff membership, the HAMAC must specify the membership category and the privileges it recommends for the applicant.
- 4.3.5 The Board of Directors shall review the application, consider the recommendations of the HAMAC, make a decision and notify the applicant and the medical staff in writing within 120 days after the receipt of the completed application by the CEO.
- 4.3.6 If the Board of Directors appoints the applicant to the medical staff, the Board of Directors must specify the membership category and the privileges granted to the applicant.

- 4.3.7 The HAMAC must be advised of the action taken by the Board of Directors at the next regular meeting of the HAMAC.
- 4.3.8 If the Board of Directors fails to make a decision within 120 days of receipt of the completed application by the CEO, or rejects the application, the applicant may appeal to the Board of Directors for a hearing. The Board of Directors must hear and consider the matter and advise the applicant in writing of its decision by registered mail within 30 days after the date of the hearing.

4.4 Procedure for Review

- 4.4.1 Each member of the medical staff shall have his/her appointment and privileges reviewed on an annual basis or as otherwise determined by the Board of Directors.
- 4.4.2 Each review of a medical staff member must contain:
 - 1. evidence of current membership in the CMPA or professional liability coverage protection in the category appropriate to the practice of a member of the medical staff, which is subject to approval by the Board of Directors;
 - 2. information on any physical or mental impairment or health condition that affects, or may affect, the proper exercise by the member of the necessary skill, ability and judgment, to deliver appropriate patient care;
 - 3. evidence of renewal of licensure or registration status with the College of Physicians and Surgeons of B.C., the College of Dental Surgeons of B.C., the College of Midwives of B.C., or the College of Registered Nurses of B.C.;
 - 4. information on any actions taken by a disciplinary committee of the applicable regulatory college;
 - 5. a list of the privileges currently held, and any additional privileges requested; and
 - 6. information on any civil suit arising out of professional activity where there was a finding of negligence or battery or where a monetary settlement was made on behalf of the member.
- 4.4.3 When the review is in process, the status and privileges of the member continues until the review has been considered by the Board of Directors and a decision with respect to privileges has been made.

- 4.4.4 The review process may involve an in-depth performance evaluation of the member. The criteria and procedures for an in-depth performance evaluation are described in further detail in Medical Staff Rules.
- 4.4.5 If the Board of Directors decides to terminate the appointment or alter the privileges of a member for other than a disciplinary issue, patient safety concerns or quality of medical care, that member of the medical staff must be given twelve months notice before privileges are modified or appointment is terminated.

4.5 Process for Review

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

4.6 Mid-Term Changes to Privileges

- 4.6.1 A mid-term request for additional privileges or extension of privileges is handled according to the process set out in section 4.3.
- 4.6.2 In the event that a member wishes to resign from the medical staff, change membership status, or substantially reduce the scope of his/her practice within the facilities/programs operated by the Interior Health Authority, the member must provide 60 days prior written notice to the Interior Health Authority.
 - 4.6.2.1 The notice requirement is not applicable in circumstances where reduction of privileges or resignation is based upon advice received by the member from the appropriate Department Head and/or regulatory College.
 - 4.6.2.2 The Board of Directors may waive or reduce the notice requirement for a member if satisfied that this requirement would be unreasonable or would cause undue hardship in the circumstances in which notice is being given by the member.

4.7 Maintenance of Membership

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

Article 5 – RESPONSIBILITY FOR PATIENT CARE

5.1 Admission

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

5.2 Treatment of Patients

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

Article 6 – CATEGORIES OF MEDICAL STAFF

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

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

6.1 Provisional Medical Staff

- 6.1.1 The initial appointment of all applicants applying to the active staff membership category will be to the provisional staff, unless specifically exempted from that requirement by the Board. This category may also apply to members of the medical staff who are under review.
- 6.1.2 Members of the provisional staff are assigned to a primary department and may admit, attend, investigate, diagnose, and treat patients within the limits of that member's privileges.
- 6.1.3 Members of the provisional staff must satisfactorily complete a prescribed orientation program.
- 6.1.4 Members of the provisional staff may be considered for appointment to the active staff after the completion of six months provisional staff membership, on recommendation of their Department Head.

- 6.1.5 Members of the provisional staff are not eligible to hold office or vote at medical staff and departmental meetings.
- 6.1.6 Unless specifically exempted by the Interior Health Authority, members of the provisional staff are required to participate in fulfilling the organizational and service responsibilities, including on-call responsibilities, of the Department to which the member is assigned, as determined by the Interior Health Authority and described in Medical Staff Rules.
- 6.1.7 Members of the provisional staff are required to participate in administrative and educational activities of the medical staff and are required to attend at least 70 percent of primary departmental/ divisional meetings.
- 6.1.8 Continuous membership in the provisional staff category cannot exceed two years.

6.2 Active Medical Staff

- 6.2.1 Members of the active staff must satisfactorily complete the required period on the provisional staff, unless exempted from that requirement by the Board of Directors.
- 6.2.2 Members of the active staff are assigned to a primary department and may admit, attend, investigate, diagnose and treat patients within the limits of that member's privileges.
- 6.2.3 Members of the active staff are eligible to hold office and vote at medical staff and departmental meetings.
- 6.2.4 Unless specifically exempted by the Interior Health Authority, members of the active staff are required to participate in fulfilling the organizational and service responsibilities, including on-call responsibilities, of the Department to which the member is assigned, as determined by the Interior Health Authority and described in Medical Staff Rules.
- 6.2.5 Members of the active staff are required to participate in administrative and educational activities of the medical staff and are required to attend at least 70 percent of primary departmental/divisional meetings.

6.3 Associate Medical Staff

- 6.3.1 Members of the associate staff may utilize diagnostic facilities, assist in the operating room and/or undertake other duties specifically assigned to them, but must not perform surgical or investigational procedures for which additional privileges are required.

- 6.3.2 Members of the associate staff may not normally admit patients or write orders, unless this is specifically identified as part of their assigned duties.
- 6.3.3 Members of the associate staff are assigned to a primary department.
- 6.3.4 Members of the associate staff are not eligible to hold office or eligible to vote at medical staff or departmental meetings but are encouraged to participate in administrative and educational activities of medical staff.

6.4 Consulting Staff

- 6.4.1 Members of the consulting staff include physicians, dentists, midwives and nurse practitioners with special training or other qualifications in a particular discipline who have been recommended by the HAMAC to be of special advantage to the facilities and programs operated by the Interior Health Authority.
- 6.4.2 Members of the consulting staff shall be assigned to the relevant department(s).
- 6.4.3 Members of the consulting staff may not admit patients, but may write orders and treat patients in a consulting capacity.
- 6.4.4 Unless specifically exempted by the Interior Health Authority, members of the consulting staff may be required to participate in fulfilling the organizational and service responsibilities, including on-call responsibilities, of the Department to which the member is assigned, as determined by the Interior Health Authority and described in Medical Staff Rules.
- 6.4.5 Members of the consulting staff are not required to attend departmental meetings, but are encouraged to participate in administrative and educational activities of the medical staff
- 6.4.6 Members of the consulting staff are not eligible for appointment to medical staff committees and are not eligible to vote at medical staff or departmental meetings.

6.5 Temporary Staff

- 6.5.1 Members of the temporary staff are appointed for a specified period not to exceed twelve months for the purpose of filling a temporary service need.
- 6.5.2 Renewal of privileges may be considered upon review.
- 6.5.3 Members of the temporary staff are assigned to a primary department in accordance with their qualifications.

- 6.5.4 Members of temporary staff are expected to attend educational activities.
- 6.5.5 Unless specifically exempted by the Interior Health Authority, members of the temporary staff are required to participate in fulfilling the organizational and service responsibilities, including on-call responsibilities, of the Department to which the member is assigned, as determined by the Interior Health Authority and described in Medical Staff Rules.
- 6.5.6 Members of the temporary staff are not eligible for appointment to medical staff committees and are not eligible to vote at medical staff or departmental meetings.

6.6 Locum Tenens Staff

- 6.6.1 Members of the locum tenens staff are appointed for a specified period not to exceed twelve months for the purpose of replacing a member of active, provisional, or consulting staff category during an absence.
- 6.6.2 Renewal of privileges may be considered upon review.
- 6.6.3 Privileges of locum tenens staff are to be commensurate with training and experience but must not exceed the privileges of the staff member replaced.
- 6.6.4 Members of locum tenens staff are expected to attend educational activities.
- 6.6.5 Members of the locum tenens staff are not eligible for appointment to medical staff committees and are not eligible to vote at medical staff or departmental meetings.
- 6.6.6 Members of the locum tenens staff are appointed to a medical staff department in accordance with their qualifications.
- 6.6.7 Unless specifically exempted by the Interior Health Authority, members of the locum tenens staff are required to participate in fulfilling the organizational and service responsibilities, including on-call responsibilities, of the Department to which the member is assigned, as determined by the Interior Health Authority and described in Medical Staff Rules.

6.7 Scientific and Research Staff

- 6.7.1 The scientific staff consists of qualified researchers or educators who, in recognition of their training, experience and ability have been granted this appointment.

- 6.7.2 Members of the scientific staff carry out those duties, including teaching and research, assigned to them by the head of the department to which they have been appointed.
- 6.7.3 Members of the scientific staff must not admit patients, write orders, vote, or be officers of the medical staff.
- 6.7.4 Members of the scientific staff shall serve on those committees to which they have been appointed.

6.8 Honorary Staff

- 6.8.1 Membership includes medical staff members the Board of Directors wishes to honour who are not active in the facilities and programs operated by the Interior Health Authority, and may include individuals with outstanding reputations or prominent physicians, dentists, midwives or nurse practitioners who have retired.
- 6.8.2 Members of the honorary staff may not admit or treat patients.
- 6.8.3 Members of the honorary staff do not have assigned duties or responsibilities and do not have voting rights at departmental or medical staff meetings.
- 6.8.4 Members of the honorary staff are not subject to regular review.

6.9 Dental Staff

- 6.9.1 The dental staff consists of qualified dentists who are members of the College of Dental Surgeons of B.C. and are comprised of:
 - (a) Oral and maxillofacial surgeons with admitting and discharging privileges
 - (b) Dentists who do not have admitting or discharging privileges.
- 6.9.2 Members of the dental staff will be classified as active, provisional, associate, consulting, locum tenens, scientific and research, and honorary, as outlined in sections 6.1 to 6.8.
- 6.9.3 The procedures for appointment and assignment of privileges are the same as for physicians, including assignment to a medical staff department.
- 6.9.4 Unless specifically exempted by the Interior Health Authority, members of the dental staff may be required to participate in fulfilling the organizational and service responsibilities, including on-call responsibilities, of the

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

- 6.9.5 Members of the dental staff do not have admitting privileges unless they are oral and maxillofacial surgeons.
- 6.9.6 The Rules of the medical staff must include Rules outlining the duties of the dental staff with respect to patient care.

6.10 Midwifery Staff

- 6.10.1 The midwifery staff consists of qualified midwives who are registered with the College of Midwives of B.C.
- 6.10.2 Members of the midwifery staff will be classified as active, provisional, associate, consulting, temporary, locum tenens, scientific and research, and honorary, as outlined in sections 6.1 to 6.8.
- 6.10.3 The procedures for appointment and assignment of privileges are the same as for physicians, including assignment to a medical staff department.
- 6.10.4 Unless specifically exempted by the Interior Health Authority, members of the midwifery staff are required to participate in fulfilling the organizational and service responsibilities, including on-call responsibilities, of the Department to which the member is assigned, as determined by the Interior Health Authority and described in Medical Staff Rules.
- 6.10.5 Members of the midwifery staff carry out those duties, including teaching and research, assigned to them by the Department Head of the Department to which they have been assigned.
- 6.10.6 Members of the active, provisional or locum midwifery staff may admit patients and write orders as appropriate to the practice of midwifery in the facility.

6.11 Nurse Practitioner Staff

- 6.11.1 The nurse practitioner staff consists of qualified nurse practitioners who are registered with the College of Registered Nurses of B.C.
- 6.11.2 Members of the nurse practitioner staff will be classified as active, provisional, associate, consulting, temporary, locum tenens, and honorary, as outlined in articles 6.1 to 6.8
- 6.11.3 Members of the nurse practitioner staff are required to complete a prescribed orientation and Interior Health Authority refresher training program on a regular basis as defined in the Rules.

- 6.11.4 The procedures for appointment and assignment of privileges are the same as for physicians other than that the process is led by the Regional Department Head of Nurse Practitioners.
- 6.11.5 Nurse practitioners will be assigned to a Regional Department of Nurse Practitioners, of which a Nurse Practitioner (or delegate) is the Department Head.
- 6.11.6 Unless specifically exempted by the Interior Health Authority, members of the nurse practitioner staff are required to participate in fulfilling the organizational and service responsibilities, including on-call responsibilities, of the Regional Department to which the member is assigned, as determined by the Interior Health Authority and described in Medical Staff Rules.
- 6.11.7 Members of the active, provisional or locum nurse practitioner staff may admit, discharge and write orders as appropriate to the practice of nurse practitioners.

Article 7 – ORGANIZATION OF MEDICAL STAFF

The Board of Directors, upon the advice of the HAMAC, shall organize the medical staff into departments, divisions and sections as warranted by the professional resources of the medical staff. The medical staff organization shall be described in Medical Staff Rules.

7.1 Medical Staff Departments

- 7.1.1 Each department shall have a head of the department, who is appointed by the Board of Directors on the advice of the HAMAC and the Senior Medical Administrator (VP Medicine), through a process defined in the Medical Staff Rules.
- 7.1.2 Each department shall have an assistant department head, selected by the department head, who assumes all the responsibilities in the absence of the department head.
- 7.1.3 Members of the medical staff are assigned to a primary department by the Board of Directors on the recommendation of the HAMAC.
- 7.1.4 Members may be appointed to additional departments at the discretion of the Board of Directors, on the advice of the HAMAC.
- 7.1.5 Each department shall review its membership requirements and recommend a medical staff resource plan to HAMAC on an annual basis, or more frequently as circumstances require.

7.2 Responsibilities of the Department Head

- 7.2.1 The Department Head is responsible for monitoring the quality of medical care provided to patients by members of the department, or within that discipline, through processes defined in the Medical Staff Rules.
- 7.2.2 The Department Head establishes departmental terms of reference, policies and procedures governing the operation of the department, in consultation with the department's members.
- 7.2.3 The Department Head reviews and makes recommendations to the HAMAC on all new appointments to the department, and on the results of performance reviews of members of the department.
- 7.2.4 The Department Head reports regularly on the activities of the department to the HAMAC and to the Senior Medical Administrator (VP Medicine).

Article 8 – THE HEALTH AUTHORITY MEDICAL ADVISORY COMMITTEE

8.1 Purpose

- 8.1.1 The Board of the Directors shall appoint a Health Authority Medical Advisory Committee (HAMAC).
- 8.1.2 The HAMAC makes recommendations to the Board of Directors with respect to cancellation, suspension, restriction, non-renewal, or maintenance of the privileges of all members of the medical staff to practice within the facilities and programs operated by the Interior Health Authority.
- 8.1.3 The HAMAC provides advice to the Board of Directors and to the CEO on:
 1. the provision of medical care within the facilities and programs operated by the Interior Health Authority;
 2. the monitoring of the quality and effectiveness of medical care provided within the facilities and programs operated by the Interior Health Authority;
 3. the adequacy of medical staff resources;
 4. the continuing education of the members of the medical staff; and
 5. planning goals for meeting the medical care needs of the population served by the Interior Health Authority.

8.2 Composition

- 8.2.1 The membership of HAMAC shall be described in Medical Staff Rules, and shall include representation from the following areas:
 1. members of the medical staff who have been appointed to medical leadership positions within the Interior Health Authority;
 2. members of the medical staff who have been elected by the medical staff of the Interior Health Authority;
 3. the Medical Health Officer of the Interior Health Authority;
 4. the Senior Medical Administrator (VP Medicine) of the Interior Health Authority, who shall provide secretariat services to the HAMAC;
 5. the CEO of the Interior Health Authority, who shall be a non-voting member; and

6. other senior administrative or medical staff of the Interior Health Authority as appropriate, in a non-voting capacity.
- 8.2.2 The Chair and Vice-Chair of the HAMAC are appointed by the Board of Directors after considering the recommendation of the HAMAC.
- 8.2.3 The Chair may be selected from among the active members of the medical staff.
- 8.2.4 The Chair of the HAMAC is appointed for a term of not more than three years, and may be reappointed for up to three consecutive terms.
- 8.2.5 The Chair or Vice-Chair of HAMAC shall provide a report to the Board of Directors and to the CEO on a regular basis. The Chair or Vice-Chair of HAMAC shall attend meetings of the Board of Directors, and the appropriate committee of the Board, to participate in discussion pertaining to the purposes identified for the HAMAC under articles 8.1.2 and 8.1.3.

8.3 Duties

8.3.1 Medical Administration

1. The HAMAC appoints chairs and members of standing committees and ensures these committees function effectively including recording minutes of meetings;
2. The HAMAC makes recommendations to the Board of Directors on the development, maintenance and updating of medical staff rules, policies and procedures pertaining to medical care provided within facilities and programs operated by the Interior Health Authority;
3. The HAMAC advises on matters pertaining to clinical organization, medical technology, and other relevant medical administrative matters.

8.3.2 Clinical Privileges

1. The HAMAC reviews recommendations from the Credentials Committee concerning the appointment and review of medical staff members including the delineation of clinical and procedural privileges.
2. The HAMAC makes recommendations to the Board of Directors concerning the appointment and review of medical staff.

3. The HAMAC makes recommendations to the Board of Directors regarding disciplinary measures for violation of Bylaws, Rules or policies of the medical staff.
4. The HAMAC may require a member of the medical staff to appear before the committee whenever necessary to carry out its duties.

8.3.3 Quality of Care

1. The HAMAC receives, reviews and makes recommendations on reports from quality review bodies and committees concerning the evaluation of the clinical practice of members of the medical staff.
2. The HAMAC makes recommendations concerning the establishment and maintenance of professional standards in facilities and programs funded and operated by the Interior Health Authority in compliance with all relevant legislation, Bylaws, Rules, and policies of the medical staff.
3. The HAMAC submits regular reports to the Board of Directors and the CEO on the quality, effectiveness and availability of medical care provided, in relation to professional standards, in facilities and programs operated by the Interior Health Authority.
4. The HAMAC makes recommendations where appropriate concerning the quality of medical care in the Interior Health Authority.
5. The HAMAC makes recommendations where appropriate concerning the availability and adequacy of resources to provide appropriate patient care in the Interior Health Authority.

8.3.4 Medical Staff Resource Planning

1. The HAMAC reviews reports regarding human resource requirements required to meet the medical, dental, midwifery and nurse practitioner care needs of the population served by the Interior Health Authority and following the review provides advice to the Board of Directors and the CEO.
2. The HAMAC shall submit an annual medical staff human resource plan to the Board of Directors.

8.3.5 Professional and Ethical Conduct of Members of the Medical Staff

1. The HAMAC reviews and reports on any concerns related to the professional and ethical conduct of physicians to the Board of Directors,

and, where appropriate, reports those concerns to the appropriate regulatory College.

8.3.6 Continuing Medical Education and Health Education

1. The HAMAC advises on and assists with the development of formally structured ongoing programs in continuing medical education.
2. The HAMAC advises on and assists with programs in continuing education of other health care providers in the facilities and programs operated by the Interior Health Authority.
3. The HAMAC advises on, and makes recommendations concerning, the teaching and research role of the Interior Health Authority.

Article 9 – THE MEDICAL ADVISORY COMMITTEE STRUCTURE

9.1 General Principles

- 9.1.1 The Board of Directors, on the advice of the HAMAC, may establish additional Medical Advisory Committees (MAC's), reporting to the HAMAC, and with roles and responsibilities delegated by the HAMAC.
- 9.1.2 The Board of Directors, on the advice of the HAMAC, may establish other committees, reporting to the HAMAC, to undertake specific responsibilities that fall within the responsibility of the medical staff organization.
- 9.1.3 The composition and terms of reference of all such committees shall be delineated in Medical Staff Rules.

9.2 Relationship Between HAMAC and Other Medical Staff Committees

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

Article 10 – MEDICAL STAFF ASSOCIATION

10.1 General Principles

- 10.1.1 The Medical Staff Association of the Interior Health Authority shall consist of all members of the medical staff.
- 10.1.2 The Medical Staff Association shall annually elect officers of the medical staff whose collective role shall be to represent the medical staff and to ensure effective communications between the medical staff, administration, and the Board of Directors of the Interior Health Authority. Elected officers are eligible for re-election for a maximum of three consecutive years in office.
- 10.1.3 The number of elected officer positions, the roles and duties of each position, the procedures for holding annual elections, and procedures for removal, recall, and the filling of vacancies; and details regarding procedural arrangements necessary to support the effective functioning of the medical staff shall be delineated in Medical Staff Rules.

10.2 Duties of Elected Officers

Collectively, the duties of elected officers shall include:

- Call and preside at all meetings of the medical staff.
- Give notice and keep minutes of all meetings of the medical staff.
- Where approved by the medical staff membership, collect dues from medical staff members; maintain records of funds received and expended; cause to be prepared a financial statement of the medical staff funds to be presented to the membership; and ensure that an audit of medical staff funds is conducted at least annually.
- Represent the medical staff in general and speak for the individual medical staff member in particular. In the case of disciplinary action taken with respect to an individual staff member, it shall be the duty of an identified elected officer to inform the member of their rights under these Bylaws.
- Serve in a voting capacity on HAMAC and all other Medical Advisory Committees and subcommittees, in accordance with the terms of reference of these committees.
- Bring before the HAMAC and/or other committees, as appropriate, any resolution duly passed at a meeting of the medical staff.

Article 11 – DISCIPLINE AND APPEAL

11.1 General Principles

- 11.1.1 Unprofessional or unethical conduct or breach of professional ethics codes, or violation of the requirements set out in legislation, Bylaws, Rules and policies of the Ministry of Health and the Board of Directors, or a finding of professional negligence by a court of law, by a member of the medical staff may be grounds for cancellation, suspension, restriction or non-renewal of privileges, in accordance with established medical staff disciplinary procedures, as set out in section 6 of the *Regulations*.
- 11.1.2 In response to the conduct outlined in section 11.1.1, the Board of Directors may, upon advice received from the HAMAC; cancel, suspend, restrict, or refuse to renew the appointment of a member of the medical staff.
- 11.1.3 The Board of Directors has responsibility for ensuring effective disciplinary procedures and policies in the facilities.
- 11.1.4 Disciplinary action may be taken by the Board of Directors through the CEO or Senior Medical Administrator (VP Medicine).

11.2 Process of Disciplinary Action

11.2.1 Summary Restriction/Suspension

1. Where the CEO or Senior Medical Administrator (VP Medicine) becomes aware of a serious problem or potential problem which adversely affects or may adversely affect the care of patients, or the safety and security of patients or staff and action is required to protect the safety and best interests of patients or staff, the CEO or Senior Medical Administrator (VP Medicine) may summarily restrict or suspend privileges of a member of the medical staff by notifying that member in writing.
2. All such restrictions and suspensions must be reported by the CEO or the Senior Medical Administrator (VP Medicine) to the HAMAC and the Board of Directors.

3. If the restriction or suspension exceeds one month the CEO, the VP Medicine or Chief Nursing Officer must notify within seven days the College of Physicians and Surgeons of B.C., the College of Dental Surgeons of B.C., the College of Midwives of B.C., or the College of Registered Nurses of B.C. as appropriate.
4. In cases of urgency, action required to protect the safety and best interests of patients or staff must be taken by the individual immediately responsible and subsequently reported to the CEO, the Senior Medical Administrator (VP Medicine), the Chair of the HAMAC, the Board of Directors, and the Registrar of the appropriate College.
5. Summary restriction or suspension will be considered at a special meeting of the HAMAC within fourteen days of the restriction or suspension. The member of the medical staff has the right to be heard at this meeting.
6. The HAMAC will make recommendations to the Board of Directors with respect to cancellation, suspension, restriction, or non-renewal of privileges as appropriate after giving the member of the medical staff an opportunity to be heard.
7. In cases of summary restrictions or suspensions, the CEO in consultation with the Senior Medical Administrator (VP Medicine) or Department Head will appoint another member of medical staff to undertake the care of patients under the care of the disciplined member, with immediate notice to the Board of Directors.

11.2.2 General Disciplinary Action

1. If the privileges of a member of the medical staff have been recommended for cancellation, suspension, restriction or non-renewal, the Board of Directors must consider the recommendation of the HAMAC and the CEO at its next meeting.
2. The member of the medical staff must be given at least seven days notice in writing of any recommendation of the CEO or the HAMAC to the Board of Directors and of the date and time at which the recommendation will be considered in-camera by the Board of Directors.
3. The member of the medical staff has the right to be heard at this meeting.
4. All documentation provided to the Board of Directors must be made available to the member of the medical staff at the time notice is given (see 11.2.2.2).

5. The Board of Directors must convey its decision to the member of the medical staff in writing within seven days.

11.3 Automatic Suspension

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

11.4 Appeal Procedures

- 11.4.1 A duly qualified practitioner:

- who has filed an application and who has not been notified by the Board of Directors within the time set out in the *Regulations*, or;
- whose application has been refused in whole or in part, or;
- whose privileges have been cancelled, suspended, restricted, or not renewed,

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

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

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

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

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

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

- (a) The practitioner is dissatisfied with the decision of the Board of Directors regarding that member's privileges, or,
- (b) If the Board of Directors fails to notify the practitioner of its decision within the time prescribed under this section.

Article 12 – MEDICAL STAFF RULES

- 12.1 Rules necessary for the proper conduct of the medical staff will be established by the Board of Directors upon the recommendation of the HAMAC and the medical staff.
- 12.2 Such Rules must not conflict with the *Hospital Act* and the *Regulations*, the Bylaws and policies of the Board of the Directors, or Medical Staff Bylaws.
- 12.3 All recommendations for the amendment of Rules must be reviewed by the HAMAC who will provide advice to the Board of Directors.
- 12.4 Rules and amendments thereto are effective when approved by the Board of Directors.

Article 13 – APPROVAL OF BYLAWS

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

THIS IS TO CERTIFY:

The Bylaws of the medical staff of the Interior Health Authority were adopted by the Board of Directors of the Interior Health Authority on August 16, 2013.

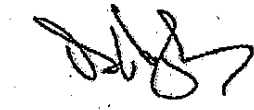
Signed by:



Chair, Board of Directors



Chief Executive Officer



Approved by Minister of Health of British Columbia

December 12, 2013

Date