

# RÉSEAU DE SANTÉ VITALITÉ (RÉGIE RÉGIONALE DE LA SANTÉ A)

## BY-LAWS

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Approved by the Minister of Health  
on July 30, 2021

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## **SECTION A - GENERAL**

### **A.1.0 Definitions**

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

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

These by-laws apply to any medical practitioner or dental practitioner related to all health care facilities, services, resources and programs in the Regional Health Authority or previously affiliated to the Regional Health Authority and also any medical practitioner or dental practitioner whose relationship with the health authority is established solely through the granting of privileges for any services provided.

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

“Accountability Measures means measures to be established pursuant to the *Regional Health Authorities Act* which requires the establishment of an accountability framework as approved by the Board and the CEO.

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

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

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

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

“CME” means continuing medical education;

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

“CPD “means continuous professional development;

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

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

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

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

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

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

“Formal hearing” means the opportunity for a member of the Medical Staff or the RHA to call evidence in a formal setting as outlined in Section C.12, as against the right to be heard, which is a personal appearance only that can be satisfied with written submissions;

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

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

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

“MAC” means the Medical Advisory Committee;

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

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

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

“Midwife” means a person registered as a midwife under the Midwifery Act (S.N.B. 2008, c. M-11.5);

“Minister” means the Minister of Health;

“Nurse practitioner” means a person who is registered under the laws of the Province as authorized to practice as a nurse practitioner;

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

“PAC” means Professional Advisory Committee;

“Privileges” means permission granted by a board to:

- (a) a medical practitioner to render medical care to a patient and to use the diagnostic services in a hospital facility or community health centre,
- (b) an oral and maxillofacial surgeon to render medical care to a patient and to use the diagnostic services in a hospital facility;
- (c) a dental practitioner to render dental care to a patient and to use the diagnostic services in a hospital facility or community health centre;
- (d) a nurse practitioner to admit a patient to the extra-mural service delivered by a regional health authority or by a person under an agreement with the Minister and to use the diagnostic services in a hospital facility or community health centre, or
- (e) a midwife to render health care to a patient and to use the diagnostic services in a hospital facility or community health centre.

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

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

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

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

A copy of the by-laws of the RHA shall be made available online in both official languages for public inspection.

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

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

## **A.4.0 Confidentiality**

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

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

All information and materials supplied to or obtained by board members, officers, employees, members of the medical staff, non-staff personnel or agents of the RHA including, but not limiting the generality of the foregoing, all patient information, all personnel matters, all medical staff records, and all materials and information of a confidential nature shall be deemed to be, and shall be kept, confidential. All materials considered at private sessions of the Board shall also be deemed and kept



confidential. Information or materials which have been discussed or tabled at an open session of the Board, or which have been otherwise published by the Board, shall no longer be deemed to be confidential.

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

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

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

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

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

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

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

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

## **SECTION B – ADMINISTRATIVE**

### **B.1.0 Board**

The Board shall be as defined by the Regional Health Authorities Act.

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

- B.2.0.1** Persons on the Board shall not be, except for the Chief Executive Officer, the Chairperson of PAC and the Chairperson of the MAC: an employee of any RHA; a person who has privileges with any RHA; an employee with the Department of Health; an elected member of the Legislative Assembly of New Brunswick, the House of Commons of Canada or the Senate; a director, officer or employee of EM/ANB Inc.; an employee, the Chief Executive Officer or a member of the New Brunswick Health Council; a director, officer or employee of SNB; a judge of the Court of Appeal, The Court of Queen’s Bench of New Brunswick or the Provincial Court or a person ineligible to vote in accordance with the regulations under the *Regional Health Authorities Act*.
- B.2.0.2** A person on the Board shall accept office by subscribing to the oath of office in the form provided by the Minister at their first meeting of the Board and shall remain in office until his or her successor on the Board subscribes to the oath of office.
- B.2.0.3** A member of the Board shall accept in writing any mission statement approved by the Board and the person shall serve on the board in accordance with the spirit and intent of the mission statement.
- B.2.0.4** Each member of the Board, before taking office, shall accept in writing to preserve the philosophy, values and mission that are associated with the delivery of hospital services, in a hospital facility owned in whole or in part by a religious order.
- B.2.0.5** A member appointed under the *Regional Health Authorities Act* shall hold office at the pleasure of the Minister for a term of four (4) years and the term may be renewed.
- B.2.0.6** With the approval of the Minister, the majority of the voting members of the board in attendance and voting shall have the right to suspend or remove a member of the board that violates any rules, legislation, regulations, by-laws rules or by-laws of the RHA.

### **B. 3.0 Meetings - Procedure, Notice, Quorum, Public Access**

- B.3.0.1** Each member shall attend meetings of the Board.
- B.3.0.2** The Chairperson shall determine the rules of order of all meetings, subject to these by-laws and/or the *Regional Health Authorities Act* or regulations thereunder.
- B.3.0.3** Questions arising at any meeting of the Board and Committees shall be decided by a majority vote of those voting members in attendance and voting. The Chairperson shall not vote except where there are an equal number of votes cast, in which case the Chairperson shall have the deciding vote. All votes shall be taken by ballot if so demanded by any member present, but if no such demand is made

the vote shall be taken in the usual way by assent or dissent.

- B.3.0.4** Notice of Board and Committee meetings shall be given in such manner and at such times as the Board or Committees may determine from time to time.
- B.3.0.5** A quorum for any meeting of the Board or Standing or Special Committees of the Board shall be a majority of the voting members of the Board or the Committee respectively.
- B.3.0.6** All meetings of the Board shall be open to the public, except a meeting or part of a meeting may be held in private if the Board is of the opinion that the discussion would reveal:
  - (a) information specific to an identifiable individual;
  - (b) information relating to risk management or patient care issues;
  - (c) prejudice any security measures undertaken by the RHA; or
  - (d) compromise the RHA's effectiveness in carrying out its duties and responsibilities.

#### **B.4.0 Translation Services**

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

#### **B.5.0 Minutes**

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

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

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

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

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

postponed until the Board next meets.

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

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

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

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

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

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

Business conducted at the annual meeting shall include:

- (a) adoption of minutes of last annual meeting;
- (b) presentation of the Annual Report of the RHA;
- (c) report of the Board Chairperson;
- (d) report of the CEO;
- (e) report of the Chairperson of the Medical Advisory Committee;
- (f) report of the Chairperson of the Professional Advisory Committee;
- (g) report of the Treasurer;
- (h) report of the Auditors;
- (i) report of the Governance and Nominating Committee;
- (j) report of the Quality of Care and Safety of Patients Committee
- (k) election of Officers;
- (l) appointment of Chairpersons of Standing Committees;
- (m) appointment of Members of Standing Committees;

(n) appointment of Auditors.

(o) report of Strategic Research and Training Committee (applies to Vitalité Health Network only)

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

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

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

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

The Chairperson shall:

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

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

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

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

The Treasurer shall:

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

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

The Secretary shall:

- (a) ensure that minutes are recorded at all meetings;

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

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

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

The following shall be the Standing Committees of the Board:

- (a) Executive Committee;
- (b) Finance and Audit Committee;
- (c) Governance and Nominating Committee;
- (d) Quality of Care and Safety of Patients Committee
- (e) Strategic Research and Training Committee (Vitalité only).

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

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

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

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

The Finance and Audit Committee shall consist of no less than four (4) voting Board members, including the Treasurer who shall be Chairperson. The Finance and Audit Committee shall be responsible for:

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

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

**B.8.3.1** The Governance and Nominating Committee shall consist of no less than four (4) voting Board members, one being the chairperson. The Board shall appoint the Chairperson. The Governance and Nominating Committee shall be responsible for:

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

### **B.8.4 Quality of Care and Safety of Patients Committee**

**B. 8.4.1** The Quality of Care and Safety of Patients Committee shall consist of four voting members, one of whom shall be the Chairperson. The chairpersons of the Regional Medical Advisory Committee and Professional Advisory Committee shall be ex-officio non-voting members. The Quality of Care and Safety of Patients Committee shall be responsible for:

- (a) monitoring and reporting to the Board on safety and quality issues and on the general quality of the services provided within the Network, based on useful data, including:
  - performance and performance improvement indicators used to measure the quality of care and services and patient safety;
  - reports received from the Medical Advisory Committee, Professional Advisory Committee and Quality Management Committee of the Regional Health Authority and the Patient and Family Advisory Committee on systemic or recurrent problems related to quality or to care and containing recommendations;
  - indicators on patient safety, infection prevention and control, from the public domain;
  - reports on critical incidents and sentinel events.

- (b) examining and making recommendations to the Board on quality improvement initiatives and policies;
- (c) working within the Regional Health Authority's Quality Improvement Plan; and
- (d) fulfilling other responsibilities that may result from regulations or standards or that may be assigned by the Board.

### **B.8.5 Strategic Research and Training Committee (applies to Vitalité Health Network only)**

**B.8.5.1** The Strategic Research and Training Committee shall consist of at least four Board members appointed by the Board, one of whom shall be the Chair. The Associate Dean of the Faculty of Medicine and Health Sciences of the Université de Sherbrooke / Director of the Centre de formation médicale du N.-B. shall be a non-voting ex officio member. The Strategic Research and Training Committee shall be responsible for:

- a) performing governance duties related to the training and research sector in order to meet the Network's commitments in this area;
- b) promoting synergy between the Network's university mission and its health care service mission;
- c) ensuring that training and research priorities and actions are aligned with the strategic directions prioritized by the Network;
- d) reporting to the Board of Directors on major directions, priorities and strategic initiatives in the area of training and research.

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

The Board may establish special committees and appoint the members and Chairpersons thereof to deal with such matters as may from time to time arise and which may most suitably be dealt with by such committees.

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

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

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

**B.10.0.2** Where a member of the Board is in conflict, the member shall disclose to the Board the nature and extent of the interest either in writing or by requesting to have it entered in the minutes of the



meeting of the Board. A member shall disclose a conflict of interest at the meeting where the matter giving rise to the conflict of interest is considered, or if the member is not in a conflict of interest at the time the matter is first considered, the member shall make the declaration at the beginning of the first meeting that is held after the conflict arises.

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

### **B.11.0 Advisory Committees**

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

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

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

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

**B.11.1.3** The Professional Advisory Committee shall advise the board with respect to:

- (a) clinical care and health issues;
- (b) criteria for admission and discharge of patients;
- (c) quality assurance and risk management with respect to the health services delivered by the regional health authority, and
- (d) any other issues the board may refer to the committee.

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

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

of the Professional Advisory Committee. The CEO or designate shall attend every meeting of the Professional Advisory Committee.

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

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

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

- (a) advise the board with respect to appointments to the medical staff and on privileges of members of the medical staff;
- (b) make adequate provisions for the supervision of all medical services and dental services provided by the regional health authority; and
- (c) investigate, at the request of the board, questions requiring medical judgment and to report to the board.

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

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

### **B.11.5 Other Committees**

- (a) The Board may create any sub-committees as required.

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

The MAC shall create Credentials Committees and may create other committees with the approval of the board as may be provided by the by-laws' rules. The composition and mandate of said committees shall be specified in the by-laws' rules.

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

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

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

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

- (a) being responsible for the management of the RHA;
- (b) being responsible for the selection, employment, control, development, direction and discharge of all employees;
- (c) attending all meetings of the Board and Committees of the Board except as excused by the Board;
- (d) being an ex officio member without a vote on all Committees of the RHA including all committees and/or sub committees of the Board;
- (e) being responsible for taking whatever actions are necessary to meet the requirements of the approved RHA Health and Business Plan, the *Regional Health Authorities Act*, and *Hospital Act* and regulations thereunder, for enforcing the RHA by-laws, by-laws' rules and Board policies, and for ensuring the observance by RHA personnel of all legislation applicable to the RHA; and
- (f) appointing of a delegate at their discretion;
- (g) being the single point of accountability to the board for quality and safety issues subject to section B.13.5 being the Responsibilities of the Chief of Staff.

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

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

The Chief of Staff shall be a practising physician who is a member in good standing of the Active Medical Staff of the RHA.

### **B.13.2 Paid Position**

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

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

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

The Chief of Staff will be appointed by the board upon the recommendation of the CEO whom shall consult:

- (a) the V.P. in charge of Medical Affairs;
- (b) the President of the Council of medical practioners, oral and maxillofacial surgeons and dental practitioners;
- (c) the CNO or other member of senior management; and
- (d) two (2) representatives from the MAC appointed by the MAC.

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

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

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

The Chief of Staff is responsible to the Board for the quality of care provided by the Medical Staff in all facilities within the RHA. They shall work collaboratively with the CEO and shall regularly attend Board meetings. The Chief of Staff can report directly to the board on issues of quality of care. Duties of the Chief of Staff may be delegated but not limited to a chair or a member of the MAC and/or Department Head(s) and/or the V.P. in charge of medical affairs as required in order to ensure timely attention. The Chief of Staff is responsible:

- (a) to the extent permitted by the resources of the RHA, ensure that a high standard of patient care is maintained by the Medical Staff in all of the facilities in accordance with the law and their regulations, the by-laws, the by-laws' rules, departmental rules, and licensing and accreditation standards and the standards of affiliated University Medical Schools;
- (b) after consultation with the members of the medical staff and subject to the approval of the board, appoint the assistant chief of staff within the RHA as outlined in the by-laws' rules;
- (c) to work through and with Department Heads, to oversee the care given to all of the RHA's patients by the Medical Staff;
- (d) to have the authority, where necessary or appropriate, to remove from and assign to another member of the Medical Staff the responsibility for the care of any patient who, in the opinion of the Chief of Staff, is not being properly cared for;

- (e) to receive and act, through appropriate channels, on all reports from Medical Staff or Administration with respect to situations which may adversely affect patient care in or at a facility;
- (f) to have supervisory and disciplinary authority over members of the Medical Staff with respect to patient care;
- (g) perform such functions respecting complaints against members of the Medical Staff as set out in these by-laws;
- (h) to ensure that each new member of the Medical Staff meets them or their respective Department Head to ensure that they have adequate knowledge of relevant statutes and regulations pertaining to patient care;
- (i) through the Heads of Departments, ensure that the Medical Staff are kept informed of changes in RHA policy, objectives and regulations as they affect patient care;
- (j) in conjunction with MAC ensure that all members of the Medical Staff participate in CME/CPD;
- (k) in cooperation with the V.P. in charge of medical affairs, document and attempt to resolve significant matters of concern regarding individual members of the Medical Staff;
- (l) to promote and maintain an effective and efficient clinical organization of the Medical Staff;
- (m) to promote and maintain a productive and cooperative liaison between the Medical Staff, the Administration and the Board;
- (n) to assist the Administration in short and long term planning;
- (o) to be chairperson of the Medical Advisory Committee;
- (p) to be an ex officio member of the Professional Advisory Committee;
- (q) to be an ex officio member of all subcommittees of the Medical Advisory Committee;
- (r) to be a member of the Physician Resource Committee and assist the V.P. in charge of medical affairs in planning and managing the physician resource requirements of the various Departments;
- (s) in cooperation with the V.P. in charge of medical affairs, ensure that there is an annual review of the clinical performance of the Department Heads, and to make recommendations on their re-appointment to the Medical Staff;
- (t) to initiate reviews and investigations when concerns are expressed in regards to a member of the medical staff; and
- (u) to have such other duties and responsibilities as may be assigned to them from time to time

by the CEO or as set out in the rules.

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

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

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

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

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

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

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

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

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

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

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

#### **B.18.0 Banking**

The Board shall from time to time designate chartered banks, trust companies, or credit unions in which the funds of the RHA are to be kept on deposit, and may authorize the opening of such

accounts as may be necessary. The Board may, by resolution, authorize one (1) or more officers or employees, for or in the name of the Board, to:

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

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

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

### **B.20.0          Bonding**

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

### **B.21.0          Seal**

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

### **B.22.0          Auditors**

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

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

- B.23.0.1** The Board may approve the formation of such auxiliary associations supporting the work of the RHA as it deems advisable. Such associations shall be conducted with the advice of the Board for the general welfare and benefit of the RHA and its patients.

- B.23.0.2** Each such association shall elect its own officers and formulate its own by-laws and the employees of such auxiliary associations are not considered employees of the RHA, but at all times the objects, activities and by-laws of each association shall be subject to review and approval by the Board. An auxiliary association under this section shall report annually to the Board and at such other times as the Board deems advisable.
- B.23.0.3** An auxiliary association approved under this section or any member of such organization shall, be under the control and direction of the board of the RHA. Each auxiliary association shall have its financial affairs reviewed by an auditor. The auditor for the RHA may be the auditor for the auxiliary association in this section.
- B.23.0.4** No association may use or employ the name of the RHA or its facilities in connection with any activity without the written consent of the Board.
- B.23.0.5** This section 23 shall apply to any association, foundation or group directly or indirectly associated with any activity of the RHA.
- B.23.0.6** The Board may dissolve any association.

## **SECTION C – MEDICAL STAFF**

### **C.1.0 Medical Administration**

#### **C.1.1 One Medical Staff**

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

#### **C.1.2 Medical Administrative Structure**

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

#### **C.1.3 Division of Departments**

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



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

#### **C.1.4 Responsibilities of Departments within the RHA**

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

- (a) review and monitor specific statistical data relevant to the Department's activities;
- (b) ensure the provision of the best possible quality care;
- (c) regularly audit its members' activities relating to patient care;
- (d) maintain and promote a CME/CPD program for its members;
- (e) assist with appropriate learning experience for learners;
- (f) collaborate and cooperate with other Departments, Divisions and Services and all other sectors of the RHA;
- (g) work within the strategic alignment provided by the Board;
- (h) have such other responsibilities as from time to time determined by the Department, the CEO or their designates.
- (i) create departmental rules to be approved by the MAC that include the responsibilities of the members of the medical staff – in relation to their privileges.
- (j) In collaboration with the CEO or their designates, participate in establishing and monitoring accountability measures for its members.

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

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

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

the CEO, after consultation with the current Department Head, the Chief of Staff , and the MAC,

may recommend to the Board that a new Department be created.

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

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

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

the CEO, after consultation with the Chief of Staff, and the MAC, may recommend to the Board that such Department shall become temporarily or permanently a part of the appropriate existing Department. The Board can also, upon recommendation of the CEO, place a department under guardianship.

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

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

- (a) be a member of the Active Medical Staff or a qualified external medical consultant;
- (b) be responsible to the CEO for the proper organization and functioning of their Department, including performance in compliance with accountability measures, and for seeing that the department achieves its role as described in section C.1.4;
- (c) be responsible to the Chairperson of the MAC for the general supervision of the medical and/or dental and oral and maxillofacial care of patients;
- (d) have the authority to delegate the responsibilities of a department as outlined in C.1.4 to a Division and/or Service; and
- (e) have the authority to evaluate the members of the medical staff.

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

### **C.2.0 Clinical Groups**

Where Departments are created, Clinical Groups shall be created at the RHA level as may be recommended by MAC and approved by the Board from time to time.

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

Each Clinical Group shall:

- (a) develop and monitor indicators for appropriateness and efficiency of care within the specialty/sub-specialty;
- (b) strive towards implementation of best practices; and
- (c) implement quality improvement initiatives.
- (d) in collaboration with the CEO or their designates, participate in establishing and monitoring accountability measures within the specialty/subspecialty.

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

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

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

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

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

- (a) be a member of the Active Medical Staff;
- (b) conduct the major part of their practice in the RHA;
- (c) be responsible to the MAC to carry out their mandate.
- (d) be responsible to the CEO for the proper organization and functioning of their clinical group, including performance in compliance with accountability measures.

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

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

Each Department shall define, in its Departmental rules/policies, the specific responsibilities associated with each category of Medical Staff in compliance with accountability measures. Members are to abide by the responsibilities associated with their privileges. Failure to do so may result in the Board reducing, suspending or terminating said member's privileges. The Board shall have the ultimate authority in the granting of all privileges. In addition to the rights and duties of the medical staff as set out below, each member and category of the medical staff shall comply with accountability measures which may be implemented from time to time by the Board and the CEO. Failure to comply with these accountability measures can lead to a review of privileges.

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

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

- (a) shall attend meetings of the Department or Departments to which they are appointed and show proof of same during renewal of privileges;
- (b) shall be eligible to vote at Departmental and Committee meetings of which they are a member, to hold office (except where otherwise stated), and to be appointed to any committee;
- (c) may sit on such committees as requested by the Board, the CEO, the MAC, the Chief of Staff or the Head of their Department;
- (d) shall participate in educational and clinical activities of the department;
- (e) shall participate in the education of the Medical Staff, other RHA personnel, Medical Learners and Clinical Trainees as determined by their Head of Department;
- (f) may generally supervise members of the Associate Staff as requested by the Head of their Department;
- (g) shall maintain a satisfactory standard of professional medical, dental or oral and maxillofacial surgery knowledge and ability in the fields of their practice;
- (h) shall have such admission and treatment privileges as may be determined and adjusted from time to time by the Board;
- (i) shall assist the RHA to attain or maintain accreditation;
- (j) shall comply with their responsibilities as set out including on calls clinical and teaching roles. Failure to comply with these responsibilities can lead to review of privileges;
- (k) shall perform such other duties as may be assigned to them from time to time by the Board, the CEO, the MAC, the Head of their Department and by the by-laws, by-laws' rules and departmental rules;
- (l) shall be responsible for the provision of quality medical care.
- (m) shall participate in establishing accountability measures for the Medical Staff.
- (n) shall comply with accountability measures as may be implemented from time to time by the Board and the CEO. Failure to comply with these accountability measures can lead to

review of privileges.

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

**C.3.2 Associate Medical Staff**

- C.3.2.1** The Associate Medical Staff shall consist of those physicians, dentists and oral and maxillofacial surgeons who have asked for appointment to the Active Medical Staff. This appointment shall be for a probationary period of one year during which time the physician's, dentist's or oral and maxillofacial surgeon's performance and clinical competence shall be evaluated. Two official evaluations may be conducted and the evaluation report(s) shall be submitted to the Credentials Committee; the first shall take place before six months of service have been completed and the second before the end of the 12-month period. If the first evaluation proves unfavorable, the probationary period may be cancelled under Section C.3.2.4, with no requirement to conduct a second evaluation.
- C.3.2.2** Except in the case of dentists, a member of the Associate Medical Staff shall work under the general supervision of the Head of the Department to which they have been assigned by the Board. Dentists shall keep their Department Head informed of all planned treatments and, if required by their Department Head, shall provide at least forty-eight (48) hours advance notice of any actual treatment.
- C.3.2.3** Members of the Associate Medical Staff, except where otherwise provided, shall have all the rights and responsibilities of an Active Medical Staff member, including attendance at meetings, but shall not be eligible to:
- (a) vote at Medical Staff meetings;
  - (b) be a member of the, MAC or Credentials Committee; or
  - (c) serve as chairperson of any committee or hold any office.
- C.3.2.4** During the probationary period, the Credentials Committee shall review the evaluation report or reports and recommend, after consultation with the Department Head, through the MAC, to the Board that the associate member:
- (a) be promoted to Active Medical Staff;
  - (b) be held as a member of the Associate Medical Staff for a further period not exceeding one (1) year;
  - (c) have their appointment terminated and there privileges revoked;
  - (d) be suspended while awaiting the results of a further evaluation

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

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

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

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

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

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

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

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

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

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

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

**C.3.4.2** A Locum Tenens:

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

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

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

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

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

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

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

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

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

- (a) attend meetings of the Department or Departments to which they are appointed; but may only vote after completion of a twelve (12) month probation period and shall not hold

office;

- (b) sit on such committees as appointed by the Board, the CEO, the MAC, or the Head of their Department, but shall not act as chairperson thereof;
- (c) participate in educational and clinical activities of the department;
- (d) maintain a satisfactory standard of professional medical or dental knowledge and ability in the fields of their practice;
- (e) have such admission and treatment privileges as may be determined and adjusted from time to time by the Board;
- (f) assist the RHA to attain or maintain accreditation;
- (g) perform such other duties as may be assigned to them from time to time by the Board, the CEO, the MAC, the Head of their Department and by the by-laws, the by-laws' rules and the departmental rules;
- (h) be responsible for the provision of quality medical care;
- (i) shall participate in establishing accountability measures for the medical staff;
- (j) shall comply with accountability measures as may be implemented from time to time by the Board and the CEO. Failure to comply with these accountability measures can lead to review of privileges.

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

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

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

Their duties, privileges and assignments are to be delineated by the Department Head. A Clinical Fellow shall not occupy a position in the resident establishment. Their appointment is for one (1) year but, under exceptional circumstances, may be extended for a second (2nd) year only. Clinical Fellows shall not work outside of the facilities except by permission of the Head of the Department concerned and the CEO.

**C.3.7.2** Clinical Fellows may be invited to attend Departmental meetings but they cannot vote, serve on



committees or hold office.

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

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

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

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

### **C.3.9 Affiliated Staff**

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

### **C.4.0 Residents**

A resident is a graduate in medicine holding a College of Physicians and Surgeons of New Brunswick educational licence. Residents shall include post graduate trainees. They shall have no admitting privileges but may treat patients under the supervision of the patients' attending physician. They may attend Department meetings on invitation of the Head of the Department but may not vote, hold office or serve on committees. Residents shall be under the direction and discipline of the Head of the Department to which assigned, the Dean or delegate and the CEO. Discipline of Residents shall be subject to the terms of the agreement between the RHA and the University.

### **C.4.1 Scientific Staff**

- C.4.1.1** A scientist or other health care worker, not being medically qualified but who by reason of special knowledge or skill is closely involved with the clinical management of patients, may be invited to apply for an appointment to the Affiliated Staff as a member of the Scientific Staff on an affirmative vote of the MAC. Scientific Staff shall normally hold a post-graduate university degree in a relevant science and play an important role in patient care. They shall be responsible, where applicable, for meeting standards established by licensing bodies and professional associations.

The MAC may at their discretion extend such an invitation to a health worker having a technical rather than a university background. A member of the Scientific Staff shall not have admitting privileges; they may advise on patient care, attend meetings of Medical Staff and serve on committees when requested, but cannot vote or hold office.

- C.4.1.2** Nothing in this by-law shall supersede any employment or contractual relationship between the RHA and a member of the Scientific Staff.

#### **C.4.2 Honorary Medical Staff**

- C.4.2.1** The Honorary Medical Staff shall consist of physicians, dentists, oral and maxillofacial surgeons or other individuals who have made significant contributions to the health care field upon whom, the Board, upon recommendation from the MAC, may wish to confer the status of “honoris causa”. In the case of physicians, dentists and oral and maxillofacial surgeons affiliated with the RHA, they have completely retired from the practice of medicine at the time of being honoured.

- C.4.2.2** The Honorary Medical Staff shall have no assigned duties. They shall have no privileges. They may attend Medical Staff meetings as non-voting guest and may be invited to participate on committees in an advisory capacity but may not hold office.

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

#### **C.5.1 Qualification**

For the purpose of sections 5 to 18 of these bylaws, membership in the Medical Staff shall be limited to graduates of Medical Schools who are licensed by the College of Physicians and Surgeons of New Brunswick or, in the instance of dentistry, those who are licensed by the New Brunswick Dental Society or in the case of oral and maxillofacial surgery, those who hold a specialist’s license in oral and maxillofacial surgery issued pursuant to the *New Brunswick Dental Act, 1985* and any medical practitioner or dental practitioner whose relationship is established solely through the granting of privileges.

#### **C.5.2 Code of Ethics**

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

#### **C.5.3 Insurance or Liability Protection**

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

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

- C.5.4.1** An appointment may be made to the Medical Staff by the Board, after the application for

appointment, on a form prescribed by the Board, has been made to the CEO and the application has been reviewed by the appropriate MAC's Credentials Committee and a recommendation has been received from the Department Head concerned, the Credentials Committee and the MAC. The CEO can accept or refuse an application for appointment and the decision is final.

**C.5.4.2** Consideration of an application for a new appointment and privileges or for an application for additional privileges:

- (a) must take into account the physician, dental or oral and maxillofacial surgery resource requirements and needs of the Regional Health Authority; and
- (b) will be assessed on the basis of:
  - i. the available resources and physical capacities of the RHA;
  - ii. the credentials and experience of the applicant for the privileges requested;
  - iii. the character, competence and fitness to practice of the applicant; and
  - iv. such other factors as the Board may from time to time consider relevant or as set out in the by-laws' rules.

**C.5.4.3** All physicians, dentists and oral and maxillofacial surgeons appointed to the Medical Staff must accept in writing the mission statement and philosophy of the RHA and must agree in writing to abide by *Regional Health Authorities Act* and its regulations, the by-laws, by-laws' rules and departmental rules and policies of the RHA. The failure to abide by these may result in the review of privileges. They must also provide a written release to obtain such other information that the Board may require, from time to time, respecting competence, capacity and conduct.

**C.5.4.4** A physician's, dentist's or oral and maxillofacial surgeon's appointment must include clearly delineated clinical responsibilities and scope of practice including accountability measures for each Department to which they are appointed. A physician, dentist or oral and maxillofacial surgeon shall not be permitted to modify their clinical responsibilities or scope of practice, as set out in their appointment or the applicable accountability measures, without the prior approval of the Board, upon recommendation of the Head of Department, the members of the Department, and the MAC. Failure to accept and carry out the delineated clinical responsibilities and scope of practice and accountability measures by any physician, dentist or oral and maxillofacial surgeon shall be considered a disciplinary matter as provided in Sections C.6 and C.7 of the by-laws. Each new appointee must understand and acknowledge in writing the foregoing obligations and consequences.

**C.5.4.5** In the case of departments with a university designation, a physician's, dentist's or oral and maxillofacial surgeon's appointment must include clearly delineated academic and clinical responsibilities including accountability measures. Physicians, dentists and oral and maxillofacial surgeons will not be allowed to modify either their academic responsibility or their clinical responsibility, as set out in their appointment or the applicable accountability measures, without

prior approval of the Board upon the recommendation of the Head of the Department, the members of the Department, and the MAC. Failure to accept and carry out the above obligations including the applicable accountability measures shall be considered a disciplinary matter as provided in Sections C.6 and C.7 of the by-laws. Each new appointee must understand and acknowledge in writing the foregoing obligations and consequences.

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

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

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

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

Such form is to include but is not limited to the recognition that the applicant agrees to participation in departmental "on call" requirements and to participate in emergency room coverage and provision of surgical assistance as determined by their Head of Department and to comply with applicable accountability measures and to abide by the by-laws and the by law rules.

- C.5.6.2** Consideration of an application for reappointment and privileges must take into account;
- (a) the medical or dental or oral and maxillofacial surgery resource requirements and needs of the Regional Health Authority; and be evaluated in function of:
    - i. the available resources and physical capacities of the RHA;
    - ii. the credentials of the applicant for the privileges requested;
    - iii. the applicant's experience and past performance, including any disciplinary matters and compliance with accountability measure which may be implemented from time to time;
    - iv. the character, competence and fitness to practice of the applicant;
    - v. the recommendation of the Head of the Department; and,

- vi. such other factors as the Board may from time to time consider relevant or as set out in the by-laws' rules.

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

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

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

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

A member who wishes to practice within more than one Department shall apply for a cross appointment. The member shall meet the requirements of each Department to which they have applied. The Board may, from time to time, appoint members of the Medical Staff to more than one (1) Department in accordance with the usual procedures for appointments. When making a cross appointment, the Board shall designate which Department is the principal Department of such member.

### **C.5.8 Rejection, Reduction or Suspension of privileges**

**C.5.8.1** The provisions of this section are only applicable to those persons who are members of the Medical Staff. If, upon completion of the reappointment process, the following is recommended:

(a) a rejection of the privileges requested by a member of the Medical Staff, either in whole or in part; or

(b) a suspension of the privileges of a member of the Medical Staff, the procedure below shall apply.

**C.5.8.2** The recommendation shall be conveyed to the CEO, the Chief of Staff and the member of the Medical Staff in question by delivering the recommendation to them by personal delivery or by any means as soon as practicable that provided an acknowledgement of receipt.

**C.5.8.3** The recommendation shall specify the reasons for the refusal to grant the requested privileges or for the suspension of privileges and shall be sent to the Board, which has the final decision. The member and the RHA shall have the right to appear before the Board but they are not entitled to a formal hearing.

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

The CEO, after consultation with the Chief of Staff or the V.P. in charge of medical affairs and the Head of the Department concerned, may grant temporary privileges for a specified limited time, not to exceed six (6) months and for a specified purpose to a physician, dentist or oral and maxillofacial surgeon who is not a member of the Medical Staff. In the exercising of such privileges, the appointee shall be under the general supervision of the Head of the Department concerned. The Board shall be advised of the granting of temporary privileges. The granting of temporary privileges does not grant membership to the Medical Staff.

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

**C.5.10.1** The CEO, after consultation with the Department concerned and upon the request from the medical staff, may, for any reason and upon any terms and conditions, grant a leave of absence to any member of the Medical Staff for a period not exceeding twelve (12) consecutive months. Should any Medical Staff member's absence exceed that permitted by the CEO, they will be deemed to have resigned from the Medical Staff.

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

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

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

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

restrict or suspend the privileges of a member of the Medical Staff by notifying that member in writing.

- C.5.11.2** All emergency restrictions and suspensions of privileges must be reported by the CEO to the Board, the College of Physicians and Surgeons of New Brunswick or to the New Brunswick Dental Society, to any other New Brunswick RHA and, if required by any legislative provisions, to the Department of Health - Medicare Services.
- C.5.11.3** If the CEO suspends a member they shall immediately ensure that arrangements are made for proper care of patients affected by the suspension and, where necessary, that a replacement attending physician is appointed and identified on the patient's clinical record.
- C.5.11.4** In cases of summary restriction or suspension of a member of the Medical Staff, the Chief of Staff shall take the appropriate steps to ensure that it is processed in accordance with the Review Procedure as set out in these by-laws.

#### **C.5.12 Departure, resignation, retirement or end of contract**

- C.5.12.1** In case of departure, resignation, retirement or end of contract, the privileges of the member of the medical staff shall be rescinded.

### **C.6.0 Discipline**

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

- (a) a verbal or written reprimand;
- (b) the requirement to adhere to conditions;
- (c) temporary suspension or probation, with or without conditions;
- (d) mandatory supervision and/or drug and alcohol testing;
- (e) mandatory training;
- (f) alteration, reduction, withdrawal or revocation of privileges;
- (g) dismissal from the Medical Staff; or
- (h) such further disciplinary action that may be deemed appropriate.

If section 6 (f) is not applied, the policies and procedures of the RHA are applicable and not the disciplinary process as set out in section C8, C9, C10, C11, C12, C13 and C14 of these by-laws.

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

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

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

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

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



imposed on a member;

- (g) failure to undertake mutually agreed upon assigned administrative, clinical teaching and research commitments;
- (h) persistent failure to perform charting duties as required by the *Hospital Act* and as outlined in the by-laws' rules and/or departmental rules;
- (i) failure to comply with accountability measures which may be implemented from time to time; and
- (j) any other matter which the CEO or Chief of Staff determines should be investigated in accordance with these by-laws provisions.

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

- C.8.0.1** Any complaint against a member of the Medical Staff respecting any matter set out in Section C.7 or any other complaint shall be made or forwarded to the Department Head or the Chief of Staff.
- C.8.0.2** The Department Head and the Chief of Staff shall advise each other and shall advise the CEO and the Vice-President in charge of medical affairs if either of them receives a complaint made against a member respecting any matter set out in Section C.7 or any other complaint or if they become aware of any matter set out in Section C.7.
- C.8.0.3** Upon receipt of a complaint or upon becoming aware of any matter set out in Section C.7, the Chief of Staff or its delegate may take initial steps to resolve the matter prior to engaging in the formal discipline procedures set out herein, and the member of the Medical Staff must be informed of the nature of any complaint and have the opportunity to respond.
- C.8.0.4** If unable to resolve the matter within 60 days of receipt of the complaint or becoming aware of any matter set out in Section C.7, the Chief of Staff may, upon consultation with the Department Head and with the consent of the member of the Medical Staff, refer the matter to the dispute resolution process set out in section C.9.0, and if there is no consent to a formal hearing.
- C.8.0.5** If the complaint against the Member of the Medical Staff is with respect to a violation of a policy of the RHA, including but not limited to the Workplace Harassment Policy and the Privacy Policy, and if the policy contains a procedure for review and investigation of the complaint, the complaint shall be dealt with pursuant to the procedure set out in the policy.
- C.8.0.6** If the complaint is not resolved through the procedure in the applicable policy, the CEO shall refer the matter to the Chief of Staff, who shall follow the disciplinary procedures under the By-Laws.
- C.8.0.7** The Panel as described in section C.10.0 shall be provided with all material generated during proceedings under the applicable policy, including any recommendations arising therefrom.
- C.8.0.8** A member of the Medical Staff who is the subject of a complaint must act in good faith in attempting to resolve a complaint and should not refuse to meet with the Department Head or the Chief of Staff or its delegate if requested to meet.

**C.8.0.9** At any time, should the Chief of Staff be made aware, either by physicians, staff or patients, of concerns regarding a member of the Medical Staff, he can initiate, after getting the approval from the CEO, an independent review of the practice of the member, even if no formal complaint has been made. The member must be made aware of the review and is expected to collaborate with the reviewer. The reviewer is to be named by the Chief of Staff with the approval of the CEO.

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

**C.9.0.1** The alternative dispute resolution process adopted pursuant to Section C.8.0.4, is an attempt to gain a mediated resolution of any matter with the mutual consent of the parties and, pursuant to Section C.9.0.2, shall be conducted on a without prejudice basis to the parties within 60 days of the appointment of the mediator.

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

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

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

(a) the matter and the proposed resolution shall be reported to the Chief of Staff for consideration; and

(b) if the proposed resolution is not approved by the Chief of Staff in consultation with the Department Head, the complaint will be referred to a Review Panel pursuant to Section 10.0.

**C.9.0.4** If the matter is not resolved or if in the opinion of the mediator the matter cannot be resolved through the alternative dispute resolution process, the complaint shall be referred to a Review Panel.

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

(a) the proposed resolution shall be presented to the CEO;

(b) if the CEO agrees with the proposed resolution and alteration of privileges, the CEO shall refer the resolution to the Board for a final decision;

(c) if the CEO does not agree with the proposed resolution and proposed alteration of privileges, the CEO shall refer the matter to the Chief of Staff for a Review Panel as set out in section 10.0;

(d) if the Board approves the proposed resolution and proposed alteration of privileges, it shall refer the matter to the Chief of Staff, who will implement the resolution and alterations;

## **C.10.0 Review Panel**

**C.10.0.1** The members of the Review Panel shall be appointed by the Chief of Staff or the latter's delegate within 30 days of the request for a formal hearing. At the discretion of the Chief of Staff or their delegate, the Review Panel may consist of three members or five members.

The Chief of Staff or their delegate shall appoint one member who will chair the Review Panel.

Where there are three members on a Review Panel, three shall be members of the Medical Staff who did not participate in the alternative dispute resolution process, and a majority of the members of the Review Panel shall be from health departments other than the main department in which the member under investigation practises medicine.

Where there are five members on a Review Panel, four shall be members of a Medical Staff, with at least three of those being from the Health Network, and one member shall be an employee of the RHA who may not be a member of the medical staff. No member of the Review Panel shall have participated in the alternative dispute resolution process. A majority of the members of the Review Panel shall be from health departments other than the main department in which the member under investigation practises medicine.

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

**C.11.0.1** As soon as a matter is referred for a formal hearing pursuant to Section C8 or C9, the Review Panel shall determine the date, time and location of the formal hearing, which must take place within 60 days of receipt by the Review Panel of the matter being referred.

**C.11.0.2** The Review Panel must study any document it deems relevant. The Review Panel may hire external consultants, including a legal advisor.

**C.11.0.3** The member shall be given 30 days' notice of the formal hearing and shall be advised of the date, time and place of the formal hearing and be provided with a list or copies of all documentation that is then in the possession of the Review Panel and that it intends to consider at the formal hearing.

**C.11.0.4** During the formal hearing, the Review Panel must follow the procedures set out in Section C12. With respect to matters not addressed by this section, the Review Panel shall adopt the procedural rules it deems appropriate to a fair and timely resolution of the dispute.

**C.11.0.5** Within 30 days of the conclusion of the formal hearing, the Review Panel shall prepare a written report containing its conclusions along with its recommendations and related reasons and provide its report to the member, the Chief of Staff and the CEO.

**C.11.0.6** If the decision and recommendations of the Review Panel do not involve the alteration of the member's privileges, the decision and recommendations are final and binding and the Chief of Staff shall take the necessary steps to implement the recommendations of the Review Panel.

**C.11.0.7** If the decision and recommendations proposed by the Review Panel involve alteration of the member's privileges, the Chief of Staff must submit the report for recommendation to the CEO

and the board.

### **C.12.0 Formal Hearing Procedure**

The formal hearing procedure involves the following elements:

- (a) the member in question may appear at the formal hearing and may be represented by counsel or by agent and may call evidence;
- (b) the RHA may be a party to the formal hearing, may be represented by counsel or by agent and may call evidence;
- (c) the Review Panel may proceed with the formal hearing in the absence of the member in question or their counsel or agent provided that notice of the formal hearing was provided to the member as required by these by-law provisions;
- (d) the Review Panel may adjourn the formal hearing at any time, and if it does so, shall set the time and place for the recommencement of the formal hearing and shall send to the member, if they are not present at the time of the adjournment, written notice containing this information;
- (e) the formal hearing shall be held in camera;
- (f) evidence is not admissible before the Review Panel unless the member or the RHA has been given, at least seven days before the formal hearing:
  - i. in the case of written documentary evidence, an opportunity to examine the evidence;
  - ii. in the case of evidence of an expert, a copy of the expert's written report or if there is no written report, a written summary of the evidence;
  - iii. in the case of evidence of a witness, the identity of the witness and a written outline of the evidence to be provided by the witness.
- (g) notwithstanding Section C.12(f), the Review Panel may, at its discretion, allow the introduction of evidence that would be otherwise inadmissible under Section C.12(f) and may make directions it considers necessary to ensure that the member or RHA has an opportunity to respond;
- (h) all acts of the Review Panel shall be decided by the votes of a majority of the members present:
  - i. no member of the Review Panel shall participate in a decision following a formal hearing unless the member was present throughout the formal hearing.

### **C.13.0 Board Review Process**

**C. 13.0.1** Within 30 days of receiving notification by the Chief of Staff pursuant to Section C.11.0.7, the

board shall fix a date and time for review of the report and recommendations of the Review Panel and shall advise the member.

- C.13.0.2** Within 10 days of receipt of the notice from the board pursuant to Section C.13.0.1, the member and the RHA may ask to appear before the board but neither shall be entitled to a formal hearing.
- C.13.0.3** If the member elects to appear before the board pursuant to Section C.13.0.1, the member may be accompanied by counsel or by agent. If the RHA elects to appear before the Board pursuant to Section C.13.0.1, it may be accompanied by counsel or by agent.
- C.13.0.4** The board may proceed with a review of the report and recommendations of the Review Panel in the absence of the member or the RHA if they were advised of the date and time of the meeting.
- C.13.0.5** Upon reviewing the report and recommendations of the Review Panel, the Board shall render a decision that shall be final and binding. The Board has the final decision and is not bound by the Review Panel. The Board's decision shall be communicated to the member of the Medical Staff, the CEO and all other individuals responsible for implementing the recommendations
- C.13.0.6** If the Board is not satisfied that it has all the information that it requires to render a decision, it may require that a formal hearing be held before it.

#### **C.14.0 Notification**

- C.14.0.1** When a member's privileges are reduced, suspended or not renewed, the Chief of Staff shall notify the College of Physicians and Surgeons of New Brunswick or the New Brunswick Dental Society, and any other New Brunswick RHA. Such notification shall include the nature and details of the complaint, the final decision and any recommendations for discipline. The Chief of Staff shall notify the Medicare Services of the Department of Health when a member's privileges are suspended or not renewed.
- C.14.0.2** When a member of the Medical Staff has privileges and upon receiving notice from another Regional Health Authority that the member's privileges in the other Regional Health Authority have been withdrawn, or significantly modified for incompetence, negligence or misconduct, or the member has resigned when competence or conduct is under investigation, the CEO, after consulting with the Chief of Staff, may suspend the privileges of the said member of the medical staff in accordance with the provisions of Section C.5.11 and thereafter, the by-laws shall be followed. The member of the Medical Staff has the responsibility of advising the RHA of any suspension of privileges, wherever it occurred.

#### **C.15.0 Extension of Time**

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

## **C.16.0 Responsibility for Charting**

- C.16.0.1** All members of the Medical Staff shall perform their charting responsibilities in accordance with the provisions of the *Regional Health Authorities Act* or the *Hospital Act* and the Regulations thereunder, and failure to do so shall be grounds for the suspension, reduction or withdrawal of privileges.
- C.16.0.2** A member of the Medical Staff shall be subject to suspension where the member fails to complete a patient's record within a period of time as determined by the by-laws' rules.
- C.16.0.3** The CEO shall give notice of the temporary suspension of privileges under these by-laws, to the Medical Staff member, the Chairperson of the MAC and the Head of the member's Department. Provisions shall be made by the member for alternate coverage, where required.

## **C.17.0 Emergency Situations**

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

## **C.18.0 Council of medical practitioners, oral and maxillofacial surgeons and dental practitioners**

### **C.18.1 One Council**

There shall be a single council for the entire RHA regardless of the number of facilities/programs from time to time operated by the RHA. The council will develop its own rules which will be approved by the board.

### **C.18.2 Statement of Purpose**

Members of the council will work cooperatively with the RHA to support the mission and reach the goals of the Provincial Health Plan and the strategic planning of the RHA to provide safe, quality and effective services to those individuals under their care. Members of the council will always be mindful of the need to teach and to explore alternate methods that would benefit their patients.

### **C.18.3 Philosophy**

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

### **C.19 Nurse Practitioners and Midwives**

The credentialing and privileges for nurse practitioners and midwives shall be established and overseen by the Chief Nursing Officer of the RHA and approved by the Board. Complaints and discipline of nurse practitioners and midwives who are employees of the RHA shall be dealt with through the appropriate human resource department. Complaints and discipline against nurse practitioners and midwives who are not employees of the RHA and have been granted privileges by the RHA will be dealt with in accordance with their appropriate licensing body.