



INTERLAKE REGIONAL
HEALTH AUTHORITY

Regional Medical Staff By-Law

**INTERLAKE REGIONAL HEALTH AUTHORITY
MEDICAL STAFF BY-LAW
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**INTERLAKE REGIONAL HEALTH AUTHORITY
REGIONAL MEDICAL STAFF BY-LAW NO. 1**

SECTION 1: DEFINITIONS

1.1 In this By-Law:

"Act" means *The Regional Health Authorities Act*, S.M. 1996 c.53, as amended from time to time;

"Authority" means Interlake Regional Health Authority;

"Board" means the Board of Directors of the Authority;

"CEO" means the Chief Executive Officer appointed by the Board in accordance with section 21 of the Act;

"competent medical advice" means advice from MAC and/or the CPSM;

"CPSM" means the College of Physicians and Surgeons of Manitoba;

"emergency" means any situation wherein a patient is in immediate danger of death or serious disability, and in which any delay in administering treatment would add to that danger;

"Health Region" means the Interlake Health Region established under the Act;

"locum tenens" means a physician, who is replacing a member of the Active Staff or the Associate Staff during the Member's temporary absence from practice, or to provide necessary support to the Medical Staff until a vacancy is filled;

"MAC" means the Medical Advisory Committee to the Authority established pursuant to this By-Law;

"Manitoba Health" means the Manitoba Department of Health;

"Medical Staff" includes all physicians, dentists, scientists and trainees appointed by the Board to the Medical Staff;

"Member" means a member of the Medical Staff;

SECTION 2: OBJECTIVES

2.1 OBJECTIVES

The objectives of this By-Law are to provide structures and processes to:

- (a) ensure that patients/clients receive quality health care services, appropriate to their needs;
- (b) provide an administrative structure for the governance of the Medical Staff;
- (c) ensure that professional and ethical standards are maintained;
- (d) promote excellence in undergraduate, postgraduate and continuing medical education;
- (e) promote excellence in research;
- (f) appoint Members, grant privileges and evaluate performance;
- (g) address complaints against Members;
- (h) enable the Medical Staff to advise the Board on matters relating to medical care.

SECTION 3: CATEGORIES, RIGHTS AND DUTIES OF MEDICAL STAFF

3.1 PREAMBLE

All physicians, dentists, scientists and trainees appointed to the Medical Staff shall be Members and are ultimately responsible to the Board. They shall also be responsible, where applicable, for meeting standards established by licensing bodies and professional associations.

3.2 CATEGORIES

Each Member shall be assigned to one category in the Medical Staff which reflects his/her involvement and responsibility to the Authority. The categories are:

3.2.1 Active Staff: The Active Staff shall consist of physicians and dentists who provide clinical services to patients and clients at the facilities and within programs of the Authority. Appointment of physicians to the Active Medical Staff shall ordinarily be subject to the Applicant having been a member of the Associate Medical Staff for a probationary term. However, on the advice of MAC, and where it is deemed to be in the best interests of the Authority, this requirement may be waived by the Board.

(a) Rights

Members of the Active Staff may:

- (i) subject to subsection 5.2.3.1 of this By-Law, be a voting member of MAC and/or any committee or subcommittee established by MAC pursuant to this By-Law, and may serve as Chair of any such committee or subcommittee established by MAC;
- (ii) hold any position appointed by the Authority; and,
- (iii) vote respecting amendments to this By-Law pursuant to section 8 and in relation to the Medical Staff Rules and Regulations in accordance with section 9.

(b) Privileges

Each member of the Active Staff may be granted admitting privileges and those specified treatment privileges that have been defined on the schedules provided by the CPSM.

(c) Duties

Active Staff members shall:

- (i) promote and provide patient care that is consistent with the standards established by licensing bodies and professional associations;
- (ii) accept and carry out the clinical, education, research and administrative duties assigned by the CEO or the Regional Chief of Staff or their respective designates which are consistent with the Member's existing contract for services or employment, or which are, in the case of a Member working without a contract, agreed to in writing by the Member at the time of his or her appointment to the Medical Staff, or as may be agreed to in writing by the Member from time to time thereafter;
- (iii) abide by this By-Law and the Medical Staff rules and regulations and any policies and procedures and codes of conduct approved by the Board; and,
- (iv) advise the Board on medical matters through their representatives on MAC.

3.2.2 Associate Staff: Associate Staff shall include all new physician appointments to the Medical Staff, who have expressed a desire for appointment to the Active Staff. The term of appointment of such new physicians to the Associate Staff shall serve as a probationary period to enable the physicians to introduce their skills. Membership of new physicians on the Associate Staff shall not exceed one year. On the advice of MAC, and where it is deemed to be in the best interests of the Authority, the requirement for a new physician appointed to the Medical Staff to serve a probationary period as a member of the Associate Staff may be waived by the Board.

The Associate Staff shall also include physician staff who have been re-assigned to the Associate Staff in accordance with sections 4 and 6 of this By-Law.

An Associate Staff member shall work under the guidance and supervision of an Active Staff member assigned by the Regional Chief of Staff or designate.

(a) Rights and Duties

A member of the Associate Staff assumes all the rights and duties of an Active Staff member except that Associate Staff members:

- (i) shall have no vote respecting amendments to this By-Law pursuant to section 8 and in relation to the Medical Staff Rules and Regulations in accordance with section 9; and,
- (ii) may, subject to subsection 5.2.3.1, serve as a non-voting member of MAC and/or on any committee or subcommittee established by MAC pursuant to this By-Law when requested, but shall not serve as Chair of any such committee or subcommittee.

(b) Privileges

Each member of the Associate Staff may be granted admitting privileges and those specified treatment privileges that have been defined on the schedules provided by the CPSM.

3.2.3 Consulting Staff: Consulting Staff are those physicians who have knowledge and skills additional to those available to the Active and Associate Medical Staff.

(a) Rights

Members of the Consulting Staff:

- (i) shall have no vote respecting amendments to this By-Law pursuant to section 8 and in relation to the Medical Staff Rules and Regulations in accordance with section 9; and,
- (ii) may, subject to subsection 5.2.3.1, serve as a non-voting member of MAC and of any committee or subcommittee established by MAC pursuant to this By-Law, but shall not serve as Chair of any such committee or subcommittee.

(b) Privileges

A member of the Consulting Staff may be granted treatment privileges as defined in the schedules provided by the CPSM.

(c) Duties

Members of the Consulting Staff shall:

- (i) make themselves available to Members to provide consultation and advice in their area of expertise; and,
- (ii) abide by this By-Law and the Medical Staff rules and regulations and any policies and procedures and codes of conduct approved by the Board.

3.2.4 Scientific Staff

Scientific Staff shall include non-physicians with appropriate scientific qualifications allied to medicine as determined by the Board, on the advice of MAC.

(a) Rights

Members of the Scientific Staff :

- (i) shall have no vote respecting amendments to this By-Law pursuant to section 8 and in relation to the Medical Staff Rules and Regulations in accordance with section 9; and,
- (ii) may, subject to subsection 5.2.3.1, serve as a non-voting member of MAC or of any committee or subcommittee established by MAC pursuant to this By-Law, but shall not serve as Chair of any such committee or subcommittee.

(b) Duties

Members of the Scientific Staff shall:

- (i) promote and provide services which are consistent with the standards established by licensing bodies, professional associations and the Authority;
- (ii) abide by this By-Law and the Medical Staff rules and regulations and any policies and procedures and codes of conduct approved by the Board; and,
- (iii) accept and carry out the education, research and administrative duties assigned by the CEO or the Regional Chief of Staff or their respective designates, which are consistent with the Member's contract for services or employment.

3.2.5 Trainee Staff

Trainee Staff shall include any physician, dental or scientific undergraduate, graduate, postgraduate or continuing education student participating in a training program approved by the University of Manitoba based in one or more of the Authority's facilities, and who is licensed in such capacity as required.

(a) Rights and Duties

Members of the Trainee Staff :

- (i) shall have no vote respecting amendments to this By-Law pursuant to section 8 and in relation to the Medical Staff Rules and Regulations in accordance with section 9;
- (ii) may attend meetings of MAC (with the approval of the Chair of MAC), and with the exception of the Area Standards Committee, may attend meetings of committees and/or subcommittees established by MAC, but shall not be a member of any such committee or subcommittee, nor have a vote; and,
- (iii) shall abide by this By-Law and the Medical Staff rules and regulations and any policies and procedures and codes of conduct approved by the Board.

(b) Privileges

The Regional Chief of Staff or designate shall assign each member of the Trainee Staff to a specific member of the Active Staff. Members of the Trainee Staff shall have no treatment or admitting privileges.

3.2.5 Honorary Staff: The Honorary Staff includes physicians whose outstanding achievements in medicine are recognized by their peers and the Board and who do not participate in any professional activity in the Authority.

Members of the Honorary Staff shall be appointed by the Board on the recommendation of MAC. Section 4 of this By-Law does not apply to Honorary Staff.

(a) Rights

Members of the Honorary Staff:

- (i) shall have no vote respecting amendments to this By-Law pursuant to section 8 and in relation to the Medical Staff Rules and Regulations in accordance with section 9; and,
- (ii) shall not be members of MAC or any committee or subcommittee established by MAC.

(b) Privileges

Members of the Honorary Staff shall have no admitting or treatment privileges.

SECTION 4: APPOINTMENTS AND PRIVILEGES

4.1 GENERAL

4.1.1 The Board shall appoint Medical Staff Applicants to a specific category and grant privileges, upon competent medical advice.

4.1.2 Appointment to the Medical Staff, except the Associate Staff and the Trainee Staff, shall be for an indefinite period subject to satisfactory performance reviews.

4.1.3 If Members fail to abide by the duties required for their appointment category as set out in section 3, no longer meet the criteria specified in subsection 4.2, or fail to have satisfactory performance reviews, Members may be re-assigned to the Associate category for a period of not more than one (1) year, have their appointment terminated or privileges changed, by the Board, at any time, taking into account the recommendations of MAC.

4.1.4 Any physician who is registered and holds a current active license with the CPSM., whether or not a Member, and regardless of the privileges granted by the Board, may attend a patient where an emergency exists, and take all steps to save the life and limb of that patient, including the calling for such consulting advice as may be available when a physician with privileges is not available.

4.2 CRITERIA

4.2.1 New appointments shall only be granted to fill vacant positions established by the Authority in consultation with MAC and based on the Health Region's Physicians Resource Plan, the available equipment and human resources and the diagnostic and treatment services and programs operated by the Authority.

4.2.2 All Applicants for appointment or Members to be re-appointed, who are physicians, must be qualified to practice medicine in the Province of Manitoba and shall be registered and hold a current active license with the CPSM.

4.2.3 All Applicants for appointment or Members to be re-appointed, who are dentists, shall be qualified to practice dentistry in the Province of Manitoba and shall be registered and hold a current license with the Manitoba Dental Association.

4.2.4 All Applicants for appointment or Members to be re-appointed to the Scientific Staff must have qualifications as determined by the Board, on the advice of MAC.

4.2.5 All Applicants who wish appointment to the Trainee Staff shall be registered with the appropriate licensing body and shall be recommended to the Authority by the University of Manitoba.

4.2.6 All Applicants and Members shall maintain appropriate liability insurance.

4.2.7 All Applicants for appointment and Members to be re-appointed shall have the qualifications necessary for the privileges sought.

4.3 INITIAL APPOINTMENTS

4.3.1 An Applicant shall apply for a vacant position approved by the Authority.

4.3.2 Each vacancy shall be advertised in a manner deemed appropriate by the CEO or designate in consultation with the Regional Chief of Staff or designate.

4.3.3 Applicants for appointment to the Medical Staff shall be provided with an Application Form, a copy of this By-Law and the Medical Staff Rules and Regulations.

4.3.4 The Applicant shall submit the completed application to the CEO or designate, who shall immediately forward it to the Credentials Committee.

4.3.5 Within thirty (30) days of the receipt of a completed application, the Credentials Committee:

- (i) shall contact the Applicant's references to seek their comments on the character and professional competence of the Applicant;
- (ii) shall, where the Applicant is a physician, request the CPSM to provide advice respecting the appointment and privileges;
- (iii) may interview the Applicant and make such further inquiries as it sees fit;
- (iv) shall forward its written recommendation to MAC.

4.3.6 Within thirty (30) days of receipt of the written recommendation of the Credentials Committee, MAC shall review the recommendation and shall prepare a written recommendation

to the Board as to whether the appointment to a category and privileges should be granted as the Applicant requested, not granted, or granted in a form different from that which the Applicant requested.

4.3.7 Subject to subsection 4.3.8, MAC shall submit to the Board, through the CEO or the Regional Chief of Staff or their respective designates, the application along with its recommendation as to the appointment of the Applicant to the Medical Staff, the category of appointment, and the privileges to be granted to the Applicant. Where the recommendation of MAC is at variance with the requests of the Applicant it shall set out its reasons in writing.

4.3.8 Before making a recommendation to the Board which is at variance with the requests of the Applicant, MAC shall notify the Applicant in writing and provide him or her with an opportunity to be heard by the Committee.

4.3.9 The Applicant shall be provided with a copy of the final recommendation of MAC. Within fifteen (15) days of receipt of the recommendation, the Applicant may make a written submission to the Board as to why the Applicant should be appointed to a category and should be granted privileges as the Applicant requested.

4.3.10 Within thirty (30) days of the receipt of the MAC written recommendation, the Board shall consider:

- (i) the application;
- (ii) the MAC written recommendation; and
- (iii) any written submission from the Applicant;

and, shall make a decision as to whether the appointment and privileges shall be granted as the Applicant requested, not granted, or granted in a form different from that which the Applicant requested or the Board may refer the application back once to MAC for reconsideration, in accordance with subsection 4.4, stating the reasons for such action.

4.3.11 The decision of the Board shall be transmitted in writing to the Applicant and if the Applicant is not accepted or if the category of Medical Staff or privileges granted differ from those requested, the reasons shall be stated.

4.3.12 If the application is accepted, the Board shall appoint the Applicant to the Medical Staff. The appointment shall designate the category of Medical Staff to which the Applicant is appointed and the privileges granted.

4.3.13 The appointment shall come into force upon the Applicant submitting a signed statement that he or she:

- (i) has read and understands this By-Law and the Medical Staff rules and regulations and agrees to be bound by them; and
- (ii) understands and agrees to the assignment of staff category and the privileges granted.

Where the Applicant fails to submit such a signed statement within thirty (30) days of receipt of the notification of the appointment, he or she shall be deemed to have rejected the appointment.

4.3.14 The Authority shall maintain a written record of the Medical Staff category and privileges assigned to each member of the Medical Staff. All privileges granted to physicians shall be immediately reported to the CPSM.

4.3.15 An Applicant who is not satisfied with a decision of the Board respecting his or her application for appointment may request a reconsideration of the decision in accordance with subsection 4.5.

4.3.16 An Applicant who is not satisfied with the decision of the Board upon reconsideration of its decision may refer the matter to an Appeal Committee in accordance with subsection 4.5

4.4 PROCEDURE UPON REFERRAL OF A MATTER BACK TO MAC

4.4.1 Where a matter is referred back to MAC pursuant to this By-Law:

- (i) the CEO shall give the Applicant for appointment or reappointment to the Medical Staff or Member written notice of the recommendation of MAC, the decision of the Board to refer the matter back to MAC and the reasons for such action;
- (ii) MAC shall reconsider the matter at its next regular meeting, or within thirty (30) days, whichever is sooner, and shall make its final recommendations to the Board; and,
- (iii) within thirty (30) days of the receipt of the review final recommendations of MAC, the Board shall make a decision on the matter.

4.5 REVIEW AND RECONSIDERATION

4.5.1 Where this By-Law states that an Applicant for appointment or reappointment to the Medical Staff or a Member may request a reconsideration of a decision of the Board, within thirty (30) days of the receipt of the written decision of the Board, the Applicant or Member may make a written request to the Board for reconsideration of its decision.

4.5.2 Within twenty-one (21) days of receiving a written request for reconsideration the Board shall meet to reconsider the matter. The Applicant or Member shall be entitled to appear before the Board at the meeting with a legal or other advisor, and to make appropriate representations either personally or through an advisor. The Applicant or Member shall also be provided with copies of all information to be considered at the meeting. Upon consideration of the representations of the Applicant or Member and MAC and the information before it, the Board shall render its decision.

4.5.3 Where, pursuant to this By-Law, and at the request of an Applicant for appointment or reappointment to the Medical Staff or a Member, the Board has reconsidered a prior decision and where the Applicant or Member is not satisfied with the Board's decision upon such reconsideration, within thirty (30) days of receipt of a Board decision, the Applicant or Member may by written notice to the Board refer the decision to an Appeal Committee pursuant to section 7.

The Applicant or Member shall be provided with a written notice of the date and location of the hearing and shall have the right to make representations to the Appeal Committee in accordance with section 7.

The decision of the Appeal Committee shall be final and binding.

4.6 PROCEDURE FOR REAPPOINTMENT OF MEMBERS OF THE ASSOCIATE STAFF

4.6.1 A member of the Associate Staff seeking reappointment to the Medical Staff (the “Applicant”) shall submit a completed Reappointment Form to the CEO or designate, who shall immediately forward it to the Credentials Committee. Within thirty (30) days of receiving a completed Reappointment Form, the Credentials Committee shall prepare a written recommendation to MAC regarding the Applicant’s reappointment and the privileges to be granted.

In preparing its written recommendation respecting the-reappointment, the Credentials Committee may consult with the CPSM .

MAC shall review the recommendation of the Credentials Committee and shall prepare a written recommendation to the Board as to whether the reappointment and privileges should be granted as the Applicant requested, not granted, or granted in a form different from that which the Applicant requested. Subject to subsection 4.6.2, the recommendations of MAC shall be submitted to the Board, through the CEO or the Regional Chief of Staff or their respective designates, for decision.

4.6.2 Before making a recommendation to the Board which is at variance with the requests of the Applicant, MAC shall notify the Applicant in writing and provide him or her with an opportunity to be heard by the Committee.

4.6.3 The Applicant shall be provided with a copy of the final recommendation of MAC. Within fifteen (15) days of receipt of the recommendation, the Applicant may make a written submission to the Board as to why the Applicant should be appointed to a category and granted privileges as the Applicant requested.

4.6.4 Within thirty (30) days of the receipt of the MAC written recommendation, the Board shall consider:

- (i) the MAC written recommendation: and,
- (ii) any written submission from the Applicant;

and, make a decision as to whether the Applicant shall be reappointed and the privileges to be granted or the Board may refer the matter back once to MAC for reconsideration, in accordance with clause 4.4, stating the reasons for such action.

4.6.5 The decision of the Board shall be transmitted in writing to the Member and if the Applicant is not appointed to a category and granted privileges as the Applicant requested, the reasons shall be stated.

4.6.6 If the Applicant is to be reappointed to the Medical Staff, the Board shall reappoint the Applicant to the Medical Staff. The reappointment shall designate the category of Medical Staff to which the Applicant is appointed and the privileges granted.

4.6.7 Where the decision of the Board respecting the privileges to be granted to an Applicant upon reappointment to the Medical Staff is at variance with the request of the Applicant, the new appointment shall come into force upon the Applicant submitting a signed statement that he or she agrees to the-privileges granted.

4.6.8 An Applicant who is not satisfied with a decision of the Board respecting his or her reappointment and/or the privileges to be granted upon reappointment may request a reconsideration of the decision in accordance with subsection 4.5.

4.6.9 An Applicant who is not satisfied with the decision of the Board upon reconsideration of its decision may refer the matter to an Appeal Committee in accordance with subsection 4.5

4.7 CHANGE IN APPOINTMENT/PRIVILEGES

4.7.1 At any time, a Member may apply for a change in privileges by completing a form approved by the Board and forwarding it to the CEO or the Regional Chief of Staff or their respective designates.

4.7.2 Upon receipt of an application for a change in privileges, the CEO or the Regional Chief of Staff or their respective designates shall immediately forward it to the Credentials Committee. The Credentials Committee shall prepare a written recommendation to MAC regarding the Member's application for a change in privileges. In preparing a written recommendation respecting an application from a Member, who is a physician, the Credentials Committee may consult with the CPSM. MAC shall review the recommendation of the Credentials Committee and shall prepare a written recommendation to the Board in relation to requested change in privileges. Subject to subsection 4.7.4, the recommendation of MAC shall be submitted to the Board, through the CEO or the Regional Chief of Staff, for decision.

4.7.3 Subject to subsection 4.7.4, MAC may recommend to the Board, at any time, that a Member be re-assigned to the Associate Staff for one year, have their appointment terminated, or privileges changed, if they fail to carry out the responsibilities assigned to their category of appointment pursuant to section 3, no longer meet the criteria specified in subsection 4.2 or fail to have satisfactory performance reviews.

4.7.4 Where the recommendation of MAC made pursuant to subsection 4.7.2 is that a Member not be granted the change in privileges that he or she has requested or where MAC is making a recommendation pursuant to subsection 4.7.3, MAC shall notify the Member in writing and provide him or her with an opportunity to be heard by the Committee.

4.7.5 The Member shall be provided with a copy of the final recommendation of MAC. Within fifteen (15) days of receipt of the recommendation, the Member may make a written submission to the Board as to why the Member should be granted the change in privileges that he or she is requesting or why a recommendation made by MAC pursuant to subsection 4.7.3 should not be adopted by the Board.

4.7.6 Within thirty (30) days of the receipt of a recommendation from MAC pursuant to subsection 4.7.2 or 4.7.3, the Board shall consider:

- (i) the application, if applicable;
- (ii) the MAC written recommendation: and,
- (iii) any written submission from the Member;

and, shall make a decision as to whether the Member should be granted the change in privileges requested or, where MAC has made a recommendation pursuant to subsection 4.7.3, whether the Member's appointment or privileges should be changed or terminated or the Member re-assigned to the Associate Staff, or the Board may refer the matter back once to MAC for reconsideration, in accordance with clause 4.4.1, stating the reasons for such action.

4.7.7 The decision of the Board shall be transmitted in writing to the Member and if the Member is not granted the change in privileges requested pursuant to subsection 4.7.2, or, where MAC has made a recommendation pursuant to subsection 4.7.3, and the Member's appointment or privileges are changed or terminated or the Member is re-assigned to the Associate Staff, the reasons shall be stated.

4.7.8 A Member, who is not satisfied with a decision of the Board respecting a request for a change in privileges or a recommendation made by MAC pursuant to subsection 4.7.3, may request a reconsideration of the decision in accordance with subsection 4.5.

4.7.9 A Member who is not satisfied with the decision of the Board upon reconsideration of its decision may refer the matter to an Appeal Committee in accordance with subsection 4.5

4.8 PERFORMANCE REVIEWS

4.8.1 Performance reviews shall be conducted to facilitate the development of Members and to identify concerns before they become serious problems.

4.8.2 Each Member, except members of the Honorary Staff, shall be subject to formal performance reviews once every year.

4.8.3 A performance review of a Member shall include the Member's:

- (i) quality of patient care, teaching and/or research;
- (ii) ability to work with other Members and health care providers; and,
- (iii) compliance with this By-Law, the Medical Staff rules and regulations, and any policies established by the Board

Where the Member is a physician, the review may include consultation with the CPSM.

4.8.4 Performance reviews shall be conducted by the individual to whom the Member most directly reports or by the relevant Facility Chief of Staff.

4.8.5 Performance reviews shall be documented and kept in the Member's personnel file.

4.8.6 Performance reviews shall include input from other Members, and where appropriate, other health care providers and patients.

4.8.7 All performance reviews which do not meet the expected standards shall be referred to MAC.

4.8.8 In the event that a Member receives an unsatisfactory review, the Regional and/or Facility Chief of Staff will assess the potential for improvement and prescribe a remedial program, as required.

4.8.9 In the event that a Member receives a further unsatisfactory performance review or fails to participate in a remedial program as prescribed by the Regional and/or Facility Chief of Staff, the matter will be referred to MAC for assessment and action as required. Where a matter is referred to MAC for assessment and action pursuant to this section, the Regional and/or Facility Chief of Staff, who prescribed the remedial program, shall not participate in any discussion or vote on the matter by MAC.

4.9 TEMPORARY PRIVILEGES/LOCUM TENENS

4.9.1 Subject to subsection 4.9.2, a physician, who is not a Member may be granted temporary privileges for a period not to exceed three (3) months by the CEO with the approval of the Regional Chief of Staff or designate:

- (i) while an application is being processed; or
- (ii) to a locum tenens in accordance with subsection 4.9.3.

4.9.2 Privileges granted under this subsection shall be reported to the Board and MAC. The duration of the privileges shall be until the next meeting of the Board. Temporary privileges shall be reviewed by the Board and the Board may affirm, amend, modify or revoke such privileges, upon competent medical advice.

4.9.3 A locum tenens shall work under the supervision of an Active Staff member designated by the Regional Chief of Staff or designate.

4.9.4 A locum tenens granted temporary privileges shall attend meetings of the Medical Staff, but shall not be entitled to vote.

SECTION 5: REGIONAL CHIEF OF STAFF/ COMMITTEES

5.1 REGIONAL CHIEF OF STAFF

5.1.1 The Authority shall appoint a physician, who is qualified to practice medicine in the Province of Manitoba and is registered and holds a current active license with the CPSM, as the Regional Chief of Staff.

5.1.2 The Regional Chief of Staff shall:

- (i) ensure that the quality of services offered by all Members is evaluated on a regular basis and that corrective actions are taken when problems are identified;
- (ii) monitor Members' practices to ensure compliance with this By-Law, the Medical Staff rules and regulations and any policies and procedures and codes of conduct approved by the Board;
- (iii) serve as the Chair of MAC and shall be a non-voting member of all subcommittees of MAC;
- (iv) encourage the participation of Members in appropriate continuing education;

- (v) implement and maintain appropriate measures for reviewing and managing the use of resources by Members;
- (vi) ensure that a report is made at each regular meeting of the Board on the quality of clinical care provided by the Medical Staff and on any issues arising from the administration of this By-Law;
- (vii) monitor and advise the Board and the CEO on the processes used to appoint Members and assess their performance;
- (viii) ensure that a report on the activities of MAC is made at each regular meeting of the Medical Staff;
- (ix) hear grievances and disputes between Members and mediate between the parties concerned; and,
- (x) perform such other duties as specified in this By-Law and as may be determined by the Board.

5.1.3 The Regional Chief of Staff, in consultation with the Members practicing in the facilities operated by the Authority, shall appoint Facility Chiefs of Staff as necessary to assist him or her as appropriate in carrying out his or her responsibilities as set out in subsection 5.1.2 of this By-Law and to act as designates of the Regional Chief of Staff as determined by the Regional Chief of Staff.

5.2 COMMITTEES

5.2.1 MEDICAL ADVISORY COMMITTEE (MAC)

5.2.1.1 Composition

MAC is the senior patient care committee directly advisory to the Board on medical issues. The members of MAC shall include:

- (i) the Regional Chief of Staff, who shall serve as Chair of the Committee and shall have no vote except in the case of an equality of votes, in which case, the Regional Chief of Staff shall cast the deciding vote;
- (ii) such Members as determined by the Board after consultation with the CEO and the Regional Chief of Staff; and,
- (iii) as non-voting members of the Committee, the CEO and other senior designates of the CEO.

Where the Medical Staff elects a President of the Medical Staff, the President of the Medical Staff shall be appointed as a member of MAC.

5.2.1.2 Meetings

MAC shall meet at regular intervals and not less than quarterly. Special meetings may be called by the Chair, and written or oral notice shall be given to all members of the Committee at least 48 hours prior to any meeting.

5.2.1.3 Duties

MAC shall:

- (i) take all reasonable steps to ensure proper professional and ethical conduct of Members;
- (ii) advise the Board on matters concerning the standards of medical practice provided within the facilities and programs of the Authority;
- (iii) consider, coordinate, and recommend Medical Staff policies, rules, procedures and codes of conduct for the approval of the Board;
- (iv) in accordance with this By-Law, make recommendations to the Authority concerning appointments, re-appointments and privileges of Applicants;
- (v) consider and act on all matters and recommendations forwarded from standing and ad hoc committees or subcommittees;
- (vi) assist the Board and the CEO in developing regional standards required by the Canadian Council on Health Services Accreditation and/or as recommended by licensing bodies and/or professional associations of the Medical Staff;
- (vii) consider and make recommendations to the Board on such other matters as may be referred to it by the Board and perform such other duties as specified in this By-Law and as may be determined by the Board.

5.2.2 CREDENTIALS COMMITTEE

5.2.2.1 Composition

MAC shall appoint a Credentials Committee, which shall consist of such voting and non-voting Members as MAC may determine.

5.2.2.2 Duties

The Committee shall investigate the credentials of all Applicants for appointment to the Medical Staff or matters related to a change in a Member's privileges and shall make recommendations to MAC in accordance with this By-Law, and shall perform such other duties as MAC may determine.

5.2.3. AREA STANDARDS COMMITTEE

5.2.3.1 Composition

MAC, in consultation with the CPSM, shall appoint an Area Standards Committee, which shall consist of not less than four (4) Members of the Active Staff, who are physicians.

5.2.3.2 Duties

The Area Standards Committee shall promote and maintain standards of physician practice through the employment of educational strategies.

The Committee shall:

- (i) monitor and evaluate the standards of practice of Members;
- (ii) educate Members using the knowledge gained through monitoring and evaluation;
- (iii) as required, provide input into multi-disciplinary teams focused on patient care standards and quality improvements;
- (iv) forward a report to the Central Standards of the CPSM, at least annually;
- (v) forward a summary of the report to MAC and the Board which summarizes the activities of the Committee without identifying any Members or patients, at least annually;
- (vi) subject to subclause 5.2.3.3 (iii), refer issues or concerns, which cannot be adequately addressed through educational interventions, to the administration of the Authority and to the Registrar and the Central Standards Committee of the CPSM; and,
- (vii) function in accordance with the CPSM Standards By-Law.

5.2.3.3 Confidentiality

A Committee member, who does not have the prior approval of the Committee, shall not disclose information provided or produced by the Committee, or any findings of the Committee, as per Section 9 of *The Evidence Act*.

The Committee at their own discretion, may disclose information or findings for:

- (i) advancing medical research or medical education (the information shall be shared in a manner that does not identify Members or patients);
- (ii) regular reporting to the CPSM and to the Board; and,
- (iii) referring issues or concerns to the administration of the Authority and the Registrar of the CPSM. When a physician is to be identified in a referral pursuant to this subclause, then the referral shall be supported by a motion passed by a majority of the Committee. The motion shall identify the information to be forwarded, which information shall not include any information obtained upon the assurance that it would be kept confidential.

5.2.3.4

The Committee has the power to:

- (a) direct the review of some or all of the patient charts of a Member;
- (b) access information related to the utilization of resources of the Authority by a Member;
- (c) direct that a Member meet with the Committee;
- (d) develop guidelines or protocols; and
- (e) establish ad hoc committees as required.

5.2.3.5 Other Standing or Ad Hoc Medical Staff Committees and Subcommittees

MAC may establish such other standing or ad hoc committees and subcommittees as it deems necessary. MAC shall develop written terms of reference for each committee or subcommittee and such terms of reference shall be adopted by resolution of MAC and shall be attached to the minutes of the meeting at which they were adopted and provided to each member of the committee or subcommittee to which they pertain.

SECTION 6	COMPLAINTS AGAINST MEMBERS
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6.1 GENERAL

6.1.1 The Board has the authority to suspend or remove a Member or take other actions, pending the final determination of a complaint when it reasonably believes that the Member's continued practice may threaten the safety of patients or staff.

6.1.2 All complaints concerning a Member shall be detailed in writing and forwarded to the CEO or the Regional Chief of Staff.

6.1.3 Any time period in section 6 may be abridged or extended with the consent of all parties or by the MAC Chair and the Board.

6.1.4 The Registrar of the CPSM, or other authority, may be informed of a complaint by the CEO or the Regional Chief of Staff at any time during or after a complaint is received, investigated or disposed of.

6.2 COMPLAINT RESOLUTION

6.2.1 Written complaints shall be submitted to the CEO or the Regional Chief of Staff. A copy of the written complaint shall be provided to the Member within ten (10) working days of receipt of the complaint. The Member will respond, in writing, to the complaint within ten (10) working days of receipt.

6.2.2 The CEO or the Regional Chief of Staff may attempt to informally resolve the complaint to the satisfaction of both the person filing the complaint (the Complainant) and the Member.

6.2.3 If a complaint is resolved informally, then the Regional Chief of Staff shall keep a record of the complaint and the resolution.

6.2.4 If a complaint is not resolved informally, then the Regional Chief of Staff may refer the matter:

- (i) to the CPSM, advising MAC of the action taken; or
- (ii) to MAC.

Where a matter is referred to MAC, within thirty (30) days of receipt of a complaint, MAC shall review and make such further investigations respecting the complaint as the Committee sees fit and may appoint an investigator and/or consultants as necessary to provide assistance. MAC shall also provide the Member and the Complainant with the opportunity to appear before the Committee to make representations in respect of the complaint.

6.2.5 After consideration of the complaint, the results of any investigations conducted by MAC and the representations of both parties, MAC shall prepare a recommendation for the Board respecting the matter providing that:

- (a) no further action be taken;
- (b) the matter should be referred in whole or in part to the CPSM; or
- (c) the Member
 - (i) has failed to meet a reasonable ethical or behavioural standard;
 - (ii) has contravened this By-Law and/or the Medical Staff rules and regulations;
 - (iii) has been found guilty of an offence that is relevant to the Member's suitability to continue as a Member;
 - (iv) has displayed a lack of knowledge of or lack of skill or judgment in the delivery of care to patients/clients of the Authority;
 - (v) has demonstrated an incapacity or unfitness to provide care to patients/clients of the Authority;
 - (vi) is suffering from an ailment that might constitute a danger to the patients/clients of the Authority.

6.2.6 With respect to any recommendation made pursuant to this section, MAC shall state its reasons for the recommendation.

6.2.7 Where the recommendation of MAC includes any of the findings outlined in subparagraphs 6.2.5(c), MAC shall recommend what action should be taken with respect to the matter, including but not limited to: remedial education; a letter of reprimand; the termination or restriction of privileges on a temporary or permanent basis; re-appointment to the Associate Staff for not more than one year; and/or removal from the Medical Staff (loss of appointment). The Member shall be notified and shall be provided with an opportunity to appear before MAC to make representations respecting the disposition to be recommended by MAC pursuant to this subsection.

6.2.8 The Member shall be provided with a copy of the recommendation of MAC and within fifteen (15) days of receipt of the recommendation, the Member may make a written submission to the Board respecting the complaint.

6.2.9 The Board shall consider the complaint, the recommendation of MAC, any written submission from the Member and shall decide what action, if any, shall be imposed on the Member or may refer the matter back once to MAC for reconsideration, in accordance with clause 4.4.1, stating the reasons for such action.

6.2.10 The Member may request a reconsideration of any decision made by the Board in relation to a complaint against a Member in accordance with subsection 4.5. The CPSM shall be advised of any decision of the Board respecting a complaint which affects the appointment or privileges of a Member.

6.2.11 A Member who is not satisfied with the decision of the Board upon reconsideration of its decision may refer the matter to an Appeal Committee in accordance with subsection 4.5

6.2.12 (1) Notwithstanding section 5, but subject to subsection 6.3.6, the CEO and the Regional Chief of Staff shall not participate in the discussion and development of any recommendation by MAC respecting a complaint.

- (2) Where a complaint is initiated by the CEO in accordance with subsection 6.3.2, in respect of a Member who has been suspended or his or her privileges have been limited by the CEO, with the approval of the designate of the Regional Chief of Staff pursuant to subsection 6.3.1, the designate of the Regional Chief of Staff shall not participate in the discussion and development of any recommendation by MAC respecting the complaint.

6.3 INTERIM SUSPENSIONS

6.3.1 The CEO, with the approval of the Regional Chief of Staff or designate, or the Regional Chief of Staff may, at any time, suspend or limit the privileges of a Member, for a maximum period of ten (10) days for conduct which he or she reasonably believes may threaten the safety of patients or staff, including without limitation exceeding the limits of his or her privileges except in cases of an emergency. A written copy of the reasons for the interim suspension shall immediately be provided to the Member, MAC and the CPSM.

6.3.2 Where an interim suspension is imposed in the absence of a written complaint, then the individual initiating the suspension shall cause a complaint to be initiated pursuant to subsection 6.2.1. and the complaint shall be considered and processed in accordance with subsections 6.2.2 to 6.2.11.

6.3.4 An interim suspension may be extended or revoked by MAC, while a complaint is being processed under section 6.

6.3.5 The CEO, with the approval of the Regional Chief of Staff or designate, or the Regional Chief of Staff may terminate an interim suspension if the threat to the patient or staff safety no longer exists.

6.3.6 At the meeting of MAC at which a complaint made pursuant to subsection 6.3.2 is to be considered, the person invoking the suspension shall present a full report, including the documented reasons for the action taken.

SECTION 7: APPEAL COMMITTEE

7.1 PREAMBLE

7.1.1 The Appeal Committee (the Committee) shall consider an appeal by an Applicant for appointment to the Medical Staff or a Member from a decision of the Board under subsections 4.3.16, 4.6.9, 4.7.9, and 6.2.11.

7.2 COMMITTEE MEMBERS

7.2.1 The Committee shall be comprised of three persons, chosen as follows:

- (a) one person selected by the Member/Applicant;
- (b) one person selected by the Board;
- (c) one person, as Chair, mutually acceptable to the other two Committee members.

7.3. ROLE OF THE COMMITTEE CHAIR

- 7.3.1 (a) The Chair shall ensure that Committee members are familiar with proper hearing procedures.
- (b) The Chair shall request assistance from Counsel, as necessary, to assist the Committee in its deliberations.

7.4. HEARING

7.4.1 Within thirty (30) days of receipt of the written request to have a hearing filed pursuant to subsection 4.3.16, 4.6.9, 4.7.9 or 6.2.11 of this By-Law, the Committee shall consider:

- (a) the decision of the Board;
- (b) the written submission from the Applicant or Member; and
- (c) such other written and oral submission(s) as the Committee may request

and shall determine whether to uphold or vary the decision of the Board with respect to the matter in relation to which the appeal has been filed.

7.4.2 Matters before the Committee will be decided by a majority opinion.

7.4.3 The Committee shall within thirty (30) days of the making of its decision, deliver a copy of its written decision to the Board and to the Member/Applicant.

7.5 PROCEDURAL RULES FOR HEARINGS

7.5.1 The following rules shall apply to all hearings of an Appeal Committee under this By-Law:

- (a) Members may attend in person and may also be accompanied by a representative of their choice;
- (b) A representative designated by the Board may attend in person;
- (c) Proceedings shall be recorded and a written transcript shall be made available when required;
- (d) Members shall be entitled to receive copies of any and all materials considered at the hearing.

SECTION 8: AMENDMENTS

8.1 MAC may recommend to the Board amendment(s) to this By-Law. Amendments to this By-Law are of no force or effect until they are approved by two-thirds of the Members eligible to vote on the amendments pursuant to section 3 of this By-Law.

8.2 All amendments to this By-Law require the approval, in writing, of the Board and Manitoba Health.

SECTION 9: RULES AND REGULATIONS

9.1 MAC shall develop such rules and regulations as it deems necessary for patient care and the conduct of Members. Such Medical Staff rules and regulations are of no force or effect until they are approved by two-thirds of the Members eligible to vote on such rules and regulations pursuant to section 3 of this By-Law.

9.2 Medical Staff rules and regulations and all amendments thereto require the approval, in writing, of the Board and Manitoba Health.

SECTION 10: ADOPTION

10.1 This Medical Staff By-Law is adopted and shall replace any previous Medical Staff By-Law of the Authority.

APPROVED by the Board of Directors of the Interlake Regional Health Authority this 13th day of May, 1999.

EDWARD A. BERGEN
Board Chair

KEVIN BERESFORD
Chief Executive Officer

APPROVED by Manitoba Health this 31st day of May, 1999.

SUE HICKS
Associate Deputy Minister