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Saskatchewan Health Authority

Interim Practitioner Staff Bylaws

December 2017

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DRAFT SHA PRACTITIONER STAFF BYLAWS

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PRACTITIONER STAFF BYLAWS PART I

1. Title

(1) These are the Practitioner Staff Bylaws (Bylaws) for the Saskatchewan Health Authority (SHA).

2. Purpose

(1) These Bylaws are developed and enacted for the purposes outlined in *The Provincial Health Authority Act*.

(2) These Bylaws apply to the Members of the Practitioner Staff.

3. Definitions

(1) In these Bylaws, the following definitions apply:

- a) "Appointment" means the process by which a Physician, Dentist, Midwife, Chiropractor or Nurse Practitioner joins the Practitioner Staff of a health region or health facility in order to access resources to care for patients. appointment does not constitute employment or presume specific Privileges;
- b) "Area Chief of Staff" or "ACOS" means a Practitioner appointed under section 8 of these Bylaws;
- c) "Area Department Lead" means a Practitioner appointed under section 12 of these Bylaws;
- d) "Area Department" means a major subunit of the Practitioner Staff within an Area established under section 11 of the Bylaws; and composed of practitioners with common clinical or specialty expertise;
- e) "Area Division Lead" means a Practitioner appointed under section 14 of these Bylaws;
- f) "Area Division" means a component of an Area Department composed of practitioners with a clearly defined sub-specialty and designated by the CMO as an Area Division or an organizational sub-unit of an Area Department established under section 13 of these Bylaws;



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- h) "Area Rules" means the Rules governing the day-to-day obligations of the Practitioner Staff which are applicable to the Facilities operated and Programs delivered by the SHA within a specific Area;
- i) "Area" means a geographic area of the province within which SHA health service delivery occurs;
- j) "Board" means the voting members of the Board of the Saskatchewan Health Authority and, includes any subcommittee of the Board which has been authorized by the Board to carry out any function assigned to or power exercised by the Board under these Bylaws, including, without limitation, under sections 39, 46, 59, 66, 73 to 77 and 80;
- k) "Bylaws" means these Practitioner Staff Bylaws;
- l) "Chief Executive Officer" or "CEO" means the person employed by contract who is responsible for the general management and conduct of the affairs of the SHA;
- m) "Chief Medical Officer" or "CMO" means the physician appointed under section 4 of these Bylaws;
- n) "Chiropractor" means a Practitioner who is duly licensed by the Chiropractors' Association of Saskatchewan and who is entitled to practice Chiropractic in Saskatchewan pursuant to *The Chiropractic Act, 1994*;
- o) "College" means in the case of a Physician the College of Physicians and Surgeons of Saskatchewan, in the case of a Dentist the College of Dental Surgeons of Saskatchewan, in the case of a Midwife the Saskatchewan College of Midwives, in the case of a Chiropractor the Chiropractors' Association of Saskatchewan, and in the case of a Nurse Practitioner, the Saskatchewan Registered Nurses' Association;
- p) Concern 
- q) "consult with the Dean" or "consulting with the Dean" means to carry out consultations or collaboration  relevant or appropriate Dean;
- r) Credentialling means an approach to obtaining, verifying and assessing the qualifications  of a health professional against consistent criteria for the purposes of licensing, appointing to practitioner staff and/or granting privileges.
- s) "Dean" means the Dean of the College of Medicine, University of Saskatchewan;
- t) "Dentist" means a Practitioner who is duly licensed by the College of Dental Surgeons of Saskatchewan and who is entitled to practice dentistry in Saskatchewan pursuant to *The*

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Dental Disciplines Act;

- u) "Department Rules" means the Rules governing the day-to-day obligations of the Practitioner Staff who are appointed to a specific Area Department and which are applicable to the Facilities and Programs owned or operated by the SHA;
- v) "Deputy Chief Medical Officer" or "DCMO" means the person appointed under section 6 of these Bylaws;
- w) "Facility" means any approved hospitals, continuing care facilities, community health, urgent care, and public health centres, and any other facilities operated by SHA;
- x) Letter of Appointment means a document signed on behalf of the Authority and provided to a Practitioner upon appointment to the Practitioner Staff indicating the terms of appointment including the Staff Category and Privileges granted.
- y) "Member" means a Member of the Practitioner Staff or a Member of a committee established under these Bylaws;
- z) "Midwife" means a Practitioner who is not employed by the SHA and who is duly licensed as a Midwife with the Saskatchewan College of Midwives pursuant to *The Midwifery Act*;
- aa) "Nurse Practitioner" means a Practitioner who is not employed by the SHA and who is duly licenced as a Registered Nurse Practitioner with the Saskatchewan Registered Nurses' Association pursuant to *The Registered Nurses Act, 1988*;
- bb) Periodic Review
- cc) "Physician" means a Practitioner who is duly licensed by the College of Physicians and Surgeons of Saskatchewan and who is entitled to practice medicine in Saskatchewan pursuant to *The Medical Profession Act, 1981*;
- aa) "Policies and Procedures" means those Policies and Procedures that have been adopted by the SHA;
- bb) "Practitioner Staff Appointment" means the Appointment of an individual or a practitioner to one of the Practitioner Staff categories established pursuant to these Bylaws;
- cc) "Practitioner Staff" means all Members of the Practitioner Staff;
- dd) "Privileges" means the permission from an authorized body to a health care provider to conduct a specific scope and content of patient care. Privileges are granted based upon an evaluation of the provider's training, experience and competence related to the service,

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and are specific to a defined practice setting. Privileges also delineate the Procedures that may be performed by a Practitioner; the Sites of Clinical Activity in which a Practitioner may perform Procedures or provide care to Patients; and the Programs and Services that are available to a Practitioner in order to provide care to Patients.

- ee) "Program" means an ongoing care delivery system under the jurisdiction of the SHA for coordinating and delivering a specified type of patient care;
- ff) "Provincial Department" means a major provincial subunit of the Practitioner Staff established under section 9 of these Bylaws;
- gg) "Provincial Head" means a Practitioner appointed under section 10 of these Bylaws;
- hh) Provincial Advisory Committee
- ii) "Provincial Rules" means the Practitioner Staff Provincial Rules governing the day to day practise and obligations of the Practitioner Staff which are applicable to all Facilities operated by or Programs provided by the SHA;
- jj) Procedure means a course of action intended to achieve a result in the delivery of healthcare
OR
An activity directed at or performed on an individual with the object of improving health, treating disease or injury, or making a diagnosis
- kk) "Quality Assurance" means a system that monitors critical and adverse events caused by the care provided or having the potential to cause harm, and works to prevent future harm;
- ll) "Quality Improvement Committee" means a committee designated as a Quality Improvement Committee by the Saskatchewan Health Authority to carry out a quality improvement activity the purpose of which is to examine and evaluate the provision of health services for the purpose of educating persons who provide health services, or improving the care, practice or services provided to patients by the SHA;
- mm) "Quality Improvement" means initiatives that improve the quality of care based on principles of best practice and standardization of care, appropriateness of care, and improved access to care;
- nn) "Record" means the legal and other information including but not limited to the commencement document, exhibits, transcript of proceeding, rulings and decision;
- oo) "Resident" means those practitioners who have been appointed to the Resident Practitioner Staff, as per the Bylaws, to temporarily work in the facilities operated or owned by SHA for the duration of their residency;

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pp)

qq) "Saskatchewan Health Authority" or "SHA" means the Authority established December 4, 2017 pursuant to *The Provincial Health Authority Act*;



rr) "Sites of Clinical Activity" means the locations listed in the grant of Privileges, where a Practitioner may perform procedures, or provide care or services to Patients. Sites of Clinical Activity may include Areas, Facilities, and specific Programs owned, operated, or contracted with the SHA;



ss) "Specialist" means a Physician with "Certification" status with the Royal College of Physicians and Surgeons of Canada by examination or alternate route, or relevant clinical experience, successful summative assessment and licensed to practice as a Specialist by the College of Physicians and Surgeons of Saskatchewan or the College of Dental Surgeons of Saskatchewan;

tt) "Training Fellow" means someone who has completed their residency training, and may or may not be certified as a Specialist, and is doing additional training in a field of special interest;



ss) Triggered review



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PART II ORGANIZATION OF THE PRACTITIONER STAFF

4. Chief Medical Officer Appointment

(1) the CEO shall appoint a Physician Member of the Practitioner Staff, or a physician eligible for Appointment to the Practitioner Staff, to the position of Chief Medical Officer (CMO) after giving consideration to the advice of a Search Committee. A CMO Search Committee is a committee in search of the best candidates for the CMO position.

(a) Composition of the Search Committee for the CMO shall be established by the CEO and be comprised of:

- i. 2 members of the Provincial Practitioner Advisory Committee (PPAC)
- ii. 1 member of the SMA selected by the SMA Board;
- iii. 1 member of the Practitioner Staff who is not a physician;
- iv. 1 member of the Senior Leadership Team; and,
- v. 1 patient representative

(b) Members of the Search Committee shall select a Member as Chair

(c) The Search Committee shall invite applications from Members of the Practitioner Staff or physicians eligible for membership to the Practitioner Staff

(d) The Search Committee may conduct reference checks and, at the request of the CEO, interview applicants

(e) The CEO may establish an interview panel to interview the top candidates recommended by the Search Committee, and/or any other candidates they wish to consider.

(2) The individual appointed to the position of CMO may exercise any or all of the powers and responsibilities of the CMO position.

(3) No person may be appointed to the position of CMO without approval of the Board.

(4) The CEO will conduct an annual performance review of the CMO.

5. Responsibilities of the Chief Medical Officer

(1) The CMO shall be accountable to the CEO with respect to all matters regarding the management and organization of the Practitioner Staff, including the establishment of an organizational structure that supports the achievement of health outcomes, and ensures the delivery of practitioner services within the SHA, consistent with the strategic plan and mission of the SHA. The roles and responsibilities of the CMO include, but are not limited to:

- (a) ensuring the delivery of Practitioner Staff services within the SHA, consistent with the strategic plan and mission of the SHA, applicable legislation and these Bylaws;
- (b) as warranted from time to time and as outlined in these Bylaws; establish or dissolve:
 - i) Provincial Departments
 - ii) Provincial Divisions
 - iii), Area Departments

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iv) Area Divisions

v) Programs

(c) the establishment or dissolution of an organizational structure to assist in the implementation of the strategic plan and mission of the SHA, with due process.

(2) CMO shall be responsible for:

(a) with respect to corporate management:

(i) as a Member of the executive leadership team of the SHA, participating in management discussions and decisions including, but not limited to discussions and decisions regarding strategic planning, financial and program planning, human resources planning, the development, implementation and evaluation of patient/client/resident care programs and services, and resource allocation.

(b) with respect to Practitioner Staff administration:

- (i) ensuring development, maintenance and updating of these Bylaws and the Rules pertaining to Practitioner Staff care provided within the Provincial Departments, Area Departments, Divisions, Facilities, and Sites of Clinical Activity operated by the SHA;
- (ii) providing leadership and direction on matters pertaining to clinical organization, advances in medical technology and other relevant Practitioner Staff administrative matters;
- (iii) participating in any SHA committees, as required; and
- (iv) providing leadership and direction to Provincial Departments, Area Departments, Area Divisions, and Sites of Clinical Activity, other Practitioner Staff leaders, and the Provincial Practitioner Advisory Committee (PPAC) and standing and ad hoc committees, so as to integrate the activities of the various Provincial and Area Departments, Divisions, and committees with each other and with the goals of the SHA.

(c) with respect to the Appointment, privileging and review, including reappointment, termination, and suspension, of Practitioner Staff:

(i) ensuring that appropriate Practitioner Staff Appointment, privileging, re-appointment and review processes are in place and consistent with applicable legislation and associated regulations, these Bylaws and the Provincial Rules.

(d) with respect to the provision of the quality of practitioner care:

- (i) developing, establishing and maintaining Quality Assurance, Quality Improvement, and utilization activities within the SHA in compliance with all applicable legislation, Bylaws, Provincial Rules and Policies and Procedures of the SHA; and
- (ii) collaborating with the provincial or Area Chiefs of Staff to ensure that patient/client concerns regarding the quality of practitioner care are resolved in a timely manner.

(e) with respect to Practitioner Staff resource planning:

- (i) submitting annually an SHA Practitioner Staff human resource plan to the CEO that addresses the needs of the population served;
- (ii) maintaining viable Areas with a sufficient mix and number of practitioners; and
- (iii) providing leadership and direction on matters pertaining to Practitioner Staff compensation, recruitment, orientation and retention.

(f) with respect to the professional and ethical conduct of Members of the Practitioner Staff:

(i) encouraging, promoting and fostering the professional and ethical conduct of Members in relation to their practice, teaching, research and interactions with others; and

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- (ii) addressing concerns arising from the professional and ethical conduct of Members.

- (g) with respect to continuing Practitioner Staff education:
 - (i) encouraging, promoting and fostering participation in continuing Practitioner Staff education on an ongoing basis; and
 - (ii) assisting in identifying and addressing the management and leadership needs of the Practitioner Staff.



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(h) with respect to teaching and research:

- (i) encouraging, promoting and fostering teaching and research within the province;
 - (ii) ensuring that appropriate processes and protocols are in place for the consideration and approval of research proposals; and
 - (iii) working with the health science institutions to achieve mutual goals as it relates to education of the health workforce and related academic/research activities.
- (3) The CMO powers and responsibilities can be performed by the DCMO in the event that the CMO is unavailable or unable to perform their duties and the decision or action is needed urgently.
- (4) The CMO can delegate powers and responsibilities to the DCMO or any Area Chief of Staff as appropriate
- (5) The CMO job description will be further outlined within the appendix of the Provincial bylaws. 

6. Deputy Chief Medical Officer Appointment and Responsibilities

- (1) Subject to subsection (2), the Chief Medical Officer, with the approval of the CEO, shall appoint a Member of the Practitioner Staff, or a physician eligible for Appointment to the medical staff, to the position of Deputy Chief Medical Officer after giving consideration to the advice of a Search Committee.
- (2) A DCMO Search Committee is a committee in search of the best candidates for the DCMO position.
- (a) Composition of the Search Committee for the DCMO shall be established by the CMO and be comprised of:
 - i. 2 members of the PPAC;
 - ii. 1 member of the SMA selected by the SMA Board;
 - iii. 1 member of the Practitioner Staff who is not a physician;
 - iv. 1 member of the Senior Leadership Team; and,
 - v. 1 patient representative.
 - (b) Members of the Search Committee shall select a Member as Chair
 - (c) The Search Committee shall invite applications from Members of the Practitioner Staff or physician eligible for membership to the Practitioner Staff
 - (d) The Search Committee may conduct reference checks and, at the request of the CMO, interview applicants
 - (e) The CMO may establish an interview panel to interview the top candidates recommended by the Search Committee, and/or any other candidates he or she wishes to consider.
- (2) In the absence, or inability to serve, of the CMO the physician or physicians appointed to the position of DCMO may exercise any or all of the powers and responsibilities of the CMO position.
- (3) The DCMO can delegate powers and responsibilities to any Area Chief of Staff as appropriate.
- (4) The CMO will conduct an annual performance review of the DCMO.
- 
- (5) The DCMO job description will be further outlined within the appendix of the Provincial Rules.

7. Responsibilities of the Deputy Chief Medical Officer

- (1) The DCMO shall be accountable to the CMO with respect to all matters delegated by the CMO.

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(2) The DCMO shall be responsible for:

- (a) Collaborate and advise on Practitioner Staff Affairs functions with ED of Practitioner Staff Affairs;
- (b) Acting as Chair of the Bylaws and Rules Review Committee;
- (c) Appointing the Area Chiefs of Staff;
- (d) Ensuring consistent processes for Practitioner Staff periodic review throughout the SHA;
- (e) Performing other duties as may be assigned by the CMO; and
- (f) Collaborating with other operational leaders;
- (g) Advancing the perspective, advice and resource requirements of the Practitioner Staff within the SHA; and
- (h) Advocating for the provision of high quality and safe Patient care within the SHA.

8. Area Chiefs of Staff

(1) Subject to subsection (2), each Area shall have an Area Chief of Staff (ACOS). The ACOS shall be appointed by the DCMO after consideration of the advice of a Search Committee.

(2) An ACOS Search Committee is a committee in search of the best candidates for the ACOS position.

(a) Composition of the Search Committee for the ACOS shall be established by the DCMO and be comprised of:

i. 2 members of the APAC;

ii. 1 member of the SMA selected by the SMA Board;

iii. 1 member of the Practitioner Staff who is not a physician;

iv. 1 member of administration; and,

v. 1 patient representative.

(b) Members of the Search Committee shall select a Member as Chair

(c) The Search Committee shall invite applications from Members of the Practitioner Staff or persons eligible for membership to the Practitioner Staff

(d) The search committee may conduct reference checks and, at the request of the DCMO, interview applicants

(e) The DCMO may establish an interview panel to interview the top candidates recommended by the Search Committee, and/or any other candidates he or she wishes to consider.

(3) The position for Area Chief of Staff may be shared by more than one physician

Upon establishment of the SHA, the CMO may make the first Appointment of a person to the position of ACOS without recommendations or advice from a Search Committee.

(3) Each ACOS shall be directly accountable to the DCMO.

(4) Without limiting the authority of the SHA relative to its administrative structures, the responsibilities of the ACOS include, but are not limited to:

(a) accountability for all Practitioner-related matters, as well as all operational and strategic issues and decisions requiring Practitioner input or leadership that arise within the Area;

(b) ensuring clinical operational coordination across the Area, collaboration between Areas, and implementation of SHA strategies as approved from time to time by the senior leadership team;

(c) advising on Practitioner Staff resource requirements within the Area and advising on other resource requirements;

(d) advancing the provision of high quality and safe Patient care within the Area;

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- (e) performing all other duties assigned to them by these Bylaws and the Rules;
 - (f) performing other duties as may be assigned by the DCMO;
 - (g) collaborating with other operational leaders; and
 - (h) oversight of the Area Departments/Divisions as related to operations, patient care, Bylaws and Rules-related issues;
- (5) The DCMO will conduct annual performance reviews of the ACOS.
- (6) The ACOS job description will be further outlined within the appendix of the Provincial Rules.
- (1) Provincial Departments, Provincial Programs and Networks In accordance with these Bylaws, the CMO and the relevant Dean, with the approval of the CEO, may jointly establish and dissolve Provincial Departments in the SHA organizational structure.
- (2) In addition to the process outlined in 9(1) the CMO with approval of the CEO may establish or dissolve additional Provincial Departments for delivery of services in the SHA.
- (3) A Provincial Department consists of practitioners who provide patient care, clinical service, and academic service:
- (a) related to a specialty or subspecialty recognized by the Royal College of Physicians and Surgeons of Canada or the College of Family Physicians of Canada or the Royal College of Dentists of Canada;
 - (b) related to generalist academic services considered necessary for academic programming; or
 - (c) related to provision of health services, including dental services, or programming which is considered to be best organized as a Provincial Department.
- (4) The purposes of Provincial Departments are to:
- (a) support the delivery of high quality and safe patient care and clinical services within the province;
 - (b) provide oversight to the Practitioner Staff and advice to the SHA with respect to improving provincial quality, optimizing Practitioner resources, and contributing to strategic planning and implementation; and
 - (c) contribute to the optimization of the design and delivery of undergraduate and postgraduate medical and dental education, in collaboration with the College of Medicine.
- In determining whether to establish a Provincial Department, the CMO and where appropriate the relevant Dean will:
- (c) consider the criteria listed in subsections (2) and (3); and
 - (d) carry out consultation with the PPAC, where appropriate.
- (5) Members of the Practitioner Staff will be assigned to Provincial Departments.
- (6) Physician leaders appointed in organizational subunits like Networks or Provincial Programs shall report on operational matters to the relevant operational VP/physician executive dyad

9. Provincial Department Heads

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- (1) Each Provincial Department shall be led by a Provincial Head whose duties and responsibilities are specified in these Bylaws and the Rules. A Provincial Head will not be responsible for:
 - (a) Bylaws related matters;
 - (b) Concerns around Area-specific aspects of clinical care;
 - (c) Clinical service operational matters within Areas; and
 - (d) Area Departments.
- (2) In accordance with departmental review/search processes as identified in the Provincial Rules, the CMO and where appropriate the relevant Dean may jointly appoint a Provincial Head in accordance with an applicable Affiliation Agreement, with approval of the CEO.
- (3) The Provincial Head shall report to the CMO and where appropriate the relevant Dean.
- (4) Each Provincial Head will undergo an annual performance review conducted by the CMO and the Dean.
- (5) 6) In the event a Provincial Department Head position becomes vacant the CMO and where appropriate the relevant Dean may, with the approval of the CEO, appoint another individual to be Acting Provincial Head until the vacancy is filled.
- (6) An Acting Provincial Head shall have all of the powers, duties and responsibilities of the Provincial Head as outlined in the Provincial Rules.
- (7)

10. Area Departments

- (1) In accordance with these Bylaws, the CMO, with the approval of the CEO, will establish Area Departments.
- (2) An Area Department consists of practitioners who provide patient care and clinical service within a specific Area:
 - (a) related to a specialty or subspecialty recognized by the Royal College of Physicians and Surgeons of Canada or the College of Family Physicians of Canada or the Royal College of Dentists of Canada, or regulatory body for other practitioners; or
 - (b) that the ACOS and Area Practitioner Advisory Committee (APAC) considers to be best organized and operated as an Area Department.
- (3) The purposes of Area Departments are:
 - (a) to support the delivery of high quality and safe patient care and clinical services within the Area;

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- (b) to permit effective oversight of the Practitioner Staff within the Area;
- (c) to advance the perspective, advice and resource requirements of the Area Practitioner Staff to the SHA; and
- (d) to deliver the academic mandate of the Provincial Department.

(4) Each Member of the Practitioner Staff in an Area shall be assigned to an Area Department.

11. Area Department Leads

(1) Each Area Department shall be led by an Area Department Lead whose duties and responsibilities are specified in the Provincial Rules.

(2) In accordance with these Bylaws and the Rules, the ACOS:

- (a) after consulting with the Provincial Head for that Department and considering the advice of the APAC; and
- (b) with the approval of the DCMO;
- (c) may appoint one or more individuals to be responsible for and serve as an Area Department Lead.

(3) To be appointed as an Area Department Lead an individual must:

- (a) be a Member of the Active, Limited or Associate Staff; and
- (b) be a practitioner whose practise is in the Area Department they are appointed to be the Area Department Lead for.

(4)

(5) In the absence of an official dyad partnership with an administrative dyad partner, each Area Department Lead will have a dual reporting relationship: :

(a) Reporting directly to the ACOS on matters including:

- (i) Area operational matters;
- (ii) Assigned Bylaws and Rules-related matters;
- (iii) Area Practitioner review matters;
- (iv) Area quality of care issues and quality improvement activities such as patient or other concerns, discussions or meetings involving critical incidents, morbidity and mortality discussions, and adverse events; and
- (v) Area quality assurance activities.

(b) Reporting to the Provincial Head on matters that include:

- (i) Academic Program delivery within his/her respective Area;
- (ii) Provincial Departmental strategic planning;
- (iii) Provincial Departmental Practitioner human resource planning and collaboration on recruitment of practitioners within their respective Area departments;
- (iv) Provincial Clinical Practice Standard Setting; and
- (v) Provincial quality improvement initiatives within the scope and realm of

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that Department.

- (6) Area Department Leads that are in an official dyad partnership with an administrative dyad partner, will report to the operational physician executive or delegate on operational matters.
- (7) Each Area Department Lead shall undergo an annual performance review by the ACOS and Provincial Department Head in accordance with the dual reporting relationship outlined in (5) above.
- (8) Where an Appointment is suspended or revoked under subsection (7), the ACOS may, after consultation with the Provincial Head for that Department, and with the approval of the DCMO, appoint an individual to be Acting Area Department Lead.
- (9) An Acting Area Department Lead shall have all of the powers, duties and responsibilities of an Area Department Lead.
- (10) The search and selection process shall be determined and implemented by the DCMO.

12. Area Divisions

- (1) An Area Department may be further divided, as appropriate, into Area Divisions, organizational sub- units which shall be directly accountable to the Area Department within which they function.
- (2) An Area Division may be established by the CMO, and approved by the CEO, if it is determined that it will assist the Area Department in optimally fulfilling its functions and responsibilities pursuant to these Bylaws and the Provincial Rules.

As appropriate, each Area Division shall have an Area Division Lead whose duties and responsibilities are specified in these Bylaws and the Provincial Rules.

13. Area Division Lead

- (1) Each Area Division Lead shall be a Practitioner of the Active or Associate Staff and a Practitioner of the Area Division.
- (2) The Area Division Lead shall report to and be accountable to the Area Department Lead for the activities of the Area Division and its practitioners.
- (3) Each Area Division Lead reports to the Area Department Lead on matters including:
 - (a) Area Division operational matters;
 - (b) Division Bylaws and Rules-related matters;
 - (c) Area Division Practitioner review matters;
 - (d) Area Division quality of care issues;
 - (e) Area Division quality improvement activities such as patient and other concerns, critical incidents, morbidity and mortality discussions, and adverse events;
 - (f) Area Division quality assurance activities;
 - (g) Area Division Academics and training within the Area and provincially; and
 - (h) Provincial practice standardization of care within the Area Division.

- (4) The Area Department Lead will conduct annual performance reviews of Area Division Leads.

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(5)

(6) In the event an Area Division Lead position becomes vacant the Area Department Lead may, after consultation with the ACOS, and with the approval of the DCMO, appoint an individual to be Acting Area Division Lead until the vacancy is filled.

(7) 7) An Acting Area Division Lead shall have all of the powers, duties and responsibilities of an Area Department Lead as outlined in the Provincial Rules.

14. Establishment of the Provincial Practitioner Advisory Committee (PPAC)

The PPAC may establish an executive committee with specific terms of reference approved by the PPAC accountable to the PPAC.

(1) Responsibilities of the Provincial Practitioner Advisory Committee

(1) The PPAC shall:

(a) assist the CMO with the effective organization, management and functioning of the Practitioner Staff; and

(b) recommend Practitioner Staff Bylaws, Provincial Rules, Area Rules, and Area Department Rules relating to practitioner staff affairs.

(2) The responsibilities of the PPAC include, but are not limited to, providing advice and recommendations to the CMO, with a view to integrating and coordinating activities in a consistent manner throughout the province on matters:

(a) With respect to Practitioner Staff organization, making recommendations to the CMO regarding:

(i) the development, maintenance and updating of Practitioner Staff Bylaws, Provincial Rules, Area Rules, and Area Department Rules pertaining to practitioner care provided within Facilities, Programs and services operated by the SHA;

(ii) matters pertaining to clinical organization, medical technology and other relevant practitioner administrative matters; and

(iii) matters pertaining to strategic planning, financial and program planning, the development, implementation and evaluation of patient/client/resident care programs and services and resource allocation.

(b) with respect to the provision of the quality of practitioner care:

(i) receiving, reviewing and making recommendations to the CMO on reports from quality review bodies and committees;

(ii) making recommendations to the CMO concerning the establishment and maintenance of professional standards in Facilities, Programs and services operated by the SHA in compliance with all applicable legislation, Bylaws, Rules and Policies and Procedures of the SHA; and

(iii) making recommendations on the quality, effectiveness and availability of practitioner care provided in Facilities, Programs and services operated by the SHA.

(c) with respect to practitioner human resource planning:

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- (i) making recommendations to the CMO regarding practitioner resources required to meet the health needs of the population served by the SHA.



(d) with respect to academics and learning:

- (i) making recommendations regarding province-wide innovations, research, quality assurance, quality improvement, appropriateness of care, standardization of care, and distributed Practitioner education.



15. Provincial Practitioner Advisory Committee (PPAC) Composition

(1) The following persons shall be voting Members of the PPAC



- (a) the DCMO;
- (b) the Senior Medical Health Officer;
- (c) the Practitioner Staff Member representative of the Saskatchewan Medical Association (SMA) selected by the SMA president;
- (d) each Provincial Head;
- (e) each ACOS;
- (f) a Practitioner Staff Member designated by the Dean of the College of Medicine; and
- (g) two (2) patient and family advisors selected by the CMO.

(2) The following persons shall be non-voting Members of the PPAC:

- (a) the CMO;
- (b) the Physician Executives of Northern Health, Rural Health, Urban Health, and Provincial Programs; and
- (c) other administrative staff as deemed appropriate by the CEO and CMO.
- (d) Add new # 3) The Executive Director of Practitioner Staff Affairs

(3) The chair and vice-chair shall be elected annually from the voting Members of PPAC.

(4) The Chair of the PPAC shall:

- (a) preside at all meetings of the PPAC;
- (b) give such notice, as required in the Rules, of all meetings of the PPAC;
- (c) in consultation with the CMO, develop the agenda for PPAC meetings;
- (d) maintain the minutes of all meetings of the PPAC;
- (e) maintain an attendance record of those attending all meetings of the PPAC; and
- (f) perform such other duties as ordinarily pertain to this office and as the CMO directs.

(5) The vice-chair of the PPAC shall have all the powers and perform all the duties of the chair in the absence or disability of the Chair.

(6) PPAC shall meet not less than four (4) times per year.

16. Standing and Ad Hoc Committees of Provincial Practitioner Advisory Committee

(1) The PPAC may establish such standing committees and ad hoc committees as required to advise the CMO and the PPAC.

(2) The terms of reference, duties and composition of each standing and ad hoc committee shall be approved by PPAC and recorded in the minutes of the PPAC.

(3) The PPAC shall appoint a chair of each standing committee and each ad hoc committee.

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- (4) The chair of each standing or ad hoc committee shall submit the minutes, reports, and any recommendations of the standing or ad hoc committee on a regular basis, or as directed by the PPAC, and, at the request of the PPAC, be present to discuss all or part of any minutes, reports, or recommendations of the standing or ad hoc committee.

17. Bylaws and Rules Review Committee

- (1) Within 30 days of the effective date of these Bylaws, the DCMO will establish and maintain a Bylaws and Rules Review Committee.
- (2) The purpose of the Committee will be to continually maintain currency of the Practitioner Staff Bylaws, Provincial Rules, Area Rules, and Department Rules.

Amendments may be proposed by any Member of the Practitioner Staff, the SHA administration, or any Member of the Bylaws and Rules Review Committee.

- (3) The Bylaws and Rules Review Committee shall be composed of the following voting Members:
- (a) DCMO who will be chair;
 - (b) 4 Members of the Practitioner Staff nominated by the Saskatchewan Medical Association (SMA) selected by the SMA
 - (c) 4 Area Chiefs of Staff
 - (d) 2 patient family representatives selected by the DCMO;
 - (e) 1 Executive Director Practitioner Affairs; and
 - (f) 1 Dentist nominated by the College of Dental Surgeons of Saskatchewan
- (4) Non-voting Members shall include:
- (a) SHA Legal Consultant(s);
 - (b) Administrative staff as determined by the Committee and approved by the DCMO;
 - (c) Ministry of Health representative(s) designated by the Ministry of Health; and
 - (d) Other non-physician and non-dentist Practitioner staff as determined by the Committee and approved by the DCMO.
- (5) The committee will make recommendations to, and report to, the PPAC.
- (6) The committee shall meet not less than 2 times per year, and as may otherwise be required at the call of the chair.

18. Area Practitioner Advisory Committees (APAC) Establishment and Responsibilities

- (1) The ACOS may in addition establish an executive committee of the APAC which is accountable to the APAC and with specific terms of reference approved by the CMO.
- (2) The APAC shall:
- (a) assist the Area Chiefs of Staff with the effective organization, management and functioning of the Practitioner Staff within that Area;
 - (b) with respect to Practitioner Staff administration:
 - (i) provide advice and recommendations to the ACOS on matters pertaining to clinical organization, medical technology and other relevant practitioner administrative matters; and

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- (c) with respect to the provision of the quality of practitioner care:
 - (i) receive, review and make recommendations to the ACOS on reports from quality assurance committees within the Area;
 - (ii) report and make recommendations to the ACOS on the quality, effectiveness and availability of practitioner care provided in Facilities, Programs and services operated within the Area;
 - (iii) report and make recommendations regarding critical incidents and adverse events within the Area;
 - (iv) report and make recommendations on Appointments, reappointments, and recommendations of the Practitioner Staff Review Committee, and
 - (v) report and make recommendations brought from Area Departments and/or Area Divisions.
 - (vi) conduct of APAC meetings, Department, Program or Area Division meetings, and general meetings of the Practitioner Staff, as well as questions of procedure at both regular and special meetings of such bodies, shall be determined in accordance with the Provincial Rules.

19. Area Practitioner Advisory Committee (APAC) Composition

(1) The following persons shall be voting Members of the APAC:

- (a) the Medical Health Officer(s) for the Areas;
- (b) a representative of the Saskatchewan Medical Association;
- (c) each Area Department lead;
- (d) a representative of the College of Medicine, University of Saskatchewan,
- (e) 1 or 2 patient and family advisors selected by the ACOS; and
- (f) 1 Dentist nominated by the College of Dental Surgeons of Saskatchewan.
- g) 1 non-physician, non-dental member from any of the non-physician practitioner associations, to attend on a rotating basis.
- (g) each chair of MAC

(2) The following persons shall be non-voting Members of the APAC:

- (a) Other administrative staff as determined by the CMO and ACOS;
- (b) the ACOS;
- (c) As may be applicable, depending on the Area, the relevant Executive Directors of Integrated Northern Health, Integrated Rural Health, Integrated Urban Health, and Provincial Programs, or delegate.

(3) The chair and vice-chair of the APAC will be elected annually by the Members of the APAC.

(4) The Chair of the APAC shall:

- (a) preside at all meetings of the APAC;
- (b) give such notice, as required in the Rules, of all meetings of the APAC;
- (c) in consultation with the ACOS, develop the agenda for APAC meetings;
- (d) maintain the minutes of all meetings of the APAC;
- (e) maintain an attendance record of those attending all meetings of the APAC; and
- (f) perform such other duties as the ACOS directs

(5) The Vice-Chair of the APAC shall have all the powers and perform all the duties of the Chair in the

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absence or disability of the Chair.

(6) APAC shall meet not less than six (6) times per year.

20. Standing and Ad Hoc Committees of Area Practitioner Advisory Committee

- (1) The APAC may establish such standing committees and ad hoc committees as required to advise the ACOS and the CMO.
- (2) The terms of reference, duties and composition of each standing and ad hoc committee shall be approved by APAC and recorded in the Area Rules or minutes of the APAC.
- (3) The APAC shall appoint a chair of each standing committee and each ad hoc committee.
- (4) The chair of each standing or ad hoc committee shall submit the minutes, reports, and any recommendations of the standing or ad hoc committee on a regular basis, or as directed by the APAC, and, at the request of the APAC, be present to discuss all or part of any minutes, reports, or recommendations of the standing or ad hoc committee.
- (5) Local communities, large enough to form organizational subunits reporting to a site lead, may form Medical Advisory Committees (MAC) to report to APAC. The site leads described in Section 14, will be the chair of these committees. These chairs of MACs will represent the MAC on APAC with voting ability
- (6) Local communities may, after approval from the ACOS, DCMO and/or CMO form Medical Advisory Committees (MAC) that manages local concerns. These local MACs will then be standing committees on APAC. The chairs of these committees will present reports, recommendations and/or other matters to APAC. These chairs shall have voting rights on APAC

21. Area Application Review Committee

- (1) Each Area shall have an Area Application Review Committee (AARC).
- (2) The purpose of the AARC is to review:
 - (a) all initial applications to the Practitioner Staff for Appointment and/or Privileges and prepare a written recommendation (to accept, deny, or amend the application) after initial review by an Area Department Lead;
 - (b) to review all requests to change a Practitioner Staff Appointment and/or Privileges and prepare a written recommendation (to accept, deny, or amend the Request for Change) after initial review by an Area Department Lead; and
 - (c) to review all elevations from Associate staff appointments to Active staff appointments after consideration of recommendation made by the Area Department Lead to whom the Associate staff member has been assigned.
- (3) The AARC shall be composed of the following persons who shall be voting Members:
 - (a) The chair and vice-chair of the AARC will be elected annually by the Members of the AARC.
 - (b) two Area Department Leads selected by the ACOS;
 - (c) one practitioner from the Practitioner Staff, selected by the SMA;

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- (d) one practitioner from the Practitioner Staff selected by the ACOS;
 - (e) 2 patient representatives selected by the ACOS;
 - (f) a Dentist nominated by the College of Dental Surgeons of Saskatchewan; and
 - (g) the Director of Area Practitioner Staff Affairs or equivalent.
- (4) The applicable Area Department Lead shall be invited to attend and participate in the committee meeting for the period during which any initial Application(s) and any Request(s) to Change a Practitioner Staff Appointment and/or Privileges related to their Department is(are) under discussion. The applicable Area Department Lead will be a voting Member for applications and requests from their respective departments..
- (5) At the discretion of the applicable Area Department Lead, a relevant Area Division Lead may be invited to attend with respect to a particular Application(s) or Request(s) to Change related to his/her Division.
- (6) Meetings of the AARC may be held in person, electronically, by videoconference or teleconference;
- (7) The AARC shall follow the procedures outlined in the Provincial Rules.
- (8) The AARC shall report to, and make recommendations to, the APAC.
- 22. Establishment of the Practitioner Staff Review Panel**
- (1) The Board, on recommendation from the CEO and CMO, shall establish a Practitioner Staff Review Panel, a pool of practitioners, some of whom may be called on from time to time to form Practitioner Staff Review Committees.
- 23. Practitioner Staff Review Panel Composition**
- (1) The Practitioner Staff Review Panel shall be comprised of the following persons appointed by the Board:
- (a) Twenty (20) Members appointed from among twenty-five (25) Practitioner Staff Members nominated by the CMO having considered the advice of the PPAC; and
 - (b) Ten (10) Members appointed from among seven (7) persons nominated by the CEO.
- (2) Each person appointed to the Practitioner Staff Review Panel shall serve a two-year term subject to a maximum of three consecutive terms.
- (3) Vacancies on the Practitioner Staff Review Panel shall be filled on the recommendation of the CMO or CEO, whichever nominated the person who resigned or whose term has expired, to serve for the balance of the term of the former panel Member.
- (4) A chairperson and vice chairperson of the Practitioner Staff Review Panel shall be appointed for a two year term by the Board.
- (5) The chairperson shall submit any reports and recommendations of the Practitioner Staff Review Committees and, as required, be present to discuss all or part of any reports and recommendations so submitted. Chairpersons of the relevant Practitioner Staff Review Committees (PSRCs) may be

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invited to attend to discuss reports.

24. Responsibilities of the Practitioner Staff Review Committees

- (1) A Practitioner Staff Review Committee shall make recommendations respecting an applicant or Member who is aggrieved by a recommendation of the APAC or the CMO:
 - (a) respecting the reappointment and termination of Appointment of persons to the Practitioner Staff and the suspension of persons appointed to the Practitioner Staff;
 - (b) respecting the granting of Privileges to Members of the Practitioner Staff, including the amending, suspending and revoking of Privileges granted; and
 - (c) respecting the review of Members of the Practitioner Staff.

25. Practitioner Staff Review Committee Composition

- (1) Practitioner Staff Review Committees shall be established by the chairperson or, in the chairperson's absence, the vice chairperson of the Practitioner Staff Review Panel, on an ad hoc basis.
- (2) Practitioner Staff Review Committees shall be comprised as follows:
 - (a) Two Practitioner Members from the pool of twenty (20) practitioner Members appointed to the Practitioner Staff Review Panel; and
 - (b) One Member from the pool of ten (10) non-practitioner Members appointed to the Practitioner Staff Review Panel.
- (3) The chairperson of the Practitioner Staff Review Panel shall appoint a chairperson for each Practitioner Staff Review Committee, except in committees where the chairperson is a Member. In cases where the chairperson is a Member of the Practitioner Staff Review Committee, the vice chairperson shall appoint a chairperson for that Committee.
- (4) The conduct, processes and duties of Practitioner Staff Review Committees shall be determined in accordance with these Bylaws, and the Provincial Rules as established from time to time.
- (5) Any number of Committees may sit concurrently.
- (6) A majority of the Members of a Committee constitutes a quorum of the Committee.
- (7) Subject to these Bylaws, a recommendation of a majority of the Members of a Committee is a recommendation of the Practitioner Staff Review Committee.
- (8) Subject to these Bylaws, if a vacancy occurs in a Committee after a hearing has commenced, the remaining Members of the Committee may continue with the hearing and render a recommendation in the matter.
- (9) The chairperson of the Practitioner Staff Review Panel shall appoint a new Committee to rehear an appeal if either:
 - (a) a tie occurs; or
 - (b) a further vacancy occurs before a decision has been made.
- (10) Any Member of the Practitioner Staff Review Committee who resigns or whose appointment to the Practitioner Staff Review Panel expires prior to the conclusion of a hearing before it, but who was involved in a matter prior to the resignation or expiration of his or her Appointment, may continue to sit as a Member of the Practitioner Staff Review Committee, but only for the purposes of

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completing the matters before it.

26. Practitioner Liaison Committee

- (1) The Board shall establish a Practitioner Liaison Committee.
- (2) Except as otherwise provided in this Bylaw, the conduct of Practitioner Liaison Committee meetings, as well as questions of procedure, shall be determined in the Terms of Reference as established by the Board.
- (3) The purpose of the Saskatchewan Health Authority Practitioner Liaison Committee is to serve as a forum for communication between the SHA and practitioners and it will seek, in a spirit of cooperation, to maintain and improve the provision of health services in the province.
- (4) The SHA Practitioner Liaison Committee acts in an advisory capacity to the Board.
- (5) Responsibilities of the SHA Practitioner Liaison Committee shall be set out in the Terms of Reference and will include:
 - (a) contributing to a stable, constructive and long term relationship between the SHA and practitioners providing health services in the province;
 - (b) enhancing the quality and effectiveness of care within the province;
 - (c) providing a forum for the discussion of broader health care management issues; and
 - (d) providing a forum for the discussion of other issues of mutual interest or of concern to the parties.

27. Practitioner Liaison Committee Composition

- (1) The Practitioner Liaison Committee shall be composed of the following representatives:
 - (a) in the case of the SHA:
 - (i) the Chair of the Board;
 - (ii) the CEO;
 - (iii) the CMO;
 - (iv) the DCMO; and
 - (v) two Board Members.
 - (b) in the case of the Practitioner Staff, the following Members will be selected by their respective association:
 - (i) Six (6) Physician Members of the Saskatchewan Medical Association (SMA), 1 from each Area;
 - (ii) One (1) non-Physician, non-Dentist Member from any of the non-Physician, non-Dentist practitioner associations, to attend on a rotating basis;
 - (iii) One (1) Dentist nominated by the College of Dental Surgeons of Saskatchewan;
 - (iv) One (1) Patient & Family Advisor
- (2) The SHA Practitioner Liaison Committee shall be co-chaired by the Chair of the Board and one of the representatives of the Practitioners chosen by the Members referred to in clause (1)(b)
- (3) With the mutual consent of the co-chairs, other individuals may attend meetings, as deemed necessary or appropriate, from time to time.

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28. Practitioner Liaison Committee Meetings

- (1) The Practitioner Liaison Committee shall meet at least semi-annually or more often at the call of the co-chairs.
- (2) At least one week prior to the meeting, the co-chairs shall circulate the agenda to the Members of the Practitioner Liaison Committee.
- (3) Minutes of the SHA Practitioner Liaison Committee shall be submitted to the SHA and the associations represented on the committee.

32. Practitioner Reports

- (1) The President of the SMA or their designate may, in accordance with the policies and procedures of the Saskatchewan Health Authority, attend and provide reports on SMA activities to meetings of the Board. Other practitioner associations may also attend and provide reports. The CEO shall receive these reports prior to the presentation of the reports to the Board.

**PART III
PRACTITIONER STAFF CATEGORIES**


33. Practitioner Staff Categories

- (1) The Practitioner Staff shall be organized into the following categories:
 - (a) physicians;
 - (b) dentists;
 - (c) chiropractors;
 - (d) midwives; and
 - (e) registered nurse practitioners (RN(NP)) and registered nurses with additional authorized practice (RN (AAP)).

34. Establishment of Practitioner Staff Subcategories

- (1) The Practitioner Staff shall be organized into the following groups:
 - (a) Provisional;
 - (b) active;
 - (c)
 - (d) Visiting ;
 - (e) Locum Tenens
 - (f) Telemedicine;
 - (g) Trainee
 - (i) Training Fellow
 - (ii) Residents.

35. Provisional Staff

- (1) Provisional Staff shall consist of those practitioners who apply for an initial Appointment to Active, Practitioner Staff. Appointment to Provisional Staff shall be considered a probationary Appointment during which time the APAC and the appropriate Area Department Lead shall evaluate the Member. Mentorship shall be provided with the intent that new Members succeed in their profession. 

- (2) Each Provisional Staff Member shall have such Privileges that are approved within the staff

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category to which they applied.

- (3) Subject to these Bylaws, a Provisional Staff Member shall serve a twelve-month probationary period under the supervision of an active staff Member of the same category assigned by the ACOS pursuant to the recommendation of the Area Department Lead to whom the associate staff Member has been assigned. The Area Department Lead or Area Division Lead should not be the supervisor.
- (4) The Provisional Staff Member or the Area Department Lead may request the ACOS to assign a different supervisor at any time during the practitioner's Appointment to the associate staff.
- (5) The ACOS in consultation with DCMO can recommend waiving or reducing the provisional period. The Appointment may be granted for the balance of the term to the staff category to which the practitioner initially applied.
- (6) Subject to the provisions of these Bylaws and the Rules respecting reappointment, the APAC shall review the performance of the Provisional Staff Member based on at least 2 feedback sessions during the year and recommend either:
 - (a) Appointment to the staff category to which the individual applied; or
 - (b) a further probationary period by reappointment to the Provisional Staff for a further period not exceeding twelve months.
- (7) No Member of the Provisional Staff shall be appointed to the Provisional Staff for more than twenty-four consecutive months. At the end of 24 months a decision must be made on whether to appoint to another subcategory or to terminate the Appointment. In the event that a practitioner has had their Provisional appointment extended to 24 months for further evaluation, they will remain on the Provisional Staff until due processes are completed and decision is rendered.
- (8) At any time, the APAC may recommend that the Appointment to the Provisional Staff be terminated. If the APAC recommends termination, the APAC shall prepare written reasons with respect to its recommendation and the process described in these bylaws and the Rules, with any necessary modification, shall be followed.
- (9) Members of the associate staff may have such membership and voting rights, and be subject to such duties and obligations commensurate with the staff category to which they are appointed.

36. Active Staff

- (1) The active staff shall consist of those Physicians, Dentists and oral maxillofacial surgeons who have been appointed as active staff.
- (2) Every practitioner applying for an initial Appointment to the active staff will be appointed to the Provisional Staff for a probationary period.
- (3) unless otherwise stated in the Privileges granted, Members of the active staff shall:
 - (a) be granted Privileges to admit to, and/or treat patients in specific inpatient facilities; and
 - (b) be granted the privilege to treat patients in specific outpatient facilities or other Sites of Clinical Activity;
 - (c) Act as a mentor or supervisor of a Member of the Provisional Staff as mutually agreed upon

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- by the Provisional Staff Member, the active staff Member, the ACOS, and the Area Department Lead; and
- (d) Attend meetings of the Practitioner Staff as required by the Provincial, Area and department Rules.

- (4) In the case of dental staff, chiropractor staff, nurse practitioner or midwife, be granted Privileges to admit to an inpatient Facility on the joint order of a Physician who is a Member of the active staff.
- (5) In the case of oral maxillofacial surgeons, be granted Privileges to admit to an inpatient Facility.
- (6) Members of the active staff shall have Privileges as further defined in the Privileges granted.
- (7) Members of the active staff may be a Member or the chairperson of any committee of the Practitioner Staff and vote at meetings of the Practitioner Staff or any committee on which they hold membership.

37. Locum Tenens

- (1) The visiting staff shall consist of those practitioners who have been licensed by their appropriate regulatory body and appointed to the visiting staff.
- (2) Every practitioner applying for an initial Appointment to the visiting staff will be appointed to the associate staff for a probationary period unless directed otherwise.
- (3) Practitioners may only be appointed to the visiting staff category where the applicant has an active staff Appointment with another province or other similar health care organization in Canada, or outside of Canada, and:
- (a) the applicant has demonstrated a need to access diagnostic imaging, laboratory, rehabilitation, health promotion and education, and home care programs and services to serve the needs of his or her patients/clients/residents residing within the province; or
 - (b) the applicant has established consultant clinics or performs itinerant services in any of the SHA facilities.
- (4) Members of the visiting staff shall have Privileges as further defined in the Privileges granted or as outlined in these Bylaws and the Provincial Rules.

38. Telemedicine

39. Supervised Staff

40. Responsibilities of the Practitioner Staff - SEE APPENDIX A: SMA-Proposed Responsibilities and Accountabilities of the SHA and Practitioner Staff

- (a) Rules; and participate in call rotas as set out in the Rules including call rotas for new and/or unassigned patients.

41. Leave of Absence

- (1) A Member of the Practitioner Staff may apply to the Area Department Lead and/or Area Chief of Staff for a leave of absence.
- (2) The Area Department Lead or Area Chief of Staff Division Lead or Area dept Lead will recommend to ACOS a leave of absence for a period not exceeding twelve months in any of the

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following circumstances:

- (a) the Practitioner Staff Member has enrolled in an educational program approved by the ACOS;
 - (b) maternity/family leave or disability/illness; or
 - (c) in any other circumstance where considered appropriate.
- (3) A Member of the Practitioner Staff may apply for consecutive leaves of absence, which may be approved if considered advisable.
- (4) If the Member's reappointment comes due during the period of the Member's leave, the Member shall apply for reappointment. Under extenuating circumstances as determined by the ACOS an application for reappointment may be made at the end of an approved leave of absence.
- (5) While on an approved leave of absence, Members of the Practitioner Staff maintain their Practitioner Staff Appointment to the category of Practitioner Staff to which they are appointed but:
- (a) are exempt from Provincial Department, Area Department, Area Division duties, including the requirement to attend meetings; and
 - (b) do not have any admitting, discharge or procedural Privileges.
- (6) While on an approved leave of absence, Members are required to maintain licensure with the applicable College and shall maintain professional liability insurance satisfactory to the SHA.
- (7) Prior to commencing the leave of absence, Members must work with the SHA to ensure arrangements are in place for the ongoing care of their patients/clients/residents by another Member of the Practitioner Staff and shall notify the ACOS of the Member of the Practitioner Staff who will be attending to their patients/clients/residents in their absence.

PART IV

APPOINTMENT AND REAPPOINTMENT - GENERAL

[See APPENDIX B: SMA-Proposed Revision to Part IV-VI](#)

PART VII

CHANGE OF CATEGORY OR PRIVILEGES

42. Mid-term Request for Change of Category or Privileges

- (1) A Member of the Practitioner Staff may request a change of Practitioner Staff category or Privileges during the term of the Member's Appointment by written application to the AARC. The reappointment process outlined in these Bylaws and the Rules shall apply, with necessary modification, to a mid-term request.

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43. Change of Category or Privileges

- (1) At any time during a practitioner's term of Appointment, the SHA may determine that the Member's Privileges are no longer:
 - (a) consistent with the need for service, as determined by the SHA, from time to time;
 - (b) consistent with the Practitioner Staff human resource plan of the SHA and the department;
 - (c) consistent with the strategic plan and mission of the SHA; and/or
 - (d) supported by a demonstrated sufficiency of resources within the SHA and the department to which the applicant is a Member.

- (2) The CMO shall give notice to the Member in writing with reasons.

- (3) The CMO and the Member shall meet within 30 days following receipt of the notice referred to in subsection (2).

- (4) The CMO shall advise the Member that:
 - (a) the Member and CMO may mutually agree to amend the Members Privileges such that they are consistent with the criteria mentioned in subsection (1);
 - (b) the Member shall request within 30 days that the question of the Member's future Privileges be referred to the APAC. The process outlined in these Bylaws and in the Rules shall apply, with necessary modification, to such a request.

PART VIII PRACTITIONER

STAFF REVIEW



[SEE APPENDIX C: PART VIII - w BRRRC and SMA comments 04-04-19.](#)

- (a) e) may refer to the College of Physicians and Surgeons or share information with the CPSS

The Practitioner Member may need to provide some assistance to ensure continuity of care of urgent care.



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Appendices:

The following represents working documents that have been proposed to BRRC. These proposals represent significant revisions, for which further discussion and final confirmation is needed prior to inserting them as a tracked change, in whole or in part.



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
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APPENDIX A: SMA-proposed Responsibilities and accountability of SHA and the Practitioner Staff

Proposed	SHA Interim Bylaw comparison
<p>44. RESPONSIBILITIES AND ACCOUNTABILITY OF SHA AND THE PRACTITIONER STAFF</p>	<p>44. Responsibilities of the Practitioner Staff</p>
<p>1. General</p>	
<p>a) The Practitioner Staff and SHA share joint responsibility and accountability for the provision of health services to residents of Saskatchewan in a Patient-centered system. This part of the Bylaws describes the joint responsibilities and accountability of SHA and the Practitioner Staff as well as the individual Practitioner Staff's responsibilities and accountability.</p>	<p>1) Collectively, Members of the Practitioner Staff, other than honorary staff, have a responsibility and accountability to the SHA to:</p>
<p>4.0.2 AHS, subject to legislation and any direction provided by the Minister, has the responsibility and mandate to take appropriate actions to assess, enhance and protect the health of Albertans, through the promotion of health generally, and by ensuring reasonable access to appropriate, high quality and safe health services. In addition, AHS is responsible for appointing a Senior Medical Officer of Health to carry out the duties pursuant to the Public Health Act. AHS retains decision-making authority with respect to the distribution of resources to meet these responsibilities.</p>	
<p>b) Within the medical governance and Medical organizational structure jointly established by SHA and the Practitioner Staff:</p> <p> i) The Practitioner Staff are expected to:</p> <ul style="list-style-type: none"> aa) provide a high level of quality patient care and services in a professional and competent manner; bb) meet the standards set out by recognized bodies of the profession such as licensing bodies, national clinical societies and others; and cc) collaborate with, and contribute expert advice to, SHA. <p>4.0.4 Within the medical governance and organizational structure jointly established by SHA and the Practitioner Staff,</p> <p>ii) SHA is expected to:</p> <ul style="list-style-type: none"> dd) consider the impact of decisions relating to the delivery of health care services on individual Practitioner Staff and groups of Practitioner Staff and the Medical Staff generally; and shall ee) facilitate Practitioner Staff input into the deliberation and decision processes. 	<p>1. a) promote and provide a high level of quality care in the SHA Facilities, Programs and services that is directed towards satisfying the needs of the patient/client/resident and meets the standards set out by recognized bodies of the profession, such as licensing bodies, national clinical societies and others where the essential components of quality include competence, accessibility, acceptability, effectiveness, appropriateness, efficiency, affordability and safety;</p>
<p>c) SHA administrative leaders and the Practitioner Staff jointly commit to demonstrating ethical behaviour and professionalism in all interactions.</p>	
<p>d) When fulfilling the duties and responsibilities of their AHS administrative role, Practitioners who are AHS medical administrative leaders shall also be governed by the AHS values of respect, accountability, transparency and engagement, the AHS Code of Conduct, the relevant Professional Code of Conduct, and the respective code of ethics of the relevant profession. Notwithstanding section 4.0.6, if the AHS Code of Conduct conflicts with the relevant Professional Code of Conduct or code of ethics, the code(s) which prescribes the higher standard of conduct shall take precedence. SHA administrative leaders and Practitioner Staff shall be guided by the SHA Mission, Vision and Values and the commitment to a philosophy of Patient and Family Centred Care and governed by applicable</p>	<p>2. i) conduct him or herself in a manner consistent</p>

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<p>legislation, SHA Bylaws, Rules, Policies and Procedures. Practitioner Staff shall also be governed by their respective professional code of conduct and code of ethics of the relevant profession. If the content of the SHA Code of Conduct conflicts with the relevant Professional Code of Conduct or code of ethics, then the Professional Code of Conduct or code of ethics of the relevant profession shall take precedence.</p>	<p>with the SHA's mission, vision and values;</p>
<p>4.0.6, if the SHA Code of Conduct conflicts with the relevant Professional Code of Conduct or code of ethics, the code(s) which prescribes the higher standard of conduct shall take precedence.</p> <p>4.0.7 When fulfilling the duties and responsibilities of their AHS administrative role, Practitioners who are AHS medical administrative leaders shall also be governed by the AHS values of respect, accountability, transparency and engagement, the AHS Code of Conduct, the relevant Professional Code of Conduct, and the respective code of ethics of the relevant profession.</p> <p>Notwithstanding section</p>	
<p>4.0.8 Notwithstanding section 4.0.6 of these Bylaws, Practitioners who are AHS Representatives or AHS Agents shall also be governed by the AHS Conflict of Interest Bylaw when fulfilling the duties and responsibilities related to their role as an AHS Representative or an AHS Agent.</p>	
<p>2. Joint Responsibilities and Accountability</p>	
<p>a) SHA and the Practitioner Staff shall jointly develop and maintain Bylaws and Rules as per Part XI Section 88 of these Bylaws and Part VII section 63. These shall provide an medical organizational structure that fulfills statutory requirements, effectively manages Practitioner Staff affairs, and facilitates the meaningful and effective participation of the Practitioner Staff in the affairs of SHA.</p> <p>SHA and the Practitioner Staff shall jointly contribute to an effective Medical organizational structure through:</p> <p>i) the development, implementation and amendment of Bylaws and Rules governing the creation, organization and operation of the Practitioner Staff, including:</p> <p>aa) administrative structures, committees and leadership for the governance of the Practitioner Staff;</p> <p>bb) granting of Appointments to Practitioner Staff Physicians, Podiatrists, Dentists, Oral & Maxillofacial Surgeons, Chiropractors, Midwives and Registered Nurse Practitioners as members of the Practitioner Staff;</p> <p>cc) granting Clinical Privileges to Practitioner Staff;</p> <p>dd) defining the responsibilities of all Practitioner Staff who are granted Appointments and Clinical Privileges;</p> <p>ee) reviewing and determining Practitioner compliance with discharging the responsibilities related to Appointments and Clinical Privileges;</p> <p>ff) establishing principles and process for the Periodic Review of Practitioner Staff;</p> <p>gg) establishing principles and process for the triggered Review of a Practitioner Staff; and</p> <p>hh) establishing a transparent, consistent, and fair approach to dispute resolution.; one encouraging and supporting consensual means and efforts as the preferred mechanism to resolve disputes; and thereafter, as appropriate, through more formal mechanisms in a graduated fashion.</p>	<p>2. f) abide by applicable legislation, Bylaws, Rules and Policies and Procedures;</p>

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<p>ii. the management of the SHA Practitioner Workforce Practitioner Resource Plan, as co-developed by the SHA and Practitioner Staff as defined in the Rules.</p> <p>iii. the selection and evaluation of SHA medical administrative leaders. While recognizing the final authority of the SHA, the Practitioner Staff shall have input in the process of selection and review of SHA medical administrative leaders at an appropriate level, as defined in the Bylaws and Rules.</p> <p>iv. the efficient communication within the Practitioner Staff; as well as between Practitioner Staff and other health care professionals, the executive and administrative staff of SHA, and other health system stakeholders.</p>	
<p>b) Quality and Safety of Care SHA and the Practitioner Staff shall jointly participate in activities and planning that promote and support:</p> <p>a) quality improvement programs and systems of evaluation to achieve the highest standard of Patient care possible;</p> <p>b) Zone Clinical Departments in the development of mechanisms that maintain the highest standards of clinical practice and professionalism;</p> <p>c) Patient safety and engagement;</p> <p>d) Practitioner Staff and SHA staff safety; and</p> <p>e) evidence-based decision-making wherever applicable. ; and</p> <p>f) reasonable and effective on-call schedules.</p>	<p>1 b) participate in appropriate quality improvement and quality assurance initiatives aimed at improving access to and quality of care provided within the province</p> <p>1 c) promote appropriate use of evidence-informed clinical practice and appropriate patient and family-centred informed care; and</p>
<p>c) On-Call and Service Coverage Responsibilities</p> <p>SHA and the Practitioner Staff shall jointly establish and maintain fair and equitable reasonable and effective on-call schedules (as described further in the Rules) for safe and effective Patient care and coverage at all times.</p> <p>Practitioner Staff members shall participate equitably and fairly in an on-call schedule(s) consistent and aligned with their Clinical Privileges and as established within their his/her Zone Clinical Department(s);</p> <p>SHA shall provide reasonable resources to adequately support on-call requirements.</p> <p>On-call schedules shall be consistent with the clinical services provided by the Zone Clinical Department and the Clinical Privileges of the Practitioner Staff who is to provide the on-call coverage.</p> <p>SHA and the Practitioner Staff shall work collaboratively jointly to:</p> <p>i. ensure on-call schedules do not place work demands on individual practitioners that prevent the member from providing safe patient care and coverage or unreasonably compromise practitioner health and wellness.</p> <p>ii. SHA medical administrative leaders shall work collaboratively with Practitioners to resolve such situations resolve conflicts when they arise through a process that includes Reasonable Accommodation of</p>	<p>2. I) participate in call rotas as set-out in the Rules including call rotas including new and/or unassigned patients.</p>

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<p>Practitioner Staff challenge(s).</p>	
<p>d) Documentation of Care</p> <p>SHA and the Practitioner Staff share the responsibility to create and maintain an accurate health record of the care provided to every patient in SHA Facilities or other SHA Sites of Clinical Activity. To accomplish this:</p> <ul style="list-style-type: none"> i. SHA will provide and maintain the appropriate infrastructure and information management systems to create a health record, and shall be the custodian of all such health records pursuant to applicable legislation. ii. SHA will ensure the proper and timely completion of the health record by all staff including documentation of their role, the care provided, and the relevant events during the patient's interaction with SHA. iii. The Rules shall describe the requirements for the proper and timely completion of health records, and shall be compliant with all applicable legislation, professional and ethical obligations, and SHA policies and procedures. 	
<p>e) Utilization of SHA Resources</p> <p>SHA and the Practitioner Staff shall jointly participate in activities that promote and support the effective and efficient use of SHA resources.</p>	<p>1. d) assist in fulfilling the mission of the SHA by contributing where reasonably possible to the strategic planning, community needs assessment, resource utilization management and quality management activities.</p> <p>2 k) utilize health care resources within SHA Facilities and Programs in a manner consistent with the Rules;</p>
<p>f) Administrative, Research and Education Activities</p> <p>SHA and the Practitioner Staff shall jointly participate in activities and planning that promote and support:</p> <ul style="list-style-type: none"> a) administrative, research, training and education activities of SHA and/or the Zone Clinical Department; b) the safest and highest quality care; c) an environment that facilitates continuous improvement in the delivery of health care through biomedical, clinical, health services and outcomes research; d) the establishment, maintenance, and continual improvement of the educational, clinical and professional standards for all Practitioner Staff; e) the education of all health care staff, with the objective of creating and sustaining an environment that supports excellence in undergraduate, graduate, and postgraduate education, and continuing professional development; and to f) assisting, or where appropriate leading, related accreditation requirements for the SHA. 	
3. Individual Practitioner Staff Responsibilities and Accountability	
<p>a) Practitioner Staff Governance</p> <p>Individual members of the Practitioner Staff shall:</p> <ul style="list-style-type: none"> i. comply with these Bylaws and Rules and such approved amendments as 	<p>2) Each Member of the Practitioner Staff, other than a Member of the honorary staff, has a responsibility to the SHA to:</p>

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<p>may from time to time be made, and with applicable SHA policies, the SHA Code of Conduct, and the Professional Code of Conduct of the relevant College and/or the respective code of ethics of the relevant profession.</p> <p>ii. comply with all requirements or expectations in the Practitioner Staff Letter of Offer (if one exists), provided that if the Practitioner Staff Letter of Offer conflicts with these Bylaws and the Rules, these Bylaws and the Rules shall take precedence. For further clarity, this would exinclude any individuals whose employment terms are governed by an individual employment agreement with SHA.</p> <p>iii. comply with all obligations contained in contracts for service between a member of the Practitioner Staff and SHA, provided that if the contract for service conflicts with these Bylaws and the Rules, these Bylaws and the Rules shall take precedence.</p> <p>d) follow reasonable direction on matters pertaining to Practitioner Staff responsibilities and accountabilities pursuant to these Bylaws and the Rules, issued by anyone having the authority to do so under these Bylaws and the Rules, provided that the content of such direction does not supersede the respective code of ethics of the relevant profession.</p>	<p>2 e) recognize the authority of the Provincial Head, Area Department Lead, Area Division Lead, ACOS, CEO, Practitioner Advisory Committee and the CMO;</p> <p>2 f) abide by applicable legislation, Bylaws, Rules and Policies and Procedures;</p>
<p>4.2.2 Professional Qualifications and Liability Protection</p> <p>Individual members of the Practitioner Staff shall obtain, provide proof of, and maintain:</p> <p>a) licensure from an appropriate College</p> <p>b) specialty or sub-specialty certification where applicable</p> <p>c) membership in the Canadian Medical Protective Association or suitable malpractice insurance to the satisfaction of SHA.</p>	
<p>b) Patient Advocacy</p> <p>Individual members of the Practitioner Staff have the right and the responsibility to advocate on behalf of their patients. In doing so, Practitioner Staff should advocate in a manner that is consistent with the values and principles of their regulatory College, their professional association and SHA. When advocating as individuals, Practitioner Staff who hold medical administrative leadership roles within SHA shall articulate clearly that they are not speaking as representatives of SHA. Advocacy should reflect the principles of honesty, fairness, transparency, accountability and professionalism. Practitioner Staff are encouraged to first advocate or enquire about the matter internally within SHA before making public statements.</p>	
<p>c) Quality and Safety of Care</p> <p>Individual members of the Practitioner Staff shall:</p> <p>i. demonstrate and maintain clinical skills and judgment; to provide Patient care that meets established professional standards.</p> <p>b) perform the activities and responsibilities expressed in the Practitioner Staff Appointment and Clinical Privileges granted.</p> <p>ii. provide information, expertise, and advice to SHA in assessing health needs, planning service delivery and programs, and SHA resource utilization and management, through the Medical organizational</p>	<p>2 b) practice within the limits of the Privileges provided and his or her professional competency and skill;</p>

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<p>structures as set out in these Bylaws;</p> <ul style="list-style-type: none">iii. complete health records in a proper, comprehensive, and timely manner that accurately reflects their role in the Patient's interaction with SHA;iv. participate in appropriate quality improvement initiatives.	<p>2 g) participate in appropriate quality improvement initiatives;</p>
<p>d) Accountability and Compliance</p> <p>Individual members of the Practitioner Staff shall demonstrate their accountability and compliance with these Bylaws, SHA Policies, SHA procedures, the SHA Code of Conduct, the relevant Professional Code of Conduct and the respective code of ethics of the relevant profession by:</p> <ul style="list-style-type: none">i. reporting to their Zone Clinical Department Head(s) the presence of any physical or mental health issues that impair the Practitioner Staff's ability to care safely for a patient. Such information shall be kept strictly confidential unless disclosure to a specified party(ies) is required by law or is deemed necessary to ensure public or patient safety or is agreed to, in writing, by the Practitioner Staff;ii. being subject to Periodic Review pursuant to Part VI of these Bylaws; (only for Practitioners in the Active and Locum Tenens categories of Appointment);iii. being subject to Triggered Initial Assessment and/or Triggered Review of Concerns, if required, pursuant to Part VIII of these Bylaws (for Practitioners in all categories of Appointment);iv. choosing processes that are contained in these Bylaws and the Practitioner Staff Rules to resolve disputes provided however that in doing so the Practitioner Staff member does not waive any legal rights otherwise available should the processes in these Bylaws and the Rules not succeed in resolving the dispute;v. contributing to the functioning of the Zone Clinical Department(s) to which they are assigned;vi. working and cooperating with others in a collegial and professional manner;vii. meeting the requirements for continuing medical education and continuing professional learning as established by their professional regulatory authority;viii. participating in such education and training initiatives as appropriate that support the SHA in providing quality health services; andix. using best efforts to attending where required by these Bylaws, SHA, Zone Clinical Department and Practitioner Staff meetings. Serving where required by these Bylaws on various SHA and Practitioner Staff committees;	<p>2 h)work, cooperate with and relate to others in a collegial and professional manner; 2 c) meet the requirements for continuing medical education and continuing professional learning as established by their professional regulatory authority; 2 d) participate in such education and training initiatives as appropriate that support the SHA in providing quality health services 2 j)serve where required by these Bylaws on various SHA and Practitioner Staff committees;</p>

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<p>e) Professional Conduct</p> <p>Individual members of the Practitioner Staff shall meet the expectations for professional conduct and behaviour as defined in the SHA Code of Conduct and the relevant Professional Code of Conduct, and/or the respective codes of ethics of the relevant profession.</p>	<p>2 a) ensure a high professional and ethical standard of care is provided to patients/clients/residents under his or her care;</p>
<p>4.2.7 On-Call and Service Coverage Responsibilities for physicians</p> <p>Individual physician Practitioner Staff members shall:</p> <ul style="list-style-type: none">a) participate equitably and fairly in an on-call schedule(s) consistent and aligned with their Clinical Privileges and as established within his/her Zone Clinical Department(s);b) manage their other concurrent clinical activities in order to ensure that they can safely and appropriately fulfill their on-call duties and responsibilities.c) ensure on-call coverage by another Practitioner Staff(s) with appropriate skills and Clinical Privileges whenever the Practitioner Staff is unavailable for any reason to provide such coverage or if they are unable to provide the coverage assigned to them in a previously established on-call schedule. If urgent circumstances limit or prevent the Practitioner Staff member from fulfilling this responsibility, the Department Head or designate(s) and/or Facility or Community Medical Director shall provide reasonable assistance to make alternative arrangements for coverage of the on-call period in question.d) ensure service coverage of his/her Patients by another Practitioner(s) with appropriate skills and Clinical Privileges whenever the Practitioner is unavailable for any reason to provide such coverage. If urgent circumstances limit or prevent the Practitioner from fulfilling this responsibility, the Zone Clinical Department Head or designate(s) and/or Facility or Community Medical Director shall provide reasonable assistance to make alternative arrangements for service coverage.	

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APPENDIX B: SMA-proposed revision for Part IV-VI

AHS Part III	SMA-proposed SHA BYLAWS PART IV-VI
THE PROCESS FOR PRACTITIONER STAFF APPOINTMENTS AND CLINICAL PRIVILEGES	PARTS IV: PRACTITIONER STAFF APPOINTMENTS AND PRIVILEGES
3.0. General	46. General
<p>3.0.1 A Practitioner Staff Appointment is provincial and outlines the category of Appointment and the Practitioner Staff's rights and responsibilities associated with that Appointment. Upon being granted an Appointment, a Practitioner Staff must be assigned to the appropriate Area Department(s). A Practitioner Staff may be appointed to more than one Area Department but one department must be designated as the Primary Department.</p>	<p>1. A Practitioner Staff Appointment is provincial and outlines the category of Appointment and the Practitioner's rights and responsibilities associated with that Appointment.</p>
	<p>2. Except for a temporary Appointment, the granting of temporary Privileges as otherwise provided in these Bylaws, the Board has the sole and exclusive power to appoint and reappoint Members to the Practitioner Staff and to grant Privileges. In considering whether to make an Appointment or reappoint a Member to the Practitioner Staff, or to grant Privileges, the recommendations of the AHS and/or APAC shall be considered, however the appointing authority is not bound by those recommendations. (SHA SOURCE: 46.1)</p>
	<p>3. Except in the circumstances mentioned in these Bylaws a practitioner must be granted an Appointment to the Practitioner Staff in order to:</p> <ul style="list-style-type: none"> (a) hold any privilege under these Bylaws; (b) provide any service to an individual or patient/client/resident in a Facility operated or Program offered by the SHA; or (c) refer any individual or patient/client/resident to any service provided by the SHA. (SHA SOURCE: 46.2)
<p>3.0.2 Clinical Privileges that are granted to the Practitioner Staff define the diagnostic or therapeutic Procedures or other Patient care services a Practitioner Staff is deemed competent to perform; the Facility (ies) and Area(s) within which the Practitioner is eligible to provide care and services to Patients; and the specified SHA Programs and Services.</p>	<p>4. Privileges that are granted to the Practitioner define the diagnostic or therapeutic Procedures or other Patient care services a Practitioner is deemed competent to perform; the Facility(ies) and Area(s) within which the Practitioner is eligible to provide care and services to Patients; and the specified SHA Programs and Services.</p>
	<p>5. Any Member of the Practitioner Staff who resigned or otherwise caused or permitted termination from the Practitioner Staff, or whose Practitioner Staff membership has been terminated and who subsequently wishes to become a Member of the Practitioner Staff, is required to make application and follow the process for an initial Appointment. (SHA SOURCE: 46.3)</p>
<p>3.0.3 The granting of Clinical Privileges shall consider the needs of SHA; the Human Resources Plan; the resources available or the Facilities required for the requested Procedures and access to SHA Services and Programs; and the Practitioner's training, experience, demonstrated ability and skills, and current clinical competence. Access to</p>	

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SHA Programs and Services and performance of Procedures will be subject to the availability of the required resources and staff.	
3.0.4 The grant of a Practitioner Staff Appointment and Clinical Privileges to a Practitioner Staff is exclusive to that Practitioner Staff member.	
3.0.5 No Practitioner Staff shall assign, transfer, encumber or delegate a grant of a Practitioner Staff Appointment and Clinical Privileges granted to that Practitioner Staff and any purported assignment, transfer or encumbrance thereof shall be null and void.	
3.0.6 A Practitioner Staff Appointment and Clinical Privileges granted to any Practitioner Staff automatically terminate upon the death of that Practitioner Staff.	
3.0.7 A Practitioner Staff Appointment and Clinical Privileges may only be granted to an individual and will not be granted to a firm, partnership or corporation, including a professional corporation.	
3.1. Practitioner Staff Appointments	47. Practitioner Staff Appointments
3.1.1 Practitioner Staff Appointment is not a right. It shall be granted only to professional and competent individuals with a license for independent practice with the relevant College, and who initially and continuously meet the qualifications, standards, and requirements set forth in these Bylaws and in such Practitioner Staff Rules as are adopted from time to time	1. Practitioner Staff Appointment is not a right. It shall be granted only to professional and competent individuals with a license for independent practice with the relevant College, and who initially and continuously meet the qualification standards, and requirements set forth in these Bylaws and in such Practitioner Staff Rules as are adopted from time to time. 2. Practitioners shall be subject to the responsibilities, expectations and Periodic Review and Triggered Review as outlined in these Bylaws and the Practitioner Staff Rules.
3.1.2 Practitioner Staffs shall be subject to the responsibilities, expectations and Periodic Review and Triggered Review as outlined in these Bylaws and the Practitioner Staff Rules.	
3.1.3 Practitioner Staffs in the Probationary Staff, Active Staff, Temporary Staff and Locum Tenens Staff categories (pursuant to Part III of these Bylaws) may provide specified clinical services for patients in facilities and may access SHA Programs and Services as defined by Clinical Privileges.	3. Practitioners in the Provisional Staff, Active Staff, Temporary Staff and Locum Tenens Staff categories (pursuant to 46.3 of these Bylaws) may provide specified clinical services for patients in facilities and may access SHA Programs and Services as defined by Privileges.
3.1.4 A Practitioner Staff Appointment is required to access SHA intranet/internal information technologies and systems.	
3.1.5 Locum Tenens Practitioner Staffs shall require a Practitioner Staff Appointment and Clinical Privileges appropriate to their assignment.	
3.1.6 Physicians, Dentists, Oral & Maxillofacial Surgeons and Podiatrists, residing and practicing outside Alberta who wish to provide services by Telemedicine to Patients	

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<p>shall require a Medical Staff Appointment and grant of Clinical Privileges.</p>	
<p>3.1.7 SHA Scientist Leaders shall apply for, and hold, a Practitioner Staff Appointment and will be assigned to the most appropriate Primary Area Department. Such individuals shall be exempt from the provisions of Periodic and Triggered Reviews of these Bylaws.</p>	
<p>3.1.8 Categories of Appointment SHA Practitioner Staff Appointments shall be made to one of the categories listed below:</p> <ul style="list-style-type: none">i. Probationary Staffii. Active Staffiii. Temporary Staffiv. Community Staffv. e) Locum Tenens Staff <p>+AHS sections 3.1.9-3.1.13 (covered in SHA categories)</p>	
<p>3.2. Clinical Privileges (AHS Rules also provide greater detail)</p>	<p>48. Privileges</p>
<p>3.2.1 SHA grants Clinical Privileges which shall specify:</p> <ul style="list-style-type: none">i. SHA Programs and Services that the Practitioner Staff is eligible to access;ii. Procedures that the Practitioner Staff is deemed to be competent and eligible to perform; and <p>Sites of Activity in which the Practitioner Staff is eligible to provide patient care and services.</p>	<p>1. SHA grants Privileges which shall specify:</p> <ul style="list-style-type: none">i. SHA Programs and Services that the Practitioner is eligible to access;ii. Procedures that the Practitioner is deemed to be competent and eligible to perform; andiii. Sites of Activity in which the Practitioner is eligible to provide patient care and services.
<p>3.2.2 Clinical Privileges, including SHA Programs and Services and Sites of Clinical Activity that the Practitioner Staff is eligible to access, as well as Procedures that the Practitioner Staff is deemed competent and eligible to access, shall be recommended by the Area Department Head(s). No Area Department, Area Division or speciality "owns" any Clinical Privilege, including Procedures.</p>	<p>2. Privileges, including SHA Programs and Services and Sites of Activity that the Practitioner is eligible to access, as well as Procedures that the Practitioner is deemed competent and eligible to access, shall be recommended by the Area Department Head(s). No Area Department, Area Division or speciality "owns" any Privilege, including Procedures.</p>
<p>3.2.3 In the case of a Practitioner Staff in the Locum Tenens category, Clinical Privileges shall be granted in conjunction with the initial Appointment. Prior to the subsequent placement of the Locum Tenens in a new site of Clinical Activity, the relevant Area Department Lead shall be satisfied there are sufficient physical and human resources available to allow the Locum Tenens to utilize all the Clinical Privileges granted.</p>	
<p>3.2.4 Neither appointment to the Practitioner Staff nor the granting of Clinical Privileges shall confer entitlement to unrestricted use of SHA Programs and Services, and Sites of Clinical Activity. Access to, and allocation of, all physical and human resources shall be subject to their availability, budgetary considerations, and the administrative allocation procedures and policies of Area Departments and of SHA. Such procedures and policies shall be established in</p>	

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<p>consultation with the Practitioner Staff through the processes available in these Bylaws and the Rules.</p>	
<p>3.2.5 Different Practitioner Staffs are not eligible, per se, for the same Clinical Privileges simply by virtue of being members of the same Area Department(s).</p>	<p>3. Different Practitioner Staffs are not eligible, per se, for the same Clinical Privileges simply by virtue of being members of the same Area Department(s).</p>
	<p>4. The granting of privileges to Practitioner Staff shall be:</p> <ul style="list-style-type: none"> (a) consistent with the need for service, as determined by the SHA, from time to time; (b) consistent with the provincial Practitioner Staff human resource plan of the SHA and the Area Department; (c) consistent with the strategic plan and mission of the SHA; (d) supported by a demonstrated sufficiency of resources within the SHA and the provincial and Area Department to which the applicant is applying; and in the best interest of patient care SHA. (SHA SOURCE 51.3) <p style="text-align: center;">OR</p> <p>The granting of Clinical Privileges shall consider the needs of SHA; the Human Resources Plan; the resources available or the Facilities required for the requested Procedures and access to SHA Services and Programs and the Practitioner’s training, experience, demonstrated ability and skills, and current clinical competence. Access to SHA Programs and Services and performance of Procedures will be subject to the availability of the required resources and staff. (ALBERTA 3.0.3)</p>
<p>3.2.6 Procedures</p>	<p>49. Procedures</p>
<p>3.2.6.1 SHA and the Practitioner Staff shall establish a list of Procedures, which shall be contained within the Rules. The process for establishing, maintaining and changing the list of Procedures shall be found in the Rules. The grant of Clinical Privileges shall delineate the Procedures which the Practitioner Staff is entitled to perform.</p>	<p>1. SHA and the Practitioner Staff shall establish a list of Procedures, which shall be contained within the Rules. The process for establishing, maintaining and changing the list of Procedures shall be found in the Rules. The grant of Privileges shall delineate the Procedures which the Practitioner is entitled to perform.</p>
<p>3.2.6.2 Through the process defined in the Rules, SHA shall establish the need for, and the capacity of, SHA to support a new Procedure, and if deemed appropriate, privileging criteria for the new Procedure. The process will ensure that the eligibility to perform a new Procedure is determined fairly, rigorously and with regard to demonstrated competence, rather than limiting access to any particular Area Department(s) speciality.</p>	<p>2. Through the process defined in the Rules, SHA shall establish the need for, and the capacity of, SHA to support a new Procedure, and if deemed appropriate, privileging criteria for the new Procedure. The process will ensure that the eligibility to perform a new Procedure is determined fairly, rigorously and with regard to demonstrated competence, rather than limiting access to any particular Area Department(s) speciality or individual.</p>
<p>3.2.6.3 The granting of Clinical Privileges for Procedures for all Practitioner Staff is made on the basis of each Practitioner Staff’s documented training, experience, demonstrated abilities and skill, and current competence, as well as the available SHA resources.</p>	<p>3. The granting of Privileges for Procedures for all Practitioner Staff is made on the basis of each Practitioner’s documented training, experience, demonstrated ability and skill, and current competence, as well as the available SHA resources.</p>
<p>3.2.7 Sites of Clinical Activity</p>	<p>50. Sites of Activity</p>
<p>The grant of Clinical Privileges shall delineate the Sites of Clinical Activity, including where the Practitioner Staff is eligible to perform various Procedures. Sites of Clinical Activity will be defined by the Area Practitioner Advisory Committee, and will reflect geographic</p>	<p>1. The grant of Privileges shall delineate the Sites of Activity, including where the Practitioner is eligible to perform various Procedures. Sites of Activity will be defined by the Area Practitioner Advisory Committee, and will reflect geographic restrictions, as well as access to Facilities in the Area. Sites of Activity shall specify:</p>

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<p>restrictions, as well as access to Facilities in the Area. Sites of Clinical Activity shall also specify:</p> <ul style="list-style-type: none"> i. <u>Inpatient Hospital Service</u>- which will normally include admission and treatment of hospitalized patients and the use of SHA Programs and Services for the needs of hospitalized patients, as described in the Clinical Privileges granted. ii. <u>Outpatient Clinics and Services in Hospital and other Facilities</u>- which will normally include the treatment of ambulatory patients with access to SHA Programs and Services for the needs of ambulatory patients, as described in the Clinical Privileges granted. iii. <u>Continuing Care Facilities</u> - which will normally include the admission and treatment of patients in these facilities with access to SHA Programs and Services, as described in the Clinical Privileges granted. iv. Telemedicine 	<ul style="list-style-type: none"> i. <u>Inpatient Hospital Service</u>- which will normally include admission and treatment of hospitalized patients and the use of SHA Programs and Services for the needs of hospitalized patients, as described in the Privileges granted. ii. <u>Outpatient Clinics and Services in Hospital and other Facilities</u>- which will normally include the treatment of ambulatory patients with access to SHA Programs and Services for the needs of ambulatory patients, as described in the Privileges granted. iii. <u>Continuing Care Facilities</u> - which will normally include the admission and treatment of patients in these facilities with access to SHA Programs and Services, as described in the Privileges granted. iv. Telemedicine 
<p>3.3. Appointment and Privileges Procedure</p>	<p>51. Appointment and Privileges Procedure</p>
<p>3.3.1 Applications for a Practitioner Staff Appointment and Clinical Privileges shall be made in the manner specified in these Practitioner Staff Bylaws and the Rules. The Practitioner Staff Bylaws and Rules, the application forms and any applicable policies and procedures shall be available on the web site of SHA.</p>	<p>1. An application for initial Appointment to the Practitioner Staff shall be processed in accordance with these Bylaws, the Provincial Rules and the organizational directions of the SHA. [SHA SOURCE 49(1)]</p> <p>The procedure for initial Appointment shall be set out in the Provincial Rules. [SOURCE 49(2)]</p>
<p>3.3.2 Only a complete Application shall be reviewed. The responsibility for providing all required Application information rests with the applicant. All applicants for a Practitioner Staff Appointment must be eligible to work in Canada.</p>	<p>2. Until a Member has provided all the information required to be submitted pursuant to these Bylaws and as outlined in the Provincial Rules, the application for Appointment will be deemed incomplete and will not be processed. (SHA SOURCE 50)</p>
<p>3.3.3 Applications shall be reviewed, a decision made and the applicant informed of the decision within ninety days from the receipt of a complete Application by the Practitioner Staff Affairs office. If no decision is received by the applicant within ninety days, it shall be deemed to be a recommendation of denial and the applicant may request, within thirty days, that the application process proceed pursuant to Part XI (Appeals) of these Bylaws.</p>	<p>3. Applications shall be reviewed, a decision made and the applicant informed of the decision within ninety days from the receipt of a complete Application by the Practitioner Staff Affairs office. If no decision is received by the applicant within ninety days, it shall be deemed to be a recommendation of denial and the applicant may request, within thirty days, that the application process proceed pursuant to 55(3) of these Bylaws.</p>
<p>3.4 Application Process</p>	<p>52. Application Process</p>
<p>3.4.1 All Applications shall be submitted on the prescribed forms.</p>	<p>1. All Applications shall be submitted on the prescribed forms.</p>
<p>3.4.2 Applications are to be submitted to the Practitioner Staff Affairs office and will be reviewed for completeness on receipt. An applicant will be advised of the date of receipt and any deficiencies in the Application within fifteen days of the receipt of the</p>	<p>2. Applications are to be submitted to the Practitioner Staff Affairs office and will be reviewed for completeness on receipt. An applicant will be advised of the date of receipt and any deficiencies in the Application within fifteen days of the receipt of the Application.</p>

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Application.	
3.4.3 The Practitioner Staff Affairs office will forward complete Applications to the applicable Area Department(s) within fifteen days of receipt. The Primary Area Department Head shall forward a written recommendation, signed by all relevant Area Department Heads, (to accept, deny, or amend the application) to the Practitioner Staff Affairs office and to the applicant, within thirty days of receipt of the complete Application by the Area Department(s).	3. The Practitioner Staff Affairs office will forward complete Applications to the applicable Area Department(s) within fifteen days of receipt. The Primary Area Department Head shall forward a written recommendation, signed by all relevant Area Department Heads, (to accept, deny, or amend the application) to the Practitioner Staff Affairs office and to the applicant, within thirty days of receipt of the complete Application by the Area Department(s).
3.4.4 The Practitioner Staff Affairs office will forward the recommendation of the Area Department(s) and all information considered by the applicable Area Department(s) to the Area Application Review Committee (AARC) for review. The AARC shall return a written recommendation (to accept, deny, or amend the application) to the Practitioner Staff Affairs office within thirty days of receipt of the recommendation of the Area Department(s) by the AARC.	4. The Practitioner Staff Affairs office will forward the recommendation of the Area Department(s) and all information considered by the applicable Area Department(s) to the Area Application Review Committee (AARC) for review. The AARC shall return a written recommendation (to accept, deny, or amend the application) to the Practitioner Staff Affairs office within thirty days of receipt of the recommendation of the Area Department(s) by the AARC.
3.4.5 If the recommendation of the AARC is favourable, the Practitioner Staff Affairs office shall forward the recommendation to the Chief Medical Officer for a decision to accept or reject the recommendation of the AARC. The Chief Medical Officer shall provide the applicant with written notification of the decision within fifteen days of receipt of the recommendation by the Chief Medical Officer.	5. If the recommendation of the AARC is favourable, the Practitioner Staff Affairs office shall forward the recommendation to the Chief Medical Officer for a decision to accept or reject the recommendation of the AARC. The Chief Medical Officer shall provide the applicant with written notification of the decision within fifteen days of receipt of the recommendation by the Chief Medical Officer.
3.4.6 If the recommendation of the Zone Application Review Committee is unfavourable, the Application shall proceed pursuant to section 3.6 of these Bylaws.	6. If the recommendation of the AARC is unfavourable, the Application shall proceed pursuant to section 54 of these Bylaws.
3.4.7 An approved Application will result in the preparation of a Practitioner Staff Letter of Offer by the Practitioner Staff Affairs office. With the Practitioner Staff Letter of Offer, the applicant shall be provided with copies of, or access to, all documents referred to pursuant to section 4.2 of these Bylaws. The Practitioner Staff Letter of Offer shall: 3.4.7.1 Indicate the terms of the Appointment including the category of Practitioner Staff Appointment, the assignment to the appropriate Area Department(s), the identification of the Primary Area Department, and the Clinical Privileges granted. Where a member of the Practitioner Staff is subject to a return-in-service agreement (RiSA) with SHA, completion of the RiSA will also be a condition of the Appointment. 3.4.7.2 Include a statement that the Applicant: a) has read and understands the Practitioner Staff Bylaws and Rules and agrees to be governed by them; b) accepts the category of Practitioner	7. An approved Application will result in the preparation of a Practitioner Staff Letter of Appointment Offer by the Practitioner Staff Affairs office. With the Practitioner Staff Letter of Appointment, the applicant shall be provided with copies of, or access to, all documents referred to pursuant to section 4.2 of these Bylaws. The Practitioner Staff Letter of Appointment Offer shall: i. Indicate the terms of the Appointment including the category of Practitioner Staff Appointment, the assignment to the appropriate Area Department(s), the identification of the Primary Area Department, and the Privileges granted. Where a member of the Practitioner Staff is subject to a return-in-service agreement (RiSA) with SHA, completion of the RiSA will also be a condition of the Appointment. ii. Include a statement that the Applicant: a) has read and understands the Practitioner Staff Bylaws and Rules and agrees to be governed by them; b) accepts the category of Practitioner Staff Appointment, the assignment to Area Department(s), the identification of the Primary Area Department (and Sections or programs where applicable), and the Privileges granted; and c) has read and understands all relevant SHA policies including, but not limited to, those pertaining to confidentiality/privacy, acceptable use of Information Technology/Information Management usage, health information record keeping, and patient safety; and, agrees to be governed by

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<p>Staff Appointment, the assignment to Area Department(s), the identification of the Primary Area Department (and Clinical Sections or programs where applicable), and the Clinical Privileges granted; and c) has read and understands all relevant SHA policies including, but not limited to, those pertaining to confidentiality/privacy, acceptable Information Technology/Information Management usage, health record keeping, and patient safety; and, agrees to be governed by them provided that their content does not supersede the Code of Conduct of the relevant College, or the relevant code of ethics of the profession.</p> <p>3.4.7.3 In the case of a Practitioner Staff member being granted an Appointment in the Locum Tenens category, the Practitioner Staff Letter of Offer shall specify the requirement that prior to any subsequent placement of the Locum Tenens in a new Site of Clinical Activity, the relevant Area Department Lead must be satisfied that there are sufficient physical and human resources available to allow the Locum Tenens to utilize the Clinical Privileges granted.</p>	<p>them provided that their content does not supersede the Code of Conduct of the relevant College, or the relevant code of ethics of the profession.</p> <p>In the case of a Practitioner being granted an Appointment in the Locum Tenens category, the Practitioner Staff Letter of Appointment Offer shall specify the requirement that prior to any subsequent placement of the Locum Tenens in a new Site of Activity, the relevant Area Department Lead must be satisfied that there are sufficient physical and human resources available to allow the Locum Tenens to utilize the Privileges granted.</p>
<p>3.4.8 A Practitioner Staff Letter of Offer shall not take effect until a signed copy of the letter, indicating the applicant's agreement with its terms, is returned to the Practitioner Staff Affairs Office within thirty days of it being forwarded to the applicant.</p>	<p>9. A Practitioner Staff Letter of Appointment Offer shall not take effect until a signed copy of the letter, indicating the applicant's agreement with its terms, is returned to the Practitioner Staff Affairs Office within thirty days of it being forwarded to the applicant.</p>
<p>3.5. Request to Change a Practitioner Staff Appointment and Clinical Privileges</p>	<p>53. Change of Category or Privileges</p>
<p>3.5.1 A Request to Change may include an application to terminate or change the category of a Practitioner Staff Appointment, including a recommendation not to extend continuation in the Provisional Staff category, or to change Clinical Privileges.</p>	<p>1. A Request to Change may include an application to terminate or change the category of a Practitioner Staff Appointment, including a recommendation not to extend continuation in the Provisional Staff category, or to change Privileges.</p>
<p>3.5.2 A Request to Change must be initiated on the prescribed form by the Practitioner Staff member, the Primary Area Department Lead (in the case of a Request to Change the category of Appointment), or the relevant Area Department(s) (in the case of a Request to Change Clinical Privileges), and will not be considered until such form is completed and submitted to the Practitioner Staff Affairs office. Changes to a Practitioner Staff Appointment and/or Clinical Privileges arising from a Triggered Review shall be addressed pursuant to section 6.8 of these Bylaws.</p>	<p>2. A Request to Change must be initiated on the prescribed form by the Practitioner Staff member, the Primary Area Department Lead (in the case of a Request to Change the category of Appointment), or the relevant Area Department(s) (in the case of a Request to Change Clinical Privileges), and will not be considered until such form is completed and submitted to the Practitioner Staff Affairs office. Changes to a Practitioner Staff Appointment and/or Privileges arising from a Triggered Review shall be addressed pursuant to <insert new section number for Triggered review> of these Bylaws.</p>
<p>3.5.3 A Request to Change initiated by the Practitioner Staff member or Area Department(s) will be submitted</p>	<p>3. A Request to Change initiated by the Practitioner or Area Department(s) will be submitted to the Practitioner Staff Affairs office and must include particulars of</p>

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to the Practitioner Staff Affairs office and must include particulars of the change requested, and reasonable support for the need or desirability of the change. The Practitioner Staff Affairs Office shall forward the Request to Change to the Practitioner Staff member (if initiated by the Area Department(s)) or to the Area Department Head(s) (if initiated by the Practitioner Staff member).	change requested, and reasonable support for the need or desirability of the change. The Practitioner Staff Affairs Office shall forward the Request to Change to the Practitioner (if initiated by the Area Department(s)) or to the Area Department Head(s) (if initiated by the Practitioner).
3.5.4 The Practitioner Staff member shall provide the Area Department Head(s) (if the Request to Change is initiated by the Area Department(s)) with written notification of whether they accept or rejects the proposed change, or wishes to amend it, within thirty days of receipt of the Request to Change by the Practitioner Staff member.	4. The Practitioner shall provide the Area Department Head(s) (if the Request to Change is initiated by the Area Department(s)) with written notification of whether they accept or reject the proposed change, or wishes to amend it, within thirty days of receipt of the Request to Change by the Practitioner.
3.5.5 The Area Department Head(s) shall provide the Practitioner Staff member (if the Request to Change is initiated by the Practitioner Staff member) with written notification of whether it accepts, rejects, or amends the proposed change within thirty days of receipt of the Request to Change by the Area Department Head(s).	5. The Area Department Head(s) shall provide the Practitioner (if the Request to Change is initiated by the Practitioner) with written notification of whether it accepts, rejects, or amends the proposed change within thirty days of receipt of the Request to Change by the Area Department Head(s).
3.5.6 The Area Department Head(s) shall forward a recommendation (to accept, deny, or amend) the Request to Change, including written notification as to whether the Practitioner and the Area Department(s) are in agreement, to the Practitioner Staff member and to the Practitioner Staff Affairs office within sixty days of receipt of the original Request to Change by the Practitioner Staff Affairs office.	6. The Area Department Head(s) shall forward a recommendation (to accept, deny, or amend) the Request to Change, including written notification as to whether the Practitioner and the Area Department(s) are in agreement, to the Practitioner Staff member and to the Practitioner Staff Affairs office within sixty days of receipt of the original Request to Change by the Practitioner Staff Affairs office.
3.5.7 The Practitioner Staff Affairs office will forward the recommendation of the Area Department(s) to the Area Application Review Committee together with all the information considered for review. The Area Application Review Committee shall return a written recommendation (to accept, deny, or amend the Request for Change) to the Practitioner Staff Affairs office, which shall provide a copy to the Area Department Head(s) and the Practitioner Staff member, within thirty days of the receipt of the recommendation of the Area Department(s) by the Area Application Review Committee.	7. The Practitioner Staff Affairs office will forward the recommendation of the Area Department(s) to the Area Application Review Committee together with all the information considered for review. The Area Application Review Committee shall return a written recommendation (to accept, deny, or amend the Request for Change) to the Practitioner Staff Affairs office, which shall provide a copy to the Area Department Head(s) and the Practitioner, within thirty days of the receipt of the recommendation of the Area Department(s) by the Area Application Review Committee.
3.5.8 If the recommendation of the Area Application Review Committee is favourable, the Practitioner Staff Affairs office shall forward the recommendation to the Chief Medical Officer for a decision to accept or deny the recommendation of the Area Application Review Committee. The Chief Medical Officer shall provide the Practitioner Staff member with written notification of a decision within fifteen days of receipt of the recommendation by the Chief Medical Officer.	8. If the recommendation of the Area Application Review Committee is favourable, the Practitioner Staff Affairs office shall forward the recommendation to the Chief Medical Officer for a decision to accept or deny the recommendation of the Area Application Review Committee. The Chief Medical Officer shall provide the Practitioner with written notification of a decision within fifteen days of receipt of the recommendation by the Chief Medical Officer.
3.6 Unfavourable Recommendations	54. Unfavourable Recommendations
3.6.1 A recommendation of the Area Department(s),	1. A recommendation of the Area Department(s), the Area Application Review

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<p>the Area Application Review Committee, and/or the Area Practitioner Advisory Committee with respect to an Application or a Request to Change may be favourable or unfavourable. An unfavourable recommendation may be a recommendation to deny the Application or Request to Change or a recommendation to amend the Application or Request to Change, without the unanimous agreement of the applicant/Practitioner Staff member, Area Department Head(s), and the Area Application Review Committee.</p>	<p>Committee, and/or the Area Practitioner Advisory Committee with respect to an Application or a Request to Change may be favourable or unfavourable.</p>
	<p>2. An unfavourable recommendation may be a recommendation to deny the Application or Request to Change or a recommendation to amend the Application or Request to Change, without the unanimous agreement of the applicant/Practitioner Staff member, Area Department Head(s), and the Area Application Review Committee.</p>
<p>3.6.2 Whenever an unfavourable recommendation is made by the Area Department(s) or Area Application Review Committee, the Practitioner Staff Affairs office shall provide the applicant/Practitioner Staff member with the recommendation as well as the substance of the concerns and reasons leading to the recommendation.</p>	<p>3. Whenever an unfavourable recommendation is made by the Area Department(s) or Area Application Review Committee, the Practitioner Staff Affairs office shall provide the applicant/Practitioner with the recommendation as well as the substance of the concerns and reasons leading to the recommendation.</p>
<p>3.6.3 Unfavourable recommendations by the Area Department(s)</p> <p>3.6.3.1 If an Application or Request to Change is recommended for denial by the Area Clinical Department(s), it will be forwarded by the Practitioner Staff Affairs office to the Area Application Review Committee as an unfavourable recommendation.</p> <p>3.6.3.2 If the Area Clinical Department(s) recommends an amendment to an Application/Request to Change, the Area Department Head(s) and the applicant/Practitioner Staff member shall use reasonable efforts to reach agreement with respect to the proposed amendment(s) prior to the recommendation being forwarded by the Practitioner Staff Affairs office to the Area Application Review Committee.</p> <p>a. If agreement is reached between the Area Department Head(s) and the applicant/Practitioner Staff member, the amended Application/Request to Change will be forwarded by the Practitioner Staff Affairs office to the Area Application Review Committee as a favourable recommendation.</p> <p>b. If agreement cannot be reached between the Area Department Head(s) and the applicant/Practitioner Staff member, the amended Application/Request to Change shall be forwarded by the Practitioner Staff</p>	<p>4. Unfavourable recommendations by the Area Department(s)</p> <p>i. If an Application or Request to Change is recommended for denial by the Area Department(s), it will be forwarded by the Practitioner Staff Affairs office to the Area Application Review Committee as an unfavourable recommendation.</p> <p>ii. If the Area Department(s) recommends an amendment to an Application/Request to Change, the Area Department Head(s) and the applicant/Practitioner shall use reasonable efforts to reach agreement with respect to the proposed amendment(s) prior to the recommendation being forwarded by the Practitioner Staff Affairs office to the Area Application Review Committee.</p> <p>b. If agreement is reached between the Area Department Head(s) and the applicant/Practitioner, the amended Application/Request to Change will be forwarded by the Practitioner Staff Affairs office to the Area Application Review Committee as a favourable recommendation.</p> <p>c. If agreement cannot be reached between the Area Department Head(s) and the applicant/Practitioner, the amended Application/Request to Change shall be forwarded by the Practitioner Staff Affairs office to the Area Application Review Committee as an unfavourable recommendation.</p>

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<p>Affairs office to the Area Application Review Committee as an unfavourable recommendation.</p>	
<p>3.6.4 If the Area Application Review Committee supports an unfavourable recommendation made by the Area Department(s), the unfavourable recommendation shall be forwarded to the Practitioner Staff Affairs office which shall inform the applicant/Practitioner Staff member that they may request the Application or Request to Change be considered by the Area Practitioner Advisory Committee pursuant to section 3.6.7 of these Bylaws.</p>	<p>5. If the Area Application Review Committee supports an unfavourable recommendation made by the Area Department(s), the unfavourable recommendation shall be forwarded to the Practitioner Staff Affairs office which shall inform the applicant/Practitioner that they may request the Application or Request to Change be considered by the Area Practitioner Advisory Committee</p>
<p>3.6.5 Amendments recommended by the Area Application Review Committee</p> <p>3.6.5.1 If the Area Application Review Committee recommends an amendment to an Application/Request to Change, the Area Application Review Committee and Area Department Head(s) shall use reasonable efforts to reach agreement with respect to the proposed amendment(s).</p> <p>3.6.5.2 If agreement is reached between the Area Department Head(s) and the Area Application Review Committee, the Application/Request to Change shall proceed pursuant to section 3.6.3.2 of these Bylaws.</p> <p>3.6.5.3 If agreement cannot be reached between the Area Department Head(s) and the Area Application Review Committee, the Application/Request to Change shall proceed to to section 3.6.6 of these Bylaws.</p>	<p>6. Amendments recommended by the Area Application Review Committee</p> <ul style="list-style-type: none">i. If the Area Application Review Committee recommends an amendment to an Application/Request to Change, the Area Application Review Committee and Area Department Head(s) shall use reasonable efforts to reach agreement with respect to the proposed amendment(s).ii. If agreement is reached between the Area Department Head(s) and the Area Application Review Committee, the Application/Request to Change shall proceed pursuant to section 3.6.3.2 of these Bylaws.iii. If agreement cannot be reached between the Area Department Head(s) and the Area Application Review Committee, the Application/Request to Change shall proceed to section 3.6.6 of these Bylaws.
<p>3.6.6 If the Area Application Review Committee disagrees with the recommendation of the Area Department(s), the Area Application Review Committee may request such further information from the Area Department(s) and the applicant/Practitioner Staff member as may be required. The Area Application Review Committee and the Area Department Head(s) shall make reasonable efforts to reach agreement with respect to the recommendation.</p> <p>3.6.6.1 If agreement is reached between the Area Department Head(s) and the Area Application Review Committee, and the recommendation is favourable to the applicant/Practitioner Staff member, the recommendation shall be forwarded by the Practitioner Staff Affairs office to the Chief Medical Officer as a favourable recommendation.</p> <p>3.6.6.2 If agreement is reached between the Area Department Head(s) and the Area Application Review Committee, and the recommendation is unfavourable to the applicant/Practitioner Staff member, the recommendation shall be</p>	<p>7. If the Area Application Review Committee disagrees with the recommendation of the Area Department(s), the Area Application Review Committee may request such further information from the Area Department(s) and the applicant/Practitioner Staff member as may be required. The Area Application Review Committee and the Area Department Head(s) shall make reasonable efforts to reach agreement with respect to the recommendation.</p> <ul style="list-style-type: none">i. If agreement is reached between the Area Department Head(s) and the Area Application Review Committee, and the recommendation is favourable to the applicant/Practitioner, the recommendation shall be forwarded by the Practitioner Staff Affairs office to the Chief Medical Officer as a favourable recommendation.ii. If agreement is reached between the Area Department Head(s) and the Area Application Review Committee, and the recommendation is unfavourable to the applicant/Practitioner, the recommendation shall be forwarded to the Practitioner Staff Affairs office which shall inform the applicant/Practitioner that they may request the Application or Request to Change be considered by the Area Practitioner Advisory Committee pursuant to section 3.6.7 of these Bylaws.iii. If agreement cannot be reached between the Area Department Head(s) and the Area Application Review Committee, the Practitioner Staff Affairs office shall inform the applicant/Practitioner that the Application/Request to Change shall be referred to the Provincial Practitioner Advisory Committee

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<p>forwarded to the Practitioner Staff Affairs office which shall inform the applicant/Practitioner Staff member that they may request the Application or Request to Change be considered by the Area Medical Administrative Committee pursuant to section 3.6.7 of these Bylaws.</p> <p>3.6.6.3 If agreement cannot be reached between the Area Department Head(s) and the Area Application Review Committee, the Practitioner Staff Affairs office shall inform the applicant/Practitioner Staff member that the Application/Request to Change shall be referred to the Area Medical Administrative Committee for consideration and review pursuant to section 3.6.7 of these Bylaws.</p>	<p>for consideration and review pursuant to section 3.6.7 of these Bylaws</p>
<p>3.6.7 Where the Area Application Review Committee has made an unfavourable recommendation with respect to a Practitioner Staff Application or a Request to Change, the recommendation shall be forwarded to the Practitioner Staff Affairs office which shall inform the applicant/Practitioner that he/she may request that the Application or Request to Change may be considered by the Area Practitioner Advisory Committee (APAC).</p> <p>3.6.7.1 The applicant/Practitioner Staff member shall be entitled to attend the meeting of the APAC, and to make representations, orally and/or in writing, personally and/or by an Advisor, relating to the Application or Request to Change.</p> <p>3.6.7.2 The Practitioner Staff Affairs office and the Area Department Lead shall provide the applicant/Practitioner Staff member with reasonable prior notice of the time and place at which the APAC is scheduled to consider the Application or Request to Change.</p> <p>3.6.7.3 The APAC shall review the recommendation(s) from the Area Department(s) and the AARC, the complete Application or Request to Change, representations from the applicant/Practitioner Staff member and any other information it considers relevant; and shall make a recommendation within thirty days to be forwarded by the Practitioner Staff Affairs office to the Chief Medical Officer.</p>	<p>7. Where the Area Application Review Committee has made an unfavourable recommendation with respect to a Practitioner Staff Application or a Request to Change, the recommendation shall be forwarded to the Practitioner Staff Affairs office which shall inform the applicant/Practitioner that he/she may request that Application or Request to Change may be considered by the Area Practitioner Advisory Committee (APAC).</p> <ul style="list-style-type: none"> i. The applicant/Practitioner shall be entitled to attend the meeting of the APAC, and to make representations, orally and/or in writing, personally and/or by an Advisor, relating to the Application or Request to Change. ii. The Practitioner Staff Affairs office and the Area Department Lead shall provide the applicant/Practitioner with reasonable prior notice of the time and place at which the APAC is scheduled to consider the Application or Request to Change. iii. The APAC shall review the recommendation(s) from the Area Department(s) and the AARC, the complete Application or Request to Change, representations from the applicant/Practitioner and any other information it considers relevant; and shall make a recommendation within thirty days to be forwarded by the Practitioner Staff Affairs office to the Chief Medical Officer.
<p>3.7 Decisions of the Chief Medical Officer</p>	<p>8. Decisions of the Chief Medical Officer</p>
<p>3.7.1 A decision of the Chief Medical Officer may be favourable or unfavourable. An unfavourable decision may be either a decision to deny or to amend the Application or a Request to Change.</p>	<p>i. A decision of the Chief Medical Officer may be favourable or unfavourable.</p>
<p>3.7.2 The applicant/Practitioner shall be notified of the decision within fourteen days of receipt of any</p>	<p>ii. The applicant/Practitioner shall be notified of the decision within fourteen days of receipt of any recommendation from an Area Application Review Committee or</p>

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recommendation from an Area Application Review Committee or Area Practitioner Advisory Committee.	Practitioner Advisory Committee.
3.7.3 The decision of the Chief Medical Officer relative to an Application or Request to Change is final, subject only to legal rights of appeal.	<p>iii. If an unfavourable decision is made that the application for <i>Initial Appointment</i></p> <p>(a) a copy of the decision along with written reasons shall be served on the applicant within thirty (30) days after rendering the decision; and</p> <p>(b) the decision shall include a notice advising the applicant the applicant may appeal that decision to a tribunal in accordance with <i>The Provincial Health Authority Act and The Practitioner Staff Appeals Regulations</i>.</p> <p>(SOURCE: SHA 53.4 a-b)</p> <p>iv. If an unfavourable decision is made that regarding Change of Category Privileges:</p> <p>(a) A copy of the decision along with written reasons shall be served applicant within thirty (30) days after rendering the decision; and</p> <p>(b) Advise the applicant that the applicant may request a hearing before the Practitioner Staff Review Committee.</p> <p>(SOURCE: SHA 59.5. a-b)</p>
	55. Periodic Review
	1 Each practitioner who is appointed to the Practitioner Staff shall undergo a periodic review as outlined in the Provincial Rules. (SOURCE: SHA Rules 60)
	2 The ACOS shall ensure that the periodic review is completed as outlined in the Provincial Rules
3.8 Exceptional and Urgent Situations	56. Exceptional and Urgent Situations
3.8.1 Under exceptional circumstances, as approved by the Chief Medical Officer, an interim grant of an Appointment and appropriate Clinical Privileges may be made to an applicant whose Application has not yet been fully completed and/or completely processed and approved as outlined in these Bylaws so long as the applicable criteria set out in section 'e' below are met at the time of Appointment. An interim grant of an Appointment shall not exceed ninety consecutive days.	1. Under exceptional circumstances, as approved by the Chief Medical Officer, an interim grant of an Appointment and appropriate Privileges may be made to an applicant whose Application has not yet been fully completed and/or completely processed and approved as outlined in these Bylaws so long as the applicable criteria set out in section 'e' below are met at the time of Appointment. An interim grant of an Appointment shall not exceed ninety consecutive days.
3.8.2 In urgent situations, the Chief Medical Officer or the Chief Executive Officer may make a Practitioner Staff Appointment to the Temporary Staff and a grant of Clinical Privileges without the benefit of some of the information listed in the application form, and without following the procedures provided in these Bylaws and the Rules.	2. In urgent situations, the Chief Medical Officer or the Chief Executive Officer may make a Practitioner Staff Appointment to the Temporary Staff and a grant of Privileges without the benefit of some of the information listed in the application form, and without following the procedures provided in these Bylaws and the Rules.
3.8.3 In urgent situations, the Chief Medical Officer or the Chief Executive Officer may change the category of Practitioner Staff Appointment and/or make an addition to the Clinical Privileges of a Practitioner without the benefit of some of the information listed in the prescribed form, and without following the procedures provided in these Bylaws and the Rules.	3. In urgent situations, the Chief Medical Officer or the Chief Executive Officer may change the category of Practitioner Staff Appointment and/or make an addition to the Privileges of a Practitioner without the benefit of some of the information listed in the prescribed form, and without following the procedures provided in these Bylaws and the Rules.
3.8.4 The Chief Medical Officer or the Chief Executive Officer shall notify the Area Practitioner Advisory Committee of the Appointment or change in Appointment or Clinical Privileges, and the nature of the urgent situation within seven days of the action.	4. The Chief Medical Officer or the Chief Executive Officer shall notify the Area Practitioner Advisory Committee of the Appointment or change in Appointment or Clinical Privileges, and the nature of the urgent situation within seven days of the action.
3.8.5 Where a Practitioner Staff Appointment is made	5. Where a Practitioner Staff Appointment is made in such an urgent situation,

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<p>in such an urgent situation, the applicant will be required to provide to the Chief Medical Officer proof of the applicant's current registration with the relevant College and evidence of current professional liability protection acceptable to SHA.</p>	<p>applicant will be required to provide to the Chief Medical Officer proof of the applicant's current registration with the relevant College and evidence of current professional liability protection acceptable to SHA.</p>
<p>3.8.6 A Practitioner Staff Appointment and grant of Clinical Privileges or a change in Appointment and/or Clinical Privileges made under exceptional circumstances or urgent situations shall be for a maximum of ninety days. During those ninety days, the applicant will be eligible to be considered for Appointment and a grant of Clinical Privileges or a change in Appointment and/or Clinical Privileges in the normal manner described in these Bylaws and the Rules.</p>	<p>6. A Practitioner Staff Appointment and grant of Privileges or a change in Appointment and/or Privileges made under exceptional circumstances or urgent situations shall be for a maximum of ninety days. During those ninety days, the applicant will be eligible to be considered for Appointment and a grant of Privileges or a change in Appointment and/or Privileges in the normal manner described in these Bylaws and the Rules.</p>

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APPENDIX C: PART VIII - w BRRC and SMA comments 04-04-19

PART VIII

PRACTITIONER STAFF Triggered REVIEW

63. General

- (1) Practitioner Staff Review is intended to encourage local concern management and resolution. Such concerns should ordinarily be regarded as opportunities for improvement.
- (2) All Members are subject to review proceedings and provisions outlined in these Bylaws and elaborated in the Rules. Action or penalties may include, without limitation:
 - (a) dismissal of the concern;
 - (b) a verbal or written reprimand;
 - (c) the requirement to adhere to conditions;
 - (d) the amendment, suspension or revocation of Privileges; and
 - (e) the suspension or termination of Appointment from the Practitioner Staff.

64. Conduct Subject to Review

- (1) Conduct subject to review includes, but is not limited to acts, omissions, statements, demeanour or professional conduct, either within or outside of the SHA, which exposes, or is reasonably likely to expose **individuals** to harm or injury, or is reasonably likely to be detrimental to the safety of individuals or to the delivery of quality of care within the SHA, or is reasonably likely to be detrimental to the SHA operations, or is reasonably likely to constitute abuse, or if the said conduct results in the imposition of sanctions by a College, or is contrary to the Bylaws, Rules and Policies and Procedures of the SHA, or any applicable and relevant laws or legislated requirements.
- (2) Without limiting the generality of the foregoing, the following are examples of conduct subject to review:
 - (a) those actions or omissions described in:
 - (i) *The Medical Professions Act, 1981*, or the Bylaws under the Act, as constituting "unbecoming, improper, unprofessional or discreditable conduct";
 - (ii) *The Dental Discipline Act* or the Bylaws under the Act, as constituting "professional misconduct";
 - (iii) *The Chiropractic Act, 1994*, or the Bylaws under the Act, as constituting "professional misconduct";
 - (iv) *The Midwifery Act* or the Bylaws under the Act, as constituting "professional misconduct"; and,
 - (v) *The Registered Nurses' Act, 1988*, or the Bylaws under the Act, as constituting "professional misconduct".
 - (b) conduct which is unprofessional, unethical, unbecoming, improper or disruptive to the operations of the SHA;
 - (c) disruptive workplace behaviour meaning 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/clients/residents; or
 - (iii) reflect a misuse of a power imbalance between the parties.
 - (d) incompetence or demonstrated deficiencies in clinical practice;

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- (e) breach of any SHA Rules, policies or other organizational directives regarding conduct of employees and practitioners;
- (f) breach of any applicable legislation, these Bylaws, any Rules, or policies and other organizational directives of the SHA;
- (g) failure to follow a lawful order or directive issued by the, CMO, CEO or anyone having authority under these Bylaws, Rules or Policies and Procedures of the SHA;
- (h) failure to assist or cooperate with the Appointment, reappointment or review process established in these Bylaws and elaborated in the Rules;
- (i) failure to comply with the conditions of any required action, penalty, or remedial steps imposed on a Member or the terms of an alternative dispute resolution; and
- (j) failure to undertake assigned administrative commitments mutually agreed upon (between SHA and Practitioner) , clinical teaching and research commitments.

65. Review Procedure

- (1) Any concerns should be directed to the ACOS, Area Division Lead, and/or Area Department Lead. Note
- (2) One or more Area Division Lead, Area Department Lead, the ACOS, the CMO, the Deputy CMO, or the CEO may receive concerns made against a Member respecting any matter.
- (3)
- (4) The Area Department Lead, the Provincial Head, the ACOS, the DCMO, the CMO, or the CEO shall advise each other if any one of them receives an egregious concern made against a Member respecting any matter.
- (5) The Member shall be advised of the nature of the concern and shall be given a reasonable opportunity to present relevant information on his or her own behalf.
- (6) The ACOS may consult with the appropriate Area Department Lead and determine whether a further inquiry or investigation is necessary, and may make such initial inquiry and investigation as deemed necessary and may delegate to others, including external consultants, the conduct of such inquiry and investigation.
- (7) The ACOS and the Area Department Lead shall review any report with the Member and complainant and may, following discussions with the Member and the complainant:
 - (a) determine that the concern is unsubstantiated and or that the matter does not warrant further steps and advise the Member accordingly;
 - (b) with the consent of the Member utilize an alternative dispute resolution process(es) to deal with the matter;
 - (c) give a verbal or written reprimand to the Member and place a report to that effect or copy of the report on the Member's file; or
 - (d) refer the concern to the Practitioner Staff Review Panel.
 - (e) e) may refer to the College of Physicians and Surgeons or share information with the CPSS

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- (8) In the case where ACOS or Area Department Lead gives a verbal or written reprimand to a Member and places a report to the effect or copy of the report on the Member's file pursuant to these Bylaws and the Member is aggrieved by that decision, the Member may request that the matter be referred to the Practitioner Staff Review Panel.
- (9) Where a matter has been referred to the Practitioner Staff Review Panel pursuant to these Bylaws, the Practitioner Staff Review Panel provisions within these Bylaws and Rules apply.
- (10) Practitioners aggrieved by recommendations around the granting of re-appointment or Privileges, or an ACOS may refer the situation to the Practitioner Review panel.

66. Immediate Suspension of Appointment or Privileges

- (1) Notwithstanding anything in these Bylaws, the ACOS, after consultation with the CMO and the CEO, may immediately suspend the Appointment of a Member or suspend the Member's Privileges in whole or in part in circumstances where in the opinion of the ACOS:
 - (a) the conduct, performance or competence of a Member exposes, or is reasonably likely to expose patient(s)/client(s)/resident(s) or others to harm or injury, or is reasonably likely to be detrimental to the delivery of quality patient/client/resident care provided by the SHA; and
 - (b) immediate action must be taken to protect the patient(s)/client(s)/resident(s) or others, or to avoid detriment to the delivery of quality patient/client/resident care.
- (2) The ACOS shall immediately advise the Member of the suspension.
- (3) Within forty-eight (48) hours of the immediate suspension, the ACOS who suspended the Member shall provide the Member with written reasons for the suspension.
- (4) Concurrently, the ACOS will refer the matter to the Practitioner Staff Review Panel to examine and assess the concerns that lead to the suspension.
- (5) The ACOS, with the assistance of the Member, shall immediately appoint another Member or Members of the active Practitioner Staff to assume responsibility for the care of all of the patients/clients/residents of the suspended Member within the facilities of the SHA, as required. The Practitioner Member may need to provide some assistance to ensure continuity of care of urgent care
- (6) The ACOS or the CMO shall also notify the appropriate College of the suspension.
- (7) The Chairperson of the Board shall set a date for a hearing, to be held within thirty (30) days from the date of the immediate suspension made pursuant to these Bylaws and the Rules, to review the immediate suspension of the Appointment or Privileges.

67. Conduct Subject to Administrative Suspension

- (1) An administrative suspension or curtailment of Privileges means "the temporary suspension or curtailment of some or all of a Member's Privileges for breach of any applicable legislation, SHA Practitioner Staff rule or policy and procedure", as outlined in the Rules.

68. Alternate Dispute Resolution Process

- (1) A Member and the SHA may agree to an alternative dispute resolution process where the circumstances warrant.

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- (2) The alternative dispute resolution process adopted pursuant to these Bylaws and outlined in the Rules shall be conducted on a without prejudice basis to the parties, and any communication or discussion during the process is privileged and shall not be disclosed in subsequent proceedings, if any.
- (3) Where the matter is resolved through an alternative dispute resolution process, the matter and the proposed resolution shall be reported to the Board
- (4) The CMO shall advise the appropriate College or professional association where the alternate dispute resolution process results in:
 - (a) Privileges being amended, suspended or revoked;
 - (b) Practitioner Staff category being changed; or
 - (c) Practitioner Staff Appointment being suspended or expired.

69. Notice of Practitioner Staff Review Committee Hearing

- (1) The Chairperson of the Practitioner Staff Review Panel shall, in accordance with these Bylaws and the Rules, form a Practitioner Staff Review Committee. Once appointed, the Chairperson of the Practitioner Staff Review Committee shall serve the Member, and copy the ACOS, with written notice at least thirty (30) days before the hearing, which notice shall:
 - (a) with respect to appeal of reappointment recommendations, include a copy of the recommendations together with written reasons for the recommendations of the Area Department Lead, CMO, AARC, and/or the APAC, as applicable;
 - (b) with respect to review proceedings, set out the particulars of the allegations;
 - (c) inform the Member of his or her right to make written representations to the Practitioner Staff Review Committee, and of the right to appear personally before the Practitioner Staff Review Committee;
 - (d) specify the date, time and place of the hearing of the Practitioner Staff Review Committee;
 - (e) subject to these Bylaws, include a statement that the Member shall be afforded an opportunity to examine prior to the Practitioner Staff Review Committee hearing any written information, evidence or reports that were considered by the Area Department Lead, AARC, APAC, ACOS, DCMO or CMO, as the case may be;
 - (f) include a statement that the Member may appear in person and be represented by counsel, and that in his or her absence the Practitioner Staff Review Committee may proceed with consideration of the application and recommendation of the Area Department Lead, AARC, APAC, CMO, DCMO or ACOS, as the case may be;
 - (g) inform the Member that the Practitioner Staff Review Committee may adjourn or extend the time for the hearing;
 - (h) include a statement that the Member may call witnesses, cross-examine witnesses, and tender documents in evidence in support of his or her position;
 - (i) include a statement that the Area Department Lead and/or ACOS may call witnesses, cross-examine witnesses, and tender documents in evidence in relation to his or her position; and
 - (j) include a statement advising the Member that his or her right to appear in person, make oral representations and to call and cross-examine witnesses is subject to the applicant providing not less than

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five (5) days written notice to the Chairperson of the Practitioner Staff Review Committee in advance of the hearing by the Practitioner Staff Review Committee.

- (2) The Practitioner Staff Review Committee may refuse to hear the oral representations of the Member or the Member's legal counsel, or to hear witnesses if the Member fails to provide the notice required by these Bylaws.
- (3) With respect to review proceedings, the ACOS, DCMO or CMO may contemporaneously refer the matter to the College. The referral may be made for the purposes of parallel required action or for a competency assessment.

70. Practitioner Staff Review Committee Proceedings

- (1) With respect to reappointment, the parties before the Practitioner Staff Review Committee are the applicant, the chair of the APAC and such other persons as the Practitioner Staff Review Committee may specify.
- (2) With respect to review proceedings, the parties to the Practitioner Staff Review Committee hearing are the Member, the ACOS, and such other persons as the Practitioner Staff Review Committee may specify.
- (3) The Practitioner Staff Review Committee hearing shall be transcribed and a Record of the proceeding shall be kept in the minutes of the Practitioner Staff Review Panel.
- (4) The CEO may provide any professional, technical or clerical support or other assistance that the chairpersons of the Practitioner Staff Review Panel or Practitioner Staff Review Committee consider necessary or advisable.
- (5) Members of the Practitioner Staff Review Committee holding the hearing shall not have taken part in any investigation or consideration of the subject matter of the hearing before the hearing and shall not communicate directly or indirectly in relation to the subject matter of the hearing with any person or with any party or his or her representative, except upon notice to and an opportunity for all parties to participate.
- (6) The Practitioner Staff Review Committee shall consider the reasons of the Area Department Lead, AARC, APAC, ACOS, DCMO or CMO, as the case may be, that have been given to the Member. Where through error or inadvertence, certain reasons have been omitted in the written reasons delivered to the applicant, the Practitioner Staff Review Committee may consider those reasons only if those reasons are given in writing to the applicant and the applicant is given a reasonable time to review the reasons and to prepare a case to meet those additional reasons.
- (7) No Member of the Practitioner Staff Review Committee shall participate at the hearing of the Practitioner Staff Review Committee unless he or she was present throughout the hearing and heard the information, reports and representations of the parties and, except with the consent of the parties, no recommendation of the Practitioner Staff Review Committee shall be given unless all Members so present participate in the recommendation process.

71. Recommendation of Practitioner Staff Review Committee

- (1) With respect to reappointment:
 - (a) The Practitioner Staff Review Committee shall make a recommendation to the Board, as set out in these Bylaws, respecting the application for reappointment, that either:
 - (i) the Member be reappointed to the Practitioner Staff category requested and be granted the Privileges requested;
 - (ii) the Member be reappointed to a Practitioner Staff category other than requested and/or be granted Privileges other than those requested; and/or

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- (iii) the Member's request for reappointment to the Practitioner Staff and the granting of Privileges be denied.
- (2) If the Practitioner Staff Review Committee recommends to the Board that the application for reappointment be granted in accordance with the category of Appointment sought and Privileges requested, the CMO shall forward the recommendation of the Practitioner Staff Review Committee to the Board for its consideration at its next regular meeting.
- (3) If the recommendation of the Practitioner Staff Review Committee varies from the reappointment sought or Privileges requested by the Member, the Practitioner Staff Review Committee shall prepare written reasons with respect to its recommendation.
- (4) With respect to review proceedings:
- (a) Upon consideration of the allegations, the evidence adduced and the representations of the parties the Practitioner Staff Review Committee shall prepare a report of its findings of fact and its recommendations regarding required action, if any, and the report shall be forwarded to the Board, subject to section 71 [74?] for consideration at its next regular meeting.
- (5) The Practitioner Staff Review Committee recommendations with respect to required action may include but are not limited to:
- (a) no action be taken against the Member;
- (b) require the Member to undertake a period of clinical supervision with retrospective review of cases but without special requirements of prior or concurrent consultation or direct supervision;
- (c) require the Member to undertake a period of clinical supervision with concurrent consultation or direct supervision;
- (d) in the case of conduct which is unprofessional, unethical, unbecoming, improper or disruptive to the operations of the SHA or is deemed to be disruptive workplace behaviour, require the Member to undertake such remedial measures to address the matter that gave rise to the complaint;
- (e) the Member's Privileges be amended, suspended or revoked;
- (f) the Member's Practitioner Staff category be changed; and
- (g) the suspension or termination of the Member's Practitioner Staff Appointment.

72. Evidence at Hearings

- (1) If the Practitioner Staff Review Committee considers the evidence to be credible and trustworthy, they may admit as evidence any oral or written testimony or report.
- (2) The testimony of witnesses at a hearing is to be under oath or affirmation administered by any Member of the Practitioner Staff Review Committee.

73. Decision of Practitioner Staff Review Committee

- (1) Within 30 days after the completion of a hearing, the Practitioner Staff Review Committee shall make a recommendation to the Board and copy the Practitioner Staff Review Panel.
- (2) A decision of the Practitioner Staff Review Committee must be in writing and must set out the reasons for the recommendation.
- (3) The chairperson of the Practitioner Staff Review Committee shall cause a copy of the Practitioner Staff Review Committee's recommendation to be served on each of the parties.

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74. Notice of Board Meeting

- (1) The Board shall serve the Member with a written notice, and copy the Area Department Lead, AARC, APAC, DCMO, CMO or CEO, as the case may be:
- (a) In the event of immediate suspension, at least five (5) days prior to the date of the Board meeting, and
 - (b) For all other matters before the board, at least thirty (30) days before the meeting of the Board at which the recommendation of the APAC or Practitioner Staff Review Committee, as the case may be, will be considered, and which notice shall:
 - (i) include a copy of the notice of immediate suspension and such other documentation required by these Bylaws and Rules, or recommendation together with written reasons for the recommendation of the Practitioner staff Review Committee made pursuant to these Bylaws;
 - (ii) inform the Member of his or her right to make written and oral representations to the Board, and of the right to appear personally before the Board;
 - (iii) specify the date, time and place of the meeting of the Board;
 - (iv) subject to these Bylaws, include a statement that the Member shall be afforded an opportunity to examine prior to the Board meeting, any written information, evidence reports or representations that were considered in relation to the matter before the Board;
 - (v) include a statement that the Member may appear in person or be represented by counsel, and that in his or her absence the Board may proceed with consideration of the matter before the Board;
 - (vi) inform the Member that the Board may adjourn or extend the time for the meeting; and
 - (vii) where applicable, include a statement advising the Member that his or her right to appear in person to make oral representations is subject to the Member providing not less than five (5) days written notice to the Board, in advance of the Board meeting of his or her intention to do so.

(2) For the purposes of subsection (1), notice is not required to be given if the Practitioner Staff Review Committee recommends that:

- (a) the Member be reappointed to the Practitioner Staff category requested and be granted the Privileges requested, or
- (b) no action be taken against the Member.

(3) The Board may refuse to hear the oral representations of the Member or the Member's legal counsel if the Member fails to provide the notice set out in these Bylaws.

75. Board Proceedings

(1) The parties before the Board are:

- (a) the Member;
- (b) the Chairperson of the APAC, as applicable;
- (c) the ACOS and/or the DCMO or CMO, as applicable;
- (d) the Chairperson of the Practitioner Staff Review Committee, as applicable; and
- (e) such other person as the Board may specify.

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- (2) A meeting of the Board to consider the recommendation of the Practitioner Staff Review Committee shall not constitute a rehearing of the matters considered by the Practitioner Staff Review Committee in making its recommendation.
- (3) The parties are entitled to submit written representations and to appear in person, with or without legal counsel, before the Board. The parties are not entitled to call witnesses.
- (4) Subject to these Bylaws, the parties appearing before the Board shall be afforded an opportunity to examine any written or documentary evidence or information that will be produced or that were consider in making recommendation to the Board.
- (5) Except for hearings under Section 66, members of the Board at which the matter is considered shall not have taken part in any investigation or consideration of the matter before the meeting and shall not communicate directly or indirectly in relation to the matter of the meeting with any person or with any party or his or her representative, except upon notice to and an opportunity for all parties to participate.
- (6) The Board shall consider the reasons of the Area Department Lead, AARC, APAC, ACOS, DCMO, CMO or Practitioner Staff Review Committee, as the case may be, that have been given to the Member in support of its recommendation. Where through error or inadvertence, certain reasons have been omitted in the written reasons delivered to the Member, the Board may consider those reasons only if those reasons are given by the Area Department Lead, AARC, APAC, ACOS, CMO or Practitioner Staff Review Committee, as the case may be, in writing to both the Member and the Board and the Member is given a reasonable time to review the reasons and to prepare representations in response to those additional reasons.
- (7) No Member of the Board shall participate in a decision of the Board pursuant to this section unless he or she was present throughout the meeting and heard the representations of the applicant, if any, and expect with the consent of the parties, no decision of the Board shall be given unless all Members so present participate in the decision.

76. Board Decision

- (1) Upon consideration of the recommendations of the Area Department Lead, AARC, APAC, ACOS, DCMO, CMO or Practitioner Staff Review Committee as the case may be, including the reasons therefore, the Board may, without limitation:
 - (a) With respect to reappointment:
 - (i) reappoint the Member to the Practitioner Staff category requested and be granted the Privileges requested;
 - (ii) reappoint the Member to a Practitioner Staff category other than requested and/or be granted Privileges other than those requested; or
 - (iii) deny the Member's request for reappointment to the Practitioner Staff and deny the granting of Privileges.
 -  (b) With respect to immediate suspension:
 - (i) overturn the immediate suspension of the Member's Appointment and/or Privileges;
 - (ii) vary the immediate suspension of the Member's Appointment and/or Privileges;
 - (iii) confirm the immediate suspension of the Member's Appointment and/or Privileges for a specified period of time; or
 -  (iv) confirm the immediate suspension of Appointment or Privileges and refer the matter to the Practitioner Staff Review Panel.

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- (c) With respect to Practitioner Staff Review Committee proceedings:
- (i) determine that no action be taken against the Member;
 - (ii) require the Member to undertake a period of clinical supervision with retrospective review of cases but without special requirements of prior or concurrent consultation or direction supervision;
 - (iii) require the Member to undertake a period of clinical supervision with concurrent consultation or direct supervision;
 - (iv) in the case of conduct which is unprofessional, unethical, unbecoming, improper or disruptive to the operations of the SHA or is deemed to be disruptive workplace behaviour, require the Member to undertake such remedial measures to address the matter that gave rise to the concern;
 - (v) amend, suspend or revoke the Member's Privileges;
 - (vi) change the Member's Practitioner Staff category; or
 - (vii) suspend or terminate the Member's Practitioner Staff Appointment.

77. Service of Board Decision

- (1) With respect to immediate suspension, the Board shall serve or cause to be served a copy of its decision and written reasons on the Member within five (5) days after rendering its decision.
- (2) With respect to all other matters before the Board, the Board shall serve or cause to be served a copy of its decision on the applicant within thirty (30) days after rendering its decision, and where the decision of the Board varies from the request of the applicant, the Board shall provide written reasons to the applicant.
- (3) The decision shall include a notice advising the applicant that if the applicant is aggrieved by the decision of the Board, the applicant may appeal that decision to a tribunal in accordance with *The Provincial Health Authority Act* and *The Practitioner Staff Appeals Regulations*.

**PART IX
GENERAL PROCEDURES**

78. Requirement to Provide Information

- (1) An Area Department Lead, Area Division Lead, AARC, APAC, ACOS, or the CMO may, at any time, request information and explanations from a Member of the Practitioner Staff relating to any matter contained in these Bylaws or in the Rules.
- (2) Upon receipt of a written request pursuant to subsection (1), a Member of the Practitioner Staff shall:
 - (a) respond to the request in writing by providing the information or explanation requested, to the best of the Member's ability to do so;
 - (b) provide originals or certified copies of documents requested, if originals are requested, or legible copies of documents if copies are requested; and
 - (c) provide a printed or electronic Record if the requested information or documents are stored in an electronic computer storage form or similar form.
- (3) A Member shall provide the requested information within fourteen (14) days of receipt of the request, or such additional time as the Area Department Lead, Area Division Lead, AARC, APAC, ACOS, DCMO, or CMO may grant for the response.

79. Representation by Legal Counsel

- (1) An applicant, Member of the Practitioner Staff and the SHA may be represented by legal counsel in all meetings, proceedings or hearings before the Practitioner Advisory Committee, a Practitioner Staff Review Committee and the Board.

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80. Duty to Make Disclosure

- (1) In all matters before the APAC or Practitioner Staff Review Committee or Board at which a hearing or meeting is held or conducted, the parties to the hearing or meeting shall disclose to the other party the following information and documents:
 - (a) the names of each of the witnesses which the party intends to call to give evidence;
 - (b) a summary of the evidence which the party expects will be given by that witness;
 - (c) if a witness will be called to give expert evidence, a summary of the qualifications of that witness; and
 - (d) a list of all documents which the party intends to introduce into evidence at the hearing.
- (2) Nothing herein prevents a party from asserting a claim of confidentiality or privilege that may exist at law in relation to any of the documents that the party is required to disclose pursuant to these Bylaws or Rules. Where a claim of confidentiality or privilege is asserted, the party claiming it shall advise the other party of the grounds upon which the confidentiality or privilege is claimed and endeavor to disclose as much of the document or the substance of the information contained in the document without compromising the privilege or breaching confidentiality.
- (3) The parties shall permit each other to examine such documents and to obtain copies of all such documents.
- (4) If, as a result of the information disclosed by the parties pursuant to subsection (3) above, the other party intends to introduce evidence at the hearing in addition to the evidence, which it has disclosed, the party shall provide the information to the other party prior to the hearing.
- (5) The Practitioner Staff Review Committee or the Board may refuse to allow a witness to testify unless the name of that witness, a summary of that witness' evidence, and if the witness is called to give expert evidence, a summary of that witness' qualifications has been disclosed in accordance with this section.
- (6) The Practitioner Staff Review Committee or the Board may refuse to allow a document to be entered into evidence unless the information respecting that document has been disclosed in accordance with this section.
- (7) Notwithstanding these Bylaws, if the Practitioner Staff Review Committee or the Board is satisfied that the failure to disclose the required information arose through inadvertence, or that the information was not in the possession of the party at the time that disclosure was required, or that for any other compelling reason it would be manifestly unfair to exclude evidence or documents not disclosed as required, the Practitioner Staff Review Committee or the Board may permit such evidence to be given, or such documents to be introduced into evidence. This may be done on such terms or conditions as the Practitioner Staff Review Committee or the Board may determine.

81. Procedures

- (1) In all matters before it under these Bylaws, the, Practitioner Staff Review Committee and the Board, may, subject to these Bylaws and Rules:
 - (a) adjourn any meeting, hearing or proceeding from time to time if considered advisable;
 - (b) if the applicant or Member fails to attend a meeting, hearing or proceeding after receiving notice in accordance with these Bylaws, proceed with the meeting, hearing or proceeding in the absence of the person;
 - (c) admit any evidence that may be relevant;
 - (d) establish its own Rules of procedure; and
 - (e) engage any professional, technical or clerical support or other assistance that may be considered necessary or advisable.

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82. Report to the College

- (1) The ACOS, DCMO or CMO shall prepare and forward a detailed report to the applicable College where in the case:
- (a) the application of a practitioner for Appointment or reappointment to the Practitioner Staff of the SHA is rejected by reason of his or her incompetence, negligence or misconduct;
 - (b) there is any action or penalty arising from a decision of the Board pursuant to review proceedings under these Bylaws and Rules; or
 - (c) a practitioner voluntarily or involuntarily resigns from the Practitioner Staff of the SHA during the course of an investigation into his or her competence, negligence or conduct.

83. Timeframes

- (1) Failure of the Practitioner Staff Review Committee and the Board to comply with any requirement of these Bylaws and Rules as to time does not invalidate any decision made by the Practitioner Staff Review Committee and the Board.

84. Service of Documents

- (1) Except as otherwise provided in these Bylaws, service of any notice, report, recommendation, written reasons or decision required pursuant to these Bylaws may be made personally, by registered mail, by courier, facsimile or by electronic mail addressed to the person to be served at the person's last known address.
- (2) Where the notice is served by registered mail, by courier, facsimile or by electronic mail it shall be deemed to have been served on the third day after the mailing delivery or transmission unless the person to be served establishes that, acting good faith, it was not received until a later day, and in which case, the actual date of receipt shall be the date of service.

85. Conflict of Interest

- (1) Any Member who has a conflict of interest or possible conflict of interest shall disclose such conflict to the ACOS at the earliest opportunity where that Member is involved:
- (a) in making recommendations to the ACOS or CMO, the APAC or the Board on any matter; or
 - (b) in considering or recommending any applicant for Appointment, reappointment, Privileges or review.
- (2) The CMO, in keeping with applicable legislation, Bylaws, Rules and Policies and Procedures of the SHA regarding conflict of interest and bias, shall determine whether the Member has a conflict of interest and outline what, if any, involvement in the discussion and voting the Member may have concerning the issue with respect to which the conflict exists.

86. Bias

- (1) In all proceedings before it pursuant to these Bylaws except for hearings under section 66, Members of the Board shall not have taken part in any investigation or consideration of the subject matter at a Board meeting or at a hearing before the Board, and shall not communicate directly or indirectly in relation to the subject matter of the meeting or hearing with any person or with any party or his or her representative, except upon notice and an opportunity for all parties to participate.

**PART X
APPEALS**

87. Right of Appeal

- (1) Nothing in these Bylaws limits or restricts any right of appeal or other legal recourse, which is available to an individual pursuant to *The Provincial Health Authority Act*, or any other applicable legislation.

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**PART XI
AMENDMENTS**

88. Amendments

- (1) Amendments to these Bylaws may be proposed to the Board by the PPAC by a two-thirds majority of those present and entitled to vote at a meeting of the PPAC, provided:
 - (a) the proposed amendments have been reviewed and commented on by the Bylaws and Rules Review Committee; and
 - (b) a notice of motion in writing has been given at least thirty (30) days prior to the PPAC meeting and distributed to the voting Members.
- (2) An amendment proposed pursuant to subsection (1) shall be presented to the Board for consideration in accordance with the Board's General Bylaws.
- (3) two-thirds majority of the practitioner staff present and entitled to vote at a meeting of the practitioner staff provided a notice of motion in writing has been given at least thirty (30) days prior to the meeting and distributed to the voting members;
- (4) The Board may in its sole discretion approve, amend or reject any amendment(s) presented for its consideration.
- (5) Amendments shall become effective when approved by the Minister of Health in accordance with section 6-3 of *The Provincial Health Authority Act*.

**PART XII
REVOCATION, RULES, TERM and TRANSITION**

89. Revocation of Previous Bylaws

- (1) These Practitioner Staff Bylaws of the SHA revoke, supersede and replace the Interim Practitioner Staff Bylaws of the SHA.

90. Application of Rules

- (1) Where, pursuant to these Bylaws, a matter is referenced to, or is to be addressed in accordance with Provincial Rules, Department Rules or Area Rules and those rules do not exist:
 - (a) if, in the opinion of the Board the matter can be addressed based on past practice without need of specific rules, that practice will apply;
 - (b) the Board may establish temporary rules to address the matter, until the particular Rules have been adopted.
- (2) The Board may delegate the power to establish temporary rules under clause (1) (b) to the CMO or DCMO.

91. Transitional Provisions

- (1) The replacement of a Practitioner Staff bylaw does not:
 - (a) affect the previous operation of the replaced bylaw or anything done or permitted pursuant to it;
 - (b) affect a right or obligation acquired pursuant to the replaced bylaw;
 - (c) prevent or affect any investigations, review proceedings, disciplinary proceedings or disciplinary actions underway pursuant to a former health region bylaw and such matter continues under that bylaw. For greater clarity:
 - (i) the composition of a review or disciplinary committee under a former bylaw is not impacted and the committee composition continues until the matter is complete;

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- (ii) a reference to the regional health board under the replaced bylaw shall mean the SHA Board; and
 - (iii) any other matters that require adjustment shall continue as may be determined by the CMO or DCMO;
- or

(d) affect or impact any penalty or sanction imposed under a replaced bylaw.

(2) The substitution of a replaced bylaw with this bylaw is deemed to have the following effect:

- (a) a person acting pursuant to the replaced bylaw has authority to act pursuant to the new bylaw until another person becomes authorized to do so;
- (b) an application for Appointment or Privileges made pursuant to the replaced bylaw shall be continued pursuant to and in conformity with this bylaw as far as is consistent with the new bylaw;
- (c) the procedure established by the new bylaw shall be followed as far as can be adapted in relation to the matters that happened before the replacement;
- (d) the Appointment of a Practitioner under a replaced bylaw will continue in the equivalent category under these Bylaws or where there is not an equivalent, the most equivalent category determined by the DCMO until:
 - (i) the expiration of the person's term of Appointment; or
 - (ii) the Practitioner is Appointed under these Bylaws
- (e) a practitioner granted Privileges pursuant to the replaced bylaw shall continue to enjoy those Privileges until the expiration of the person's term of Appointment.

92. Effective Date and Expiry

(1) These Bylaws shall become effective when they are approved by the Minister of Health in accordance with section 6-3 of *The Provincial Health Authority Act*.

These are the interim Practitioner Staff Bylaws of the SHA set by the Minister of Health the _____ day of _____, 20____.

Jim Reiter
Minister of Health