

Calgary Health Region
Midwifery Staff
Bylaws
and
Regulations



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Calgary Health Region Midwifery Staff Bylaws

Article I

1.0 Statutory Basis and General Purpose of Bylaws and Regulations

1.1. Bylaws

The Midwifery Staff Bylaws are made pursuant to the *Hospitals Act*, R.S.A. 2000, c.H-12, s.13 and the Operations of Approved Hospitals Regulation, A.R. 247/90, s.9(1)(b) (and amendments thereto), which state that the Board may grant access to the Region's facilities and "only health practitioners who have been appointed to the professional staff on a permanent or temporary basis may attend patients or have treatment privileges" in the Region's facilities.

The Bylaws must be adopted by the Members of the Midwifery Staff and approved by the Board. The Bylaws become effective on approval of the Board.

1.2. Regulations

The Regulations provide for the adoption of rules governing the day to day management of the Midwifery Staff.

The Regulations must be adopted by the Midwifery Staff Members and approved by the Board. The Regulations become effective on approval of the Board.

1.3. Binding Effect

In the application for and acceptance of an appointment with the Region, all Midwifery Staff agree to be bound by the Bylaws and Regulations as set out herein.

1.4. General Purpose

These Bylaws and Regulations establish the collective and individual responsibilities of the Region's Midwifery Staff, and establish certain clinical and administrative structures for the Midwifery Staff practice within the Region.

Article 2

2.0 Objectives

These Bylaws provide for processes and structures to enable the Members of the Midwifery Staff of the Calgary Health Region to:

- 2.1. Provide an administrative structure for the governance, appointment, and privileging of the Midwifery Staff in all institutions and health care facilities owned or administered by the Region, or under the jurisdiction of the Board.
- 2.2. Uphold quality assurance programs and systems of evaluation through active participation in order to promote the highest standard of health care possible.

- 2.3. Assist the Region in the effective and efficient management of health care services.
- 2.4. Ensure that mechanisms are in place to maintain the highest professional and ethical standards.
- 2.5. Provide for the establishment, maintenance, and continuing improvement in the educational standards for the Region's Midwifery Staff and to contribute to the education of all health care staff.
- 2.6. Promote continued improvement in the delivery of health care in the Region.

Article 3

3.0 Midwifery Staff Appointment

3.1. Midwifery Staff Appointment

Midwifery Staff appointed to the Region shall agree to be governed by these Bylaws and Regulations and by the applicable bylaws and policies of the Region. By accepting an appointment as a Member of the Midwifery Staff, an individual agrees to perform all duties in relation to the accepted standards of care within the Region and shall ensure those standards of care are maintained.

3.2. Qualifications for Midwifery Staff Appointment and Reappointment

Applicants to, and Members of, the Region's Midwifery Staff shall:

- 3.2.1. Be a licensed member in good standing with the Midwifery Health Disciplines Committee; or
 - 3.2.1.1 under other circumstances as determined at the sole discretion of the Board, and on the recommendation of the Senior Vice President Professional Practice, made with input from the Clinical Department Head of Family Medicine and the Midwifery Staff Division Chief, possess qualifications as may be deemed acceptable by the Board and the Committee; and
- 3.2.2. Provide proof of liability coverage as defined in Regulation 1.1.2.3; and
- 3.2.3. Provide the Region with the appropriate disclosure as defined in Regulation 1.1.2.5.

3.3. Categories of Appointment

3.3.1. Active

Midwives in the Active category are actively involved in the full care of patients and in the work of the Region. Active Members shall have access to the resources of the Region commensurate with their privileges and essential to the provision of quality of care and services to the Region's patients. In return, the duties and responsibilities of Members in the Active category include, but are not limited to:

- 3.3.1.1. Assume all responsibilities and perform all duties pertaining to the Midwifery Staff in relation to the accepted standards of care within the Region, including on-call responsibilities as defined by the applicable Midwifery Staff Division Chief.
- 3.3.1.2. Adhere to Regional bylaws and policies.
- 3.3.1.3. Demonstrably contribute to the activities of the Midwifery Staff.
- 3.3.1.4. Assume those privileges granted in accordance with Article 4.
- 3.3.1.5. Actively participate in committees of the Region and hold any position to which the Member may be elected or appointed. .

3.3.2. **Associate**

The Associate category consists of Midwifery Staff involved in the care of patients, but whose appointment and access to the resources of the Region are for a defined term and purpose. At the end of the defined term, the appointment and privileges cease with no further obligation on the part of the Region. The Member of the Midwifery Staff may apply for further appointment and privileges in this category. Such application is considered as an initial application. The duties and responsibilities of Members in the Associate category include, but are not limited to:

- 3.3.2.1. Assume all responsibilities and perform all duties in relation to the accepted standards of care within the Region, including on-call responsibilities as defined by the applicable Midwifery Staff Division Chief.
- 3.3.2.2. Adhere to Regional bylaws and policies.
- 3.3.2.3. Assume those privileges granted in accordance with Article 4.

3.4. Midwifery Staff Appointment Process

Applications for appointment as a Midwifery Staff in the Region shall be reviewed in accordance with the principles of due process and with the procedures established by the Senior Vice President Professional Practice as defined in Regulation 1.

3.5. Term of Appointment

All appointments and re-appointments as a Member of the Midwifery Staff shall be for a maximum twelve (12) month period and shall expire at the end of that appointment year. Appointments made during the appointment year are for the duration of the appointment year, or for a defined term, and shall expire at the end of the appointment year or defined term. Terms of the review and the assessment process shall occur in accordance with Regulation 1.

3.6. Interim Approval of Appointment

Under exceptional circumstances, as approved by the Senior Vice President Professional Practice (or designate) and on the recommendation of the Regional Clinical Department Head of Family Medicine, an interim approval of an appointment may be granted to a Midwife who has applied for appointment, but whose completed application has not yet been

processed and approved by the Board as outlined in this Article so long as the applicable criteria set out in Article 3.1 are met at the time of application for appointment.

3.7. Regional Clinical Department Membership

All members of the Midwifery Staff shall be linked administratively to the Regional Clinical Department of Family Medicine for matters such as workforce planning, resource allocation, and patient care related policies and procedures.

3.8. Authority of the Board

The Board has the final authority regarding the appointment of Midwifery Staff (s.10 of the *Hospitals Act*).

3.9. Assessment During Appointment

All Members of the Midwifery Staff shall undergo:

- 3.9.1. Annual written assessment by the applicable Midwifery Staff Division Chief for the first two (2) years of appointment to the Region's Midwifery Staff;
- 3.9.2. A regular written assessment thereafter at an interval determined by the Division Chief, but not to exceed five (5) years;
- 3.9.3. A written assessment at any time if, in the opinion of the Division Chief, the Regional Clinical Department Head of Family Medicine, or the Senior Vice President Professional Practice, there are concerns regarding compliance with professional and/or Regional standards, or performance; and
- 3.9.4. Annual written assessment from the age of sixty-five (65) years.

3.10. Resignation, Retirement, Leave of Absence, and Transfer of Care

3.10.1. Resignation and Retirement

Members may resign or retire from the Midwifery staff at either the time of annual reappointment or at any time throughout the year with sixty (60) days' written notice to the applicable Midwifery Staff Division Chief.

3.10.2. Leave of Absence

Members of the Midwifery Staff may make application for a Leave of Absence as per the conditions and process outlined in Regulation 4.

3.10.3. Transfer of Care During a Member's Absence

All transfers of care during a Member's absence from the Midwifery Staff shall only be taken with full knowledge and approval of the Midwifery Staff Member accepting the care and of the Midwifery Division Chief.

3.10.3.1. Prior to their absence, the Member shall make all appropriate arrangements for the transfer of care.

3.11. Declaration of Conflict of Interest

A declaration of a conflict of interest when acting on behalf of the Region must be made in accordance with s.7(1) of the *Regional Health Authorities Act, RSA 2000, c.R-10 (and*

amendments and Regulations thereto), and other applicable legislation, and the conflict of interest bylaws and policies of the Calgary Health Region.

Article 4

4.0 Midwifery Staff Privileges

The Board shall grant privileges to Members of the Midwifery Staff on the recommendation of the Senior Vice President Professional Practice. Specific privileges requested shall be clearly stated on the Application for Midwifery Staff Appointment form. The appointment recommendation of the Senior Vice President Professional Practice, with the input of the Clinical Department Head of Family Medicine, will identify the resources to which the Member has access and the responsibilities the Member is to assume.

Privileges shall be reviewed and awarded at the time of appointment and/or reappointment as outlined in Article 3 of the Bylaws. During the appointment year, privileges may be reviewed and modified as mutually agreed with the Member and approved by the Board.

4.1. Areas of Clinical Activity

Privileges will be granted within a designated area(s) of clinical activity. Privileges may be granted in more than one area.

4.1.1. Acute Care Hospitals

Privileges may include admission and/or treatment of patients and use of diagnostic and treatment resources for the needs of inpatients, as delineated in the specific privileges granted.

4.1.2. Specialty Clinics and Outpatient Clinics and Services

Privileges may include the treatment of outpatients in these facilities with access to diagnostic and other treatment resources for the needs of outpatients, as delineated in the specific privileges granted.

4.1.3. Regional Patient Information Systems

Privileges may include access to patient-specific data and/or Telehealth technology available between the Region and the Midwifery Staff according to mutually agreed upon policies.

4.1.4. Community Care Practice

Privileges may include access to diagnostic and other community-based outpatient treatment resources for the needs of patients as delineated in the specific privileges granted.

4.2. Admitting Status

Members may hold privileges within the designated area of clinical activity with one of the following status designations:

4.2.1. Admitting

4.2.2. Non-admitting

4.3. Professional Services and Procedures

The privileges granted to a Member of the Midwifery Staff include those professional services and procedures defined by the procedure list maintained in the Midwifery Staff service to which the Member is appointed and which are consistent with the:

- 4.3.1. clinical activity and expertise of the Member; and
- 4.3.2. scope of practice as defined through licensure granted by the Midwifery Health Disciplines Committee; and
- 4.3.3. limits of available resources as authorized by the Board.

Article 5

5.0 Midwifery Staff Governance

5.1. Committees

The Senior Vice President Professional Practice may establish such committees as necessary in order to fulfill the Midwifery Staff mandate under these Bylaws. Committees may include:

5.1.1. Standing

5.1.1.1. Midwifery Staff Application Review Committee

The purpose of the Application Review Committee is to review applications for appointment to the Midwifery Staff and to make recommendation to the Senior Vice President Professional Practice on applications received for membership. The Committee membership, structure, duties and responsibilities are defined in Regulation 2.2.

5.1.1.2. Midwifery Staff Bylaws and Regulations Committee

The purpose of the Bylaws and Regulations Committee is to review the Midwifery Staff Bylaws and Regulations and recommend to the Senior Vice President Professional Practice and the Board amendments that are deemed to be of benefit to the Region, the Members of the Midwifery Staff, and the Region's patients. A complete review of the Bylaws and Regulations shall be undertaken every two years from the date of the last approved Bylaws and Regulations. The Committee structure, duties, and responsibilities shall be defined in the Committee Terms of Reference.

5.1.2. Ad Hoc

5.1.2.1. Midwifery Staff Judicial Review Committee

The purpose of the Midwifery Staff Judicial Review Committee is to receive complaints made regarding professional conduct of Members of the Midwifery Staff and to review and make recommendations on matters regarding the discipline of Members of the Midwifery Staff. The membership, duties, responsibilities, and structure are:

a) Membership

The Senior Vice President Professional Practice shall appoint four (4) members from the eligible Members of the Midwifery Staff, one of whom shall be appointed as Chair. All members must have been Members of the Midwifery Staff for at least five (5) years and may not be representatives of the Region's administration. Further, the Chair and Committee members must not have prior involvement in the matter under deliberation.

At the Committee's request, a representative of the CEO may attend to ensure liaison with the Region's administration and legal counsel (non-voting).

b) Duties and Responsibilities

- Conduct hearings on matters of discipline referred to the Committee. The Committee shall obtain and review information considered relevant to a hearing.
- Ensure due process is followed in the conduct of a hearing.
- At the conclusion of a hearing, make a recommendation(s), through the Senior Vice President Professional Practice to the Board, which may include, but is not limited to:
 - A finding in favour of the Member that the allegation is unfounded.
 - A finding against the Member which may include a recommendation of disciplinary action against the Member.

c) Meetings

A hearing shall be called at the request of the Regional Clinical Department Head of Family Medicine, the Senior Vice President Professional Practice, or the Member against whom an allegation of serious infraction or misconduct has been made.

- The Committee shall be established and convene a hearing within twenty-one (21) days of a request for a hearing.
- The Senior Vice President Professional Practice shall provide the Member no fewer than seven (7) days' notice of the first hearing, receipt of which must be acknowledged by the Member. This notification shall include the reasons for the allegation in a sufficiently detailed manner so as to advise the Member of the information that has been relied upon in support of the allegation.

5.1.2.2. Selection Advisory and Performance Review Committee

The purpose of the Selection Advisory and Performance Review Committee is to:

- a) As required, undertake the selection process for the Midwifery Staff Division Chief and forward recommendation to Senior Vice President Professional Practice and/or
- b) Conduct performance review of the Midwifery Staff Division Chief in accordance with Article 3.8.

The Committee membership, duties and responsibilities, and structure shall be defined in the Committee Terms of Reference.

5.1.2.3. Administrative Dispute Resolution Committee

The purpose of the Administrative Dispute Resolution Committee is, at the request of the Division Chief or a Member of the Midwifery Staff to receive, review and conduct meetings, as required, on administrative dispute matters and to present a formal written resolution recommendation to the parties to the administrative dispute and to the Division Chief. The membership is as defined in Regulation 3.7.3.1.

Article 6

6.0 Disciplinary Review and Administrative Dispute Resolution

Disciplinary review and any action taken as a result thereof must respect the principles of confidentiality and due process. Sanctions must be appropriate to the determined severity of the infraction.

6.1. Complaint Referral

Complaints involving a Midwifery Staff Member(s), whatever the source, shall be referred to the appropriate level of authority responsible for the Member(s):

- Division Chief
- Regional Clinical Department Head of Family Medicine
- Senior Vice President Professional Practice

6.1.1. In the event that a complaint directly involves the level of authority to whom the complaint would normally be referred, the next level of authority shall be the appropriate contact

6.2. Communication

The Member(s) against whom a complaint(s) is lodged shall be advised of the complaint within a reasonable time, but not more than seven (7) days, and shall have access to all material referred to in this Article in accordance with relevant regional bylaws and policies and applicable legislation.

6.2.1. All parties to a complaint will be notified, within a reasonable period of time, of the results of an investigation and of the subsequent recommendations.

6.3. Matters for Disciplinary Review

6.3.1. Allegations concerning professional, ethical or administrative infractions or misconduct that may be referred for Disciplinary Review include, but are not limited to:

- 6.3.1.1. Conduct which is unprofessional or unethical as defined from time to time in the *Midwifery Code of Ethics*, and as may be defined in the *Health Professions Act* and other applicable legislation.
 - 6.3.1.2. Incompetence or demonstrable deficiencies in clinical practice.
 - 6.3.1.3. Violation of the Midwifery Staff Bylaws, and/or Regulations, any formal agreement with, or pertinent policy of, the Region.
 - 6.3.1.4. Failure to follow the direction issued by anyone having the authority to do so under these Bylaws and Regulations or under any formal agreement with the Region.
- 6.3.2. Based on the information available, if, in the opinion of the Division Chief, the complaint is unsubstantiated, and following consultation with the Regional Clinical Department Head of Family Medicine, and/or the Senior Vice President Professional Practice, the Division Chief may dismiss the complaint and advise the parties of the decision.
- 6.3.2.1. Following the dismissal of a complaint, should relevant additional information be provided within a reasonable time as determined by the Division Chief, the Division Chief may reconsider the complaint and determine an appropriate avenue of resolution.
- 6.3.3. If the complaint appears to be substantiated, affects patient care within the jurisdiction of the Region, and falls within the guidelines set out in Article 6.3.1, the Division Chief, in consultation with the Regional Clinical Department Head of Family Medicine and/or the Senior Vice President Professional Practice, shall:
- 6.3.3.1. Request the Midwifery Staff Judicial Review Committee to review the matter.
 - 6.3.3.2. The results of this investigation shall serve as the basis for a report to the Senior Vice President Professional Practice, and shall contain a recommendation for discipline, or dismissal.
 - a) In the event that the investigation provides evidence of the Midwifery Staff Member's impairment by reason of substance abuse, mental illness or physical disability, the Division Chief, the Regional Clinical Department Head of Family Medicine, or the Senior Vice President Professional Practice, may refer the Member to the Midwifery Health Disciplines Committee or rehabilitation agency, to seek treatment and/or rehabilitation.

6.4. Matters Requiring Immediate Resolution

In the case of an urgent situation requiring resolution, the Midwifery Division Chief, or designate, shall be contacted immediately.

- 6.4.1. Acting as an agent of the Board, the Midwifery Division Chief, or designate, shall without delay attend the situation and review the matter. If there is sufficient

evidence to warrant immediate action, the Division Chief, or any other agent to whom such authority has been delegated by the Region, may in the best interests of patient care or of the Region, temporarily suspend or reduce the privileges of a Member of the Midwifery Staff and, where necessary, assume or transfer the care of the patient(s) affected.

6.4.1.1. Temporary suspension shall be effective for seventy-two (72) hours and all appropriate parties, including the Member, shall be notified. The suspension may be extended during the review and investigation as deemed appropriate.

6.4.1.2. The matter shall subsequently be referred to the appropriate Division Chief, if not already involved in the review.

6.4.2. The Senior Vice President Professional Practice shall, upon request from the Division Chief and where appropriate, request the Midwifery Staff Judicial Review Committee to investigate the matter.

6.4.3. The results of this investigation shall serve as the basis for a report to the Senior Vice President Professional Practice, and shall contain recommendations regarding sanctions, where appropriate.

6.4.4. The Senior Vice President Professional Practice will either act on the recommendation, or request the Division Chief (see also Article 6.4.1) to address the matter.

6.5. Midwifery Staff Judicial Review and Appeal

Where the investigation as outlined Article 6.3 is complete or where urgent temporary action taken under Article 6.4, the Midwifery Staff Judicial Review Committee shall meet within twenty-one (21) days, at the request of the Member, the Division Chief, the Regional Clinical Department Head of Family Medicine, or the Senior Vice President Professional Practice.

6.5.1. The Member shall be given no less than seven (7) days' notice, by mail (receipt of which must be acknowledged by the Member), of the meeting of the Midwifery Staff Judicial Review Committee.

6.5.2. The Midwifery Staff Judicial Review Committee shall conduct a review, including receiving submissions on behalf of all parties, and prepare a report with recommendations for consideration by the Midwifery Division Chief.

6.5.3. The Midwifery Division Chief shall consider the report and recommendations of the Midwifery Staff Judicial Review Committee.

6.5.4. Immediately following the meeting, the Midwifery Division Chief will notify the Member of their decision arising from the report and the recommendations of the Midwifery Staff Judicial Review Committee.

6.5.5. The Division Chief shall prepare and forward a report of the decision for consideration by the Senior Vice President Professional Practice. The Senior Vice President Professional Practice shall forward a report to the Board for consideration.

- 6.5.6. The Board shall consider the Senior Vice President Professional Practice report and recommendations arising from the Midwifery Staff Judicial Review Committee and Appeals Committee (if applicable), and render a decision.
- 6.5.7. The decision of the Board shall be considered final and shall not be subject to further appeal to the Board.
- 6.5.8. Any decision of the Board that affects appointment or privileges of a Member may be appealed in accordance with Articles 3.7 and 7.8 of these Bylaws.

6.6. Overlap of Interests and Jurisdiction

Complaints may involve areas in which the interests and jurisdiction of the Region overlaps those of the Member's Midwifery Committee. If the complaint against a Member of the Midwifery Staff involves professional conduct, the Senior Vice President Professional Practice, after consultation with the Division Chief, and/or the Regional Clinical Department Head of Family Medicine, will notify the Midwifery Health Disciplines Committee, as appropriate. The option of a joint investigation may be considered.

- 6.6.1. In the event that the Senior Vice President Professional Practice proceeds with an investigation, the appropriate sanction will be determined based on the investigation outcomes and the extent of the authority of the Board, such action may be independent of a review and action of the Midwifery Health Disciplines Committee.
- 6.6.2. The Midwifery Health Disciplines Committee is not bound by the requirements of the legislation that governs health authorities. Therefore, if a complaint is received by the Midwifery Health Disciplines Committee regarding an issue of management or professional conduct of a Member of the Midwifery Staff, the Midwifery Health Disciplines Committee may, based on the assessment of a complaint, undertake the following:
 - 6.6.2.1. Complaint regarding management issues pertinent to the Region:
 - a) Inform the Board, through the Senior Vice President Professional Practice, of the receipt of such complaint; and
 - b) Remain involved only if requested by the Board.
 - 6.6.2.2. Complaint regarding professional conduct:
Notify the Board, through the Senior Vice President Professional Practice, and discuss the option of the Midwifery Health Disciplines Committee leading an investigation or a joint investigation if the conduct in question occurred within the jurisdiction of the Board. The Board may choose to initiate an independent investigation of the complaint in any event.
- 6.6.3. Based on the investigation outcome, the Midwifery Health Disciplines Committee will determine appropriate discipline within its authority. Such action may be independent of the review and action of the Board. The Board, through the Senior Vice President Professional Practice, shall maintain open communications with the Midwifery Health Disciplines Committee to encourage mutual reciprocity in

accordance with applicable legislation and bylaws and policies of the Region and the Midwifery Health Disciplines Committee.

6.6.4. In the event that both the Midwifery Health Disciplines Committee and the Board conduct separate investigations and reach differing conclusions:

6.6.4.1. If the Midwifery Health Disciplines Committee investigation results in modification to the Member's license to practice, the Board will alter the Member's privileges in accordance with the licensure change regardless of the outcome of the Board investigation.

6.6.4.2. If the Midwifery Health Disciplines Committee investigation absolves the Member of any wrongdoing, but the Board concludes that the conduct was inappropriate, the Member's appointment and/or privileges may, nonetheless, be altered by the Board.

6.7. Sanctions

The sanction(s) shall vary depending on the seriousness of the infraction(s). The Board may, in its final decision, invoke a sanction(s) that shall include, but not be limited to:

6.7.1. Revocation of Appointment and/or Privileges

6.7.1.1. Permanent

The appointment and/or privileges of the Member may be revoked for the remainder of the applicable appointment year.

6.7.1.2. Specified Period

The appointment and/or privileges of the Member may be revoked for a specified period of time.

6.7.2. Limitation of Practice

The practice of a Member may be limited within the Region's facilities. Such limitation may be defined as prohibition of the performance of a specific task or function normally carried out by the Member.

6.7.3. Reduction in Practice

The practice of a Member may be reduced within Region's facilities. Such reduction may be defined as the ability to carry out all tasks normally carried out by the Member, but within defined time parameters.

6.7.4. Mandatory Supervision

6.7.4.1. The Member may practice only under the supervision of a mentor or supervisor as appointed by the Midwifery Division Chief, for a period of time until an appropriate audit of the Member's clinical practice has been conducted.

6.7.4.2. When the result of the audit is considered satisfactory to the Midwifery Division Chief or to such other person or body designated by the Board, the Member shall be reinstated to the level of practice held prior to the penalty.

6.7.5. Mandatory Retraining

The Member is required to complete a period of supervised retraining, the details of which will be recommended by the Midwifery Staff Judicial Review Committee, or as the result of an appropriate audit of the Member's clinical practice.

6.7.6. Reprimand

The Member may be issued a written reprimand. A copy of the reprimand shall be filed on the Member's file and may be considered in the review and reappointment process, and in any action that may be taken in regard to future complaints received on related issues.

6.8. Right of Appeal

Members who are the subject of a complaint and resultant disciplinary action may appeal the decision of the Board, or Committee, in accordance with the appeal procedures defined by the respective organization or legislation, or through appropriate legal channels.

6.9. Matters for Administrative Dispute Resolution

At the decision of the Division Chief matters that may be resolved by the Administrative Complaint Resolution process outlined in Regulation 3 may include, but are not limited to:

6.9.1. Matters as per Articles 6.3.1.3 and 6.3.1.4.

6.9.2. Disagreement(s) or personal conflict(s) with a Member(s) of the Midwifery Staff or member(s) of administration on matters that compromise those personal working relationships.

6.9.3. Other significant matters of departmental operation that may require resolution.

6.10. Complaint Tracking Report

The Office of the Senior Vice President Professional Practice shall maintain a tracking report to record all substantiated complaints filed under this Article. All substantiated complaints shall be recorded on a complaint recording form and will be held only in the personal file of the Member as maintained by the Senior Vice President Professional Practice. Collection, disclosure and access to the information contained in the Member's personal file will be in accordance with applicable legislation and regional bylaws and policies and shall include:

- names of all persons involved in the complaint;
- date(s) of the review process;
- disciplinary action taken, if applicable;
- date(s) of appeal(s), if applicable;
- results of all reviews, ruling, penalties and appeals resulting from the complaint;
- status of the complaint with respect to the Member's Committee, if applicable.

Article 7

7.0 Midwifery Staff Workforce Plan

The Midwifery Staff Workforce Plan, developed collaboratively by the Senior Vice President Professional Practice, Regional Clinical Department of Family Medicine and the Members of the Midwifery Staff, and approved by the Board, shall provide workforce guidelines based on regional and community needs.

- 7.1 The Midwifery Staff Workforce Plan will consider the Region's Medical Workforce Plan, including factors identified by the Board for consideration in the plan.
- 7.2 The Midwifery Staff Workforce Plan will be updated annually based on the best available evidence and methodology determined through deliberations and recommendations of the Midwifery Division Chief, as reviewed and submitted by the Senior Vice President Professional Practice for Board approval.

Article 8

8.0 Additions and Amendments to the Midwifery Staff Bylaws and Regulations

Additions and amendments to the Midwifery Staff Bylaws and Regulations shall be in accordance with the procedures set out below:

8.1. Biennial Review

A biennial review of the Midwifery Staff Bylaws and Regulations shall be undertaken by the Bylaws and Regulations Committee (see also Article 5.1.1.2) for the purpose of recommending addition(s)/amendment(s) deemed to be of benefit to the Region, Midwifery Staff, and patients. The date of the most recent Bylaws and Regulations' adoption shall determine the date of the review.

- 8.1.1. The Board, Senior Vice President Professional Practice, or Members of the Midwifery Staff may propose recommendations for amendments to the Bylaws and Regulations. The office of the Senior Vice President Professional Practice shall maintain a formal tracking process of proposed Bylaws and Regulations amendments. The list of the proposed amendments shall be forwarded to the Bylaws and Regulations Committee, on request of the Chair, at the commencement of the biennial review. The Chair shall determine the appropriate review process to be undertaken by the Committee.
- 8.1.2. The recommendation(s) for addition(s)/amendment(s) shall be forwarded to the Senior Vice President Professional Practice for consideration and approval. The Senior Vice President Professional Practice shall forward the approved amendments for Board approval. The Senior Vice President Professional Practice, will define the process and timelines for obtaining the required adoption and approval.
- 8.1.3. In the case of disagreement between the Senior Vice President Professional Practice and the Board regarding the content of the Midwifery Staff Bylaws, the Board shall have final authority.
- 8.1.4. Amendments to the Midwifery Staff Bylaws come into force on the date of Board approval. The Board shall notify the Senior Vice President Professional Practice of approval notification. The Senior Vice President Professional Practice shall inform the Midwifery Staff membership of the approval.

8.2. Priority Amendments

In the event that an addition(s)/amendment(s) to the Bylaws and/or Regulations is proposed in response to a matter(s) of immediate concern and, in the opinion of the Senior Vice President Professional Practice, a delay until the scheduled biennial review may compromise the ability of the Midwifery Staff to fulfill its roles and responsibilities, the following process shall be followed. Timelines may be modified with the agreement of all parties.

- 8.2.1. The CEO or the Senior Vice President Professional Practice may propose an addition(s)/amendment(s) on behalf of the Board, and/or the Midwifery Staff membership, respectively. Proposals for addition(s)/amendment(s) shall be forwarded, in writing, to the Chair of the Midwifery Staff Bylaws and Regulations Review Committee.
- 8.2.2. The Bylaws and Regulations Review Committee shall convene a meeting to consider the proposal for addition(s)/amendment(s) within fourteen (14) days of receipt of the written request.
- 8.2.3. Within thirty (30) days from the date of the first meeting to consider the proposal, the Bylaws and Regulations Committee shall forward its recommendation(s), together with the original proposed amendment, to the Senior Vice President Professional Practice, or consideration by the Midwifery Staff membership. The process for notification of members shall be as determined by the Senior Vice President Professional Practice.
- 8.2.4. The Members of the Midwifery Staff shall have up to thirty (30) days from the date of notification by the Senior Vice President Professional Practice, to consider the recommendation and proposed addition(s)/amendment(s) and submit comments and/or concerns to the Senior Vice President Professional Practice.
- 8.2.5. Within thirty (30) days of receipt of the comments and/or concerns of the members, the Senior Vice President Professional Practice shall prepare and forward a final recommendation and corresponding proposed amendment, accompanied by the original proposed addition(s)/amendment(s), and a record of dissenting views as may be given by any Member of the Midwifery Staff, to the Senior Vice President Professional Practice, and to the Chair of the Regional Professional Practice Council. The membership of the Midwifery Staff shall be advised of the final recommendation of the Senior Vice President Professional Practice. The Senior Vice President Professional Practice will forward the recommendation and corresponding proposed addition(s)/amendment(s) to the Board for consideration.
- 8.2.6. At the next regular meeting following receipt of the proposal, the Board shall consider the original proposed addition(s)/amendment(s), the recommendation and corresponding proposed addition(s)/amendment(s) of the Senior Vice President Professional Practice. The Midwifery Division Chief may be invited to attend the portion of the Board meeting at which the recommendation and proposed addition(s)/amendment(s) is discussed.
- 8.2.7. The Board may accept, in whole or in part, reject or refer back the recommendation and corresponding addition(s)/amendment(s).

- 8.2.8. If the recommendation and corresponding addition(s)/amendment(s) are rejected or referred back to the Senior Vice President Professional Practice,, a meeting of the Bylaws and Regulations Committee shall be convened within seven (7) days to give further consideration to the recommendation and corresponding addition(s)/amendment(s). Within thirty (30) days of that meeting, the Senior Vice President Professional Practice shall, after consultation with the members of the Midwifery Staff, submit a further recommendation and proposed addition(s)/amendment(s) to the Board for consideration.
- 8.2.9. The Board shall consider the subsequent recommendation and proposed addition(s)/amendment(s) of the Senior Vice President Professional Practice at its next regular meeting. The Senior Vice President Professional Practice may be invited to attend the portion of the meeting at which the subsequent recommendation and proposed addition(s)/amendment(s) are discussed.
- 8.2.10. Upon Board approval of the proposed addition(s)/amendment(s) to the Midwifery Staff Bylaws and/or Regulations, the process defined in Article 8.1.4 will be implemented.
- 8.2.11. Should the Board reject the subsequent recommendation and proposed addition(s)/amendment(s) of the, Senior Vice President Professional Practice, the process shall be deemed to be complete. The proposed addition(s)/amendment(s) may, however, be considered once again during the course of a regular biennial review in accordance with the procedures outlined in Article 8.1.

Article 9

9.0 Adoption of the Midwifery Staff Bylaws and the Regulations

9.1. Bylaws

The Midwifery Staff Bylaws of the Region, and any amendments thereto, replace the Midwifery Services Master Agreement or any previous Midwifery Staff Bylaws of the Region and become effective upon written approval of the Board.

9.2. Regulations

The Midwifery Staff Regulations of the Region, and any amendments thereto, replace the Midwifery Services Master Agreement or any previous Midwifery Staff Rules and Regulations of the Region and become effective upon written approval of the Board.



CALGARY HEALTH REGION

MIDWIFERY STAFF BYLAWS

Certificate of Bylaws Adoption and Approval

Adopted by the Midwifery Staff of the Calgary Health Region in the City of Calgary, Province of Alberta.
Signed this _____ day of _____, 2005

T. Joy West-Eklund, RM
Division Chief
Midwifery

Wendy Tink, BSc, MD, CCFP, FCFP
Regional Clinical Department Head
Department of Family Medicine

Adopted by the Calgary Health Region in the City of Calgary, Province of Alberta.
Signed this _____ day of _____, 2005

Francine Girard, RN, BN, MN, PhD.
Senior Vice-President Professional Practice

and

Signed this _____ day of _____, 2005

Jack Davis
Chief Executive Officer

Approved by the Board of the Calgary Health Region in the City of Calgary, Province of Alberta.
Signed this _____ day of _____, 2005

D. A. Tuer
Board Chair

Calgary Health Region Midwifery Staff Regulations

Effective: 2005/Mar/23

Calgary Health Region Midwifery Staff Regulations

Regulation I

I.0 Midwifery Staff Appointment and Reappointment Process

I.1. Initial Appointment

Pursuant to Article 3 of the Bylaws, the process for initial appointment to the Midwifery Staff is as follows: (see also Appendix “D”)

- 1.1.1. The Office of the Senior Vice President Professional Practice shall forward an Application for Appointment for completion by a Midwife seeking appointment to the Midwifery Staff.
- 1.1.2. Applications submitted for consideration must be accompanied by all of the following documents:
 - 1.1.2.1. The applicant’s current Committee license and certificate of good standing from the current licensing body, and
 - 1.1.2.2. Proof of certification or documentation of training to support the position applied for.
 - 1.1.2.3. Proof of liability coverage from a recognized Canadian insurer, appropriate to privileges requested;
 - 1.1.2.4. The names of three (3) references who can describe the character and the relevant competence of the applicant based upon first-hand information over the past five (5) years. (**Note:** An actual or prospective partner is not an acceptable reference. Applicants who have received training either inside or outside the Region will be assessed by references from Program Directors and other suitable references).
 - 1.1.2.5. Disclosure of any past and/or present:
 - a) civil judgments or settlements of civil actions that arose from allegations of professional negligence or misconduct;
 - b) conditions imposed on the applicant’s practice by a hospital, a regional health authority or regulatory body;
 - c) previous decisions by a regulatory body to deny, revoke, suspend or limit a license or certificate to practice;
 - d) sanctions imposed on the applicant by a relevant regulatory body;
 - e) previous denial, revocation, suspension, or reduction in appointments or privileges other than automatic suspensions arising from the failure to complete health records;

- f) condition that will adversely affect the applicant's ability to perform the functions permitted by specific privileges.
- 1.1.3. By way of signature on the Application, the applicant for appointment to the Midwifery Staff acknowledges:
 - 1.1.3.1. The acceptance of and agreement to be governed by the Bylaws and Regulations and by the bylaws and policies of the Region;
 - 1.1.3.2. The agreement to abide by the duties and responsibilities of the appointment and privileges as may be specified in the Board's letter of appointment to the Midwifery Staff;
 - 1.1.3.3. The agreement to adhere to the professional conduct governed by their profession's *Code of Ethics*; and
 - 1.1.3.4. To act in compliance with all terms and conditions as may be outlined in any other written agreement between the applicant and the Region.
- 1.1.4. The basis of acceptance for appointment to the Midwifery Staff shall be the:
 - 1.1.4.1. Applicant's attitude, skills, knowledge and experience in clinical practice and ability to work in a collaborative and effective manner with other health care professionals and medical staff;
 - 1.1.4.2. Defined need for the role represented by the specified skills of the applicant as based on the Region's resource availability in conjunction with the Regional Midwifery Workforce Plan; and
 - 1.1.4.3. Impact Statement as approved by the applicable Midwifery Staff Division Chief and the Senior Vice President Professional Practice.
- 1.1.5. All Applications for Midwifery Staff Appointment received by the Regional Medical Staff Office shall be processed in accordance with the Bylaws and Regulations unless all parties consent to a modification of the application process, or if the Application is formally withdrawn, in writing, by the applicant.

1.2. Process for Initial Appointment Application

- 1.2.1. **Initiation of Initial Application**

Midwives seeking appointment and privileges with the Region shall be provided with an Application for Appointment, together with a copy of the Midwifery Staff Bylaws and Regulations, and other pertinent information from the Regional Medical Staff Office. The applicant shall indicate the category of appointment, the privileges, and the area of clinical activity requested. Upon return of a signed application, and all documentation required, the Regional Medical Staff Office shall:

 - 1.2.1.1. Verify all supporting documentation as current and correct;
 - 1.2.1.2. Obtain references; and

1.2.1.3. Request completion of an Impact Statement from the Midwifery Staff Division Chief.

- a) The Division Chief shall communicate with the office of the Senior Vice President Professional Practice to review funding and resource impact of the position and provide a recommendation on the availability of resources. Where appropriate, the Senior Vice President Professional Practice shall consult with the CEO with respect to funding and appointment.

1.2.1.4. The Regional Medical Staff Office shall forward the completed application, all required documentation, and the Impact Statement to the appropriate Division Chief who shall verify the applicant's relevant credentials, references, proof of licensure, and appropriate liability coverage.

1.2.1.5. Following review by the Division Chief, the complete Application will be forwarded for review by the Midwifery Staff Application Review Committee.

1.2.2. **Midwifery Staff Application Review Committee**

The Midwifery Staff Application Review Committee shall, within three (3) months of receipt of the complete Application, review and make a recommendation of appointment, appropriate privileges and area of activity, or for non-appointment, for consideration of the Senior Vice President Professional Practice.

1.2.3. **Senior Vice President Professional Practice Review**

The Senior Vice President Professional Practice shall review all of the recommendations and consider acceptance, modification, return for further review of Application Review Committee, or rejection.

1.2.3.1. Applications recommended by the Senior Vice President Professional Practice for Board approval shall indicate the specific information of the appointment, namely:

- a) the applicant's role in relation to the defined need;
- b) category of appointment;
- c) privileges to be granted;
- d) area of clinical activity;
- e) Midwifery Staff Division
- f) impact;
- g) statement of need;
- h) availability of resources; and
- i) funding arrangements.

1.2.3.2. Applications considered by the Senior Vice President Professional Practice for modification or rejection shall be tabled and the following process shall be initiated:

- a) The applicant shall be notified, by mail, of the concerns of the Senior Vice President Professional Practice prompting the contemplated modification or rejection, and shall include the rationale for such modification or rejection. The applicant shall be invited to make a written or verbal (or both) response to the Senior Vice President Professional Practice at a meeting with the Senior Vice President Professional Practice. The date of the meeting shall be specified in the letter and the applicant shall have at least fourteen (14) days to respond.
- b) If a response from the applicant is received as requested, the Senior Vice President Professional Practice shall consider the applicant's submission and forward a recommendation to the Board to accept, modify or reject the Application. Recommendations for acceptance shall be in compliance with Regulation 1.2.3.1. Recommendations for modification or rejection must be accompanied by the rationale for such recommendation.
- c) If a response from the applicant is not received by the date specified, the recommendation to modify or reject the Application shall go forward to the Board and shall include the rationale for such modification or rejection.

1.2.4. Board Review

The Board shall review the recommendations of the Senior Vice President Professional Practice and consider acceptance or rejection of the Application.

1.2.4.1. If the Board accepts the Application for Appointment to the Midwifery Staff, the Board shall notify the applicant, by mail, and shall include the information specified in Regulation 1.2.3.1.

1.2.4.2. Applications considered for rejection, for reasons the same or different from the Senior Vice President Professional Practice, shall be tabled to the next regular meeting of the Board and the following process initiated:

- a) The applicant shall be notified, by mail, of the concerns of the Board and shall be invited to make a written or verbal submission to the Board prior to its next regular meeting, the date of which shall be specified in the letter. The applicant shall have at least fourteen (14) days to respond.
- b) If a response is not received by the date specified, the Application shall be considered rejected and no hearing shall be held. The Board shall notify the applicant and the Senior Vice President Professional Practice, by mail, of the decision.
- c) If a response is received by the date specified, the Board shall consider the additional information and render a decision to accept or reject the Application.

- d) If the Application is accepted, the Board shall notify the applicant and the, Senior Vice President Professional Practice by mail, of its decision and shall include the information set out in Regulation 1.2.3.1.
- e) If the Application is rejected, the Board shall notify the applicant and the Senior Vice President Professional Practice, by mail, of its decision and the rationale for that decision.

1.2.4.3. If the decision of the Board is to reject an Application that has been recommended by the Senior Vice President Professional Practice for acceptance, the Board shall notify the applicant and Senior Vice President Professional Practice, by mail, of its decision and the rationale for that decision and the process outlined in Regulation 1.2.4.2 will be initiated.

- a) If the Application is accepted following the review of the further submission of the applicant, and where appropriate, the Senior Vice President Professional Practice, the Board shall notify the applicant and the Senior Vice President Professional Practice, by mail, of its decision which shall include the information outlined in Regulation 1.2.3.1.
- b) If the Application is rejected following the review of the further submission of the applicant, and where appropriate the, Senior Vice President Professional Practice the Board shall notify the applicant and the, by mail, of its decision and the rationale for that decision.

1.3. Annual Re-appointment Requirements

Members of the Midwifery Staff who seek re-appointment and privileges shall comply with the requirements set out in Article 3.1. All individuals involved in the re-appointment process will ensure due process and shall undertake their responsibilities to complete the procedure no later than the end of January in each calendar year.

1.4. Process for Annual Re-appointment

1.4.1. Initiation of Re-Appointment Application

The Regional Medical Staff Office shall advise annually, by mail, each Midwifery Staff Member that his/her appointment and concomitant privileges with the Region will lapse at the end of the appointment year unless a completed Application for Re-appointment is submitted by the specified time period.

1.4.1.1. A completed Application for Re-appointment form shall be submitted to the Regional Medical Staff Office and shall include a signed statement that the Member complies with and agrees to the conditions outlined in Article 3 of the Bylaws. Where a re-appointment application is completed electronically, the acknowledgement of the applicant to abide by the requirements set out in the re-appointment form shall constitute a “signed” statement.

1.4.1.2. The Regional Medical Staff Office shall forward all completed applications for re-appointment to the Midwifery Division Chief for review. The Division Chief shall forward to the Application Review Committee a recommendation regarding re-appointment of each applicant Member. Each

re-appointment must define the Division(s), the category of appointment privileges, and area(s) of clinical activity requested and recommended.

- a) If a Member requests a material change in privileges at the time of the re-appointment (or at any other time), a review on a needs-based assessment will be undertaken by the Division Chief. Where appropriate, a new Impact Statement will be forwarded for Senior Vice President Professional Practice approval.

1.4.2. **Application Review Committee Review**

1.4.2.1. The Application Review Committee shall review the Division Chief's recommendations for re-appointment at the annual meeting designated by the Senior Vice President Professional Practice to consider annual re-appointments. Each re-appointment must define the department(s), category of appointment, privileges and area of clinical activity requested. The Application Review Committee shall consider one of the following recommendations for approval of the Board:

- a) Re-appoint the Member to the appointment category with the privileges requested.
- b) Re-appoint the Member with a change to the appointment and/or privileges requested. The agreement or non-agreement of the Member regarding the change in appointment must be stated in the recommendation.
- c) Not to re-appoint the Member.

1.4.2.2. The recommendations of the Application Review Committee shall be forwarded for review and approval of the Regional Professional Practice Council. The Senior Vice President Professional Practice shall forward recommendations for re-appointment to the Board.

1.4.2.3. Recommendations submitted to the Board to re-appoint the Member as requested, or to re-appoint the Member with a change to which the Member has agreed, must be accompanied by the rationale for the recommendation, which shall include:

- a) the Member's role;
- b) appointment category;
- c) specific privileges;
- d) area of clinical activity;
- e) Midwifery Staff Division; and
- f) where re-appointment and/or privileges are substantially different from the previous appointment and/or privileges of the Member, a revised Impact Statement, and a statement of definition of need, availability of resources and funding arrangements.

1.4.2.4. Recommendations to re-appoint a Member with a change to the appointment and/or privileges to which the Member has not agreed, or recommendations not to re-appoint a Member shall be tabled and the process outlined in Regulation 1.2.3.2 shall be initiated.

1.4.3. **Board Review**

1.4.3.1. The Board shall consider the Senior Vice President Professional Practice submissions of re-appointment recommendations at its next regular meeting. Where the Board agrees with the recommendation to re-appoint the Member as requested, or to re-appoint the Member with a change to which the Member has agreed, the Board shall notify the Member and the Senior Vice President Professional Practice, by mail, of the decision. The notification shall confirm the:

- a) appointment category;
- b) specific privileges;
- c) Midwifery Staff Division;
- d) area of clinical activity; and
- e) where re-appointment and/or privileges are substantially different from the previous appointment and/or privileges of the Member, a revised Impact Statement, and a statement of definition of need, availability of resources and funding arrangements shall accompany the notification.

1.4.3.2. Where the recommendation from the Senior Vice President Professional Practice is to re-appoint the Member with a change in appointment and/or privileges to which the Member has not agreed, or if the recommendation is to not re-appoint the Member, the Board shall also consider the submission received from the Member. If the Board contemplates acceptance of such recommendation of the Senior Vice President Professional Practice, for reasons the same or different than those previously conveyed to the Member, the recommendation shall be tabled to the next regular meeting of the Board and the process outlined in Regulation 1.2.4.2 shall be initiated.

1.4.3.3. Upon completion of the process identified above, if the Board accepts the recommendation to re-appoint the Member, the Board shall notify the Member and the Senior Vice President Professional Practice, by mail, of the decision as set out in Regulation 1.2.3.1.

1.4.3.4. If the Board rejects the request for re-appointment, the Board shall notify the Member and the, Senior Vice President Professional Practice by mail, of its decision and shall include the reasons for the decision.

Regulation 2

2.0 Midwifery Staff Divisions

The Board, after consultation with the Senior Vice President Professional Practice, may establish, rename or disband the Midwifery Staff Divisions as dictated by the patient care needs of the Region.

2.1. Division Chief Appointment

A Division Chief for the Midwifery Staff Division shall be appointed by the Board, after consideration of the advice of the Senior Vice President Professional Practice and the recommendation the Regional Clinical Department Head of Family Medicine. The Division Chief must be qualified to fulfill the role and responsibilities for the Division.

2.1.1. As a Member of the Midwifery Staff, the Division Chief is subject to the requirements of meeting and maintaining the qualifications established in Article 3.2 and to the annual re-appointment process outlined Regulation 1.4.

2.1.2. The term of appointment shall normally be for five (5) years. A Division Chief may serve a maximum of two (2) consecutive five (5) year terms. Performance reviews, which include the participation of the Division Members, are part of the contract of appointment.

2.1.2.1. The Senior Vice President Professional Practice will appoint a Selection Advisory Committee for the purpose of selection of a Division Chief. This Committee shall also act as the Performance Review Committee, as necessary. The Committee's recommendations on the appointment of a Division Chief shall be forwarded to the Senior Vice President Professional Practice for approval. The Committee membership shall include:

- a) One (1) member of the Calgary Health Region Administration, who shall be Chair;
- b) Up to three (3) Members of the Midwifery Staff, so designated by the Members of the Division concerned;
- c) Regional Clinical Department Head of Family Medicine.

2.1.2.2. One (1) year prior to the expiration of the Division Chief's five (5) year term of appointment, the incumbent will indicate, in writing to the Senior Vice President Professional Practice, his or her willingness to continue for a second five (5) year term or to resign from the position. Where the incumbent Division Chief resigns, has completed a second five (5) year term, or fails to be re-appointed to the Midwifery Staff, the Selection Advisory Committee shall be convened as per Regulation 2.1.2.1.

2.1.3. Re-Appointment of a Division Chief

Upon notification of the Division Chief's willingness to continue in that position for a second five (5) year term, a Performance Review Committee shall be established for the purposes of reviewing the performance of the incumbent. The Performance Review Committee shall have the same membership and responsibilities of the Selection Advisory Committee (see Regulation 2.1.2.1).

2.1.4. **Division Chief Duties and Responsibilities**

- 2.1.4.1. Ensure the fulfillment of the purpose and role of the Division as described in Article 2.
- 2.1.4.2. Promote high standards of patient care within the Division.
- 2.1.4.3. Develop and maintain common goals and objectives for Members of the Division, incorporating the use of a three (3) to five (5) year plan.
- 2.1.4.4. Develop a clinical service organization that will facilitate the Division Members' involvement in problem-solving, decision-making and ensures the efficient delivery of care.
- 2.1.4.5. Ensure that a current manpower and recruitment priorities plan, prepared in co-operation with the appropriate Medical Staff's Regional Clinical Department Head of Family Medicine, and the Senior Vice President Professional Practice, is in place for the Division.
- 2.1.4.6. Provide leadership in resource allocation, technology assessment, and patient care related policies and procedures, in collaboration with the Region's administration pertaining to the activities of the Division. Such activities include, but are not limited to the Division:
 - a) organization charts;
 - b) goals and objectives;
 - c) criteria and procedures for Midwifery Staff appointments;
 - d) maintenance of a current and appropriate list of clinical patient care procedures and Midwifery Staff privileges;
 - e) criteria for granting procedural privileges;
 - f) midwifery staff performance reviews;
 - g) budgets;
 - h) utilization review procedures;
 - i) quality assurance;
 - j) on-call schedules;
 - k) undergraduate and postgraduate training programs, where applicable;
 - l) attendance requirements at Division meetings.
- 2.1.4.7. Ensure processes are in place to promote competence of Division Members.
- 2.1.4.8. Establish a system to recognize and investigate complaints made against or disputes between Division Members as described in Article 6 and Regulation 3, and complaints or concerns of the patients of the Region in accordance with applicable Regional and Division policies.
- 2.1.4.9. Represent the Division on appropriate Committees of the Midwifery Staff, the Medical Staff, the Regional Professional Practice Council, and the Region.

2.1.4.10. Conduct regular general meetings of the Members of the Division a minimum of three (3) times per year. Minutes of such meetings shall be maintained and forwarded to the Senior Vice President Professional Practice for information.

2.1.4.11. Protect time for appropriate academic activities for department members within the clinical service organization as agreed to at the time of appointment or re-appointment.

2.1.5. Midwifery Staff Committees

The Midwifery Staff shall establish committees as required to fulfill the commitment to provide quality patient care in the Region. The Division Chief of the appropriate Division shall be ex-officio member of all Midwifery Staff Committees.

2.1.6. Development and Division Policies

Each Division shall develop appropriate policies concerning the responsibilities of the Division's Members. Such policies shall be in accordance with established Board and regional policies.

2.1.6.1. Midwifery Staff Division policies shall be submitted to the Senior Vice President Professional Practice for approval and to the Regional Clinical Department Head of Family Medicine for review.

2.2. Midwifery Staff Application Review Committee

The Midwifery Staff Application Review Committee is a standing committee established to review applications for appointment to the Midwifery Staff.

2.2.1. Duties and Responsibilities

2.2.1.1. Ensure a peer review of all appointment applications is undertaken and to represent the clinical and educational components of the Division in which the applicant wishes to participate.

2.2.1.2. Conduct meetings with the applicant, as necessary, to clarify information provided on the application.

2.2.1.3. Prepare and forward recommendations regarding applications for appointment to the Midwifery Staff.

2.2.2. Membership

2.2.2.1. Midwifery Staff Division Chief, Chair.

2.2.2.2. Regional Clinical Department Head of Family Medicine.

2.2.2.3. Regional Clinical Department Head of Obstetrics and Gynecology, or designate.

2.2.2.4. At least one (1) member of the Midwifery Staff.

2.2.2.5. One (1) representative of the applicable portfolio Executive Medical Director, as selected by the Executive Medical Director.

2.2.3. Meetings

Meetings shall be held at the call of the Chair, but must be within three (3) months of receipt of a complete application.

Regulation 3

3.0 Disciplinary Review and Administrative Dispute Resolution

3.1. Matters for Administrative Dispute Resolution

Matters for resolution through the administrative dispute process, as determined by the appropriate Division Chief, may include matters in accordance with Article 6.9 of the Bylaws regarding:

- 3.1.1. The failure of a Member of the Midwifery Staff to follow the direction issued by anyone having the authority to do so under the Bylaws and Regulations, by any formal agreement with the Region, or by any pertinent policy of the Region.
- 3.1.2. Disagreement(s) or personal conflict(s) with a Member(s) of the Midwifery Staff or member(s) of administration on matters that compromise those working relationships.
- 3.1.3. Issues of resource (e.g. Midwifery Staff, other staff, equipment facilities) allocation, division of responsibility and clinical activity, and if applicable, clinical education, research roles, or other significant matters of departmental operation that need to be resolved.

3.2. Process and Timelines

The Administrative Dispute Resolution process, once initiated, shall adhere to the principles of due process and shall be handled within the recommended timelines at each stage of the process. Deviations to the timelines set out herein must have mutual consent of all parties to the administrative dispute.

3.3. Independent Representation and Obligations

- 3.3.1. All parties to an administrative dispute retain the right to seek independent representation, legal or otherwise, and nothing in this section of these Regulations precludes a party to a dispute from pursuing other avenues of recourse during any stage of the resolution process.
- 3.3.2. All parties to an administrative dispute shall continue the performance of their respective duties and obligations during the dispute resolution process.

3.4. Initiation of Process

3.4.1. A Member of the Midwifery Staff or management may bring an administrative dispute to the attention of the appropriate Division Chief. In the event that an administrative dispute involves a person to whom the dispute would normally be addressed, the matter shall be referred to the next level of authority.

3.4.1.1 The issue concerning the administrative dispute and all supporting or appropriate documentation will be forwarded in writing.

3.5. Resolution by Division Chief

3.5.1. Based on the information presented, and in consultation with the complainant, the Division Chief shall, where feasible, attempt to resolve the matter directly with the complainant and document the resolution.

3.5.2. If the matter is unable to be resolved to their mutual satisfaction, the appropriate Division Chief shall forthwith recommend, in writing, either an informal or formal resolution process.

3.5.3. If a formal resolution is recommended, the matter shall be referred to the Administrative Dispute Resolution Committee.

3.6. Informal Administrative Dispute Resolution

3.6.1. The Division Chief, or a Member of the Midwifery Staff, shall forward a written request to the Senior Vice President Professional Practice for the appointment of an impartial representative or other external party to act as facilitator between the parties to the dispute. The representative shall not be a member of the Division involved in the dispute.

3.6.2. The facilitator shall have twenty-one (21) days from the date of appointment to assemble information regarding the dispute, meet with the parties involved, and to communicate, in writing, the recommended resolution.

3.6.3. If the parties to the administrative dispute agree to the proposed resolution of the facilitator, written acceptance shall be forwarded to the Senior Vice President Professional Practice. The Senior Vice President Professional Practice shall, in turn, notify the Division Chief of the successful resolution.

3.6.4. If the parties to the administrative dispute reject the informal resolution, the Senior Vice President Professional Practice shall request, in writing, the Division Chief to initiate the formal administrative dispute resolution process.

3.7. Formal Administrative Dispute Resolution

3.7.1. Within twenty-one (21) days of a written request by either a Member of the Midwifery Staff, the Senior Vice President Professional Practice on behalf of the

parties to an administrative dispute for formal administrative dispute resolution, the appropriate Division Chief shall:

3.7.1.1. refer the matter for resolution by the Administrative Dispute Resolution Committee.

3.7.2. Administrative Dispute Resolution Committee

At the written request of the appropriate Division Chief, a Member of the Midwifery Staff, or the Regional Professional Practice Council, an Administrative Dispute Resolution Committee shall be struck within twenty-one (21) days of a request to hear an administrative dispute.

3.7.2.1. Committee membership shall be:

- a) a representative of the applicable portfolio Executive Medical Director, as selected by the Executive Medical Director, who shall be Chair; and
- b) three (3) representatives of the Midwifery staff (voting), or the Regional Clinical Department.

3.7.2.2. The Dispute Resolution Committee shall have up to a maximum of sixty (60) days to review the matter, conduct meetings (as required), and to present a formal written recommendation for resolution to the parties to the administrative dispute and to the appropriate Division Chief.

3.7.2.3. The parties to the dispute shall have up to a maximum of twenty-one (21) days to accept or reject, in writing, the recommendation of the Dispute Resolution Committee.

3.7.2.4. Upon acceptance of the resolution recommendation, the Administrative Dispute Resolution Committee shall forward a report on the resolution to the Senior Vice President Professional Practice:

3.7.2.5. If the parties do not accept the recommendation of the Administrative Dispute Resolution Committee, the Committee Chair shall, within seven (7) days, request the Senior Vice President Professional Practice to determine a binding resolution to the dispute.

3.8. Resolution Implications

In the event that a resolution has actual or perceived interdepartmental or system-wide policy or procedure implications, the Senior Vice President Professional Practice is to be notified, in writing, by the appropriate body responsible for the successful resolution of the administrative dispute.

Regulation 4

4.0 Leave of Absence

4.1. Granting of a Leave of Absence

A Member of the Midwifery Staff who, for professional or personal reasons, is not able to carry out the responsibilities of his/her Midwifery Staff appointment for a period of time up to twelve (12) months may request a leave of absence, during which time, all privileges shall cease. Absence from the Midwifery Staff for a period not to exceed three (3) months shall not normally require a leave of absence. A leave of absence may be granted in the following circumstances:

- 4.1.1. To undertake re-education or training in a related professional practice or specialization.
- 4.1.2. Parental leave.
- 4.1.3. For any reason deemed acceptable to the Division Chief and to the Senior Vice President Professional Practice, but not normally for a Member relocating his/her practice.

4.2. Leave of Absence Application Process

The process of application for a leave of absence shall be:

- 4.2.1. At least six (6) weeks prior to the anticipated commencement of a leave of absence, the Member shall submit a written request for leave to the Division Chief.
- 4.2.2. The Division Chief shall review the leave request with the Member and, , provide a written recommendation to the Senior Vice President Professional Practice at least one (1) calendar month prior to the leave.
- 4.2.3. The Senior Vice President Professional Practice will consider the leave request and, within three (3) days, shall communicate its decision to the Member and to the Division Chief.

4.3. Refusal of Leave Request

If, for any reason, the Division Chief does not approve a request for a leave of absence, the Member may appeal the decision to the Senior Vice President Professional Practice.

- 4.3.1. The Senior Vice President Professional Practice shall hear the appeal at the earliest opportunity. In the case of an urgent request, the Senior Vice President Professional Practice may call an ad hoc meeting. The needs of the Division to provide adequate medical service, in addition to the needs of the Member, shall be considered in the appeal hearing.
- 4.3.2. A decision by the Senior Vice President Professional Practice to refuse an application for leave of absence may be appealed to the Board for consideration at its next regular meeting. The decision of the Board is final.

4.4. Extension of Leave of Absence

Requests for extension of a leave of absence, to a maximum of twelve (12) months from the date of the initial commencement of the leave of absence, may be considered.

4.4.1. A written request for an extension must be submitted to the Division Chief. The Division Chief must review the application and submit the request and accompanying recommendation to the Senior Vice President Professional Practice for consideration at least three (3) months prior to the expiration of the initial approved leave period.

4.4.2. Under exceptional circumstances and on the recommendation of the Division Chief and the Senior Vice President Professional Practice, a leave of absence may be extended past the twelve (12) month period.

4.4.3. If an extension is not requested, or not granted, the leave of absence will lapse on the expiry date of the initially approved period.

4.5. Lapse of Appointment While on Leave

If a Member's term of appointment expires while on an approved leave of absence, the Office of the Senior Vice President Professional Practice shall notify the Member, in writing. To regain appointment status with the Region, the Member shall be required to initiate an application for re-appointment to the Midwifery Staff in accordance with Article 3 of the Bylaws.

4.6. Request to Change Appointment Category and/or Privileges

A Member who obtains additional recognized degrees or qualification during an approved leave of absence and who wishes to request a change in category of Midwifery Staff appointment and/or privileges may do so in accordance with the procedures outlined in Regulation 1.



T. CALGARY HEALTH REGION
MIDWIFERY STAFF REGULATIONS

Certificate of Regulations Adoption and Approval

Adopted by the Midwifery Staff of the Calgary Health Region in the City of Calgary, Province of Alberta.
Signed this _____ day of _____, 2005

T. Joy West-Eklund, RM
Division Chief
Midwifery

Wendy Tink, BSc, MD, CCFP, FCFP
Regional Clinical Department Head
Department of Family Medicine

Adopted by the Calgary Health Region in the City of Calgary, Province of Alberta.
Signed this _____ day of _____, 2005

Francine Girard, RN, BN, MN, PhD.
Senior Vice President Professional Practice

and
Signed this _____ day of _____, 2005

Jack Davis
Chief Executive Officer

Approved by the Board of the Calgary Health Region in the City of Calgary, Province of Alberta.
Signed this _____ day of _____, 2005

D. A. Tuer
Board Chair

**Calgary Health Region
Midwifery Staff Bylaws
and
Regulations**

Appendices

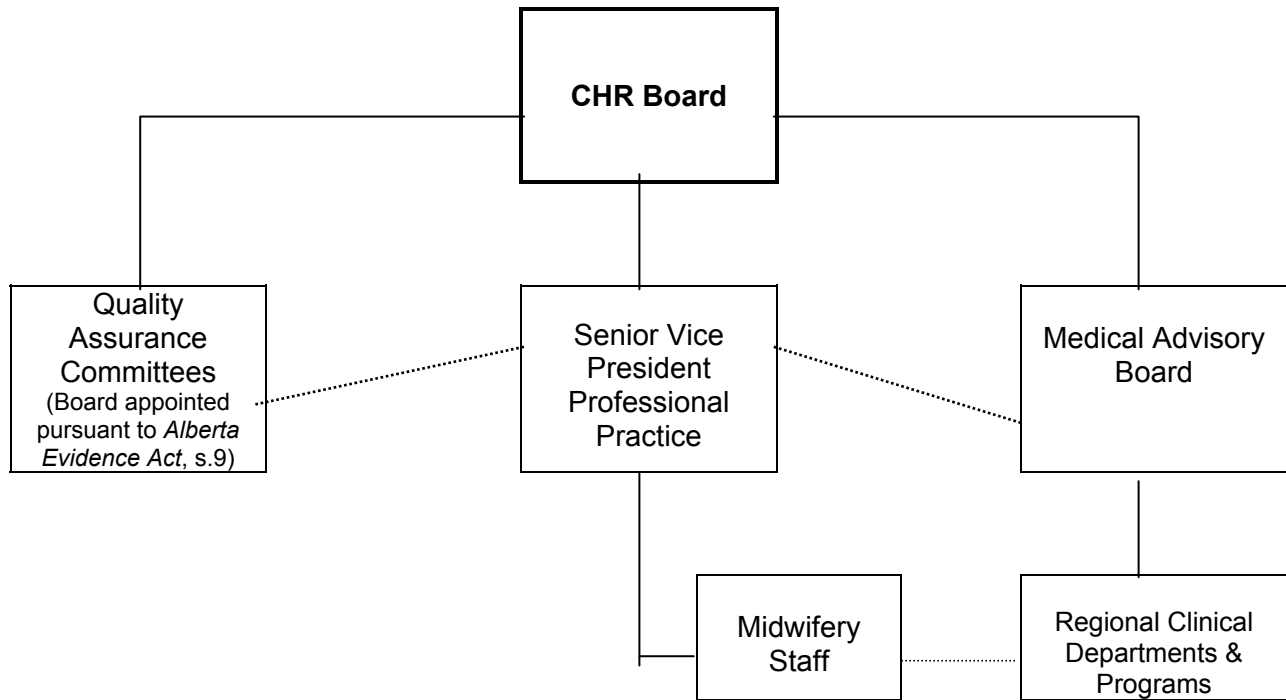
**Definitions
Midwifery Staff Bylaws and Regulations**

Term	Definition
Administrative Dispute Resolution Committee	An ad hoc committee established to formulate resolution in matters of an administrative dispute.
Administrative Responsibilities	The organizational and advisory duties and responsibilities of members, such as participation on Midwifery Staff and Regional committees.
Application Review Committee	A committee established by the Regional Professional Practice Council to review applications for appointment to the Region’s Midwifery Staff.
Appointment to the Midwifery Staff	The acceptance of a Midwifery Staff or membership in the Calgary Health Region Midwifery Staff through the process of review and credentials verification. An appointment is for one year or portion thereof if initial appointment is made after the commencement of the annual appointment year.
Appointment Year	The 12 month period that coincides with the fiscal year of the Calgary Health Region, which commences on the 1 st of April and terminates on the 31 st of March each fiscal year.
Calgary Health Region	The organizational structure and operating entities of Health Region 3, established by the <i>Regional Health Authorities Act, S.A. 1994, c.R-9.07</i> (and amendments thereto), herein referred to as the “Region.”
Calgary Health Region Board	The authority established pursuant to the <i>Regional Health Authorities Act</i> , and consisting of members, appointed by the Minister of Health and Wellness of Alberta or duly elected, to ensure the effective delivery of health care services with Region 3, herein referred to as the “Board.”
Chief Executive Officer (CEO)	The President and Chief Executive Officer appointed by the Calgary Health Region Board pursuant to s.38 of the <i>Hospitals Act, R.S.A. 2000, c.H-12</i> (and amendments thereto), to have overall administrative responsibility for the effective operation of the organization, herein referred to as the “CEO.”
Division Chief	A member of the Midwifery Staff appointed by the Board as the head of the Midwifery Division.
Due Process	The legal principles that ensure an individual is provided “safeguards from action that result in unfair or arbitrary treatment” (Martindale-Hubbell Law Dictionary, Lawyers.com, a division of Reed Elsevier, Inc.) Within the Calgary Health Region, this includes, but is not limited to the right to: <ul style="list-style-type: none"> • natural justice principles • peer review • legal representation • a hearing with cross-examination rights • decision-makers free of bias • entitlement to written records of all proceedings and decisions rendered
Impact Statement	A document which outlines those Regional resources which will be made

Term	Definition
	available to a Member of the Midwifery Staff, as recommended by the Division Chief and approved by the Senior Vice-President Professional Practice.
Midwifery Health Disciplines Committee	The body responsible for ensuring that the legislative standards for midwifery in Alberta are implemented appropriately, and that the regulatory processes for handling registration of midwives and complaint resolution is fair.
Midwifery Services	Midwifery treatment provided by midwives.
Midwifery Staff	Those midwives appointed by the Calgary Health Region Board and delegated with the responsibility to provide quality midwifery health care to the regional referral area.
Midwifery Staff Bylaws	The principles governing the organization, conduct and standards of practice of the members of the Midwifery Staff of the Calgary Health Region, made pursuant to the section 13 of the Hospitals Act (and amendments and Regulations thereto.)
Midwifery Staff Regulations	The guidelines and processes to facilitate the administrative requirements of the Midwifery Staff Bylaws.
Natural Justice	The principles established in law that protect and promote an individual's right to be given notice (of a complaint lodged against him or her), to have the opportunity to be heard, and to be judged free of prejudice.
Office of the Senior Vice President Professional Practice	A regional office responsible for facilitating the business requirements of the Midwifery Staff Bylaws and Regulations.
Parental Leave	Leave granted for reasons of the birth of a child (born after December 31, 2000) or the adoption of a child 18 years or younger.
Patient	An individual requiring service and/or treatment from Members of the Medical Staff, Dental Staff, Podiatry Staff, or Midwifery Staff of the Calgary Health Region.
Privileges	The right granted to a Member of the Midwifery Staff to provide specified medical services to patients of the Calgary Health Region.
Professional Services	Services and treatment provided by Midwifery Staff.
Regional Clinical Department	An organizational unit structured on a regional basis and consisting of members with a similar field of practice,
Regional Clinical Department Head	A member of the Region's Medical Staff appointed by the Board as the head of a Regional Clinical Department.
Senior Vice President Professional Practice	The Senior Vice President Professional Practice is the senior administrator in the Region responsible for professional practice as delegated by the CEO.

APPENDIX "B"

**BOARD AND MIDWIFERY STAFF
APPOINTMENT AND PRIVILEGES STRUCTURE**



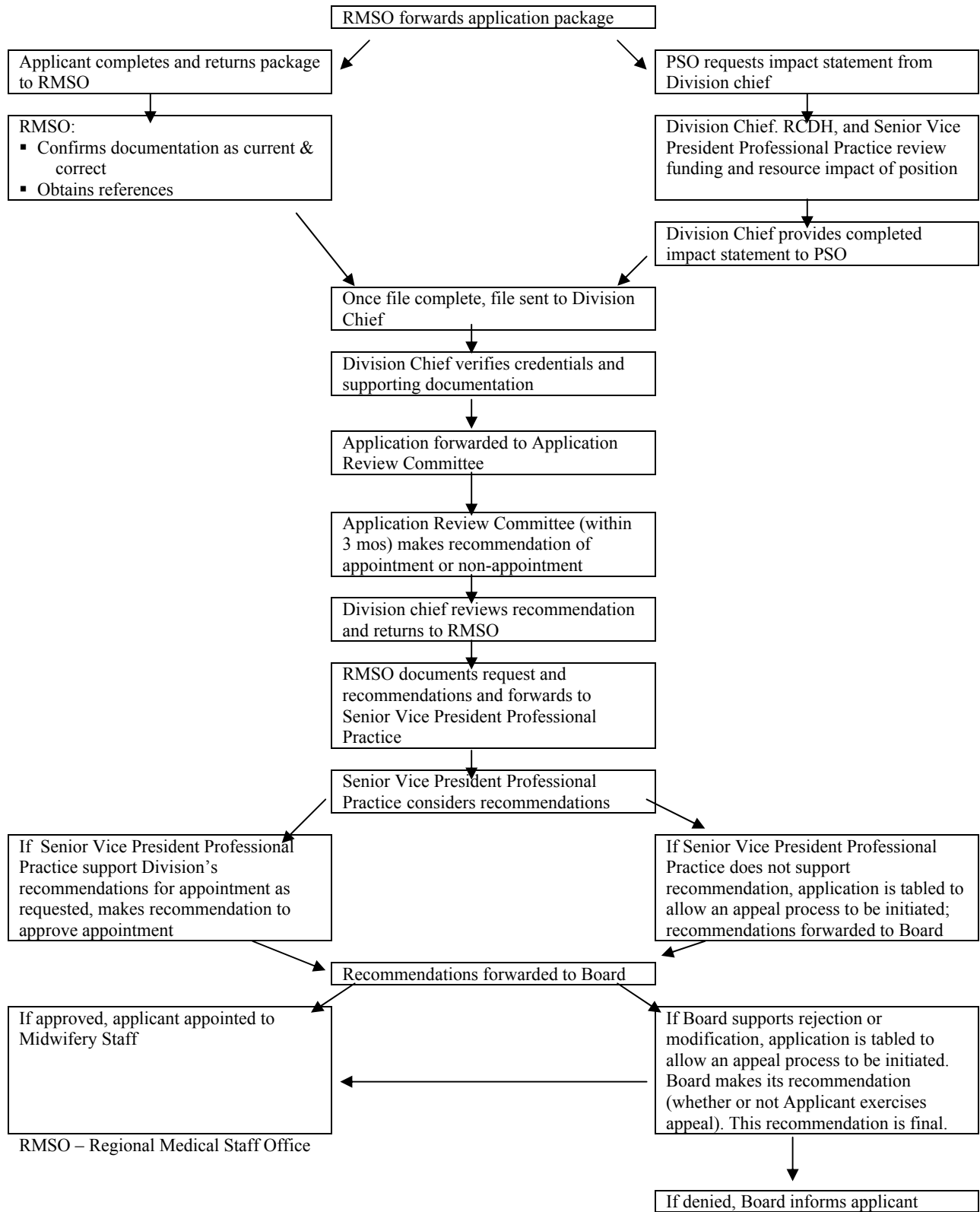
APPENDIX “C”

MIDWIFERY STAFF APPOINTMENT AND PRIVILEGES

(Options to be selected at time of appointment/re-appointment)

Appointment				
Category	Active		Associate	
Division	As chosen by Applicant/Member		As chosen by Applicant/Member	
Interim Approval of Appointment	Yes		Yes	
Term of Appointment	Appointment Year		Defined Term (not to exceed Appointment Year)	
Annual Reappointment	Yes		No	
Privileges				
Area of Clinical Activity	Choice: a) Acute Care b) Specialty Clinics & Outpatient Clinics and Services c) Patient Information Systems d) Community Care		Choice: a) Acute Care b) Specialty Clinics & Outpatient Clinics and Services c) Patient Information Systems d) Community Care	
Admitting Status	Yes	No	Yes	No
On-Call Responsibility	Yes, as required by Division		Yes, as required by Division.	
Specified Privileges	Approved as per Division Procedure List		Approved as per Division Procedure List	

APPENDIX "D" MIDWIFERY STAFF APPLICATION PROCESS FLOWCHART



RMSO – Regional Medical Staff Office

APPENDIX “E”

CALGARY HEALTH REGION BYLAWS AND POLICIES APPLICABLE TO MIDWIFERY STAFF

Members of the Calgary Health Region Midwifery Staff are responsible to review, and to remain informed regarding new or revised bylaws and policies which are applicable to, or of importance to, the Midwifery Staff. The bylaws and policies may be viewed on-line by accessing the Region’s policy database or via a hardcopy policy manual. A Regional Policy Manual may be obtained from the Regional Policy Unit located at Southport. Questions or comments regarding the bylaws and/or policies should be brought to the attention of the Manager, Regional Policy (Legal) Services.

Notification of new and revised policies and bylaws is announced through the Region’s web-based information source. The responsibility to remain informed regarding all policies and bylaws rests with the individual Midwifery Staff member. The policy website can be accessed at either of the following locations:

Internal access (within the Calgary Health Region facilities):

<http://iweb2.crha-health.ab.ca/policydb/>

External access (outside the Calgary Health Region facilities):

www.calgaryhealthregion.ca/policydb

Policy Name	Policy #	Classification
Acceptance of Out-of-Region Referrals to Acute Care	1469	Quality Patient Care
Admission of Patients to Over-Capacity Inpatient Beds	1451	Quality Patient Care
Admission/Re-Admission to Hospital	1339	Quality Patient Care
Advanced Nursing Practice: Role of Nurse Practitioner	1486	Quality Patient Care
Autologous Blood Donation/Transfusion	1340	Quality Patient Care
Autopsies	1374	Patient Rights, Privacy & Protection
Cellular Technology, Telephone & Two-Way Radio Use	1303	Facilities, Assets & Security
Certification of Death and Medical Examiner’s Cases	1400	Patient Rights, Privacy & Protection
Child Abuse and Neglect	1401	Patient Rights, Privacy & Protection
Clinical and Health Research	1244	Ethical Conduct
Clinical Responsibility for Documentation of Health Information	1611	Quality Patient Care
Conflict of Interest	Bylaw	Bylaws
Consent for Autopsy and Post Mortem Donation of Organ and Tissue	1402	Patient Rights, Privacy & Protection
Consent for Treatment, Special Procedure and Intervivos Gifts for Transplant	1414	Patient Rights, Privacy & Protection
Deceased Patients Without Next of Kin	1403	Patient Rights, Privacy & Protection
Examination of Human Tissue Removed Antemortem	1441	Quality Patient Care
Fatality Inquiries	1404	Patient Rights, Privacy & Protection
Granting of Remote Access to Health Information	1472	Information Security & Confidentiality
Guardianship and Trusteeship	1405	Patient Rights, Privacy & Protection
Incident Management	1344	Quality Patient Care
Information Security	1438	Information Security
Information Technology (IT) and Related Physical Asset Security	1487	Information Security
Management of Clinical Order Sets	1466	Quality Patient Care
Management of Critical Incidents	1345	Quality Patient Care
Medical (Still) Photography (Interim)	1347	Quality Patient Care
Occupational Exposure to Blood & Body Fluids	1465	Supportive Work Environment
Outpatient Admission/Referral Guidelines	1348	Quality Patient Care

Policy Name	Policy #	Classification
Ownership & Transfer of Clinic Health Records	1467	Information Security
Paging Systems	1313	Facilities, Assets & Security
Patient Discharge	1426	Quality Patient Care
Patient Passes	1349	Quality Patient Care
Personal Directives	1407	Patient Rights, Privacy & Protection
Political Activity	1256	Ethical Conduct
Prevention & Management of Abuse Against Staff	1464	Supportive Work Environment
Protection and Privacy of Health and Personal Information	1471	Information, Security and Confidentiality
Protection for Persons in Care	1408	Patient Rights, Privacy & Protection
Resuscitation (Adults)	1440	Patient Rights, Privacy & Protection
Resuscitation of Residents & Patients in Continuing Care Centres	1452	Patient Rights, Privacy & Protection
Role and Authority of Accounting Officers	1444	Corporate Accountability and Finance
Transition and Admission to Continuing Care Facilities: No Preference Placement	1462	Quality Patient Care
Transport of Patients with Respiratory Instability within Acute Care Sites	1453	Quality Patient Care
Travel Approval and Reimbursement	1428	Corporate Accountability & Finance
Viewing and Release of Body	1411	Patient Rights, Privacy & Protection
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