

Introduction

In 2008, the P.E.I. Department of Health contracted Corpus Sanchez International (CSI) Inc. to conduct an initial high level analysis of the Island health system. The recommendations of this analysis clearly indicated a need to create the proper environment and structures for effective medical leadership and involvement in quality health care management. This includes: (1) one set of bylaws and rules for all medical staff; (2) medical leadership positions with clear roles, responsibilities and reporting relationships that reflect three areas of medical leadership: advocacy, quality medical management and medical administration. In addition, a province-wide Medical Advisory Committee (PEIMAC) was recommended to represent all medical staff in the province irrespective of whether the medical staff is defined provincially or locally.

As a follow-up to the CSI analysis, a Health System Governance Advisory Council was established to make recommendations regarding the governance of the health care system to support the Province's vision of One Island Community, One Island Health Care System. With each hospital having its own set of medical staff bylaws, a new set of integrated bylaws are required to reflect the new health system structure under Health PEI.

In the past, much of the discussion relating to medical staff organization and process has focused around procedural issues related to bylaws, namely, privileging, appointment, reappointment and discipline. At the same time there has been limited attention to developing organizational structures and processes that support the development of an environment that contributes to a quality medical management at the facility and provincial system level on a continuous basis with the participation of board, senior management, physicians and other staff.

These Medical Staff Bylaws are intended to promote consistency across the province where required by legislation or ministerial direction, while providing flexibility in organizational structural issues so Health PEI can address individual facility circumstances and needs.

Improving and maintaining quality patient care requires ongoing input and dialogue between physicians and management. Recognizing the interdependence of the various groups and functions will facilitate progress on addressing a quality health care system.

Basic Assumptions

Physicians irrespective of their mode of remuneration or area of practice on PEI would be subject to medical staff bylaws for Health PEI with respect to:

- (a) A provincial Medical Advisory Committee;
- (b) A standard province-wide appointment and reappointment process;
- (c) A standard province-wide credentialing process;
- (d) A standard province-wide complaint review process;

- (e) A standard selection process for the appointment of the Executive Director of Medical Affairs, as well as other administrative physicians;
- (f) The requirement to establish a local medical advisory committee structure; and
- (g) The requirement to establish departments/programs based on Health PEI needs.

Legislative Framework

The powers of the Minister of Health and Wellness are defined in Section 3(2) of the *Health Services Act*:

3. (2) The Minister may

- (a) establish standards for the provision of health services in the province;
- (b) transfer to Health PEI, in accordance with the provincial health plan, such assets and liabilities, as the Minister considers appropriate;
- (c) assign to Health PEI, in accordance with the provincial health plan, such contracts entered into by the Minister, as the Minister considers appropriate;
- (d) establish, in writing, performance targets for Health PEI respecting its operations, financial management or the provision of health services by Health PEI;
- (e) issue directions to Health PEI, or establish policies or guidelines, respecting the management of its operations and the provision of health services by Health PEI;
- (f) provide health PEI with consultative support services;
- (g) make capital expenditures for the construction or renovation of a health facility or the supply of equipment for a health facility;
- (h) operate information systems relating to health services;
- (I) monitor patterns and results in the health system to evaluate the effectiveness of Health PEI in respect of its responsibilities; or
- (j) take other actions as are prescribed in the regulations.

The Minister of Health and Wellness has directed that bylaws respecting Medical Staff shall address standards relating to quality in the provision of health services by Health PEI to be applied across the province in the following areas:

- Types of privileges
- Appointments
- Credentialing process
- Complaint Review
- Appeals

Further directions on the content of medical staff bylaws are laid out in Section 8(2) of the *Health Services Act*, which states:

s. 8(2) the Board shall make bylaws governing the medical staff of Health PEI, including bylaws

- (a) respecting the appointment, reappointment, suspension and termination of the appointment of persons of the medical staff;
- (b) respecting the disciplining of members of the medical staff;
- (c) respecting the granting of privileges to members of the medical staff, including the amending, suspending and revoking of privileges granted;
- (d) governing the classification and organization of the medical staff;
- (e) establishing a provincial medical advisory committee and such other committees as the Board considers appropriate;
- (f) governing the appointment of members of committees and officers of the medical staff and prescribing their duties;
- (g) respecting the quality of health services provided by the medical staff; and
- (h) providing for transitional matters relating to the implementation of these bylaws.

Key Principles

These medical staff bylaws incorporate the following principles:

- (a) address the key elements of appointment, reappointment, privileging and discipline that Health PEI will be required to follow;
- (b) incorporate permissive language that will allow Health PEI to develop organizational structures that address its needs;
- (c) balance the obligations of Health PEI to address issues of risk management and patient safety while at the same time ensuring that the principles of due process/procedural fairness are maintained; and
- (d) address concerns with respect to physician advocacy and on-going liaison with local medical advisory committees and their management teams.

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**Health PEI
Medical Staff Bylaws**

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PART I

MEDICAL STAFF BYLAWS

Title

1 These are the Medical Staff Bylaws for Health PEI.

Purpose

2(1) These medical staff bylaws are developed and enacted in order to:

- (a) provide an administrative structure for the governance of the Medical Staff within Health PEI;
- (b) promote the provision of quality health care;
- (c) govern the procedures for the appointment, reappointment, modification, suspension and termination of appointment of physicians, nurse practitioners and dentists to the Medical Staff;
- (d) govern the procedures for the discipline of members of the Medical Staff;
- (e) provide a means of granting of privileges to members of the Medical Staff, including the amendment, modification, suspension or revocation thereof;
- (f) provide a means of effective and efficient communication amongst the Medical Staff, Health PEI, and management within the health system; and
- (g) provide for Medical Staff input into policy, planning and budget decisions of Health PEI.

(2) These medical staff bylaws apply to the Medical Staff members appointed pursuant to these Bylaws.

Definitions

3 These Bylaws are developed to be gender neutral. Therefore references to gender are made as they/their/them and are meant to encompass both genders.

In these Medical Staff Bylaws, the following definitions apply:

- (a) “applicant” means a person who has applied for appointment to the Medical Staff under Part VIII of these Bylaws;
- (b) “appointment” means the process by which a physician or dentist or nurse practitioner becomes a member of the Medical Staff of Health PEI;

- (c) “Board” means those persons appointed as members of the Board of Directors of Health PEI by the Lieutenant Governor in Council pursuant to Section 7(1) of the *Health Services Act*;
- (d) “Chief Executive Officer” (CEO) means the person appointed by the Board of Health PEI as Chief Executive Officer within the meaning of Sections 11(1) or 11(2) of the *Health Services Act*, responsible to the Board for the leadership of Health PEI and to carry out the general management of the facilities and programs operated by Health PEI in accordance with the bylaws, rules and polices of Health PEI;
- (e) “Complaints Review Committee” means the sub-committee of the Provincial Medical Advisory Committee to which a complaint regarding a member of the Medical Staff may be referred for a review and recommendation as set out in these Bylaws;
- (f) “confirmed in writing” means by letter, either typed or handwritten, or by electronic means such as email;
- (g) “consultative services” means those services provided by physicians, dentists or nurse practitioners of recognized professional ability who are not members of another category of Medical Staff who give consultations on request to any member of the Medical Staff or in cases where consultation is required by departmental or program policies;
- (h) “delegate” means that person who has been authorized to act or perform a task on behalf of another person;
- (i) “dentist” means a member of the Medical Staff who is duly licensed by the Dental Association of Prince Edward Island and who is entitled to practice dentistry pursuant to the *Dental Profession Act*;
- (j) “dental staff” means those oral and maxillo-facial surgeons who have been appointed as a member of the Medical Staff by the Board and those dentists who have been appointed as members of the Medical Staff by the Board;
- (k) “Department” means a component of the Medical Staff composed of members with common clinical or specialty interest as determined by their Local Medical Advisory Committee;
- (l) “Department Head” means a member of the Medical Staff in charge of and responsible for the operation of a Department who is responsible to the network/site Medical Director;
- (m) “Executive Director of Medical Affairs” means the physician appointed as Executive Director of Medical Affairs by the Chief Executive Officer and responsible for medical services provided within Health PEI pursuant to these bylaws;

- (n) “Executive Directors” means those members of the Executive Leadership Team of Health PEI who report directly to the Chief Executive Officer;
- (o) “health facility” means any building or premises in or from which the Minister of Health and Wellness or Health PEI or staff of Health PEI, including Medical Staff, provides health services;
- (p) “Health PEI” means the Crown corporation established under the *Health Services Act*;
- (q) “Health PEI Quality and Risk Coordinators” means the individuals who are responsible for providing leadership in quality management and risk management to effect improved client/patient care and services for an assigned geographic/program area in Health PEI;
- (r) “Impact Analysis” means a study conducted by the Executive Director of Medical Affairs, or delegate, in consultation with a Department and/or Program to determine the impact upon the resources of Health PEI of a proposed appointment of any person to the Medical Staff in that Department or Program;
- (s) “Local Medical Advisory Committee” (LMAC) means that component of the Medical Staff and management appointed under these bylaws to conduct certain duties assigned by these bylaws;
- (t) “Local Medical Staff Association” (LMSA) means the organized body of physicians, nurse practitioners and dentists who are affiliated with a particular hospital or the unaffiliated physician group, or the unaffiliated nurse practitioner group and hold membership with their respective professional associations;
- (u) “member” means a member of the Medical Staff;
- (v) “Medical Staff” means those physicians and dentists and nurse practitioners who have been appointed as members of the Medical Staff by the Board and who hold a licence to practice medicine or dentistry or as a nurse practitioner in the Province;
- (w) “Medical Schools” means those University schools of Medicine approved by the College of Physicians and Surgeons of Prince Edward Island;
- (x) “network/site Medical Director” means the person appointed by the Executive Director of Medical Affairs who is responsible for particular hospitals or programs of Health PEI as outlined in section 9(1) of these bylaws;
- (y) “nurse practitioner” (NP) means a member of the Medical Staff who is entitled to practice pursuant to the *Registered Nurses Act* and holds a license that is endorsed with a nurse practitioner’s endorsement under section 15 of their license;

(z) “PEI Family Medicine Residency Program” means a community-based family medicine training program, associated with Dalhousie University Medical School, to facilitate the clinical experiences through a series of family medicine and speciality rotations for medical residents, who come to PEI to train in family medicine;

(aa) “physician” means a member of the Medical Staff who is entitled to practice medicine pursuant to *The Medical Act* and who is duly licensed by the College of Physicians and Surgeons of Prince Edward Island;

(bb) “physician leader” means a member of the Medical Staff appointed or elected to a position of responsibility pursuant to these bylaws;

(cc) “policies and procedures” means those policies and procedures that have been enacted by the Medical Staff, and approved by the Board of Health PEI, to govern the application of the Medical Staff Bylaws;

(dd) “Program” is the term used to describe a group of clinical services within Health PEI that are directed toward meeting the health care needs of a specific group of patients, in a patient focused and interdisciplinary manner;

(ee) “Program Head” means a member of the Medical Staff in charge of and responsible for the operation of a Health PEI program who is responsible to the Executive Director of Medical Affairs;

(ff) “Province Medical Advisory Committee” (PMAC) means the advisory committee of the Medical Staff to the Health PEI Board on medical, nurse practitioner and dental matters;

(gg) “President of the Medical Staff” means the member of the local Medical Staff elected to that position by the members of their Medical Staff Association;

(hh) “Presidents’ Council” means the five (5) Presidents of their respective Medical Staff Associations;

(ii) “Professional Regulatory Authority” means, in the case of a physician, the College of Physicians and Surgeons of Prince Edward Island and in the case of a dentist, the Dental Association of Prince Edward Island and in the case of a nurse practitioner, the Association of Registered Nurses of Prince Edward Island;

(jj) “privileges” means the right granted by the Board in accordance with these bylaws to a physician or dentist or nurse practitioner to provide professional services or as outlined by their privileges to admit, register, diagnose, treat or discharge patients in respect to a facility, program or service operated or delivered by Health PEI;

(kk) "rules and regulations" means those rules and regulations governing the Medical Staff of Health PEI which have been established by the Medical Staff and approved by the Health PEI Board on the recommendations of the Provincial Medical Advisory Committee;

(ll) "Senior Management Team" means the Executive Directors of various programs and facilities operated by Health PEI reporting directly to the Chief Executive Officer of Health PEI;

(mm) "temporary privileges" means the right to practice in the facilities and programs operated by Health PEI that is granted to a member of the Medical Staff for a specified period of time in order that they may provide a specific service;

(nn) "unaffiliated physician" means a physician who is engaged in a clinical community practice in PEI who may be appointed to the Medical Staff with no admitting privileges at a Health PEI hospital or long-term care facility.

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PART II ORGANIZATION OF THE MEDICAL STAFF

Responsibilities of the Board of Directors of Health PEI

4(1) The Board is responsible for the internal organization and proceedings of Health PEI, and the general conduct and management of the affairs and activities provided at its facilities or delivered through its programs and services. The Board of Health PEI reports to the Minister of Health and Wellness.

(2) Pursuant to Section 8(2) of the Health Services Act the Board shall make bylaws governing the medical staff of Health PEI, including bylaws:

- (a) respecting the appointment, reappointment, suspension and termination of the appointment of persons to the medical staff;
- (b) respecting the disciplining of members of the medical staff;
- (c) respecting the granting of privileges to members of the medical staff, including the amending, suspending and revoking of privileges granted;
- (d) governing the classification and organization of the medical staff;
- (e) establishing a provincial medical advisory committee and such other committees as the Board considers appropriate;
- (f) governing the appointment of members of committees and officers of the medical staff and prescribing their duties;
- (g) respecting the quality of health services provided by the medical staff; and
- (h) providing for transitional matters relating to the implementation of these bylaws.

(3) Pursuant to Section 8(3) of the *Health Services Act*, a bylaw made by the Board, and the amendment or revocation of a bylaw, shall be submitted to the Minister for approval, in accordance with the procedures established by the Minister. Pursuant to Subsection 8(4) of the *Health Services Act* a bylaw made by the Board has no force and effect until it is approved by the Minister of Health and Wellness.

(4) Pursuant to Section 11(1) of the *Health Services Act* the CEO is, under the direction of the Board, responsible for the general management and conduct of affairs of Health PEI within the policies and directions of the Board.

Responsibilities of the Chief Executive Officer and Executive Director of Medical Affairs

5(1) Health PEI, through its Chief Executive Officer and Executive Director of Medical Affairs, shall be responsible:

(a) to ensure the delivery of medical services within Health PEI, consistent with the strategic plan and mission of Health PEI, applicable legislation and these bylaws;

(b) for the organization of the Medical Staff into such departments and programs as are warranted from time to time and as outlined in these Medical Staff bylaws. In so doing, Health PEI through its Chief Executive Officer and Executive Director of Medical Affairs, shall establish an organizational structure to assist the Executive Director of Medical Affairs in implementing and fulfilling the strategic plan and mission of Health PEI, including but not limited to:

(i) ensuring the appointment of departments and programs as required; and

(ii) establishing a Provincial Medical Advisory Committee and Local Medical Advisory Committees, as required.

Appointment of the Executive Director of Medical Affairs

6(1) The Chief Executive Officer shall appoint a member of the Medical Staff, or a person eligible for appointment to the Medical Staff, to the position of Executive Director of Medical Affairs after giving consideration to the recommendations and advice of a Search Committee.

(2) The person appointed to the position of Executive Director of Medical Affairs shall exercise any or all of the powers and responsibilities of the Executive Director of Medical Affairs.

(3) A Search Committee shall be established by the Chief Executive Officer and be composed of:

(a) one member from each of the five (5) Local Medical Advisory Committees, as nominated by each Local Medical Advisory Committee;

(b) one member from the Presidents' Council nominated by the Chair of the Council; and

(c) two members of the Senior Management Team of Health PEI selected by the Chief Executive Officer.

(4) The Search Committee shall invite applications from members of the Medical Staff or persons eligible for membership to the Medical Staff to fulfill the role of Executive Director of Medical Affairs.

(5) The Search Committee shall:

(a) review applications;

(b) interview selected applicants; and

(b) seek the advice of any other physician or person about the suitability of prospective candidates.

(6) The Search Committee shall present its recommendations and advice to the Chief Executive Officer.

(7) Notwithstanding subsection 6(6) and subject to the confirmation of the Board, the Chief Executive Officer has the authority to appoint an Executive Director of Medical Affairs and, during the transition from the Department of Health and Wellness to Health PEI, shall appoint the incumbent Director of Medical Programs from the Department of Health and Wellness as Executive Director of Medical Affairs.

(8) Subject to the confirmation of the Board, the Chief Executive Officer may at any time revoke or suspend the appointment of the Executive Director of Medical Affairs.

Responsibilities of the Executive Director of Medical Affairs

7(1) The Executive Director of Medical Affairs shall be accountable to the Chief Executive Officer with respect to all matters regarding the management and organization of the Medical Staff of Health PEI. This includes the establishment of an organizational structure that supports the achievement of health outcomes, and ensures that the delivery of medical services within the health system is consistent with the strategic plan and mission of Health PEI. The role and responsibilities of the Executive Director of Medical Affairs shall be set out more fully in the policies of Health PEI. These roles and responsibilities include, but are not limited to:

(a) full membership on the Senior Management Team of Health PEI. This includes participation in all 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 care programs and services and resource allocation;

(b) developing, maintaining and updating Medical Staff rules and regulations and policies and procedures pertaining to Medical Staff operations within the facilities, programs and services operated by Health PEI;

(c) providing leadership and direction on matters pertaining to clinical organization, new and existing health and information technology and other relevant Medical Staff administrative matters;

- (d) participating in Health PEI committees, as required;
- (e) providing leadership, direction, and effective coordination and cooperation among the Department and Program Heads, network/site Medical Directors, the Provincial Medical Advisory Committee, Local Medical Advisory Committee and all standing and ad hoc committees of the Medical Staff so as to integrate the activities of the various departments, programs and committees with each other and with the goals of Health PEI;
- (f) ensuring that appropriate Medical Staff appointment, privileging, reappointment, modification of privileges and discipline processes are in place and consistent with applicable law and legislation and with these bylaws;
- (g) ensuring participation in quality assurance, quality improvement, patient safety, risk management and utilization management activities within Health PEI, in compliance with all applicable legislation, bylaws, rules and regulations and policies and procedures of Health PEI;
- (h) collaborating with Health PEI Quality and Risk Coordinators to ensure that patient or staff concerns regarding the quality of medical care are investigated and resolved in a timely manner;
- (i) responding to physician concerns regarding patient safety and the quality of clinical care in a timely manner;
- (j) submitting annually a provincial Medical Staff human resource plan to the Chief Executive Officer of Health PEI;
- (k) providing leadership and direction on matters pertaining to physician compensation, recruitment, orientation and retention;
- (l) encouraging, promoting and fostering the professional and ethical conduct of members in relation to their practice, teaching, research and interactions with others;
- (m) addressing concerns arising from the professional and ethical conduct of Medical Staff members;
- (n) encouraging, promoting and fostering participation in continuing Medical Staff education on an ongoing basis;
- (o) identifying and addressing the management and leadership development needs of physicians within the provincial health system and facilitating their acquisition;
- (p) encouraging, promoting and fostering teaching and research within the provincial health system;

(q) ensuring that appropriate processes and protocols are in place for the consideration and approval of Medical Staff research proposals and compliance thereto; and

(r) liaising with Medical Schools to ensure effective coordination and cooperation for the PEI Family Medicine Residency Program, medical students and postgraduate trainees.

(2) The Executive Director of Medical Affairs may delegate responsibilities to others as required.

Appointment of Network/Site Medical Directors

8(1) The Executive Director of Medical Affairs shall appoint a member of the Medical Staff, or person eligible for appointment to the Medical Staff, to the position of network/site Medical Director after giving consideration to the recommendation and advice of a Search Committee.

(2) The person appointed to the position of network/site Medical Director may exercise any or all of the powers and responsibilities of the network/site Medical Director.

(3) A Search Committee shall be established by the Executive Director of Medical Affairs and be composed of at least the Executive Director of Medical Affairs, two (2) members of the Medical Staff and one (1) member from Administration from the network or site.

(4) The Search Committee shall invite applications from members of the Medical Staff or persons eligible for membership to the Medical Staff to fulfill the role of network/site Medical Director.

(5) The Search Committee shall:

(a) review applications;

(b) interview selected applicants; and

(c) seek the advice of any other physician or person about the suitability of prospective candidates.

(6) The Search Committee shall present its recommendations and advice to the Executive Director of Medical Affairs.

(7) Notwithstanding subsection 8(6) and subject to the confirmation of the Chief Executive Officer, the Executive Director of Medical Affairs has the authority to appoint network/site Medical Director(s) and during the transition from the Department of Health and Wellness to Health PEI, shall appoint the incumbent Medical Director(s) of Prince County Hospital, Queen Elizabeth Hospital/Hillsborough Hospital, the physician advisor for Charlottetown Family Physicians, and the network Medical Directors for West Prince, Summerside, and Kings County.

(8) Subject to the confirmation of the Board, the Executive Director of Medical Affairs may at any time revoke or suspend the appointment of the network/site Medical Director(s).

Responsibilities of Network/Site Medical Directors

9 The network/site Medical Director(s) shall be accountable to the Executive Director of Medical Affairs with respect to all matters regarding the administration of medical affairs within their area of Health PEI. These roles and responsibilities include, but are not limited to:

- (a) full membership on the management team of their network/site. This includes participation in all 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 care programs and services, and resource allocation;
- (b) providing leadership and direction on matters pertaining to clinical organization, existing health and information technology and other relevant Medical Staff administrative matters;
- (c) participating in network/site and Health PEI committees, as required;
- (d) acting as a resource to the President of the Medical Staff as well as to Department/Program Heads in their management of their departments/programs and in their delivery of regular performance appraisals to individual members of the Medical Staff;
- (e) providing direction, and effective coordination and cooperation among the Department and Program Heads, network/site Medical Directors, and the Local Medical Advisory Committees and all their standing and ad hoc committees, so as to integrate the activities of the various departments, programs and committees with each other and with the goals of the network/site;
- (f) ensuring that appropriate Medical Staff appointment, privileging, reappointment, modification of privileges and discipline processes are in place and consistent with applicable law and legislation and with these bylaws;
- (g) ensuring participation in quality assurance, quality improvement, patient safety, risk management and utilization management activities within the network/site, in compliance with all applicable legislation, bylaws, rules and regulations, and policies and procedures of Health PEI;
- (h) collaborating with Health PEI Quality and Risk Coordinators to ensure that patient and staff concerns regarding the quality of medical care are investigated and resolved in a timely manner;

- (i) responding to physician concerns regarding patient safety and the quality of clinical care in a timely manner;
- (j) encouraging, promoting and fostering the professional and ethical conduct of members in relation to their practice, teaching, research and interactions with others;
- (k) addressing concerns arising from the professional and ethical conduct of Medical Staff members;
- (l) encouraging, promoting and fostering participation in continuing Medical Staff education on an ongoing basis;
- (m) identifying and addressing the management and leadership development needs of physicians within the network/site and facilitating their acquisition;
- (n) encouraging, promoting and fostering teaching and research within the network/site;
- (o) ensuring that appropriate processes and protocols are in place for the review and approval of Medical Staff research proposals and compliance thereto; and
- (p) liaising with the Executive Director of Medical Affairs to ensure effective coordination and cooperation for the PEI Family Medicine Residency Program and all medical students and postgraduate trainees.

Establishment of Departments and Programs

10(1) The Executive Director of Medical Affairs may make recommendations to the Chief Executive Officer to establish or dissolve departments and programs, as considered appropriate from time to time.

(2) The establishment or dissolution of any department or program by Health PEI shall not take effect until confirmed by the Board of Health PEI.

(3) The composition and duties of each department and program shall be described in the policies and procedures of Health PEI.

(4) The Executive Director of Medical Affairs shall solicit advice from the Provincial Medical Advisory Committee, network/site Medical Directors and applicable Local Medical Advisory Committees regarding subsection 10(1).

Appointment of Department and Program Heads

11(1) Each Department shall have a Medical Staff leader(s) who is named through a selection process, determined by members of the particular Department, and appointed by the network/site Medical Director.

(2) Each Program shall have a Medical Staff leader(s) who is named through a selection process, determined by members of the particular Program, and appointed by the Executive Director of Medical Affairs.

(3) The Head of each Department shall be appointed for a period of two (2) years, renewable, and the Head of each Program shall be appointed for a period of three (3) years, renewable.

(4) Department Heads shall undergo an annual written performance review by the network/site Medical Director in accordance with the policies and procedures of the Medical Staff.

(5) Program Heads shall undergo an annual written performance review by the Executive Director of Medical Affairs in accordance with the policies and procedures of the Medical Staff.

(6) The network/site Medical Director may at any time revoke or suspend the appointment of a Department Head and the Executive Director of Medical Affairs may at any time revoke or suspend the appointment of a Program Head.

(7) No appointment, revocation or suspension of the appointment of a Department Head shall take effect until confirmed in writing by the network/site Medical Director. No appointment, revocation or suspension of the appointment of a Program Head shall take effect until confirmed in writing by the Executive Director of Medical Affairs.

(8) The network/site Medical Director may appoint an acting Department Head where the Department Head is absent, unable or unwilling to carry out the responsibilities of a Department Head. An acting Head of a Department shall have all of the powers, duties and responsibilities of the Department Head.

(9) The Executive Director of Medical Affairs may appoint an acting Program Head where the Program Head is absent, unable or unwilling to carry out the responsibilities of a Program Head. An acting Head of a Program shall have all of the powers, duties and responsibilities of the Program Head.

(10) The network/site Medical Director and Executive Director of Medical Affairs shall give consideration to the advice of the Local Medical Advisory Committee in the exercise of any of the powers under section 11.

Responsibilities of Department and Program Heads

12(1) A Department Head is responsible to the network/site Medical Director and a Program Head is responsible to the Executive Director of Medical Affairs for the effective organization, management and functioning of the Medical Staff within their Department or Program.

(2) It is the responsibility of the Department/Program Head to develop policies and procedures for the assigned department or program and review them annually. Policies and procedures will be reviewed by the Department/Program Head, the network/site Medical Director, the Executive Director of Medical Affairs, and the Provincial Medical Advisory Committee. These policies and procedures will come into effect when approved by the Board of Health PEI.

(3) The roles and responsibilities of the Department or Program Head shall be set out more fully in the policies of Health PEI. These roles and responsibilities include, but are not limited to:

- (a) in consultation with network/site Medical Director be responsible for the overall management of the Department or Program including, but not limited to, financial and program planning, human resources planning, the development, implementation and evaluation of patient care programs and services;
- (b) convene and chair regular meetings of the Department or Program and address concerns of physicians within the department or program;
- (c) ensure appropriate monitoring of the professional care provided by members of the Medical Staff in the Department or Program or assign an active staff member to monitor the practice of medicine of other members of the Department or Program for any period of time;
- (d) ensure appropriate orientation and integration of new members of the Medical Staff;
- (e) review the privileges granted to members of the Medical Staff and make recommendations to the Local Medical Advisory Committee for continuation or changes to such privileges;
- (f) make written recommendation(s) to the Local Medical Advisory Committee concerning the privileges and continuing membership of the Medical Staff;
- (g) ensure written annual performance evaluations for members within their Department or Program. The evaluation shall be based on the objectives, duties and obligations agreed to upon credentialing and at the last annual evaluation. The evaluation and recommendations are forwarded annually to the Office of the Executive Director of Medical Affairs and at the appropriate time to the Credentials Committee;
- (h) notify the network/site Medical Director of their pending absence, and suggest an alternate to be responsible for the conduct of departmental or program affairs;

- (i) report regularly on the activities of the Department or Program to the Local Medical Advisory Committee and the network/site Medical Director;
- (j) in consultation with the network/site Medical Director, develop, maintain and update Medical Staff rules and regulations and policies and procedures pertaining to the medical care provided within the Department or Program;
- (k) provide advice and recommendations to the network/site Medical Director and the Provincial Medical Advisory Committee on matters pertaining to clinical organization;
- (l) serve as the chair of Department or Program meetings, and direct and participate in any other Department or Program committee, as required;
- (m) provide medical and administrative direction to the physicians within the Department or Program;
- (n) develop objectives and strategies which focus on patient outcomes and which are consistent with the overall Mission, Values, Vision and Corporate Strategic Directions of Health PEI, and are supportive of, and integrated with, the key directions of other programs and services;
- (o) in consultation with the network/site Medical Director, ensure that the Medical Staff appointment, privileging, reappointment and discipline processes are adhered to; and
- (q) in consultation with the network/site Medical Director, develop, establish and maintain quality assurance, quality improvement, risk management and utilization activities within the Department or Program in compliance with all applicable legislation, bylaws, rules and regulations, and/or policies and procedures of Health PEI.

Establishment of the Provincial Medical Advisory Committee

13 The Chief Executive Officer and Executive Director of Medical Affairs shall establish a Provincial Medical Advisory Committee.

Responsibilities of the Provincial Medical Advisory Committee

14(1) The Provincial Medical Advisory Committee shall:

- (a) provide advice to the Executive Director of Medical Affairs about the effective organization, management and functioning of the Medical Staff of Health PEI;
- (b) in conjunction with the Executive Director of Medical Affairs, develop for approval by the Board of Health PEI, rules and regulations and policies and procedures relating to Medical Staff affairs in Health PEI; and

(c) make recommendations to the Chief Executive Officer, the Executive Director of Medical Affairs and the Board in accordance with and as required by these bylaws.

(2) Responsibilities of the Provincial Medical Advisory Committee shall include but not be limited to:

- (a) participation in patient safety efforts;
- (b) review of incident reporting trends and major incidents;
- (c) advice to the Board of Health PEI;
- (d) complaint review advice to network/site Medical Directors;
- (e) reporting to Board on activities of Medical Staff;
- (f) administrative functions as assigned by Chief Executive Officer or Board;
- (g) appointing chairs and members of the Provincial Medical Advisory Committee standing committees and ensuring that these committees function effectively and record minutes of their meetings;
- (h) providing policy advice and making recommendations to the Senior Management Team and the Board of Health PEI on matters of:
 - (i) the development, maintenance and updating of Medical Staff policies and procedures pertaining to Medical Affairs;
 - (ii) clinical organization, health and information technology and other relevant Medical administrative matters; and
 - (iii) strategic planning, financial and program planning, the development, implementation and evaluation of patient care programs and services and resource allocation.
- (i) receiving, reviewing and making recommendations to the Senior Management Team and the Board of Health PEI on reports received from quality review bodies and committees;
- (j) making recommendations to the Senior Management Team and the Board of Health PEI concerning the establishment and maintenance of professional standards in compliance with all applicable legislation, bylaws, rules and regulations and policies and procedures of Health PEI;

- (k) reporting on and making recommendations to the Senior Management Team and the Board of Health PEI on the quality, effectiveness and availability of medical care;
- (l) reporting on and making recommendations to the Senior Management Team and the Board of Health PEI to address, maintain and improve patient safety in the provision of medical services;
- (m) require a member of the Medical Staff to appear before the committee whenever necessary to carry out its duties;
- (n) making recommendations to the Senior Management Team and the Board of Health PEI regarding the medical human resources required to meet the health needs of the population served by Health PEI;
- (o) providing recommendations to the Board regarding the appointment, re-appointment, termination, suspension, discipline and privileging of members; and
- (p) providing recommendations regarding new capital equipment.

Provincial Medical Advisory Committee Composition

15(1) The composition of the Provincial Medical Advisory Committee shall be eleven (11) voting members with five (5) members selected by position and six (6) members elected by the Medical Staff.

(2) The five (5) members selected by position shall include the following:

- (a) the Executive Director of Medical Affairs, who shall act as Chair;
- (b) the Medical Director for Queen Elizabeth Hospital/Hillsborough Hospital;
- (b) the Medical Director for Prince County Hospital; and
- (c) two network Medical Directors, one of which has responsibility for a community hospital as part of their duties, and one who does not have responsibility for a community hospital as part of their duties, appointed by the Executive Director of Medical Affairs for up to three years.

(3) The six (6) members elected by the Medical Staff shall include the following:

- (a) one (1) member of the Medical Staff who is a non-specialist physician, dentist, or nurse practitioner whose primary practice is based in the Charlottetown area;
- (b) one (1) member of the Medical Staff who is a non-specialist physician, dentist, or nurse practitioner whose primary practice is based in the Summerside area;

(c) two (2) members of the Medical Staff who are specialist physicians whose primary hospital practice is at the Queen Elizabeth Hospital/Hillsborough Hospital;

(d) one (1) member of the Medical Staff who is a specialist physician whose primary hospital practice is at the Prince County Hospital; and

(e) one (1) member of the Medical Staff who is a specialist physician practicing in any facility or program of Health PEI.

(4) The initial term of office under these Bylaws shall be two (2) years for the two Queen Elizabeth Hospital/Hillsborough Hospital-based specialists and one Medical Staff who is a non-specialist in the Summerside area; and three (3) years for the one Prince County Hospital specialist, one Medical Staff member who is a non-specialist from the Charlottetown area, and one (1) Medical Staff member who is a specialist from Health PEI. Subsequent terms for all elected members will be two (2) years, renewable once.

(5) Elections for the elected members of the Provincial Medical Advisory Committee shall be held as required in June of each year and monitored by the Office of the Executive Director of Medical Affairs. The first set of elections shall occur following the approval of these bylaws by the Minister of Health and Wellness.

(6) Three (3) senior administrative staff, appointed by the Chief Executive Officer in consultation with the Executive Director of Medical Affairs, shall be non-voting members of the Provincial Medical Advisory Committee.

(7) The attendance and conduct of members of the Provincial Medical Advisory Committee shall be subject to the policies and procedures of the Provincial Medical Advisory Committee.

(8) The Chair of the Provincial Medical Advisory Committee shall:

(a) preside at all meetings of the Provincial Medical Advisory Committee;

(b) give such notice, as required in these Bylaws, of all meetings of the Provincial Medical Advisory Committee;

(c) in consultation with the members, develop the agenda for Provincial Medical Advisory Committee meetings;

(d) maintain the minutes of all meetings of the Provincial Medical Advisory Committee;

(e) maintain an attendance record of those attending all meetings of the Provincial Medical Advisory Committee;

(f) perform such other duties as ordinarily pertain to this office and as the Board of Health PEI may from time to time direct;

(g) only vote in the case of a tie; and

(h) report to the Board in accordance with the Board's reporting requirements.

(9) The Vice Chair of the Provincial Medical Advisory Committee shall be elected on an annual basis from and by the other voting members of the Provincial Medical Advisory Committee. The Vice Chair shall have all the powers and perform all the duties of the Chair, in the absence of the Chair.

Standing and Ad Hoc Committees of Provincial Medical Advisory Committee

16(1) The Provincial Medical Advisory Committee may establish such standing committees and ad hoc committees as it sees fit, and where required by these Medical Staff bylaws. The following standing committees will be formed: Pharmacy and Therapeutics; Infection Prevention and Control; Risk Management; Utilization Management; Health Technology Assessment; Health Records; Transfusion; and Policy Review.

(2) The terms of reference, duties and composition of each standing and ad hoc committee shall be recorded in the rules and regulations, policies and procedures or minutes of the Provincial Medical Advisory Committee.

(3) The Provincial Medical Advisory Committee 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 on a regular basis to the Provincial Medical Advisory Committee, or as directed by the Provincial Medical Advisory Committee, and, at the request of the Provincial Medical Advisory Committee, be present to discuss all or part of any minutes, reports, or recommendations.

(5) The Chair and members of each standing committee shall be appointed annually by the Provincial Medical Advisory Committee. An effort shall be made to include membership from across the province.

Provincial Medical Advisory Committee/Department Meetings

17(1) The Provincial Medical Advisory Committee shall hold not fewer than ten (10) meetings in each fiscal year at the call of the Chair.

(2) Where departments or programs have been established, the number of regular department or program meetings shall be determined by the rules and regulations or policies and procedures as established by the Provincial Medical Advisory Committee.

Establishment of the Local Medical Advisory Committees

18 (1) The Chief Executive Officer, in consultation with the Executive Director of Medical Affairs, shall provide for the establishment of Local Medical Advisory Committees as follows:

- (a) West Prince Medical Advisory Committee;
- (b) Prince County Hospital Medical Advisory Committee;
- (c) Queen Elizabeth Hospital/Hillsborough Hospital Medical Advisory Committee;
- (d) Kings County Medical Advisory Committee; and
- (e) Unaffiliated Medical Staff Medical Advisory Committee.

(2) The Local Medical Advisory Committees shall meet at the call of the chair. The chair of each of these committees shall be the network/site Medical Director. The Vice Chair shall be elected from the other members of each Local Medical Advisory Committee on an annual basis.

(3) The Chair of the Local Medical Advisory Committee shall:

- (a) preside at all meetings of the Local Medical Advisory Committee;
- (b) give notice of all meetings of the Local Medical Advisory Committee;
- (c) develop the agenda for Local Medical Advisory Committee meetings;
- (d) maintain the minutes of all meetings of the Local Medical Advisory Committee;
- (e) maintain an attendance record of those attending all meetings of the Local Medical Advisory Committee;
- (f) perform such other duties as ordinarily pertain to this office and as Health PEI from time to time direct;
- (g) only vote in the case of a tie; and
- (h) report to the Provincial Medical Advisory Committee in accordance with the Board's reporting requirements.

Responsibilities of the Local Medical Advisory Committees

19 The responsibilities of the Local Medical Advisory Committee include, but are not limited to:

- (a) working with the Provincial Medical Advisory Committee to assure that medical staff services in their area of responsibility demonstrate quality, safety, coordination, timeliness and adequacy;
- (b) advising the network/site Medical Directors on matters related to Medical Staff and on other issues as requested;
- (c) considering, acting on, or referring to the Provincial Medical Advisory Committee items which are submitted by an Executive Director of Health PEI;
- (d) reporting to the Executive Director of Medical Affairs through the Chair; and
- (f) other duties as assigned by the Provincial Medical Advisory Committee.

Composition of the Local Medical Advisory Committee

20 The composition of the Local Medical Advisory Committee shall include medical leadership and appropriate administrative staff as recommended by the local site/network Medical Director and Administration. These appointments shall be made by the Executive Director of Medical Affairs.

Standing and Ad Hoc Committees of the Local Medical Advisory Committee

21(1) The Local Medical Advisory Committee may establish such standing and ad hoc committees as it sees fit, and where required by these Medical Staff bylaws. Such committees shall report in writing to the Local Medical Advisory Committee.

(2) The terms of reference, duties and composition of each standing and ad hoc committee shall be recorded in the rules and regulations, policies and procedures or minutes of the Local Medical Advisory Committee.

(3) The Local Medical Advisory Committee 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 on a regular basis, or as directed by the Local Medical Advisory Committee, and, at the request of the Local Medical Advisory Committee, be present to discuss all or part of any minutes, reports, or recommendations of the standing or ad hoc committee.

Establishment of the Local Medical Staff Associations

22(1) There shall be five (5) Local Medical Staff Associations as follows:

- (a) West Prince Medical Staff Association;
- (b) Prince County Hospital Medical Staff Association;
- (c) Queen Elizabeth Hospital/Hillsborough Hospital Medical Staff Association;
- (d) Kings County Medical Staff Association; and
- (e) Unaffiliated Medical Staff Association.

(2) The elected officers of each of the Medical Staff Associations shall be the President, Vice-President, Secretary-Treasurer and others as decided by each Association. They shall be elected by the Active, Modified Active, Associate, and Community Medical Staff at the annual meeting of the Association. The elected officers shall be responsible for the collection, use and disbursement of any Medical Staff funds as directed by the Medical Staff. The first election shall occur following the approval of these Bylaws by the Minister of Health and Wellness.

(3) The President shall be responsible for calling and presiding at the Medical Staff Association meetings and shall be a member, ex-officio, of all Standing Medical Staff Association committees. They shall be a member of and represent the Medical Staff at meetings of the Presidents' Council.

(4) The Vice-President, in the absence of the President, shall be empowered to assume all of the President's duties and have all of their authority. They shall be expected to perform such other duties as may be assigned by the President.

(5) The Secretary-Treasurer shall be responsible for keeping accurate and complete minutes of all Medical Staff Association meetings, calling meetings on order of the President, attending to all correspondence and performing such other duties as ordinarily pertain to that office. They shall be accountable for all Medical Staff Association funds and will be responsible for the preparation and presentation to Medical Staff of a yearly audit of such funds.

(6) The Local Medical Staff Association shall meet at least quarterly at the call of the President. The Agenda for these meetings shall include written reports from the Local Medical Advisory Committee, local Department/Program Heads and the Provincial Medical Advisory Committee.

(7) The annual meeting of each Local Medical Staff Association shall be held in June and the President shall present their annual report, including the financial statement of the Medical Staff Association. The election of officers shall take place at the annual meeting. Voting, if necessary, shall be by ballot by the Active, Associate, Modified Active, and Community Medical Staff. Only members of the Medical Staff whose primary base of work is within the Local Medical Staff Association area

in Health PEI are eligible to vote in their Local Medical Staff Association elections.

(8) Special meetings of the Medical Staff Association may be called at any time by the President, and shall be called at the written notice of the Executive committee or any five (5) members of the Medical Staff. At any special meeting, no business shall be transacted except that stated in the notice calling the meeting. Notice of any special meeting shall be posted at least ten (10) days before the time set for the meeting.

Responsibilities of the Local Medical Staff Associations

23 The responsibilities of the Local Medical Staff Associations include, but are not limited to:

- (a) providing a formal mechanism to address Medical Staff concerns initially through the Department/Program Heads, network/site Medical Director, Local Medical Advisory Committee, Executive Director of Medical Affairs and subsequently to the Chief Executive Officer and the Board;
- (b) providing a means for Medical Staff members to communicate with each other;
- (c) acting as an advocacy group for physicians, dentists and nurse practitioners and their patients; and
- (d) providing a forum for information exchange between Administration and the Medical Staff.

Composition of the Local Medical Staff Associations

24(1) The term of office for each officer of each association shall be one (1) year as the Secretary-Treasurer, followed by one (1) year as the Vice-President and one (1) year as the President, served consecutively.

(2) If a vacancy occurs among officers, the remaining officers shall act as President and Vice President and the Local Medical Staff Association shall appoint a Secretary-Treasurer until the next annual meeting.

Presidents' Council

25(1) Health PEI shall establish a Presidents' Council.

(2) The conduct of the Presidents' Council meetings, as well as questions of procedure, shall be determined in accordance with the rules and regulations or policies and procedures of the Medical Staff as established from time to time.

Purpose of the Presidents' Council

26(1) The purpose of the Presidents' Council is to serve as an advocacy body for the Medical Staff of Health PEI and to promote continuous quality improvement.

(2) The Presidents' Council shall act only in an advocacy and advisory capacity to Health PEI.

(3) Responsibilities of the Presidents' Council shall include but are not limited to:

- (a) enhancing the quality and effectiveness of health care;
- (b) striving for a stable, constructive and long term positive relationship between the Medical Staff and Health PEI;
- (c) providing a forum for discussion of health care management issues;
- (d) providing a forum for the discussion of issues of mutual interest with the Board; and
- (e) calling a meeting of the Medical Staff of Health PEI upon the recommendation of the Presidents' Council.

Presidents' Council Composition

27(1) The Presidents' Council shall be composed of the presidents of the five (5) Local Medical Staff Associations and may also include a representative from the Medical Society of PEI, the Prince Edward Island College of Family Physicians, the College of Physicians and Surgeons of Prince Edward Island, the Association of Nurses of Prince Edward Island, and the Dental Council of Prince Edward Island if these Associations wish to provide a representative.

(2) The Chair shall be elected by the five (5) elected members of the Presidents' Council.

(3) At the invitation of the chair, other individuals may attend meetings, as deemed necessary or appropriate, from time to time.

Presidents' Council Meetings

28(1) The Presidents' Council shall meet at the call of the Chair.

(2) At least one week prior to the meeting, the chair shall circulate the agenda to the members of the Presidents' Council.

(3) Minutes of the Presidents' Council shall be submitted to the office of the Executive Director of Medical Affairs for distribution to network/site Medical Directors and Medical Staff.

Reports by the Presidents' Council

29 The chair of the Presidents' Council, or designate, may, in accordance with the policies and procedures of Health PEI:

- (a) attend meetings of the Board or a sub-committee of the Board; and
- (b) report on the activities of the Presidents' Council.

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PART III STAFF CATEGORIES

Establishment of Medical Staff Categories

30 The Medical Staff shall be organized into the following categories:

- (a) Associate;
- (b) Active;
- (c) Modified Active;
- (d) Community;
- (e) Temporary;
- (f) Trainees; and
- (g) Honorary.

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PART IV MEDICAL STAFF SUB CATEGORIES

Associate Medical Staff

31(1) The Associate Medical Staff shall consist of those physicians, dentists and nurse practitioners who apply for an appointment to the Active Medical Staff. Appointment to the Associate Medical Staff shall be considered a probationary appointment, during which time the network/site Medical Director and the appropriate Department/Program Head shall evaluate the Medical Staff member.

(2) Each Associate Medical Staff member shall be awarded such privileges as are appropriate to their skills, experience, qualifications, primary work site and other work sites, if applicable, unless otherwise specified in their appointment.

(3) Subject to subsections (4) and (5), an Associate Medical Staff member shall work for a twelve-month probationary period under the mentorship or supervision of an Active Medical Staff member assigned by the network/site Medical Director, pursuant to the recommendation of the Head of the Department/Program to which the Associate Medical Staff member has been assigned.

(4) In exceptional circumstances, the Executive Director of Medical Affairs may recommend to the Board a waiver or reduction of the twelve-month probationary period, and the Board, at its discretion, may waive or reduce the probationary period. If the Board agrees with the recommendation, the Board may grant an appointment for the balance of the credentialing year to the Medical Staff category for which the physician initially applied.

(5) At the end of the initial twelve-month appointment, and subject to the provisions of these Bylaws, the Local Medical Advisory Committee shall review the performance of the Associate Medical Staff member and recommend to the Provincial Medical Advisory Committee:

(a) the appointment of the Medical Staff member to the Active or Community Medical Staff, as the case may be; or

(b) the appointment of the Medical Staff member, but that the category of Medical Staff or privileges be modified from those requested by the physician; or

(c) the Medical Staff member be subject to a further probationary period by reappointment to the Associate Medical Staff for a period not to exceed twelve months; or

(d) the application be refused and the reasons for denial shall be in writing.

(6) No member of the Medical Staff shall be appointed to the Associate Medical Staff for more than twenty-four (24) consecutive months.

(7) The Associate Medical Staff member or their Department/Program Head may request the network/site Medical Director to assign a different mentor or supervisor at any time during the member's appointment to the Associate Medical Staff.

(8) At any time, the Provincial Medical Advisory Committee may recommend to the Board that the appointment of a member to the Associate Medical Staff be terminated. If the Provincial Medical Advisory Committee recommends termination, the Provincial Medical Advisory Committee shall prepare written reasons with respect to its recommendation and the process described in sections 50 to 52 inclusive, with any necessary modification, shall be followed.

(9) Members of the Associate Medical Staff shall have such membership and voting rights, and be subject to such duties and obligations of Active Medical Staff, as are commensurate with the Medical Staff category for which they initially applied.

Active Medical Staff

32(1) The Active Medical Staff shall consist of those physicians, dentists and nurse practitioners who have been appointed as Active Medical Staff by the Board.

(2) Except where approved by the Board, no physician, dentist or nurse practitioner with an Active Medical Staff appointment outside Health PEI shall be appointed to the Active Medical Staff.

(3) Every physician, dentist, or nurse practitioner applying for an initial appointment to the Active Medical Staff will be initially appointed to the Associate Medical Staff unless the Board directs otherwise.

(4) All Active Medical Staff members shall have their privileges specified upon their appointment to the Medical Staff.

(5) Each member of the Active Medical Staff, when acting as an attending physician shall:

(a) ensure that care is provided to their patients in Health PEI facilities and programs, and as required, ensure arrangements are in place for the ongoing care of their patients by another member of the Medical Staff with the commensurate privileges when they are personally unable to attend patients;

(b) attend patients and undertake such treatments in accordance with the privileges granted by the Board;

(c) act as a mentor to or supervisor of a member of the Associate Medical Staff as mutually agreed upon by the Associate Medical Staff member, the Active staff member, the network/site Medical Director and the Department or Program Head;

(d) attend meetings of the Medical Staff as required by the rules and regulations and policies and procedures of Health PEI; and

(e) abide by applicable legislation, bylaws, rules and regulations and policies and procedures of the Medical Staff.

(6) Members of the Active Medical Staff may refer any of their patients to services provided by Health PEI consistent with any rules and regulations and policies and procedures established for the referral to those services.

(7) Members of the Active Medical Staff may be a member or the chairperson of any committee of the Medical Staff and vote at meetings of the Medical Staff or at any committee on which they hold membership.

Modified Active Staff

33(1) The Modified Active Medical Staff shall consist of those physicians, dentists and nurse practitioners who have been appointed as Modified Active Medical Staff by the Board.

(2) The Modified Active Medical Staff category is created by the Board to provide a category of Medical Staff for those physicians who are former members of the Active Medical Staff with temporary or permanent medical illness and who have made a significant contribution as a member of the Active Staff and who desire to make a reduced commitment to Health PEI and to have a modified scope of privileges and reduced access to resources.

(3) The Board may appoint a physician, dentist or nurse practitioner to the Modified Active Medical Staff if:

(a) the appointment can be accommodated within the Health PEI Physician Resource Plan, the Department's Physician Resource Plan and Departmental Rules and Regulations; and

(b) the Head of the Department has recommended to the Provincial Medical Advisory Committee that the appointment can be accommodated within the Department's Physician Resource Plan and the Department's Rules and Regulations.

(4) Every physician, dentist, or nurse practitioner applying for an initial appointment to the Modified Active Medical Staff will be appointed to the Associate Medical Staff for a probationary period unless the Board directs otherwise.

(5) All Modified Active Medical Staff members shall have their privileges at Health PEI facilities specified in their appointment to the Medical staff.

(6) Each member of the Modified Active Medical Staff shall:

- (a) attend patients and undertake treatment in accordance with the privileges granted by the Board, on recommendation of the Provincial Medical Advisory Committee which shall have received the recommendation of the Local Medical Advisory Committee and the Head of their Department if applicable;
 - (b) be granted Admitting Privileges by the Board of Health PEI as recommended by the Provincial Medical Advisory Committee, having given consideration to the recommendation of the Local Medical Advisory Committee which shall have received the recommendation of the Head of Department;
 - (c) be entitled to apply for annual reappointment to the Modified Active Staff in accordance with the agreement referred to in subsections (2)(3)(7);
 - (d) be eligible to attend and vote at Medical Staff Association, Departmental, and Program meetings and hold office in the Medical Staff Association or be a member or chair of a committee of the Medical Staff;
 - (e) be bound by the expectations for attendance at Medical Staff Association, Departmental, and Program meetings; and
 - (f) before their appointment, be counseled by their Department Head with respect to their expected contributions and to administrative and clinical responsibilities.
- (7) An appointment to the Modified Active Medical Staff is made subject to the condition that it be for a fixed period of time, as agreed upon between the applicant and the Department Head and approved by the Board on recommendation of the Provincial Medical Advisory Committee at the time of the initial appointment to the Modified Active Staff.
- (8) A member of the Modified Active Staff may apply for appointment to another category of the Medical Staff, but such appointment will only be made if it can be accommodated within the resources of the Department and/or Program, and with the agreement of the Department/Program.

Community Medical Staff

34(1) The Community Medical Staff shall consist of those physicians, dentists and nurse practitioners who have been appointed as Community Medical Staff by the Board.

(2) The Board may appoint a physician, dentist or nurse practitioner to the Community Medical Staff if:

- (a) the applicant has patients who are residents of a non-hospital facility operated by Health PEI; or

(b) the applicant has a need to access Health PEI facilities and programs such as but not limited to diagnostic imaging, laboratory, rehabilitation, health promotion and home care to serve the needs of their patients residing within PEI; or

(c) the applicant assists during surgical procedures; or

(d) the applicant provides consultative services.

(3) Each member of the Community Medical Staff shall:

(a) ensure that care is provided to their patients in Health PEI facilities and programs, and, as required, ensure arrangements are in place for the ongoing care of their patients by another member of the Medical Staff with the appropriate privileges when they are unable to attend patients;

(b) abide by applicable legislation, bylaws, rules and regulations and policies and procedures; and

(c) attend meetings of their network/site based Medical Staff Association and the Medical Staff as required by the rules and regulations and policies and procedures of Health PEI.

(4) Members of the Community Medical Staff may be a member or the chairperson of any committee of the Medical Staff and vote at meetings of the Medical Staff or at any committee on which they hold membership.

Temporary Medical Staff

35(1) The Temporary Medical Staff shall consist of those physicians, dentists and nurse practitioners who have been appointed to the Temporary Medical Staff by the Board.

(2) The Board may appoint a physician, dentist or nurse practitioner to the Temporary Medical Staff with such privileges as it deems appropriate, where the appointment is:

(a) for a defined period of time of less than twelve (12) months and for a specific purpose; or

(b) to provide temporary replacement or support for a member of the Active or Community Medical Staff.

(3) Notwithstanding subsection (1) and subsection 42(1), the Executive Director of Medical Affairs may:

(a) appoint a physician, dentist, or nurse practitioner who is not a member of the Medical Staff to the Temporary Medical Staff and grant temporary privileges where there is an immediate need for the service and it is not practical for the applicant to submit all of the information required pursuant to this Bylaw, provided the Executive Director of Medical Affairs is satisfied

that the applicant meets the criteria for appointment set out in section 45.

(4) The granting of temporary privileges and appointment pursuant to subsection (3) shall be reviewed by the Board at its next regularly scheduled meeting and the Board may, where considered appropriate, affirm, amend, modify or revoke any temporary privileges. Parts VII and VIII of these bylaws do not apply to a decision of the Board made pursuant to this section.

(5) Each member of the Temporary Medical Staff shall:

(a) ensure that care is provided to their patients in Health PEI facilities, and programs, and as required, ensure arrangements are in place for the ongoing care of their patients by another member of the Medical Staff with the commensurate privileges when they are personally unable to attend patients;

(b) attend patients and undertake such medical and surgical treatments in accordance with the privileges granted by the Board;

(c) undertake such duties respecting patient care as may be reasonably assigned by the Executive Director of Medical Affairs in circumstances where additional medical human resources are required;

(d) attend meetings of their primary Medical Staff Association only as required by the rules and regulations and policies and procedures of Health PEI; and

(e) abide by applicable legislation, bylaws, rules and regulations and policies and procedures.

(6) Members of the Temporary Medical Staff may refer any of their patients to programs provided by Health PEI consistent with any rules and regulations and policies and procedures established for the referral to those programs and services.

(7) Members of the Temporary Medical Staff shall have no voting rights and may not hold any office or be a voting member on any committee established by the Medical Staff of Health PEI.

Trainee Staff

36(1) The Trainee Staff shall consist of those medical students, postgraduate medical trainees, dental students and nurse practitioner students in recognized training programs who have been appointed by the Board to the Trainee Staff of Health PEI.

(2) The Board may grant such privileges as are consistent with the training level, experience and learning objectives of the trainee, where the trainee is under the supervision and direction of a member of the Active Medical Staff, Modified Active Staff, or Associate Staff.

(3) Each member of the Trainee Staff shall:

(a) attend patients and undertake such medical and surgical treatments as befits their level of training and experience in accordance with the privileges granted by the Board;

(b) attend meetings of the Medical Staff Association as required by the rules and regulations and policies and procedures of Health PEI; and

(c) abide by applicable legislation, bylaws, rules and regulations and policies and procedures.

(4) Members of the Trainee Staff may:

(a) participate as voting members of an Education Committee, if any; and

(b) attend meetings of the Medical Staff Association but shall have no voting rights and shall not hold any office or be a voting member on any committee other than the Education Committee.

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PART V
HONORARY MEDICAL STAFF

Honorary Medical Staff

37(1) The Board may appoint a physician, dentist or nurse practitioner to the Honorary Medical Staff. Parts VI, VII , and VIII of these Medical Staff bylaws do not apply to an appointment to this category.

(2) The Honorary staff category is to recognize physicians, dentists or nurse practitioners who have provided distinguished service to the residents of PEI.

(3) Members of the Honorary Medical Staff hold no privileges.

(4) Members of the Honorary Medical Staff:

(a) subject to subsection (5), may attend meetings of the Medical Staff Association(s) but shall have no voting rights;

(b) may not hold any office or be a voting member on any committee; and

(c) are not subject to mandatory meeting attendance as required by the rules and regulations and policies and procedures of Health PEI.

(5) An Honorary Medical Staff member may be excluded from any meeting or portion of a meeting of the Medical Staff Association at the discretion of the Chair, where personal information, personal health information or confidential information is being discussed.

(6) The Board may at any time, where considered appropriate, terminate the appointment of a physician, dentist or nurse practitioner from the Honorary Medical Staff.

PART VI RESPONSIBILITIES OF THE MEDICAL STAFF

Responsibilities of Medical Staff

38(1) Collectively, members of the Medical Staff have a responsibility and accountability to Health PEI to:

- (a) promote and provide quality care in Health PEI facilities, programs and services that is directed towards satisfying the needs of the patient, and meets the standards set out by recognized bodies of their 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;
- (b) participate in appropriate quality improvement initiatives aimed at improving access to and quality of care provided within Health PEI facilities and programs;
- (c) practice and promote appropriate use of evidence-based clinical practice; and
- (d) assist in fulfilling the mission of Health PEI by contributing where reasonably possible to strategic planning, community needs assessment, resource utilization management and quality management activities.

(2) Each member of the Medical Staff has a responsibility to Health PEI to:

- (a) ensure that a high professional and ethical standard of care is provided to patients under their care;
- (b) practice within the scope of the privileges granted and their professional competency and skill;
- (c) meet the requirements for personal continuing professional education and continuing professional learning as established by their professional association:
 - (i) in the case of a physician specialist, the Royal College of Physicians and Surgeons in Canada and, in the case of a physician non-specialist, the College of Family Physicians of Canada;
 - (ii) in the case of a dentist, the Dental Council of Prince Edward Island; and
 - (iii) in the case of a nurse practitioner, the Association of Registered Nurses of Prince Edward Island.

- (d) participate in such education and training initiatives as appropriate that support Health PEI's provision of quality health services;
- (e) recognize the authority of the Department/Program Head, Executive Director of Medical Affairs, Chief Executive Officer, network/site Medical Directors, Provincial Medical Advisory Committee, Local Medical Advisory Committee(s), and the Board;
- (f) abide by applicable legislation, bylaws, rules and regulations and policies and procedures;
- (g) participate in appropriate quality improvement initiatives;
- (h) work, cooperate with and relate to others in a collegial and professional manner;
- (i) conduct themselves in a manner consistent with Health PEI's mission, vision and values;
- (j) serve on various Health PEI and Medical Staff committees where required by these Medical Staff bylaws;
- (k) utilize health care resources in a manner consistent with Health PEI policies, procedures and practices; and
- (l) on initial appointment, notify the Executive Director of Medical Affairs of any criminal, disciplinary or civil action involving the applicant as per subsection 44(7)(d)(e)(f).

Leave of Absence for Non-Medical Reasons

39(1) A member of the Medical Staff may apply to the network/site Medical Director for a leave of absence for a period not to exceed twelve (12) months.

(2) A written application for a leave of absence must be submitted to the network/site Medical Director with minimum advance notice equal to the amount of leave time sought, except in the case of maternity leave, which will require a minimum of a three month notice.

(3) The network/site Medical Director may grant a leave of absence for the following reasons:

- (a) to attend an educational program;
- (b) for maternity/family leave; or
- (c) for any other circumstance that the network/site Medical Director, at their discretion, considers appropriate.

- (4) Where a leave of absence is granted, it cannot be rescinded without the agreement of the member.
- (5) A member may apply to the network/site Medical Director for consecutive leaves of absence, who may grant such additional leave at their discretion.
- (6) The notice requirement set out in subsection (2) may be waived upon the mutual agreement of the network/site Medical Director and the member applying for a leave of absence.
- (7) Where the network/site Medical Director does not grant a member the requested leave, the network/site Medical Director shall provide the member with written notice within fourteen (14) days of receipt of the request. Upon receipt of this notice, the member may, upon giving notice to the Medical Director of their intention to do so, appeal the application denial to the Provincial Medical Advisory Committee for consideration at its next regular meeting. Both the member and the network/site Medical Director shall be afforded the opportunity to make representation to the Provincial Medical Advisory Committee regarding the leave application unless a party waives their right to be present. The Provincial Medical Advisory Committee shall provide written reasons for its decision to both the network/site Medical Director and the member within fourteen (14) days of the meeting at which the issue was discussed.
- (8) Either the network/site Medical Director or the member may, upon providing notice to the other, appeal the decision of the Provincial Medical Advisory Committee to the Board for consideration at the next regular meeting of the Board. The member, the Chair of the Provincial Medical Advisory Committee, and the network/site Medical Director shall be afforded the opportunity to make representation to the Board regarding the leave application unless a party waives their right to be present. The Board shall provide written reasons of its decision on the application to the Chair of the Provincial Medical Advisory Committee, the network/site Medical Director and the member within fourteen (14) days of the meeting at which the issue was discussed.
- (9) If the member's reappointment comes due during the period of the member's leave of absence, the member shall apply for reappointment as if they were not on a leave of absence.
- (10) While on an approved leave of absence, the member shall maintain their Medical Staff appointment but:
- (a) are exempt from Department and Program duties, including the requirement to attend Department and Program meetings; and
 - (b) do not have any admitting, discharge, prescribing or procedural privileges.
- (11) While on an approved leave of absence, members are required to maintain licensure with their applicable licensing body and to maintain applicable professional liability insurance satisfactory to Health PEI.

(12) Prior to commencing their leave of absence, the member shall make arrangements for the ongoing care of their patients.

(13) Upon completion of their leave of absence, and upon satisfying the network/site Medical Director of their ability to return to the staff category held prior to the leave of absence, shall be afforded all the rights, privileges, responsibilities and resources they enjoyed prior to commencing the leave, subject to any resource changes initiated by the Provincial Medical Advisory Committee or their network/site Medical Director in their absence.

Leave Due to Illness and/or Disability

40(1) A member, or someone authorized to act on behalf of the member, must, as soon as practicable, notify the network/site Medical Director of an illness or disability that may adversely impact the Medical Staff member's ability to continue with their duties.

(2) Such notification should, where possible, disclose the nature and extent of the illness and/or disability and the anticipated time that the member will be limited in performing or unable to perform their duties.

(3) The network/site Medical Director may periodically make inquiries of the member, or of the Member's attending physician(s), for updates regarding the member's health and anticipated return to duty date. Such inquiries shall pertain only to details directly affecting the member's ability to practice. The member shall provide to their attending physician(s) the requisite consents to release information.

(4) Upon being able to resume their duties, the member shall provide to the network/site Medical Director a written opinion from their attending physician(s) indicating that the Medical Staff member is medically fit to resume their duties, and detailing any limitations that the attending physician(s) has placed on the Medical Staff member.

(5) Where, upon receipt of such documentation, the network/site Medical Director is satisfied that the Medical Staff member is able to resume their duties, they shall permit the Medical Staff member to return to practice as soon as is practicable, and shall make all reasonable efforts to accommodate any limitations on the member's practice which have been recommended by the member's attending physician(s). Any disagreement between the physician and the network/site Medical Director over whether the physician is able to resume his/her duties following a leave of absence will be referred to the Provincial Medical Advisory Committee.

(6) Upon receipt of the information referred to in subsection 41(4), the network/site Medical Director may request additional information from the attending physician(s), provided such request is made in writing and provides reason for the request.

(7) Where the network/site Medical Director is of the opinion that, prior to permitting the member to return to practice, further information regarding the health of the member is required, or an Independent Medical Exam is required, they shall, upon providing written notice to the member of their intention to do so, refer the matter to the Provincial Medical Advisory Committee for consideration at its next scheduled meeting. Both the member and the network/site Medical Director shall be afforded the opportunity to make representation to the Provincial Medical Advisory Committee unless a party waives their right to be present. The Provincial Medical Advisory Committee shall provide written direction to both the network/site Medical Director and the member within fourteen (14) days of the meeting.

(8) Where either the network/site Medical Director or the member disagree with the direction provided by the Provincial Medical Advisory Committee, they may, upon providing written notice to the other of their intention to do so, appeal the matter to the Board for consideration at its next scheduled meeting within five (5) working days following the decision. The Medical Staff member, the Chair of the Provincial Medical Advisory Committee and the network/site Medical Director shall be afforded the opportunity to make oral and/or written representations to the Board unless a party waives their right to be present. The Board shall provide written direction to the Chair of the Provincial Medical Advisory Committee, the network/site Medical Director and the member within fourteen (14) days of the meeting. The member shall restrict their privileges to those awarded by the Provincial Medical Advisory Committee until the decision of the Board of Health PEI is determined.

(9) Upon return from a leave due to illness or disability, and upon satisfying the network/site Medical Director of their ability to return to the staff category held prior to the leave of absence, a member shall be afforded all the rights, privileges, responsibilities and resources they enjoyed prior to commencing the leave, subject to any limitations that are placed upon the member by their attending physician(s) and any resource changes initiated by the Provincial Medical Advisory Committee or their network/site Medical Director during any absence.

(10) Where a member has returned to practice with temporary limitations imposed by their attending physician, the member shall provide to the network/site Medical Director on a monthly basis a written update as to the nature, extent and anticipated duration of the limitations, and shall also provide supporting documentation from their attending physician(s) at the network/site Medical Director's request.

PART VII

APPOINTMENT AND REAPPOINTMENT - GENERAL

Power to Appoint and Reappoint

41(1) Except for a temporary appointment or the granting of temporary privileges pursuant to section 36, the Board has the sole and exclusive power to appoint and reappoint members to the Medical Staff and to grant privileges. In considering whether to make an appointment or reappointment to the Medical Staff, or to grant privileges, the Board shall consider the recommendations of the Provincial Medical Advisory Committee, however the Board is not bound by those recommendations.

(2) Except in the circumstances mentioned in subsection 36(3)(a), a physician, dentist or nurse practitioner must hold an appointment to the Medical Staff in order:

(a) to hold any privilege under these Bylaws;

(b) to provide any service to an individual or patient in a facility operated or program offered by Health PEI; or

(c) to refer any individual or patient to any service provided by Health PEI.

(3) Physicians licensed in other jurisdictions in Canada, who are consulted by a member of the Medical Staff in PEI regarding a patient who is receiving or requires services offered by Health PEI, are not required to hold an appointment to the Medical Staff in PEI.

(4) Any member of the Active Medical Staff who has resigned or otherwise caused or permitted termination from the Medical Staff, or whose Medical Staff membership has been terminated by the Board and who subsequently wishes to become a member of the Medical Staff, is required to make application and follow the process for an initial appointment.

Term of Appointment or Reappointment

42(1) Unless otherwise specified in an appointment, or termination prior to the expiration of the term of the appointment, an appointment expires on that day that is two years from the date the appointment was granted.

(2) Each appointment to the Medical Staff shall state the category of appointment, program assignments, and description of clinical responsibilities to each Department, and/or Program to which the member is appointed, and shall confer on the appointee only such privileges as may hereinafter be defined. Category of appointment, program assignments (where applicable), and clinical responsibilities shall not be amended without the agreement of the Medical Staff member.

(3) Notice of resignation from an appointment shall be provided to the Executive Director of Medical Affairs at least two months in advance of the date on which the resignation takes effect, except in circumstances of serious illness or similar crisis.

(4) All Members of the Medical Staff shall undergo:

(a) annual written performance evaluation by the Department/Program Head during the first two years of appointment;

(b) a regular written evaluation thereafter at an interval determined by the Department/Program Head, but not to exceed two years; and

(c) a written performance evaluation at any time if, in the opinion of the Department/Program Head, the network/site Medical Director, or the Executive Director of Medical Affairs, there are concerns regarding compliance with Professional and/or Departmental standards, or performance.

(5) The written performance evaluation shall also include a review of current privileges, evidence of a current professional license, membership in the Canadian Medical Protection Association, Canadian Nurses Protective Association or dental malpractice insurance program, as appropriate. The performance evaluation criteria will be determined through policies and procedures developed by the Provincial Medical Advisory Committee.

PART VIII INITIAL APPOINTMENT

Initial Appointment Procedure

43(1) An application for initial appointment to the Medical Staff shall be processed in accordance with these Bylaws, the rules and regulations and the policies and procedures of Health PEI.

(2) The Executive Director of Medical Affairs shall supply a copy of these Bylaws to each physician, nurse practitioner or dentist who expresses an intention to apply for appointment to the Medical Staff.

(3) An applicant for initial appointment to the Medical Staff shall submit an application in writing to the Executive Director of Medical Affairs, in a form approved by the Provincial Medical Advisory Committee, together with all information required to be submitted by these Bylaws.

(4) On receipt of a request for an application form, the office of the Executive Director of Medical Affairs shall, if there is a vacancy that the applicant proposes to fill, forward the application form and a list of required credentialing material to the physician, nurse practitioner or dentist making the request. The Executive Director of Medical Affairs shall also advise the applicant of the substance of sections 39 to 43.

(5) If there is no vacancy, an application may still be provided at the discretion of the Executive Director of Medical Affairs, who shall inform the applicant that, when completed, it will be kept on file for a period of two years.

(6) During the time when an application is under consideration, the Provincial Medical Advisory Committee and the Board shall be entitled to give consideration to any other suitable candidates.

(7) Each completed application must include:

(a) an indication of the category of Medical Staff appointment being sought and a list of privileges requested;

(b) an up-to-date curriculum vitae which shall include a chronological account of the applicant's education, training, academic qualifications, continuing education and continuing professional learning, the applicant's professional experience and memberships and positions held in professional organizations and committees;

(c) a completed Impact Analysis questionnaire;

- (d) a statement detailing any completed proceedings in which there was a failure to obtain, or reduction in classification or voluntary or involuntary resignation, or termination or suspension of any professional license or certification, fellowship, professional academic appointment or privileges at any health care organization;
- (e) information regarding any pending or completed criminal investigation and/or proceedings or convictions related to professional practice involving the applicant;
- (f) information regarding any pending or completed civil proceedings or disciplinary action related to professional practice involving the applicant;
- (g) information regarding any physical or mental impairment or health condition known to the applicant that impairs their ability to exercise the necessary skill, ability and judgment to provide appropriate care;
- (h) evidence of:
- (i) in the case of a physician, a current licence or proof of eligibility to obtain a licence from the College of Physicians and Surgeons of Prince Edward Island and, where applicable, the appropriate Certification of the Royal College of Physicians and Surgeons of Canada, or the College of Family Physicians of Canada, or current eligibility to write the appropriate specialty examination of the Royal College of Physicians and Surgeons of Canada, or the College of Family Physicians of Canada, and adhering to any restrictions as defined by the College of Physicians and Surgeons of Prince Edward Island;
 - (ii) in the case of a dentist, a current licence or proof of eligibility to obtain a licence from the Dental Association of Prince Edward Island;
 - (iii) in the case of a nurse practitioner, a current licence or proof of eligibility to obtain a licence as a nurse practitioner from the Association of Registered Nurses of Prince Edward Island; and
 - (iv) evidence of membership in the Canadian Medical Protective Association, dental malpractice insurance or membership in the Canadian Nurse Protective Association, or equivalent professional liability protection satisfactory to the Board.
- (i) results of a current Criminal Records Check and, if applicable, a notarized copy of the Police Clearance Certificate or equivalent from the applicant's country of origin;
- (j) a signed consent authorizing a hospital, health authority or other health care organization in which the applicant provided services to disclose to the Executive Director of Medical Affairs:

(i) a report on any action taken by a disciplinary committee, Medical Advisory Committee or other health care organization; and

(ii) a recital and description of any pending or completed disciplinary proceedings related to professional practice and actions by such professional licensing body, hospital, health authority or other health care organization, voluntary restriction of privileges, competency investigations, performance reviews, and details of disputes with other hospitals, health authorities or other health care organizations regarding appointment, reappointment, change of privileges, restriction or cancellation of privileges, or mid-term suspension or revocation of privileges.

(k) the names, addresses and phone numbers of:

(i) the Chief Executive Officer and the Executive Director of Medical Affairs, or a person exercising similar responsibilities, of the most recent hospital, health authority, or other health care organization where the applicant held privileges or received training;

(ii) where there has been completion of training within the past three years, the dean of medicine, service director or head of a training program, the dean of dentistry, dean of nursing of the last educational institution in which the applicant held an appointment or was trained; and

(iii) at least three health professionals (referees) who can attest to the character and medical, dental or nursing competence of the applicant, based on first-hand knowledge of the applicant within the previous four years.

(l) a signed authorization to any applicable hospital, health authority, regulatory body, or other health care organization to release and disclose information respecting the applicant on any matter required by this section;

(m) any additional relevant information that the Executive Director of Medical Affairs, Department Head, Credentials Committee, Provincial Medical Advisory Committee or Board, in the course of their review of the applicant's application, deems necessary to make a determination regarding the application;

(n) a statement by the applicant confirming that the applicant has read and understood the Medical Staff Bylaws;

(o) an undertaking that, if appointed to the Medical Staff, they will participate in the discharge of Medical Staff obligations applicable to the membership category to which the applicant is assigned and will act in accordance with applicable legislation, Medical Staff Bylaws, rules and regulations, or policies and procedures and such professional and ethical standards as established from time to time; and

(p) a statement signed by the applicant declaring the truth of the information contained in the application and supporting materials provided by the applicant, and acknowledging that the discovery of any untruth therein may result in the appointment not being granted or, where such occurs following the appointment being granted, may result in the immediate revocation of the privileges and appointment granted.

(8) For a proper evaluation of the applicant's competence, character, ethics and other qualifications, the applicant has the burden of producing adequate information to address the requirements of this section. The applicant may produce any relevant additional information in support of the application, should the applicant so desire, prior to consideration by the Board of the Provincial Medical Advisory Committee's recommendation concerning the application.

(9) Until the applicant has provided all the information required by these Bylaws or requested by the Executive Director of Medical Affairs, the application for appointment will be deemed incomplete and will not be processed. If the information required by this section is not provided within sixty(60)days from the date of submission of the initial application, the application is deemed withdrawn.

Criteria for Appointment

44(1) Appointments and privileges granted to the Medical Staff shall be governed by the following considerations:

- a) physician resource planning criteria as adopted by Health PEI and amended from time to time by applicable legislation;
- b) the need to ensure that privileges granted to members of the Medical Staff are consistent with each member's qualifications and skills; and
- c) the need to ensure that Health PEI departments and programs are staffed by individuals who can work effectively together as a team.

(2) Each applicant seeking appointment to the Medical Staff shall be required to meet the following criteria:

- (a) in the case of a physician, they must:
 - (i) have a valid license with the College of Physicians and Surgeons of Prince Edward Island and be entitled to practice medicine pursuant to the *Medical Act*;
 - (ii) practice within the Canmeds Competencies of the Royal College of Physicians and Surgeons of Canada (RCPSC) and/or the four principles of Family Medicine, whether the physician is a member of the Royal College of Physicians and Surgeons of Canada or the College of Family Physicians of Canada (CFPC) and by the Canadian Medical Association (CMA) code of ethics; and

(iii) if seeking to practice as a specialist, be registered as such by the College of Physicians and Surgeons of Prince Edward Island on the basis of the physician's training and experience in that specialty and possession of the appropriate Certification or Fellowship of the Royal College of Physicians and Surgeons of Canada or be currently eligible to write the appropriate specialty examination of the Royal College of Physicians and Surgeons of Canada.

(b) In the case of a dentist, they must:

(a) have a valid license with the Dental Council of Prince Edward Island and be entitled to practice dentistry pursuant to the *Dental Profession Act*;

(b) have the education, training and experience appropriate to the privileges being sought; and

(c) in the case of an applicant seeking privileges in oral and maxillofacial surgery, be licensed and certified in that specialty by the Dental Council of Prince Edward Island.

(c) In the case of a nurse practitioner, they must:

(a) have a valid license with the Association of Nurses of Prince Edward Island and be entitled to practice nursing pursuant to the *Registered Nurses Act* with a nurse practitioner's endorsement under section 15 on their license;

(b) have the education, training and experience appropriate to the privileges being sought; and

(c) practice in accordance within the Canadian Nursing Association competency framework and ethics.

(3) The applicant will have demonstrated:

(a) the ability to provide patient care at an appropriate level of quality and efficiency;

(b) the ability to work and cooperate with and relate to others in a collegial and professional manner;

(c) the ability to communicate and relate appropriately with patients and patients' families;

(d) the willingness to participate in staff, committee and other obligations appropriate to the membership category; and

(e) acceptable ethical character, performance and behavior.

(4) All appointments to Medical Staff shall be:

(a) consistent with the community population needs for service, as determined by the government of PEI, from time to time;

(b) consistent with the Medical Staff human resource plan of Health PEI;

(c) consistent with the strategic plan and mission of Health PEI; and

(d) supported by a demonstrated sufficiency of resources within Health PEI and the Department and/or Program to which the applicant is applying.

Board May Refuse to Appoint

45 In accordance with these Bylaws, the Board may refuse to appoint any applicant to the Medical Staff.

Process for Granting of Privileges on Initial Appointment

46(1) Subject to subsection (2), upon receipt of a completed application for appointment, the Executive Director of Medical Affairs shall forward the completed application, and all supporting material, to the appropriate Department or Program Head for consideration and recommendation and shall notify the appropriate network/site Medical Director.

(2) If the Executive Director of Medical Affairs or delegate is of the opinion that the application fails to meet the criteria set out in section 45(1)-(4), they may refuse to process the application for appointment and shall advise the applicant of the decision and reasons for this decision within ninety (90) days of receiving the application.

Review of Application for Granting of Privileges for Initial Appointment

47(1) In considering an application for appointment, the Department or Program Head:

(a) shall evaluate the applicant with regard to the criteria set out in section 45;

(b) may consult with any other member of the Medical Staff or any other person as appropriate; and

(c) shall interview the applicant.

(2) Following consideration of the application, and the material and information referred to in subsection (1), the Department or Program Head shall make a recommendation in writing to the Local Medical Advisory Committee respecting privileging and initial appointment, that either:

- (a) the application be accepted in accordance with the category of appointment sought and privileges requested;
- (b) the application be accepted, but that the category of Medical Staff or privilege be modified from those requested by the applicant; or
- (c) the application be rejected.

(3) Following consideration by the Local Medical Advisory Committee, the application and the Local Medical Advisory Committee recommendation are forwarded to the Executive Director of Medical Affairs for consideration by the Provincial Medical Advisory Committee. If the recommendation of the Local Medical Advisory Committee differs from the Department/Program Head, the reasons for the differences shall be made in writing for consideration by the Provincial Medical Advisory Committee.

Recommendation of Provincial Medical Advisory Committee

48(1) Having regard to the recommendations of the Local Medical Advisory Committee and the information referred to in section 48, the Provincial Medical Advisory Committee shall make a recommendation to the Board respecting the application for initial appointment, that either:

- (a) the application be accepted in accordance with the category of appointment sought and privileges requested;
- (b) the application be accepted but the category of Medical Staff or privileges be modified from those requested by the applicant; or
- (c) the application be rejected.

(2) If the Provincial Medical Advisory Committee recommends to the Board that the application be granted in accordance with the category of appointment sought and privileges requested, the Executive Director of Medical Affairs shall then forward the recommendation of the Provincial Medical Advisory Committee to the Board for consideration at its next regular meeting.

(3) If the recommendation of the Provincial Medical Advisory Committee varies from the appointment sought or privileges requested by the applicant, the Provincial Medical Advisory Committee shall prepare written reasons with respect to its recommendation which shall be forwarded to the Executive Director of Medical Affairs to accompany the recommendation to the Board.

Notice to Applicant of Board Meeting

49(1) Subject to subsection (2), the Executive Director of Medical Affairs shall send the applicant written notice by registered mail at least fourteen (14) days before the meeting of the Board at which the application for appointment and recommendation of the Provincial Medical Advisory Committee will be considered, which notice shall:

- (a) include a copy of the recommendation together with the written reasons for the recommendation of the Provincial Medical Advisory Committee made pursuant to subsection 49(3);
- (b) inform the applicant of their right to make written representations to the Board;
- (c) specify the date, time and place of the meeting of the Board;
- (d) include a statement that the applicant shall be afforded an opportunity to examine, prior to the Board meeting, any written information or representations that were considered by the Provincial Medical Advisory Committee;
- (e) include a statement that the applicant may appear in person or be represented by counsel, and that in their absence the Board may proceed with consideration of the recommendation of the Provincial Medical Advisory Committee;
- (f) inform the applicant that the Board may adjourn or extend the time for its meeting; and
- (g) include a statement advising the applicant that his or her right to appear in person to make oral representations, either personally or through legal counsel, is subject to the applicant providing not less than five (5) days written notice in advance of the Board meeting by registered mail to the Executive Director of Medical Affairs of his or her intention to do so.

(2) For the purposes of subsection (1), notice is only required to be given by the Executive Director of Medical Affairs if the Provincial Medical Advisory Committee recommends that:

- (a) the application be accepted but the category of Medical Staff or privileges be modified from those requested by the applicant; or
- (b) the application be rejected.

(3) The Board may refuse to hear the oral representations of the applicant or the applicant's legal counsel if the applicant fails to provide the written notice required by subsection 50(1)(g).

Board Proceedings

50(1) The parties before the Board are the applicant, the Chair of the Provincial Medical Advisory Committee, and such other persons as the Board may specify.

(2) The applicant is entitled to submit written representations and to appear in person, with or without legal counsel, before the Board. The applicant is entitled to call witnesses.

(3) Subject to section 87(2), the applicant 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

considered by the Provincial Medical Advisory Committee in making its recommendation.

(4) Members of the Board present at the meeting at which the application is considered shall not have taken part in any investigation or consideration of the subject matter of the application before the meeting and shall not communicate directly or indirectly in relation to the subject 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.

(5) The Board shall consider the reasons of the Provincial Medical Advisory Committee in support of its recommendation. Where through error or inadvertence, certain reasons have been omitted in the written reason delivered to the applicant, the Board may consider those reasons only if those reasons are given by the Provincial Medical Advisory Committee in writing to both the applicant and the Board and the applicant is given a reasonable time to review the reasons and to prepare representations in response to those additional reasons.

(6) No member of the Board shall participate in a decision of the Board pursuant to this Section unless they were present throughout the meeting and heard the representations of the applicant, if any, and except with the consent of the parties, no decision of the Board shall be given unless all members so present participate in the decision.

Board Decision

51(1) Upon consideration of the application and all supporting information, the recommendations of the Provincial Medical Advisory Committee, including the reasons therefore, and the representations of the applicant, if any, the Board may:

- (a) appoint the applicant to the category of appointment sought and privileges requested by the applicant;
- (b) appoint the applicant to a category and with privileges considered appropriate by the Board;
or
- (c) reject the application for appointment.

(2) If the Board refuses to adopt the recommendation of the Provincial Medical Advisory Committee, the Executive Director of Medical Affairs shall notify the Provincial Medical Advisory Committee.

Service of Board Decision

52(1) 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.

(2) The decision, order, direction or ruling of the Board is final and binding upon the parties and shall not be questioned or reviewed, in whole or in part, by a court, tribunal or other decision making body.

PART IX REAPPOINTMENT

Criteria for Reappointment to the Medical Staff

53 A member shall be eligible for reappointment if the member:

- (a) has applied for reappointment in accordance with section 55; and
- (b) continues to meet the criteria set out in subsections 44(7)(a)(d)(e)(f)(g)(h)(m)(n)(o)(p).

Reappointment Procedure

54(1) On an biannual basis, each member of the Medical Staff shall apply for reappointment. The member shall submit to the Executive Director of Medical Affairs:

- (a) a completed application for reappointment on a form approved by the Executive Director of Medical Affairs and by no later than the date specified; and
- (b) the information set out in section 56 and such other information as may be requested by the Executive Director of Medical Affairs.

(2) An application for reappointment to the Medical Staff shall be processed in accordance with the provisions of these Bylaws, the rules and regulations and the policies and procedures of Health PEI.

(3) Where a member applies for reappointment pursuant to this Section, their appointment to the Medical Staff shall be deemed to continue until the fate of the application for reappointment is determined by the Board, in accordance with these Bylaws.

Information to be Submitted

55 The member shall submit:

- (a) a current license with the College of Physicians and Surgeons of Prince Edward Island, Dental Council of Prince Edward Island, or Association of Registered Nurses of Prince Edward Island, as appropriate;
- (b) proof of continuing education activities as required by the continuing professional development programs of the Royal College of Physicians and Surgeons of Canada or the College of Family Physicians of Canada (CFPC), Association of Registered Nurses of Prince Edward Island or the Canadian Dental Council. General Practitioners who are not members of the CFPC and specialists who are not members of the RCPSC will be required to adhere to the same continuing medical education requirements as their peers who are members of CFPC or RCPSC;

- (c) documentation of additional training or academic achievement during the preceding two years;
- (d) administrative appointments, teaching, research, other scholarly work or special responsibilities assumed or continued during the preceding two years;
- (e) evidence of membership in the Canadian Medical Protective Association, Canadian Dental Protective Association or Canadian Nurses Protective Association, appropriate to their scope of practice, or equivalent liability protection satisfactory to Health PEI;
- (f) any updated information respecting the matters outlined in section 45(2);
- (g) the category of reappointment, the Department or Program to which the reappointment is requested and the privileges requested;
- (h) review of prior evaluations; and
- (i) any change in privileges requested.

Application Deemed Incomplete

56 Notwithstanding subsection 55(1)(b), until the member has provided all the information required to be submitted pursuant to these Bylaws, the application for reappointment will be deemed incomplete and will not be processed. If the information required by this Section is not provided within sixty (60) days from the date of submission of the application for reappointment, the application for reappointment is deemed withdrawn.

Board May Refuse to Reappoint

57 In accordance with these Bylaws, the Board may refuse to reappoint any applicant to the Medical Staff.

Process of Reappointment

58 Upon receipt of the completed application for reappointment, the Executive Director of Medical Affairs being satisfied that the member meets the criteria set out in subsection 45(1)-(3) shall forward the completed application and all supporting material to the appropriate Department or Program Head, for consideration and recommendation.

Review of Application for Reappointment by Department or Program Head

59 (1) In considering the application for reappointment, the Department or Program Head shall assess the member's:

- (a) performance over the preceding two years; and
- (b) utilization of Health PEI resources.

- (2) In considering the application for reappointment, the Department or Program Head shall:
- (a) interview the member;
 - (b) review the member's performance during the preceding two years;
 - (c) discuss the member's plans for any changes in their privileges and/or category of appointment of the member and/or changes in the type or level of service to be provided; and
 - (d) discuss any other matter listed in subsection 45(1)-(3).
- (3) Following consideration of the application for reappointment, and all materials and information submitted by the member, the Department or Program Head shall make a recommendation to the Local Medical Advisory Committee, that either:
- (a) the application for reappointment be accepted to the category of appointment sought and privileges requested;
 - (b) the application for reappointment be accepted but the category of Medical Staff or privileges be modified from those requested by the Medical Staff member; or
 - (c) the application for reappointment be rejected.
- (4) Following consideration by the Local Medical Advisory Committee, the application and their recommendations are forwarded to the Executive Director of Medical Affairs for consideration by the Provincial Medical Advisory Committee.
- (5) If the recommendation of the Local Medical Advisory Committee varies from the reappointment sought or privileges requested by the member, the Local Medical Advisory Committee shall prepare written reasons with respect to their recommendation.

Recommendation of Provincial Medical Advisory Committee

60(1) Upon consideration of the application for reappointment, and all supporting information, the recommendations of the Department or Program Head and the Local Medical Advisory Committee, including the reasons therefore, the Provincial Medical Advisory Committee shall make a recommendation to the Board respecting the application for reappointment, that either:

- (a) the application for reappointment be accepted to the category of appointment sought and privileges requested;
- (b) the application for reappointment be accepted but the category of Medical Staff or privileges be modified from those requested by the member; or

(c) the application for reappointment be rejected.

(2) If the Provincial Medical Advisory Committee recommends to the Board that the application for reappointment be granted in accordance with the category of appointment sought and privileges requested, the Executive Director of Medical Affairs shall forward the recommendation of the Provincial Medical Advisory Committee to the Board for its consideration at its next regular meeting.

(3) If the recommendation of the Provincial Medical Advisory Committee varies from the reappointment sought or privileges requested by the member, the Provincial Medical Advisory Committee shall prepare written reasons with respect to its recommendation and submit to the Board.

Notice to the Medical Staff Member of Board Meeting

61(1) For the purposes of subsection (2), notice is only required to be given by the Executive Director of Medical Affairs if the Provincial Medical Advisory Committee recommends that:

(a) the application for reappointment be granted but the category of Medical Staff or privileges sought be modified from those requested by the member; or

(b) the application for reappointment be refused.

(2) The Executive Director of Medical Affairs shall serve the member with a written notice at least fourteen (14) days before the meeting of the Board at which the application for reappointment and recommendation of the Provincial Medical Advisory Committee will be considered, and which notice shall:

(a) include a copy of the recommendation together with written reasons for the recommendation of the Provincial Medical Advisory Committee made pursuant to subsection 61(3);

(b) inform the member of their right to make written or oral representations to the Board, and of the right to appear personally before the Board;

(c) specify the date, time and place of the meeting of the Board;

(d) 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 by the Provincial Medical Advisory Committee;

(e) include a statement that the member may appear in person or be represented by counsel, and that in their absence the Board may proceed with consideration of the application and recommendation of the Provincial Medical Advisory Committee;

(f) inform the member that the Board may adjourn or extend the time for the meeting; and

(g) include a statement advising the member that their right to appear in person or with counsel to make oral representations is subject to the member providing not less than five (5) days written notice in advance of the Board meeting to the Executive Director of Medical Affairs of their intention to do so.

(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 subsection 62(2)(g).

Board Proceedings

62(1) The parties before the Board are the member, the Chair of the Provincial Medical Advisory Committee, and such other persons as the Board may specify.

(2) The member is entitled to submit written representations and to appear in person, with or without legal counsel, before the Board. The member is entitled to call witnesses.

(3) Subject to subsection 87(2), the member appearing before the Board shall be afforded an opportunity to examine any written or documentary evidence or information that will be produced or that was considered by the Provincial Medical Advisory Committee in making its recommendation.

(4) Members of the Board at the meeting at which the application is considered shall not have taken part in any investigation or consideration of the subject matter of the application and shall not communicate directly or indirectly in relation to the subject 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.

(5) The Board shall consider the reasons of the Provincial Medical Advisory Committee 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 they are given by the Provincial Medical Advisory Committee in writing to both the member and the Board, and the member is given a reasonable time to review them and to prepare representations in response.

(6) 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 member, if any, and except with the consent of the parties, no decision of the Board shall be given unless all members of the Board so present participate in the decision.

Board Decision

63(1) Upon consideration of the application for reappointment and all supporting information, the recommendations of the Provincial Medical Advisory Committee, and the representations of the member, if any, the Board may:

- (a) reappoint the member to the Medical Staff and grant the privileges to the category of appointment sought and privileges requested by the member;
- (b) reappoint the member to the Medical Staff and grant the privileges to the category and with the privileges considered appropriate by the Board; or
- (c) reject the application for reappointment.

(2) If the Board refuses to adopt the recommendation of the Provincial Medical Advisory Committee to accept the application for reappointment to the Medical Staff and grant privileges to the category of appointment sought and privileges requested by the member, the application shall be tabled to the next regular meeting of the Board and the member shall be entitled to the rights set out in Sections 55 and 56 of these Bylaws.

Service of Board Decision to the Medical Staff Member

64(1) The Board shall serve or cause to be served a copy of its decision on the member within thirty (30) days after rendering its decision, and, where the decision of the Board varies from the request of the member, the Board shall provide written reasons to the member.

(2) The decision, order, direction or ruling of the Board is final and binding upon the parties and shall not be questioned or reviewed, in whole or in part, by a court, tribunal or other decision making body.

PART X COMPLAINT REVIEW PROCESS

General

65 All members are subject to the disciplinary proceedings and provisions outlined in this Part. Disciplinary action or penalties may include, without limitation:

- (a) a verbal or written reprimand;
- (b) the requirement to adhere to conditions;
- (c) the amendment, suspension or revocation of privileges;
- (d) the suspension or termination of appointment from the Medical Staff;
- (e) the cost associated with the complaint hearing; and
- (f) fines, if any, levied by the Board of Health PEI.

Conduct Subject to Discipline

66(1) Conduct subject to discipline includes, but is not limited to acts, omissions, statements, demeanor or professional conduct, either within or outside of the province, which exposes or is reasonably likely to:

- (a) expose patients, family members of patients, any staff member or employee of Health PEI to harm or injury;
- (b) be detrimental to a patient or any staff member or family members of patients or employee of Health PEI or to the delivery of quality patient care within Health PEI;
- (c) be detrimental to Health PEI operations;
- (d) constitute abuse;
- (e) result in the imposition of sanctions by a professional regulatory body; and
- (f) be contrary to the bylaws, rules and regulations, and policies and procedures of Health PEI, or any applicable and relevant laws or legislated requirements or these bylaws.

(2) Without limiting the generality of the foregoing, the following are examples of conduct subject to discipline:

- (a) those actions or omissions described in:

- (i) The *Medical Act, 1996*, the Regulations and/or Bylaws under the Act, as constituting "unbecoming, improper, unprofessional or discreditable conduct";
 - (ii) The *Dental Discipline Act* Regulations or the Bylaws under the Act, as constituting "professional misconduct"; or
 - (iii) The *Nursing Profession Act*, Regulations and/or Bylaws under the Act, as constituting "professional misconduct".
- (b) conduct which is unprofessional, unethical, unbecoming, improper or disruptive to the operations of Health PEI;
- (c) disruptive workplace behaviour, either verbal or nonverbal, which by its nature may:
- (i) demonstrate disrespect for others in the workplace;
 - (ii) affect or have the potential to affect adversely the care provided to patients; or
 - (iii) reflect a misuse of a power imbalance between the parties.
- (d) incompetence or demonstrated deficiencies in clinical practice;
- (e) breach of any Health PEI policies regarding conduct of employees or Medical Staff;
- (f) breach of these Bylaws, any rules and regulations, applicable and relevant legislation, or policies and procedures of Health PEI, including those involving attendance at meetings, participation in committees and the preparation of reports and documentation;
- (g) failure to follow a lawful order or direction issued by the Board, Executive Director of Medical Affairs, Chief Executive Officer or anyone having authority under these Medical Staff bylaws, rules or regulations or policies and procedures of Health PEI;
- (h) failure to comply or cooperate with the appointment, reappointment or discipline processes established in these Bylaws;
- (i) failure to comply with the conditions of any disciplinary action, penalty, or remedial steps imposed on the member or the terms of an alternative dispute resolution; and
- (j) failure to undertake mutually agreed upon assigned administrative, clinical teaching and research commitments.

Complaint Review Process and Procedure

67(1) A Department or Program Head, the Executive Director of Medical Affairs or network/site Medical Director or the Chief Executive Officer may receive or initiate complaints made against a member respecting any matter set out in section 67. A complaint shall be in writing.

(2) The Department or Program Head, the Chief Executive Officer, the Executive Director of Medical Affairs or network/site Medical Director shall advise in writing each other if any one of them receives a complaint made against a member respecting any matter set out in section 67.

(3) The network/site Medical Director shall advise the member within fourteen (14) days of receiving the complaint in writing of the nature of the complaint and the member shall be given an opportunity to present relevant information on their own behalf and shall be given access to the complaint file throughout the process.

(4) The network/site Medical Director may consult with the appropriate Department or Program Head 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.

(5) The Provincial Medical Advisory Committee shall review with the member and complaint any report from the network/site Medical Director, Department/Program Head or external consultants and may:

- (a) determine that the complaint does not warrant further action and advise the parties accordingly;
- (b) 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;
- (c) with the consent of the parties utilize an alternative dispute resolution process(es) to deal with the matter; or
- (d) refer the complaint to the Complaint Review Committee of the Provincial Medical Advisory Committee.

(6) The alternative dispute resolution process adopted pursuant to subsection 5 (c) shall be conducted on a without prejudice basis to the parties, and any communication or discussion or material exchanged during the process is privileged and shall not be disclosed in any regulatory or legal proceeding.

(7) Where the matter is resolved through an alternative dispute resolution process, the matter and the proposed resolution shall be reported to the Provincial Medical Advisory Committee for information.

(8) The Executive Director of Medical Affairs may advise the respective professional regulatory body where the alternate dispute resolution process results in:

- (a) privileges being amended, suspended or revoked;
- (b) Medical Staff category being changed; or
- (c) Medical Staff appointment being suspended or terminated.

(9) The Executive Director of Medical Affairs and the complainant shall be kept notified by the network/site Medical Director at all steps in this process, including outcome and recommendations.

Appointment of the Complaint Review Committee

68 For the purposes of the committee mentioned in section 70, the Provincial Medical Advisory Committee shall appoint the Chair.

Referral to Complaint Review Committee

69(1) In the event that the Provincial Medical Advisory Committee refers a complaint to the Complaint Review Committee pursuant to subsection 68(5)(d), the Executive Director of Medical Affairs shall notify the member in writing of the particulars of the allegations and refer the matter together with a copy of the particulars of the allegations to the chair of the Complaint Review Committee.

(2) The Executive Director of Medical Affairs may contemporaneously refer the matter to the professional regulatory body.

Composition of the Complaint Review Committee

70 For the purposes of these Bylaws, the Complaint Review Committee shall be an Ad Hoc Committee of the Provincial Medical Advisory Committee comprised of:

- (a) the Chair, who shall be appointed by the Provincial Medical Advisory Committee; and
- (b) five (5) voting members, comprised of four (4) members from the Medical Staff of Health PEI appointed by the Provincial Medical Advisory Committee and one employee from Health PEI appointed by the Chief Executive Officer.

(2) Members of the Complaint Review Committee shall not have been involved in the investigation, if any, prior to the establishment of the Complaint Review Committee.

Notice of Complaint Review Committee Hearing

71(1) The Chair of the Complaint Review Committee shall serve the member with a written notice at least twenty-one (21) days before the hearing of the Complaint Review Committee, at which the complaint against the member will be considered, which notice shall:

- (a) set out the particulars of the complaint;
- (b) inform the member of their right to make representations to the Complaint Review Committee, and of the right to appear personally before the Complaint Review Committee;
- (c) specify the date, time and place of the hearing of the Complaint Review Committee;
- (d) subject to subsection 87(2), include a statement that, prior to the Complaint Review Committee hearing, the member shall be afforded an opportunity to examine any written information or reports that were provided or obtained in relation to the complaint;
- (e) include a statement that the member may appear in person and be represented by counsel, and that, in their absence, the Complaint Review Committee may proceed with consideration of the complaint;
- (f) inform the member that the Complaint Review Committee may adjourn or extend the time for the hearing;
- (g) include a statement that the member may call witnesses, cross-examine witnesses, and tender documents in evidence in support of their position or in response to the complaint; and
- (h) include a statement advising the member that their right to appear in person, with or without counsel, to make oral representations and to call and cross-examine witnesses is subject to the member providing not less than five (5) days written notice to the Executive Director of Medical Affairs in advance of the hearing by the Complaint Review Committee.

(2) The Complaint 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 subsection 72(1)(h).

Complaint Review Committee Proceedings

72(1) The parties to the Complaint Review Committee hearing are the member, the Executive Director of Medical Affairs, the network/site Medical Director, and such other persons as the Complaint Review Committee may specify.

(2) The Complaint Review Committee hearing shall place witnesses under oath, be transcribed and a record of the proceeding shall be kept in the minutes of the Complaint Review Committee.

(3) The member shall be given full opportunity to answer each allegation, including the right to present evidence in their defense.

(4) Subject to subsection 87(2), the member appearing before the Complaint Review Committee shall be afforded an opportunity to examine, prior to the hearing, any written or documentary evidence or information that will be produced, or any report, the contents of which will be given in evidence at the hearing, including any external report.

(5) Members of the Complaint 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) No member of the Complaint Review Committee shall participate in a decision of the Complaint Review Committee pursuant to a hearing unless they were present throughout the hearing and heard the evidence and argument of the parties and, except with the consent of the parties, no decision of the Complaint Review Committee shall be given unless all members so present participate in the decision.

Complaint Review Committee Recommendation

73(1) Upon consideration of the allegations, the evidence adduced and the representations of the parties the Complaint Review Committee shall, within thirty (30) days after conclusion of the hearing, prepare a report of its findings of fact and its recommendations regarding disciplinary action, if any, and the report shall be forwarded to the Provincial Medical Advisory Committee for consideration at its next regular meeting.

(2) Complaint Review Committee recommendations with respect to disciplinary action may include but are not limited to:

(a) taking no action against the member;

(b) requiring 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) requiring 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 Health PEI or is deemed to be disruptive workplace behavior, requiring the member to undertake remedial measures to address the matter that gave rise to the complaint;

- (e) amending, suspending or revoking the member's privileges;
- (f) changing the member's Medical Staff category; and
- (g) suspending or terminating the member's Medical Staff appointment.

(3) If further evidence is submitted to Chair of the Complaint Review Committee after the hearing is adjourned, this evidence shall be assessed by the Chair and the hearing re-opened if, in the opinion of the Chair, the new evidence is significant. The parties shall be permitted to make submissions to the Chair of the Complaint Review Committee when considering re-opening a hearing.

Notice of Provincial Medical Advisory Committee Meeting

74(1) The Executive Director of Medical Affairs shall serve the member with a written notice at least twenty-one (21) days before the meeting of the Provincial Medical Advisory Committee at which the Complaint Review Committee report and its findings of fact and recommendation will be considered, which notice shall:

- (a) include a copy of the report and recommendations of the Complaint Review Committee;
- (b) inform the member of their right to make representations to the Provincial Medical Advisory Committee, and of their right to appear personally before the Provincial Medical Advisory Committee;
- (c) specify the date, time and place of the Provincial Medical Advisory Committee meeting;
- (d) subject to subsection 87(2), include a statement that prior to the Provincial Medical Advisory Committee meeting the member shall be afforded an opportunity to examine any written information or reports that were provided or obtained in relation to the matter;
- (e) include a statement that the member may appear in person and be represented by counsel, and that in the member's absence, the Provincial Medical Advisory Committee may proceed with consideration of the matter;
- (f) inform the member that the Provincial Medical Advisory Committee may adjourn or extend the time for the meeting; and
- (g) include a statement advising the member that his or her right to appear in person with or without counsel to make oral representations is subject to the member providing not less than five (5) days written notice to the Executive Director of Medical Affairs in advance of the meeting.

(2) 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 required by subsection 75(1)(g).

Provincial Medical Advisory Committee Proceedings

75(1) The meeting of the Provincial Medical Advisory Committee to consider the report and recommendation of the Complaint Review Committee shall not constitute a rehearing of the matters considered by the Complaint Review Committee in making its recommendation.

(2) Members of the Provincial Medical Advisory Committee holding the meeting shall not have taken part in any investigation or consideration of the subject matter of the complaint before the meeting and shall not communicate directly or indirectly in relation to the subject matter of the complaint with any person or with any party or their representative, except upon notice to and an opportunity for all parties to participate.

(3) The Provincial Medical Advisory Committee shall consider the reasons of the Complaint Review Committee that have been given to the member in support of its report and recommendation. Where through error or inadvertence, certain reasons have been omitted in the report delivered to the member, the Provincial Medical Advisory Committee may consider those reasons only if those reasons are given by the Complaint Review Committee in writing to both the member and the Provincial Medical Advisory Committee and the member is given a reasonable time to review and respond to the reasons.

Provincial Medical Advisory Committee Decision

76(1) Upon consideration of the report and recommendations of the Complaint Review Committee, including reasons therefore, the Provincial Medical Advisory Committee may, without limitation:

- (a) determine that no action be taken against the member;
- (b) issue a written reprimand;
- (c) require the member to undertake a period of clinical supervision which may include retrospective review of cases, concurrent consultation or direct supervision;
- (d) in the case of conduct which is unprofessional, unethical, unbecoming, improper or disruptive to the operations of Health PEI or is deemed to be disruptive workplace behavior, require the member to undertake such remedial measures to address the matter that gave rise to the complaint;
- (e) recommend the amendment, suspension or revocation of the member's privileges;
- (f) recommend changing the member's Medical Staff category;
- (g) recommend suspending or terminating the member's Medical Staff appointment; and
- (h) if recommending a modification, suspension or termination of the member's Medical Staff category, privileges or appointment, refer such recommendations to the Board for their adoption.

Service of Provincial Medical Advisory Committee Decision

77(1) The Provincial Medical Advisory Committee shall serve or cause to be served a copy of its decision and written reasons on the member within thirty(30) days after rendering its decision.

(2) The decision shall include a notice advising the member that if the member is aggrieved by the decision of the Provincial Medical Advisory Committee, the member may appeal that decision to the Board of Health PEI.

(3) The Provincial Medical Advisory Committee shall serve or cause to be served a copy of the decision and any proposed recommendations to the complainant.

(4) The Executive Director of Medical Affairs shall advise the respective professional regulatory body where the decision results in:

- (a) privileges being amended, suspended or revoked;
- (b) Medical Staff category being changed; or
- (c) Medical Staff appointment being suspended or terminated.

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PART XI IMMEDIATE SUSPENSION

Immediate Suspension of Privileges

78(1) Notwithstanding anything in these Bylaws, the Department or Program Head, network/site Medical Director, Executive Director of Medical Affairs or other Executive Director on-call may immediately suspend the member's privileges in circumstances where:

(a) the conduct, performance or competence of a member exposes, or is reasonably likely to expose patient(s) or others to harm or injury, or is reasonably likely to be detrimental to the delivery of quality patient care provided by Health PEI; and

(b) immediate action must be taken to protect the patient(s) or others, or to avoid detriment to the delivery of quality patient care.

(2) The Department/Program Head, network/site Medical Director, Executive Director of Medical Affairs or Executive Director on-call shall immediately advise the member in person of the suspension.

(3) Within forty-eight (48) hours of the immediate suspension, the Department or Program Head, network/site Medical Director, Executive Director of Medical Affairs or Executive Director on-call who suspended the member shall provide the member with written reasons for the suspension, which shall constitute a referral to the Provincial Medical Advisory Committee.

(4) The Department or Program Head, network/site Medical Director, Executive Director of Medical Affairs or Administrator on-call, after consultation with the suspended member, shall immediately appoint another member of the Active Medical Staff to assume responsibility for the care of all of the patients within the facilities of Health PEI under the care of the suspended member, as required.

(5) The Executive Director of Medical Affairs will notify the respective professional regulatory body of the suspension.

Setting Board Hearing

79 The Chief Executive Officer shall set a date for a hearing by the Board, to be held within five (5) business days from the date of the immediate suspension made pursuant to section 79, to review the immediate suspension of privileges.

Notice to the Medical Staff Member of Board Meeting

80 The Executive Director of Medical Affairs shall serve written notice on the member at the earliest possible opportunity and in any event, at least five (5) days prior to the date of the Board meeting, which notice shall:

- (a) include a copy of the notice and reasons required to be given pursuant to subsection 76(3) respecting the immediate suspension;
- (b) inform the member of their right to make representations to the Board, and of the right to appear personally before the Board;
- (c) specify the date, time and place of the hearing of the Board meeting;
- (d) subject to subsection 87(2), include a statement that prior to the Board meeting the member shall be afforded an opportunity to examine any written information or reports that were provided or obtained in relation to the immediate suspension;
- (e) include a statement that the member may appear in person and be represented by counsel, and that in their absence, the Board may proceed with consideration of the immediate suspension; and
- (f) inform the member that the Board may adjourn or extend the time for the Board meeting.

Board Proceedings

81(1) The parties before the Board are the member, the Executive Director of Medical Affairs, the Chief Executive Officer, the Executive Director on-call or network/site Medical Director, if they issued the suspension, and such other persons as the Board may specify.

(2) Subject to subsection 87(2), the member appearing before the Board shall be afforded an opportunity to examine any written or documentary evidence that will be provided to the Board.

(3) Members of the Board attending the meeting shall not have taken part in any investigation or consideration of the immediate suspension before the Board meeting and shall not communicate directly or indirectly in relation to the subject matter of the Board 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.

(4) The Board shall consider the written reasons the authority who issued the immediate suspension provided to the member. Where through error or inadvertence, certain reasons have been omitted in the report delivered to the member, the Board may consider those reasons only if those reasons are given by the Executive Director of Medical Affairs or Chief Executive Officer in writing to both the member and the Board and the member is given a reasonable time to review the reasons and to prepare a case to address those additional reasons.

(5) No member of the Board shall participate in a decision of the Board with respect to the immediate suspension unless he or she was present throughout the Board meeting and heard the representations and argument of the parties and, except with the consent of the parties, no decision of the Board shall be given unless all Board members so present participate in the decision.

Board Decision

82 Upon consideration of the report of the authority who issued the immediate suspension, and the recommendations of the Executive Director of Medical Affairs or Chief Executive Officer, including reasons therefore, and the representations of the member, if any, the Board may, without limitation:

- (a) overturn the immediate suspension of appointment or privileges;
- (b) confirm the immediate suspension of appointment or privileges for a specified period of time;
or
- (c) confirm the immediate suspension of appointment or privileges and refer the matter to the Complaints Review Committee.

Service of Board Decision

83(1) 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 the conclusion of hearing.

(2) The decision shall include a notice advising the member that if the member is aggrieved by the decision of the Board, the member may appeal that decision to the Court of Appeal.

(3) The Board shall serve or cause to be served a copy of the decision and any proposed recommendations to the complainant.

(4) The Executive Director of Medical Affairs shall advise the respective professional regulatory body where the decision results in:

- (a) privileges being amended, suspended or revoked;
- (b) Medical Staff category being changed; or
- (c) Medical Staff appointment being modified, suspended or terminated.

PART XII GENERAL PROCEDURES

Requirement to Provide Information

84(1) The Chief Executive Officer/Executive Director of Medical Affairs or a Department or Program Head may, at any time, request information and explanations from a member of the Medical Staff relating to any matter contained in these Bylaws.

(2) Upon receipt of a written request pursuant to subsection (1), a member of the Medical 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 Chief Executive Officer/Executive Director of Medical Affairs or a Department or Program Head(s) may grant.

Representation by Legal Counsel

85 An applicant, member of the Medical Staff and Health PEI may be represented by legal counsel in all meetings, proceedings or hearings before the Provincial Medical Advisory Committee, the Complaint Review Committee and the Board.

Duty to Make Disclosure

86(1) In all matters before the Provincial Medical Advisory Committee, Complaint 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) The parties shall permit each other to examine all such documents and to obtain copies of all such documents.

(3) 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. 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 endeavour to disclose as much of the document or the substance of the information contained in the document without compromising or breaching confidentiality.

(4) If, as a result of the information disclosed by the parties pursuant to subsection (2) above, the other party intends to introduce evidence at the hearing in addition to the evidence which it has disclosed, that party shall provide the information to the other party prior to the hearing.

(5) The Provincial Medical Advisory Committee, Complaint 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 Provincial Medical Advisory Committee, Complaint 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 subsections (5) and (6), if the Provincial Medical Advisory Committee, Complaint 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 Provincial Medical Advisory Committee, Complaints 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 Provincial Medical Advisory Committee, Complaint Review Committee or the Board may determine.

Procedures

87 In all matters before it under these Bylaws, the Provincial Medical Advisory Committee, Complaint Review Committee and the Board, may, subject to these Bylaws:

- (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) accept any evidence that it considers appropriate and not be bound by rules of evidence;

(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.

Report to the Professional Regulatory Body

88 The Executive Director of Medical Affairs shall prepare and forward a detailed report to the appropriate professional regulatory body in the case where:

(a) the application of a physician, nurse practitioner or dentist for appointment or reappointment to the Medical Staff of Health PEI is rejected by reason of their incompetence, negligence or misconduct;

(b) there is any disciplinary action or penalty arising from a decision of the Board pursuant to sections 77 and 83; or

(c) a physician, nurse practitioner or dentist voluntarily or involuntarily resigns from the Medical Staff of Health PEI during the course of an investigation into their competence, negligence or conduct.

Timeframes

89 Failure of the Provincial Medical Advisory Committee, Complaint Review Committee and the Board to comply with any requirement of these bylaws as to time does not invalidate any decision made by the Provincial Medical Advisory Committee, Complaint Review Committee and the Board.

Service of Documents

90(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 in 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.

Conflict of Interest

91(1) Any member who has a conflict of interest or possible conflict of interest shall disclose such conflict to the Executive Director of Medical Affairs at the earliest opportunity where that member is involved:

- (a) in making recommendations to the Executive Director of Medical Affairs, the Provincial Medical Advisory Committee or the Board on any matter; or
- (b) in considering or recommending any applicant for appointment, reappointment, privileges or discipline.

(2) The Executive Director of Medical Affairs, in keeping with applicable law, rules and regulations and policies and procedures of Health PEI 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.

Bias

92 In all proceedings before it pursuant to these Bylaws, 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.

Alternate Dispute Resolution Process

93 With the consent of the parties, and without restricting the final authority and discretion of the Board on matters falling under Parts VIII, IX, X, and XI of these Bylaws, the parties to proceedings under Parts VIII, IX, X, and XI may agree to an alternative dispute resolution process where the circumstances warrant.

PART XIII AMENDMENTS

Amendments

94 (1) Amendments to these Bylaws may be proposed by:

(a) the Provincial Medical Advisory Committee by a two-thirds majority of those present and entitled to vote at a meeting of the Provincial Medical Advisory Committee, 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; or

(b) two-thirds majority of the Medical Staff present and entitled to vote at a meeting, in person or by proxy, of the Medical 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; or

(c) the Chief Executive Officer or Executive Director of Medical Affairs, provided a notice of motion to other parties in writing at least thirty (30) days prior to a meeting at which the proposed amendment will be presented.

(2) Where one of the parties mentioned in subsection (1) intends to present an amendment to the Bylaws, that party shall provide a notice of motion to the other party in writing at least thirty (30) days prior to the meeting at which the proposed amendment will be presented.

(3) An amendment proposed pursuant to subsection (1) shall be presented to the Board for consideration.

(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 and Wellness in accordance with sub Section 8(3) of the *Health Services Act*.

PART XIV ADOPTION AND APPROVAL

Adoption of Bylaw

95 These Medical Staff Bylaws of Health PEI are adopted and shall replace any Medical Staff bylaws previously enacted pursuant to the *Hospital's Act* and shall become effective when adopted by the Board and approved by the Minister of Health and Wellness for the Province of Prince Edward Island.

Transitional Provisions Required

96(1) The replacement of a Medical 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; or
- (c) prevent or affect any investigation or disciplinary proceedings, and any investigation or proceeding may be continued and enforced and any penalty or sanction imposed as if the bylaw had not been replaced.

(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) a proceeding commenced 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) subject to subsection (3), a physician, nurse practitioner or dentist appointed to a category mentioned in section 30 or to the Medical Staff category mentioned in section 31 shall continue in that category until the expiration of the person's term of appointment; and
- (e) a physician or dentist granted privileges pursuant to the replaced bylaw shall continue to enjoy those privileges until the expiration of the person's term of appointment.

(3) If the category of Medical Staff to which a physician/dentist/nurse practitioner is appointed as of the date this bylaw takes effect is different in title or name from the categories set out in section 30, the physician/dentist/nurse practitioner shall be deemed to have been appointed to one of the categories mentioned in section 31 that most accurately fits the nature and scope of the physician's/dentist's/nurse practitioner's appointment as of the date these bylaws take effect.

Approval

97 ADOPTED by Health PEI the _____ day of _____, 2010

Mr. Leo Steven
Chair of Board of Directors, Health PEI

Insert Name
Secretary of Board of Directors, Health PEI

APPROVED by the Minister of Health and Wellness the _____ day of _____, 2010

Carolyn Bertram
Minister of Health and Wellness

DRAFT