

Approved: November 1, 2013 **THE ALBERTA HEALTH SERVICES**  
Amended: June 28, 2021 **MIDWIFERY STAFF BYLAWS**



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## Definitions

In this document the following words have the meanings set opposite to them:

<b>Academic Midwife</b>	A member of the Midwifery Staff who also possesses an appointment as a Full-Time Faculty or Clinical Faculty member with the Faculty of Health and Community Studies of Mount Royal University.
<b>Active Staff</b>	The Registered Midwives who are appointed to the Active Staff category pursuant to these Bylaws.
<b>Advisor</b>	A person, lay or professional, who provides guidance, support, or counsel to a Registered Midwife with an Appointment pursuant to these Bylaws.
<b>Affected Midwife</b>	A Registered Midwife with an Appointment who is the subject of a Triggered Initial Assessment, Triggered Review or Immediate Action.
<b>AHS Agent</b>	A person, other than an AHS employee, senior officer or board member, who is authorized to bind AHS, purports to bind AHS or who directly or indirectly controls AHS funds.
<b>AHS Board or Board</b>	The single governance board of Alberta Health Services appointed by the Minister.
<b>AHS Code of Conduct</b>	The code of conduct established by AHS.
<b>AHS Conflict of Interest Bylaw</b>	The conflict of interest bylaw established by AHS.
<b>AHS Representative</b>	An AHS employee, senior officer, Agent or board member.
<b>Alberta Health Services or AHS</b>	The health authority established pursuant to applicable legislation for the Province of Alberta.
<b>Application</b>	The forms and process used to apply for a Midwifery Staff Appointment and Clinical Privileges in the manner specified in these Bylaws and the Rules.
<b>Bylaws</b>	The specific provisions established as these Midwifery Staff Bylaws.
<b>Bylaws and Rules Review Committee</b>	A committee established as such pursuant to these Bylaws.
<b>Clinical Midwifery Director or Clinical Director</b>	A Registered Midwife with an AHS Appointment and Clinical Privileges who is the midwifery clinical leader of a Zone(s).
<b>Clinical Privileges</b>	The delineation of the Procedures that may be performed by a Midwife; the Sites of Clinical Activity in which a Midwife may perform Procedures or provide care to Clients; and the Programs and Professional Services that are available to a Midwife in order to provide care to Clients.

<b>Collaboration or Collaborate</b>	The positive interaction of two or more health disciplines that bring their unique skills and knowledge to assist clients and families with their health decisions.
<b>College of Midwives of Alberta</b>	The regulatory body which governs the Registered Midwife.
<b>Complainant</b>	A Client or their legal representative(s), a member of the public, a Practitioner, or another Registered Midwife(s) who initiate(s) a Concern.
<b>Concern</b>	A written complaint or concern from any individual or group of individuals about an appointed Midwife's professional performance and/or conduct, either in general or in relation to a specific event or episode of care provided to a specific Client.
<b>Consensual Resolution</b>	A consensual and confidential process to resolve a Concern. Consensual Resolution includes the Affected Midwife, the relevant AHS midwifery administrative leader(s), and any other relevant person(s).
<b>Hearing</b>	The process of addressing Concerns where a Triggered Initial Assessment and Consensual Resolution have not resolved the matter or are not considered appropriate means to resolve the matter.
<b>Hearing Committee</b>	A committee established as such pursuant to these Bylaws.
<b>Immediate Action</b>	An immediate suspension or restriction of a Midwife's Midwifery Staff Appointment and/or Clinical Privileges without first conducting a Triggered Review pursuant to these Bylaws.
<b>Immediate Action Review Committee</b>	A committee established as such pursuant to these Bylaws.
<b>Locum Tenens</b>	A Registered Midwife temporarily placed into an existing practice and/or Site of Clinical Activity in order to facilitate the short term absence of another Registered Midwife with an Appointment.
<b>Provincial Midwifery Administrative Office or PMAO</b>	An operational office of the Vice President portfolio.
<b>Midwifery Organizational Structure</b>	The midwifery organizational structure of AHS aligned with these Bylaws and the Rules.
<b>Midwifery Staff</b>	Registered Midwives who possess an Appointment pursuant to these Bylaws, collectively and individually as the context requires.
<b>Midwifery Staff Appointment or Appointment</b>	The admission of a Midwife to the AHS Midwifery Staff. An Appointment grants administrative access to AHS and identifies a Registered Midwife as an affiliate of AHS.

<b>Midwifery Staff Association</b>	An association of the AHS Midwifery Staff. In the absence of a Midwifery Staff Association, the Provincial Midwifery Administrative Office will engage the appropriate stakeholder group(s).
<b>Midwifery Staff Letter of Offer</b>	An offer to join the Midwifery Staff which specifies the category of Appointment, assignment to a Zone(s) Clinical Department(s), delineation of specific Clinical Privileges (if applicable), and the details of major responsibilities and roles.
<b>Midwifery Student</b>	A student whose practice experience in AHS is covered by an AHS student placement agreement.
<b>Midwifery Workforce Plan</b>	An AHS plan which provides projections and direction with respect to the recruitment, retention and organization of the Midwifery workforce.
<b>Minister</b>	The appointed member of the Executive Council of Alberta who is charged with carrying out the statutory responsibilities conferred on them as Minister of Health.
<b>Other Providers</b>	Corporations, partnerships or legal entities other than AHS which own and/or operate approved hospitals, within the Province of Alberta or which offer diagnostic and treatment services and programs.
<b>Client</b>	An individual receiving health services from Midwifery Staff. Client includes reference to patient, family or co-decision maker.
<b>Periodic Review</b>	A periodic review of the professional performance and all matters relevant to the Appointment and Clinical Privileges of a Midwife with an Appointment in the Active or Locum Tenens Staff categories.
<b>Policies</b>	Administrative and operational governance documents established by AHS with respect to its operations and Sites of Clinical Activity, facilities, programs and services.
<b>Practitioner</b>	An individual who has an AHS Medical Staff Appointment.
<b>President &amp; Chief Executive Officer or CEO</b>	The chief executive officer appointed by the Board of AHS to have overall administrative responsibility for AHS.
<b>Primary Zone Midwifery Clinical Department or PZMCD or Primary Zone</b>	The Zone Midwifery Clinical Department in which a Midwife with an Appointment undertakes the majority of their Midwifery Staff responsibilities and roles, and through which changes in Appointment, Performance Reviews, and other administrative actions pursuant to these Bylaws will be managed.
<b>Probationary Staff</b>	The Midwives who are appointed to the Probationary Staff category pursuant to these Bylaws.
<b>Procedure</b>	A diagnostic or therapeutic intervention for which a grant of Clinical Privileges is required.

<b>Professional Code of Ethics</b>	The Code of Ethics established by the provincial College of Midwives of Alberta.
<b>Programs and Professional Services</b>	Diagnostic and treatment services and programs operated by or for AHS to which Midwives with relevant Clinical Privileges can refer Clients.
<b>Provincial Midwifery Director or Provincial Director of Midwifery Services</b>	The administrative leader accountable for Midwifery Services at AHS.
<b>Provincial Midwifery Executive Committee or PMEC</b>	A committee established as such pursuant to these Bylaws.
<b>Registered Midwife</b>	A person registered and in good standing with the College of Midwives of Alberta.
<b>Request to Change</b>	A request to change the category of Appointment and/or the Clinical Privileges of a Registered Midwife pursuant to these Bylaws.
<b>Return-In-Service Agreement or RiSA</b>	A signed agreement between AHS and the Registered Midwife with an Appointment indicating that the Registered Midwife will continue to work for AHS for a specified period of time after the Registered Midwife has received an investment from AHS.
<b>Rules</b>	The specific provisions established as Midwifery Staff Rules pursuant to these Bylaws.
<b>Search Committee</b>	A committee established as such pursuant to the Rules.
<b>Vice President or VP</b>	The most senior executive of AHS responsible for midwifery services, appointed by the CEO.
<b>Sites of Clinical Activity</b>	The locations and programs operated by AHS, listed in the grant of Clinical Privileges, where a Registered Midwife with an Appointment may perform Procedures, or provide care to Clients. The Sites of Clinical Activity may include Zones, facilities, specific Programs and Professional Services within facilities, and/or Telemedicine.
<b>Specified Clinical Midwifery Services or Midwifery Services</b>	Clinical services as defined by the College of Midwives of Alberta and the relevant Alberta midwifery regulation.
<b>Telemedicine</b>	The provision of services for Clients, including the performance of Procedures, via telecommunication technologies, when the Client and the Registered Midwife with an Appointment are geographically separated.
<b>Temporary Staff</b>	The Registered Midwives who are appointed to the Temporary Staff category pursuant to these Bylaws.



<b>Triggered Initial Assessment</b>	An investigation and initial assessment of a Concern or other information/complaints about a Registered Midwife with an Appointment.
<b>Triggered Review</b>	A review undertaken in response to a Concern about an appointed Registered Midwife's professional performance and/or conduct.
<b>Zone</b>	A geographically defined organizational and operational sub-unit of AHS defined by the Vice President, the boundaries of which may not be aligned with AHS zones and which may be revised from time-to-time by the Vice President.
<b>Midwifery Zone Application Review Committee or MZARC</b>	A committee established as such pursuant to these Bylaws.

The definitions, captions, and headings are for convenience only and are not intended to limit or define the scope or effect of any provisions of these Bylaws.

## THE ALBERTA HEALTH SERVICES MIDWIFERY STAFF BYLAWS

### Part 1. General Provisions

#### 1.0 General

1.0.1 These Bylaws, and the Rules, govern the Registered Midwives who provide midwifery care to Clients in relation to an Alberta Health Services (AHS) Midwifery Staff Appointment. They establish and describe:

- a) the terms and conditions on which AHS may grant Registered Midwives an Appointment and Clinical Privileges;
- b) the responsibility of the Midwifery Staff to AHS for the quality and safety of all professional services provided by Registered Midwives to Clients and to AHS;
- c) the responsibilities of the Midwifery Staff and AHS to each other for the organization and conduct of the Midwifery Staff, and in particular the processes relating to Midwifery Staff Appointments and delineation of Clinical Privileges; and
- d) the administrative structures for the governance of Registered Midwives working in Sites of Clinical Activity.

#### 1.1 Objectives

1.1.1 AHS, subject to legislation and direction of the Minister, has the responsibility and mandate to take appropriate actions to:

- a) promote and protect the health of Albertans;
- b) assess the health needs of Albertans;
- c) ensure reasonable access to appropriate, high quality and safe health services;
- d) determine priorities and allocate resources accordingly; and
- e) promote the efficient and sustainable provision of health services in a manner that is responsive to the needs of individuals and communities, as well as the employees and appointed Midwives of AHS, and that supports the integration of services and facilities in Alberta.

1.1.2 In order to carry out these responsibilities, AHS shall, in consultation with Midwives who have been appointed to the Midwifery Staff, prepare and adopt Bylaws and Rules governing the creation, organization and operation of the Midwifery Staff, including:

- a) administrative structures, committees and positions for the governance of the Midwifery Staff;
- b) granting Appointments to Midwives as members of the Midwifery Staff;
- c) granting Clinical Privileges to Midwives;
- d) defining the responsibilities of all Midwives who are granted Appointments and Clinical Privileges;
- e) determining the accountability of Midwives for discharging the responsibilities related to Midwifery Staff Appointments and Clinical Privileges;
- f) establishing principles and process for the Periodic Review of Midwives; and
- g) establishing principles and processes for the Triggered Initial Assessment, Triggered Review, and resolution of a Concern.

## **1.2 Binding Effect**

- 1.2.1 In the application for and acceptance of an Appointment to the Midwifery Staff of AHS, all Midwives and AHS agree to be bound by these Bylaws and the Rules.

## **1.3 Records and Disclosure**

- 1.3.1 AHS shall, as a minimum, keep a record of:

- a) all Midwifery Staff Appointments;
- b) all Clinical Privileges granted; and
- c) all changes to Midwifery Staff Appointments and amendments to Clinical Privileges granted.

- 1.3.2 AHS shall, on request of a Registered Midwife, provide that Registered Midwife with a copy of the subsisting Midwifery Staff Appointment and Clinical Privileges, or other information on the Registered Midwife's file(s). All responses to access requests will be made according to the provisions of applicable legislation.

- 1.3.3 AHS may disclose information requested by the College of Midwives of Alberta and other authorized bodies or persons, provided such disclosure is required by law or is necessary to ensure public or Client safety, or the disclosure is agreed to, in writing, by the Registered Midwife.

## **1.4 Advisor**

- 1.4.1 Notwithstanding the mutual desire and expectation of AHS and the Midwifery Staff to encourage prompt and consensual resolution of disputes by the involved parties, whenever an applicant for a Midwifery Staff Appointment or a Registered Midwife is requested to appear before a person or persons in authority, the applicant/Registered Midwife may be accompanied by an Advisor of their choice, and shall provide in writing fifteen days prior notice of the Advisor's identity.

## **1.5 Bylaws Review and Amendments**

- 1.5.1 These Bylaws shall be reviewed by the Bylaws and Rules Review Committee at least once in each three year period from the date of the most recent adoption or more frequently as required. The Bylaws and Rules Review Committee shall define the process and timelines for the reviews and the required approval through a vote by ballot of all members of the Midwifery Staff.
- 1.5.2 Amendments to these Bylaws may be proposed by the Midwifery Staff, AHS or the Bylaws and Rules Review Committee.
- 1.5.2.1 Amendments to the Bylaws proposed by the Midwifery Staff shall be forwarded to the Bylaws and Rules Review Committee by one or more of the Midwifery Staff members.
- 1.5.2.2 Amendments to the Bylaws proposed by AHS shall be forwarded to the Bylaws and Rules Review Committee.
- 1.5.3 The Bylaws and Rules Review Committee shall consider all proposed amendments. If the Bylaws and Rules Review Committee members unanimously agree to recommend a proposed amendment(s), the proposed amendment(s) will be forwarded to the Midwifery Staff for consideration and:
- a) a vote by ballot of the members of the Midwifery Staff shall be conducted by the Provincial Midwifery Administrative Office pursuant to the process described in the Rules;
  - b) the recommendation of the Bylaws and Rules Review Committee shall be included with the proposed amendment(s) when forwarded for consideration to the Midwifery Staff; and
  - c) the required majority for Midwifery Staff support of the proposed amendment shall be two-thirds of the properly cast ballots returned.
- 1.5.4 A proposed amendment(s) to the Bylaws supported by the Midwifery Staff will be forwarded by the Vice President or designate to the Board for approval.

1.5.4.1 If the Midwifery Staff fail to support a proposed amendment(s) recommended by the Bylaws and Rules Review Committee, the Bylaws and Rules Review Committee may:

- a) withdraw its recommendation to support the proposed amendment(s) and notify, in writing, the party proposing the amendment(s) of its decision and the reason(s) for its decision;
- b) meet with the party proposing the amendment(s) to revise the proposed amendment(s) in consideration of the reason(s) for the failure of the Midwifery Staff to support it and forward the revised proposed amendment to the Bylaws and Rules Review Committee to follow the process described in sections 1.5.3 and 1.5.4 of these Bylaws; or
- c) request that the proposed amendment be forwarded by the Vice President or designate to the Board for resolution. The Bylaws and Rules Review Committee shall provide a written opinion regarding the proposed amendment(s) and the reason(s) for the failure of the Midwifery Staff to support it.

1.5.5 If the Bylaws and Rules Review Committee agrees to recommend a proposed amendment(s) by a minimum two-thirds majority of those members present and entitled to vote at any duly constituted meeting, but is not unanimous in its recommendation, the party proposing the amendment(s) will be notified, in writing, of the reason(s) why the Bylaws and Rules Review Committee did not reach unanimity. The party proposing the amendment(s) may:

- a) withdraw the proposed amendment(s);
- b) revise the proposed amendment(s) in consideration of the reason(s) that the Bylaws and Rules Review Committee did not reach unanimity, and forward the revised proposed amendment to the Bylaws and Rules Review Committee to follow the processes described in sections 1.5.3, and 1.5.4 of these Bylaws; or
- c) request that the proposed amendment(s), and the written dissenting opinions of the members of the Bylaws and Rules Review Committee, be forwarded to the Midwifery Staff for consideration pursuant to the processes described in sections 1.5.3 and 1.5.4 of these Bylaws.
  - i. If the Midwifery Staff support the proposed amendment(s), the proposed amendment(s) will be forwarded by the Vice President or designate to the Board for approval.
  - ii. If the Midwifery Staff fail to support the proposed amendment(s), and the amendment(s) has (have) been proposed by a representative of the Midwifery Staff pursuant to section 1.5.2.1 of these Bylaws, the proposed amendment(s) will be considered as being rejected.

- iii. If the Midwifery Staff fail to support the proposed amendment(s), and the amendment(s) has (have) been proposed by AHS, AHS may withdraw the proposed amendment(s); revise the proposed amendment(s) and forward the revised proposed amendment to the Bylaws and Rules Review Committee to follow the processes described in sections 1.5.3, and 1.5.4 of these Bylaws; or request that the proposed amendment(s), the written dissenting opinions of the members of the Bylaws and Rules Review Committee as to the reasons for the failure of the Midwifery Staff to support it be forwarded by the Vice President or designate to the Board for resolution.
- 1.5.6 If a proposed amendment(s) is supported by less than the minimum two-thirds majority of those members present and entitled to vote at any duly constituted meeting of the Bylaws and Rules Review Committee, it shall not be forwarded to the Midwifery Staff for consideration. The Bylaws and Rules Committee will notify, in writing, the party proposing the amendment of its decision and the reason(s) for the decision.

## **1.6 Rules Review and Amendments**

- 1.6.1 The Rules shall be reviewed by the Bylaws and Rules Review Committee at least once in each three year period from the date of most recent adoption or more frequently as required.
- 1.6.2 Any member of the Bylaws and Rules Review Committee shall recommend such Rule(s), or amendments to existing Rules, as it deems necessary for Client care and the conduct of the Midwifery Staff. All new or amended Rule(s) will be considered by the Bylaws and Rules Review Committee which shall forward a recommendation to approve, amend (if applicable) or reject the proposed new or amended Rule(s) to the Provincial Midwifery Executive Committee. The Provincial Midwifery Executive Committee shall review and recommend for approval, amendment (if applicable) or rejection of the proposed new or amended Rule(s) to the Vice President. The recommendation of the Provincial Midwifery Executive Committee shall be subject to final approval by the Vice President or designate.
- 1.6.3 New Rules or amendments to existing Rules may be proposed by any member of the Provincial Midwifery Executive Committee. All proposed new Rule(s) or amendment to existing Rule(s) will be considered by the Provincial Midwifery Executive Committee which shall forward a recommendation to approve, amend (if applicable) or reject the proposed new or amended Rule(s) to the Vice President. The recommendation of the Provincial Midwifery Executive Committee shall be subject to final approval by the Vice President or designate.
- 1.6.4 All proposed recommendations to approve, amend (if applicable) or reject a proposed new Rule(s) or an amendment to existing Rule(s) shall require a two-thirds majority of those

present and entitled to vote at any duly constituted meeting of the Bylaws and Rules Review Committee or the Provincial Midwifery Executive Committee. A notice of motion is necessary and must be given at a previous meeting or at least thirty days prior to the meeting.

- 1.6.5 The input of the Midwifery Staff shall occur through representation on the Bylaws and Rules Review Committee and the Provincial Midwifery Executive Committee, pursuant to Part 2 of these Bylaws.

## **Part 2. Midwifery Organizational Structure of AHS**

### **2.0 General**

- 2.0.1 This part of the Bylaws describes provincial committees and midwifery administrative leadership positions that are central to these Bylaws. The Midwifery Organizational Structure is further described in the Rules.
- 2.0.2 In some instances, the Midwifery Organizational Structure, as well as the assignment of responsibilities and the reporting relationships of midwifery administrative leaders, may vary between Zones. This reflects the distinct nature of each Zone. Such variation is required to ensure that the Zone Midwifery Staff are able to function optimally in consideration of Zone characteristics such as geography; population demographics; mix of urban and rural / large and small communities; size and location of facilities; the number of Midwives; and availability of specific specialized services and specialist Practitioners.
- 2.0.2.1 Policy development, organizational planning and strategic decision-making related but not limited to recruitment and retention, resource allocation, service delivery models and the quality and safety of Client care, shall be undertaken and/or coordinated by midwifery administrative leaders and committees with either Zone-wide or provincial responsibilities and duties.
- 2.0.2.2 Operational decision-making and reporting, particularly pertaining to Policies, the local provision of services to Clients, and the management of Concerns, may be undertaken and/or coordinated by midwifery administrative leaders with either Zone-wide or Province-wide responsibilities and duties.
- 2.0.3 All committees and other groups within the Midwifery Organizational Structure of AHS shall be subject to the collective responsibilities identified in these Bylaws and the Rules.
- 2.0.4 Provincial Midwifery Structure and operations will endeavour to integrate AHS values and strategies.

### **2.1 Vice President**

#### **2.1.1 Accountability**

- 2.1.1.1 The Vice President is the most senior administrative leader in AHS and shall be accountable to the Chief Executive Officer.

#### **2.1.2 Responsibilities and Duties**



- 2.1.2.1 The Vice President will be accountable for implementation of policies related to the Midwifery Staff. Without limiting the authority of AHS relative to its administrative structures, the accountabilities of the Vice President include, but are not limited to:
- a) establishing and implementing the processes for Midwifery Staff Appointments, granting Clinical Privileges and conducting reviews of the Midwifery Staff;
  - b) establishing and maintaining the Provincial Midwifery Administrative Office(s);
  - c) advancing the perspectives, advice and resource requirements of the Midwifery Staff within AHS;
  - d) advocating for the provision of high quality and safe Client care within AHS;
  - e) ensure the quality and safety of services offered by all Midwifery Staff are evaluated on a regular basis, that appropriate actions are taken when problems are identified, and that ongoing enhancement of the skills and training of the Midwifery Staff is encouraged;
  - f) implementing procedures to monitor and ensure Midwifery Staff compliance with the Bylaws, the Rules and AHS Policies;
  - g) approving new Rules or amendments to existing Rules;
  - h) approving the establishment and organization of the Zone Midwifery Clinical Departments;
  - i) rendering final decisions related to recommendations emanating from Triggered Review processes;
  - j) implementing and maintaining the processes related to Midwifery workforce planning, recruitment and retention;
  - k) implementing and maintaining appropriate measures to review and manage the use of AHS resources by the Midwifery Staff;
  - l) within available resources and to the extent agreed to by AHS, ensuring appropriate learning experiences and clinical supervision of Midwifery Students within AHS facilities;
  - m) reporting on the activities of the Midwifery Staff to the Chief Executive Officer;
  - n) performing all other duties assigned to him/her by these Bylaws and the Rules,
  - o) performing duties delegated by the Board to the Chief Executive Officer and then to him/her; and

- p) performing other duties as may be assigned by the Chief Executive Officer.

## **2.2 Provincial Midwifery Administrative Office**

2.2.1 The Provincial Midwifery Administrative Office (PMAO) shall be responsible for:

- a) supporting the delivery of high quality and safe Client care and Clinical Midwifery Services within AHS;
- b) credentialing and oversight of the Midwifery Staff within AHS;
- c) advancing the perspective, advice and resource requirements of the Midwifery Staff to AHS;
- d) supporting the development, implementation and maintenance of processes and procedures outlined in these Bylaws and the Rules, and as assigned by the Provincial Midwifery Director;
- e) supporting the implementation and maintenance of appropriate measures to ensure that the quality and safety of services offered by all Midwifery Staff are evaluated on a regular basis, that appropriate actions are taken when problems are identified, and that ongoing enhancement of their skills and training of the Midwifery Staff is encouraged;
- f) engage with AHS stakeholders to support and facilitate the further integration of Midwifery Services within AHS as outlined in the Workforce Plan;
- g) manage AHS resources for Midwifery Services;
- h) Coordinate, support and implement AHS organizational projects that impact Midwifery Services.

## **2.3 Zone Midwifery Clinical Departments**

2.3.1 The Midwifery Staff shall be assigned to a Zone Midwifery Clinical Department.

2.3.2 The Zone Midwifery Clinical Department shall collaborate with maternity care teams to optimize the provision of midwifery services.

2.3.3 The Zone Midwifery Clinical Departments shall be responsible for:

- a) supporting the delivery of high quality and safe Client care and Clinical Midwifery Services within AHS;
- b) clinical oversight of the Midwifery Staff within the applicable Zone(s); and

- c) advance the perspective, advice and resource requirements of the Midwifery Staff within the Zone(s) to AHS.

2.3.4 Each Zone Midwifery Clinical Department shall be led by a Clinical Midwifery Director whose duties and responsibilities are specified by these Bylaws and the Rules.

## **2.4 Provincial Midwifery Director**

### **2.4.1 Appointment and Accountability**

2.4.1.1 The Provincial Midwifery Director shall be appointed by the Vice President or designate.

2.4.1.2 The Provincial Midwifery Director shall be directly accountable to the Vice President

### **2.4.2 Responsibilities and Duties**

2.4.2.1 The Provincial Midwifery Director shall have responsibility for the overall function and structure of the Provincial Midwifery Administrative Office (PMAO). The Provincial Midwifery Director shall be responsible for matters within the Provincial Midwifery Executive Committee's jurisdiction.

2.4.2.2 The Provincial Director has responsibility for the overarching organization and structure of Midwifery Services in AHS, and is accountable to the Vice President.

2.4.2.3 Without limiting the authority of AHS relative to its administrative structures, the responsibilities of the Provincial Midwifery Director include, but are not limited to:

- a) accountability for all Midwifery-related matters, as well as all operational and strategic issues and decisions requiring Midwifery input or leadership that arise within the Province;
- b) ensuring operational coordination across the organization, collaboration between Zones, and the development and implementation of AHS strategies;
- c) developing governance structures and documents for Midwifery Services regarding quality and Client care;
- d) advancing the perspective, advice and resource requirements of the Midwifery Staff within AHS;
- e) advocating for the provision of high quality and safe Client care within AHS;
- f) collaborating with stakeholders to ensure high quality and safe client care, and coordinated service delivery within all facilities and communities served;
- g) assisting in the development of criteria for Procedures new to AHS;

- h) promoting and maintaining educational programs for Midwifery Staff;
- i) sponsoring, promoting and maintaining educational programs for Midwifery Staff;
- j) establishing and implementing the processes and procedures outlined in these Bylaws and the Rules;
- k) implementing and maintaining appropriate measures to ensure that the quality and safety of services offered by all Midwifery Staff are evaluated on a regular basis, that appropriate actions are taken when problems are identified and that ongoing enhancement of the skills and training of the Midwifery staff is encouraged;
- l) implementing procedures to monitor and ensure Midwifery Staff compliance with the Bylaws, the Rules and AHS Policies;
- m) implementing and maintaining the processes related to Midwifery workforce planning, recruitment and retention;
- n) implementing and maintaining appropriate measures to review and manage the use of AHS resources;
- o) increasing the understanding and integration of Midwifery Services in AHS;
- p) performing all other duties assigned by these Bylaws and the Rules; and performing other duties as may be delegated by the Vice President or designate.

## **2.5 Clinical Midwifery Director**

### **2.5.1 Appointment and Accountability**

2.5.1.1 The Clinical Midwifery Directors shall be members of the Midwifery Staff.

2.5.1.2 The Clinical Midwifery Directors shall be appointed by the Vice President or designate after consideration of the recommendation of a Search Committee pursuant to the process specified in the Rules.

2.5.1.3 The Clinical Midwifery Directors shall be directly accountable to the Provincial Midwifery Director or designate.

### **2.5.2 Responsibilities and Duties**

2.5.2.1 The Clinical Midwifery Director(s) shall have responsibility of the overall function and structure of the Zone Clinical Department. The Clinical Midwifery Director(s) shall be

responsible for matters within the Provincial Midwifery Executive Committee's jurisdiction in relation to their respective Zone(s).

2.5.2.2 Without limiting the authority of AHS relative to its administrative structures, the responsibilities of the Clinical Midwifery Director include, but are not limited to:

- a) responsibility for all Midwifery-related matters, as well as all clinical issues and decisions requiring Midwifery input or leadership that arise within the Zone(s);
- b) recommending Midwifery Staff Appointments and Clinical Privileges, as well as changes to Appointments and Clinical Privileges to the Vice President or designate;
- c) ensuring clinical operational coordination across the applicable Zone(s), Collaboration between Zones, and the development and implementation of AHS strategies;
- d) inform the development of policies for Midwifery Services;
- e) supporting the clinical work of Midwifery Staff members in the Zone;
- f) advancing the perspective, advice and resource requirements of the Midwifery Staff within AHS;
- g) advocating the provision of high quality and safe Client Care within AHS;
- h) in keeping with the objectives and goals of AHS, assigning duties and responsibilities to members of the Zone Midwifery Staff;
- i) promoting and representing the activities of the Zone Midwifery Clinical Department;
- j) collaborating with stakeholders to ensure high quality and safe Client care and coordinated service delivery within all facilities and communities served;
- k) assist in the development of criteria for procedures new to AHS;
- l) preparing, maintaining and promoting educational programs for Zone Midwifery Staff;
- m) developing and promoting departmental research activities;
- n) conducting Periodic Reviews for Registered Midwives in their Zone Midwifery Staff pursuant to Part 5 of these Bylaws;

- o) performing Triggered Initial Assessments and Triggered Reviews as delegated by the Vice President or designate pursuant to Part 6 of these Bylaws;
- p) performing all other duties assigned to them by these Bylaws and the Rules; and
- q) performing other duties as may be delegated by the Provincial Director or delegate.

## **2.6 Provincial Midwifery Executive Committee**

### **2.6.1 Purpose**

2.6.1.1 The purpose of the Provincial Midwifery Executive Committee is to advise AHS and the Vice President on provincial/system-wide matters pertinent to quality and safe Client care as well as issues including but not limited to:

- a) Midwifery workforce planning;
- b) the development and oversight of the Rules and policies pertinent to the Midwifery Staff;
- c) discharging responsibilities essential to maintaining appropriate accreditation of AHS; and
- d) performing all other duties assigned to it by these Bylaws and the Rules.

2.6.1.2 The composition, duties and responsibilities of the Provincial Midwifery Executive Committee are described in the Rules.

## **2.7 Bylaws and Rules Review Committee**

### **2.7.1 Purpose**

2.7.1.1 The purpose of the Bylaws and Rules Review Committee is to review the Bylaws and Rules at least once in each three year period from the date of the most recent adoption or more frequently as required, and to discharge all other duties assigned to it by these Bylaws and the Rules.

2.7.1.2 The composition, duties and responsibilities of the Bylaws and Rules Review Committee are described in the Rules.

## **2.8 Midwifery Zone Application Review Committees**

### **2.8.1 Purpose**

2.8.1.1 The purpose of the Midwifery Zone Application Review Committee is to review all initial applications to the Midwifery Staff and prepare a written recommendation (to accept, deny, or amend the application), and to review all Requests to Change and prepare a written recommendation (to accept, deny, or amend the Request for Change). The composition, duties and responsibilities of the Midwifery Zone Application Review Committee are described in the Rules.

## **Part 3. The Process for Midwifery Staff Appointments and Clinical Privileges**

### **3.0 General**

- 3.0.1 A Midwifery Staff Appointment is provincial and outlines the category of Appointment and the Registered Midwife's rights and responsibilities associated with that Appointment. Upon being granted an Appointment, a Registered Midwife must be assigned to the appropriate Zone Midwifery Clinical Department(s). A Registered Midwife may be appointed to more than one Zone Midwifery Clinical Department but one department must be designated as the Primary Zone Midwifery Clinical Department. The flowchart for a Registered Midwifery Staff Appointment is located in Appendix A of these Bylaws.
- a) A Midwifery Staff Appointment grants administrative access to AHS and identifies a Registered Midwife as an affiliate of AHS.
- 3.0.2 Clinical Privileges that are granted to the Registered Midwife define the diagnostic or therapeutic Procedures or other Client care services a Registered Midwife is deemed able to perform; the Site(s) of Clinical Activity and Zone(s) within which the Registered Midwife is eligible to provide care to Clients; and the specified Programs and Professional Services that the Registered Midwife is eligible to access. A Registered Midwife is not entitled to perform Procedures or treat clients simply by virtue of being a member of the Midwifery Staff.
- a) Granting of Clinical Privileges identifies where a Registered Midwife can provide health services, and what can be provided within an AHS facility.
- 3.0.3 The decision to grant Clinical Privileges resides with AHS and the following shall be considered in making the decision to grant Clinical Privileges: the needs of AHS; the needs of the local community; the impacts to services within the community; the Midwifery Workforce Plan; the resources available or the Site(s) of Clinical Activity required for the requested Procedures and access to Programs and Professional Services; and the Registered Midwife's training, experience, demonstrated ability and skills, and current clinical competence. Access to Programs and Professional Services and performance of Procedures will be subject to the availability of the required resources and staff.
- 3.0.4 The grant of a Midwifery Staff Appointment and Clinical Privileges to a Registered Midwife is exclusive to that Midwife.
- 3.0.5 No Registered Midwife shall assign, transfer, encumber or delegate a grant of a Midwifery Staff Appointment and Clinical Privileges granted to that Registered Midwife and any purported assignment, transfer or encumbrance thereof shall be null and void.



- 3.0.6 A Midwifery Staff Appointment and Clinical Privileges granted to any Registered Midwife automatically terminate upon the death of that Registered Midwife.
- 3.0.7 A Midwifery Staff Appointment and Clinical Privileges may only be granted to an individual and will not be granted to a firm, partnership or corporation, including a professional corporation.

### **3.1 Midwifery Staff Appointments**

- 3.1.1 Appointment to the Midwifery Staff shall be granted only to professional and competent individuals registered with the College of Midwives of Alberta, and who initially and continuously meet the qualifications, standards, and requirements set forth in these Bylaws and Rules.
- 3.1.2 The Provincial Midwifery Administrative Office will determine the appropriate category of Appointment. This decision will consider the needs of AHS; the Midwifery Workforce Plan; the resources available or the Site(s) of Clinical Activity required for the requested Procedures and access to Programs and Professional Services; and the Registered Midwife's training, experience, demonstrated ability and skills, and current clinical competence.
- 3.1.3 Registered Midwives shall be subject to the responsibilities, expectations and Periodic Review as outlined in these Bylaws and the Rules.
- 3.1.4 All Registered Midwives with an Appointment may provide Specified Clinical Midwifery Services for Clients in Sites of Clinical Activity and may access Programs and Professional Services as defined by Clinical Privileges.
- 3.1.5 A Midwifery Staff Appointment is required to access AHS intranet/internal information technologies and systems.
- 3.1.6 Registered Midwives residing and practicing outside Alberta who wish to provide services by Telemedicine to Clients shall require a Midwifery Staff Appointment and grant of Clinical Privileges.
- 3.1.7 Categories of Appointment

AHS Midwifery Staff Appointments shall be made to one of the categories listed below:

#### **3.1.7.1 Probationary Staff**

- a) All initial Midwifery Staff Appointments shall be to the Probationary Staff, other than those in the Temporary Staff or Locum Tenens category, or where, in the opinion of the Vice President or designate, after consultation with the applicable Clinical Midwifery Director and Midwifery Zone Application Review Committee, a direct appointment to the Active Staff category is appropriate.

- b) Appointment to the Probationary Staff category shall be for a minimum period of twelve months and a maximum period of twenty-four months exclusive of approved leaves of absence.
- c) Members in the Probationary Staff category shall have their performance assessed after twelve months to determine eligibility for Appointment to the Active Staff category
- d) The performance assessment pursuant to section 3.1.7.1 c) of these Bylaws shall be in accordance with the Rules. The performance assessment shall be signed by the Clinical Midwifery Director, and shall include a statement as to whether the Registered Midwife meets the criteria for Appointment to the Active Staff Category.
- e) After a total of eighteen months in the Probationary Staff category (exclusive of approved leaves of absence), the Registered Midwife is deemed to have applied for a change from Probationary to Active Staff pursuant to section 3.5 of these Bylaws.

#### 3.1.7.2 Active Staff

Members in the Active Staff category shall be Registered Midwives who have satisfied the requirements of the probationary period and have received an Appointment in the Active Staff category, or have been appointed directly to this category.

#### 3.1.7.3 Temporary Staff

AHS may grant a Midwifery Staff Appointment in the Temporary Staff category for a specific purpose and for a defined time, not to exceed eighteen months. This category of Appointment shall be used for short-term temporary situations.

#### 3.1.7.4 Locum Tenens Staff

AHS may grant a Midwifery Staff Appointment to the Locum Tenens category in an existing practice and/or Site of Clinical Activity in order to facilitate the short term absence of another Registered Midwife with an Appointment. The defined time for a Midwifery Staff Appointment to the Locum Tenens category shall be not less than one hundred and twenty one consecutive days and not greater than eighteen months.

## 3.2 Clinical Privileges

### 3.2.1 AHS grants Clinical Privileges which shall specify:

- a) Programs and Professional Services related to practice within AHS that the Registered Midwife is eligible to access;

- b) Procedures that the Registered Midwife is deemed to be competent and eligible to perform; and
- c) Sites of Clinical Activity in which the Registered Midwife is eligible to provide Client care and services.

3.2.2 Clinical Privileges, including Programs and Professional Services and Sites of Clinical Activity that the Registered Midwife is eligible to access, as well as Procedures that the Registered Midwife is deemed competent and eligible to access, shall be recommended by the Clinical Midwifery Director.

3.2.3 Neither appointment to the Midwifery Staff nor the granting of Clinical Privileges shall confer entitlement to unrestricted use of Programs and Professional Services, and Sites of Clinical Activity. Access to, and allocation of, all physical and human resources shall be subject to their availability, budgetary considerations, and the administrative allocation procedures and policies of the Zone Midwifery Clinical Department and of AHS. Such procedures and policies shall be established in consultation with the Midwifery Staff through the processes available in these Bylaws and the Rules.

#### 3.2.4 Procedures

3.2.4.1 The process for establishing, maintaining and changing the list of Procedures shall be found in the Rules. The grant of Clinical Privileges shall list the Procedures which the Registered Midwife with an Appointment is entitled to perform.

3.2.4.2 Through the process defined in the Rules, AHS shall;

- a) establish the need for, and the capacity of, AHS to support a new Procedure, and if deemed appropriate, privileging criteria for the new Procedure.
- b) ensure that the eligibility to perform a new Procedure is determined fairly, rigorously and with regard to demonstrated competence, rather than limiting access to the Zone Midwifery Clinical Department.

#### 3.2.5 Sites of Clinical Activity

3.2.5.1 The grant of Clinical Privileges shall list the Sites of Clinical Activity, including where the Registered Midwife is eligible to perform various Procedures. Sites of Clinical Activity will be defined by the Provincial Midwifery Executive Committee, and will reflect geographic considerations, as well as access to Sites of Clinical Activity in the Zone.

3.2.5.2 Sites of Clinical Activity shall also specify:

- a) Inpatient Hospital Service: which will normally include admission and treatment of hospitalized Clients and the use of Programs and Professional Services for the needs of hospitalized Clients, as described in the Clinical Privileges granted.
- b) Outpatient Clinics and Services in Hospital and other Facilities: which will normally include the treatment of ambulatory Clients with access to Programs and Professional Services for the needs of ambulatory Clients, as described in the Clinical Privileges granted.
- c) Telemedicine: as described in the Clinical Privileges granted.

3.2.5.3 In the event that a Program and Professional Service, or clinical service and related resources, are transferred from one Site of Clinical Activity to another, reasonable effort shall be undertaken (pursuant to the process described in the Rules) to transfer the relevant Clinical Privileges of Registered Midwives providing or supporting the Program and Professional Service or clinical service being transferred.

### **3.3 Appointment and Privileges Procedure**

#### **3.3.1 General Provisions**

3.3.1.1 Applications for a Midwifery Staff Appointment and Clinical Privileges shall be made in the manner specified in these Bylaws and the Rules. The Bylaws and Rules, any applicable Policies, and instructions on how to request an application shall be available on the website of AHS.

3.3.1.2 Only a complete Application shall be reviewed. The responsibility for providing all required Application information rests with the applicant. All applicants for a Midwifery Staff Appointment must be eligible to work in Canada.

3.3.1.3 Applications shall be reviewed, a decision made and the applicant informed of the decision within ninety days from the receipt of a complete Application by the Provincial Midwifery Administrative Office. If no decision is received by the applicant within ninety days, the applicant may follow up with the Provincial Midwifery Administrative Office for the decision.

### **3.4 Application Process**

3.4.1 All Applications shall be submitted on the prescribed forms.

3.4.2 Applications are to be submitted to the Provincial Midwifery Administrative Office and will be reviewed for completeness on receipt. An applicant will be advised of the date of receipt and any deficiencies in the Application within fifteen days of the receipt of the Application.

- 3.4.3 The Provincial Midwifery Administrative Office will forward complete Applications to the applicable Clinical Midwifery Director within fifteen days of receipt. The Clinical Midwifery Director shall forward a written recommendation, (to accept, deny, or amend the application) to the Provincial Midwifery Administrative Office and to the applicant, within thirty days of receipt of the complete Application by the PMAO. If the recommendation is to amend or deny the Clinical Midwifery Director will follow the process outlined in 3.6. The PMAO forwards the recommendation to the applicant.
- 3.4.4 The Provincial Midwifery Administrative Office will forward the recommendation of the Clinical Midwifery Director and all applicable information to the Midwifery Zone Application Review Committee for review. The Midwifery Zone Application Review Committee shall return a written recommendation (to accept, deny, or amend the application) to the Provincial Midwifery Administrative Office within thirty days of receipt of the recommendation of the Clinical Midwifery Director by the Midwifery Zone Application Review Committee.
- a) If the MZARC recommendation is to accept, the written recommendation will be returned to the PMAO within 30 days of receipt of the recommendation of the Clinical Director by MZARC.
  - b) If the MZARC recommendation is to amend or deny, it will follow the process outlined in 3.6.
- 3.4.5 If the recommendation of the Midwifery Zone Application Review Committee is to accept, the Provincial Midwifery Administrative Office shall forward the recommendation to the Vice President for a decision to accept or reject the recommendation of the Midwifery Zone Application Review Committee. The Provincial Midwifery Administrative Office shall provide the applicant with the Vice President's or designates written notification of the decision within fifteen days of receipt of the decision by the Vice President.
- 3.4.6 An accepted Application will result in the preparation of a Midwifery Staff Letter of Offer by the Midwifery Administrative Office. With the Midwifery Staff Letter of Offer, the applicant shall be provided with copies of, or access to, all documents referred to pursuant to section 3.4.6 b) of these Bylaws. The Midwifery Staff Letter of Offer shall:
- a) Indicate the terms of the Appointment including the category of Midwifery Staff Appointment and the Clinical Privileges granted. Where a member of the Midwifery Staff is subject to a return-in-service agreement (RiSA) with AHS, completion of the RiSA will also be a condition of the Appointment.
  - b) Include a statement that the applicant:

- i. has read and understands the Bylaws and Rules and agrees to be governed by them;
- ii. accepts the category of Midwifery Staff Appointment and the Clinical Privileges granted; and
- iii. has read and understands all relevant AHS Policies including, but not limited to, those pertaining to confidentiality/privacy, acceptable Information Technology/Information Management usage, health record keeping, and Client safety; and, agrees to be governed by them.

3.4.7 A Midwifery Staff Letter of Offer shall not take effect until a signed copy of the letter, indicating the applicant's agreement with its terms, is returned to the Provincial Midwifery Administrative Office within thirty days of it being forwarded to the applicant.

### **3.5 Request to Change a Midwifery Staff Appointment and Clinical Privileges**

3.5.1 A Request to Change may include an Application to terminate or change the category of a Midwifery Staff Appointment, including a recommendation not to extend continuation in the Probationary Staff category, or to change Clinical Privileges.

- a) The PMAO will review any request to change appointment category and identify any supporting information required as part of the request. The decision to grant a Change Request resides with AHS and shall consider the needs of AHS; the needs of the local community; the impacts to services within the community; the Midwifery Workforce Plan; the resources available for Site(s) of Clinical Activity required for the request; and the Registered Midwife's training, experience, demonstrated ability and skills, and current clinical competence.

3.5.2 A Request to Change must be initiated on the prescribed form by the Registered Midwife or the Clinical Midwifery Director, and will not be considered until such form is completed and submitted to the Provincial Midwifery Administrative Office. Changes to a Midwifery Staff Appointment and/or Clinical Privileges arising from a Triggered Review shall be addressed pursuant to section 6.8 and 6.9 of the Bylaws.

3.5.3 A Request to Change initiated by the Registered Midwife or Clinical Midwifery Director will be submitted to the Provincial Midwifery Administrative Office and must include particulars of the change requested, and reasonable support for the need or desirability of the change. The Provincial Midwifery Administrative Office shall forward the Request to Change to the Registered Midwife (if initiated by the Clinical Midwifery Director) or to the Clinical Midwifery Director (if initiated by the Registered Midwife).

3.5.4 The Registered Midwife shall provide the Clinical Midwifery Director (if the Request to Change is initiated by the Clinical Midwifery Director) with written notification of

whether they accept or reject the proposed change, or wish to amend it, within thirty days of receipt of the Request to Change by the Registered Midwife.

- 3.5.5 The Clinical Midwifery Director shall provide the Registered Midwife (if the Request to Change is initiated by the Registered Midwife) with written notification of whether they accept, reject, or amend the proposed change within thirty days of receipt of the Request to Change by the Clinical Midwifery Director.
- 3.5.6 The Clinical Midwifery Director shall forward a recommendation (to accept, deny, or amend) the Request to Change, including written notification as to whether the Registered Midwife and the Clinical Midwifery Director are in agreement, to the Registered Midwife and to the Provincial Midwifery Administrative Office within sixty days of receipt of the original Request to Change by the Provincial Midwifery Administrative Office.
- 3.5.7 The Provincial Midwifery Administrative Office will forward the recommendation of the Clinical Midwifery Director to the Midwifery Zone Application Review Committee together with all the information considered for review. The Midwifery Zone Application Review Committee shall return a written recommendation (to accept, deny, or amend the Request to Change) to the Provincial Midwifery Administrative Office, which shall provide a copy to the Clinical Midwifery Director and the Registered Midwife, within thirty days of the receipt of the recommendation of the Clinical Midwifery Director by the Midwifery Zone Application Review Committee.
- 3.5.8 If the recommendation of the Midwifery Zone Application Review Committee is to accept, the Provincial Midwifery Administrative Office shall forward the recommendation to the Vice President for a decision to accept or deny the recommendation of the Midwifery Zone Application Review Committee. The Vice President or designate shall provide the Registered Midwife with written notification of a decision within fifteen days of receipt of the recommendation by the Vice President or designate.

### **3.6 Recommendations to amend or deny an Application or Request to Change**

- 3.6.1 A recommendation of the Clinical Midwifery Director and/or the Midwifery Zone Application Review Committee, with respect to an Application or a Request to Change, may be a recommendation to deny the Application or Request to Change or a recommendation to amend the Application or Request to Change, without the unanimous agreement to deny or recommend of the applicant/Registered Midwife, Clinical Midwifery Director, and the Midwifery Zone Application Review Committee.
- 3.6.2 Notification of the applicant/Midwife

- 3.6.2.1 Whenever a recommendation to amend or deny an Application or Request to Change is made by the Clinical Midwifery Director or Midwifery Zone Application Review Committee, the Provincial Midwifery Administrative Office shall provide the applicant/Registered Midwife with the recommendation as well as the substance of the concerns and reasons leading to the recommendation.
- 3.6.3 Recommendations to amend or deny an Application or Request to Change by the Clinical Midwifery Director
- 3.6.3.1 If an Application or Request to Change is recommended for denial by the Clinical Midwifery Director, it will be forwarded by the Provincial Midwifery Administrative Office to the Midwifery Zone Application Review Committee as a recommendation for denial.
- 3.6.3.2 If the Clinical Midwifery Director recommends an amendment to an Application/Request to Change, the Clinical Midwifery Director and the applicant/Registered Midwife shall use reasonable efforts to reach agreement with respect to the proposed amendment(s) prior to the recommendation being forwarded by the Provincial Midwifery Administrative Office to the Midwifery Zone Application Review Committee.
- a) If agreement is reached between the Clinical Midwifery Director and the applicant/Registered Midwife, the amended Application/Request to Change will be forwarded by the Provincial Midwifery Administrative Office to the Midwifery Zone Application Review Committee as a recommendation to accept the amended Application/Request to Change.
- b) If agreement cannot be reached between the Clinical Midwifery Director and the applicant/Registered Midwife, the amended Application/Request to Change shall be forwarded by the Provincial Midwifery Administrative Office to the Midwifery Zone Application Review Committee as a recommendation to amend the Application/Request to Change.
- 3.6.4 Recommendations to amend or deny an Application or Request to Change made by the Clinical Midwifery Director and supported by the Midwifery Zone Application Review Committee
- 3.6.4.1 If the Midwifery Zone Application Review Committee supports a recommendation to amend or deny an Application or Request to Change made by the Clinical Midwifery Director, the recommendation shall be forwarded to the Provincial Midwifery Administrative Office which shall inform the applicant/Registered Midwife that they may request the Application or Request to Change be considered by the Vice President pursuant to section 3.6.7 of these Bylaws.



3.6.5 Amendments recommended by the Midwifery Zone Application Review Committee

3.6.5.1 If the Midwifery Zone Application Review Committee recommends an amendment to an Application/Request to Change, the Midwifery Zone Application Review Committee and the Clinical Midwifery Director shall use reasonable efforts to reach agreement with respect to the proposed amendment(s).

- a) If agreement is reached between the Clinical Midwifery Director and the Midwifery Zone Application Review Committee, the Application/Request to Change shall proceed pursuant to section 3.6.6.1 a or 3.6.6.1 b of these Bylaws.
- b) If agreement cannot be reached between the Clinical Midwifery Director and the Midwifery Zone Application Review Committee, the Application/Request to Change shall proceed pursuant to section 3.6.6.1 c) of these Bylaws.

3.6.6 Recommendations to amend or deny an Application or Request to Change and Disagreement between the Clinical Midwifery Director and the Midwifery Zone Application Review Committee with respect to a recommendation

3.6.6.1 If the Midwifery Zone Application Review Committee disagrees with the recommendation of the Clinical Midwifery Director, the Midwifery Zone Application Review Committee may request such further information from the Clinical Midwifery Director and the applicant/Registered Midwife as may be required. The Midwifery Zone Application Review Committee and the Clinical Midwifery Director shall make reasonable efforts to reach agreement with respect to the recommendation.

- a) If agreement is reached between the Clinical Midwifery Director and the Midwifery Zone Application Review Committee, and the recommendation is to accept the applicant/Registered Midwife, the recommendation shall be forwarded by the Provincial Midwifery Administrative Office to the Vice President as a recommendation to accept the Application/Request to Change.
- b) If agreement is reached between the Clinical Midwifery Director and the Midwifery Zone Application Review Committee, and the recommendation is to amend or deny the applicant/Registered Midwife, the recommendation shall be forwarded to the Provincial Midwifery Administrative Office which shall inform the applicant/Registered Midwife that they may request the Application or Request to Change be considered by the Vice President pursuant to section 3.6.7 of these Bylaws.
- c) If agreement cannot be reached between the Clinical Midwifery Director and the Midwifery Zone Application Review Committee, the Provincial Midwifery Administrative Office shall inform the applicant/Registered Midwife that the

Application/Request to Change shall be referred to the Vice President for consideration and review pursuant to section 3.6.7 of these Bylaws.

- 3.6.7 Where the Midwifery Zone Application Review Committee has made a recommendation to amend or deny with respect to an Application or a Request to Change, the recommendation shall be forwarded to the Provincial Midwifery Administrative Office which shall inform the applicant/Registered Midwife that they may request that the Application or Request to Change be considered by the Vice President.
  - 3.6.7.1 The applicant/Registered Midwife shall be entitled to attend a meeting with the Vice President or designate, and to make representations, orally and/or in writing, personally and/or by an Advisor, relating to the Application or Request to Change.
  - 3.6.7.2 The Provincial Midwifery Administrative Office shall provide the applicant/Registered Midwife with reasonable prior notice of the time and place at which the Vice President or designate is able to consider the Application or Request to Change.
  - 3.6.7.3 The Vice President or designate shall review the recommendation(s) from the Clinical Midwifery Director and the Midwifery Zone Application Review Committee, the complete Application or Request to Change, representations from the applicant/Registered Midwife and any other information it considers relevant; and shall make a decision within fourteen days.

### **3.7 Decisions of the Vice President**

- 3.7.1 A decision of the Vice President or designate may be to accept or amend or deny the Application or a Request to Change.
- 3.7.2 The applicant/Registered Midwife shall be notified of the Vice President's or designates decision within fourteen days of receipt of any recommendation from the Midwifery Zone Application Review Committee.
- 3.7.3 The decision of the Vice President relative to an Application or Request to Change is final, subject only to legal rights of appeal.

### **3.8 Exceptional and Urgent Situations**

- 3.8.1 Under exceptional circumstances, as approved by the Vice President or designate, an interim grant of an Appointment and appropriate Clinical Privileges may be made to an applicant whose Application has not yet been fully completed and/or completely processed and approved as outlined in these Bylaws so long as the applicable criteria set out in section 3.8.5 pursuant to these Bylaws are met at the time of Appointment. An interim grant of an Appointment shall not exceed ninety consecutive days.

- 3.8.2 In urgent situations, the Vice President or designate or the CEO may make a Midwifery Staff Appointment to the Temporary Staff and a grant of Clinical Privileges without the benefit of some of the information listed in the application form, and without following the procedures provided in these Bylaws and the Rules.
- 3.8.3 In urgent situations, the Vice President or designate, or the CEO may change the category of Midwifery Staff Appointment and/or make an addition to the Clinical Privileges of a Registered Midwife without the benefit of some of the information listed in the prescribed form, and without following the procedures provided in these Bylaws and the Rules.
- 3.8.4 The Vice President or designate, or the CEO shall notify the Clinical Midwifery Director of the Appointment or change in Appointment or Clinical Privileges, and the nature of the urgent situation within seven days of the action.
- 3.8.5 Where a Midwifery Staff Appointment is made in such an urgent situation, the applicant will be required to provide to the Vice President proof of the applicant's valid Practice Permit, current registration with the College of Midwives of Alberta, and evidence of current professional liability protection acceptable to AHS.
- 3.8.6 A Midwifery Staff Appointment and grant of Clinical Privileges or a change in Appointment and/or Clinical Privileges made under exceptional circumstances or urgent situations shall be for a maximum of ninety days. During those ninety days, the applicant will be eligible to be considered for Appointment and a grant of Clinical Privileges or a change in Appointment and/or Clinical Privileges in the normal manner described in these Bylaws and the Rules.
- a) AHS holds the ability to revoke a Midwifery Appointment and Grant of Clinical Privileges or a change in Appointment and/or Clinical Privileges made under exceptional circumstances or urgent situations at any time without going through a full change request process to do so.

### **3.9 Agreements with Other Providers**

- 3.9.1 AHS may enter into agreements with Other Providers to allow Midwives to access and/or provide services to clients in the Other Providers' approved hospitals; and/or diagnostic and treatment services and programs.
- 3.9.2 Such agreements may provide for one or more of the following:
- 3.9.2.1 The granting of appointments and clinical privileges by Other Providers to Midwives in order that they may access and/or provide services to clients in the Other Providers' approved hospitals and/or diagnostic and treatment services and programs;
- 3.9.2.2 The adoption of AHS Appointment and Clinical Privilege application procedures and processes, including Requests to Change, by Other Providers to Midwives seeking

appointments and clinical privileges in the Other Providers' approved hospitals and/or access to diagnostic and treatment services and programs;

3.9.2.3 The adoption of AHS Periodic and Triggered Review processes by Other Providers to the Midwives who have appointments and clinical privileges in the Other Providers' approved hospitals and/or diagnostic and treatment services and programs;

3.9.2.4 Acceptance, with or without amendment, of the Responsibilities and Accountabilities outlined in Part 4 of these Bylaws by the Other Providers and the Midwives who have appointments and clinical privileges in the Other Providers' approved hospitals and/or diagnostic and treatment services and programs;

3.9.2.5 The adoption or acceptance of such other provisions of these Bylaws as may be appropriate, having regard to the circumstances.

3.9.3 The adoption of these Bylaws' procedures or processes for the Midwives who have appointments and clinical privileges in Other Providers' approved hospitals, and/or who access Other Providers' diagnostic and treatment services and programs, shall involve, to the fullest extent practically possible, participation from, and implementation by, the Other Providers' administration, midwifery administrative leaders and/or Midwifery Staff.

3.9.4 Where, as a consequence of the adoption and application of these Midwifery Staff Bylaws' procedures or processes, a Registered Midwife who has an appointment and clinical privileges in Other Providers' approved hospitals and/or who accesses Other Providers' diagnostic and treatment services and programs, is subject to a recommendation of a change in the appointment and/or clinical privileges granted by the Other Providers, or to remedial actions or sanctions as a result of a review, such change or remedial action or sanction shall be imposed by the College of Midwives of Alberta or midwifery administrative leader as appointed by the Other Provider.

## **Part 4. Responsibilities and Accountability of AHS and the Midwifery Staff**

### **4.0 General**

4.0.1 The Midwifery Staff and AHS share joint responsibility and accountability for the provision of health services to Albertans in a Client-centered system. This part of the Bylaws describes the joint responsibilities and accountabilities of AHS and the Midwifery Staff, as well as the individual appointed Registered Midwife's responsibilities and accountability.

4.0.2 AHS, subject to legislation and any direction provided by the CEO, has the responsibility and mandate to take appropriate actions to assess, enhance and protect the health of Albertans,

- through the promotion of health generally, and by ensuring reasonable access to appropriate, high quality and safe health services.
- 4.0.3 Within the Midwifery Organizational Structure jointly established by AHS and the Midwifery Staff, the Midwifery Staff are expected to provide Client services in a professional and competent manner, and to Collaborate with, and contribute expert advice to, AHS.
  - 4.0.4 Within the Midwifery Organizational Structure jointly established by AHS and the Midwifery Staff, AHS is expected to consider the impact of decisions relating to the delivery of midwifery care services on individual Midwives, groups of Midwives, and the Midwifery Staff generally; and shall facilitate Registered Midwife and Midwifery Staff input into the deliberation and decision processes.
  - 4.0.5 AHS administrative leaders and the Midwifery Staff jointly commit to demonstrating ethical behaviour and professionalism in all interactions.
  - 4.0.6 Appointed Registered Midwives shall be governed by the AHS values of compassion, accountability, respect, excellence, and safety; and are subject to AHS Policies; and the AHS Code of Conduct. Appointed Registered Midwives shall also be governed by the Professional Code of Ethics, established by the College of Midwives of Alberta. If the content of the AHS Code of Conduct conflicts with the Professional Code of Ethics then the Professional Code of Ethics as established by the College of Midwives of Alberta shall take precedence.
  - 4.0.7 When fulfilling the duties and responsibilities of their AHS administrative role, Registered Midwives who are AHS midwifery administrative leaders shall also be guided by the AHS values of compassion, accountability, respect, excellence, and safety. They are subject to AHS Policies; the AHS Code of Conduct, and the Professional Code of Ethics established by the College of Midwives if Alberta. Notwithstanding section 4.0.6, if the AHS Code of Conduct conflicts with the Professional Code of Ethics the code(s) which prescribes the higher standard of conduct shall take precedence.
  - 4.0.8 Notwithstanding section 4.0.6 of these Bylaws, Midwives who are AHS Representatives or AHS Agents shall also be governed by the AHS Conflict of Interest Bylaw when fulfilling the duties and responsibilities related to their role as an AHS Representative or an AHS Agent.

## **4.1 Joint Responsibilities and Accountability**

### **4.1.1 Midwifery Organizational Structure**

- 4.1.1.1 AHS and the Midwifery Staff shall jointly develop and maintain Bylaws and Rules. The Bylaws and Rules shall provide a Midwifery Organizational Structure that fulfills statutory requirements, effectively manages Midwifery Staff affairs, and facilitates the meaningful and effective participation of the Midwifery Staff in the affairs of AHS. AHS

and the Midwifery Staff shall jointly contribute to an effective Midwifery Organization Structure through:

- a) the development, implementation and amendment of Bylaws and Rules governing the creation, organization and operation of the Midwifery Staff, including:
  - i. administrative structures, committees and leadership for the governance of the Midwifery Staff;
  - ii. granting of Appointments to Registered Midwives as members of the Midwifery Staff;
  - iii. granting Clinical Privileges to Registered Midwives;
  - iv. defining the responsibilities of all Registered Midwives who are granted Appointments and Clinical Privileges;
  - v. reviewing and determining Registered Midwife compliance with discharging the responsibilities related to Appointments and Clinical Privileges;
  - vi. establishing principles and processes for the Periodic Review of appointed Registered Midwives;
  - vii. establishing principles and processes for the Triggered Review of an appointed Registered Midwife; and
  - viii. establishing a transparent, consistent, and fair approach to dispute resolution; one encouraging and supporting consensual means and efforts as the preferred mechanism to resolve disputes; and thereafter, as appropriate, through more formal mechanisms in a graduated fashion.
  - ix. the management of the Midwifery Workforce Plan, as defined in the Rules.
  - x. the selection and evaluation of AHS midwifery administrative leaders. While recognizing the final authority of AHS, the Midwifery Staff shall have input in the process of selection and review of AHS midwifery administrative leaders at an appropriate level, as defined in the Bylaws and Rules.

- xi. the efficient communication within the Midwifery Staff; as well as between Midwives and other health care professionals, the executive and administrative staff of AHS, and other health system stakeholders.

#### 4.1.2 **Quality and Safety of Care**

4.1.2.1 AHS and the Midwifery Staff shall jointly participate in activities and planning that promote and support:

- a) quality improvement programs and systems of evaluation to achieve the highest standard of Client care possible;
- b) the Provincial Midwifery Clinical Department in the development of mechanisms that maintain the highest standards of clinical practice and professionalism;
- c) Client safety
- d) Client engagement
- e) Registered Midwife and AHS staff safety;
- f) evidence-based decision-making wherever applicable; and
- g) reasonable and effective service coverage schedules.

#### 4.1.3 **Service Coverage Responsibilities**

4.1.3.1 AHS and the Midwifery Staff shall jointly collaborate to ensure the establishment, maintenance and communication of reasonable and effective service coverage for safe and effective Client care at all times.

4.1.3.2 Service coverage shall be consistent with the Clinical Services provided and the Clinical Privileges of the Registered Midwives who provide the service coverage.

4.1.3.3 AHS will support the Midwifery Staff to ensure on-call service coverage schedules do not place work demands on individual Registered Midwives that prevent the Registered Midwife from providing safe Client care and coverage. AHS midwifery administrative leaders shall work collaboratively with Registered Midwives to resolve such situations when they arise.

#### 4.1.4 **Documentation of Care**

4.1.4.1 AHS and the Midwifery Staff share the responsibility to create and maintain an accurate health record of the care provided to every Client in Sites of Clinical Activity within AHS, or at points where AHS is involved in the provision of care, to accomplish this:

- a) AHS will provide and maintain the appropriate infrastructure and information management systems to create a health record, and shall be the custodian of all such health records pursuant to applicable legislation;
- b) AHS will ensure the proper and timely completion of the health record by all staff including documentation of their role, the care provided, and the relevant events during the Client's interaction with AHS; and
- c) The Rules shall describe the requirements for the proper and timely completion of health records, and shall be compliant with all applicable legislation, professional and ethical obligations, and Policies.
- d) Midwifery Staff will provide effective, appropriate, accurate and timely exchange of information at care transitions to support the best care for the Client

#### 4.1.5 **Utilization of AHS Resources**

4.1.5.1 AHS and the Midwifery Staff shall jointly participate in activities that promote and support the effective and efficient use of AHS resources.

4.1.5.2 AHS will provide appropriate access to Programs and Services that are consistent with Clinical Privileges

#### 4.1.6 **Administrative, Research and Education Activities**

4.1.6.1 AHS and the Midwifery Staff shall jointly participate in activities and planning that promote and support:

- a) administrative, research and education activities of AHS and/or the Provincial Midwifery Administrative Office;
- b) the safest and highest quality care;
- c) an environment that facilitates continuous improvement in the delivery of health care through biomedical, clinical, health services and outcomes research;
- d) the establishment, maintenance, and continual improvement of the educational, clinical and professional standards for all Registered Midwives; and
- e) the education of all health care staff, with the objective of creating and sustaining an environment that supports excellence in undergraduate, graduate, and postgraduate education, and continuing professional development.



## **4.2 Individual Registered Midwife Responsibilities and Accountability**

### **4.2.1 Midwifery Staff Governance**

4.2.1.1 Individual members of the Midwifery Staff shall:

- a) comply with these Bylaws and Rules and such approved amendments as may from time to time be made, and with applicable Policies, the AHS Code of Conduct, the Professional Code of Ethics ;
- b) comply with all requirements or expectations in the Midwifery Staff Letter of Offer.
- c) comply with all obligations contained in contracts for service between a member of the Midwifery Staff and AHS. All such contracts must not conflict with these Bylaws and Rules.
- d) follow reasonable direction on matters pertaining to their responsibilities and accountabilities pursuant to these Bylaws and the Rules, issued by anyone having the authority to do so under these Bylaws and the Rules, provided that the content of such direction does set a higher standard than the midwifery Code of Ethics.

### **4.2.2 Professional Qualifications and Liability Protection**

4.2.2.1 Individual members of the Midwifery Staff shall obtain, provide proof of, and maintain:

- a) registration with the College of Midwives of Alberta;
- b) other certification where applicable; and
- c) suitable liability insurance to the satisfaction of AHS.
- d) Members of the Midwifery Staff have a responsibility to inform AHS in writing of any changes in the above.

### **4.2.3 Client Advocacy**

4.2.3.1 Individual members of the Midwifery Staff have the right and the responsibility to advocate on behalf of their Clients.

In doing so, Registered Midwives should advocate in a manner that is consistent with the values and principles of the College of Midwives of Alberta, their professional association and AHS.

When advocating as individuals, Registered Midwives who hold midwifery administrative leadership roles within AHS shall articulate clearly that they are not speaking as representatives of AHS.

If advocating on behalf of AHS, members of the midwifery staff are required to inquire internally before making public statements.

#### 4.2.4 **Quality and Safety of Care**

4.2.4.1 Individual members of the Midwifery Staff shall:

- a) demonstrate and maintain clinical skills and judgment to provide Client care that meets established professional standards;
- b) perform the activities and responsibilities expressed in the Appointment and Clinical Privileges granted;
- c) provide information, expertise, and advice to AHS in assessing health needs, planning service delivery and programs, and AHS resource utilization and management, through the Midwifery Organizational Structures as set out in these Bylaws or the Provincial Midwifery Administrative Office as may be appropriate, and
- d) complete health records in a proper, comprehensive, and timely manner that accurately reflects their role in the Client's interaction with AHS.

#### 4.2.5 **Accountability and Compliance**

4.2.5.1 Individual members of the Midwifery Staff shall demonstrate their accountability and compliance with these Bylaws, AHS Policies, the AHS Code of Conduct, and the Professional Code of Ethics of the midwifery profession by:

- a) reporting to the Clinical Midwifery Director the presence of any physical or mental health issues that impair the Registered Midwife's ability to care safely for a Client. Such information shall be kept strictly confidential unless disclosure to a specified party(ies) is required by law or is deemed necessary to ensure public or Client safety, or the safety of the Registered Midwife, or is agreed to, in writing, by the Registered Midwife.
- b) being subject to Periodic Review pursuant to Part 5 of these Bylaws pertaining to Registered Midwives in the Probationary and Active category of Appointment;

- c) being subject to Triggered Initial Assessment and/or Triggered Review of Concerns, if required, pursuant to Part 6 of these Bylaws (for Midwives in all categories of Appointment);
- d) choosing processes that are contained in these Bylaws and the Rules to resolve disputes provided however that in doing so the Registered Midwife does not waive any legal rights otherwise available should the processes in these Bylaws and the Rules not succeed in resolving the dispute;
- e) contributing to the functioning of the Zone Midwifery Clinical Department; and
- f) using best efforts to attend any meeting that one is a member of.

#### 4.2.6 **Professional Conduct**

4.2.6.1 Individual members of the Midwifery Staff shall meet the expectations for professional conduct and behaviour as defined in the AHS Code of Conduct and the Professional Code of Ethics.

#### 4.2.7 **Service Coverage Responsibilities**

4.2.7.1 In an AHS facility, Registered Midwives shall provide safe and effective service coverage. The individual Registered Midwife shall:

- a) participate equitably and fairly in an service coverage consistent with their Clinical Privileges and as established within the Zone Midwifery Clinical Department;
- b) manage their other concurrent clinical activities in order to ensure that they can safely and appropriately fulfill their on-call duties and responsibilities;
- c) ensure on-call coverage by another Registered Midwife with appropriate skills and Clinical Privileges if they are unable to provide the coverage assigned to them in a previously established on-call schedule. If urgent circumstances limit or prevent the Registered Midwife from fulfilling this responsibility, the Clinical Midwifery Director or designate(s) shall provide reasonable assistance to make alternative arrangements for coverage of the on-call period in question.

## Part 5. Other Administrative Actions

### 5.0 Periodic Review

- 5.0.1 This part of the Bylaws establishes the processes for Periodic Reviews of Registered Midwives with appointments and Privileges. The flowchart for a Periodic Review is located in Appendix B of these Bylaws.
- 5.0.2 Periodic Reviews provide the Registered Midwife and the Clinical Midwifery Director or designate(s) with an opportunity to review professional performance, identify goals and to exchange information regarding health care issues, in the context of the Registered Midwife's Appointment and Clinical Privileges.
- 5.0.3 Members of the Midwifery Staff with an Appointment in the Active Staff category shall participate in Periodic Reviews every three years or more as specified in the midwifery Rules. Members of the Midwifery Staff with an Appointment in the Locum Tenens or Temporary category shall have a Periodic Review undertaken at the conclusion of their tenure in this category. All Midwives shall be subject to an annual Periodic Review after attaining the age of 65 years.
- 5.0.4 The Rules shall describe the procedure for Periodic Reviews. The review must include all matters relevant to the category of Appointment and Clinical Privileges granted to the Registered Midwife. These include, but are not limited to:
- a) the terms, conditions and major responsibilities contained in their Midwifery Staff Letter of Offer, and any amendments subsequently made to its terms and conditions;
  - b) actions arising from the previous Periodic Review;
  - c) the Individual Registered Midwife responsibilities and accountability contained in section 4.2 of the Bylaws;
  - d) the professionalism, competence, training, experience, judgment, physical and mental health of the Registered Midwife, as they relate to the fulfillment of their responsibilities as defined by these Bylaws and the Rules;
  - e) continuing professional development and maintenance of competence activities;
  - f) assessment of the Registered Midwife by the relevant health care team(s) and Clients. The Rules shall specify the methods and tools to be used in these assessment processes.

- 5.0.5 The Registered Midwife and the Clinical Midwifery Director or designate(s) shall meet to discuss the Periodic Review. Both the Registered Midwife and the Clinical Midwifery Director or designate(s) shall identify and be responsible for further action arising from the Periodic Review. A written summary of the Registered Midwife's Periodic Review, including any recommendations or plans for further action, and the Registered Midwife's written comments, if any, will be placed on the Registered Midwife's Zone Midwifery Clinical Department file(s), and a copy shall be provided to the Registered Midwife.
- 5.0.6 Except as required by law or permitted by these Bylaws, the written summary of the Periodic Review prepared by the Clinical Midwifery Director or designate(s), together with recommendations, plans and/or Registered Midwife's comments shall be confidential and shall not be disclosed to any person or entity outside of the Provincial Midwifery Administrative Office without the express consent of the Registered Midwife other than within leadership as needed.
- 5.0.7 Where the Clinical Midwifery Director or designate(s) identifies matters arising from the Periodic Review that are consistent with the matters identified in sections 4.2 and 6.1.3 of these Bylaws, the Clinical Midwifery Director shall
- a) Work with the Registered Midwife directly to develop a plan to resolve the matters related to this review
  - b) If the Clinical Director and the Registered Midwife cannot resolve the concern(s), the Clinical Director will forward a report outlining the concern(s) and the substantive reasons for it to the Vice President, and shall provide a copy of the written report to the Registered Midwife.
  - c) The Vice President or designate, may direct that a Triggered Initial Assessment be conducted if resolution cannot be reached.

## **5.1 Annual Information Verification and Attestation**

- 5.1.1 As a condition of continuation on the Midwifery staff, each Registered Midwife shall submit a properly completed and signed information verification and attestation to the Provincial Midwifery Administrative Office, as outlined in the Rules.

The information verification and attestation will be completed on the prescribed forms and submitted to the PMAO in the designated time frame.

- 5.1.2 The PMAO will provide the VP a summary of the completed information verification and attestation for all members of the Midwifery Staff.
- a) Any pertinent information about an individual Registered Midwife arising from the Annual Information Verification and Attestation will be shared with the VP

5.1.3 The VP will provide a decision regarding the continuation of Appointment and Privileges for each member of the Midwifery Staff.

- a) If there is a decision to change an individual's Clinical Privileges or Appointment Category a Change process will begin, as per Bylaws 3.6

5.1.4 Where the VP or designate(s) has concern(s)/matters arising from the Information Verification and Attestation process that are consistent with the matters identified in sections 4.2 and 6.1.3 of these Bylaws the Vice President or designate, may direct that:

- a) The Clinical Midwifery Director work directly with the Registered Midwife to resolve the concern(s).

## **Part 6. Triggered Initial Assessment and Triggered Review**

### **6.0 General**

- 6.0.1 This part of the Bylaws establishes the processes for conducting a Triggered Initial Assessment of a Concern or other information/complaints, and a Triggered Review of a Concern. This part of the Bylaws applies to all appointed Registered Midwives, including midwifery administrative leaders, and to all categories of Appointment. The flowchart for a Triggered Initial Assessment, Triggered Review and Hearing is located in Appendix C of these Bylaws.
- 6.0.2 A Triggered Initial Assessment:
- a) shall be initiated upon receipt of a Concern; and
  - b) may be initiated upon receipt of other information / complaints regarding any aspect of a Registered Midwife's responsibilities and accountability pursuant to sections 4.2 and 6.1.3 of these Bylaws.
- 6.0.3 A Triggered Review may be initiated when recommended:
- a) as a result of a Periodic Review pursuant to Part 5 of these Bylaws; or
  - b) by the Vice President or designate, at the conclusion of a Triggered Initial Assessment pursuant to section 6.3 of these Bylaws.
- 6.0.4 A Triggered Review may include:
- a) Consensual Resolution pursuant to section 6.4 of these Bylaws;
  - b) a Hearing pursuant to section 6.5 of these Bylaws; and/or
  - c) an Appeal pursuant to section 6.6 of these Bylaws.
- 6.0.5 The timeframes for completion of a Triggered Initial Assessment and a Triggered Review, as described in this part of these Bylaws, are guidelines, and are meant to balance expediency in resolving Concerns with ensuring appropriate time for thorough investigation, a fair process, and best decisions. Unnecessary delays shall be avoided.
- 6.0.6 A Concern or other information/complaints of a clinical/Client care nature involving a member of the Midwifery Staff who is also an Academic Midwife shall be addressed through the provisions of these Bylaws. A Concern or other information/complaints of an academic (research or teaching) nature shall normally be addressed through the processes and procedures of the relevant faculty. In cases involving issues of both a clinical and an academic nature, or where the academic activities in question are undertaken in Sites of

Clinical Activity and impact Client care or Clinical Services in Sites of Clinical Activity, AHS and the relevant faculty shall Collaborate in addressing the Concern or other information/complaints and in determining which party's processes and procedures shall be followed.

6.0.7 A Triggered Initial Assessment or Triggered Review may, at the discretion of the Vice President or designate, proceed notwithstanding that the Affected Midwife has resigned from the Midwifery Staff.

6.0.8 A Triggered Initial Assessment or Triggered Review may, at the discretion of the Vice President or designate, proceed notwithstanding that a Complainant has withdrawn the Concern.

## 6.1 Concerns

6.1.1 A Concern must be:

- a) in writing;
- b) signed by either the Complainant or by the individual(s) conveying the Concern involving the Affected Midwife; and
- c) supported by a reasonable degree of relevant detail forming the basis of the Concern.

6.1.2 A Concern may be received from a Complainant or may be initiated by AHS.

6.1.3 Matters which form the basis of a Concern include, but are not limited to:

- a) quality and safety of Client care;
- b) clinical performance;
- c) participation in continuing professional development and maintenance of competence activities relevant to the Registered Midwife;
- d) contribution to Zone Midwifery Clinical Department objectives;
- e) issues related to leadership as raised by a member(s) of the Midwifery Staff;
- f) ethical conduct;
- g) professional behaviour and conduct including interactions with Clients, families, visitors, professional colleagues, and AHS clinical and non-clinical staff;



- h) breach of the responsibilities and expectations pursuant to these Bylaws, the Rules, the Registered Midwife's Midwifery Staff Letter of Offer (or any subsequent amendments to the letter), applicable Policies and the AHS Code of Conduct, and the Professional Code of Ethics. If Policies and/or the AHS Code of Conduct conflict with the Professional Code of Ethics, then the Professional Code of Ethics shall take precedence;
- i) breach of any formal agreement with AHS; and,
- j) any health problem that significantly affects the Registered Midwife's ability to carry out their AHS professional responsibilities.

6.1.4 A Concern initiated by a Complainant:

6.1.4.1 The Complainant will be notified by the AHS Client Relations Department, AHS Human Resources or the Provincial Midwifery Administrative Office that the Concern has been received and has been forwarded to the Vice President.

6.1.4.2 The Vice President or designate, subject to any legal requirements, will contact the Complainant to:

- a) explain the Triggered Initial Assessment and the Triggered Review processes;
- b) inform the Complainant(s) that a Triggered Initial Assessment or Triggered Review, if recommended or required, cannot proceed without the Affected Midwife being provided with a copy of the Concern, which shall include the identity of the Complainant(s);
- c) confirm that the Complainant(s) wishes to have the complaint addressed as a Concern, and thus comply with the requirements specified in sections 6.1.1 of these Bylaws; and
- d) obtain from the Complainant(s) written acknowledgement that the nature and implications of the processes pursuant to section 6.1.4.2 a) and b) are understood.

6.1.4.3 The Affected Midwife shall not communicate directly, in writing or verbally, or indirectly about the Concern with the Complainant unless given permission to do so by the Vice President or designate; there is mutual agreement to do so as part of Consensual Resolution; and/or if recommended as part of the resolution of the Concern.

6.1.5 A Concern initiated by AHS:

6.1.5.1 The Clinical Midwifery Director or designate(s) may initiate a Concern on behalf of AHS when:

- a) there are reasonable grounds to believe that one or more of the matters specified in section 6.1.3 of these Bylaws exists; and
- b) those with direct knowledge are unwilling or unable to submit a Concern; and/or
- c) a complaint fails to meet the requirements specified in section 6.1.1 of these Bylaws; and/or
- d) the Complainant(s) does not agree or comply with the requirements specified in section 6.1.4.2 of these Bylaws.

## 6.2 Procedural Fairness

6.2.1 The Affected Midwife is entitled to procedural fairness including, but not limited to:

- a) the opportunity at any time to initiate, or participate in, Consensual Resolution, if mutually agreeable to the Affected Midwife and AHS;
- b) confidentiality consistent with the nature of the proceeding, and to the extent permitted by law, provided that the Affected Midwife does not present a risk to Clients or the public;
- c) being provided with a copy of the Concern, including the identity of the person(s) bringing the Concern forward;
- d) the right to respond to the Concern;
- e) full disclosure, to the extent permitted by law, of all information considered in the Triggered Initial Assessment and/or Triggered Review;
- f) the assistance of an Advisor;
- g) timely disposition of the Triggered Initial Assessment and/or Triggered Review consistent with the nature of the Concern;
- h) being provided with a copy of any recommendations, decisions and the reasons leading to them;
- i) being provided with a copy of any documentation sent to the College of Midwives of Alberta, to the extent permitted by law; and
- j) if a Hearing is required, to:
  - i. have a Hearing free of bias;

- ii. have the opportunity to object to the composition of the Hearing Committee provided that prior knowledge of the subject matter of the Hearing does not automatically disqualify a person from being a member of the Hearing Committee;
- iii. be represented by legal counsel, give evidence, examine and cross examine witnesses;
- iv. request a review by the Vice President of the report and/or recommendations of the Hearing Committee pursuant to section 6.6.1 of these Bylaws; and
- v. be provided, to the extent permitted by law, with a copy of any documents, placed in the Affected Midwife's file at the conclusion of the Triggered Initial Assessment and/or Triggered Review.

6.2.2 AHS is entitled to procedural fairness including, but not limited to:

- a) the opportunity at any time to initiate, or participate in, Consensual Resolution, if mutually agreeable to the Affected Midwife and AHS;
- b) exclude documents or information from full disclosure if required by applicable legislation;
- c) be represented by legal counsel, give evidence, examine and cross examine witnesses before the Hearing Committee (if a Hearing is required);
- d) timely disposition of the Triggered Initial Assessment and/or Triggered Review consistent with the nature of the Concern;
- e) make recommendations and decisions affecting the Midwifery Staff Appointment and/or the Clinical Privileges of the Affected Midwife; and
- f) request a review by the Vice President of the report and/or recommendations of the Hearing Committee pursuant to section 6.6.1 of these Bylaws.

### **6.3 Triggered Initial Assessment**

6.3.1 The Vice President or designate(s) shall, upon receipt of a Concern, or may, upon receipt of other information/complaints:

- a) conduct a Triggered Initial Assessment; or
- b) direct that a Triggered Initial Assessment be conducted by the Clinical Midwifery Director.

6.3.2 A Triggered Initial Assessment initiated upon receipt of:

6.3.2.1 a Concern shall be completed within twenty-eight days of receipt of the Concern by the Vice President.

6.3.2.2 other information/complaints shall be completed within twenty-eight days upon receipt of other information/ complaints by the Vice President, and shall either be dismissed or become a Concern to be addressed pursuant to this part of these Bylaws. If the result of the Triggered Initial Assessment is not to proceed to the status of a Concern, the Registered Midwife shall be notified and such noted in the Registered Midwife's file.

6.3.3 The Vice President or designate conducting the Triggered Initial Assessment on the basis of a Concern or on the basis of other information/complaints that have become a Concern pursuant to section 6.3.2.2 of these Bylaws shall provide a copy of the Concern to the Registered Midwife within seven days of initiating the Triggered Initial Assessment. The Registered Midwife's response, if any, shall be considered by the Vice President or designate when deciding on the disposition of the Concern.

6.3.4 Within twenty-eight days of completing the Triggered Initial Assessment initiated upon receipt of a Concern, the Vice President or designate, may:

- a) dismiss the Concern as being unfounded;
- b) determine that further action is not required or will not contribute further to investigation and resolution of the Concern;
- c) refer the Complainant to an appropriate body or agency internal or external to AHS if the Concern does not pertain to the responsibilities and expectations of the Midwifery Staff Appointment of the Affected Midwife;
- d) request further investigation and/or appoint another investigator if they determine the Triggered Initial Assessment to be incomplete;
- e) consider the matter pursuant to section 6.3.5 of these Bylaws, if the Affected Midwife is the Clinical Midwifery Director and the Concern is determined to pertain primarily to their role as a midwifery administrative leader;
- f) refer the Concern, or a portion thereof, for internal or external expert opinion;
- g) request that the Affected Midwife engage in Consensual Resolution pursuant to section 6.4 of these Bylaws;
- h) refer the Concern for a Hearing if the Affected Midwife declines to participate in Consensual Resolution;

- i) refer for a Hearing pursuant to section 6.5 of these Bylaws if they determine that the Concern is not amenable to Consensual Resolution pursuant to section 6.4 of these Bylaws;
- j) refer the Concern to the College of Midwives of Alberta if the Registered Midwife agrees, in writing; or if the Vice President or designate, after consultation with the CEO, determines that:
  - i. the referral is required by law; or
  - ii. the referral is necessary to ensure public or Client safety; or
  - iii. the Concern will not be amenable to resolution pursuant to this part of the Bylaws but only if the Concern is within the scope of authority of the College of Midwives of Alberta to receive and act upon, and only after considering all reasonable alternatives and meeting with the Affected Midwife to review the determination to refer and the reasons for it. If referral to the College of Midwives of Alberta is planned under these circumstances, it shall not be made earlier than seven days following the meeting between the Affected Midwife and the Vice President or designate, and the Registered Midwife shall be provided with a copy of all materials intended to be sent to the College of Midwives of Alberta.

6.3.5 If the Affected Midwife is the Clinical Midwifery Director and it is determined that the Concern or other information/complaints pertains primarily to their role and function as an AHS midwifery administrative leader, the Vice President or designate shall consider the matter.

6.3.5.1 The Vice President or designate shall decide if the Concern is most appropriately addressed through a Triggered Review pursuant to this part of the Bylaws, or through internal AHS processes, and in consideration of the Affected Midwife's contractual arrangement with AHS.

6.3.5.2 If the Concern is to be addressed through internal AHS processes, the Vice President or designate shall periodically inform the Complainant(s) of the progress of the internal AHS process.

6.3.5.3 Pursuant to section 6.9 of these Bylaws, at the conclusion of the AHS process, the Complainant(s) shall only be informed that the matter has been investigated and either dismissed or has resulted in appropriate action.

6.3.5.4 If the Concern has been dismissed, the Complainant(s) may be provided with other options to pursue the matter should he/she be dissatisfied with the outcome of the internal AHS process.

- 6.3.6 The Affected Midwife shall disclose to the Vice President if the College of Midwives of Alberta is independently in receipt of the Concern, or investigating the Concern, and shall authorize the College of Midwives of Alberta to confirm to the Vice President that this is the case.
- 6.3.7 A copy of any documentation placed in a Registered Midwife's file regarding the disposition of a Concern shall be provided to the Registered Midwife.

## 6.4 Consensual Resolution Process

- 6.4.1 At any time throughout the processes specified in Part 6 of these Bylaws, the Affected Midwife or the relevant Clinical Midwifery Director may recommend Consensual Resolution to address the matter. This shall be a consensual process between the Affected Midwife and the relevant Clinical Midwifery Director and may also include any other relevant persons including the Complainant(s). The process may include mediation.
- 6.4.2 The relevant Clinical Midwifery Director shall be selected by the Vice President or designate.
- 6.4.3 The Affected Midwife and the relevant Clinical Midwifery Director shall meet and consider the Concern; the Affected Midwife's response, if any; the Triggered Initial Assessment; and any other information they consider relevant, provided however that the Affected Midwife is entitled to review and respond to all such information to the extent permitted by law.
- 6.4.4 Consensual Resolution shall result in a report and recommendation(s) from the Clinical Midwifery Director to the Vice President. Unless the Affected Midwife and AHS mutually agree to an extension, Consensual Resolution shall be concluded and result in a report and recommendation(s) within twenty-eight days of referral of the matter by the Vice President or designate for Consensual Resolution.
  - 6.4.4.1 Discussions and communications that occur during Consensual Resolution are strictly confidential and shall not be disclosed, except in accordance with section 6.8.5 of these Bylaws, or used in any process or proceeding outside Consensual Resolution without the written consent of the Affected Midwife and all others who participated in Consensual Resolution.
  - 6.4.4.2 No information or documents arising from Consensual Resolution shall be shared with a Hearing Committee other than that Consensual Resolution was attempted but was unsuccessful.
- 6.4.5 The Vice President or designate shall review the report and the recommendation(s) arising from Consensual Resolution.
- 6.4.6 The Vice President or designate may accept the report and recommendation(s) or may request clarification of the report and/or recommendation(s). In the latter case, the Vice

President or designate may meet with the relevant Clinical Midwifery Director and/or the Affected Midwife to discuss the report and/or recommendations.

- 6.4.7 The Vice President or designate shall forward a written final report and recommendation(s), including any amendments, to the Affected Midwife within fourteen days of receipt of the initial report and recommendation(s) from the relevant Clinical Midwifery Director.
- 6.4.8 If the Affected Midwife accepts the report and recommendation(s), they and the relevant Clinical Midwifery Director shall be accountable for implementation of the recommendation(s).
- 6.4.9 If the Affected Midwife rejects the report and/or recommendation(s), the Vice President or designate and the Affected Midwife shall meet to ensure a common understanding of the report and recommendations, and to determine if agreement can be reached, failing which the matter shall proceed to a Hearing pursuant to section 6.5 of these Bylaws.
- 6.4.10 The Affected Midwife shall have fourteen days to provide a written response to the final report and recommendation(s) arising from Consensual Resolution.

## 6.5 Hearing

- 6.5.1 A Hearing before a Hearing Committee is required when:
  - a) the Vice President or designate determines that a Concern is not amenable to Consensual Resolution;
  - b) the Affected Midwife declines participation in Consensual Resolution; or
  - c) the Affected Midwife rejects the final report and/or recommendation(s) of Consensual Resolution.
- 6.5.2 The Vice President or designate shall refer a Concern to a Hearing Committee within seven days of determining that a Hearing is required, and shall notify the Affected Midwife as soon as possible thereafter.
- 6.5.3 The composition and procedures of a Hearing Committee shall be described in the Rules.
- 6.5.4 **Mandate and Functions of the Hearing Committee**
  - 6.5.4.1 The Hearing Committee shall receive information, hear evidence, consider the Concern, and prepare a report and make recommendations.
  - 6.5.4.2 The Hearing Committee is entitled to retain independent legal counsel to advise it on process and procedure in conducting the Hearing.

- 6.5.4.3 AHS shall present, and the Hearing Committee shall consider, the Concern and any evidence (either oral or written) that is relevant to the matters in issue, provided however that in advance of the Hearing the Affected Midwife is entitled to reasonable notice of evidence to be produced in order to allow for a fair response.
- 6.5.4.4 At any time during the Hearing, the Hearing Committee may ask relevant Midwifery Staff members to provide further information.
- 6.5.4.5 The Hearing Committee may receive and consider relevant expert opinion(s) from within AHS, or external to AHS.
- 6.5.4.6 The Affected Midwife shall appear before the Hearing Committee and is a compellable witness. In addition, the Committee may request that the Complainant(s) or any other person who may have knowledge or information relevant to the matters at issue give evidence.
- 6.5.4.7 Evidence may be given before a Hearing Committee in any manner that the Hearing Committee considers appropriate. The Hearing Committee is not bound by the rules of law respecting evidence that are applicable to judicial hearings.
- 6.5.5 After receiving and considering all relevant information and evidence, the Hearing Committee shall prepare a report and recommendation to either:
- a) dismiss the Concern as being unfounded; or
  - b) if the Concern or the issues raised in the report are well-founded, prepare recommendations regarding remedial action or sanctions to be imposed upon the Affected Midwife. Such action or sanctions may include but are not limited to:
    - i. no further action;
    - ii. placing a caution or reprimand in the Affected Midwife's file;
    - iii. requiring the Affected Midwife to undergo counseling or treatment;
    - iv. requiring the Affected Midwife to obtain upgrading or further education;
    - v. requiring the Affected Midwife to undertake a period of clinical supervision with prospective review of cases with or without special requirements of concurrent consultation or direct supervision;
    - vi. in the case of conduct which is unprofessional, unethical, unbecoming, improper, or deemed to be disruptive workplace behaviour, requiring



the Affected Midwife to undertake remedial measures to address the behaviour that gave rise to the Concern;

- vii. temporary suspension of all or specified Clinical Privileges;
- viii. permanent change of specified Clinical Privileges;
- ix. a change in the category of Appointment;
- x. termination of the Affected Midwife's Appointment; and/or
- xi. any other recommendation considered appropriate to ensure public or Client safety.

6.5.6 The Hearing Committee report and recommendation(s) shall be forwarded to the Vice President within sixty days of establishment of the Hearing Committee. The Vice President or designate shall review the report of the Hearing Committee, and provide a copy to the Affected Midwife.

6.5.6.1 Within fourteen days of receiving the report of the Hearing Committee, the Affected Midwife shall provide written notification to the Vice President as to whether they accept or reject the findings and/or recommendation(s) of the report.

- a) If the Affected Midwife accepts the report and/or recommendation(s) of the Hearing Committee, the report and the Affected Midwife's response are sent to the Vice President or designate for a decision pursuant to section 6.8 of these Bylaws.
- b) If the Affected Midwife does not accept the report and/or recommendation(s) of the Hearing Committee, they may request a review by the Provincial Midwifery Executive Committee of the procedure of the Hearing Committee but only if they contend that:
  - i. the findings are materially inconsistent with the evidence;
  - ii. breaches of process and fairness occurred and may have affected the findings and/or recommendations;
  - iii. the Hearing Committee erred in law; or
  - iv. there is new evidence that could not have been produced through reasonable efforts at the time of the Hearing, and that may have affected the findings and/or recommendation(s).

- a) The Vice President or designate shall inform the Provincial Midwifery Executive Committee within seven days of receipt of the request from the Affected Midwife.
- b) If the Affected Midwife does not provide written notification to the Vice President as to whether they accept or reject the report and/or recommendation(s) of the Hearing Committee within fourteen days, the Vice President or designate shall make a decision pursuant to section 6.8 of these Bylaws.

## 6.6 Appeal of the Hearing Committee Process

- 6.6.1 The Affected Midwife or AHS may request that the Provincial Midwifery Executive Committee review the report and/or recommendations of the Hearing Committee. The appeal will only consider whether:
  - a) the findings are materially inconsistent with the evidence;
  - b) breaches of process and fairness occurred and affected the findings and/or recommendations of the Hearing Committee;
  - c) the Hearing Committee erred in law; or
  - d) there is new evidence that could not have been produced through reasonable efforts at the time of the original Hearing and may have affected the findings and/or recommendation(s).
- 6.6.2 The Provincial Midwifery Executive Committee will not repeat the investigation or Hearing. The review will only consider the appeal items outlined in section 6.6.1 a), b) or c) above, and will only refer to the documented record of evidence to the extent necessary to determine whether the process was fair.
- 6.6.3 Where the Provincial Midwifery Executive Committee determines that the findings are materially inconsistent with the evidence, or that there have been breaches of process and/or fairness that affected the findings and/or recommendations, it shall remit the matter to the Vice President for a further Hearing by a differently composed Hearing Committee.
- 6.6.4 Where the Provincial Midwifery Executive Committee determines that the Hearing Committee has erred in law, the Provincial Midwifery Executive Committee may remit the matter to the Vice President for a further Hearing by a differently composed Hearing Committee, or may, based on the documented record of evidence provided to it, vary or remove the relevant finding(s) or recommendation(s), and submit its report to the Vice President for decision.

- 6.6.5 Should the Provincial Midwifery Executive Committee determine that new evidence exists that may have affected the findings and/or recommendations of the initial Hearing, the Provincial Midwifery Executive Committee shall refer the matter to the original Hearing Committee for further consideration and recommendation to the Vice President.
- 6.6.6 Within sixty days of notification of the request to review the Hearing Committee proceedings and process, the Provincial Midwifery Executive Committee shall deliver a report of their findings and recommendations to the Vice President (pursuant to section 6.6.3 or 6.6.4), or the original Hearing Committee (pursuant to section 6.6.5).

## **6.7 Immediate Action**

- 6.7.1 For the purposes of this section, Immediate Action means immediate suspension or restriction of a Midwifery Staff Appointment and/or Clinical Privileges without first conducting a Triggered Initial Assessment or Triggered Review as described in these Bylaws. Curtailment of Clinical Privileges for incomplete health records (as described in the Rules) shall not constitute an Immediate Action.
- 6.7.2 Immediate Action may be taken by the Vice President or designate, or the CEO if there are reasonable grounds to believe that the Registered Midwife's professional performance and/or conduct requires steps be taken to protect the health or safety of any person, including the Registered Midwife, so long as no lesser measures will suffice, and the Affected Midwife does not agree in writing to voluntarily restrict his/her relevant clinical activities. The Vice President or designate, shall consult the CEO or designate before notifying the Affected Midwife.
- 6.7.3 The Affected Midwife will immediately be notified of the Immediate Action and the reasons for it by the Vice President or designate, or the CEO who authorized the Immediate Action following consultation, if applicable, pursuant to section 6.7.2 above.
- 6.7.4 As soon as practical after the Affected Midwife has been notified, the College of Midwives of Alberta shall also be notified of such Immediate Action by the Vice President or designate, or the CEO who authorized the Immediate Action.
- 6.7.5 The Vice President or designate, or the CEO who authorized the Immediate Action shall request, within three days of the Immediate Action being taken, a review of the Immediate Action by the Immediate Action Review Committee. Should the Affected Midwife agree in writing with the Immediate Action prior to the commencement of the review, the Immediate Action Review Committee shall be adjourned. The composition, duties and responsibilities of the Immediate Action Review Committee are described in the Midwifery Staff Rules.

- 6.7.6 After receiving and considering all relevant information and evidence, the Immediate Action Review Committee shall prepare a report and recommendation regarding the disposition of the Immediate Action to the Vice President or designate, and the CEO if the CEO authorized the Immediate Action, within seven days of receipt of the request to do so.
- 6.7.7 The Immediate Action Review Committee may recommend:
- a) discontinuing the Immediate Action pending a complete review by a Hearing Committee of the Concern or reasons leading to the Immediate Action; or
  - b) continuing the Immediate Action pending a complete review by the Hearing Committee of the Concern or reasons leading to the Immediate Action; or
  - c) modifying the Immediate Action (including, but not limited to, specific restrictions on Clinical Privileges) pending a complete review by a Hearing Committee of the Concern or reasons leading to the Immediate Action.
- 6.7.8 The Vice President or designate shall make a final decision relating to the report and recommendation of the Immediate Action Review Committee pursuant to section 6.7.7 above, and shall communicate the decision in writing to the Affected Midwife, within four days of receiving the report and recommendations. The Vice President or designate may:
- a) dismiss the Immediate Action as being unfounded; or
  - b) determine that no further action is required;
- This decision shall also be provided to the CEO if the CEO authorized the Immediate Action, the Provincial Midwifery Executive Committee, and the Complainant, if any. The College of Midwives of Alberta shall also be notified of the decision. The decision of the Vice President or designate, is final, subject only to legal rights of appeal.
- 6.7.9 After a decision is made with respect to continuing, modifying or discontinuing the Immediate Action pursuant to sections 6.7.7 and 6.7.8 of these Bylaws, a Hearing Committee shall conduct a complete review, pursuant to section 6.5 of these Bylaws, of the Concern or reasons leading to the Immediate Action, and shall prepare and forward a report and recommendations to the Vice President.
- 6.7.10 The Immediate Action will be limited to fourteen days unless extended within that fourteen day period by the Vice President or designate, or the CEO, who authorized the Immediate Action, or the Immediate Action Review Committee. The Immediate Action shall continue until a decision is rendered by the Vice President or designate.

## 6.8 Decisions of the Vice President

- 6.8.1 All final reports and recommendation(s) of a Hearing Committee and the Provincial Midwifery Executive Committee with respect to an appeal of a Hearing Committee process shall be sent to the Vice President for a decision.
- 6.8.2 The Vice President or designate will render a decision within fourteen days of receipt of the report and recommendation(s) from a Hearing Committee and, if applicable from a Provincial Midwifery Executive Committee. The Vice President or designate may:
- a) dismiss the Concern as being unfounded;
  - b) determine that no further action is required; or
  - c) determine appropriate remedial actions or sanctions. These may include, but are not limited to, a temporary or permanent change to the Appointment or Clinical Privileges, or termination of the Appointment of the Affected Midwife. The Affected Midwife may choose to voluntarily submit to such actions or sanctions. If they do not, the actions or sanctions shall be imposed.
- 6.8.3 The decision of the Vice President or designate may be the same as, or different from, the recommendations of a Hearing Committee or the Provincial Midwifery Executive Committee. If the decision of the Vice President or designate differs from the recommendations of the Hearing Committee or the Provincial Midwifery Executive Committee, written reasons for the difference shall be provided to the Hearing Committee and/or Provincial Midwifery Executive Committee, the Clinical Midwifery Director and the Affected Midwife.
- 6.8.4 The Affected Midwife and Clinical Midwifery Director shall be notified in writing of the decision of the Vice President or designate and the rationale for the decision.
- 6.8.5 If, in the decision of the Vice President or designate, a substantive change in the Appointment or Clinical Privileges of the Affected Midwife is authorized, the Vice President or designate will inform the College of Midwives of Alberta.
- 6.8.6 The decision of the Vice President or designate is final, subject only to legal rights of appeal.

## 6.9 Notification of the Complainant

- 6.9.1 The Vice President or designate, or if applicable, the Clinical Midwifery Director pursuant to section 6.3.5 of these Bylaws, shall periodically inform the Complainant(s), if any, of the progress of Triggered Initial Assessment or Triggered Review. At its conclusion, the Complainant(s) shall only be informed that the matter has been investigated and either dismissed or has resulted in appropriate action. If the Concern has been dismissed, the

Complainant(s) may be provided with other options to pursue the matter should they be dissatisfied with the outcome of the Triggered Initial Assessment and/or Triggered Review.

## **6.10 Registered Midwife-Initiated Reviews**

- 6.10.1 A Registered Midwife may voluntarily self-report a Concern about their own professional performance and/or conduct to the relevant Clinical Midwifery Director, or to a more senior leader if warranted by the nature and significance of the Concern.
- 6.10.2 By voluntarily self-reporting a Concern, the Registered Midwife is entitled and expected to work Collaboratively with the relevant Clinical Midwifery Director to review and resolve the Concern.
- 6.10.3 The Registered Midwife and the relevant Clinical Midwifery Director shall develop, in writing, a mutually agreed upon plan to review and resolve the Concern. The proposed plan must be approved by the Vice President or designate and, if appropriate, may include temporary or permanent changes to the Registered Midwife's Midwifery Staff Appointment or Clinical Privileges. The Registered Midwife shall receive a copy of the approved plan.
- 6.10.4 The Registered Midwife shall be compliant with the conditions and terms of the plan, including any periodic monitoring, review, or reporting that has been agreed upon.
- 6.10.5 If the Registered Midwife and the relevant Clinical Midwifery Director are unable to reach agreement upon a plan, or if, during the implementation of the plan, the Registered Midwife is unable or unwilling to comply with the conditions and terms of the plan, then review and resolution of the Concern shall immediately proceed to a Hearing pursuant to section 6.5 of these Bylaws.
- 6.10.6 Upon conclusion of the plan and resolution of the Concern, or if the process is unsuccessful in resolving the Concern, a written report shall be placed in their file(s), and a copy provided to the Registered Midwife.

## **6.11 Disposition of Records**

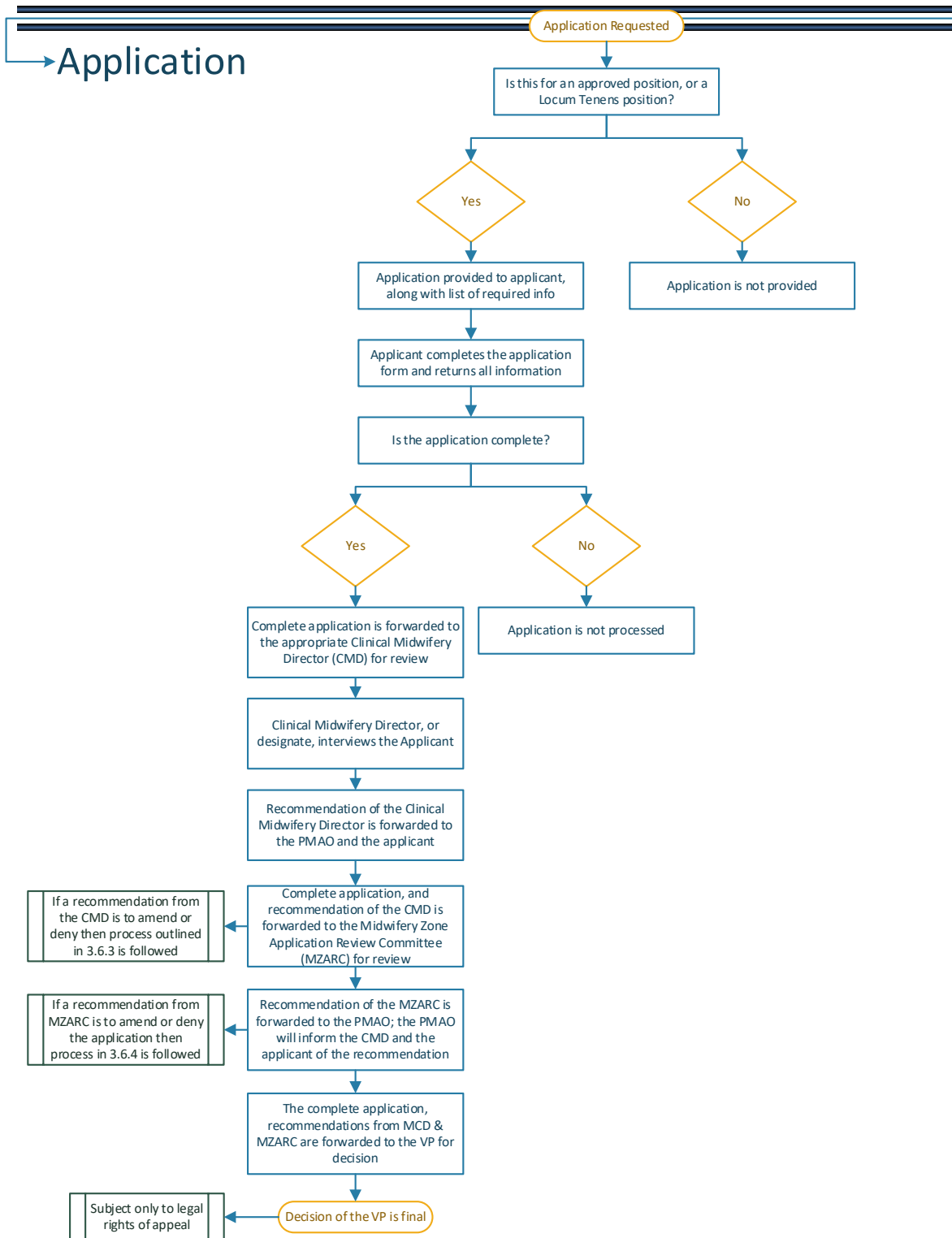
- 6.11.1 All information obtained, reviewed, discussed and otherwise used or developed in any process related to this part of these Bylaws, and that is not otherwise publicly known, publicly available, or part of the public domain, is considered to be privileged and strictly confidential information of AHS. It shall not to be disclosed to anyone outside of the process related to this part of these Bylaws except if agreed to, in writing by the Affected Midwife or where determined by the Vice President or designate, as required by law or necessary to ensure public or Client safety. Records of the proceedings outlined in this section (e-mails, correspondence, reports, and notes) will be retained in a manner consistent with the AHS record retention Policy.

## **Part 7. Effective Date**

### **7.0 General**

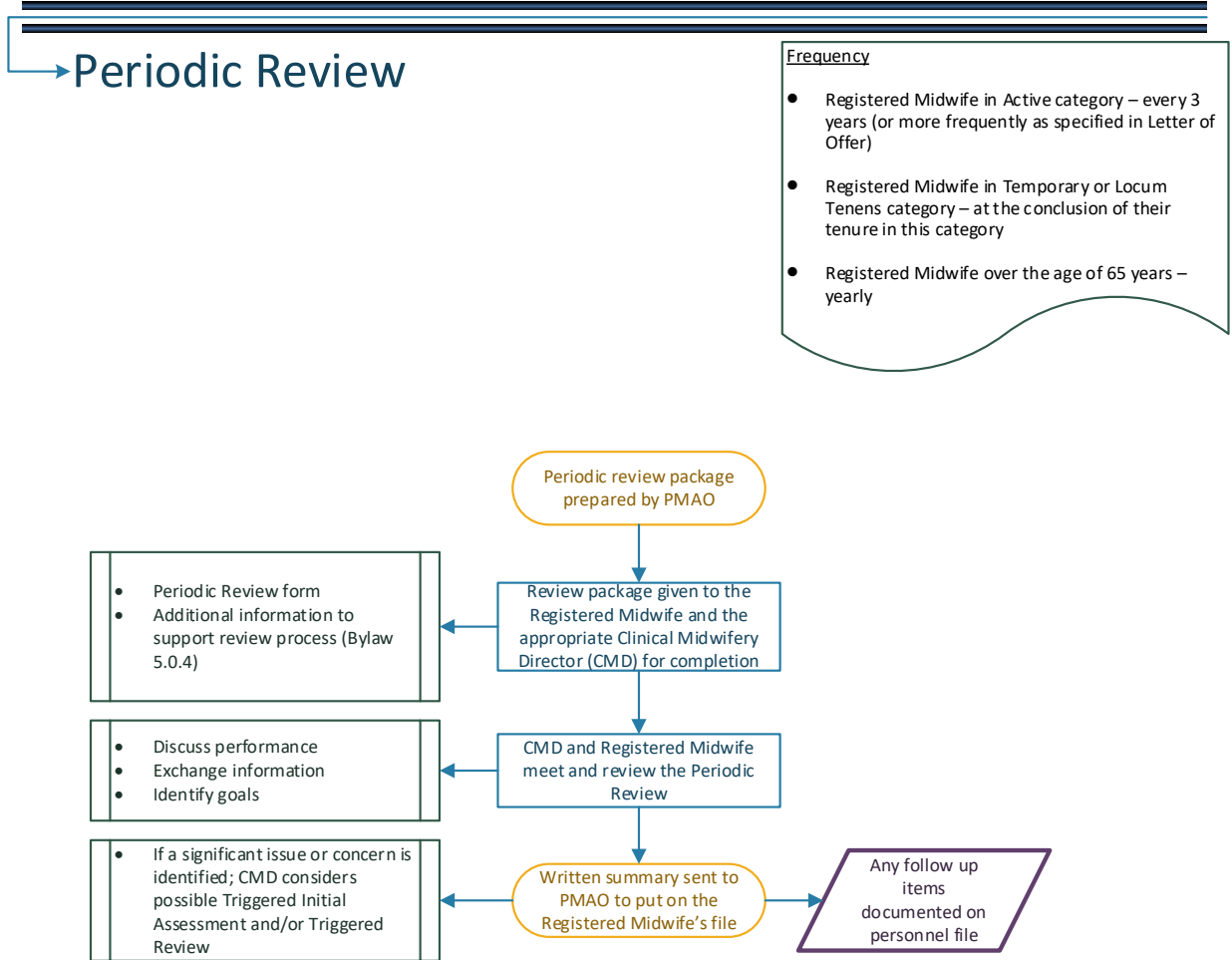
- 7.0.1 These Bylaws amend the Alberta Health Services Midwifery Staff Bylaws approved November 1, 2013. These Bylaws are effective from and after the date approved by the Alberta Health Services Board.

## Appendix A – Flowchart for a Midwifery Staff Appointment and a Grant of Clinical Privileges





## Appendix B - Flowchart for a Periodic Review



## Appendix C- Flowchart for a Triggered Initial Assessment, Triggered Review and Hearing

