Approved 29 July 2013 and Effective as of 1 November 2013

THE ALBERTA HEALTH SERVICES MIDWIFERY STAFF BYLAWS
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# Definitions

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

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<thead>
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<th>Term</th>
<th>Definition</th>
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<tr>
<td><strong>Academic Midwife</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Active Staff</strong></td>
<td>The Midwives who are appointed to the Active Staff category pursuant to these Bylaws.</td>
</tr>
<tr>
<td><strong>Advisor</strong></td>
<td>A person, lay or professional, who provides guidance, support, or counsel to a Midwife with an Appointment pursuant to these Bylaws.</td>
</tr>
<tr>
<td><strong>Affected Midwife</strong></td>
<td>A Midwife with an Appointment who is the subject of a Triggered Initial Assessment, Triggered Review or Immediate Action.</td>
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<tr>
<td><strong>AHS Agent</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>AHS Board or Board</strong></td>
<td>The single governance board of Alberta Health Services appointed by the Minister.</td>
</tr>
<tr>
<td><strong>AHS Code of Conduct</strong></td>
<td>The code of conduct established by AHS.</td>
</tr>
<tr>
<td><strong>AHS Conflict of Interest Bylaw</strong></td>
<td>The conflict of interest bylaw established by AHS.</td>
</tr>
<tr>
<td><strong>AHS Representative</strong></td>
<td>An AHS employee, senior officer, Agent or board member.</td>
</tr>
<tr>
<td><strong>Alberta Health Services or AHS</strong></td>
<td>The health authority established pursuant to applicable legislation for the Province of Alberta.</td>
</tr>
<tr>
<td><strong>Application</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Bylaws</strong></td>
<td>The specific provisions established as these Midwifery Staff Bylaws.</td>
</tr>
<tr>
<td><strong>Bylaws and Rules Review Committee</strong></td>
<td>A committee established as such pursuant to these Bylaws.</td>
</tr>
<tr>
<td><strong>Clinical Privileges</strong></td>
<td>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 Patients; and the Programs and Professional Services that are available to a Midwife in order to provide care to Patients.</td>
</tr>
<tr>
<td><strong>Collaboration or Collaborate</strong></td>
<td>Process of communication and decision-making that enables the separate and shared knowledge and skills of healthcare providers to synergistically influence client/patient care. (Way, et al., 2000)</td>
</tr>
<tr>
<td><strong>College of Midwives of Alberta</strong></td>
<td>The relevant regulatory body which governs the Midwife.</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
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</tr>
<tr>
<td>Complainant</td>
<td>A Patient or her legal representative(s), a member of the public, a Practitioner, or another Midwife(s) who initiate(s) a Concern.</td>
</tr>
<tr>
<td>Concern</td>
<td>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 Patient.</td>
</tr>
<tr>
<td>Consensual Resolution</td>
<td>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).</td>
</tr>
<tr>
<td>Hearing</td>
<td>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.</td>
</tr>
<tr>
<td>Hearing Committee</td>
<td>A committee established as such pursuant to these Bylaws.</td>
</tr>
<tr>
<td>Immediate Action</td>
<td>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.</td>
</tr>
<tr>
<td>Immediate Action Review Committee</td>
<td>A committee established as such pursuant to these Bylaws.</td>
</tr>
<tr>
<td>Locum Tenens</td>
<td>A Midwife temporarily placed into an existing practice and/or Site of Clinical Activity in order to facilitate the short term absence of another Midwife with an Appointment, or to address a temporary shortfall in Midwife workforce.</td>
</tr>
<tr>
<td>Midwife</td>
<td>A person registered and in good standing with the College of Midwives of Alberta.</td>
</tr>
<tr>
<td>Midwifery Administrative Office or MAO</td>
<td>An operational office of the Senior Vice President portfolio.</td>
</tr>
<tr>
<td>Midwifery Director</td>
<td>The Midwife with an Appointment who is the midwifery administrative leader of a Zone.</td>
</tr>
<tr>
<td>Midwifery Organizational Structure</td>
<td>The midwifery organizational structure of AHS aligned with these Bylaws and the Rules.</td>
</tr>
<tr>
<td>Midwifery Staff</td>
<td>Midwives who possess an Appointment pursuant to these Bylaws, collectively and individually as the context requires.</td>
</tr>
<tr>
<td>Midwifery Staff Appointment or Appointment</td>
<td>The admission of a Midwife to the AHS Midwifery Staff.</td>
</tr>
<tr>
<td>Midwifery Staff Letter of Offer</td>
<td>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.</td>
</tr>
<tr>
<td><strong>Midwifery Student</strong></td>
<td>A student whose practice experience in AHS is covered by an AHS student placement agreement.</td>
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<tr>
<td><strong>Midwifery Workforce Plan</strong></td>
<td>An AHS plan which provides projections and direction with respect to the recruitment, retention and organization of an appropriate number, mix and location of Midwives with the required skill sets.</td>
</tr>
<tr>
<td><strong>Minister</strong></td>
<td>The member of the Executive Council of Alberta who is charged with carrying out the statutory responsibilities conferred on him as Minister of Health and Wellness.</td>
</tr>
<tr>
<td><strong>Other Providers</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Patient</strong></td>
<td>An individual receiving health services from Midwifery Staff.</td>
</tr>
<tr>
<td><strong>Periodic Review</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Policies</strong></td>
<td>Administrative and operational policies, practices, bylaws, procedures, directives, guidelines, manuals and standards established by AHS with respect to its operations and Sites of Clinical Activity, facilities, programs and services.</td>
</tr>
<tr>
<td><strong>Practitioner</strong></td>
<td>A Physician, Dentist, Oral &amp; Maxillofacial Surgeon; Podiatrist, or a scientist leader, who has an AHS Medical Staff Appointment.</td>
</tr>
<tr>
<td><strong>President &amp; Chief Executive Officer or CEO</strong></td>
<td>The chief executive officer appointed by the Board of AHS to have overall administrative responsibility for AHS.</td>
</tr>
<tr>
<td><strong>Primary Zone Midwifery Clinical Department or PZMCD</strong></td>
<td>The Zone Midwifery Clinical Department in which a Midwife with an Appointment undertakes the majority of her Midwifery Staff responsibilities and roles, and through which changes in Appointment, Performance Reviews, and other administrative actions pursuant to these Bylaws will be managed.</td>
</tr>
<tr>
<td><strong>Probationary Staff</strong></td>
<td>The Midwives who are appointed to the Probationary Staff category pursuant to these Bylaws.</td>
</tr>
<tr>
<td><strong>Procedure</strong></td>
<td>A diagnostic or therapeutic intervention for which a grant of Clinical Privileges is required.</td>
</tr>
<tr>
<td><strong>Professional Code of Conduct</strong></td>
<td>The Code of Conduct established by the provincial College of Midwives of Alberta.</td>
</tr>
<tr>
<td><strong>Programs and Professional Services</strong></td>
<td>Diagnostic and treatment services and programs operated by or for AHS to which Midwives with relevant Clinical Privileges can refer Patients.</td>
</tr>
<tr>
<td><strong>Provincial Midwifery Executive Committee or</strong></td>
<td>A committee established as such pursuant to these Bylaws.</td>
</tr>
<tr>
<td><strong>PMEC</strong></td>
<td></td>
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</tr>
<tr>
<td><strong>Request to Change</strong></td>
<td>A request to change the category of Appointment and/or the Clinical Privileges of a Midwife pursuant to these Bylaws.</td>
</tr>
<tr>
<td><strong>Return-In-Service Agreement or RiSA</strong></td>
<td>A signed agreement between AHS and the Midwife with an Appointment indicating that the Midwife will continue to work for AHS for a specified period of time after the Midwife has received an investment from AHS.</td>
</tr>
<tr>
<td><strong>Rules</strong></td>
<td>The specific provisions established as Midwifery Staff Rules pursuant to these Bylaws.</td>
</tr>
<tr>
<td><strong>Scientist Leader</strong></td>
<td>A person other than a Physician, Dentist, Oral &amp; Maxillofacial Surgeon or Podiatrist who holds a doctorate degree in a recognized health-related scientific or biomedical discipline, and who is an AHS medical administrative leader responsible for, and accountable to, Physician, Dentist, Oral &amp; Maxillofacial Surgeon and/or Podiatrist Practitioners.</td>
</tr>
<tr>
<td><strong>Search Committee</strong></td>
<td>A committee established as such pursuant to the Rules.</td>
</tr>
<tr>
<td><strong>Senior Vice President or SVP</strong></td>
<td>The most senior executive of AHS responsible for midwifery services.</td>
</tr>
<tr>
<td><strong>Sites of Clinical Activity</strong></td>
<td>The locations and programs operated by AHS, listed in the grant of Clinical Privileges, where a Midwife with an Appointment may perform Procedures, or provide care to Patients. The Sites of Clinical Activity may include Zones, facilities, specific Programs and Professional Services within facilities, and/or Telemedicine.</td>
</tr>
<tr>
<td><strong>Specified Clinical Services or Clinical Services</strong></td>
<td>Clinical services as defined by the College of Midwives of Alberta and the relevant Alberta midwifery regulation.</td>
</tr>
<tr>
<td><strong>Telemedicine</strong></td>
<td>The provision of services for Patients, including the performance of Procedures, via telecommunication technologies, when the Patient and the Midwife with an Appointment are geographically separated.</td>
</tr>
<tr>
<td><strong>Temporary Staff</strong></td>
<td>The Midwives who are appointed to the Temporary Staff category pursuant to these Bylaws.</td>
</tr>
<tr>
<td><strong>Triggered Initial Assessment</strong></td>
<td>An investigation and initial assessment of a Concern or other information/complaints about a Midwife with an Appointment.</td>
</tr>
<tr>
<td><strong>Triggered Review</strong></td>
<td>A review undertaken in response to a Concern about an appointed Midwife's professional performance and/or conduct.</td>
</tr>
<tr>
<td><strong>Zone</strong></td>
<td>A geographically defined organizational and operational sub-unit of AHS defined by the Senior Vice President, the boundaries of which may not be aligned with AHS zones and which may be revised from time-to-time by the Senior Vice President.</td>
</tr>
<tr>
<td><strong>Midwifery Zone Application Review Committee or MZARC</strong></td>
<td>A committee established as such pursuant to these Bylaws.</td>
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<td>----------------------------------------------------------</td>
<td>---------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Zone Midwifery Clinical Department or Midwifery Clinical Department</strong></td>
<td>An organizational unit of Midwives with Appointments established by the Midwifery Director to which members of the Zone Midwifery Staff are assigned.</td>
</tr>
</tbody>
</table>

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 Midwives who provide midwifery care to Patients 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 Midwives Clinical Privileges;

b) the responsibility of the Midwifery Staff to AHS for the quality and safety of all professional services provided by Midwives to Patients 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 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 process for the Triggered Initial Assessment, Triggered Review, and resolution of a Concern, as well as the remediation of associated factors (if any) contributing to 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 Midwife, provide that Midwife with a copy of the subsisting Midwifery Staff Appointment and Clinical Privileges, or other information on the 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 Patient safety, or the disclosure is agreed to, in writing, by the 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 Midwife is requested to appear before a person or persons in authority, the applicant/Midwife may be accompanied by an Advisor of her choice, and shall provide in writing fifteen days prior notice of the Advisor’s identity.

1.5 **Rules Review and Amendments**

1.5.1 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.

1.5.2 Any member of the Bylaws and Rules Review Committee shall recommend such Rule(s), or amendments to existing Rules, as it deems necessary for Patient 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 Senior Vice President. The recommendation of the Provincial Midwifery Executive Committee shall be subject to final approval by the Senior Vice President or designate.

1.5.3 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 Senior Vice President. The recommendation of the Provincial Midwifery Executive Committee shall be subject to final approval by the Senior Vice President or designate.

1.5.4 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.
1.5.5 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.

1.6 Bylaws Review and Amendments

1.6.1 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.

1.6.2 Amendments to these Bylaws may be proposed by the Midwifery Staff, AHS or the Bylaws and Rules Review Committee.

1.6.2.1 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.

1.6.2.2 Amendments to the Bylaws proposed by AHS shall be forwarded to the Bylaws and Rules Review Committee.

1.6.3 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 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.

1.6.4 A proposed amendment(s) to the Bylaws supported by the Midwifery Staff will be forwarded by the Senior Vice President or designate to the Board for approval.

1.6.4.1 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 1.6.3 and 1.6.4 of these Bylaws; or

c) request that the proposed amendment be forwarded by the Senior 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.

1.6.5 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 1.6.3, and 1.6.4 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 1.6.3 and 1.6.4 of these Bylaws.

i. If the Midwifery Staff support the proposed amendment(s), the proposed amendment(s) will be forwarded by the Senior 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 1.6.2.1 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 1.6.3, and 1.6.4 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 Senior Vice President or designate to the Board for resolution.

1.6.6 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.
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, will 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 Patient 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 Patients, 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.

2.1 Senior Vice President

2.1.1 Accountability

2.1.1.1 The Senior 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 Senior Vice President will be responsible for implementation of policies related to the Midwifery Staff. Without limiting the authority of AHS relative to its administrative structures, the responsibilities of the Senior 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 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 Patient care within AHS;

e) 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 corrective 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,
p) performing other duties as may be assigned by the Chief Executive Officer.

2.2 **Zone Midwifery Clinical Departments**

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

2.2.2 The Midwifery Staff shall Collaborate with Zone Clinical Departments that provide medical services during pregnancy to optimize the provision of integrated services to this patient population.

2.2.3 The organization and establishment of Zone Midwifery Clinical Departments shall represent the optimal approach to:

a) supporting the delivery of high quality and safe Patient care and Clinical Services within AHS;

b) credentialing and oversight of the Midwifery Staff within AHS; and

c) advancing the perspective, advice and resource requirements of the Midwifery Staff to AHS.

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

2.3 **Midwifery Directors**

2.3.1 **Appointment and Accountability**

2.3.1.1 The Midwifery Directors shall be members, or be eligible to be members, of the Midwifery Staff.

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

2.3.1.3 The Midwifery Directors shall be directly accountable to the Senior Vice President or designate.

2.3.2 **Responsibilities and Duties**

2.3.2.1 The Midwifery Directors shall have responsibility of the overall function and structure of the Zone Midwifery Clinical Departments. The Midwifery Directors
shall be responsible for matters within the Provincial Midwifery Executive Committee’s jurisdiction in relation to the Midwifery Clinical Department.

2.3.2.2 Without limiting the authority of AHS relative to its administrative structures, the responsibilities of the 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 Zone;

b) recommending Midwifery Staff Appointments and Clinical Privileges, as well as changes to Appointments and Clinical Privileges to the Senior Vice President or designate;

c) ensuring clinical operational coordination across the Zone, Collaboration between Zones, and the development and implementation of AHS strategies;

d) developing policies for the Zone Midwifery Clinical Department regarding quality and Patient care;

e) supervising 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 for the provision of high quality and safe Patient 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 Medical Staff and the Medical Administrative Committees to ensure high quality and safe patient care, and coordinated service delivery within all facilities and communities served;

k) assisting in drafting or amending the Rules;

l) assisting in the development of AHS wide criteria for Procedures new to AHS;
m) preparing, maintaining and promoting educational programs for Zone Midwifery Staff;

n) developing and promoting departmental research activities;

o) conducting Periodic Reviews for Midwives in the Zone Midwifery Clinical Department pursuant to Part 5 of these Bylaws;

p) performing Triggered Initial Assessments and Triggered Reviews as delegated by the Senior Vice President or designate pursuant to Part 6 of these Bylaws;

q) performing all other duties assigned to her by these Bylaws and the Rules; and

r) performing other duties as may be delegated by the Senior Vice President or designate.

2.4 Provincial Midwifery Executive Committee

2.4.1 Purpose

2.4.1.1 The purpose of the Provincial Midwifery Executive Committee is to advise AHS and the Senior Vice President on provincial/system-wide matters pertinent to quality and safe Patient 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.

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

2.5 Bylaws and Rules Review Committee

2.5.1 Purpose

2.5.1.1 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.

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

2.6 Midwifery Zone Application Review Committees

2.6.1 Purpose

2.6.1.1 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 Midwife’s rights and responsibilities associated with that Appointment. Upon being granted an Appointment, a Midwife must be assigned to the appropriate Zone Midwifery Clinical Department(s). A 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 Midwifery Staff Appointment is located in Appendix A of these Bylaws.

3.0.2 Clinical Privileges that are granted to the Midwife define the diagnostic or therapeutic Procedures or other Patient care services a Midwife is deemed competent to perform; the Site(s) of Clinical Activity and Zone(s) within which the Midwife is eligible to provide care to Patients; and the specified Programs and Professional Services that the Midwife is eligible to access. A Midwife is not entitled to perform Procedures or treat patients simply by virtue of being a member of the Midwifery Staff.

3.0.3 The granting of Clinical Privileges shall 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 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 Midwife is exclusive to that Midwife.

3.0.5 No Midwife shall assign, transfer, encumber or delegate a grant of a Midwifery Staff Appointment and Clinical Privileges granted to that 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 Midwife automatically terminate upon the death of that 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 is not a right. It 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 in such Rules as are adopted from time to time.

3.1.2 Midwives shall be subject to the responsibilities, expectations and Periodic Review as outlined in these Bylaws and the Rules.

3.1.3 Midwives in the Probationary Staff, Active Staff, and Temporary Staff categories (pursuant to sections 3.2, 3.3, and 3.4 of these Bylaws) may provide Specified Clinical Services for Patients in Sites of Clinical Activity and may access Programs and Professional Services as defined by Clinical Privileges.

3.1.4 A Midwifery Staff Appointment is required to access AHS intranet/internal information technologies and systems.

3.1.5 Locum Tenens Midwives shall require a Midwifery Staff Appointment and Clinical Privileges appropriate to their assignment.

3.1.6 Midwives residing and practicing outside Alberta who wish to provide services by Telemedicine to Patients 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 category, or where, in the opinion of the Senior Vice President or designate, after consultation with the applicable Midwifery Director and Midwifery Zone Application Review Committee, a direct appointment to the Active Staff category is appropriate.

   b) Members in the Probationary Staff category shall have their performance assessed to determine eligibility for Appointment to the Active Staff category. 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. After a total of eighteen months in the Probationary Staff category, the
Midwife is deemed to have applied for a change from Probationary to Active Staff pursuant to section 3.5 of these Bylaws.

c) The performance assessment pursuant to section 3.1.7.1 b) of these Bylaws shall be in accordance with the Rules. The performance assessment shall be signed by the Midwifery Director, and shall include a statement as to whether the Midwife meets the criteria for Appointment to the Active Staff Category.

3.1.7.2 Active Staff

Members in the Active Staff category shall be 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 one hundred and twenty consecutive days. This category of Appointment shall be used for short-term temporary situations and the scope of practice shall be defined according to Clinical Privileges granted.

3.1.7.4 Locum Tenens Staff

AHS may grant a Midwifery Staff Appointment to the Locum Tenens category for the temporary placements of a Locum Tenens in an existing practice and/or Site of Clinical Activity in order to facilitate the short term absence of another Midwife with an Appointment, or to address a temporary shortfall in Midwifery workforce. The scope of practice of Locum Tenens shall be defined by the Clinical Privileges granted. 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 one year.

3.2 Clinical Privileges

3.2.1 AHS grants Clinical Privileges which shall specify:

a) Programs and Professional Services that the Midwife is eligible to access;

b) Procedures that the Midwife is deemed to be competent and eligible to perform; and

c) Sites of Clinical Activity in which the Midwife is eligible to provide Patient care and services.
3.2.2 Clinical Privileges, including Programs and Professional Services and Sites of Clinical Activity that the Midwife is eligible to access, as well as Procedures that the Midwife is deemed competent and eligible to access, shall be recommended by the 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 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 Different Midwives are not eligible, per se, for the same Clinical Privileges simply by virtue of being members of the Zone Midwifery Clinical Department.

3.2.5 Procedures

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

3.2.5.2 Through the process defined in the Rules, AHS shall establish the need for, and the capacity of, AHS to support a new Procedure, and if deemed appropriate, privileging criteria for the new Procedure. The process will ensure that the eligibility to perform a new Procedure is determined fairly, rigorously and with regard to demonstrated competence, rather than limiting access to the Zone Midwifery Clinical Department.

3.2.5.3 The granting of Clinical Privileges for Procedures for all Midwives is made on the basis of each Midwife’s documented training, experience, demonstrated abilities and skill, and current competence, as well as the available AHS resources.

3.2.6 Sites of Clinical Activity

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

3.2.6.2 Sites of Clinical Activity shall also specify:
a) **Inpatient Hospital Service**: which will normally include admission and treatment of hospitalized Patients and the use of Programs and Professional Services for the needs of hospitalized Patients, 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 Patients with access to Programs and Professional Services for the needs of ambulatory Patients, as described in the Clinical Privileges granted.

c) **Telemedicine**: as described in the Clinical Privileges granted.

3.2.6.3 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 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, the Application forms and any applicable Policies shall be available on the web site 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 Midwifery Administrative Office. If no decision is received by the applicant within ninety days, the applicant may follow up with the Midwifery Administrative Office for the decision.

3.3.1.4 If the decision is a recommendation of denial the applicant may request between ninety days and one hundred and twenty days from the receipt of a complete Application by the Midwifery Administrative Office, that the application process proceeds pursuant to section 3.6 of these Bylaws.
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 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 Midwifery Administrative Office will forward complete Applications to the applicable Midwifery Director within fifteen days of receipt. The Midwifery Director shall forward a written recommendation, (to accept, deny, or amend the application) to the Midwifery Administrative Office and to the applicant, within thirty days of receipt of the complete Application by the Midwifery Administrative office.

3.4.4 The Midwifery Administrative Office will forward the recommendation of the 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 Midwifery Administrative Office within thirty days of receipt of the recommendation of the Midwifery Director by the Midwifery Zone Application Review Committee.

3.4.5 If the recommendation of the Midwifery Zone Application Review Committee is favourable, the Midwifery Administrative Office shall forward the recommendation to the Senior Vice President for a decision to accept or reject the recommendation of the Midwifery Zone Application Review Committee. The Midwifery Administrative Office shall provide the applicant with the Senior Vice President’s or designate’s written notification of the decision within fifteen days of receipt of the recommendation by the Senior Vice President.

3.4.6 If the recommendation of the Midwifery Zone Application Review Committee is unfavourable, the Application shall proceed pursuant to section 3.6 of these Bylaws.

3.4.7 An approved 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 3.4.7 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 Patient safety; and, agrees to be governed by them.

3.4.8 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 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.

3.5.2 A Request to Change must be initiated on the prescribed form by the Midwife or the Midwifery Director, and will not be considered until such form is completed and submitted to the 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 Midwife or Midwifery Director will be submitted to the Midwifery Administrative Office and must include particulars of the change requested, and reasonable support for the need or desirability of the change. The Midwifery Administrative Office shall forward the Request to Change to the Midwife (if initiated by the Midwifery Director) or to the Midwifery Director (if initiated by the Midwife).

3.5.4 The Midwife shall provide the Midwifery Director (if the Request to Change is initiated by the Midwifery Director) with written notification of whether she accepts or rejects the proposed change, or wishes to amend it, within thirty days of receipt of the Request to Change by the Midwife.

3.5.5 The Midwifery Director shall provide the Midwife (if the Request to Change is initiated by the Midwife) with written notification of whether she accepts, rejects, or amends the proposed change within thirty days of receipt of the Request to Change by the Midwifery Director.
3.5.6 The Midwifery Director shall forward a recommendation (to accept, deny, or amend) the Request to Change, including written notification as to whether the Midwife and the Midwifery Director are in agreement, to the Midwife and to the Midwifery Administrative Office within sixty days of receipt of the original Request to Change by the Midwifery Administrative Office.

3.5.7 The Midwifery Administrative Office will forward the recommendation of the 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 Midwifery Administrative Office, which shall provide a copy to the Midwifery Director and the Midwife, within thirty days of the receipt of the recommendation of the Midwifery Director by the Midwifery Zone Application Review Committee.

3.5.8 If the recommendation of the Midwifery Zone Application Review Committee is favourable, the Midwifery Administrative Office shall forward the recommendation to the Senior Vice President for a decision to accept or deny the recommendation of the Midwifery Zone Application Review Committee. The Senior Vice President or designate shall provide the Midwife with written notification of a decision within fifteen days of receipt of the recommendation by the Senior Vice President or designate.

### 3.6 Unfavourable Recommendations

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

3.6.2 Notification of the applicant/Midwife

3.6.2.1 Whenever an unfavourable recommendation is made by the Midwifery Director or Midwifery Zone Application Review Committee, the Midwifery Administrative Office shall provide the applicant/Midwife with the recommendation as well as the substance of the concerns and reasons leading to the recommendation.

3.6.3 Unfavourable recommendations by the Midwifery Director

3.6.3.1 If an Application or Request to Change is recommended for denial by the Midwifery Director, it will be forwarded by the Midwifery Administrative Office
to the Midwifery Zone Application Review Committee as an unfavourable recommendation.

3.6.3.2 If the Midwifery Director recommends an amendment to an Application/Request to Change, the Midwifery Director and the applicant/Midwife shall use reasonable efforts to reach agreement with respect to the proposed amendment(s) prior to the recommendation being forwarded by the Midwifery Administrative Office to the Midwifery Zone Application Review Committee.

a) If agreement is reached between the Midwifery Director and the applicant/Midwife, the amended Application/Request to Change will be forwarded by the Midwifery Administrative Office to the Midwifery Zone Application Review Committee as a favourable recommendation.

b) If agreement cannot be reached between the Midwifery Director and the applicant/Midwife, the amended Application/Request to Change shall be forwarded by the Midwifery Administrative Office to the Midwifery Zone Application Review Committee as an unfavourable recommendation.

3.6.4 Unfavourable recommendations made by the Midwifery Director and supported by the Midwifery Zone Application Review Committee

3.6.4.1 If the Midwifery Zone Application Review Committee supports an unfavourable recommendation made by the Midwifery Director, the unfavourable recommendation shall be forwarded to the Midwifery Administrative Office which shall inform the applicant/Midwife that she may request the Application or Request to Change be considered by the Senior 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 Midwifery Director shall use reasonable efforts to reach agreement with respect to the proposed amendment(s).

a) If agreement is reached between the 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 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 Unfavourable Recommendations and Disagreement between the 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 Midwifery Director, the Midwifery Zone Application Review Committee may request such further information from the Midwifery Director and the applicant/Midwife as may be required. The Midwifery Zone Application Review Committee and the Midwifery Director shall make reasonable efforts to reach agreement with respect to the recommendation.

a) If agreement is reached between the Midwifery Director and the Midwifery Zone Application Review Committee, and the recommendation is favourable to the applicant/Midwife, the recommendation shall be forwarded by the Midwifery Administrative Office to the Senior Vice President as a favourable recommendation.

b) If agreement is reached between the Midwifery Director and the Midwifery Zone Application Review Committee, and the recommendation is unfavourable to the applicant/Midwife, the recommendation shall be forwarded to the Midwifery Administrative Office which shall inform the applicant/Midwife that she may request the Application or Request to Change be considered by the Senior Vice President pursuant to section 3.6.7 of these Bylaws.

c) If agreement cannot be reached between the Midwifery Director and the Midwifery Zone Application Review Committee, the Midwifery Administrative Office shall inform the applicant/Midwife that the Application/Request to Change shall be referred to the Senior 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 an unfavourable recommendation with respect to an Application or a Request to Change, the recommendation shall be forwarded to the Midwifery Administrative Office which shall inform the applicant/Midwife that he/she may request that the Application or Request to Change be considered by the Senior Vice President.
3.6.7.1 The applicant/Midwife shall be entitled to attend a meeting with the Senior 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 Midwifery Administrative Office shall provide the applicant/Midwife with reasonable prior notice of the time and place at which the Senior Vice President or designate is able to consider the Application or Request to Change.

3.6.7.3 The Senior Vice President or designate shall review the recommendation(s) from the Midwifery Director and the Midwifery Zone Application Review Committee, the complete Application or Request to Change, representations from the applicant/Midwife and any other information it considers relevant; and shall make a decision within fourteen days.

3.7 Decisions of the Senior Vice President

3.7.1 A decision of the Senior Vice President or designate may be favourable or unfavourable. An unfavourable decision may be either a decision to deny or to amend the Application or a Request to Change.

3.7.2 The applicant/Midwife shall be notified of the Senior Vice President’s or designate’s decision within fourteen days of receipt of any recommendation from the Midwifery Zone Application Review Committee.

3.7.3 The decision of the Senior Vice President or designate relative to an Application or Request to Change is subject only to the rights of appeal under Part 7 of these Bylaws.

3.8 Exceptional and Urgent Situations

3.8.1 Under exceptional circumstances, as approved by the Senior 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 Senior 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 Senior 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 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 Senior Vice President or designate, or the CEO shall notify the 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 Senior Vice President proof of the applicant’s 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.

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 patients 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 patients 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 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 Patient-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 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 Patient 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 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 Midwives shall be governed by the AHS values of respect, accountability, transparency, engagement, safety, learning, and performance, Policies, and by the AHS Code of Conduct. Appointed Midwives shall also be governed by the Professional Code of Conduct, and the code of ethics of the midwifery profession. If the content of the AHS Code of Conduct conflicts with the Professional Code of Conduct or code of ethics, then the Professional Code of Conduct or code of ethics of the midwifery profession shall take precedence.

4.0.7 When fulfilling the duties and responsibilities of their AHS administrative role, Midwives who are AHS midwifery administrative leaders shall also be governed by the AHS values of respect, accountability, transparency engagement, safety, learning, and performance, Policies, the AHS Code of Conduct, the Professional Code of Conduct, and the code of ethics of the midwifery profession. Notwithstanding section 4.0.6, if the AHS Code of
Conduct conflicts with the Professional Code of Conduct or 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 Midwives as members of the Midwifery Staff;

iii. granting Clinical Privileges to Midwives;

iv. defining the responsibilities of all Midwives who are granted Appointments and Clinical Privileges;

v. reviewing and determining Midwife compliance with discharging the responsibilities related to Appointments and Clinical Privileges;

vi. establishing principles and processes for the Periodic Review of appointed Midwives;

vii. establishing principles and processes for the Triggered Review of an appointed 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.

b) the management of the Midwifery Workforce Plan, as defined in the Rules.

c) 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.

d) 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 Patient care possible;

b) the Midwifery Clinical Department in the development of mechanisms that maintain the highest standards of clinical practice and professionalism;

c) Patient safety and engagement;

d) Midwife and AHS staff safety;

e) evidence-based decision-making wherever applicable; and

f) reasonable and effective on-call schedules.

4.1.3 On-Call and Service Coverage Responsibilities

4.1.3.1 AHS and the Midwifery Staff shall jointly establish and maintain reasonable and effective on-call schedules for safe and effective Patient care and coverage at all times.
4.1.3.2 On-call schedules shall be consistent with the Clinical Services provided by the Midwifery Clinical Department and the Clinical Privileges of the Midwives who provide the on-call coverage.

4.1.3.3 AHS and the Midwifery Staff shall work jointly to ensure on-call schedules do not place work demands on individual Midwives that prevent the Midwife from providing safe Patient care and coverage. AHS midwifery administrative leaders shall work collaboratively with 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 Patient in Sites of Clinical Activity. 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 Patient’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.

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.

4.1.6 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 Midwifery Clinical Department;

   b) the safest and highest quality care;
c) an environment that facilitates continuous improvement in the delivery of health care through biomedical, clinical, health services and outcomes research;

d) the establishment, maintenance, and continual improvement of the educational, clinical and professional standards for all 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 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 Conduct and code of ethics of the midwifery profession;

b) comply with all requirements or expectations in the Midwifery Staff Letter of Offer, provided that if the Midwifery Staff Letter of Offer conflicts with these Bylaws and the Rules, these Bylaws and the Rules shall take precedence;

c) comply with all obligations contained in contracts for service between a member of the Midwifery Staff and AHS, provided that if the contract for service conflicts with these Bylaws and the Rules, these Bylaws and the Rules shall take precedence; and

d) follow reasonable direction on matters pertaining to Midwife 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 malpractice insurance to the satisfaction of AHS.

4.2.3 Patient Advocacy

4.2.3.1 Individual members of the Midwifery Staff have the right and the responsibility to advocate on behalf of their Patients. In doing so, 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, Midwives who hold midwifery administrative leadership roles within AHS shall articulate clearly that they are not speaking as representatives of AHS. Midwives are encouraged to first advocate or enquire about the matter internally within AHS 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 Patient 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; and

d) complete health records in a proper, comprehensive, and timely manner that accurately reflects their role in the Patient’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, Policies, the AHS Code of Conduct, the Professional Code of Conduct and the code of ethics of the midwifery profession by:

a) reporting to the Midwifery Director the presence of any physical or mental health issues that impair the Midwife’s ability to care safely for a Patient. Such information shall be kept strictly confidential unless disclosure to a specified party(ies) is required by law or is deemed
necessary to ensure public or Patient safety or is agreed to, in writing, by the Midwife.

b) being subject to Periodic Review pursuant to Part 5 of these Bylaws (only for 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 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 Zone Midwifery Clinical Department meetings.

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 Conduct, and the code of ethics of the midwifery profession.

4.2.7 On-Call and Service Coverage Responsibilities

4.2.7.1 Midwives shall provide safe and effective on-call and service coverage. The individual Midwife shall:

a) participate equitably and fairly in an on-call schedule(s) consistent with her Clinical Privileges and as established within the Zone Midwifery Clinical Department;

b) manage her other concurrent clinical activities in order to ensure that she can safely and appropriately fulfill her on-call duties and responsibilities;

c) ensure on-call coverage by another Midwife with appropriate skills and Clinical Privileges if she is unable to provide the coverage assigned to her in a previously established on-call schedule. If urgent circumstances
limit or prevent the Midwife from fulfilling this responsibility, the Midwifery Director or designate(s) shall provide reasonable assistance to make alternative arrangements for coverage of the on-call period in question; and

d) ensure service coverage of her Patients by another Midwife with appropriate skills and Clinical Privileges whenever the Midwife is unavailable for any reason to provide such coverage. If urgent circumstances limit or prevent the Midwife from fulfilling this responsibility, the Midwifery Director or designate(s) shall provide reasonable assistance to make alternative arrangements for service coverage.
Part 5: Periodic Review

5.0 General

5.0.1 This part of the Bylaws establishes the processes for Periodic Reviews of Midwives with appointments. The flowchart for a Periodic Review is located in Appendix B of these Bylaws.

5.0.2 Periodic Reviews provide the Midwife and the 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 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 often if specified in the Midwifery Staff Letter of Offer. Members of the Midwifery Staff with an Appointment in the Locum Tenens category shall have an initial Periodic Review undertaken at the conclusion of their first year in this category, and every three years thereafter. 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 Midwife. These include, but are not limited to:

a) the terms, conditions and major responsibilities contained in her 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 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 Midwife, as they relate to the fulfillment of her responsibilities as defined by these Bylaws and the Rules;

 e) continuing professional development and maintenance of competence activities;

f) in the case of Midwives in the Locum Tenens category, assessments completed by the requesting Midwife(ves) at the conclusion of the Locum Tenens assignments; and
g) assessment of the Midwife by the relevant health care team(s) and Patients. The Rules shall specify the methods and tools to be used in these assessment processes.

5.0.5 The Midwife and the Midwifery Director or designate(s) shall meet to discuss the Periodic Review. Both the Midwife and the Midwifery Director or designate(s) shall identify and be responsible for further action arising from the Periodic Review. A written summary of the Midwife’s Periodic Review, including any recommendations or plans for further action, and the Midwife’s written comments, if any, will be placed on the Midwife’s Zone Midwifery Clinical Department file(s), and a copy shall be provided to the Midwife.

5.0.6 Except as required by law or permitted by these Bylaws, the written summary of the Periodic Review prepared by the Midwifery Director or designate(s), together with recommendations, plans and/or Midwife’s comments shall be confidential and shall not be disclosed to any person or entity without the express consent of the Midwife.

5.0.7 Where the Midwifery Director or designate(s) has concern(s) arising from the Periodic Review that are consistent with the matters identified in sections 4.2 and 6.1.3 of these Bylaws, the Midwifery Director shall forward a report outlining the concern(s) and the substantive reasons for it to the Senior Vice President, and shall provide a copy of the written report to the Midwife. The Senior Vice President or designate, may direct that a Triggered Review be conducted.
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 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 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 Senior 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/Patient 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 Patient 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 Senior 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 Senior 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 Patient care;
   b) clinical performance;
   c) participation in continuing professional development and maintenance of competence activities relevant to the 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 Patients, 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 Midwife’s Midwifery Staff Letter of Offer (or any subsequent amendments to the letter), applicable Policies and the AHS Code of Conduct, the Professional Code of Conduct of the College of Midwives of Alberta and the code of ethics of the midwifery profession. If Policies and/or the AHS Code of Conduct conflict with the Professional Code of Conduct or the code of ethics of the midwifery profession, then the Professional Code of Conduct and the code of ethics of the midwifery profession shall take precedence;

i) breach of any formal agreement with AHS; and,

j) any health problem that significantly affects the Midwife’s ability to carry out her AHS professional responsibilities.

6.1.4 A Concern initiated by a Complainant:

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

6.1.4.2 The Senior 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 Senior 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 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 Patients 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 Senior 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 Senior 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 Senior 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 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 Senior Vice President.

6.3.2.2 other information/complaints shall be completed within twenty-eight days upon receipt of other information/complaints by the Senior 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 Midwife shall be notified and such noted in the Midwife’s file.

6.3.3 The Senior 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 Midwife within seven days of initiating the Triggered Initial Assessment. The Midwife’s response, if any, shall be considered by the Senior 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 Senior 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 he/she determines 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 Midwifery Director and the Concern is determined to pertain primarily to her 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 he/she determines 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 Midwife agrees, in writing; or if the Senior 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 Patient 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 Senior Vice President or designate, and the 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 Midwifery Director and it is determined that the Concern or other information/complaints pertains primarily to her role and function as an AHS midwifery administrative leader, the Senior Vice President or designate shall consider the matter.

6.3.5.1 The Senior 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 Senior 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 Senior 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 Senior Vice President that this is the case.

6.3.7 A copy of any documentation placed in a Midwife’s file regarding the disposition of a Concern shall be provided to the 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 Midwifery Director may recommend Consensual Resolution to address the matter. This shall be a consensual process between the Affected Midwife and the relevant Midwifery Director and may also include any other relevant persons including the Complainant(s). The process may include mediation.

6.4.2 The relevant Midwifery Director shall be selected by the Senior Vice President or designate.

6.4.3 The Affected Midwife and the relevant 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 Midwifery Director to the Senior 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 Senior 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 Senior Vice President or designate shall review the report and the recommendation(s) arising from Consensual Resolution.

6.4.6 The Senior 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 Senior Vice President or designate may meet with the relevant Midwifery Director and/or the Affected Midwife to discuss the report and/or recommendations.

6.4.7 The Senior 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 Midwifery Director.

6.4.8 If the Affected Midwife accepts the report and recommendation(s), she and the relevant 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 Senior 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 Senior 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 Senior 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 Patient safety.

6.5.6 The Hearing Committee report and recommendation(s) shall be forwarded to the Senior Vice President within sixty days of establishment of the Hearing Committee. The Senior 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 Senior Vice President as to whether she accepts or rejects 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 Senior 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, she may request a review by the Provincial Midwifery Executive Committee of the procedure of the Hearing Committee but only if she contends 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).

c) The Senior Vice President or designate shall inform the Provincial Midwifery Executive Committee within seven days of receipt of the request from the Affected Midwife.

d) If the Affected Midwife does not provide written notification to the Senior Vice President as to whether she accepts or rejects the report and/or recommendation(s) of the Hearing Committee within fourteen days, the Senior 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 Senior 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 Senior 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 Senior 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 Senior 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 Senior 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 Senior Vice President or designate, or the CEO if there are reasonable grounds to believe that the Midwife’s professional performance and/or conduct requires steps be taken to protect the health or safety of any person, including the Midwife, so long as no lesser measures will suffice, and the Affected Midwife does not agree in writing to voluntarily restrict her relevant clinical activities. The Senior 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 Senior 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 Senior Vice President or designate, or the CEO who authorized the Immediate Action.

6.7.5 The Senior 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 Senior 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 Senior 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 Senior 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 Senior 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 Senior Vice President.

6.7.10 The Immediate Action will be limited to fourteen days unless extended within that fourteen day period by the Senior 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 Senior Vice President or designate.

6.8 Decisions of the Senior 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 Senior Vice President for a decision.

6.8.2 The Senior 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 Senior 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 she does not, the actions or sanctions shall be imposed.

6.8.3 The decision of the Senior 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 Senior 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 Midwifery Director and the Affected Midwife.

6.8.4 The Affected Midwife and Midwifery Director shall be notified in writing of the decision of the Senior Vice President or designate and the rationale for the decision.
6.8.5 If, in the decision of the Senior Vice President or designate, a substantive change in the Appointment or Clinical Privileges of the Affected Midwife is authorized, the Senior Vice President or designate will inform the College of Midwives of Alberta.

6.8.6 The decision of the Senior Vice President or designate is subject only to the rights of appeal under Part 7 of these Bylaws.

6.9 **Notification of the Complainant**

6.9.1 The Senior Vice President or designate, or if applicable, the 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 **Midwife-Initiated Reviews**

6.10.1 A Midwife may voluntarily self-report a Concern about her own professional performance and/or conduct to the relevant 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 Midwife is entitled and expected to work Collaboratively with the relevant Midwifery Director to review and resolve the Concern.

6.10.3 The Midwife and the relevant 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 Senior Vice President or designate and, if appropriate, may include temporary or permanent changes to the Midwife’s Midwifery Staff Appointment or Clinical Privileges. The Midwife shall receive a copy of the approved plan.

6.10.4 The 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 Midwife and the relevant Midwifery Director are unable to reach agreement upon a plan, or if, during the implementation of the plan, the 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 her file(s), and a copy provided to the 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 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 Senior Vice President or designate, as required by law or necessary to ensure public or Patient 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: Appeal of the Decision of the Senior Vice President

7.1 Decisions Relative to an Application or Request to Change

7.1.1 The applicant/Midwife may appeal the decision of the Senior Vice President or designate relative to an Application or Request to Change pursuant to section 3.7.3 of these Bylaws.

7.1.2 Within fourteen days of receipt of the decision of the Senior Vice President or designate relative to an Application or Request to Change, the applicant/Midwife may appeal to the Board by requesting that the Board review the decision of the Senior Vice President or designate and make a decision based on the review.

7.1.3 The review will only consider whether:

   a) the decision is inconsistent with the evidence;
   
   b) breaches of process and fairness occurred and affected the decision;
   
   c) there was an error in law; or
   
   d) there is new evidence that could not have been produced through reasonable efforts at the time of the original decision and may have affected the decision.

7.1.4 All requests for appeal shall be delivered to the Board in writing by certified mail, return receipt requested, and shall include a statement of the reason(s) for the appeal.

7.1.5 Within sixty days of notification of the request to appeal the decision of the Senior Vice President, the Board, pursuant to considerations outlined in sections 7.1.3 a), b), c), or d) shall render a final decision in writing to the applicant/Midwife and Senior Vice President or designate.

7.1.6 If the Board determines pursuant to section 7.1.3 d) that there is new evidence that may have affected the decision of the Senior Vice President or designate, the Board will refer the matter back to the Senior Vice President for re-consideration pursuant to Part 3 of these Bylaws and notify the applicant/Midwife in writing of the decision.

7.1.7 The decision of the Board is final, subject only to legal rights of appeal.

7.2 Decisions Relative to a Concern

7.2.1 The Affected Midwife may appeal the decision of the Senior Vice President or designate pursuant to section 6.8.6 of these Bylaws.
7.2.2 Within fourteen days of receipt of the decision of the Senior Vice President or designate, the Affected Midwife may appeal to the Board by requesting that the Board review the decision of the Senior Vice President or designate and make a decision based on the review.

7.2.3 The review will only consider whether:

a) the decision is inconsistent with the evidence;

b) breaches of process and fairness occurred and affected the decision;

c) there was an error in law; or

d) there is new evidence that could not have been produced through reasonable efforts at the time of the original decision and may have affected the decision.

7.2.4 All requests for appeal shall be delivered to the Board in writing by certified mail, return receipt requested, and shall include a statement of the reason(s) for the appeal.

7.2.5 Within sixty days of notification of the request to appeal the decision of the Senior Vice President, the Board, pursuant to considerations outlined in sections 7.2.3 a), b), c) or d) shall render a final decision in writing to the Affected Midwife and Senior Vice President or designate.

7.2.6 If the Board determines pursuant to section 7.2.3 d) that there is evidence that may have affected the decision of the Senior Vice President or designate, the Board will refer the matter back to the Senior Vice President for re-consideration pursuant to Part 6 of these Bylaws and notify the Affected Midwife in writing of the decision.

7.2.7 The decision of the Board is final, subject only to legal rights of appeal.
Part 8: Transition Provisions

8.1 A Midwife who has a Midwifery Staff Appointment with a former health region in Alberta as of the effective date of these Bylaws will automatically receive an AHS Midwifery Staff Appointment and a grant of Clinical Privileges under these Bylaws and Rules unless the Midwife advises AHS that she does not wish the Midwifery Staff Appointment and/or Clinical Privileges to continue.

8.2 Midwives will be granted an Appointment in an equivalent category, and Clinical Privileges equivalent to those held as of the effective date of these Bylaws or those considered most appropriate or equivalent by the Midwifery Director.

8.3 If a Midwife does not agree with the category of Appointment or Clinical Privileges granted the Midwife may, within ninety days of the effective date of these Bylaws, initiate a Request to Change in accordance with section 3.5 of these Bylaws.

8.4 Clinical Privileges granted under this Part will be deemed held at Sites of Clinical Activities where the Midwife previously held equivalent privileges as of the effective date of these Bylaws.

8.5 As of the effective date of these Bylaws, a Midwife who did not hold a Midwifery Staff Appointment with a former health region may apply for a Midwifery Staff Appointment and Clinical Privileges pursuant to these Midwifery Staff Bylaws and Rules.

8.6 All Applications for a Midwifery Staff Appointment and privileges initiated in a former health region prior to the effective date of these Midwifery Staff Bylaws will be continued to their conclusion under the provisions of these Bylaws. The Midwifery Director shall confirm the status of the Application and continue the process utilizing the decision making bodies or organizational positions identified in these Bylaws, and as well shall identify the appropriate Midwifery Staff category and Clinical Privileges that may be required.

8.7 Should an applicant disagree with the Midwifery Director’s continuation of the application(s) for an Appointment and Clinical Privileges under these AHS Midwifery Staff Bylaws, then within thirty days of receipt of the written notice of continuation, the applicant may withdraw the applications(s) and submit new application(s) for an Appointment and Clinical Privileges in accordance with section 3.4 of these Bylaws, failing which the applicant shall be deemed to have accepted the continuation.

8.8 All performance reviews, disciplinary proceedings or disciplinary actions initiated or underway in a former health region prior to the effective date of these Bylaws may continue to their conclusion under the provisions of these Bylaws and the Rules with such adjustments in decision making bodies or processes as may be required to be determined by the Senior Vice President or designate.
8.9 Should an Affected Midwife disagree with the continuance of the performance review, disciplinary proceeding or disciplinary action under these Bylaws and the Rules, then within thirty days of the effective date of these Bylaws, the Affected Midwife shall give written notice to that effect to the Senior Vice President, and the performance review, disciplinary proceeding or disciplinary action shall then be re-initiated under the provision of Parts 5 or 6 of these Bylaws.
Appendix A – Flowchart for a Midwifery Staff Appointment and a Grant of Clinical Privileges

Is there an approved position in the Midwifery Workforce Plan or applying to Locum Tenens category?

YES

Midwifery Staff Appointment & Clinical Privileges form provided by **Midwifery Administrative Office (MAO)** to the applicant

Form completed and all required information provided by the applicant including designation of:
- Zone(s), Zone Midwifery Clinical Department(s), including the **Primary Zone Midwifery Clinical Department (PZMCD)**
- Midwifery Staff category
- Clinical Privileges

MAO forwards application and applicable information to the **Midwifery Zone Application Review Committee (MZARC)**

Application and the recommendation of the Midwifery Director reviewed by MZARC

**Approval:**
1. Letter of Offer (LoO) issued to applicant by MAO
2. LoO signed and returned by applicant
3. Appointment and Clinical Privileges activated on effective date (or later) and only after completion of orientation; or
   **Denial**
   Applicant notified by MAO of denial of a Midwifery Staff Appointment

No

No Application will be provided

NOTE: Streamlined process used for applicants to Locum Tenens category

Application not processed if an incomplete Application submitted

Applicant notified of recommendation from Midwifery Director and/or MZARC by Midwifery Director or MAO

At PZCD level:
- Amendments to application – Resolution negotiated by applicant and Midwifery Director. Result reviewed by MZARC.
- Unfavourable recommendations of Midwifery Director reviewed by MZARC

At MZARC level:
- Unfavourable recommendations of MZARC may be appealed to Provincial Midwifery Executive Committee (PMEC)
- Amended recommendations forwarded to SVP for decision

At PMEC level:
- PMEC considers the appeal by the applicant
- recommendation forwarded to SVP for decision

- SVP or designate makes decision and applicant notified

Appeal of decision of SVP
- Applicant request appeal to Board for review and decision

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Appendix B - Flowchart for a Periodic Review

Frequency of **Periodic Review (PR):**

- Midwife in Active Staff category - every 3 years (or more frequently as specified in Letter of Offer)
- Locum Tenens- after first year and then every 3 years
- Midwife having reached 65 years of age - annually

PR package prepared by **Primary Zone Midwifery Clinical Department (PZMCD)** with input from other ZMCDs and other AHS staff / leaders

Package provided for review by Midwife and **Midwifery Director** or designate

PR meeting between Midwifery Director or designate and Midwife held to discuss the Midwife’s professional performance, to identify goals, and to exchange information regarding health care issues

If significant issues or concerns are identified:

PR Summary reviewed by Midwifery Director for consideration of possible Triggered Initial Assessment and/or Triggered Review

Written PR Summary prepared which may include follow-up items and written comments provided by Midwife

Copy of Summary provided to Midwife and placed in Midwife’s file
Appendix C - Flowchart for a Triggered Initial Assessment, Triggered Review and Hearing

**Triggered Initial Assessment (TIA) initiated by:** receipt of:
- Concern from a Complainant or from AHS
- other information/complaints

**Senior Vice President or designate (SVP) or designate:**
- shall conduct a TIA when in receipt of a Concern
- may conduct a TIA when in receipt of other information/complaints

Based on findings of the TIA, the SVP or designate may:
- Dismiss the Concern
- Decide no further action required
- Refer the Concern to the appropriate body if it does not pertain to the expectations and responsibilities of the Midwife’s Appointment
- Request further investigation and/or refer it or a portion of it to an external reviewer
- Request that the Affected Midwife participate in Consensual Resolution
- Refer the matter directly to a Hearing
- Refer the Concern to the College of Midwives of Alberta

Hearing Committee may dismiss the Concern or recommend one or more of the following:
- no further action
- a caution or reprimand be issued and placed in the Affected Midwife’s file
- the Affected Midwife undertake upgrading or further training and/or a period of clinical supervision
- the Affected Midwife undertake treatment or remedial measures
- temporary suspension or permanent change of Affected Midwife’s Clinical Privileges
- change in category of Affected Midwife’s Appointment
- termination of Affected Midwife’s Appointment
- other action or sanctions as appropriate
- other recommendations

At the conclusion of Consensual Resolution process between Affected Midwife and relevant AHS Midwifery Director
- Written report with findings and recommendation prepared
- Report submitted to SVP who may accept it or request clarification
- Final report forwarded by SVP or designate to Affected Midwife
- If Affected Midwife accepts the report, its recommendations are implemented, and the report placed on the Affected Midwife’s file
- If Affected Midwife rejects the report, he/she shall meet with SVP or designate. If no resolution after doing so, the matter shall be referred to a Hearing

At the conclusion of a Hearing:
- Written report with findings and recommendations prepared
- Report submitted to SVP and shared with Affected Midwife
- If the Affected Midwife accepts the report, it is submitted to the SVP for a decision
- If the Affected Midwife rejects the report, he/she may appeal to the Provincial Midwifery Executive Committee (PMEC) if he/she contends that the findings were inconsistent with evidence, there were breaches of process, the Hearing Committee erred in law and/or there is new evidence

After receipt of the report and recommendations of Hearing Committee and/or PMEC, decision rendered by SVP or designate

Appeal of decision of SVP
- Affected Midwife requests appeal to Board for review and decision