

EDMONTON ZONE MEDICAL STAFF RULES

ZMAC Approved: 02 April 2012

PPEC Approved: 16 January 2013

CMO Approved: 6 January 2014

Edmonton Zone Medical Staff Rules

ZMAC Approved 02-APR-12

PPEC Approved 16-JAN-13

CMO Approved 06-JAN-14

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APPROVED		
Chief Medical Officer		
<u>Dr. Verna Yiu</u> Name	<u>SIGNED</u> Signature	<u>January 6, 2014</u> Date

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PART 1: ADDITIONAL DETAIL TO EXISTING RULES SPECIFIC TO THE EDMONTON ZONE

1.1 GENERAL PROVISIONS – SEARCH COMMITTEES

1.1.1 CONSULTATION WITH THE UNIVERSITY OF ALBERTA IN THE SEARCH AND SELECTION

Where appropriate (as it relates to joint positions with the University of Alberta), the search and selection process outlined in Section 2.1.1 of the Rules shall be a joint process with the Faculty of Medicine and Dentistry, University of Alberta.

1.1.2 CONSULTATION WITH COVENANT HEALTH IN THE SEARCH AND SELECTION

Where the bylaws require establishment of Search and Selection committees for senior positions, a representative from Covenant Health will be requested.

1.2 APPLICATION PROCESS FOR A MEDICAL STAFF APPOINTMENT AND GRANT OF CLINICAL PRIVILEGES

1.2.1 REQUIREMENT FOR CURRICULUM VITAE

In addition to requirements listed in Section 3.4.2 of the Rules, applications to the Medical Staff shall also include a current curriculum vitae.

1.2.2 VERIFICATION OF APPLICANT'S TRAINING, EXPERIENCE, QUALIFICATIONS, AND IMPACT

1.2.2.1 The Zone Clinical Department Head or designate shall review funding and resource impact of a new position and provide a recommendation on the availability of resources. With respect to University of Alberta funding and appointment this shall include consultation with the University where appropriate.

1.2.2.2 In order to initiate the Application process as per Section 3.4 of the AHS Medical Staff Bylaws and to facilitate the verification pursuant to Section 3.4.2(a) of the AHS Medical Staff Rules the Zone Clinical Department Head or designate shall complete an Appointment Package Request Form and submit it with the completed Impact Analysis to the Medical Affairs Office.

1.2.2.3 The Zone Clinical Department Head(s) or designee's evaluation of the applicant's qualifications, training, and experience shall include a reasonable amount of rigor based in part on the information and character references identified on the Application Form.

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1.3 CLINICAL PRIVILEGES

1.3.1 CLINICAL ACTIVITY ADMITTING STATUS

The delineation of Sites of Clinical Activity identified in Section 3.2.3 of the AHS Medical Staff Rules shall designate the status of Admitting or Non-admitting where appropriate.

1.3.2 RETIREMENT POLICIES

1.3.2.1 There is an expectation that at the age of 65, individual practitioners will not be expected to take call though they may continue to practice subject to satisfactory annual periodic reviews.

1.3.2.2 At the first periodic review after the age of 59 it would be expected succession planning/retirement planning be included as part of this periodic review.

1.3.2.3 Individual departments may establish their own retirement policies and sharing of resources. Such arrangements need to be reviewed and validated every three years. While such agreements are ideally unanimous by the Department, if put to vote at a properly constituted Department meeting with quorum it would require a 75% vote to accept such policies. This decision can be appealed to the Zone Medical Director who has sole discretion to overturn.

1.4 ABSENCE FROM CLINICAL PRACTICE IN SITES OF CLINICAL ACTIVITY

1.4.1 ADDITIONAL RULES REGARDING TRANSFER OF RESPONSIBILITY FOR LEAVES >96 HOURS AND <30 DAYS

Supplemental to the provisions in Section 4.16 of the AHS Medical Staff Rules, with the approval of the Zone Clinical Department Head(s) a Practitioner may specify an established call roster or group as coverage during the absence. This may include the transfer of responsibility to colleagues within an Alternate Relationship Plan.

1.4.2 REFUSAL OF LEAVE REQUEST

If, for any reason, the Zone Clinical Department Head(s) or Zone Medical Director does not approve a request for a leave of absence, the Practitioner may appeal the decision with the Zone Medical Administrative Committee.

1.4.2.1 The ZMAC shall hear the appeal at the earliest opportunity. The needs of the Zone Clinical Department to provide adequate medical service, in addition to the needs of the Practitioner, shall be considered in the appeal.

1.4.2.2 A decision by the ZMAC to refuse an application for leave of absence is final.

1.4.3 EXTENSION OF LEAVE OF ABSENCE

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

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1.4.3.1 A written request for an extension must be submitted to the Zone Clinical Department Head(s). The Zone Clinical Department Head(s) must review the application and submit the request and accompanying recommendation to the ZMD for consideration at least three (3) months prior to the expiration of the initial approved leave period.

1.4.3.2 Under exceptional circumstances, and on the recommendation of the Zone Clinical Department Head(s) and approved by the ZMD, a leave of absence may be extended past the twelve (12) month period.

1.5 EX-OFFICIO NON-VOTING MEMBERS OF THE ZONE MEDICAL ADMINISTRATIVE COMMITTEE

1.5.1 PODIATRY

In addition to those members identified in Section 2.14.2.2 of the AHS Medical Staff Rules, the Zone Clinical Section Chief for Podiatry shall be entitled to attend all meetings of the Zone Medical Administrative Committee but may not vote.

PART 2: ADDITIONAL RULES OF A GENERAL NATURE

2.1 ELECTRONIC MAIL

The electronic transmission of information is only secure/encrypted within the internal email system (AHS email to AHS email). (Covenant Health email is considered part of AHS mail since it is encrypted and is an AHS system at its base.) Use of personal or external email for sensitive information is discouraged as transmissions are not encrypted by default and could result in a breach of privacy.

2.2 HONORARY MEDICAL STAFF

The Zone Clinical Department may make a recommendation to the Zone Medical Administrative Committee to honour long-standing members of the Medical Staff who wish to resign their Clinical Privileges. As Honorary members, the Practitioner will not have a current Medical Staff Appointment and shall have no assigned duties or Clinical Privileges. Honorary members may attend meetings, and may be granted privileges of committee membership, including voting privileges, to allow the Zone to benefit from their experience and expertise.

2.3 DECLARATION OF CONFLICT OF INTEREST

A declaration of a conflict of interest when acting on behalf of Alberta Health Services must be made in accordance with s.7(1) of the Regional Health Authorities Act, RSA 2000, c.R-10 (and amendments and Regulations thereto), and other applicable legislation, and the conflict of interest bylaws and policies of Alberta Health Services.

2.4 LIMITATION OF LIABILITY AND INDEMNITY

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A Medical Staff Member, when carrying out his or her administrative responsibilities under these Bylaws, shall not be liable to Alberta Health Services, or any other party, and is indemnified by Alberta Health Services for any activities arising therefrom, provided that:

- I. he or she acted honestly and in good faith based on the information available at the time and with a view to the best interests of the Region; and
- II. in the case of a criminal or administrative action or proceeding that is enforced by a monetary penalty, he or she had reasonable grounds for believing that such conduct was lawful.

2.5 PARTICIPATION IN DEPARTMENTAL/SITE QUALITY INITIATIVES

As part of the privileging responsibilities all members are expected to participate in quality initiatives as part of their privileges. These activities could include:

- Morbidity and Mortality rounds
- Site/Department specific educational rounds
- Participation in quality reviews
- Development and review of clinical practice guidelines
- Attending annual department meetings
- Representing their Department at committees identified by the ZCDH

The intent is to encourage all members to participate in their Departmental activities for the good of all. The expectation is for a minimum of 40 hours per year in such activities.

PART 3: ADDITIONAL RULES SPECIFIC TO THE EDMONTON ZONE

3.1 ZONE CLINICAL DEPARTMENT HEAD

3.1.1 TERM OF THE ZONE CLINICAL DEPARTMENT HEAD

Recognizing Section 2.1.2 of the Rules outlining the default for terms and renewal for AHS medical administrative leadership positions, the vacancy postings for the Zone Clinical Department Head will indicate a unique term of appointment.

3.1.1.1 The term of appointment shall normally be up to five (5) years, to be determined by the type of appointment granted.

3.1.1.2 A Zone Clinical Department Head may serve a maximum three (3) consecutive terms, each up to five (5) years in length, dependent upon the appointment granted, as noted in 3.1.1.1.

3.1.1.3 Performance reviews, which include the participation of Zone Clinical Department Members, will be a part of the contract of appointment.

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3.1.1.4 One (1) year prior to the expiration of the Zone Clinical Department Head's term of appointment, the incumbent will indicate, in writing to the ZMD, his or her willingness to continue for an additional term, as determined in 3.1.1.1 and 3.1.1.2, or to resign from the position.

3.1.1.5 Where the incumbent Zone Clinical Department Head resigns, has completed a third term, or fails to be reappointed to the Medical Staff, a new Zone Clinical Department Head shall be appointed per Section 2.7.1.3 of the AHS Medical Staff Bylaws.

3.1.2 ADDITIONAL RESPONSIBILITIES OF THE ZCDH IN THE EDMONTON ZONE

The Zone Clinical Department Head shall provide leadership in resource allocation, technology assessment, and patient care related policies and procedures, in collaboration with the Zone's administration pertaining to the activities of the Zone Clinical Department. Such activities (in addition to those specified in Section 2.7.2.3 of the AHS Medical Staff Bylaws) include, but are not limited to the Department and Section:

- a) organization charts;
- b) criteria and procedures for medical staff appointments;
- c) maintenance of a current and appropriate list of clinical patient care procedures and Practitioner privileges;
- d) criteria for granting procedural privileges;
- e) utilization review procedures;
- f) on-call schedules;
- g) undergraduate and postgraduate training programs, in consultation with The University of Alberta where applicable.

3.2 ZONCHE CLINICAL DEPARTMENT EXECUTIVE COMMITTEE

3.2.1 ESTABLISHMENT

Pursuant to Section 2.6.7 of the AHS Medical Staff Bylaws each Zone Clinical Department shall establish a Zone Clinical Department Executive Committee.

3.2.2 ADDITIONAL MEMBERS

In addition to Section 2.6.7 of the AHS Medical Staff Bylaws each Zone Clinical Department Executive Committee may also include representation of the following persons at the discretion of the Zone Clinical Department Head:

- Education Program Director of the Department, if applicable.
- Where appropriate, up to two (2) Members of the Department to be elected by the Department membership for a two (2) year term, renewable once.
- A research representative, where appropriate.
- Edmonton Zone Medical Director, ex-officio member.

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3.2.3 CONDUCT OF MEETINGS

3.2.3.1 It is expected there shall be at least five (5) regular Zone Clinical Department meetings per year, To foster consistency and standardization across Departments, meetings are suggested to occur in January, March, May, September and November; however, the most appropriate scheduling is at the discretion of the Zone Clinical Department Head. Additional meetings may be held at the call of the Chair.

3.2.3.2 Special meetings may be called upon written request of fifty (50) percent or more of the voting Members of the Committee. Only business stated in the notice of a special meeting will be transacted at that meeting.

3.2.3.3 Minutes of the Committee meetings shall be maintained and forwarded to the Edmonton Zone Medical Administrative Committee for information.

3.2.4 ZONE CLINICAL DEPARTMENT ANNUAL REPORTS

To ensure transparency and accountability the Zone Clinical Department Head with the input from the Deputy Zone Clinical Department Head and Zone Clinical Section Chiefs shall provide a written annual report of Department activities to the Zone Clinical Department Executive Committee. The report shall delineate statistics on Medical Staff recruitment, workforce planning, and information regarding safety and quality patient care. This report will be forwarded to the Zone Medical Administrative Committee.

3.3 ORGANIZATIONAL STRUCTURE OF THE EDMONTON ZONE

As per the requirement of Section 2.6.6.2 of the AHS Medical Staff Bylaws, the following Zone Clinical Departments (ZCD), Deputy Zone Clinical Departments (DZCD), and Zone Clinical Sections (ZCS) exist within the Edmonton Zone.

3.3.1 ZCD ADDICTION AND MENTAL HEALTH

- 3.3.1.1 ZCS Addiction Medicine
- 3.3.1.2 ZCS Child Adolescent Psychiatry
- 3.3.1.3 ZCS Community Mental Health
- 3.3.1.4 ZCS Forensic Psychiatry
- 3.3.1.5 ZCS Geriatric Psychiatry

3.3.2 ZCD ADULT CRITICAL CARE

3.3.3 ZCD ANESTHESIOLOGY

- 3.3.3.1 DZCD Scheduler
- 3.3.3.2 DZCD Quality
- 3.3.3.3 ZCS Pediatric Anesthesiology

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3.3.4 ZCD CARDIAC SCIENCES

- 3.3.4.1 ZCS MAHI Cardiology Section/Facility Chief
 - 3.3.4.2 ZCS RAH Cardiology Section/Facility Chief
 - 3.3.4.3 ZCS Sturgeon Cardiology Section/Facility Chief
 - 3.3.4.4 ZCS Cardiac Surgery Section/Facility Chief
 - 3.3.4.5 ZCS Pediatric Cardiac Surgery Section/Facility Chief
 - 3.3.4.6 ZC Pediatric Cardiology Section Chief
-

3.3.5 ZCD CHILD HEALTH

- 3.3.5.1 ZCS Community/Ambulatory
 - 3.3.5.2 ZCS Dermatology
 - 3.3.5.3 ZCS Cardiology
 - 3.3.5.4 ZCS Emergency
 - 3.3.5.5 ZCS Endocrinology
 - 3.3.5.6 ZCS Gastroenterology
 - 3.3.5.7 ZCS Immunology/Allergy
 - 3.3.5.8 ZCS Infectious Disease
 - 3.3.5.9 ZCS Inpatient Care
 - 3.3.5.10 ZCS Medical Genetics
 - 3.3.5.11 ZCS Nephrology
 - 3.3.5.12 ZCS Neurodevelopment
 - 3.3.5.13 ZCS Neurology
 - 3.3.5.14 ZCS Newborn Health
 - 3.3.5.15 ZCS Nutrition
 - 3.3.5.16 ZCS Pediatric ICU
 - 3.3.5.17 ZCS Pulmonology
 - 3.3.5.18 ZCS Rheumatology
-

3.3.6 ZCD DIAGNOSTIC IMAGING

3.3.7 ZCD EMERGENCY

- 3.3.7.1 DZCD Emergency
-

3.3.8 ZCD FAMILY MEDICINE

- 3.3.8.1 DZCD Academic
 - 3.3.8.2 DZCD Community
 - 3.3.8.3 DZCD Large Urban
 - 3.3.8.4 ZCS Integrated Home Living
 - 3.3.8.5 ZCS Integrated Supportive Living
 - 3.3.8.6 ZCS Specialized Geriatrics (FP Care of the Elderly)
-

3.3.9 ZCD LABORATORY MEDICINE AND PATHOLOGY

- 3.3.9.1 DZCD Clinical
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- 3.3.9.2 DZCD Academic
 - 3.3.9.3 ZCS General/Anatomical Pathology
 - 3.3.9.4 ZCS Hematopathology
 - 3.3.9.5 ZCS Immunology/HLA
 - 3.3.9.6 ZCS Medical Biochemistry
 - 3.3.9.7 ZCS Medical Microbiology
 - 3.3.9.8 ZCS Molecular Pathology
 - 3.3.9.9 ZCS Transfusion Medicine
-

3.3.10 ZCD MEDICINE

- 3.3.10.1 DZCD UAH Site
 - 3.3.10.2 DZCD RAH Site
 - 3.3.10.3 ZCS Dermatology
 - 3.3.10.4 ZCS Endocrinology
 - 3.3.10.5 ZCS Gastroenterology
 - 3.3.10.6 ZCS General Internal Medicine
 - 3.3.10.7 ZCS Geriatrics
 - 3.3.10.8 ZCS Hematology
 - 3.3.10.9 ZCS Infectious Diseases
 - 3.3.10.10 ZCS Occupational Medicine
 - 3.3.10.11 ZCS Pulmonology
 - 3.3.10.12 ZCS Renal
 - 3.3.10.13 ZCS Rheumatology
-

3.3.11 ZCD NEUROSCIENCES

- 3.3.11.1 DZCD Neurosciences
 - 3.3.11.2 ZCS Neurology
 - 3.3.11.3 ZCS Neurosurgery
 - 3.3.11.4 ZCS Rehabilitation Medicine
-

3.3.12 ZCD ONCOLOGY

- 3.3.12.1 ZCS Clinical Scientists
 - 3.3.12.2 ZCS Medical Oncology
 - 3.3.12.3 ZCS Medical Physics
 - 3.3.12.4 ZCS Palliative Care Medicine
 - 3.3.12.5 ZCS Radiation Oncology
-

3.3.13 ZCD SURGERY

- 3.3.13.1 ZCS General Surgery
 - 3.3.13.2 ZCS Ophthalmology
 - 3.3.13.3 ZCS Oral Maxillofacial/Dentistry
 - 3.3.13.4 ZCS Orthopedics
 - 3.3.13.5 ZCS Otolaryngology
 - 3.3.13.6 ZCS Pediatric Surgery
-

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- 3.3.13.7 ZCS Plastic Surgery
- 3.3.13.8 ZCS Podiatry
- 3.3.13.9 ZCS Thoracics
- 3.3.13.10 ZCS Transplantation
- 3.3.13.11 ZCS Urology
- 3.3.13.12 ZCS Vascular

3.3.14 ZCD WOMEN'S HEALTH

- 3.3.14.1 DZCD Women's Health
- 3.3.14.2 ZCS General OBGYN
- 3.3.14.3 ZCS Gyne Oncology
- 3.3.14.4 ZCS Perinatology
- 3.3.14.5 ZCS Reproductive Endocrine Infertility
- 3.3.14.6 ZCS Urogynecology

3.4 MEDICAL PLANNING AND CREDENTIALS COMMITTEE

3.4.1 ESTABLISHMENT

Pursuant to Section 2.14.4 of the AHS Medical Staff Rules the Zone Medical Administrative Committee has the authority to establish subcommittees. Within the Edmonton Zone there shall exist a Medical Planning and Credentials Committee as a standing sub-committee of the ZMAC.

3.4.2 COMPOSITION

3.4.2.1 The Medical Planning and Credentials Committee shall be composed of the following persons:

- a) All members of the Zone Application Review Committee as outlined in Section 2.15.2.1 of the AHS Medical Staff Rules which include:
 - two Zone Clinical Department Heads;
 - two Members from the Medical Staff, selected by the Zone Medical Staff Association in discussion with the Edmonton Zone Medical Director; and
 - the Edmonton Zone Medical Director (Chair)
- b) Dean, Faculty of Medicine & Dentistry, University of Alberta – or designate
- c) Five additional Zone Clinical Department Heads [for a total of seven (7)] as identified by the Edmonton ZMAC
- d) Senior Vice-President, Medicine & CMO (Covenant Health)
- e) Chief Operating Officer (Covenant Health)
- f) Vice-President, Community & Mental Health
- g) Vice-President, UAH
- h) Vice-President, RAH/SCH
- i) Facility Medical Director, RAH
- j) Facility Medical Director, WMC
- k) Facility Medical Director, Leduc
- l) Facility Medical Director, SCH/GRH
- m) Director, Edmonton Zone Medical Affairs
- n) Manager, Physician Resources Edmonton Zone Medical Affairs

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3.4.2.2 The Edmonton Zone Medical Director shall be Chair of the Committee with administrative responsibilities being provided by the Edmonton Zone Medical Affairs team.

3.4.2.3 Additional members of the Physician Resources Edmonton Zone Medical Affairs will attend the meeting as ex officio members.

3.4.3 DUTIES AND RESPONSIBILITIES

The purpose of the MPC is to assist the ZMAC in its responsibilities concerning Medical Staff Appointments, Clinical Privileges and changes to Medical Staff Appointments and Clinical Privileges of the Medical Staff as identified in Section 2.14.3 of the AHS Medical Staff Rules. This includes:

- Overseeing the development and implementation of a Zone Physician Resource Plan that aligns recruitment with resources;
- Overseeing the Zone credentialing process to ensure fairness and consistency within the AHS Medical Staff Bylaws and Rules;
 - Maintain strong, consistent linkage with Covenant Health Staff Medical Bylaws and credentialing process.
 - Ensure process consistency and data integrity.
- Standardization of physician contracts; and
- Identify new and emergent opportunities in recruitment and retention strategies.

3.4.4 CONDUCT OF MEETINGS

Meetings will be held monthly from September to June inclusive and conducted as per processes outlined in the AHS Bylaws and Rules.

3.5 LOCUM PRIVILEGES

3.5.1 LOCUM SPECIFIC FOR AN ABSENT PHYSICIAN

This is a locum who replaces a specific physician who will be absent from his/her practice. As this locum is tightly tied to one practice, beyond the bare minimum required for privileges (license and skills), the locum:

- terminates when the primary physician returns
- has a scope of practice similar to the primary physician
- primary physician should be able to have a veto in regards to the locum physician

3.5.2 LOCUM ATTACHED TO A GROUP OF PHYSICIANS

This may occur when a local group of physicians are short or are taking holidays. While this may be a method to determine compatibility prior to potential recruitment there is no guarantee or expectation given to the locum in regards to future commitments. These locums have a defined time period and should have a scope of practice compatible with the group.

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3.5.3 LOCUM PROVIDING INTERMITTANT COVERAGE OVER A PERIOD OF TIME

This may occur when a physician comes to the Zone to provide mentoring or skill development. Alternatively this might be a locum who is intermittently available over a longer period of time as in the example of fellows or individuals from another province who comes to provide intermittent coverage. This group would typically have locum privileges for up to a year at a time and are subject to the same expectations outlined in 3.5.2.

3.6 SPOUSAL RECRUITMENT

In circumstances where a Department is recruiting a new member and this potential member has a spouse/significant other who in turn

- has a skill set that is required in the Zone
- meets acceptable standards
- is compatible with Department members

there is not a requirement to advertise for such a position which can be offered to this candidate.