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# THE ALBERTA HEALTH SERVICES MEDICAL STAFF BYLAWS



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## DEFINITIONS

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

Academic Physician	A physician Practitioner who also possesses an appointment as a Full-Time Faculty or Clinical Faculty member with either the Faculty of Medicine & Dentistry of the University of Alberta or the Faculty of Medicine of the University of Calgary.
Active Staff	The Practitioners who are appointed to the Active Staff category pursuant to these Bylaws.
Advisor	A person, lay or professional, who provides guidance, support, or counsel to a Practitioner pursuant to these Bylaws.
Affected Practitioner	A Practitioner who is the subject of a Triggered Initial Assessment, Triggered Review or Immediate Action.
AHS Agent	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.
AHS Code of Conduct	The code of conduct established by AHS.
AHS Conflict of Interest Bylaw	The conflict of interest bylaw established by AHS.
AHS Programs and Professional Services	Diagnostic and treatment services and programs operated by or for AHS to which Practitioners with relevant Clinical Privileges can refer Patients.
AHS Representative	An AHS employee, Senior Officer, Agent or board member.
AHS Senior Officer	The Chief Executive Officer, president or vice-presidents of AHS, any other executive directly accountable to the Chief Executive Officer or president of AHS, and any other person so designated by the Chief Executive Officer or board of AHS.
Alberta Health Services	The health authority established pursuant to applicable legislation for the Province of Alberta.
Application	The forms and process used to apply for a Medical Staff Appointment and Clinical Privileges in the manner specified in these Medical Staff Bylaws and the Medical Staff Rules.
Bylaws and Rules Review Committee	A committee established as such pursuant to these Bylaws.
Chief Executive Officer or CEO	The chief executive officer appointed by the Chief Executive Officer to be responsible for the function of Medical Affairs within AHS.
Chief Medical Officer or CMO	The CMO is the most senior medical administrative leader appointed by the CEO to be responsible for the function of Medical Affairs within AHS.
College	The relevant regulatory body which governs the Practitioner.
Community Physician, Dentist, Oral & Maxillofacial Surgeon or Podiatrist	A Physician, Dentist, Oral & Maxillofacial Surgeon or Podiatrist with a scope of practice limited to community office or clinic practice.
Community Staff	The Practitioners who are appointed to the Community Staff category pursuant to these Bylaws.

Complainant	A Patient or his/her legal representative(s), a member of the public, or another Practitioner(s) who initiate(s) a Concern.
Concern	A written complaint or concern from any individual or group of individuals about a Practitioner'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.
Consensual Resolution	A consensual and confidential process to resolve a Concern. Consensual Resolution includes the Affected Practitioner, the relevant AHS medical administrative leader(s), and any other relevant person(s).
Dentist or Oral & Maxillofacial Surgeon	A person licensed in independent practice and in good standing with the Alberta Dental Association and College pursuant to the <i>Health Professions Act</i> (Alberta).
Facilities	Approved hospitals, continuing care facilities, community health, urgent care, and public health centres, and any other facilities operated by AHS.
Hearing	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.
Hearing Committee	A committee established as such pursuant to these Bylaws.
Immediate Action	An immediate suspension or restriction of a Practitioner's Medical Staff Appointment and/or Clinical Privileges without first conducting a Triggered Review pursuant to these Bylaws.
Immediate Action Review Committee	A committee established as such pursuant to these Bylaws.
In Writing	The requirement for documents to be submitted in writing can be met by returning the document through e-mail from a secure AHS or other enterprise organization e-mail system requiring sign-in and verification. The requirement may also be met in situations where an individual has chosen or requested AHS communicate with them using another electronic format or address. In certain specific situations, original paper copies of documents will be required because of legislative or other legal requirements.
Medical Affairs Office	An operational and organizational office of the Executive Vice President & Chief Medical Officer portfolio.
Medical Director	The Practitioner who is the medical administrative leader of a Zone (Zone Medical Director); one or more Facilities (Facility Medical Director), one or more communities (Community Medical Director), an AHS provincial portfolio or program (Senior Medical Director or Medical Director); or a Zone program (Zone Program Medical Director).
Medical Organizational Structure	The medical organizational structure of AHS aligned with these Bylaws and the Rules.
Medical Staff	Collectively, all Practitioners who possess a Medical Staff Appointment pursuant to these Bylaws.
Medical Staff Appointment or Appointment	The admission of a Practitioner to the AHS Medical Staff.

Medical Staff Letter of Offer	An offer to join the Medical 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.
Minister	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.
Patient	An individual receiving health services from a Practitioner.
Periodic Review	A periodic review of the professional performance and all matters relevant to the Appointment and Clinical Privileges of a Practitioner with an Appointment in the Active and Locum Tenens Staff categories.
Physician	A person with a practice permit not requiring supervision from the College of Physicians and Surgeons of Alberta pursuant to the <i>Health Professions Act</i> (Alberta).
Podiatrist	A person with a practice permit not requiring supervision from the Alberta Podiatry Association pursuant to the <i>Podiatry Act/Health Professions Act</i> (Alberta).
Policies	Administrative and operational objectives, plans, values, principles, practices and standards established by AHS with respect to its operations and Facilities, programs and services.
Practitioner	A Physician, Dentist, Oral & Maxillofacial Surgeon; Podiatrist, or a Scientist Leader, who has an AHS Medical Staff Appointment.
Practitioner Workforce Plan	An AHS plan which provides projections and direction with respect to the recruitment, retention and organization of an appropriate number, mix and location of Practitioners with the required skill sets.
Primary Zone Clinical Department	The Zone Clinical Department in which a Practitioner undertakes the majority of his/her Medical Staff responsibilities and roles, and through which changes in Appointment, Periodic Reviews, and other administrative actions pursuant to these Bylaws will be managed.
Probationary Staff	The Practitioners who are appointed to the Probationary Staff category pursuant to these Bylaws.
Procedure	A diagnostic or therapeutic intervention for which a grant of Clinical Privileges is required.
Professional Codes of Conduct	The Code of Conduct established by the College of Physicians and Surgeons of Alberta, the Code of Conduct established by the Alberta Podiatry Association, and the Code of Ethics established by the Alberta Dental Association and College.
Provincial Practitioner Executive Committee or PPEC	A committee established as such pursuant to these Bylaws.
Request to Change	A request to change the category of Appointment and/or the Clinical Privileges of a Practitioner pursuant to these Bylaws.
Rules	The specific provisions established as Medical Staff Rules pursuant to these Bylaws.
Scientist Leader	A person other than a Physician, Dentist, Oral & 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 & Maxillofacial Surgeon and/or Podiatrist Practitioners.

Sites of Clinical Activity	The locations and programs, listed in the grant of Clinical Privileges, where a Practitioner may perform Procedures, or provide care or services to Patients. The Sites of Clinical Activity may include Zones, Facilities, specific AHS Programs and Professional Services within Facilities, and/or Telemedicine.
Telemedicine	The provision of services for Patients, including the performance of Procedures, via telecommunication technologies, when the Patient and the Practitioner are geographically separated. This may include Practitioners in Alberta, as well as those outside Alberta who are on the Telemedicine Register of the College of Physicians and Surgeons of Alberta.
Temporary Staff	The Practitioners who are appointed to the Temporary Staff category pursuant to these Bylaws.
Triggered Initial Assessment	An investigation and initial assessment of a Concern or other information/complaints about a Practitioner.
Triggered Review	A review undertaken in response to a Concern about a Practitioner's professional performance and/or conduct.
Universal Programs and Professional Services	Those diagnostic and therapeutic services and programs available, within their respective scope of practice, to all Alberta Physicians, Dentists, Oral & Maxillofacial Surgeons and Podiatrists without the need for an AHS Medical Staff Appointment or grant of Clinical Privileges.
Zone	A geographically defined organizational and operational sub-unit of AHS, the boundaries of which may be revised from time-to-time by AHS.
Zone Application Review Committee or ZARC	A committee established as such pursuant to these Bylaws.
Zone Clinical Department or ZCD	An organizational unit of Practitioners established by the Zone Medical Director and Zone Medical Administrative Committee to which members of the Zone Medical Staff are assigned.
Zone Clinical Department Head or ZCDH	The Practitioner who is the leader of a Zone Clinical Department.
Zone Clinical Department Site Chief	The Practitioner who is the leader of Zone Clinical members at a particular Facility or Site.
Zone Clinical Section	An organizational sub-unit of a Zone Clinical Department established by the Zone Medical Director and the Zone Medical Administrative Committee.
Zone Clinical Section Chief	The Practitioner who is the leader of a Zone Clinical Section.
Zone Medical Administrative Committee or ZMAC	A committee established as such pursuant to these Bylaws.
Zone Medical Staff	Collectively, all Practitioners who are assigned to Zone Clinical Departments within a particular Zone.
Zone Medical Staff Association	An association of the Zone Medical Staff.
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 Medical Staff Bylaws

## PART 1 – GENERAL PROVISIONS

### 1.0 GENERAL

These Medical Staff Bylaws, and the Medical Staff Rules, govern the Physicians, Dentists, Oral & Maxillofacial Surgeons and Podiatrists who provide medical care to Patients, and the Scientist Leaders who provide medical administrative leadership, in relation to an Alberta Health Services (AHS) Medical Staff Appointment. They establish and describe:

- a) the terms and conditions on which AHS may grant Practitioners Clinical Privileges;
- b) the responsibility of the Medical Staff to AHS for the quality and safety of all professional services provided by Practitioners to Patients and to AHS;
- c) the responsibilities of the Medical Staff and AHS to each other for the organization and conduct of the Medical Staff, and in particular the processes relating to Medical Staff Appointments and delineation of Clinical Privileges; and
- d) the administrative structures for the governance of Practitioners working in AHS Facilities or other AHS 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 Practitioners 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 Practitioners who have been appointed to the Medical Staff, prepare and adopt Medical Staff Bylaws and Medical Staff Rules governing the creation, organization and operation of the Medical Staff, including:
  - a) administrative structures, committees and positions for the governance of the Medical Staff;
  - b) granting Appointments to Practitioners as members of the Medical Staff;
  - c) granting Clinical Privileges to Practitioners;
  - d) defining the responsibilities of all Practitioners who are granted Appointments and Clinical Privileges;
  - e) determining the accountability of Practitioners for discharging the responsibilities related to Medical Staff Appointments and Clinical Privileges;
  - f) establishing principles and process for the Periodic Review of Practitioners; 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

In the application for and acceptance of an Appointment to the Medical Staff of AHS, all Practitioners 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 Medical Staff Appointments,
  - b) all Clinical Privileges granted; and
  - c) all changes to Medical Staff Appointments and amendments to Clinical Privileges granted.

- 1.3.2 AHS shall, on request of a Practitioner, provide that Practitioner with a copy of the subsisting Medical Staff Appointment and Clinical Privileges, or other information on the Practitioner'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 Physicians and Surgeons of Alberta, the Alberta Dental Association and College, the Alberta Podiatry Association 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 Practitioner.

## 1.4 ADVISOR

Notwithstanding the mutual desire and expectation of AHS and the Medical Staff to encourage prompt and consensual resolution of disputes by the involved parties, whenever an applicant for a Medical Staff Appointment or a Practitioner is requested to appear before a person or persons in authority, the applicant/Practitioner may be accompanied by an advisor of his/her choice, and shall provide advance notice of the Advisor's identity.

## 1.5 MEDICAL STAFF RULES

- 1.5.1 The Medical Staff Bylaws and Rules Review Committee (for provincial Rules) or the Zone Medical Administrative Committee (for Zone Rules) shall recommend such Medical Staff Rules, or amendments to existing Rules, as it deems necessary for Patient care and the conduct of the Medical Staff. All new or amended Medical Staff Rules shall be forwarded to the Provincial Practitioner Executive Committee for review and recommendation for approval, amendment (if applicable) or rejection. The recommendation of the Provincial Practitioner Executive Committee shall be subject to final approval by the Executive Vice President & Chief Medical Officer (Chief Medical Officer).
- 1.5.2 The Medical Staff Rules shall be reviewed by the Medical Staff Bylaws and Rules Committee (for provincial Rules) and the Zone Medical Administrative Committees (for Zone Rules) at least once in each three year period from the date of most recent adoption or more frequently as required.
- 1.5.3 New provincial Rules or amendments to existing provincial Rules may be proposed by any member of the Medical Staff Bylaws and Rules Review Committee or any member of the Provincial Practitioner Executive Committee. All proposed new Rule(s) or amendment to existing Rule(s) will be considered by the Medical Staff 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 Practitioner Executive Committee.
- 1.5.4 New Zone Rules or amendments to existing Zone Rules may be proposed by any member of the Zone Medical Administrative Committee. All proposed new Rules or amendments to existing Rules shall be considered by the Zone Medical Administrative Committee which shall forward a recommendation to approve, amend (if applicable) or reject the proposed new or amended Rule(s) to the Provincial Practitioner Executive Committee.
- 1.5.5 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 Medical Staff Bylaws and Rules Review Committee (for provincial Rules), a Zone Medical Administrative Committee (for Zone Rules) or the Provincial Practitioner Executive Committee (for all Rules). A notice of motion is necessary and must be given at a previous meeting or at least thirty days prior to the meeting.
- 1.5.6 The input of the Medical Staff shall occur through representation on the Medical Staff Bylaws and Rules Review Committee, the Zone Medical Administrative Committees and the Provincial Practitioner 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 Medical Staff 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 Medical Staff 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 Medical Staff.



- 1.6.2 Amendments to these Medical Staff Bylaws may be proposed by the Medical Staff, AHS or the Medical Staff Bylaws and Rules Review Committee.
- 1.6.2.1 Amendments to the Bylaws proposed by the Medical Staff shall be forwarded to the Medical Staff Bylaws and Rules Review Committee by:
- a) one or more Zone Medical Staff Associations; or
  - b) one or more of the Medical Staff representative members of the Zone Medical Administrative Committee(s) or the Provincial Practitioner Executive Committee.
- 1.6.2.2 Amendments to the Bylaws proposed by AHS shall be forwarded to the Medical Staff Bylaws and Rules Review Committee.
- 1.6.3 The Medical Staff Bylaws and Rules Review Committee shall consider all proposed amendments.
- 1.6.4 If the Medical Staff Bylaws and Rules Review Committee members unanimously agree to recommend a proposed amendment(s), it will forward the proposed amendment(s) to the Medical Staff for consideration:
- a) a vote by ballot of the members of the Medical Staff shall be conducted by the Medical Affairs Office and the Zone Medical Staff Associations pursuant to the process described in the Medical Staff Rules.
  - b) the recommendation of the Medical Staff Bylaws and Rules Review Committee shall be included with the proposed amendment(s) when forwarded for consideration by the Medical Staff.
  - c) the required majority for Medical Staff support of the proposed amendment shall be two-thirds of the properly cast ballots returned.
- 1.6.4.1 A proposed amendment(s) to the Bylaws supported by the Medical Staff will be forwarded by the Chief Medical Officer to the Minister for approval.
- 1.6.4.2 If the Medical Staff fail to support a proposed amendment(s) recommended by the Medical Staff Bylaws and Rules Review Committee, the Medical Staff 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 Medical Staff to support it; or
  - c) request that the proposed amendment be forwarded to the Minister for resolution. The Medical Staff Bylaws and Rules Review Committee and the Zone Medical Staff Associations shall provide a written opinion regarding the proposed amendment(s) and the reason(s) for the failure of the Medical Staff to support it.
- 1.6.5 If the Medical Staff 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 Medical Staff 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 Medical Staff Bylaws and Rules Review Committee did not reach unanimity, and forward the revised proposed amendment to the Medical Staff Bylaws and Rules Review Committee; 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 Medical Staff for consideration pursuant to the processes described in section 1.6.4 of these Bylaws.
    - i. If the Medical Staff support the proposed amendment(s), the proposed amendment(s) will be forwarded by the Chief Medical Officer to the Minister for approval.
    - ii. If the Medical Staff fail to support the proposed amendment(s), and the amendment(s) has (have) been proposed by a representative of the Medical Staff pursuant to section 1.6.2.1 of these Bylaws, the proposed amendment(s) will be considered as being rejected.
    - iii. If the Medical 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); or request that the proposed amendment(s), the written dissenting opinions of the members of the Medical Staff Bylaws and Rules Review Committee and the written opinion of the Zone Medical Staff Associations as to the reasons for the failure of the Medical Staff to support it be forwarded by the Chief Medical Officer to the Minister 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 Medical Staff Bylaws and Rules Review Committee, it shall not be forwarded to the Medical Staff for consideration. The Medical Staff 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 – MEDICAL ORGANIZATIONAL STRUCTURE OF AHS

### 2.0 GENERAL

- 2.0.1 This part of the Bylaws describes provincial and Zone-based committees and medical administrative leadership positions that are central to these Bylaws. The Medical Organizational Structure of AHS is further described in the Medical Staff Rules.
- 2.0.2 In some instances, the Medical Organizational Structure, as well as the assignment of responsibilities and the reporting relationships of medical administrative leaders, will vary between Zones. This reflects the distinct nature of each Zone. Such variation is required to ensure that the Zone Medical Staff are able to function optimally in consideration of such Zone characteristics as geography; population demographics; mix of urban and rural / large and small communities; size and location of Facilities; 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 medical administrative leaders and committees with either provincial or Zone-wide responsibilities and duties.
- 2.0.2.2 Operational decision-making and reporting, particularly pertaining to implementation of Zone and Zone Clinical Department policies, the local provision of services to Patients, and the management of Concerns, may be undertaken and/or coordinated by medical administrative leaders with either Zone-wide or Facility and/or community-based responsibilities and duties.
- 2.0.3 All committees and other groups within the Medical Organizational Structure of AHS shall be subject to the collective responsibilities identified in these Bylaws and the Rules.
- 2.0.4 All medical administrative leaders within the Medical Organizational Structure of AHS, including all those described in this part of these Bylaws, shall be members of the Medical Staff.

### 2.1 CHIEF MEDICAL OFFICER

#### 2.1.1 **Appointment and Accountability**

- 2.1.1.1 The Chief Medical Officer is the most senior medical administrative leader in AHS and shall be appointed by the CEO.
- 2.1.1.2 The Chief Medical Officer shall be a member of the executive of AHS and shall be directly accountable to the CEO.

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

The Chief Medical Officer will be responsible for implementation of policies established by AHS related to the Medical Staff. Without limiting the authority of AHS relative to its administrative structures, the responsibilities of the Chief Medical Officer include, but are not limited to:

- a) establishing and implementing the processes for Medical Staff Appointments, granting Clinical Privileges and conducting reviews of the Medical Staff;
- b) establishing and maintaining Medical Affairs Office(s);
- c) advancing the perspectives, advice and resource requirements of the Medical 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 Medical 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 Medical Staff is encouraged;
- f) implementing procedures to monitor and ensure Medical Staff compliance with the Bylaws, the Rules and AHS policies;
- g) approving new Medical Staff Rules or amendments to existing Rules;
- h) approving the establishment and organization of Zone Clinical Departments;

- i) rendering final decisions related to recommendations emanating from Triggered Review processes;
- j) implementing and maintaining the processes related to Practitioner workforce planning, recruitment and retention;
- k) implementing and maintaining appropriate measures to review and manage the use of AHS resources by the Medical Staff;
- l) within available resources and to the extent agreed to by AHS, ensuring appropriate learning experiences and clinical supervision of postgraduate medical trainees, undergraduate medical students and other Practitioner-taught learners within AHS facilities;
- m) reporting on the activities of the Medical Staff to the CEO;
- n) performing all other duties assigned to him/her by these Bylaws and the Rules,
- o) performing duties delegated by the AHS Board to the CEO and then to him/her; and
- p) performing other duties as may be assigned by the CEO.

## 2.2 ASSOCIATE CHIEF MEDICAL OFFICER(S)

### 2.2.1 Appointment and Accountability

2.2.1.1 One or more Associate Chief Medical Officers shall be appointed by the Chief Medical Officer after consideration of the recommendation of a search committee pursuant to the process specified in the Rules.

2.2.1.2 The Associate Chief Medical Officer shall be directly accountable to the Chief Medical Officer.

### 2.2.2 Responsibilities and Duties

The Associate Chief Medical Officer shall assist the Chief Medical Officer in fulfilling his/her duties. Without limiting the authority of AHS relative to its administrative structures, the responsibilities of the Associate Chief Medical Officer include, but are not limited to:

- a) performing all duties assigned to him/her by these Bylaws and the Rules,
- b) performing duties delegated to him/her by the Chief Medical Officer;
- c) acting for the Chief Medical Officer in his/her absence and as his/her designate for those duties assigned to the Chief Medical Officer by these Bylaws and the Rules;
- d) advancing the perspective, advice and resource requirements of the Medical Staff within AHS; and
- e) advocating for the provision of high quality and safe Patient care within AHS.

## 2.3 ZONE MEDICAL DIRECTORS

### 2.3.1 Appointment and Accountability

2.3.1.1 Each Zone shall have a Zone Medical Director. The Zone Medical Director is the most senior medical administrative leader in the Zone and shall be appointed by the Chief Medical Officer after consideration of the recommendation of a search committee pursuant to the process specified in the Rules.

2.3.1.2 The Zone Medical Director shall be directly accountable to the Chief Medical Officer for activities related to the Medical Staff Bylaws and Medical Affairs.

### 2.3.2 Responsibilities and Duties

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

- a) accountability for all Practitioner-related matters, as well as all operational and strategic issues and decisions requiring Practitioner input or leadership that arise within the Zone;
- b) ensuring clinical operational coordination across the Zone, collaboration between Zones, and the development and implementation of AHS strategies;
- c) advancing the perspective, advice and resource requirements of the Zone Medical Staff within AHS;
- d) advocating for the provision of high quality and safe Patient care within AHS;

- e) performing all other duties assigned to him/her by these Bylaws and the Rules; and
- f) performing other duties as may be assigned by the Chief Medical Officer.

## 2.4 ASSOCIATE ZONE MEDICAL DIRECTORS

### 2.4.1 Appointment and Accountability

- 2.4.1.1 One or more Associate Zone Medical Directors may be appointed by the Zone Medical Director after consideration of the recommendation of a search committee pursuant to the process specified in the Rules.
- 2.4.1.2 The Associate Zone Medical Director shall be directly accountable to the Zone Medical Director.

### 2.4.2 Responsibilities and Duties

The Associate Zone Medical Director shall assist the Zone Medical Director in fulfilling his/her duties. Without limiting the authority of AHS relative to its administrative structures, the responsibilities of the Associate Zone Medical Director include, but are not limited to:

- a) performing all duties assigned to him/her by these Bylaws and the Rules;
- b) performing other duties delegated to him/her by the Chief Medical Officer or the Zone Medical Director; and
- c) acting for the Zone Medical Director in his/her absence.

## 2.5 FACILITY AND COMMUNITY MEDICAL DIRECTORS

### 2.5.1 Appointment and Accountability

- a) Each Facility will have a Facility Medical Director. The Facility Medical Director is the most senior administrative leader for a Facility and shall be appointed by the Zone Medical Director. An individual may be the Medical Director of more than one Facility.
- b) Smaller/rural communities, or groupings of such communities in close proximity to each other, shall have a Community Medical Director. The Community Medical Director is the most senior medical administrative leader of the community(ies), and any Facilities within the community(ies), and shall be appointed by the Zone Medical Director.
- c) Facility and Community Medical Directors shall be appointed by the Zone Medical Director after consideration of a search committee pursuant to process specified in the Rules.
- d) Facility and Community Medical Directors shall be directly accountable to the Zone Medical Director or designate. Community Medical Directors shall also collaborate closely with the relevant Zone Clinical Department Head.
- e) If appropriate, a Facility or a Community Medical Director may concurrently hold another medical administrative leadership position within the Zone medical organizational structure, such as Associate Zone Medical Director or Zone Program Medical Director.

### 2.5.2 Responsibilities and Duties

Without limiting the authority of AHS relative to its administrative structures, the responsibilities of the Facility or a Community Medical Director include, but are not limited to:

- a) accountability for Practitioner-related matters, as well as operational decisions requiring Practitioner input or leadership, that arise within the Facility(ies) and/or community(ies);
- b) advancing the perspective, advice and resource requirements of the Medical Staff providing services in the Facility(ies) and/or community(ies);
- c) advocating for the provision of high quality and safe Patient care in the Facility(ies) and/or community(ies);
- d) performing all duties assigned to him/her in these Bylaws and the Rules; and
- e) performing all duties as may be delegated by the Zone Medical Director or designate.

## 2.6 ZONE CLINICAL DEPARTMENTS

- 2.6.1 The Zone Medical Staff shall be assigned to organizational units of Practitioners called Zone Clinical Departments. A Zone Clinical Department shall consist of Practitioners who provide Patient care and clinical service:

- a) related to a specialty or subspecialty recognized by the Royal College of Physicians and Surgeons of Canada or the College of Family Physicians of Canada or the Royal College of Dentists of Canada; and
  - b) that the Zone Medical Director and Zone Medical Administrative Committee determine are best organized and operated as a Zone Clinical Department, subject to approval by the Chief Medical Officer.
- 2.6.2 The organization and establishment of Zone Clinical Departments shall represent the optimal approach to:
- a) supporting the delivery of high quality and safe Patient care and clinical services within the Zone;
  - b) credentialing and oversight of the Medical Staff within the Zone; and
  - c) advancing the perspective, advice and resource requirements of the Zone Medical Staff to AHS.
- 2.6.3 Each Zone Clinical Department shall be led by a Zone Clinical Department Head whose duties and responsibilities are specified by these Bylaws and the Rules.
- 2.6.4 A Zone Clinical Department may be further divided, as appropriate, into Zone Clinical Sections, organizational sub-units which shall be directly accountable to the Zone Clinical Department within which they function.
- 2.6.4.1 A Zone Clinical Section shall be established if the Zone Medical Director and the Zone Medical Administrative Committee determine that it will assist the Zone Clinical Department in optimally fulfilling its functions and responsibilities pursuant to these Bylaws and the Medical Staff Rules.
- 2.6.4.2 Each Zone Clinical Section shall have a Zone Clinical Section Chief whose duties and responsibilities are specified in the Medical Staff Rules.
- 2.6.5 A Zone Clinical Department that is responsible for providing services to Patients in more than one Facility in the Zone may, as appropriate, appoint Zone Clinical Department Facility Chiefs who shall assist the Zone Clinical Department Head. The Zone Clinical Department Facility Chief shall be accountable to the Zone Clinical Department Head for those matters pursuant to section 2.0.2.1 of these Bylaws. For matters pertaining to section 2.0.2.2 of these Bylaws, the Zone Clinical Department Facility Chief may be accountable to either the Facility Medical Director or the Zone Clinical Department Head, as determined by the Zone Medical Director.
- 2.6.6 **Establishment of Zone Clinical Departments and Zone Clinical Sections**
- 2.6.6.1 The Zone Medical Director may create, modify or dissolve Zone Clinical Departments and Zone Clinical Sections upon the recommendation of the Zone Medical Administrative Committee, and subject to the approval of the Chief Medical Officer. The process to create, modify or dissolve Zone Clinical Departments and Zone Clinical Sections is specified in the Rules.
- 2.6.6.2 The Clinical Departments and Clinical Sections of each Zone shall be listed in Part 5 of the Rules.
- 2.6.7 **Zone Clinical Department Executive Committee**
- 2.6.7.1 Each Zone Clinical Department shall establish a Zone Clinical Department Executive Committee composed of the Zone Clinical Department Head, who shall act as chair; the Chiefs of such Zone Clinical Sections as are established; Zone Clinical Department Facility Chiefs (if any); and appropriate AHS medical and other administrative leaders relevant to the Zone Clinical Department.
- 2.6.7.2 The purpose of the Zone Clinical Department Executive Committee shall be to assist the Zone Clinical Department Head in fulfilling his/her responsibilities; to promote joint decision-making with AHS medical and other administrative leaders; and to coordinate the work of the Zone Clinical Department within AHS.
- 2.6.7.3 The responsibilities and functions of the Zone Clinical Department Executive Committee shall include, but not be limited to:

- a) making recommendations, as appropriate, to the Zone Medical Director and the Zone Medical Administrative Committee with respect to the establishment of Zone Clinical Sections within the Zone Clinical Department;
- b) working jointly with the Zone Clinical Department Head in recommending Medical Staff Appointments and Clinical Privileges, as well as changes to Appointments and Clinical Privileges;
- c) developing and implementing Zone Clinical Departmental policies regarding quality and safety of Patient care in support of Zone Rules and policies;
- d) ensuring the fulfillment of the provisions for On-Call and Service Coverage Responsibilities pursuant to section 4.2.7 of these Bylaws; and
- e) working collaboratively with other Zone Clinical Departments to ensure high quality and safe Patient care, and coordinated service delivery, within all Facilities and communities of the Zone.

2.6.8 Nothing in this part of these Bylaws shall preclude a Zone Medical Director from grouping Zone Clinical Departments that provide patient care services of a related nature into clinical programs. Committees comprised of medical administrative leaders and/or Practitioners from the relevant Zone Clinical Departments, and relevant AHS operational administrative leaders and staff, may be established to lead such clinical programs.

#### 2.6.9 Zone Clinical Department Meetings

- 2.6.9.1 Zone Clinical Department meetings shall be defined by the Zone Rules. The agenda for such meetings shall be prepared by the Zone Clinical Department Executive Committee. Active and Probationary Staff members shall attend Zone Clinical Department meetings. Community, Temporary, and Locum Tenens Staff may attend Zone Clinical Department meetings.
- 2.6.9.2 Zone Clinical Department meetings shall address internal organization, resource allocation, recruitment and retention strategies and plans, the facilitation of teaching, research and other pertinent Zone Clinical Departmental matters.
- 2.6.9.3 Quality of patient care and safety activities shall be conducted by each Zone Clinical Department in accordance with requirements established by the Zone Medical Director or Chief Medical Officer.

## 2.7 ZONE CLINICAL DEPARTMENT HEADS

### 2.7.1 Appointment and Accountability

- 2.7.1.1 Each Zone shall organize its clinical activities into Zone Clinical Departments led by a Zone Clinical Department Head.
- 2.7.1.2 The Zone Clinical Department Head shall be a member, or be eligible to be a member, of that Zone Clinical Department.
- 2.7.1.3 The Zone Clinical Department Head shall be appointed by the Zone Medical Director after consideration of the recommendation of a search committee pursuant to the process specified in the Rules.
- 2.7.1.4 The Zone Clinical Department Head shall be directly accountable to the Zone Medical Director.

### 2.7.2 Responsibilities and Duties

- 2.7.2.1 The Zone Clinical Department Head shall have responsibility of the overall function and structure of the Zone Clinical Department. The Zone Clinical Department Head shall be responsible for matters within the Zone Medical Administrative Committee's jurisdiction in relation to the Zone Clinical Department.
- 2.7.2.2 The Zone Clinical Department Head may delegate some of his/her responsibilities and duties to a Deputy Zone Clinical Department Head, Zone Clinical Section Chiefs and/or Clinical Department Site Chiefs.

2.7.2.3 Without limiting the authority of AHS relative to its administrative structures, the responsibilities of the Zone Clinical Department Head include, but are not limited to:

- a) establishing a Zone Clinical Department Executive Committee, as specified in section 2.6.7 of these Bylaws;
- b) advancing the perspective, advice and resource requirements of Zone Clinical Department members;
- c) advocating for the provision of high quality and safe Patient care within the Zone Clinical Department;
- d) in keeping with the objectives and goals of AHS, assigning duties and responsibilities to members of the Zone Clinical Department;
- e) promoting and representing the activities of the Zone Clinical Department;
- f) collaborating with other Zone Clinical Departments and the Zone Medical Administrative Committee to ensure high quality and safe patient care, and coordinated service delivery within all Facilities and communities of the Zone;
- g) assisting in drafting or amending Zone Medical Staff Rules and developing province-wide privileging criteria for procedures new to AHS;
- h) preparing, maintaining and promoting educational programs for Zone Clinical Department members and other staff associated with the Zone Clinical Department;
- i) developing and promoting departmental research activities;
- j) conducting Periodic Reviews for Practitioners in the Zone Clinical Department pursuant to Part 5 of these Bylaws;
- k) performing all other duties assigned to him/her by these Bylaws and the Rules; and
- l) performing other duties as may be delegated by the Zone Medical Director.

## 2.8 PROVINCIAL PRACTITIONER EXECUTIVE COMMITTEE

### Purpose

The purpose of the Provincial Practitioner Executive Committee is to advise AHS and the Chief Medical Officer on provincial / system-wide matters pertinent to quality and safe Patient care as well as issues including but not limited to:

- a) Practitioner workforce planning;
- b) the development and oversight of the Medical Staff Rules and AHS-wide policies pertinent to the Medical 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 Medical Staff Rules.

The composition, duties and responsibilities of the Provincial Practitioner Executive Committee are described in the Medical Staff Rules.

## 2.9 MEDICAL STAFF BYLAWS AND RULES REVIEW COMMITTEE

### Purpose

The purpose of the Medical Staff 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 Medical Staff Rules.

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

## 2.10 ZONE MEDICAL ADMINISTRATIVE COMMITTEES

### Purpose

Each Zone shall have a Zone Medical Administrative Committee. The purpose of the Zone Medical Administrative Committee is to advise the Zone Medical Director on matters pertinent to quality and safe Patient care at a Zone level and to discharge all other duties assigned to it by these Bylaws and the Medical Staff Rules.



The composition, duties and responsibilities of the Zone Medical Administrative Committee are described in the Medical Staff Rules.

## 2.11 ZONE APPLICATION REVIEW COMMITTEES

### **Purpose**

Each Zone shall have a Zone Application Review Committee. The purpose of the Zone Application Review Committee is to review all initial Applications to the Medical Staff and prepare a written recommendation (to accept, deny, or amend the Application) after initial review by a Zone Clinical Department(s), and to review all Requests to Change a Medical Staff Appointment and Clinical Privileges and prepare a written recommendation (to accept, deny, or amend the Request for Change) after initial review by a Zone Clinical Department(s). The composition, duties and responsibilities of the Zone Application Review Committee are described in the Medical Staff Rules.

## 2.12 ZONE MEDICAL STAFF ASSOCIATIONS

The Medical Staff of each Zone shall establish a Zone Medical Staff Association to facilitate the engagement and participation of the Zone Medical Staff in Practitioner-related matters, and the fulfilment of the responsibilities and duties of Practitioners pursuant to these Bylaws and the Rules. The Zone Medical Staff Associations shall be the representative bodies for Practitioners in matters related to these Bylaws and the Medical Staff Rules. Each Zone Medical Staff Association shall be governed by its own constitution.

## PART 3 - THE PROCESS FOR MEDICAL STAFF APPOINTMENTS AND CLINICAL PRIVILEGES

### 3.0 GENERAL

- 3.0.1 A Medical Staff Appointment is provincial and outlines the category of Appointment and the Practitioner's rights and responsibilities associated with that Appointment. Upon being granted an Appointment, a Practitioner must be assigned to the appropriate Zone Clinical Department(s). A Practitioner may be appointed to more than one Zone Clinical Department (within one or more Zones) but one department must be designated as the Primary Zone Clinical Department.
- 3.0.2 Clinical Privileges that are granted to the Practitioner define the diagnostic or therapeutic Procedures or other Patient care services a Practitioner is deemed competent to perform; the Facility(ies) and Zone(s) within which the Practitioner is eligible to provide care and services to Patients; and the specified AHS Programs and Professional Services, in addition to Universal Programs and Professional Services, that the Practitioner is eligible to access. A Practitioner is not entitled to perform Procedures or treat patients simply by virtue of being a member of the Medical Staff.
- 3.0.3 The granting of Clinical Privileges shall consider the needs of AHS; the Practitioner Workforce Plan; the resources available or the Facilities required for the requested Procedures and access to AHS Services and Programs; and the Practitioner's training, experience, demonstrated ability and skills, and current clinical competence. Access to AHS 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 Medical Staff Appointment and Clinical Privileges to a Practitioner is exclusive to that Practitioner.
- 3.0.5 No Practitioner shall assign, transfer, encumber or delegate a grant of a Medical Staff Appointment and Clinical Privileges granted to that Practitioner and any purported assignment, transfer or encumbrance thereof shall be null and void.
- 3.0.6 A Medical Staff Appointment and Clinical Privileges granted to any Practitioner automatically terminate upon the death of that Practitioner.
- 3.0.7 A Medical 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 MEDICAL STAFF APPOINTMENTS

- 3.1.1 Appointment to the Medical Staff is not a right. It shall be granted only to professional and competent individuals with a license for independent practice with the relevant College, and who initially and continuously meet the qualifications, standards, and requirements set forth in these Bylaws and in such Medical Staff Rules as are adopted from time to time.
- 3.1.2 Practitioners shall be subject to the responsibilities, expectations and Periodic Review as outlined in these Bylaws and the Medical Staff Rules.
- 3.1.3 Practitioners in the Probationary Staff, Active Staff, Temporary Staff and Locum Tenens Staff categories (pursuant to sections 3.2, 3.3 and 3.4 of these Bylaws) may provide specified clinical services for Patients in Facilities and may access AHS Programs and Professional Services as defined by Clinical Privileges.
- 3.1.4 A Medical Staff Appointment is required to access AHS intranet/internal information technologies and systems.
- 3.1.5 Locum Tenens Practitioners shall require a Medical Staff Appointment and Clinical Privileges appropriate to their assignment.
- 3.1.6 Physicians, Dentists, Oral & Maxillofacial Surgeons and Podiatrists, residing and practicing outside Alberta who are requested to provide assessment and consultative advice by Telemedicine to Patients do not require specific privileges at the site.

- 3.1.7 Physicians, Dentists, Oral & Maxillofacial Surgeons and Podiatrists residing and practicing outside Alberta who are providing services that require issuing orders or directions for patient care shall require a Medical Staff Appointment and grant of Clinical Privileges appropriate to the service being provided at the site where the patient is located at the time of the service. This grant of clinical privileges for telehealth/telemedicine services may be province-wide.
- 3.1.8 AHS Scientist Leaders shall apply for, and hold, a Medical Staff Appointment and will be assigned to the most appropriate Primary Zone Clinical Department. Such individuals shall be exempt from the provisions of Parts 5 and 7 of these Bylaws.
- 3.1.9 **Categories of Appointment**  
AHS Medical Staff Appointments shall be made to one of the categories listed below:
- a) Probationary Staff
  - b) Active Staff
  - c) Temporary Staff
  - d) Community Staff
  - e) Locum Tenens Staff
- 3.1.10 **Probationary Staff**
- 3.1.10.1 Initial Medical Staff Appointments shall be to the Probationary Staff, except:
- a) those in the Temporary and Community Staff category, or
  - b) where, in the opinion of the Chief Medical Officer or designate, after consultation with the applicable Zone Clinical Department Head(s) and Zone Application Review Committee, a direct appointment to the Active Staff or Locum Tenens Staff category is appropriate.
- 3.1.10.2 Applicants shall indicate the category (Active or Locum Tenens Staff) they are applying to in their application.
- 3.1.10.3 Members in the Probationary Staff category shall be assigned to a Primary Zone Clinical Department. There will be a performance assessment to determine eligibility for Appointment to either the Active Staff or Locum Tenens Staff category. Initial appointment to the Probationary Staff category shall be for a minimum period of twelve months and a maximum period of twenty-four months, unless otherwise extended under the provisions of 3.1.10.4, exclusive of approved leaves of absence. After a total of eighteen months in the Probationary Staff category, the Practitioner is deemed to have applied for a change in their category of Medical Staff Appointment pursuant to section 3.5 of these Bylaws.
- 3.1.10.4 The performance assessment pursuant to section 3.1.10.3.3 of these Bylaws shall be in accordance with the Rules. The performance assessment shall be signed by the Zone Clinical Department Head(s), and shall indicate whether the Practitioner should move to the Active or Locum Tenens Medical Staff Category, continue in the Probationary category for a further specified period of time beyond, or that their appointment should cease.
- 3.1.11 **Active Staff**
- Members in the Active Staff category shall be Practitioners 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. Members of the Medical Staff transitioning to the Active Staff category from another category may be appointed to the Probationary Staff category as an interim step. In these cases, all requirements for movement out of the Probationary Staff category will apply.
- 3.1.12 **Temporary Staff**
- AHS may grant a Medical 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.
- 3.1.13 **Community Staff**
- 3.1.13.1 A Community Physician, Podiatrist, Dentist or Oral & Maxillofacial Surgeon who does not provide specified clinical services for Patients in Facilities, and who does not require

access to AHS Services and Programs, may apply for a Medical Staff Appointment in the Community Staff category in order to benefit from participating in the activities of AHS and membership in the relevant Zone Clinical Department.

3.1.13.2 If a Practitioner in the Community Staff category requests access to AHS Programs and Professional Services requiring a grant of Clinical Privileges, the Appointment must be changed to the Probationary or Active Staff category pursuant to section 3.5 of these Bylaws.

3.1.13.3 Practitioners in the Community Staff category shall be entitled to access AHS intranet/internal information technologies and systems.

**3.1.14 Locum Tenens Staff**

Members in the Locum Tenens Staff category shall be Practitioners who have satisfied the requirements of the probationary period and have received an Appointment in the Locum Tenens Staff category, or have been appointed directly to this category. AHS may grant a Medical Staff Appointment in the Locum Tenens category to physicians with appropriate expertise who do not otherwise hold an AHS Medical Staff Appointment. Physicians who hold this category of appointment provide expertise and coverage in an existing practice and/or Facility in order to facilitate the defined absence of another Practitioner, or to address a temporary shortfall in Practitioner Workforce. The scope and duration of practice of the Locum Tenens shall be defined by the Clinical Privileges granted.

**3.2 CLINICAL PRIVILEGES**

3.2.1 AHS grants Clinical Privileges which shall specify:

- a) AHS Programs and Professional Services that the Practitioner is eligible to access
- b) Procedures that the Practitioner is deemed to be competent and eligible to perform; and
- c) Sites of Clinical Activity in which the Practitioner is eligible to provide Patient care and services.

3.2.2 Clinical Privileges, including AHS Programs and Professional Services and Sites of Clinical Activity that the Practitioner is eligible to access, as well as Procedures that the Practitioner is deemed competent and eligible to access, shall be recommended by the Zone Clinical Department Head(s). No Zone Clinical Department, Zone Clinical Section or speciality “owns” any Clinical Privilege, including Procedures.

3.2.3 In the case of a Practitioner in the Locum Tenens category, Clinical Privileges shall be granted in conjunction with the initial Appointment. Prior to the subsequent placement of the Locum Tenens in a new site of Clinical Activity, the relevant Zone Medical Director shall be satisfied there are sufficient physical and human resources available to allow the Locum Tenens to utilize all the Clinical Privileges granted.

3.2.4 Neither appointment to the Medical Staff nor the granting of Clinical Privileges shall confer entitlement to unrestricted use of AHS 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 Clinical Departments and of AHS. Such procedures and policies shall be established in consultation with the Medical Staff through the processes available in these Bylaws and the Rules.

3.2.5 Different Practitioners are not eligible, per se, for the same Clinical Privileges simply by virtue of being members of the same Zone Clinical Department(s).

**3.2.6 Procedures**

3.2.6.1 AHS and the Medical Staff shall establish a list of Procedures, which shall be contained within the Rules. 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 Practitioner is entitled to perform.

3.2.6.2 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 any particular Zone Clinical Department(s) or speciality.

- 3.2.6.3 The granting of Clinical Privileges for Procedures for all Practitioners is made on the basis of each Practitioner's documented training, experience, demonstrated abilities and skill, and current competence, as well as the available AHS resources.

### 3.2.7 Sites of Clinical Activity

The grant of Clinical Privileges shall delineate the Sites of Clinical Activity, including where the Practitioner is eligible to perform various Procedures. Sites of Clinical Activity will be defined by the Zone Medical Administrative Committee, and will reflect geographic restrictions, as well as access to Facilities in the Zone.

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 AHS 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 AHS Programs and Professional Services for the needs of ambulatory Patients, as described in the Clinical Privileges granted.
- c) Continuing Care Facilities - which will normally include the admission and treatment of Patients in these facilities with access to AHS Programs and Professional Services, as described in the Clinical Privileges granted.
- d) Telemedicine

## 3.3 APPOINTMENT AND PRIVILEGES PROCEDURE

### 3.3.1 General Provisions

Applications for a Medical Staff Appointment and Clinical Privileges shall be made in the manner specified in these Medical Staff Bylaws and the Rules. The Medical Staff Bylaws and Rules, the application request forms and any applicable policies and procedures shall be available on the web site of AHS.

- 3.3.2 Only a complete Application shall be reviewed. The responsibility for providing all required Application information rests with the applicant. All applicants for a Medical Staff Appointment must be eligible to work in Canada.
- 3.3.3 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 Medical Affairs Office. If no decision is received by the applicant within ninety days, it shall be deemed to be a recommendation of denial and the applicant may request, within thirty days, that the application process proceed 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 Medical Affairs 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 Medical Affairs Office will forward complete Applications to the applicable Zone Clinical Department(s) within fifteen days of receipt. The Primary Zone Clinical Department Head shall forward a written recommendation, signed by all relevant Zone Clinical Department Heads, (to accept, deny, or amend the application) to the Medical Affairs Office and to the applicant, within thirty days of receipt of the complete Application by the Zone Clinical Department(s).
- 3.4.4 The Medical Affairs Office will forward the recommendation of the Zone Clinical Department(s) and all information considered by the applicable Zone Clinical Department(s) to the Zone Application Review Committee for review. The Zone Application Review Committee shall return a written recommendation (to accept, deny, or amend the application) to the Medical Affairs Office within

thirty days of receipt of the recommendation of the Zone Clinical Department(s) by the Zone Application Review Committee.

- 3.4.5 If the recommendation of the Zone Application Review Committee is favourable, the Medical Affairs Office shall forward the recommendation to the Chief Medical Officer for a decision to accept or reject the recommendation of the Zone Application Review Committee. The Chief Medical Officer shall provide the applicant with written notification of the decision within fifteen days of receipt of the recommendation by the Chief Medical Officer.
- 3.4.6 If the recommendation of the 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 Medical Staff Letter of Offer by the Medical Affairs Office. With the Medical Staff Letter of Offer, the applicant shall be provided with copies of, or access to, all documents referred to pursuant to section 3.4.7.2 of these Bylaws. The Medical Staff Letter of Offer shall:
- 3.4.7.1 Indicate the terms of the Appointment including the category of Medical Staff Appointment, the assignment to the appropriate Zone Clinical Department(s), the identification of the Primary Zone Clinical Department, and the Clinical Privileges granted. Where a member of the Medical Staff is subject to a return-in-service agreement (RISA) with AHS, completion of the RISA will also be a condition of the Appointment.
- 3.4.7.2 Include a statement that the Applicant:
- a) has read and understands the Medical Staff Bylaws and Rules and agrees to be governed by them;
  - b) accepts the category of Medical Staff Appointment, the assignment to Zone Clinical Department(s), the identification of the Primary Zone Clinical Department (and Clinical Sections or programs where applicable), and the Clinical Privileges granted; and
  - c) 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 provided that their content does not supersede the Code of Conduct of the relevant College, or the relevant code of ethics of the profession.
- 3.4.7.3 In the case of a Practitioner being granted an Appointment in the Locum Tenens category, the Medical Staff Letter of Offer shall specify the requirement that prior to any subsequent placement of the Locum Tenens in a new Site of Clinical Activity, the relevant Zone Medical Director must be satisfied that there are sufficient physical and human resources available to allow the Locum Tenens to utilize the Clinical Privileges granted.
- 3.4.8 A Medical 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 Medical Affairs Office within thirty days of it being forwarded to the applicant.

### 3.5 REQUEST TO CHANGE A MEDICAL STAFF APPOINTMENT AND CLINICAL PRIVILEGES

- 3.5.1 A Request to Change may include an application to terminate or change the category of a Medical Staff Appointment, including a recommendation not to continue their Probationary Appointment, or to change Clinical Privileges.
- 3.5.2 A Request to Change must be initiated on the prescribed form by the Practitioner, the Primary Zone Clinical Department (in the case of a Request to Change the category of Appointment), or the relevant Zone Clinical Department(s) (in the case of a Request to Change Clinical Privileges), and will not be considered until such form is completed and submitted to the Medical Affairs Office. Changes to a Medical Staff Appointment and/or Clinical Privileges arising from a Triggered Review shall be addressed pursuant to section 6.8 of these Bylaws.
- 3.5.3 A Request to Change initiated by the Practitioner or Zone Clinical Department(s) will be submitted to the Medical Affairs Office and must include particulars of the change requested, and reasonable support for the need or desirability of the change. The Medical Affairs Office shall forward the

Request to Change to the Practitioner (if initiated by the Zone Clinical Department(s)) or to the Zone Clinical Department Head(s) (if initiated by the Practitioner).

- 3.5.4 The Practitioner shall provide the Zone Clinical Department Head(s) (if the Request to Change is initiated by the Zone Clinical Department(s)) with written notification of whether he/she accepts or rejects the proposed change, or wishes to amend it, within thirty days of receipt of the Request to Change by the Practitioner.
- 3.5.5 The Zone Clinical Department Head(s) shall provide the Practitioner (if the Request to Change is initiated by the Practitioner) with written notification of whether it accepts, rejects, or amends the proposed change within thirty days of receipt of the Request to Change by the Zone Clinical Department Head(s).
- 3.5.6 The Zone Clinical Department Head(s) shall forward a recommendation (to accept, deny, or amend) the Request to Change, including written notification as to whether the Practitioner and the Zone Clinical Department(s) are in agreement, to the Practitioner and to the Medical Affairs Office within sixty days of receipt of the original Request to Change by the Medical Affairs Office.
- 3.5.7 The Medical Affairs Office will forward the recommendation of the Zone Clinical Department(s) to the Zone Application Review Committee together with all the information considered for review. The Zone Application Review Committee shall return a written recommendation (to accept, deny, or amend the Request for Change) to the Medical Affairs Office, which shall provide a copy to the Zone Clinical Department Head(s) and the Practitioner, within thirty days of the receipt of the recommendation of the Zone Clinical Department(s) by the Zone Application Review Committee.
- 3.5.8 If the recommendation of the Zone Application Review Committee is favourable, the Medical Affairs Office shall forward the recommendation to the Chief Medical Officer for a decision to accept or deny the recommendation of the Zone Application Review Committee. The Chief Medical Officer shall provide the Practitioner with written notification of a decision within fifteen days of receipt of the recommendation by the Chief Medical Officer.

### 3.6 UNFAVOURABLE RECOMMENDATIONS

- 3.6.1 A recommendation of the Zone Clinical Department(s), the Zone Application Review Committee, and/or the Zone Medical Administrative 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 of the applicant/Practitioner, Zone Clinical Department Head(s), and the Zone Application Review Committee.
- 3.6.2 **Notification of the applicant/Practitioner**  
  
Whenever an unfavourable recommendation is made by the Zone Clinical Department(s) or Zone Application Review Committee, the Medical Affairs Office shall provide the applicant/Practitioner with the recommendation as well as the substance of the concerns and reasons leading to the recommendation.
- 3.6.3 **Unfavourable recommendations by the Zone Clinical Department(s)**
  - 3.6.3.1 If an Application or Request to Change is recommended for denial by the Zone Clinical Department(s), it will be forwarded by the Medical Affairs Office to the Zone Application Review Committee as an unfavourable recommendation.
  - 3.6.3.2 If the Zone Clinical Department(s) recommends an amendment to an Application/Request to Change, the Zone Clinical Department Head(s) and the applicant/Practitioner shall use reasonable efforts to reach agreement with respect to the proposed amendment(s) prior to the recommendation being forwarded by the Medical Affairs Office to the Zone Application Review Committee.
    - i. **If agreement is reached** between the Zone Clinical Department Head(s) and the applicant/Practitioner, the amended Application/Request to Change will be forwarded by the Medical Affairs Office to the Zone Application Review Committee as a favourable recommendation.

- ii. **If agreement cannot be reached** between the Zone Clinical Department Head(s) and the applicant/Practitioner, the amended Application/Request to Change shall be forwarded by the Medical Affairs Office to the Zone Application Review Committee as an unfavourable recommendation.

**3.6.4 Unfavourable recommendations made by the Zone Clinical Department(s) and supported by the Zone Application Review Committee**

If the Zone Application Review Committee supports an unfavourable recommendation made by the Zone Clinical Department(s), the unfavourable recommendation shall be forwarded to the Medical Affairs Office which shall inform the applicant/Practitioner that he/she may request the Application or Request to Change be considered by the Zone Medical Administrative Committee pursuant to section 3.6.7 of these Bylaws.

**3.6.5 Amendments recommended by the Zone Application Review Committee**

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

**3.6.5.1 If agreement is reached** between the Zone Clinical Department Head(s) and the Zone Application Review Committee, the Application/Request to Change shall proceed pursuant to section 3.6.3.2 of these Bylaws.

**3.6.5.2 If agreement cannot be reached** between the Zone Clinical Department Head(s) and the Zone Application Review Committee, the Application/Request to Change shall proceed pursuant to section 3.6.6 of these Bylaws.

**3.6.6 Unfavourable Recommendations and Disagreement between the Zone Clinical Department(s) and the Zone Application Review Committee with respect to a recommendation**

If the Zone Application Review Committee disagrees with the recommendation of the Zone Clinical Department(s), the Zone Application Review Committee may request such further information from the Zone Clinical Department(s) and the applicant/Practitioner as may be required. The Zone Application Review Committee and the Zone Clinical Department Head(s) shall make reasonable efforts to reach agreement with respect to the recommendation.

**3.6.6.1 If agreement is reached** between the Zone Clinical Department Head(s) and the Zone Application Review Committee, and the recommendation is favourable to the applicant/Practitioner, the recommendation shall be forwarded by the Medical Affairs Office to the Chief Medical Officer as a favourable recommendation.

**3.6.6.2 If agreement is reached** between the Zone Clinical Department Head(s) and the Zone Application Review Committee, and the recommendation is unfavourable to the applicant/Practitioner, the recommendation shall be forwarded to the Medical Staff Office which shall inform the applicant/Practitioner that he/she may request the Application or Request to Change be considered by the Zone Medical Administrative Committee pursuant to section 3.6.7 of these Bylaws.

**3.6.6.3 If agreement cannot be reached** between the Zone Clinical Department Head(s) and the Zone Application Review Committee, the Medical Affairs Office shall inform the applicant/Practitioner that the Application/Request to Change shall be referred to the Zone Medical Administrative Committee for consideration and review pursuant to section 3.6.7 of these Bylaws.

**3.6.7** Where the Zone Application Review Committee has made an unfavourable recommendation with respect to a Medical Staff Application or a Request to Change, the recommendation shall be forwarded to the Medical Affairs Office which shall inform the applicant/Practitioner that he/she may request that the Application or Request to Change may be considered by the Zone Medical Administrative Committee.

**3.6.7.1** The applicant/Practitioner shall be entitled to attend the meeting of the Zone Medical Administrative Committee, 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 Medical Affairs Office and the Zone Medical Director shall provide the applicant/Practitioner with reasonable prior notice of the time and place at which the Zone Medical Administrative Committee is scheduled to consider the Application or Request to Change.
- 3.6.7.3 The Zone Medical Administrative Committee shall review the recommendation(s) from the Zone Clinical Department(s) and the Zone Application Review Committee, the complete Application or Request to Change, representations from the applicant/Practitioner and any other information it considers relevant; and shall make a recommendation within thirty days to be forwarded by the Medical Affairs Office to the Chief Medical Officer.

### 3.7 DECISIONS OF THE CHIEF MEDICAL OFFICER

- 3.7.1 A decision of the Chief Medical Officer 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/Practitioner shall be notified of the decision within fourteen days of receipt of any recommendation from a Zone Applications Review Committee or Zone Medical Administrative Committee.
- 3.7.3 The decision of the Chief Medical Officer relative to an Application or Request to Change is final, subject only to legal rights of appeal.

### 3.8 EXCEPTIONAL AND URGENT SITUATIONS

- 3.8.1 Under exceptional circumstances, as approved by the Chief Medical Officer, 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 Chief Medical Officer or the Chief Executive Officer may make a Medical 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 Chief Medical Officer or the Chief Executive Officer may change the category of Medical Staff Appointment and/or make an addition to the Clinical Privileges of a Practitioner 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 Zone Medical Affairs Office, on behalf of the Chief Medical Officer or the Chief Executive Officer shall notify the Zone Application Review Committee of the Appointment or change in Appointment or Clinical Privileges, and the nature of the urgent situation within seven days of the action. Should the Zone Application Review Committee believe it is required, it shall notify the Zone Medical Administrative Committee of the Appointment or Change in Appointment or Clinical Privileges.
- 3.8.5 Where a Medical Staff Appointment is made in such an urgent situation, the applicant will be required to provide to the Chief Medical Officer proof of the applicant's current registration with the relevant College and evidence of current professional liability protection acceptable to AHS.
- 3.8.6 A Medical 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 Practitioners or other Physicians, Dentists, Oral & Maxillofacial Surgeons and Podiatrists to access and/or provide services to patients

in the Other Providers' approved hospitals; continuing care facilities; community health, urgent care and public health centres; 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 Practitioners or other Physicians, Dentists, Oral & Maxillofacial Surgeons and Podiatrists in order that they may access and/or provide services to patients in the Other Providers' approved hospitals; continuing care facilities; community health, urgent care and/or public health centers; and/or diagnostic and treatment services and programs;
  - 3.9.2.2 The adoption of AHS Medical Staff Bylaws Appointment and Clinical Privilege application procedures and processes, including Requests to Change, by Other Providers to Practitioners or other Physicians, Dentists, Oral & Maxillofacial Surgeons and Podiatrists seeking appointments and clinical privileges in the Other Providers' approved hospitals; continuing care facilities; community health, urgent care or public health centers; and/or access to diagnostic and treatment services and programs;
  - 3.9.2.3 The adoption of AHS Medical Staff Bylaws Periodic and Triggered Review processes by Other Providers to the Practitioners or other Physicians, Dentists, Oral & Maxillofacial Surgeons and Podiatrists who have appointments and clinical privileges in the Other Providers' approved hospitals, continuing care facilities, community health, urgent care or public health centers 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 Practitioners or other Physicians, Dentists, Oral & Maxillofacial Surgeons and Podiatrists who have appointments and clinical privileges in the Other Providers' approved hospitals; continuing care facilities; community health, urgent care or public health centers; 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 Medical Staff Bylaws' procedures or processes for the Practitioners or other Physicians, Dentists, Oral & Maxillofacial Surgeons and Podiatrists who have appointments and clinical privileges in Other Providers' approved hospitals, continuing care facilities, and community health, urgent care or public health centers; 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, medical administrative leaders and/or medical staff.
- 3.9.4 Where, as a consequence of the adoption and application of these Medical Staff Bylaws' procedures or processes, a Practitioner or other Physician, Dentist, Oral & Maxillofacial Surgeon or Podiatrist, who has an appointment and clinical privileges in Other Providers' approved hospitals, continuing care facilities, community health, urgent care or public health centers; 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 appropriate body or medical administrative leader as appointed by the Other Provider.

## PART 4 - RESPONSIBILITIES AND ACCOUNTABILITY OF AHS AND THE MEDICAL STAFF

### 4.0 GENERAL

- 4.0.1 The Medical 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 accountability of AHS and the Medical Staff, as well as the individual Practitioner's responsibilities and accountability.
- 4.0.2 AHS, subject to legislation and any direction provided by the Minister, 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. In addition, AHS is responsible for appointing a Senior Medical Officer of Health to carry out the duties pursuant to the Public Health Act. AHS retains decision-making authority with respect to the distribution of resources to meet these responsibilities.
- 4.0.3 Within the medical governance and organizational structure jointly established by AHS and the Medical Staff, the Medical 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 medical governance and organizational structure jointly established by AHS and the Medical Staff, AHS is expected to consider the impact of decisions relating to the delivery of health care services on individual Practitioners, groups of Practitioners, and the Medical Staff generally; and shall facilitate Practitioner and Medical Staff input into the deliberation and decision processes.
- 4.0.5 AHS administrative leaders and the Medical Staff jointly commit to demonstrating ethical behaviour and professionalism in all interactions.
- 4.0.6 Practitioners shall be governed by the AHS values of respect, accountability, transparency and engagement, AHS policies and by the AHS Code of Conduct. Practitioners shall also be governed by the relevant Professional Code of Conduct, and the respective code of ethics of the relevant profession. If the content of the AHS Code of Conduct conflicts with the relevant Professional Code of Conduct or code of ethics, then the Professional Code of Conduct or code of ethics of the relevant profession shall take precedence.
- 4.0.7 When fulfilling the duties and responsibilities of their AHS administrative role, Practitioners who are AHS medical administrative leaders shall also be governed by the AHS values of respect, accountability, transparency and engagement, the AHS Code of Conduct, the relevant Professional Code of Conduct, and the respective code of ethics of the relevant profession. Notwithstanding section 4.0.6, if the AHS Code of Conduct conflicts with the relevant 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, Practitioners 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 Medical Staff Governance and Organizational Structure

AHS and the Medical Staff shall jointly develop and maintain Bylaws and Rules. These shall provide a Medical Organizational Structure that fulfills statutory requirements, effectively manages Medical Staff affairs, and facilitates the meaningful and effective participation of the Medical Staff in the affairs of AHS. AHS and the Medical Staff shall jointly contribute to an effective Medical Organization Structure through:

- a) the development, implementation and amendment of Bylaws and Rules governing the creation, organization and operation of the Medical Staff, including:
  - i. administrative structures, committees and leadership for the governance of the Medical Staff;

- ii. granting of Appointments to Physicians, Podiatrists, Dentists or Oral & Maxillofacial Surgeons as members of the Medical Staff;
  - iii. granting Clinical Privileges to Practitioners;
  - iv. defining the responsibilities of all Practitioners who are granted Appointments and Clinical Privileges;
  - v. reviewing and determining Practitioner compliance with discharging the responsibilities related to Appointments and Clinical Privileges;
  - vi. establishing principles and process for the Periodic Review of Practitioners;
  - vii. establishing principles and process for the Triggered Review of a Practitioner; 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 AHS Practitioner Workforce Plan, as defined in the Rules.
  - c) the selection and evaluation of AHS medical administrative leaders. While recognizing the final authority of AHS, the Medical Staff shall have input in the process of selection and review of AHS medical administrative leaders at an appropriate level, as defined in the Bylaws and Rules.
  - d) the efficient communication within the Medical Staff; as well as between Practitioners 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**

AHS and the Medical 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 Zone Clinical Departments in the development of mechanisms that maintain the highest standards of clinical practice and professionalism.
- c) Patient safety and engagement
- d) Practitioner and AHS staff safety
- e) evidence-based decision-making wherever applicable.
- f) reasonable and effective on-call schedules.

#### 4.1.3 **On-Call and Service Coverage Responsibilities**

- 4.1.3.1 AHS and the Medical 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 Zone Clinical Department and the Clinical Privileges of the Practitioners who provide the on-call coverage.
- 4.1.3.3 AHS and the Medical Staff shall work jointly to ensure on-call schedules do not place work demands on individual Practitioners that prevent the Practitioner from providing safe Patient care and coverage. AHS medical administrative leaders shall work collaboratively with Practitioners to resolve such situations when they arise.

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

AHS and the Medical Staff share the responsibility to create and maintain an accurate health record of the care provided to every Patient in AHS Facilities or other AHS 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 except where a Practitioner or Practitioners and AHS have otherwise entered into a written agreement addressing custodianship of the health record.
- 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.

- 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 AHS policies.

**4.1.5 Utilization of AHS Resources**

AHS and the Medical 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**

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

- a) administrative, research and education activities of AHS and/or the Zone 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 Practitioners.
- 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

**4.2 INDIVIDUAL PRACTITIONER RESPONSIBILITIES AND ACCOUNTABILITY**

**4.2.1 Medical Staff Governance**

Individual Members of the Medical Staff shall:

- a) comply with these Bylaws and Rules and such approved amendments as may from time to time be made, and with applicable AHS policies, the AHS Code of Conduct, and the Professional Code of Conduct of the relevant College and/or the respective code of ethics of the relevant profession.
- b) comply with all requirements or expectations in the Medical Staff Letter of Offer, provided that if the Medical 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 Medical 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.
- d) follow reasonable direction on matters pertaining to Practitioner 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 not supersede the respective code of ethics of the relevant profession.

**4.2.2 Professional Qualifications and Liability Protection**

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

- a) licensure from an appropriate College
- b) specialty or sub-specialty certification where applicable
- c) membership in the Canadian Medical Protective Association or suitable malpractice insurance to the satisfaction of AHS.

**4.2.3 Patient Advocacy**

Individual members of the Medical Staff have the right and the responsibility to advocate on behalf of their Patients. In doing so, Practitioners should advocate in a manner that is consistent with the values and principles of their regulatory College, their professional association and AHS. When advocating as individuals, Practitioners who hold medical administrative leadership roles within AHS shall articulate clearly that they are not speaking as representatives of AHS. Advocacy should reflect the principles of honesty, fairness, transparency, accountability and professionalism. Practitioners are encouraged to first advocate or enquire about the matter internally within AHS before making public statements.

4.2.4 A Practitioner who believes that he or she has been targeted with a retaliatory Concern for advocating on behalf of his/her Patient, or for reporting an act or omission that creates either a specific danger to the life, health or safety of another person, interferes with the performance of the duties or functions of that Practitioner or another person, or points out management of public funds or assets, may submit a Concern pursuant to Article 6.1.3 of these Bylaws.

4.2.5 A Concern initiated pursuant to Article 4.2.4 shall be assessed and reviewed by an AHS Medical Administrative leader who is not involved in the initial review of the report of the act or omission, and who has no specific supervisory roles in relation to the individual initiating the retaliatory Concern.

4.2.6 The fact that a Practitioner has initiated a Concern does not limit the Practitioner's right to seek injunctive or other relief from the Courts.

4.2.7 **Quality and Safety of Care**

Individual members of the Medical 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 Medical Staff 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 Medical Organizational Structures as set out in these Bylaws.
- d) complete health records in a proper, comprehensive, and timely manner that accurately reflects their role in the Patient's interaction with AHS.

4.2.8 **Accountability and Compliance**

Individual members of the Medical Staff shall demonstrate their accountability and compliance with these Bylaws, AHS Policies, the AHS Code of Conduct, the relevant Professional Code of Conduct and the respective code of ethics of the relevant profession by:

- a) reporting to their Zone Clinical Department Head(s) the presence of any physical or mental health issues that impair the Practitioner'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 Practitioner.
- b) being subject to Periodic Review pursuant to Part 5 of these Bylaws (only for Practitioners in the Active and Locum Tenens categories 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 Practitioners in all categories of Appointment);
- d) choosing processes that are contained in these Bylaws and the Medical Staff Rules to resolve disputes provided however that in doing so the Practitioner 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 Clinical Department(s) to which they are assigned;
- f) using best efforts to attend Zone Clinical Department meetings.

4.2.9 **Professional Conduct**

Individual members of the Medical Staff shall meet the expectations for professional conduct and behaviour as defined in the AHS Code of Conduct and the relevant Professional Code of Conduct, and/or the respective codes of ethics of the relevant profession.

4.2.10 **On-Call and Service Coverage Responsibilities**

Practitioners shall provide safe and effective on-call and service coverage. The individual Practitioner shall:

- a) participate equitably and fairly in an on-call schedule(s) consistent with his/her Clinical Privileges and as established within his/her Zone Clinical Department(s);
- b) manage his/her other concurrent clinical activities in order to ensure that he/she can safely and appropriately fulfill his/her on-call duties and responsibilities.

- c) ensure on-call coverage by another Practitioner(s) with appropriate skills and Clinical Privileges if he/she is unable to provide the coverage assigned to him/her in a previously established on-call schedule. If urgent circumstances limit or prevent the Practitioner from fulfilling this responsibility, the Zone Clinical Department Head or designate(s) and/or Facility or Community Medical Director shall provide reasonable assistance to make alternative arrangements for coverage of the on-call period in question.
- d) ensure service coverage of his/her Patients by another Practitioner(s) with appropriate skills and Clinical Privileges whenever the Practitioner is unavailable for any reason to provide such coverage. If urgent circumstances limit or prevent the Practitioner from fulfilling this responsibility, the Zone Clinical Department Head or designate(s) and/or Facility or Community Medical Director shall provide reasonable assistance to make alternative arrangements for service coverage.

## PART 5 – PERIODIC REVIEW

- 5.0.1 This Part of the Bylaws establishes the processes for Periodic Reviews of Practitioners.
- 5.0.2 Periodic Reviews provide the Practitioner and the Zone Clinical Department Head(s) 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 Practitioner's Appointment and Clinical Privileges.
- 5.0.3 Members of the Medical Staff with an Appointment in the Active Staff category shall participate in Periodic Reviews every three years or more often if specified in the Medical Staff Letter of Offer. Members of the Medical Staff with an Appointment in the Locum Tenens Staff category shall have an initial Periodic Review undertaken at the conclusion of their first year in this category, and every three years thereafter. All Practitioners other than those in the Community Staff category 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 Practitioner. These include, but are not limited to:
- a) the terms, conditions and major responsibilities contained in his/her Medical 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 Practitioner Responsibilities and Accountability contained in Section 4.2 of the Bylaws;
  - d) the professionalism, competence, training, experience, judgment, physical and mental health of the Practitioner, as they relate to the fulfillment of his/her responsibilities as defined by these Bylaws and the Rules.
  - e) continuing professional development and maintenance of competence activities;
  - f) in the case of Practitioners in the Locum Tenens category, or Practitioners in the Active category who take Locum Tenens assignments in other Zones, assessments completed by the requesting Practitioner(s) at the conclusion of the Locum Tenens assignment(s); and
  - g) assessment of the Practitioner 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 Practitioner and the Zone Clinical Department Head(s) or designate(s) shall meet to discuss the Periodic Review. Both the Practitioner and the Zone Clinical Department Head(s) or designate(s) shall identify and be responsible for further action arising from the Periodic Review. A written summary of the Practitioner's Periodic Review, including any recommendations or plans for further action, and the Practitioner's written comments, if any, will be placed on the Practitioner's Zone Clinical Department file(s), and a copy shall be provided to the Practitioner.
- 5.0.6 Except as required by law or permitted by these Bylaws, the written summary of the Periodic Review prepared by the Zone Clinical Department Head(s) or designate(s), together with recommendations, plans and/or Practitioner's comments shall be confidential and shall not be disclosed to any person or entity without the express consent of the Practitioner.
- 5.0.7 Where the Zone Clinical Department Head(s) 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 Primary Zone Clinical Department Head shall forward a report outlining the concern(s) and the substantive reasons for it to the Zone Medical Director, and shall provide a copy of the written report to the Practitioner. The Zone Medical Director may direct that a Triggered Review be conducted.



## PART 6 - TRIGGERED INITIAL ASSESSMENT AND TRIGGERED REVIEW

### 6.0 GENERAL

This part of these 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 these Bylaws applies to all Practitioners, including medical administrative leaders, and to all categories of Appointment.

#### 6.0.1 A Triggered Initial Assessment:

- a) shall be initiated upon receipt of a Concern
- b) may be initiated upon receipt of other information / complaints regarding any aspect of a Practitioner's responsibilities and accountability pursuant to sections 4.2 and 6.1.3 of these Bylaws.

#### 6.0.2 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 Zone Medical Director at the conclusion of a Triggered Initial Assessment pursuant to section 6.3 of these Bylaws.

#### 6.0.3 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.

#### 6.0.4 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.

#### 6.0.5 If the Affected Practitioner is a medical administrative leader with functions required of him/her pursuant to this part of these Bylaws, then such functions will be assumed by a more senior medical administrative leader selected by the Zone Medical Director.

6.0.5.1 If the Zone Medical Director is the Affected Practitioner, the functions required of him/her pursuant to this part of these Bylaws shall be fulfilled by an Associate Chief Medical Officer.

6.0.5.2 If an Associate Chief Medical Officer is the Affected Practitioner and the Concern or other information/complaints involve his/her professional performance and/or conduct related to his/her Appointment, rather than his/her role as Associate Chief Medical Officer, the Concern or other information/complaints shall be addressed pursuant to this part of these Bylaws, and the functions required of the Associate Chief Medical Officer shall be fulfilled by the Chief Medical Officer.

6.0.5.3 If an Associate Chief Medical Officer is the Affected Practitioner and the Concern or other information/complaints pertain to his/her role as Associate Chief Medical Officer, the Concern or other information/complaints shall be forwarded directly to the Chief Medical Officer.

6.0.5.4 If the Chief Medical Officer is the Affected Practitioner and the Concern or other information / complaints involve his/her professional performance and/or conduct related to his/her Appointment, rather than his/her role as Chief Medical Officer, the Concern or other information/complaints shall be addressed pursuant to this part of these Bylaws; and the functions required of the Chief Medical Officer pursuant to this part of these Bylaws shall be fulfilled by the Chief Executive Officer of AHS.

6.0.5.5 If the Chief Medical Officer is the Affected Practitioner and the Concern or other information/complaints pertain to his/her role and performance as the Chief Medical Officer, the Concern or other information/complaints shall be forwarded directly to the CEO.

- 6.0.6 A Concern or other information/complaints of a clinical/Patient care nature involving a member of the Medical Staff who is also an Academic Physician 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 of Medicine (University of Calgary)/ Faculty of Medicine & Dentistry (University of Alberta). In cases involving issues of both a clinical and an academic nature, or where the academic activities in question are undertaken in AHS Facilities and impact Patient care or clinical services in AHS Facilities, AHS and the relevant Faculty of Medicine/Medicine & Dentistry 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 Zone Medical Director, proceed notwithstanding that the Affected Practitioner has resigned from the Medical Staff.
- 6.0.8 A Triggered Initial Assessment or Triggered Review may, at the discretion of the Zone Medical Director, proceed notwithstanding that a Complainant has withdrawn the Concern.

## 6.1 CONCERNS

The complainant must acknowledge that the process used will follow that laid out in the AHS Medical Staff Bylaws.

- 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 Practitioner; 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 Practitioner;
  - d) contribution to Zone Clinical Department objectives;
  - e) issues related to leadership as raised by a member(s) of the Medical 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 Medical Staff Rules, the Practitioner's Medical Staff Letter of Offer (or any subsequent amendments to the letter), applicable AHS policies and the AHS Code of Conduct, the Professional Code of Conduct of the relevant College and/or the respective code of ethics of the relevant profession. If AHS policies and/or the AHS Code of Conduct conflict with the Professional Code of Conduct of the relevant College and/or the respective code of ethics of the relevant profession, then the Professional Code of Conduct and the code of ethics of the relevant profession shall take precedence;
  - i) breach of any formal agreement with AHS; and,
  - j) any health problem that significantly affects the Practitioner's ability to carry out his/her AHS professional responsibilities.
  - k) retaliatory actions as described in Article 4.2.4 of these Bylaws
- 6.1.4 A Concern initiated by a Complainant:
- 6.1.4.1 The Complainant will be notified by the AHS Patient Concerns Office, AHS Human Resources or the Medical Affairs Office that the Concern has been received and has been forwarded to the Zone Medical Director or designate.
  - 6.1.4.2 The Zone Medical Director 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 Practitioner 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;
- 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 Practitioner shall not communicate directly, in writing or verbally, about the Concern with the Complainant unless given permission to do so by the Zone Medical Director; 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:

The Zone Clinical Department Head(s) or designate(s) or the Zone Medical 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 Practitioner 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 Practitioner and AHS;
- b) confidentiality consistent with the nature of the proceeding, and to the extent permitted by law, provided that the Affected Practitioner 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 relevant College, 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 Zone Medical Administrative Committee 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 Practitioner's file at the conclusion of the Triggered Initial Investigation 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 Practitioner 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 Medical Staff Appointment and/or the Clinical Privileges of the Affected Practitioner; and
- f) request a review by the Zone Medical Administrative Committee of the report and/or recommendations of the Hearing Committee pursuant to section 6.6.1 of these Bylaws.

6.2.3 Any recommendations approved or decisions made by the Chief Medical Officer shall be final, subject only to legal rights of appeal.

### 6.3 TRIGGERED INITIAL ASSESSMENT

6.3.1 The Zone Medical Director 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 relevant AHS medical administrative leader(s), including the Affected Practitioner's Zone Clinical Department Head(s) or designate(s), Facility or Community Medical Director(s), and/or Senior Medical Director, or by another investigator.

6.3.2 A Triggered Initial Assessment initiated upon receipt of:

- 6.3.2.1 a Concern shall be completed within ninety days of receipt of the Concern by the Zone Medical Director.
- 6.3.2.2 other information/complaints shall be completed within ninety days, 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 Affected Practitioner shall be notified and such noted in the Affected Practitioner's file.

6.3.3 The AHS medical administrative leader(s) 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 Affected Practitioner within seven days of initiating the Triggered Initial Assessment. The Affected Practitioner's response, if any, shall be considered by the Zone Medical Director 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 Zone Medical Director 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 AHS Medical Staff Appointment of the Affected Practitioner;
- d) request further investigation and/or appoint another investigator if he/she determines the Triggered Initial Assessment to be incomplete;
- e) refer the matter to an Associate Chief Medical Officer, pursuant to section 6.3.5 of these Bylaws, if the Affected Practitioner is an AHS medical administrative leader and the Concern is determined to pertain primarily to his/her role as a medical administrative leader;
- f) refer the Concern, or a portion thereof, for internal or external expert opinion;
- g) request that the Affected Practitioner engage in Consensual Resolution pursuant to section 6.4 of these Bylaws;
- h) refer the Concern for a Hearing if the Affected Practitioner 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 relevant College if the Practitioner agrees, in writing; or if the Zone Medical Director, after consultation with the Associate Chief Medical Officer, 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 these Bylaws but only if the Concern is within the scope of authority of the College to receive and act upon, and only after considering all reasonable alternatives and meeting with the Affected Practitioner to review the determination to refer and the reasons for it. If referral to the relevant College is planned under these circumstances, it shall not be made earlier than seven days following the meeting between the Affected Practitioner and the Zone Medical Director, and the Practitioner shall be provided with a copy of all materials intended to be sent to the relevant College.

6.3.5 If the Affected Practitioner is an AHS medical administrative leader and it is determined that the Concern or other information/complaints pertains primarily to his/her role and function as an AHS medical administrative leader, the Zone Medical Director shall refer the matter to an Associate Chief Medical Officer.

6.3.5.1 The Associate Chief Medical Officer shall decide if the Concern or other information/complaints is most appropriately addressed through a Triggered Initial Assessment and/or Triggered Review pursuant to this part of these Bylaws, or through internal AHS processes, and in consideration of the Affected Practitioner's contractual arrangement with AHS.

6.3.5.2 If internal AHS processes are to be followed, the Associate Chief Medical Officer shall designate an appropriate AHS medical administrative leader to explain the process to the Complainant(s), conduct an investigation of the Concern or other information/complaints and 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 or other information/complaints 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 Practitioner shall disclose to the Zone Medical Director If the relevant College is independently in receipt of the Concern, or investigating the Concern, and shall authorize the relevant College to confirm to the Zone Medical Director that this is the case.

6.3.7 A copy of any documentation placed in a Practitioner's file regarding the disposition of a Concern shall be provided to the Practitioner.

## 6.4 CONSENSUAL RESOLUTION PROCESS

6.4.1 At any time throughout the processes specified in Part 6 of these Bylaws, the Affected Practitioner and/or the relevant AHS medical administrative leader(s) may recommend Consensual Resolution to address the matter. This shall be a consensual process between the Affected Practitioner and the relevant AHS medical administrative leader(s), and may also include any other relevant persons including the Complainant(s).

6.4.2 The relevant AHS medical administrative leader(s) shall be selected by the Zone Medical Director and may include the Affected Practitioner's Zone Clinical Department Head(s) or designate(s), Facility or Community Medical Director(s), and/or Senior Medical Director; The Zone Medical Director may also request that an Associate Zone Medical Director participate in Consensual Resolution. The process may include mediation.

6.4.3 The Affected Practitioner and the relevant AHS administrative leader(s) shall meet and consider the Concern; the Affected Practitioner's response, if any; the Triggered Initial Assessment; and any other information they consider relevant, provided however that the Affected Practitioner 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 relevant AHS medical administrative leader(s) to the Zone Medical Director, and shall conclude within fifty-six days unless otherwise agreed between the Zone Medical Director and Practitioner
- 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 Practitioner 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 Zone Medical Director shall review the report and the recommendation(s) arising from Consensual Resolution.
- 6.4.6 The Zone Medical Director may accept the report and recommendation(s) or may request clarification of the report and/or recommendation(s). In the latter case, the Zone Medical Director may meet with the relevant medical administrative leader(s) and/or the Affected Practitioner to discuss the report and/or recommendations.
- 6.4.7 The Zone Medical Director shall forward a written final report and recommendation(s), including any amendments, to the Affected Practitioner within fourteen days of receipt of the initial report and recommendation(s) from the relevant AHS medical administrative leader(s).
- 6.4.8 If the Affected Practitioner accepts the report and recommendation(s), he/she and the relevant medical administrative leader(s) shall be accountable for implementation of the recommendation(s).
- 6.4.9 If the Affected Practitioner rejects the report and/or recommendation(s), the Zone Medical Director and the Affected Practitioner 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 Practitioner 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:
- the Zone Medical Director determines that a Concern is not amenable to Consensual Resolution;
  - the Affected Practitioner declines participation in Consensual Resolution; or
  - the Affected Practitioner rejects the final report and/or recommendation(s) of Consensual Resolution.
- 6.5.2 Following the decision to refer a Concern to a Hearing Committee, the Zone Medical Director shall:
- notify the Practitioner as soon as possible of the decision to refer the matter to a Hearing and the anticipated timeframes.
  - make best efforts to convene the Hearing Committee within 42 days of the decision to refer.
- 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 Practitioner 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 the relevant AHS medical administrative leader(s) 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 Practitioner 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 Practitioner. Such action or sanctions may include but are not limited to:
    - i. no further action
    - ii. placing a caution or reprimand in the Affected Practitioner's file;
    - iii. requiring the Affected Practitioner to undergo counselling or treatment;
    - iv. requiring upgrading or further education;
    - v. requiring the Affected Practitioner 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 Practitioner 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 Practitioner'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 Zone Medical Director within thirty days. The Zone Medical Director shall review the report of the Hearing Committee, and provide a copy to the Affected Practitioner.
- 6.5.6.1 Within thirty days of receiving the report of the Hearing Committee, the Affected Practitioner shall provide written notification to the Zone Medical Director as to whether he/she accepts or rejects the findings and/or recommendation(s) of the report.
- a) If the Affected Practitioner accepts the report and/or recommendation(s) of the Hearing Committee, the report and the Affected Practitioner's response are sent by the Zone Medical Director to the Chief Medical Officer for a decision pursuant to section 6.8 of these Bylaws.
  - b) If the Affected Practitioner does not accept the report and/or recommendation(s) of the Hearing Committee, he/she may request a review by his/her Zone Medical Administrative Committee of the procedure of the Hearing Committee but only if he/she contends that:
    - i. the findings are materially inconsistent with the evidence; or
    - 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 Zone Medical Director shall inform the Zone Medical Administrative Committee Chair within seven days of receipt of the request from the Affected Practitioner.
- d) If the Affected Practitioner does not provide written notification to the Zone Medical Director as to whether he/she accepts or rejects the report and/or recommendation(s) of the Hearing Committee within thirty days, the Zone Medical Director shall forward the report and recommendation(s) of the Hearing Committee to the Chief Medical Officer for a decision.

## 6.6 APPEAL OF THE HEARING COMMITTEE PROCESS

- 6.6.1 The Affected Practitioner or AHS may request that the Zone Medical Administrative 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; or
  - 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 Zone Medical Administrative 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 Zone Medical Administrative 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 Zone Medical Director for a further Hearing by a differently composed Hearing Committee.
- 6.6.4 Where the Zone Medical Administrative Committee determines that the Hearing Committee has erred in law, the Zone Medical Administrative Committee may remit the matter to the Zone Medical Director 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 Zone Medical Director to forward to the Chief Medical Officer for decision.
- 6.6.5 Should the Zone Medical Administrative Committee determine that new evidence exists that may have affected the findings and/or recommendations of the initial Hearing, the Zone Medical Administrative Committee shall refer the matter to the original Hearing Committee for further consideration and recommendation to the Zone Medical Director.
- 6.6.6 Within sixty days of notification of the request to review the Hearing Committee proceedings and process, the Zone Medical Administrative Committee shall deliver a report of their findings and recommendations to the Zone Medical Director (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 Medical 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 Medical Staff Rules) shall not constitute an Immediate Action.
- 6.7.2 Immediate Action may be taken by the Zone Medical Director or designate, the Chief Medical Officer or designate or the CEO if there are reasonable grounds to believe that the Practitioner's professional performance and/or conduct requires steps be taken to protect the health or safety of any person, including the Practitioner, so long as no lesser measures will suffice, and the Affected Practitioner does not agree in writing to voluntarily restrict their relevant clinical activities. The Zone Medical Director or the CEO shall consult the Chief Medical Officer or designate before notifying the Affected Practitioner.



- 6.7.3 The Affected Practitioner will immediately be notified of the Immediate Action and the reasons for it by the Zone Medical Director, the Chief Medical Officer, or CEO who authorized the Immediate Action following consultation pursuant to section 6.7.2 above.
- 6.7.4 As soon as practical after the Affected Practitioner has been notified, the relevant College shall also be notified of such Immediate Action by the Zone Medical Director, the Chief Medical Officer or the CEO who authorized the Immediate Action.
- 6.7.5 The Zone Medical Director, the Chief Medical Officer 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 Practitioner 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 Medical 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 Chief Medical Officer, and to the Zone Medical Director or the CEO if the one of the latter 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 Chief Medical Officer 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 Practitioner, within four days. This decision shall also be provided to the Zone Medical Director or CEO if one of these two persons authorized the Immediate Action, the Zone Medical Administrative Committee, and the Complainant, if any. The relevant College shall also be notified of the decision. The decision of the Chief Medical Officer 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 Chief Medical Officer.
- 6.7.10 The Immediate Action will be limited to fourteen days unless extended within that fourteen day period by the Zone Medical Director, the Chief Medical Officer 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 Chief Medical Officer.

## 6.8 DECISIONS OF THE CHIEF MEDICAL OFFICER

- 6.8.1 All final reports and recommendation(s) of a Hearing Committee and the Zone Medical Administrative Committees with respect to an appeal of a Hearing Committee process shall be sent to the Chief Medical Officer for a decision.
- 6.8.2 The Chief Medical Officer will render a decision within fourteen days of receipt of the report and recommendation(s) from a Hearing Committee and, if applicable from a Zone Medical Administrative Committee, and within seven days of receipt of the report and recommendation(s) from the Immediate Action Review Committee. The Chief Medical Officer may:
- a) dismiss the Concern and/or the Immediate Action 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 Practitioner. The Affected Practitioner may choose to

voluntarily submit to such actions or sanctions. If he/she does not, the actions or sanctions shall be imposed.

- 6.8.3 The decision of the Chief Medical Officer may be the same as, or different from, up to and including rejecting, the recommendations of a Hearing Committee or the Zone Medical Administrative Committee. If the decision of the Chief Medical Officer differs from the recommendations of the Hearing Committee or the Zone Medical Administrative Committee, written reasons for the difference shall be provided to the Hearing Committee and/or Zone Medical Administrative Committee, the Zone Medical Director and the Affected Practitioner.
- 6.8.4 The Affected Practitioner, Zone Medical Administrative Committee, Zone Medical Director and relevant Zone Clinical Department Head(s) shall be notified in writing of the decision of the Chief Medical Officer and the rationale for the decision.
- 6.8.5 If, in the decision of the Chief Medical Officer, a substantive change in the Appointment or Clinical Privileges of the Affected Practitioner is authorized, the Chief Medical Officer will inform the relevant College.
- 6.8.6 The decision of the Chief Medical Officer is final, subject only to legal rights of appeal.

## 6.9 NOTIFICATION OF THE COMPLAINANT

The Zone Medical Director, or if applicable, the Associate Chief Medical Officer pursuant to section 6.3.5 of these Bylaws, or the Chief Medical Officer 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 PRACTITIONER-INITIATED REVIEWS

- 6.10.1 A Practitioner may voluntarily self-report a Concern about his/her own professional performance and/or conduct to the AHS medical administrative leader(s) who is his/her immediate supervisor, 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 Practitioner is entitled and expected to work collaboratively with the relevant medical administrative leader(s) to review and resolve the Concern.
- 6.10.3 The Practitioner and the relevant medical administrative leader(s) shall develop, in writing, a mutually agreed upon plan to review and resolve the Concern. The proposed plan must be approved by the Zone Medical Director and, if appropriate, may include temporary or permanent changes to the Practitioner's Medical Staff Appointment or Clinical Privileges. The Practitioner shall receive a copy of the approved plan.
- 6.10.4 The Practitioner 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 Practitioner and the relevant medical administrative leader(s) are unable to reach agreement upon a plan, or if, during the implementation of the plan, the Practitioner 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 his/her file(s), and a copy provided to the Practitioner.

## 6.11 DISPOSITION OF RECORDS

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 Practitioner or where determined by the Chief Medical Officer 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 – TRANSITION PROVISIONS

### 7.0 GENERAL

- 7.0.1 A Practitioner who has a Medical Staff Appointment with a former health region or with the former Alberta Cancer Board as of the effective date of these Bylaws will automatically receive an AHS Medical Staff Appointment and a grant of Clinical Privileges under these Medical Staff Bylaws and Rules unless the Practitioner advises AHS that he/she or she does not wish the Medical Staff Appointment and/or Clinical Privileges to continue.
- 7.0.2 Practitioners 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 Zone Medical Director or designate.
- 7.0.3 If a Practitioner does not agree with the category of Appointment or Clinical Privileges granted the Practitioner may, within ninety days of the effective date of these Bylaws, initiate a Request to Change in accordance with Article 3.5.
- 7.0.4 Clinical Privileges granted under this Part will be deemed held at AHS Sites of Clinical Activities where the Practitioner previously held equivalent privileges as of the effective date of these Bylaws.
- 7.0.5 As of the effective date of these Bylaws, a Physician, Podiatrist, Dentist or Oral & Maxillofacial Surgeon who did not hold a Medical Staff or Dental Staff Appointment with a former health region or with the former Alberta Cancer Board may apply for an AHS Medical Staff Appointment and Clinical Privileges pursuant to these Medical Staff Bylaws and Rules.
- 7.0.6 All applications for a Medical Staff Appointment and privileges initiated in a former health region or the former Alberta Cancer Board prior to the effective date of these Medical Staff Bylaws will be continued to their conclusion under the provisions of these AHS Medical Staff Bylaws. The Zone Medical Director (or designate) 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 Medical Staff category and Clinical Privileges that may be required.
- 7.0.7 Should an applicant disagree with the Zone Medical Director (or designate)'s continuation of the application(s) for an Appointment and Clinical Privileges under these AHS Medical 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 Article 3.4, failing which the applicant shall be deemed to have accepted the continuation.
- 7.0.8 All performance reviews, disciplinary proceedings or disciplinary actions initiated or underway in a former health region or the former Alberta Cancer Board prior to the effective date of these Bylaws may continue to their conclusion under the provisions of these AHS Medical Staff Bylaws and Rules with such adjustments in decision making bodies or processes as may be required to be determined by the Chief Medical Officer or designate.
- 7.0.9 Should an Affected Practitioner disagree with the continuance of the performance review, disciplinary proceeding or disciplinary action under these AHS Medical Staff Bylaws and Rules, then within thirty days of the effective date of these Bylaws, the Affected Practitioner shall give written notice to that effect to the Zone Medical Director, 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.