



# Health PEI

## MEDICAL STAFF BYLAWS

JULY 2023

# Health PEI

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Medical Affairs

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# MEDICAL STAFF BYLAWS OF HEALTH PEI

Be it enacted as the Medical Staff Bylaws of Health PEI as follows:

## PART I: INTERPRETATION

### 1. Purpose

1. (1) These Medical Staff Bylaws are developed and enacted in order to:
  - a) provide an administrative structure for the governance of the Medical Staff within Health PEI;
  - b) promote the provision of quality health care;
  - c) govern the procedures for the appointment, reappointment, modification, suspension and termination of appointment to the Medical Staff;
  - d) provide a means for granting of privileges to members of the Medical Staff, including the amendment, modification, suspension or revocation thereof;
  - e) govern the procedures for the review and management of Concerns regarding members of the Medical Staff;
  - f) facilitate effective and efficient communication amongst the Medical Staff and Health PEI; and
  - g) provide for Medical Staff input into policy, planning and budget decisions of Health PEI.

### 2. Definitions

2. (1) These Bylaws are developed to be gender neutral. Therefore, references to gender are made as they/their/them and are meant to encompass all genders.
2. (2) In these Bylaws:
  - a) "Act" means the Health Services Act, R.S.P.E.I. 1988, c H-1.6, and where the context requires, includes the regulations made under it, all as amended or supplemented from time to time;
  - b) "Alternative Dispute Resolution" means a process deemed mutually acceptable by two or more parties involved in a dispute, whereby a range of dispute resolution processes and techniques are used to settle disputes informally by the parties without resorting to a Medical Staff Review Committee hearing under these Bylaws or further litigation;
  - c) "Application Review Committee" (ARC) means the standing subcommittee of the Provincial Medical Advisory Committee established by the Provincial Medical Advisory Committee to review and make recommendations on all applications for initial appointment, change in category of appointment or change of privileges;
  - d) "Board" means the Board of Directors of Health PEI;
  - e) "Bylaws" means these Health PEI Medical Staff Bylaws made under the Act;
  - f) "Bylaws Rules and Review Committee" (BRRRC) means the committee as described in Section 27;
  - g) "Chief Executive Officer" (CEO) means the individual appointed as the chief executive officer of Health PEI under the Act;
  - h) "Chief Medical Officer" (CMO) means the Physician appointed as the chief medical officer in accordance with Section 14 of these Bylaws;
  - i) "Complainant" means any individual who initiates a Concern regarding a Medical Staff member;

- j) "Concern" means a written complaint regarding a Medical Staff member's professional performance and/or conduct, either in general or in relation to a specific event or episode of care provided to a Patient;
- k) "Day" means a calendar day;
- l) "Dentist" means an individual who, under the Dental Profession Act, is registered in the Dental Register and who holds a current licence to practice dentistry;
- m) "Department" means a component of the Medical Staff composed of Medical Staff members with common clinical or specialty interest;
- n) "Department Head" means a member of the Medical Staff appointed to serve as such by the Chief Medical Officer in accordance with these Bylaws;
- o) "Facility" means any building or premises which the Department of Health and Wellness or Health PEI owns or leases to provide health services;
- p) "Health PEI" means the Crown Corporation established under the Act;
- q) "Immediate Action" means the immediate action process outlined in Part XI of these Bylaws;
- r) "Letter of Appointment" means a document signed on behalf of Health PEI and provided to a Medical Staff member upon appointment to the Medical Staff in accordance with Section 49 of these Bylaws;
- s) "Local Medical Staff Association" (LMSA) means an association comprised of Medical Staff members who are affiliated with a particular geographic location or area;
- t) "Medical Affairs Office" means the medical affairs office of Health PEI;
- u) "Medical Directive/Health PEI Protocol" means an order given in advance, authorizing an implementer to provide a treatment, drug, procedure or intervention for a range of Patients under specified conditions and circumstances without a direct assessment by a Medical Staff member;
- v) "Medical Director" means a Medical Staff member appointed to serve as such by the Chief Medical Officer in accordance with these Bylaws;
- w) "Medical Staff" means Physicians and Dentists who have been appointed to the Medical Staff and granted privileges according to these Bylaws;
- x) "Medical Staff Review Committee (MSRC)" means a subcommittee of the Medical Staff Review Panel responsible for conducting hearings regarding applications for appointment, reappointment, change of category of appointment and/or privileges, and Triggered Reviews and Immediate Actions;
- y) "Medical Staff Review Panel (MSRP)" means the panel described in Section 25;
- z) "Minister" means the Minister of Health and Wellness for the Province of Prince Edward Island or any other Minister duly appointed by the Province of Prince Edward Island to administer the Act;
- aa) "Most Responsible Provider" means the Medical Staff member who has overall responsibility for directing and coordinating the care and management of a Patient at a specific point in time;
- bb) "Patient" means any individual, including patients, clients and residents, receiving care from a health care provider(s) affiliated with Health PEI;
- cc) "Periodic review" means a regularly scheduled assessment of professional performance and any matters relevant to the appointment and privileges of a Medical Staff member.
- dd) "Physician" means an individual who holds a current licence to practice medicine;



- ee) "Policy" means an approved statement of expectations and requirements for a prescribed situation that directs professional practice. They are clear, formal and authoritative statements that enable informed decision-making, prescribe limits, assign responsibilities and accountabilities and are secondary or subject to relevant legislation, regulations, these Bylaws and the Rules;
- ff) "Primary Department" means the Department within which a Medical Staff member undertakes the majority of their Medical Staff responsibilities and roles, and through which changes in appointment, Periodic Reviews, and other administrative actions pursuant to these Bylaws will be managed.
- gg) "Program" means a group of clinical services within Health PEI that are directed toward meeting the health care needs of a specific group of Patients;
- hh) "Provincial Medical Advisory Committee" (PMAC) means the advisory committee of the Medical Staff as described in Section 21;
- ii) "Prospective Review" refers to an evaluation of clinical data that does not yet exist in medical records at the time of the review;
- jj) "Quality Assurance" means the process of assessment of medical care to confirm that appropriate quality standards are being met within Health PEI Programs, Sites and Facilities;
- kk) "Quality Improvement" means an approach to improve service, systems and processes through the routine use of health and program data to meet Patient and Program needs;
- ll) "Reappointment Form" means the document required to be completed by a Medical Staff member in order to be reappointed to the Medical Staff in accordance with Section 51;
- mm) "Regulatory Body" means, in the case of a physician, the College of Physicians and Surgeons of Prince Edward Island and in the case of a dentist, the Dental Council of Prince Edward Island;
- nn) "Retrospective Review" refers to an evaluation of clinical data that already exists within the medical records at the time of the review;
- oo) "Rules" means the rules governing the Medical Staff of Health PEI which have been recommended by the Bylaws and Rules Review Committee and approved by the Health PEI Board;
- pp) "Search Committee" means a committee established to assist in identifying the best candidate for a specified position;
- qq) "Sites of Clinical Activity" means the Facilities and Programs where a Medical Staff member may perform therapeutic and/or operative procedures and/or other Patient care services. Such Sites may include Facilities, specific Programs and/or Telemedicine;
- rr) "Telemedicine" means a medical service provided remotely via information and communication technology; and
- ss) "Triggered Review" means a process for addressing a Concern in accordance with Part X of these Bylaws.

2. (3) In these Bylaws, unless the context otherwise requires, words importing the singular number include the plural number and vice versa; and "including" or "include(s)" means "including (or include(s)) without limitation".

## **PART II: GENERAL**

### **3. Request for Information**

3. (1) The Chief Executive Officer (CEO), Chief Medical Officer (CMO), Medical Director or Department Head may, at any time, request information from a Medical Staff member in writing relating to any matter contained in these Bylaws or the Rules. An explanation for the request shall be provided to the member in writing.
3. (2) Upon receipt of a written request pursuant to Section 3 (1), a Medical Staff member shall:
  - a) respond to the request in writing by providing the information requested, to the best of the member's ability to do so;
  - b) provide originals or certified copies of any documents requested; and
  - c) provide a printed or electronic record if the requested information or documents are stored in an electronic computer storage form or similar form.
3. (3) A Medical Staff member shall provide the requested information within fourteen days of receipt of the request, or such additional time as may be granted by the CEO, CMO, Medical Director or Department Head, as applicable.

### **4. Representation and Advice**

4. (1) An applicant, Medical Staff member, Health PEI medical administrative leader, other administrative leader, or staff member, may be accompanied or supported by legal counsel for any matter, meeting, proceeding or hearing pursuant to these Bylaws or the Rules.

### **5. Report to the Regulatory Body**

5. (1) Subject to applicable law, the CMO:
  - a) shall prepare and forward a written report to the relevant Regulatory Body, as described in the Rules, and provide a copy to the Medical Staff member where:
    - i. the member's application for appointment or reappointment is rejected by reason of their incompetence, negligence or conduct;
    - ii. the member's appointment and/or privileges are suspended, restricted, or revoked; or
    - iii. the member voluntarily or involuntarily resigns from the Medical Staff during the course of an investigation into their competence, negligence or conduct; and
  - b) may prepare and forward a written report to the relevant Regulatory Body, as described in the Rules, and provide a copy to the Medical Staff member, where:
    - i. a Medical Staff Review Committee hearing is initiated; or
    - ii. any other disciplinary action is imposed on the member pursuant to a Triggered Review.

### **6. Timeframes**

6. (1) The timeframes for completion of processes and procedures as described in these Bylaws and the Rules are meant to balance expediency with the need to ensure thorough investigation, due process, and fair decision-making. As such, the following principles with respect to timeframes shall apply:
  - a) unnecessary delays shall be avoided;



- b) where reasonable mitigating circumstances occur, failure to comply with any requirement of these Bylaws as to time does not invalidate any decision made; and
- c) when an Alternative Dispute Resolution process has been implemented, pursuant to Section 11, the timelines for completion of processes and procedures specified in these Bylaws and/or the Rules may be paused or adjusted by mutual agreement of the parties involved.

## **7. Meetings**

- 7. (1) Meetings of any group, committee or subcommittee referenced in these Bylaws may be held in person, by telephonic or by electronic means. Where such meetings are held via telephonic or electronic means, a vote may be taken by show of hands, a voice vote, or other electronic means of voting.

## **8. Service of Documents**

- 8. (1) Except as otherwise provided in these Bylaws, any notice, report, recommendation, written reasons, or decision required to be served upon or provided to an individual pursuant to these Bylaws may be made personally, by registered mail, by courier, by facsimile or by electronic mail addressed to the individual to be served at the individual's last known address.
- 8. (2) Where the notice is served by registered mail, by courier, facsimile or by electronic mail, it shall be deemed to have been served on the third day after the mailing delivery or transmission unless the individual to be served establishes that, acting in good faith, it was not received until a later day, and in which case, the actual date of receipt shall be the date of service.

## **9. Medical Staff Member File**

- 9. (1) Health PEI, in accordance with applicable law, shall ensure appropriate stewardship and management of the applicant's and/or Medical Staff member's file as guided by the following:
  - a) the Medical Affairs Office shall create and maintain a file for each applicant and member;
  - b) information in the file will not be used or disclosed for purposes other than the purpose for which it was collected;
  - c) access to the information contained in the applicant or member's file shall be limited to a "need to know" basis;
  - d) an applicant or member shall be granted access to their file by submitting a request in a format approved by the Medical Affairs Office; and
- 9. (2) An applicant or Medical Staff member who believes there is a factual error or omission in the information contained in their file may request that Health PEI correct the information. Professional opinions or observations are not eligible for amendment.

## **10. Conflict of Interest**

- 10. (1) Any individual who has a conflict of interest or possible conflict of interest shall disclose such conflict to the CMO at the earliest opportunity where that individual is involved in making recommendations to Health PEI on any matter pursuant to these Bylaws or the Rules.

10. (2) If a conflict of interest is disclosed regarding the CMO, such disclosure shall be made to the CEO.
10. (3) The CMO, in keeping with applicable law, these Bylaws, the Rules and Policies regarding conflict of interest and bias, shall determine whether the individual has a conflict of interest and outline what, if any, involvement in the discussion and voting the individual may have concerning the issue with respect to which the conflict exists.
10. (4) For further clarity, a conflict is deemed to exist wherever processes within these Bylaws require the participation or action of a medical administrative leader (Department Head or Medical Director) who is also the subject of that process. In such cases, that medical administrative leader's responsibility shall be assumed by the CMO.

## **11. Alternative Dispute Resolution Process**

11. (1) With the consent of the parties, and without restricting the final authority and discretion of Health PEI on matters falling under these Bylaws, the parties to the processes and procedures under these Bylaws may agree to participate in an Alternative Dispute Resolution process to address any matter where the circumstances warrant.
11. (2) Any Alternative Dispute Resolution process shall be conducted on a without prejudice basis to the parties involved.
11. (3) Except where required by applicable law, any information or documents disclosed during, or arising from, an Alternative Dispute Resolution process conducted pursuant to these Bylaws shall be treated as confidential and shall not be disclosed to any individual who was not involved in the process, other than the results and resolution (if any). The discussions and communications that occur during the Alternative Dispute Resolution process may only be disclosed or used in processes and/or proceedings outside the Alternative Dispute Resolution process if written consent of the affected applicant and/or Medical Staff member and all others who participated in the process is obtained. Such written consent must explicitly reference what information is permitted to be disclosed and to whom.
11. (4) A copy of the Alternative Dispute Resolution results and resolution (if any) shall be provided to the applicant and/or Medical Staff member and recorded in the applicant and/or member's file.
11. (5) Where a matter or dispute is resolved through an Alternative Dispute Resolution process in accordance with Section 11, the resolution shall be reported to the CMO.
11. (6) Where the parties fail to reach a resolution, the matter shall be dealt with in accordance with the processes and procedures outlined in these Bylaws.

## **PART III: ORGANIZATION OF THE MEDICAL STAFF**

### **12. General**

12. (1) The Medical Staff shall be organized in accordance with these Bylaws and the Rules.
12. (2) A medical administrative leader may appoint a Medical Staff member to act in their absence where such member shall have all the powers, duties and responsibilities, as described in these Bylaws, of that medical administrative leader.
12. (3) Each of the CEO, CMO, Medical Director, or Department Head may delegate the performance of any of the duties assigned to them under these Bylaws to others; however, they shall each remain accountable for the performance of their respective duties.

### **13. Chief Executive Officer (CEO)**

13. (1) Pursuant to the Act, the CEO is responsible for the general management and conduct of the affairs of Health PEI within the policies and directions of the Board.
13. (2) With respect to these Bylaws, the CEO shall be responsible for:
  - a) appointing and suspending or revoking the appointment of the CMO;
  - b) approving the establishment and organization of Departments; and
  - c) such other duties required to ensure the delivery of high quality medical and dental services within Health PEI, consistent with applicable laws and these Bylaws.
13. (3) The roles and responsibilities of the CEO shall be set out more fully in the CEO position description and contractual agreement.

### **14. Chief Medical Officer (CMO)**

14. (1) The CEO shall appoint a Medical Staff member, or an individual eligible for appointment to the Medical Staff, to the position of CMO after considering the recommendation of a Search Committee established pursuant to Section 14 (2).
14. (2) The Search Committee shall be established by the CEO and shall be comprised of:
  - a) the chair of the Provincial Medical Advisory Committee (PMAC);
  - b) one additional Medical Staff member from the PMAC, as selected by the PMAC;
  - c) two Medical Staff members as selected by the Presidents of the Local Medical Staff Associations (LMSAs); and
  - d) three members selected by the CEO.
14. (3) The Search Committee shall invite applications from Medical Staff members or individuals eligible for membership to the Medical Staff to fulfil the role of CMO.
14. (4) As further described in the Rules, the Search Committee shall:
  - a) review applications;
  - b) interview selected applicants;

- c) seek the advice of any other Medical Staff member or individual about the suitability of prospective candidates; and
- d) make recommendations to the CEO.

## **15. Responsibilities of the CMO**

15. (1) The CMO is the most senior medical leader in Health PEI and is accountable to the CEO for any Medical Staff matters arising from the organization of the Medical Staff or operation of Health PEI, including:
- a) establishing and implementing the processes for Medical Staff member appointments and the granting of privileges;
  - b) establishing and maintaining the Medical Affairs Office;
  - c) ensuring consideration of the perspectives, advice and resource requirements of the Medical Staff within Health PEI;
  - d) advocating for the provision of high quality and safe Patient care within Health PEI;
  - e) implementing and maintaining appropriate measures to ensure the quality and safety of services provided by all Medical Staff members, and ensuring these Bylaws, the Rules and Policies are complied with and evaluated on a regular basis and that any required corrective actions are taken;
  - f) rendering decisions related to appointments and privileging;
  - g) rendering decisions related to Triggered Reviews referred to them by the Department Head;
  - h) rendering initial decisions related to Immediate Actions;
  - i) implementing and maintaining appropriate measures to review and manage the use of Health PEI resources by the Medical Staff;
  - j) ensuring mechanisms are in place to encourage, promote and foster Medical Staff participation in continuing education;
  - k) reporting on the activities of the Medical Staff to the CEO;
  - l) implementing Policies; and
  - m) performing those duties that are defined in the CMO position description and contractual agreement and such other duties as may be assigned by the CEO.
15. (2) The appointment of the CMO may be revoked or suspended at any time by the CEO.

## **16. Medical Directors**

16. (1) The CMO shall appoint one or more Medical Staff member(s) or individual(s) eligible for appointment to the Medical Staff to the position of Medical Director after considering the recommendation of a Search Committee established pursuant to Section 16 (2).
16. (2) The Search Committee shall be established by the CMO and shall be comprised of:
- a) two Department Heads, as selected by the PMAC;
  - b) one Medical Staff member, as selected by the Presidents of the LMSAs; and
  - c) two individuals as selected by the CMO.
16. (3) The Search Committee shall invite applications from Medical Staff members, or individuals eligible for membership to the Medical Staff, to fulfil the role of Medical Director.

16. (4) As further described in the Rules, the Search Committee shall:
- a) review applications;
  - b) interview selected applicants;
  - c) seek the advice of any other Medical Staff member or individual about the suitability of prospective candidates; and
  - d) make recommendations to the CMO.
16. (5) The appointment of a Medical Director may be revoked or suspended at any time by the CMO in consultation with the CEO.

## **17. Responsibilities of Medical Directors**

17. (1) Medical Directors shall be accountable to the CMO and shall be responsible for advising, supporting, and working with the CMO and Department Heads in order to assist them with fulfilling their responsibilities as required by these Bylaws. Medical Directors shall also be responsible for performing those duties that are defined in the description and contractual agreement(s) applicable to the Medical Directors and for performing such other duties as may be assigned by the CMO.

## **18. Establishment of Departments**

18. (1) The CEO shall be responsible to organize the Medical Staff into Departments on the recommendation of the CMO.
18. (2) The CMO, in consultation with the PMAC, may make recommendations to the CEO from time to time to create, modify or dissolve Departments as required.
18. (3) The CEO, after consulting with the CMO, may create, modify or dissolve Departments.
18. (4) The CMO shall appoint each Medical Staff member to a Primary Department. Appointment may extend to one or more additional Departments.
18. (5) The composition and responsibility of each Department shall be described in the Rules.

## **19. Department Heads**

19. (1) The CMO shall appoint a Medical Staff member or an individual eligible for appointment to the Medical Staff to the position of Department Head for each Department, after considering the recommendation of the Medical Director (if appointed) and a Search Committee.
19. (2) The Search Committee shall be established by the CMO, and shall be comprised of:
- a) the Medical Director to which the Department Head reports;
  - b) two Medical Staff members of the relevant Department, selected by the members of that Department; and
  - c) one individual from the Medical Affairs Office, selected by the CMO; and
  - d) up to one other individual selected by the Medical Director (or the CMO if a Medical Director has not been appointed).



19. (3) The Search Committee shall invite applications from Medical Staff members or individuals eligible for membership to the Medical Staff to fulfil the role of Department Head.
19. (4) As further described in the Rules, the Search Committee shall:
- a) review applications;
  - b) interview selected applicants;
  - c) seek the advice of any other Medical Staff member or individual about the suitability of prospective candidates; and
  - d) make recommendations to the CMO.
19. (5) The appointment of a Department Head may be revoked or suspended at any time by the Medical Director in consultation with the CMO, or where a Medical Director has not been appointed, by the CMO.

## **20. Responsibilities of Department Heads**

20. (1) Department Heads shall be accountable to the CMO, through the Medical Director (if appointed), and shall have responsibility for the overall functioning of the Department, including:
- a) performing all duties assigned to them in these Bylaws and the Rules;
  - b) conducting Periodic Reviews;
  - c) reviewing applications for appointment;
  - d) advancing the perspective, advice and resource requirements of Department members, including recommending Rules and Policies;
  - e) advocating for the provision of high quality and safe Patient care within the Department;
  - f) delegating responsibility to appropriate Department members;
  - g) collaborating with other Departments to ensure high quality and safe Patient care, and coordinated service delivery within Health PEI;
  - h) decision-making related to applications for reappointment to the Medical Staff;
  - i) decision-making related to Triggered Reviews;
  - j) performing such additional duties as may be outlined in the Department Head position description or as assigned by the CMO and Medical Director (if appointed); and
  - k) in consultation with the Medical Director and/or CMO, designating an alternate to act in their absence.

## **21. Provincial Medical Advisory Committee (PMAC)**

21. (1) The CMO, in consultation with the CEO, shall establish the PMAC.
21. (2) The PMAC shall be comprised of the following members, each of whom shall have one vote:
- a) one member each from West Prince Medical Staff Association, East Prince Medical Staff Association, and Kings County Medical Staff Association as selected by each LMSA. For further clarity, such representatives shall not be a Department Head or Medical Director;
  - b) two members from Queens County Medical Staff Association as selected by the Queens County Medical Staff Association, one of whom shall be a community-based family physician. For further clarity, such representatives shall not be a Department Head or Medical Director;
  - c) each Department Head; and
  - d) each Medical Director.



21. (3) In addition, the following individuals shall be entitled to attend the PMAC meetings without a vote:
- a) the CMO;
  - b) such other administrative leaders as the CEO may appoint following consultation with the CMO.
21. (4) The PMAC chair and vice chair shall be elected annually from among the voting members of the PMAC. The PMAC chair shall:
- a) only vote in the case of a tie; and
  - b) carry out the duties of the chair as specified in the Rules.
21. (5) The vice chair shall perform all the duties of the chair in the absence of the chair.
21. (6) The PMAC shall meet monthly. The PMAC chair may also call special meetings. Written or oral notice shall be given to all PMAC members at least 48 hours prior to any meetings.
21. (7) The quorum for meetings of the PMAC or any of its subcommittees shall be 50% of the voting members.
21. (8) Unless otherwise required by applicable law, motions arising at any PMAC or PMAC subcommittee meeting where quorum has been achieved shall be decided by consensus of the voting members present. Consensus will be considered to have been reached when no voting member at the meeting objects to the subject matter of the motion presented. If the chair of the meeting determines that consensus will not be reached, then the motion shall be decided by a majority of the votes cast.

## **22. Responsibilities of the Provincial Medical Advisory Committee (PMAC)**

22. (1) The PMAC shall perform the duties and undertake the responsibilities set out in these Bylaws and the Rules, including:
- a) making recommendations to the CMO on the following matters:
    - i. every application for appointment and change of category of appointment and/or privileges;
    - ii. appointment of Medical Staff members to the Medical Staff Review Panel (MSRP);
    - iii. the appointment of Medical Staff members to Search Committees for the positions of CMO and Medical Director;
    - iv. the effective organization and functioning of the Medical Staff, Departments, and Programs;
    - v. resourcing and planning that affects the Medical Staff (including but not limited to strategic planning, budgeting, equipment and health human resources);
    - vi. standardization of the quality of care provided by the Medical Staff;
    - vii. province-wide innovations and appropriateness of care; and
    - viii. Medical Staff education.
  - b) appointing the members of all PMAC subcommittees;
  - c) receiving reports of PMAC subcommittees;
  - d) endorsing Medical Directives/Health PEI Protocols; and
  - e) reviewing and approving Health PEI Policies relevant to the Medical Staff prior to their adoption and implementation.

22. (2) The PMAC may retain legal counsel to provide independent legal advice in the fulfilment of its responsibilities.

### **23. Subcommittees of the Provincial Medical Advisory Committee (PMAC)**

23. (1) The PMAC may establish such standing and ad hoc subcommittees of the PMAC as may be necessary for the PMAC to perform its duties under these Bylaws.
- 23.(2) The terms of reference and composition of any standing or ad hoc subcommittee shall be approved by the PMAC and recorded in the PMAC meeting minutes. The PMAC shall appoint the members and the chair of each standing or ad hoc subcommittee.
23. (3) The chair of each PMAC subcommittee shall:
- a) submit the meeting minutes, reports, and any recommendations of the PMAC subcommittee on a regular basis, or as directed by the PMAC; and
  - b) at the request of the PMAC, be present at PMAC meetings to discuss all or part of the meeting minutes, reports, and any recommendations of the PMAC subcommittee.

### **24. Application Review Committee (ARC)**

24. (1) The ARC, as a standing subcommittee of the PMAC, shall review and provide written recommendations to the PMAC, in accordance with these Bylaws and the Rules regarding each:
- a) application for initial appointment to the Medical Staff;
  - b) application for a change in category of appointment and/or privileges (excluding those regarding Triggered Review and Immediate Action as per Section 55 and 57); and
  - c) each recommendation regarding appointment from the Associate Medical Staff category as per Section 30 (3).
24. (2) The ARC shall be comprised of three Medical Staff members selected by the PMAC, who shall be voting members.
24. (3) The chair of the ARC shall be appointed by the PMAC from among the selected members of the ARC.
24. (4) The applicable Department Head shall attend any ARC meeting at which appointment and/or privileging matters relevant to their Department are being considered. The Department Head may make recommendations regarding such matters and will be a non-voting member of the ARC.
24. (5) At the discretion of the ARC, other relevant medical administrative leaders may be consulted or invited to attend meetings as non-voting members.
24. (6) The chair shall submit the ARC's written recommendations to the PMAC and shall attend the PMAC's next scheduled meeting to discuss the written recommendations.

## **25. Medical Staff Review Panel (MSRP)**

25. (1) The CMO shall establish a MSRP whose members may be called upon from time to time to serve as members of Medical Staff Review Committees (MSRC). The MSRP shall be comprised of the following members:
- a) seven to ten Medical Staff members appointed by the PMAC; and
  - b) two to three individuals appointed by the CEO who are not Medical Staff members.
25. (2) The members of the MSRP shall be appointed for a three-year term, subject to a maximum term of nine consecutive years of service. The CMO shall fill any vacancies on the MSRP on the recommendation of the PMAC or CEO, whichever nominated the member who resigned or whose term has expired.
25. (3) The chair of the MSRP shall be appointed by the CMO from among the Medical Staff members of the MSRP for a three-year term.

## **26. Medical Staff Review Committees (MSRC)**

26. (1) The chair of the MSRP, shall appoint the members of any MSRC which shall be comprised of:
- a) two voting Medical Staff members from the MSRP; and
  - b) one voting non-Medical Staff member from the MSRP.
26. (2) The chair of the MSRP shall appoint the chair of any MSRC from among the appointed members of the MSRC. The chair of the MSRC shall be a voting member of the MSRC to which they are appointed.
26. (3) Subject to these Bylaws, if a vacancy occurs in a MSRC after a hearing has commenced, the remaining members of the MSRC may continue with the hearing and render a decision for the matter referred to it; provided however, that the chair of the MSRP shall appoint a new MSRC to rehear a matter where:
- a) a tie vote occurs; or
  - b) another vacancy occurs in the MSRC before a decision has been made.
26. (4) Any member of a MSRC who resigns or whose appointment to the MSRP expires prior to the conclusion of a hearing before it, but who was involved in a matter prior to the resignation or expiration of their appointment, may continue to serve as a member of the MSRC, but only for the purpose of completing the matters before it.
26. (5) The conduct, processes, and duties of each MSRC shall be determined in accordance with these Bylaws and the Rules.
26. (6) Each MSRC shall review and make decisions concerning matters that may be referred to it under these Bylaws, including matters related to:
- a) appointment, reappointment, change of category of appointment and/or privileges;
  - b) Triggered Review; and
  - c) Immediate Action.

26. (7) Subject to these Bylaws, a recommendation of a majority of the members of a MSRC shall be the decision of the MSRC.

## **27. Bylaws and Rules Review Committee (BRRRC)**

27. (1) The CMO shall establish a BRRRC for the purpose of maintaining the currency of these Bylaws and the Rules. The BRRRC shall make recommendations to the Board regarding amendments to these Bylaws and the Rules following consultation with the PMAC.
27. (2) The BRRRC shall be comprised of:
- a) the following voting members:
    - i. two Medical Staff members, as selected by the Presidents of the LMSAs;
    - ii. four Department Heads and/or Medical Directors, as selected by the PMAC; and
    - iii. two representatives of Medical Affairs, as selected by the CMO; and
  - b) the CMO, who shall be a non-voting member and the BRRRC chair.
27. (3) At the discretion of the chair, other relevant medical administrative leaders may be consulted or invited to attend BRRRC meetings as non-voting members.
27. (4) The BRRRC shall meet at least twice annually and at the call of the chair.
27. (5) Each voting member of the BRRRC shall be appointed to a three-year term subject to a maximum of nine consecutive years.
27. (6) Vacancies among the voting members of the BRRRC shall be filled by the party or individual who nominated the committee member whose term has expired or who is resigning.

## **28. Local Medical Staff Associations (LMSA)**

28. (1) Each Medical Staff member shall be a member of a LMSA. The LMSAs shall be categorized as follows:
- a) West Prince Medical Staff Association;
  - b) East Prince Medical Staff Association;
  - c) Queens County Medical Staff Association; and
  - d) Kings County Medical Staff Association.
28. (2) The responsibilities of the LMSAs include:
- a) providing a voice to address Medical Staff matters;
  - b) providing a means for Medical Staff members to communicate with each other;
  - c) acting as an advocacy group for Physicians and Dentists and their care of Patients; and
  - d) providing a forum for information exchange between Health PEI and the Medical Staff.
28. (3) Each LMSA shall hold at least four regular meetings in each calendar year, one of which shall be the annual meeting, at a time and place fixed by the President of the LMSA. The agenda for these meetings shall include reports from Health PEI.
28. (4) The elected officers of each of the LMSAs shall be the President, Vice-President, Secretary-Treasurer and such other officers as the members of each LMSA may determine.

28. (5) The LMSA officers shall be elected annually for a one-year renewable term by a majority vote of the members of the LMSA present and voting at the LMSA annual meeting.
28. (6) The elected officers shall be responsible for the collection, use and disbursement of any LMSA funds as directed by the voting members of the LMSA.
28. (7) The President of each LMSA shall:
- a) call and preside at LMSA meetings;
  - b) appoint individuals from among the LMSA to the committees and any subcommittees required pursuant to these Bylaws; and
  - c) ensure that all the responsibilities of the LMSA are fulfilled as described in Section 28.
28. (8) The Secretary-Treasurer of each LMSA shall give written notice of each meeting (including the annual meeting or any special meeting) to the members of their LMSA at least fourteen days before the meeting by emailing or sending it through an internal mail distribution system to each LMSA member. Notice of a special meeting shall state the nature of the business for which the meeting is called.
28. (9) The President of each LMSA may call a special meeting at their discretion and shall call a special meeting on the written request of 20% of the voting members of the relevant LMSA.
28. (10) The period required for giving notice of any special meeting may be waived in exceptional circumstances by a majority of those LMSA members present and entitled to vote at the special meeting, as the first item of business of the meeting.

## **PART IV: MEDICAL STAFF CATEGORIES**

### **29. General**

29. (1) The Medical Staff shall be organized into the following categories:
- a) Associate;
  - b) Active;
  - c) Locum Tenens;
  - d) Visiting; and
  - e) Temporary.
29. (2) All Medical Staff members, regardless of the Medical Staff category assigned, shall have their privileges specified upon their appointment to the Medical Staff. Such privileges shall specify the:
- a) Programs and services that the Medical Staff member is eligible to access;
  - b) Facilities or Sites of Clinical Activity where the Medical Staff member is eligible to admit to and/or provide Patient care and/or services; and
  - c) privileges granted as further defined in Section 41 or as outlined in these Bylaws and the Rules.



### **30. Associate Medical Staff**

- 30.(1) Physicians and Dentists who are applying for an appointment to the Active Medical Staff must first be appointed to the Associate Medical Staff category for a period of no less than twelve months. This shall be considered a probationary appointment, during which time the Department Head shall evaluate the Medical Staff member.
30. (2) Each Associate Medical Staff member shall undergo a performance review with their Department Head as outlined in the Rules at least in six-month intervals within the duration of their Associate Medical Staff appointment, with the intent that the Medical Staff member succeed in their appointment.
30. (3) At the end of twelve months:
- a) the Associate Medical Staff member shall submit an application for a change of category of appointment to the Active Medical Staff in accordance with Section 45; and
  - b) the Department Head, in consultation with the Medical Director where appropriate, shall review the performance of the Associate Medical Staff member and recommend to the ARC:
    - i. a change of category to Active Medical Staff with privileges as initially requested by the Medical Staff member;
    - ii. a change of category to Active Medical Staff, with changes to the privileges initially requested by the Medical Staff member;
    - iii. a further probationary period within the Associate Medical Staff category for a period not to exceed twelve months; or
    - iv. termination of the appointment.
30. (4) No member of the Medical Staff shall be appointed to the Associate Medical Staff category for more than twenty-four consecutive months.
30. (5) Associate Medical Staff may be a voting member or chair of any Medical Staff committee or subcommittee and may attend and vote at any Medical Staff meetings or Department meetings to which they have been assigned.

### **31. Active Medical Staff**

31. (1) The Active Medical Staff shall consist of those Physicians and Dentists who have been appointed to the Active Medical Staff and who have completed satisfactory service as an Associate Medical Staff member for at least twelve months.
31. (2) Unless otherwise approved by the CMO, no Physician or Dentist with an active medical staff appointment outside Health PEI shall be appointed to the Active Medical Staff.
31. (3) Active Medical Staff members may be a voting member or chair of any Medical Staff committee or subcommittee and may attend and vote at any Medical Staff meetings or Department meetings to which they have been assigned.



### **32. Locum Tenens Medical Staff**

- 32. (1) The Locum Tenens Medical Staff shall consist of those Physicians and Dentists who are appointed to the Locum Tenens Medical Staff to be a planned replacement for a member of the Active Staff or Associate Staff during a temporary absence for a defined period.
- 32. (2) Any Locum Tenens Medical Staff member who does not have an appointment to the active medical staff of a similar health organization in another Canadian province or territory may be subject to a Periodic Review process as described in Part VIII, Periodic Review.
- 32. (3) The CMO may appoint a Physician or Dentist to the Locum Tenens category for a period of up to three months without their application being processed according to Part VI, Medical Staff Appointment and Privileges. Documentation shall specify the privileges granted and shall be forwarded to the ARC and the PMAC for information.
- 32. (4) Locum Tenens Medical Staff members may attend but shall not be permitted to vote at any Medical Staff committee or subcommittee meetings or Department meetings to which they have been assigned. Locum Tenens Medical Staff members shall also not be permitted to hold any elected office of the Medical Staff or to serve on any Medical Staff committee or subcommittee.

### **33. Visiting Medical Staff**

- 33. (1) Visiting Medical Staff shall consist of those Physicians or Dentists appointed to the Visiting Medical Staff where the applicant is an active medical staff member of a similar health organization in another Canadian province or territory and where the applicant:
  - a) has established consultant clinics or performs itinerant services in any Sites of Clinical Activity; and
  - b) requires access to Health PEI resources to service the needs of their Patients, clients, or residents residing within the province of Prince Edward Island.
- 33. (2) Visiting Medical Staff members may attend but shall not be permitted to vote at any Medical Staff committee or subcommittee meetings or Department meetings to which they have been assigned. Visiting Medical Staff members shall also not be permitted to hold any elected office of the Medical Staff or to serve on any Medical Staff committee or subcommittee.

### **34. Temporary Medical Staff**

- 34. (1) Notwithstanding any other provisions in these Bylaws, the CMO may grant a temporary appointment and privileges to a Physician or a Dentist for a defined period of up to three months in order to:
  - a) meet a specific singular requirement by providing a consultation and/or operative procedure;
  - b) meet an urgent unexpected need for a Patient care service; or
  - c) fulfil a demonstrated need for the applicant to provide medical or dental services in advance of the timelines associated with an application for an appointment or a change of category of appointment and/or privileges under these Bylaws.

34. (2) The Temporary Medical Staff appointment shall specify any limitations, restrictions, or special requirements.
34. (3) The CMO shall report the granting of a Temporary Medical Staff appointment and privileges under this Section to the ARC and the PMAC.
34. (4) The granting of a Temporary Medical Staff appointment and privileges does not presume nor assure approval of an application for appointment through the usual application process outlined in Part VI (Medical Staff Appointment and Privileges)
34. (5) The CMO may revoke a Temporary Medical Staff appointment or restrict or suspend temporary privileges at any time. If the CMO revokes a Temporary Medical Staff appointment and/or restricts or suspends temporary privileges, the CMO shall:
- a) prepare written reasons with respect to their decision to be placed in the Temporary Medical Staff member's file and provide a copy to the member;
  - b) advise the ARC and the PMAC of their decision; and
  - c) advise the Temporary Medical Staff member that they may request an appeal of the CMO's decision to a MSRC, and that such an appeal will be limited to whether the CMO's decision was fair and reasonable.
34. (6) Temporary Medical Staff members may attend but shall not be permitted to vote at any Medical Staff committee or subcommittee meetings or Department meetings to which they have been assigned. Temporary Medical Staff members shall also not be permitted to hold any elected office of the Medical Staff or to serve on any Medical Staff committee or subcommittee.

## **PART V: RESPONSIBILITIES**

### **35. General**

35. (1) The Act grants Health PEI ultimate authority and responsibility for planning, organizing, and delivering health services in Prince Edward Island.
35. (2) Pursuant to Section 33 of the Act, Health PEI and the Medical Staff share joint responsibility for the provision of health services to residents of PEI in a person-centred system.
35. (3) Together, Health PEI and the Medical Staff commit to respectful behaviour and professionalism in all interactions. For greater clarity, to facilitate effective working relationships, Health PEI and the Medical Staff shall ensure the Medical Staff, through designated committees and/or representation, provide input into health care delivery decisions and processes.

### 36. Joint Responsibilities of Health PEI and the Medical Staff

36. (1) Health PEI and the Medical Staff shall jointly develop a medical governance and organizational structure that fulfils statutory requirements and facilitates meaningful and effective participation of the Medical Staff in the medical affairs of Health PEI. This shall be achieved through the:
- a) joint development, implementation and amendment of these Bylaws and the Rules;
  - b) selection and evaluation of Health PEI medical administrative leaders. While recognizing the final authority of Health PEI, the Medical Staff shall have input in the process of selection and review of Health PEI medical administrative leaders, as further defined in Part III (Organization of the Medical Staff); and
  - c) effective communication between and among the Medical Staff, other health care professionals, medical administrative leaders and executive leaders of Health PEI.
36. (2) Health PEI and the Medical Staff shall jointly participate in activities that promote:
- a) Quality Assurance and Quality Improvement programs and systems of evaluation, in order to achieve acceptable standards of Patient care;
  - b) the maintenance of competence and professionalism;
  - c) Patient safety and engagement; and
  - d) Medical Staff and Health PEI staff health and safety.
36. (3) Health PEI and the Medical Staff shall jointly establish and maintain reasonable and equitable on-call arrangements to provide safe and effective Patient care and coverage at all times, consistent with:
- a) the clinical services provided by each Department and the privileges of the Medical Staff members who provide the on-call coverage; and
  - b) the resources available to support Medical Staff on-call service requirements.
36. (4) Health PEI and the Medical Staff shall work collaboratively to ensure that on-call arrangements do not place work demands on individual Medical Staff members that negatively impact the provision of safe Patient care or that unreasonably compromise the health or wellness of the Medical Staff.
36. (5) Health PEI and the Medical Staff are jointly responsible for creating and maintaining an accurate health record for each Patient receiving care or services under the authority of Health PEI. In order to accomplish this:
- a) Health PEI shall provide and maintain the appropriate infrastructure and information management system to facilitate the proper and timely completion of a health record for Patients, and shall be the custodian for all such health records; and
  - b) Medical Staff members shall complete health records in a comprehensive and timely manner in accordance with these Bylaws, the Rules, Policies, applicable laws and professional obligations.
36. (6) Health PEI and the Medical Staff shall jointly participate in activities that promote and support the effective and efficient use of Health PEI resources.

36. (7) Health PEI and the Medical Staff shall, as appropriate, jointly support and participate in activities that foster the provision of high-quality health services, including:
- a) ongoing education and training; and
  - b) accreditation requirements for Health PEI.

### **37. Individual Medical Staff Responsibilities**

- 37 (1) Each Medical Staff member shall:
- a) continue to hold the qualifications and meet the criteria required for appointment to the Medical Staff in accordance with Section 44 of these Bylaws and for reappointment to the Medical Staff in accordance with Section 50;
  - b) attend Patients and undertake treatment and operative procedures only in accordance with the kind and degree of privileges granted under these Bylaws;
  - c) maintain clinical skills and exercise judgment to ensure that a professional and ethical standard of care is provided to Patients under their care;
  - d) work and cooperate with others in a collegial and professional manner, including exhibiting respectful workplace behaviour as described in the Rules and Policies, including the Health PEI Respectful Workplace Policy;
  - e) participate in education and training initiatives that support Health PEI in providing quality health services, in accordance with these Bylaws;
  - f) use best efforts to attend Department and Medical Staff meetings, where required by these Bylaws, the Rules and Policies;
  - g) provide information, expertise and advice to Health PEI on the assessment of health needs, the planning of service delivery and programs, and resource utilization and management through the organizational structure as set out in these Bylaws;
  - h) participate in relevant Quality Improvement initiatives;
  - i) cooperate with and respect the authority of:
    - i. the CEO;
    - ii. the CMO;
    - iii. the Medical Directors; and
    - iv. the Department Heads; and follow reasonable directives issued by such individuals, provided that the content of any directive does not conflict with applicable laws and/or the policies, standards of practice, or guidelines of the relevant Regulatory Body; and
  - j) perform the duties, undertake the responsibilities, and comply with the provisions set out in these Bylaws and the Rules and Policies.
37. (2) Medical Staff members have the right and the responsibility to advocate on behalf of their Patients. Medical Staff members are encouraged to first advocate or inquire about the matter internally within Health PEI before making public statements. Medical Staff members who hold a medical administrative leadership role within Health PEI shall clearly articulate that they are not speaking as representatives of Health PEI when advocating on behalf of their Patients.



37. (3) Where any Medical Staff member reasonably believes that another Medical Staff member is incompetent, attempting to exceed their privileges, incapable of providing a service that they are about to undertake, or acting in a manner that exposes or is reasonably likely to expose any Patient, healthcare provider, employee, or any other individual at Health PEI to harm or injury, the Medical Staff member shall immediately communicate the matter to the Department Head, Medical Director, CMO, or CEO, so that appropriate action can be taken.
37. (4) Medical Staff members are responsible for ensuring appropriate coverage of Patients under their care, and accordingly shall:
- a) respond appropriately to calls and requests from other Medical Staff members, staff, or health care professionals regarding those Patients; and
  - b) In the case of Medical Staff members who are designated as the Most Responsible Provider for a Patient:
    - i. have the duty, responsibility and authority to direct all medical care for Patients under their care at Health PEI;
    - ii. make reasonable efforts to ensure continuity of care for their Patients following discharge from a Health PEI site/Facility; and
    - iii. when unavailable, arrange to have another qualified Medical Staff member cover or assume care for those Patients, through individual specific arrangements or participation in an on-call schedule.
37. (5) Medical Staff members shall participate in their Department on-call schedule as further specified in the Rules and Policies, unless specifically excluded from such obligation by contract, mutual agreement, or other accommodation. Accordingly, Medical Staff members shall:
- a) participate equitably and fairly in on-call arrangements consistent with their qualifications and privileges as established by their respective Departments and as approved by their Department Head;
  - b) manage concurrent clinical activities to ensure that they can appropriately fulfil their on-call duties and responsibilities; and
  - c) ensure on-call or service coverage by another Medical Staff member(s) with appropriate qualifications and privileges whenever they are unable to meet their on-call coverage obligations, and where urgent circumstances limit or prevent the Medical Staff member from fulfilling this responsibility, refer the matter to the Department Head who shall provide reasonable assistance with making alternative arrangements for on-call or service coverage.
37. (6) The on-call coverage requirements for each Medical Staff member shall be determined collaboratively within each Department and/or on-call group. If a mutually satisfactory arrangement for on-call coverage is not achieved, Medical Staff members shall work with their Department Head to resolve the issue. If resolution cannot be achieved, the matter shall be referred to an Alternative Dispute Resolution process for resolution as per Section 11. Failing a successful Alternative Dispute Resolution process, the matter shall be referred to the CMO for a final determination.

### **38. Short Term Absence from Sites of Clinical Activity**

38. (1) During an absence from a Site of Clinical Activity, a Medical Staff member shall ensure requirements are met for coverage of all their Patient care responsibilities. If a Medical Staff member is absent from a Site of Clinical Activity for a period of 30 days or less, coverage shall be determined through the established on-call schedule, other alternative arrangements, or by a formal transfer of care as described in the Rules. If a Medical Staff member is absent from a Site of Clinical Activity for a period of more than 30 days, a formal leave of absence shall be required in accordance with Section 39 of these Bylaws.

### **39. Formal Leave of Absence**

39. (1) A Medical Staff member who proposes to take a leave of absence shall, if they wish to return to their pre-leave position and membership status in the Medical Staff, apply for a leave in writing to the relevant Department Head stating the duration and purpose of the proposed absence. The written application for a leave of absence must be submitted to the Department Head as soon as is practical but, in any event, no less than eight weeks prior to the commencement of the requested leave, unless otherwise determined by the Department Head.
39. (2) The Department Head:
- a) shall grant a leave of absence for any reason required by law; and
  - b) may grant a leave of absence for any circumstance they deem appropriate.
39. (3) A leave of absence once granted may be rescinded upon mutual agreement of the Medical Staff member and Health PEI.
39. (4) Where the Department Head does not grant a leave of absence:
- a) the decision, and reasons for such, must be provided in writing; and
  - b) the Medical Staff member may appeal the decision to the CMO as described in the Rules.
39. (5) The Department Head shall notify the PMAC and the CMO of their decision with respect to a leave of absence request.
39. (6) Subject to Section 39 (7), a leave of absence shall not exceed twelve months, unless otherwise determined by the Department Head, in consultation with the CMO, in exceptional circumstances.
39. (7) The Medical Staff member may, with reasonable notice, apply in writing to the Department Head for an extension of a leave of absence granted under Section 39 (2). If the total continuous period of time to be granted through such leave exceeds two consecutive years, the Medical Staff member shall be required to submit a new application for appointment to the Medical Staff in the manner and subject to the criteria in these Bylaws.
39. (8) During a leave of absence, the member shall remain a Medical Staff member but shall not:
- a) be required to fulfil Departmental duties including the requirement to attend Department meetings; and
  - b) shall not have admitting, discharge, treatment, or operative privileges.



39. (9) The Medical Staff member on leave shall complete their application for reappointment at the usual time.
39. (10) While on an approved leave of absence, Medical Staff members are required to maintain licensure with their applicable Regulatory Body and must maintain applicable professional liability insurance satisfactory to Health PEI.
39. (11) Upon return from any leave of absence requested for medical reasons, the Medical Staff member may be required to produce a medical certificate of fitness from a physician acceptable to the Department Head.

## **PART VI: MEDICAL STAFF APPOINTMENT AND PRIVILEGES**

### **40. General**

40. (1) A Medical Staff appointment is provincial and outlines the category of appointment, the privileges granted, the Primary Department to which the Medical Staff member has been assigned, and the member's rights and responsibilities associated with that appointment.
40. (2) Health PEI has the sole and exclusive power, in accordance with these Bylaws and the Rules, to appoint Medical Staff members and to grant privileges.
40. (3) Except in those circumstances specifically mentioned in these Bylaws, a Physician or Dentist must hold an appointment to the Medical Staff in order to:
- a) hold any privilege under these Bylaws;
  - b) provide any services to an individual or a Patient in a Facility or Site of Clinical Activity;
  - c) access any Program offered by Health PEI; or
  - d) refer any individual or Patient to any service provided by Health PEI.
40. (4) Medical Staff appointments and privileges are not a right. Appointments and privileges shall be granted only to professional and competent individuals with a license to practice from the relevant Regulatory Body, and who initially and continuously meet the qualifications, standards, and requirements set forth in these Bylaws and the Rules as amended from time to time.
40. (5) Physicians and Dentists licensed in jurisdictions outside of Prince Edward Island, who are consulted by a Medical Staff member in Prince Edward Island regarding a Patient who is receiving or requires services offered by Health PEI, are not required to hold an appointment to the Medical Staff.
40. (6) Notice of resignation from an appointment shall be provided in writing to the Department Head with as much advance notice as possible, and in any event, at least eight weeks prior to the date on which the resignation is effective, except in circumstances of serious illness or similar crisis. Once a resignation is effective, the Physician or Dentist, as applicable, shall no longer be eligible to practice in a Facility or Site of Clinical Activity or use Health PEI resources.

40. (7) Any Medical Staff member who has resigned or whose appointment to the Medical Staff has been terminated by Health PEI, and who subsequently wishes to become a Medical Staff member, is required to apply for an initial appointment to the Medical Staff in accordance with Sections 43.

#### **41. Privileges**

41. (1) Health PEI grants privileges to Physicians and Dentists that define the:
- a) Programs and services that the Medical Staff member is eligible to access;
  - b) diagnostic and therapeutic procedures and other Patient care services that the Medical Staff member is eligible to perform; and
  - c) Facilities and Sites of Clinical Activity where the Medical Staff member is eligible to admit and treat Patients and/or provide other Patient care services.
41. (2) The granting of privileges by Health PEI shall consider:
- a) Medical Staff resource planning criteria as adopted by Health PEI to support the provision of services within the boundaries of the resources available; and
  - b) the Medical Staff member's training, experience, demonstrated ability, skills, and clinical competence;
  - c) access to, and allocation of, all physical and human resources subject to their availability, budgetary considerations, and the administrative allocation procedures and policies of Health PEI.
41. (3) Sites of Clinical Activity are determined by Health PEI and shall include:
- a) inpatient hospital services;
  - b) outpatient clinics and services in hospitals and other Facilities;
  - c) continuing care facilities; and
  - d) Telemedicine.

#### **42. Appointment, Reappointment, and Termination**

42. (1) All applications for appointment, reappointment, and change of category and/or privileges shall be processed in accordance with the provisions of these Bylaws, the Rules, and the applicable policies and procedures of Health PEI.
42. (2) The PMAC shall approve the prescribed forms for application for appointment, reappointment, and change of category of appointment and/or privileges.

#### **43. Application Process: Initial Appointment**

43. (1) On receipt of a request for an application for initial appointment to the Medical Staff, the Medical Affairs Office shall:
- a) confirm eligibility for the applicant to hold a Medical Staff appointment;
  - b) advise the applicant of the criteria for appointment in accordance with Section 44 of these Bylaws; and
  - c) make available to the applicant a copy of the prescribed application form, these Bylaws, the Rules, and all applicable Policies.

43. (2) The applicant shall submit the application in the prescribed form and manner to the Medical Affairs Office within sixty days of receipt of the prescribed form.
43. (3) Each completed application must indicate the category of Medical Staff appointment being sought and the privileges requested and provide:
- a) evidence that the applicant holds the qualifications and meets the criteria set out in Section 44;
  - b) evidence, in the case of a non-citizen or non-permanent resident, that the applicant has the legal right to work and live in Canada;
  - c) details regarding any:
    - i. professional liability judgments, orders, or arbitration decisions involving the applicant;
    - ii. pending or completed convictions relevant to professional practice involving the applicant;
    - iii. pending or completed proceedings that have resulted in a voluntary or involuntary restriction, suspension, or revocation of privileges or licensure by a Regulatory Body, health authority, or other healthcare organization; and
    - iv. pending or completed disciplinary or professional misconduct proceedings by a Regulatory Body.
43. (4) Each applicant shall also be required to provide signed consents to enable Health PEI to make inquiries of the relevant Regulatory Body, other hospitals, institutions, and facilities where the applicant has previously provided professional services or received professional training to allow Health PEI to fully evaluate the qualifications and suitability of the applicant.
43. (5) Each applicant shall also be required to provide a signed attestation that:
- a) the information contained in the application and supporting materials provided by the applicant is truthful, and that the applicant understands that the discovery of any untruth or misleading statements contained in the application and any supporting materials may result in the appointment being refused or, if the discovery occurs after the appointment has been granted, may result in the immediate revocation of the privileges granted and termination of appointment; and
  - b) if appointed to the Medical Staff, that they will agree to:
    - i. govern themselves in accordance with the requirements set out in these Bylaws, the Rules, and Policies; and
    - ii. participate in the discharge of obligations applicable to the Medical Staff category to which they are assigned.
43. (6) The responsibility for providing adequate information to address the requirements of these Bylaws rests with the applicant. The applicant may also produce any relevant additional information in support of the application.
43. (7) The application shall not be processed until the applicant has provided all the information required by Section 43. If a completed application is not received within sixty days from the date of the applicant's receipt of the prescribed form from the Medical Affairs Office, the application shall be deemed withdrawn.
43. (8) Upon receipt of an application, the Medical Affairs Office shall review the application for completeness and once verified, shall:

- a) forward the completed application to the ARC for consideration in accordance with Section 46;
- b) provide the Department Head a copy of the application; and
- c) advise the applicant that the application has been forwarded to the ARC.

#### **44. Qualifications and Criteria for Appointment**

44. (1) Only an applicant who meets the qualifications and satisfies the criteria set out in these Bylaws and who is licensed pursuant to the laws of Prince Edward Island is eligible to be appointed to the Medical Staff.

44. (2) Each applicant to the Medical Staff shall:

- a) have training and experience commensurate with the privileges requested;
- b) be able to provide Patient care at an appropriate level of quality and effectiveness;
- c) be able to work and cooperate with others in a collegial and professional manner;
- d) be able to communicate and relate appropriately with Patients, their families and substitute decision makers;
- e) be willing to participate in the discharge of Medical Staff, committee, and other obligations appropriate to the Medical Staff category of appointment being sought;
- f) in the case of a Physician:
  - i. have a valid license with the College of Physicians and Surgeons of Prince Edward Island (CPSPEI) and be entitled to practice medicine pursuant to the Regulated Health Professions Act; and
  - ii. practice within the competencies and/or standards established by the Royal College of Physicians and Surgeons of Canada (RCPSC) and/or the College of Family Physicians of Canada (CFPC), and the Canadian Medical Association Code of Ethics and Professionalism;
  - iii. if seeking to practice as a specialist, be licensed as such by the CPSPEI and, if requested by Health PEI, possess the appropriate certification or fellowship of the RCPSC or be currently eligible to write the appropriate specialty examination of the RCPSC; and
  - iv. be a member of the Canadian Medical Protective Association or hold other equivalent professional liability insurance satisfactory to Health PEI; and
- g) In the case of a Dentist:
  - i. have a valid license with the Dental Council of Prince Edward Island and be entitled to practice dentistry pursuant to the Dental Profession Act;
  - ii. if seeking privileges in oral and maxillofacial surgery, be licensed in that specialty by the Dental Council of Prince Edward Island; and
  - iii. be a member of the Canadian Dental Services Plan Inc. or hold other equivalent professional liability insurance satisfactory to Health PEI.

44. (3) All appointments to the Medical Staff shall be:

- a) consistent with Medical Staff planning of Health PEI;
- b) consistent with the strategic plan and mission of Health PEI; and
- c) supported by a demonstrated sufficiency of resources within Health PEI and the Department to which the applicant is applying.



#### **45. Application Process: Change of Category of Appointment and/or Privileges**

45. (1) A request for a change of category of appointment or privileges may be initiated by a Medical Staff member in consultation with the Department Head, as further described in the Rules.
45. (2) Each Medical Staff member who wishes to change their category of appointment or their privileges shall submit an application on the prescribed form to the Medical Affairs Office listing the change of category and/or change of privileges requested, and provide evidence of appropriate training and competence, and such other information as may be required by Health PEI.
45. (3) Upon receipt of a completed application, the Medical Affairs Office shall forward the completed application to the ARC and provide the Department Head a copy of the application.
45. (4) The ARC shall process all such requests in accordance with Section 46.
45. (5) Any changes to the Medical Staff member's category and/or privileges arising from a Triggered Review, or an Immediate Action shall be addressed pursuant to Parts X and XI (Triggered Review and Immediate Action).

#### **46. Procedure for Processing Applications**

46. (1) Applications shall be reviewed, a decision made, and the applicant or Medical Staff member informed of the decision within ninety days of the receipt of a complete application by the Medical Affairs Office. The specific process and timelines within the ninety-day period shall be further detailed in the Rules.
46. (2) In considering an application for an initial appointment or a change of category and/or privileges, the ARC:
  - a) shall:
    - i. review all materials in the application and ensure all required information has been provided;
    - ii. evaluate the qualifications, professional experience and competence of the applicant or Medical Staff member;
    - iii. receive the recommendation of the relevant Department Head; and
  - b) may:
    - i. consult with any other member of the Medical Staff or any other individual as appropriate;
    - ii. request any additional relevant information necessary to make a determination regarding the application; and
    - iii. interview the applicant or Medical Staff member as applicable.
46. (3) Following consideration of the application, the ARC shall submit a written report of its assessment and recommendations to the PMAC for consideration at its next meeting, together with a recommendation that:
  - a) the application be accepted in accordance with the category of appointment sought and privileges requested;

- b) the application be accepted, but that the category of appointment and/or privileges be modified from those requested by the applicant; or
- c) the application be rejected.

46. (4) The PMAC shall receive and consider the report and recommendations of the ARC, and shall prepare a written recommendation that:
- a) the application be accepted in accordance with the category of appointment sought and privileges requested;
  - b) the application be accepted but the category of appointment and/or privileges be modified from those requested by the applicant; or
  - c) the application be rejected.
46. (5) Where the PMAC recommendation is in accordance with Section 46 (4) a, the PMAC shall forward the recommendation in writing to the CMO in accordance with Section 48 and shall notify the applicant or Medical Staff member of this recommendation.
46. (6) Where the PMAC recommendation is in accordance with Section 46 (4) b or c, the PMAC shall prepare written reasons for its recommendation and the application shall proceed pursuant to Section 47 as an unfavourable recommendation.

#### **47. Unfavourable Recommendations**

47. (1) Where a recommendation is made pursuant to Section 46 (6), a copy of the written reasons for the recommendation, as well as the substance of the concerns and reasons leading to the recommendation, will be provided to the applicant or Medical Staff member.
47. (2) The chair of the PMAC together with the relevant Department Head shall, through a process of Alternative Dispute Resolution as described in Section 11 and further in the Rules, use reasonable efforts to reach an agreement with the applicant or Medical Staff member prior to the recommendation being forwarded to the CMO.
47. (3) If the parties reach an agreement on the application, the PMAC shall forward the recommendation to the CMO, for a decision in accordance with Section 48.
47. (4) If the parties are unable to reach an agreement on the application and the recommendation of the PMAC remains unfavourable to the applicant or Medical Staff member:
- a) a copy of the recommendation together with written reasons shall be provided to the applicant or Medical Staff member; and
  - b) notice shall be provided informing the applicant or Medical Staff member that they are entitled to a hearing before a MSRC if the PMAC receives a written request for a hearing from the applicant or Medical Staff member within thirty days of their receipt of the written reasons.
47. (5) If a hearing before a MSRC is requested, the chair of the PMAC shall refer the matter to the chair of the MSRP.



47. (6) Where the applicant or Medical Staff member does not request a hearing before a MSRC, the PMAC shall forward its unfavourable recommendation to the CMO, together with written reasons, for a decision in accordance with Section 48.

#### **48. Chief Medical Officer Decision**

48. (1) Where the CMO has received a recommendation from PMAC on an application for appointment or change of category and/or privileges, they shall review the application, recommendation and any written reasons provided by the PMAC. The CMO may then:
- a) appoint the applicant or Medical Staff member to the category of appointment sought and grant the privileges requested;
  - b) appoint the applicant or Medical Staff member but with modifications to the category of appointment and/or the privileges sought; or
  - c) reject the application.
48. (2) Where the CMO makes a decision in accordance with Section 48 (1) a, the CMO shall provide a copy of their written decision to the applicant or Medical Staff member and place a copy of the decision on the Medical Staff member's file.
48. (3) Where the CMO makes a decision in accordance with Section 48 (1) b or c, the CMO shall prepare written reasons for their decision and provide a copy to the applicant or Medical Staff member, together with a notice advising that the applicant or Medical Staff member is entitled to apply to the Prince Edward Island Court of Appeal for judicial review and place a copy of the decision on the applicant or member's file.

#### **49. Letter of Appointment**

49. (1) The Medical Affairs Office shall prepare a Letter of Appointment for each application approved by the CMO which shall:
- a) indicate the terms of the appointment, including the category of appointment, the privileges granted, the Primary Department to which the applicant has been assigned; and
  - b) include a statement confirming that the applicant:
    - i. has read, understands and agrees to govern themselves in accordance with these Bylaws, the Rules, and Policies; and
    - ii. accepts the category of Medical Staff appointment, the privileges granted, and the Department(s) to which they have been assigned, one of which shall be a Primary Department.
49. (2) A signed copy of the Letter of Appointment must be returned to the Medical Affairs Office within thirty days of it being forwarded to the applicant in order for the appointment to take effect. For certainty, the appointment shall not be effective until the signed Letter of Appointment is returned.

## PART VII: REAPPOINTMENT

### 50. Reappointment

50. (1) To be eligible for reappointment to the Medical Staff, each Medical Staff member shall:
- a) continue to meet the qualifications and criteria in Section 44 (2);
  - b) have conducted themselves in compliance with these Bylaws and the Rules and Policies; and
  - c) have demonstrated appropriate use of Health PEI resources in accordance with the Rules and Policies.

### 51. Application Process: Reappointment

51. (1) As a condition of their reappointment to the Medical Staff, each Medical Staff member shall submit a properly completed and signed Reappointment Form every two years in the manner and format outlined in these Bylaws and the Rules.
51. (2) The Medical Affairs Office shall provide each Medical Staff member the Reappointment Form, and upon completion by the member, the Reappointment Form shall be returned to the Medical Affairs Office and forwarded to the relevant Department Head for consideration.
51. (3) Each completed Reappointment Form shall include the following information:
- a) evidence that the Medical Staff member continues to hold the qualifications and meet the criteria set out in Section 44 (2);
  - b) proof of continuing education activities as required by the continuing professional development programs of the RCPSC, the CFPC, or the Canadian Dental Council, as applicable. General practitioners who are not members of the CFPC and specialists who are not members of the RCPSC will be required to adhere to the same continuing medical education requirements as their peers who are members of the CFPC or RCPSC;
  - c) confirmation that the Medical Staff member has complied with the disclosure duties set out in Section 53; and
  - d) a description of all material changes to the information on file at Health PEI since the Medical Staff member's most recent application including any additional professional qualifications acquired by the member and the details of any:
    - i. professional liability judgments, orders, or arbitration decisions involving the member;
    - ii. pending or completed convictions relevant to professional practice involving the member;
    - iii. pending or completed proceedings that have resulted in a voluntary or involuntary restriction, suspension, or revocation of privileges or licensure by a Regulatory Body, health authority, or other healthcare organization; and
    - iv. pending or completed disciplinary or professional misconduct proceedings by a Regulatory Body.
51. (4) Upon receipt of a completed Reappointment Form as provided for in Section 51 (2), the Department Head shall determine if any further investigation or action is required. If the Department Head determines that no further investigation or action is required, the Department Head shall grant the reappointment of the Medical Staff member's appointment and privileges, and the Reappointment Form shall be forwarded to the CMO for information and placed in the member's file.

51. (5) If the Department Head determines that further investigation or action is required, the Department Head shall meet with the Medical Staff member within fourteen days of receipt of the Reappointment Form to discuss the matter.
51. (6) If following the meeting described in Section 51 (5), the Department Head determines no further investigation or action is required, or if the Department Head and the Medical Staff member reach an agreement on an appropriate resolution (excluding any changes to the member's category of appointment and/or privileges, which shall be dealt with in accordance with Section 45) the Department Head shall grant the reappointment of the Medical Staff member's appointment and privileges.

The Reappointment Form, together with a written summary of any resolution, shall be forwarded to the CMO for information and placed in the member's file. The Medical Staff member may, if desired, provide written comments in response to the resolution which shall be placed in their file. The Medical Staff member may, from time to time, supplement any such written comments.

51. (7) If following the meeting pursuant to Section 51 (5), the Department Head and the Medical Staff member are unable to reach an agreement on an appropriate resolution, and/or the Department Head has a Concern arising from an application for reappointment that is consistent with the need for a Triggered Review, the Department Head shall provide a written summary to the CMO to address the Concern in accordance with Part X (Triggered Review) and shall place a copy of the Reappointment Form and the written summary in the member's file. The Medical Staff member shall be provided a copy of the written summary.
51. (8) Failure to submit a complete Reappointment Form within the timelines specified in the Rules may subject the Medical Staff member to an Automatic Suspension pursuant to Part XIII (Automatic Suspension).

## **PART VIII: PERIODIC REVIEW**

### **52. Periodic Review**

52. (1) Each Active Medical Staff member shall be subject to a Periodic Review which shall be completed by the Department Head. In addition, Locum Tenens Medical Staff members may be subject to a Periodic review as specified in the Rules.
52. (2) Periodic Reviews provide the Medical Staff member and the Department Head an opportunity to review professional performance, identify goals, and exchange information regarding health care delivery issues, in the context of the member's appointment and privileges.
52. (3) Periodic Reviews shall follow due process and utilize fair and objective methods, as described in the Rules, and shall consider matters relevant to Medical Staff member's category of appointment and privileges, which may include:

- a) the terms, conditions, and major responsibilities contained in the Medical Staff member's Letter of Appointment, and any amendments subsequently made to its terms and conditions;
  - b) actions arising from the previous Periodic Review;
  - c) the discharge of Medical Staff member responsibilities described in Section 37 of these Bylaws;
  - d) the professionalism, competence, training, experience, and judgment of the Medical Staff member, as they relate to the fulfilment of the member's responsibilities in these Bylaws and the Rules;
  - e) the physical and mental health of the Medical Staff member only as the same relates to the ability of the member to fulfil their responsibilities as defined by these Bylaws and the Rules, and for the purpose of providing safe and competent Patient care;
  - f) continuing professional development and maintenance of competence activities; and
  - g) assessment of the Medical Staff member by the relevant health care team(s) and Patients.
52. (4) The Department Head shall meet with the Medical Staff member to discuss the Periodic Review. Both the Medical Staff member and the Department Head shall identify and be responsible for any further action arising from the Periodic Review.
52. (5) The Department Head shall prepare a written summary of the Medical Staff member's Periodic Review, including any recommendations or plans for further action, and shall place the written summary in the member's file according to the processes described in the Rules, and provide a copy to the member.
52. (6) The Medical Staff member may provide written comments in response to the Periodic Review, which shall be placed in their file together with the written summary. The Medical Staff member may, from time to time, supplement any such written comments.
52. (7) Except as required by law or permitted by these Bylaws or the Rules, the written summary of the Periodic Review prepared by the Department Head, together with any recommendations, plans, and/or written comments by the Medical Staff member, shall be confidential and shall not be disclosed to any individual without the knowledge of the member.
52. (8) Where the Department Head has a Concern arising from the Periodic Review that meets the criteria for a Triggered Review, the Department Head shall forward a written report outlining the general nature of their Concern and the related facts and reasons to the CMO and shall provide a copy of the written report to the Medical Staff member.

## **PART IX: DISCLOSURE AND ASSURANCE OF QUALITY OF CARE**

### **53. Disclosure**

53. (1) Each Medical Staff member shall disclose in writing to the Department Head, upon becoming aware of:
- a) any pending or completed proceedings involving the Medical Staff member, including any proceedings which have or may result in:



- i. any restrictions or limitations, whether voluntary or involuntary, on the Medical Staff member's licensure, appointments and/or privileges;
  - ii. the imposition of any monitoring requirements;
  - iii. a requirement to undergo counselling or treatment;
  - iv. a requirement to undertake upgrading or further education;
  - v. a requirement to undertake remedial measures in cases of unprofessional or unethical behaviour, unbecoming conduct, or improper or disruptive conduct; and
  - vi. any other recommendation considered appropriate to ensure public or Patient safety;
- b) any material change in professional practice liability coverage;
  - c) any changes in physical or mental health that may compromise a Medical Staff member's ability to provide safe and competent care to Patients in exercise of the privileges granted; and
  - d) any convictions relevant to professional practice involving the Medical Staff member.

53. (2) Upon receipt of a written disclosure as per Section 53 (1), the Department Head shall determine if any further investigation or action is required. If the Department Head determines that no further investigation or action is required, the Department Head shall advise the Medical Staff member of their decision in writing and place a copy of the decision and the written disclosure in the member's file.

53. (3) If the Department Head determines that further investigation or action is required, the Department Head shall meet with the Medical Staff member within fourteen days of receipt of the written disclosure to discuss the matter.

53. (4) If following the meeting described in Section 53 (3), the Department Head determines no further investigation or action is required, or if the Department Head and the Medical Staff member reach an agreement on an appropriate resolution (excluding any changes to the member's category of appointment and/or privileges, which shall be dealt with in accordance with Section 45), the written disclosure, together with a written summary of the resolution, shall be forwarded to the CMO for information and placed in the member's file.

53. (5) If following the meeting pursuant to Section 53 (3), the Department Head and the Medical Staff member are unable to reach an agreement on an appropriate resolution, and/or the Department Head has a Concern arising from the written disclosure that is consistent with the need for a Triggered Review, the Department Head shall provide a written summary to the CMO to address the Concern in accordance with Part X (Triggered Review) and shall place a copy of the written disclosure and the written summary in the member's file. The Medical Staff member shall be provided a copy of the written summary.

#### **54. Assurance of Quality of Care**

54. (1) To ensure quality of care, the CMO or relevant Department Head may review any aspect of Patient care without the consent of the Medical Staff member responsible for such care, and may, as necessary to ensure a reasonable standard of care, make recommendations to the Medical Staff member involved.



## **PART X: TRIGGERED REVIEW**

### **55. Triggered Review**

55. (1) A Triggered Review is the process for managing a Concern regarding a Medical Staff member.
55. (2) A Concern that is subject to a Triggered Review includes any acts, omissions, or statements of a Medical Staff member, and/or the professional demeanor or conduct of a Medical Staff member, either within or outside of Health PEI, that:
- a) exposes or is reasonably likely to expose any Patient, health care provider, employee, or any other individual at Health PEI to harm or injury;
  - b) is detrimental to the safety of any Patient, health care provider, employee, or any other individual at Health PEI or to the delivery of quality care within Health PEI;
  - c) constitutes abuse whether of a physical, sexual, or emotional nature or some combination thereof;
  - d) may result in disciplinary or professional misconduct proceedings by a Regulatory Body; or
  - e) is contrary to applicable law, these Bylaws, the Rules or Policies.
55. (3) Without limiting the generality of the foregoing, the following are examples of conduct subject to a Triggered Review:
- a) the actions or omissions described in the Regulated Health Professions Act, 2020 (Professional Misconduct, Section 57) and/or the regulations made under it;
  - b) disrespectful workplace behavior, whether verbal or non-verbal, which by its nature may demonstrate disrespect to others in the workplace as described in the Health PEI Respectful Workplace Policy;
  - c) incompetence or demonstrated deficiencies in clinical practice;
  - d) failure to follow a directive issued by anyone having authority to do so under these Bylaws;
  - e) failure to comply with the appointment, reappointment or review processes established in these Bylaws, the Rules and Policies;
  - f) failure to comply with the conditions of any required action, penalty, or remedial steps imposed on a Medical Staff member pursuant to these Bylaws or the Rules or the terms of a resolution arising from an Alternative Dispute Resolution process; and
  - g) failure to undertake commitments mutually agreed upon by Health PEI and the Medical Staff member.
55. (4) Action or penalties resulting from a Triggered Review may include, without limitation:
- a) dismissal of the Concern;
  - b) a verbal or written reprimand;
  - c) the requirement to adhere to certain conditions;
  - d) the amendment, suspension or revocation of privileges; and
  - e) the suspension or termination of an appointment to the Medical Staff.

### **56. Triggered Review Procedure**

56. (1) A Complainant may initiate a Concern regarding any Medical Staff member by submitting a written summary of the Concern to the Department Head. If the Department Head is the subject of the Concern or is the Complainant, the written summary shall be submitted to the

CMO. If the CMO is the subject of the Concern or is the Complainant, the written summary shall be submitted to the CEO.

56. (2) Each written summary of a Concern shall be:
- a) signed by the Complainant initiating the Concern; and
  - b) supported by a reasonable degree of relevant detail forming the basis of the Concern.
56. (3) The CEO, CMO, and Department Head, as applicable, shall advise each other as appropriate, upon becoming aware of an egregious Concern regarding a Medical Staff member that should be dealt with in accordance with Section 57.
56. (4) Upon receipt of a Concern, the Department Head shall forward a copy of the Concern to the Medical Affairs Office and shall without delay, as specified in the Rules, provide a copy of the written summary of the Concern to the Medical Staff member and inform the member that they shall be entitled to present relevant information on their behalf in accordance with the provisions of these Bylaws and the Rules. The Medical Staff member shall be provided a copy, to the extent permitted by applicable laws, of all information that will be considered for the Triggered Review.
56. (5) The Department Head shall without delay, as specified in the Rules, determine if any further inquiry or investigation is necessary and shall undertake such further inquiry or investigation as described in the Rules and/or may delegate to others, including external consultants, the responsibility to conduct the further inquiry or investigation.
56. (6) The Department Head shall review with the Medical Staff member the results of their investigation without delay, as specified in the Rules, and shall:
- a) determine that the Concern is unsubstantiated and/or that the Concern does not warrant further steps, advise the Medical Staff member accordingly, and place a written report to that effect in the member's file;
  - b) with the consent of the Medical Staff member, utilize an Alternative Dispute Resolution process in accordance with Section 11 to resolve the Concern, and place a written report of the resolution in the member's file; or
  - c) refer the Concern together with a copy of the particulars of the Concern to the CMO, advise the Medical Staff member accordingly, and place a written report to that effect in the member's file.
56. (7) If the CMO is referred a Concern from the Department Head, the CMO shall:
- a) determine that the Concern is unsubstantiated and/or that the Concern does not warrant further steps, advise the Department Head and the Medical Staff member accordingly, and place a written report to that effect in the member's file;
  - b) with the consent of the Medical Staff member, utilize an Alternative Dispute Resolution process to resolve the Concern, and place a written report of the resolution in the member's file; or
  - c) refer the Concern to the chair of the MSRP for a hearing pursuant to Part XII (MSRC Procedure), advise the Department Head and the Medical Staff member accordingly, and place a written report to that effect in the member's file.

56. (8) In the event that the CMO determines that a Concern should be referred to a MSRC hearing, they shall notify the Medical Staff member and Complainant in writing that such a referral has been made, and shall refer the matter, together with a copy of the particulars of the Concern, to the chair of the MSRP.

## **PART XI: IMMEDIATE ACTION**

### **57. Immediate Action**

57. (1) Immediate Action means suspension or restriction of a Medical Staff member's privileges and/or suspension of an appointment, without first conducting a Triggered Review as described in these Bylaws and the Rules.
57. (2) The decision to authorize Immediate Action is the responsibility of the CMO. In such cases where an Immediate Action is required as described in Section 57 (3) and the CMO is not immediately available, the relevant Department Head shall have authority to act on behalf of the CMO.
57. (3) An Immediate Action may be authorized in circumstances where:
- a) a Medical Staff member exposes, or is reasonably likely to expose, any Patient or other individual within Health PEI to harm or injury, or is detrimental to, or reasonably likely to be detrimental to, the delivery of safe care by Health PEI;
  - b) there are reasonable grounds to believe that Immediate Action is required to protect the health or safety of any individual;
  - c) no lesser measures will suffice; and
  - d) the affected Medical Staff member does not agree in writing to voluntarily restrict their privileges.
57. (4) At the time of the Immediate Action, the Medical Staff member shall be immediately advised of the Immediate Action. The date and time that the Medical Staff member was advised of the Immediate Action shall be noted in the member's file. The CMO will advise the relevant Regulatory Body where an Immediate Action is undertaken.
57. (5) The CMO shall provide the Medical Staff member with written documentation of:
- a) the Concern relevant to the Immediate Action; and
  - b) the action(s) taken and the reason for such action(s).
57. (6) Without delay, as specified in the Rules, the CMO shall:
- a) commence a review of the Concern and the Immediate Action;
  - b) render a decision to:
    - i. dismiss the Concern as unfounded and terminate the Immediate Action;
    - ii. terminate the Immediate Action and refer the Concern for a Triggered Review in accordance with Part X (Triggered Review);
    - iii. continue the Immediate Action pending a MSRC hearing in accordance with Part XII (MSRC Procedure); or
    - iv. continue the Immediate Action but with modifications pending a MSRC hearing in accordance with Part XII (MSRC Procedure);

- c) prepare a written report and provide a copy to the Medical Staff member;
- d) inform the CEO of the Concern and the Immediate Action taken;
- e) advise the relevant Regulatory Body of the decision; and
- f) refer the Concern and the Immediate Action to the chair of the MSRP for a hearing pursuant to Part XII (MSRC Procedure) where applicable.

57. (7) If at any time during this process the parties reach a resolution through an Alternative Dispute Resolution process in accordance with Section 11, the resolution shall be documented in writing and placed in the Medical Staff member's file, reported to the CEO, and no further action shall be taken.

57. (8) Where a Medical Staff member's appointment has been revoked or their privileges suspended or restricted, the Department Head, with the assistance of the member, shall make arrangements for the transfer of care of Patients, as appropriate.

## **PART XII: MEDICAL STAFF REVIEW COMMITTEE (MSRC) PROCEDURE**

### **58. Notice of Medical Staff Review Committee (MSRC) Hearing**

58. (1) The chair of the MSRP shall appoint the members of a MSRC without delay upon receiving a request for an Immediate Action, and within fifteen days for all other requests for a hearing made pursuant to these Bylaws.
58. (2) The chair of the MSRC shall schedule a date for a hearing within thirty days of the date of the commencement of an Immediate Action, and within sixty days for all other requests for a hearing made pursuant to these Bylaws.
58. (3) Written notice of the MSRC hearing shall be provided to the applicant or Medical Staff member, as applicable, with a copy to the CMO. Such notice shall:
- a) specify the members of the MSRC;
  - b) specify the date, time, and place of the hearing;
  - c) specify the purpose and particulars of the hearing;
  - d) include copies any relevant documents; and
  - e) include a statement advising the applicant or Medical Staff member that:
    - i. the applicant or Medical Staff member shall be afforded an opportunity to examine, before the hearing, any written or documentary evidence that will be produced, or any reports the contents of which will be given in evidence at the hearing;
    - ii. where determined it is reasonable to do so, the MSRC may adjourn or extend the time for the hearing upon the application of any party;
    - iii. the applicant or Medical Staff member may make written submissions to the MSRC;
    - iv. the applicant or Medical Staff member may proceed in person or be represented by counsel, call witnesses, and tender documents in evidence in support of their case; and
    - v. if the applicant or Medical Staff member does not attend the hearing, the MSRC may proceed in the absence of the applicant or Medical Staff member, and the applicant or Medical Staff member shall not be entitled to any further notice in the hearing.



## **59. Disclosure, Confidentiality, and Legal Privilege**

59. (1) In all matters before the Medical Staff Review Committee (MSRC) at which a hearing is held or conducted, the parties to the hearing shall:
- a) disclose to the other party any information and documentation as described further in the Rules; and
  - b) permit each other to examine all such information and to obtain copies of all documents.
59. (2) If, as a result of the information disclosed pursuant to Section 59 (1), either party intends to introduce additional evidence, said party shall provide the information and/or documentation to the other party prior to the hearing, with reasonable time to allow preparation of a response.
59. (3) If following disclosure pursuant to Sections 59 (1) & (2), new evidence is available that would be manifestly unreasonable to exclude, the MSRC may determine that such information be introduced into evidence, provided however, reasonable time shall be given to each party to allow for preparation of a response.
59. (4) Nothing herein prevents a party from asserting a claim of confidentiality or legal privilege that may exist in law in relation to any of the documents that the party is required to disclose pursuant to these Bylaws or the Rules, where:
- a) a claim of confidentiality or legal privilege is asserted, the party claiming it shall advise the other party of the grounds upon which the claim is made and shall endeavour to disclose as much of the document, or the substance of the information contained in the document, without compromising the legal privilege or breaching confidentiality; and/or
  - b) a party challenges a claim of confidentiality or legal privilege raised by another party which cannot be resolved between the parties, either party may apply to the MSRC to make a ruling regarding the claim of confidentiality or legal privilege.
59. (5) If notice and disclosure is not provided in accordance with these Bylaws, the chair of the MSRC may refuse to allow a witness to testify or to have information or evidence submitted for consideration. Notwithstanding the foregoing, the MSRC may allow a witness to testify or allow the introduction of evidence that would otherwise be inadmissible under these Bylaws and may make any direction it considers necessary to ensure that the opposing party has an appropriate opportunity to respond.

## **60. Medical Staff Review Committee (MSRC) Proceedings**

60. (1) A MSRC may determine rules of procedures for the conduct of a hearing not covered by these Bylaws or the Rules. Notwithstanding the foregoing, the MSRC shall ensure that hearings are conducted in accordance with these Bylaws, the Rules, applicable laws, and the principles of natural justice and procedural fairness.
60. (2) With respect to a hearing regarding an application for appointment or change of category of appointment and/or privileges, the parties to the hearing are the applicant or Medical Staff member, the chair of the PMAC, and such other individuals as the MSRC may specify.



60. (3) With respect to a hearing regarding a Triggered Review or an Immediate Action, the parties to the hearing are the Medical Staff member, the Department Head, the CMO, and such other individuals as the MSRC may specify.
60. (4) The MSRC hearing shall be transcribed, and a record of the proceedings shall be kept by the Medical Affairs Office.
60. (5) The MSRC shall be permitted to engage independent legal council to assist in fulfilling its mandate and shall be provided reasonable professional, technical and/or clerical support.
60. (6) Applicants and Medical Staff members are entitled to a hearing free of bias. For added clarity, such bias may include the members of the MSRC:
- a) having previously participated in any internal or external investigation relating to the applicant or Medical Staff member;
  - b) communicating directly or indirectly in relation to the subject matter of the hearing with any individual or with any party or their representative, except upon notice to the parties and the provision of an opportunity for all parties to participate; or
  - c) having a conflict of interest in the outcome of the hearing.
60. (7) Any concern of bias shall be forwarded in writing to the MSRC for adjudication.
60. (8) For MSRC hearings regarding the revocation of an appointment to the Temporary Medical Staff as per Section 34 (5), the MSRC shall only consider if the Temporary Medical Staff member received a fair and reasonable evaluation as further described in the Rules.
60. (9) For MSRC hearings regarding applications for appointment, change of category of appointment and/or privileges, Triggered Reviews, or Immediate Action, the MSRC shall consider all information, reports, and representations of the parties including the written reasons of the PMAC and/or the CMO, as applicable, that have been provided to the applicant or the Medical Staff member.
60. (10) Where through error or inadvertence, certain reasons were omitted from the written reasons provided to the applicant or Medical Staff member, the MSRC may consider those reasons if:
- a) those reasons are given in writing to the applicant or Medical Staff member; and
  - b) the applicant or Medical Staff member has been provided reasonable time to review and to prepare a response to such additional reasons.
60. (11) MSRC members shall participate throughout the hearing and shall consider all information, reports, and representations of the parties relevant to the matter under consideration. Only those members of the MSRC who participated throughout the hearing shall participate in the decision-making process.
60. (12) The MSRC is not bound by the rules of law respecting evidence that are applicable to judicial hearings and may admit as evidence any oral or written testimony or report that it considers to be credible and trustworthy.

60. (13) If further evidence is submitted to the MSRC after the hearing is adjourned, but where the final decision has not been rendered, it shall be assessed by the MSRC, and the hearing re-opened if, in the reasonable opinion of the MSRC, the new evidence is significant. The parties shall be permitted to make submissions to the MSRC when the reopening of a hearing is under consideration.

## **61. Medical Staff Review Committee (MSRC) Decision**

61. (1) Upon consideration of the evidence presented and the arguments of the parties, the MSRC shall, within fifteen days, prepare a written report setting out the MSRC's:
- a) findings of fact;
  - b) decision in accordance with Section 61 (3) or (4);
  - c) reasons for its decision; and
  - d) any dissenting opinion, including reasons for dissent.
61. (2) Subject to these Bylaws and the Rules, a decision of the majority of the members of a MSRC shall be the decision of the MSRC.
61. (3) With respect to hearings regarding applications for appointment or a change of category of appointment and/or privileges, the MSRC shall make a decision to:
- a) appoint the applicant or Medical Staff member in accordance with the category of appointment sought and privileges requested;
  - b) appoint the applicant or Medical Staff member but modify the category of appointment and/or privileges requested by the applicant or Medical Staff member; or
  - c) reject the applicant or Medical Staff member's request for appointment and/or privileges.
61. (4) With respect to hearings regarding a Triggered Review or an Immediate Action, the MSRC shall make a decision which may include:
- a) taking no action against the Medical Staff member;
  - b) placing a caution or reprimand in the Medical Staff member's file;
  - c) requiring the Medical Staff member to undertake upgrading or further education;
  - d) requiring the Medical Staff member to undergo counselling or treatment;
  - e) requiring the Medical Staff member to be subject to a period of clinical supervision, including Retrospective Review and/or Prospective Review, concurrent consultation, and/or direct supervision;
  - f) requiring the Medical Staff member to undertake remedial measures to address the matter that gave rise to the Concern;
  - g) amending, suspending, or revoking the Medical Staff member's privileges;
  - h) changing the Medical Staff member's category of appointment; or
  - i) suspending or terminating the Medical Staff member's appointment.

## **62. Notice of Medical Staff Review Committee Decision**

62. (1) The MSRC shall provide the applicant or Medical Staff member with a written notice which shall:
- a) include the report of the MSRC in accordance with Section 61 (1); and
  - b) inform the applicant or Medical Staff member of their right to apply to the Prince Edward Island Court of Appeal for judicial review.

62. (2) A copy of the written notice and report shall also be provided to the other parties to the hearing and the CMO.

### **PART XIII: AUTOMATIC SUSPENSION**

#### **63. Conduct Subject to Automatic Suspension**

63. (1) For the purposes of this section, Automatic Suspension means the temporary automatic suspension of the Medical Staff member's appointment and/or some or all of the member's privileges, according to these Bylaw and as described in the Rules.
63. (2) The following circumstances shall constitute conditions for Automatic Suspension of the Medical Staff member's appointment:
- a) failure to maintain an active license with the relevant Regulatory Body; or
  - b) failure to maintain ongoing professional liability insurance coverage in accordance with these Bylaws.
63. (3) The following circumstances shall constitute conditions for Automatic Suspension of some or all of a Medical Staff member's privileges:
- a) failure to submit appropriate documentation required for reappointment in accordance with these Bylaws and the Rules; or
  - b) failure to complete medical records as described in the Rules.
63. (4) Automatic Suspension shall continue until evidence is provided to sufficiently indicate the relevant requirements in section 63 (2) and 63 (3) have been met.

### **PART XIV: RECOMMENDED AMENDMENTS**

#### **64. Recommended Amendments**

64. (1) Proposed amendments to these Bylaws or the Rules may be submitted in writing for consideration, as further described in the Rules, to the BRRRC by:
- a) Any LMSA;
  - b) Any committee listed in these Bylaws;
  - c) Any Department Head;
  - d) the CMO; or
  - e) the CEO.
64. (2) The BRRRC shall advance recommended amendments to these Bylaws and the Rules for Board approval.
64. (3) The Board may in its sole discretion approve, amend, or reject any amendment to these Bylaws or the Rules presented for its consideration. In such cases:
- a) decisions regarding the Rules shall be considered final; and
  - b) amendments to these Bylaws shall be subject to approval by the Minister under the Act.
64. (4) Amendments to these Bylaws shall become effective when approved by the Minister in accordance with the Act.

## PART XV: ADOPTION AND APPROVAL

### 65. Effective Date

65. (1) These Bylaws become effective when approved by the Minister in accordance with Section 8 (4) of the Act.

### 66. Transitional Provisions

66. (1) These Bylaws repeal and restate in their entirety the bylaws of Health PEI previously enacted regarding the Medical Staff.
66. (2) The repeal and restatement in its entirety of a bylaw does not:
- a) affect the previous operation of the repealed bylaw or anything done or permitted pursuant to it;
  - b) affect a right or obligation acquired pursuant to the repealed bylaw;
  - c) affect or impact any penalty or sanction imposed under the repealed bylaw; and
  - d) prevent or affect any investigations, review proceedings, disciplinary proceedings or disciplinary actions underway pursuant to the repealed bylaw and such matter continues under that bylaw.
- For greater clarity:
- i. the composition of a review or disciplinary committee under a repealed bylaw is not impacted and the committee composition continues until the matter is complete; and
  - ii. any other matters that require adjustment shall continue in a manner as may be determined by the CMO.
66. (3) These restated Bylaws are deemed to have the following effect:
- a) an in-progress application for appointment, reappointment, or change of appointment and/or privileges made pursuant to the repealed bylaw shall be continued pursuant to and in conformity with the repealed bylaw where inconsistent with these Bylaws;
  - b) to the extent possible, the procedures established by these Bylaws shall be followed as far as can be adapted in relation to the matters that happened before their adoption;
  - c) the appointment of a Medical Staff member under a repealed bylaw shall continue in the equivalent category under these Bylaws or where there is not an equivalent, the most equivalent category as determined by the CMO; and
  - d) a Medical Staff member granted privileges pursuant to the repealed bylaw shall continue with those privileges according to these Bylaws.

### 67. Application of Rules

67. (1) Where pursuant to these Bylaws a matter is referenced to be addressed in accordance with the Rules, and those rules do not exist, the Board will consult with the BRRC, and may:
- a) determine that the matter can be addressed based on past practice without need of specific rules; or
  - b) establish temporary rules to address the matter, until the particular Rules have been adopted.
67. (2) The Board may delegate the power to establish temporary rules to the CMO.

# Health PEI

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The background of the page is an abstract graphic. It features a series of overlapping, wavy, and translucent bands of color. The colors range from light blue and white at the top to vibrant green and yellow at the bottom, creating a sense of movement and depth. The overall effect is reminiscent of a stylized landscape or a dynamic, flowing pattern.

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