

HIGHLIGHTS

DRAFT PROVINCIAL MEDICAL STAFF BYLAWS

UPDATED JUNE 8, 2010

The AHS/AMA Provincial Medical Staff Bylaws Working Group has endeavored to ensure that:

- Physicians are provided with fair and due process under the bylaws
- The bylaws facilitate a clear understanding of the rights and responsibilities of both Alberta Health Services and the practitioner¹ in the AHS environment.

PART ONE

GENERAL PROVISIONS

Duties and responsibilities of AHS under law and role of bylaws

- **Bylaws are binding** on AHS and practitioners accepting appointments
- **Describes how AHS will manage practitioner files**, i.e., information collected, disclosed and accessed by practitioners
- **Allows physicians to bring an advisor** (lawyer, medical staff representative, colleague of choice, etc.) when appearing before a person of authority
- **Explains processes for amending bylaws** (e.g., zone-specific or provincial rules) and ensuring medical staff has a voice at committee level in such reviews
 - Bylaw amendments require 2/3rd vote of medical staff
 - Rule amendments require 2/3rd vote of reviewing committee
 - Senior Physician Executive has final approval

PART TWO

AHS MEDICAL ORGANIZATIONAL STRUCTURE

Roles and responsibilities for components of AHS medical administration structure and key provincial and zone committees

- **Zone Medical Staff Associations (ZMSAs)** to serve as the zone-level representative bodies of the medical staff with respect to bylaws-related functions and issues
- **Provincial Practitioner Executive Committee** to: advise AHS regarding practitioner workforce planning, medical staff rules; provincial AHS polices; accreditation functions; approving amendments to rules
 - Chair, elected from committee
 - Chairs of five Zone Medical Administrative Committees
 - Representatives of each of five ZMSAs
 - Five Zone Medical Directors
- **Medical Staff Bylaws and Rules Review Committee** to: regularly review bylaws and rules; consider amendments
 - All Associate Senior Physician Executives (chair from)
 - Chairs of five Zonal Medical Administrative Committees
 - Five medical staff members selected by ZMSA
 - Additional medical staff members as necessary to equal representation by Associate Senior Physician Executives
- **Zone Medical Administrative Committees** to deal with quality and patient safety issues in each zone. ZMSAs will select 1/3 of voting members. Remainder of voting members will be Clinical Department Heads.
- **Zone Application Review Committees** to consider applications for or changes to appointments and privileges
 - Two zone clinical department heads
 - Two members of medical staff
 - Application-relevant zone medical director and clinical department head

¹ Please note that where “practitioner” is used instead of “physician,” it is intended to be inclusive of all professions under the bylaws, including dentists and podiatrists with privileges

PART THREE

CREDENTIALING PROCESS

Roles and responsibilities for components of AHS medical administration structure and key provincial and zone committees

- **Outlines the process for applying for AHS appointments and privileges**
- **Appointments are provincial, not zone-based**
 - **Probationary:** Usually the initial status for 12 – 24 months when, following satisfactory performance review, physicians move to Active Staff
 - **Active Staff:** Standard category for physicians with privileges
 - **Temporary Staff:** For practitioners with appointments of less than 120 days
 - **Community Staff:** For community staff who wish to join a department and have input into AHS activities, but do not require privileges
 - **Locum Tenens Staff:** For temporary placement of Locum Tenens physicians in an existing practice or facility
- **Outlines process for applying for privileges**
 - Note that appointments alone do not automatically confer privileges
 - An offer of privileges outlines: the specific privileges granted; sites of clinical activity; and identification of the AHS services and programs that the practitioner may access

PART FOUR

RESPONSIBILITIES AND ACCOUNTABILITY OF AHS AND MEDICAL STAFF

Recognition of the bilateral relationship between AHS administrators and medical staff

- **Outlines a commitment by both parties to fairness and ethical behavior**
- **Requires all physicians, including medical administrator leaders, to abide by AHS values of: respect; accountability; transparency; and engagement**
- **Canadian Medical Association (CMA) Code of Ethics and College of Physicians & Surgeons of Alberta (CPSA) Code of Conduct take precedence for physicians if AHS Code of Conduct or AHS policies conflict with the CMA Code of Ethics or the CPSA Code of Conduct.** (wording updated June 8 to match Bylaws)
- **Outlines practitioner and AHS responsibilities under bylaws**
- **Yearly appointments are replaced by performance reviews every three years**
- Practitioners participate in department activities, including a reasonable on-call schedule
 - Specific recognition of joint responsibility between practitioner and department head/site medical director for fulfilling on call requirements

PART FIVE

PERIODIC PERFORMANCE REVIEWS

Process for three-year review

- **Outlines the terms and processes for performance reviews**
- **Applies to all practitioners in the Active Staff category**
- **Undertaken every three years for Active Staff physicians**
- **Annually after age 65**
 - No mandatory retirement provisions

PART SIX

TRIGGERED INITIAL ASSESSMENTS AND REVIEWS

Process for AHS adjudication of complaints about physicians

- **Outlines how AHS will deal with complaints** about physician performance in AHS facilities
- **Strongly establishes procedural fairness** and timeliness for the process
- **Allows for an informal consensual dispute resolution** process that is expected to suffice for the vast majority of cases
- **Outlines a procedure for formal hearing** review
- **Outlines the appeal process**
- **Outlines a process for immediate action** to be used only in the event of serious concerns about a physician's personal health or public or patient safety

PART SEVEN

TRANSITION PROVISIONS

Process for transitioning current appointments and privileges into the new structure

- **Outlines how physicians' current privileges and appointments will be reviewed and transferred** into the new categories
 - Most physicians will simply be granted equivalent privileges
- **Outlines an appeals process** in cases where AHS and practitioner disagree on the new category of privileges or appointment
- **Outlines a process for transferring current complaint investigations** into the new structure

AHS MEDICAL STAFF RULES

Additional general rules applicable to physicians with respect to AHS programs and services

- **Rules elaborate on provisions of the bylaws** and provide important information regarding committee structures
- **Explain how physicians with or without appointments may access AHS programs and services** available to all licensed physicians (i.e., Universal Services and Programs)
 - Includes described lab and diagnostic imaging services
- **Outlines provincial Patient Care and Practitioner-Related Provisions** for: admissions; patient attendance; doctors' orders; patient consent; on-call; transfer of responsibility; conflict of interest; medical records; and other matters