



## **VCH MEDICAL STAFF RULES**

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**Preamble**

The Medical Staff Rules (“Rules”) operationalize the processes referenced in the Medical Staff Bylaws (“Bylaws”) of Vancouver Coastal Health (hereinafter referred to as (“VCH”).

The Rules provide conditions under which VCH Medical Staff provide patient care and services in hospital facilities and programs operated by VCH in a shared commitment of VCH Medical Staff and VCH to provide quality, safe and culturally safe patient care and a respectful workplace.

**Applicability of the Rules**

These Rules apply only to dentists, midwives, nurse practitioners, and physicians who have been granted privileges by the VCH Board to practice in designated Hospital Act sites.

Credentialed Medical Providers (“CMPs”) are medical provider credentialed to provide clinical services in VCH community programs or facilities under a contract or service agreement that are not governed by these Rules. CMPs are subject to the Credentialed Medical Provider Governance Policy and their respective contracts.

**Authority to Establish and Amend the Rules**

The VCH Board of Directors (“VCH Board”) is accountable for the quality of care and provision of appropriate resources in the hospital facilities and programs operated by VCH. This accountability is operationalized by the Chief Executive Officer (“CEO”), as the representative of the VCH Board pursuant to s. 3 of the *Hospital Act Regulation* B.C. Reg. 121/97.

The VCH Board has the authority to establish the Rules pursuant to Article 12 of the Bylaws and amend the Rules periodically. The Health Authority Medical Advisory Committee (“HAMAC”) makes recommendations for revisions of the Rules to the VCH Board, in line with the responsibility of HAMAC to provide advice on the quality and effectiveness of medical care within VCH and ensuring VCH Medical Staff practices are in accordance with current standards of care. The HAMAC also ensures the Rules reflect the operational requirements of the CEO and the contemporary organization of the VCH Medical Staff.

**Effect of Copy of the Rules**

A copy of the Rules shall be sent to all VCH Medical Staff, who shall be deemed to be familiar with the Rules. A copy of the Rules signed by the VCH Board Chair and the HAMAC Chair may be given in evidence in any proceedings under the Bylaws without further proof of authenticity.

Singular and plural terms include both as the context applies. The use, or lack of use, of capital letters does not change the interpretation of words which are specifically defined in this document.

If there is any inconsistency between the Rules and the Bylaws, the provisions in the Bylaws govern.

### **Organization of the VCH Medical Staff**

In accordance with the *Hospital Act Regulation*, the general purpose of the organization of the VCH Medical Staff is to provide a governance structure for the dentists, midwives, nurse practitioners and physicians who are granted privileges by the VCH Board to:

- Assist in the management and administration of the VCH Medical Staff who practice within VCH hospital facilities and programs.
- Facilitate the provision of safe and quality patient care at VCH.
- Support the mission, vision and values of VCH.
- Maintain and support the rights and privileges of the VCH Medical Staff as referenced in Article 2.1 of the Bylaws; and
- If warranted, recommend corrective action or discipline of VCH Medical Staff to the VCH Board.

### **The Role of the HAMAC within VCH**

The HAMAC is appointed by the VCH Board pursuant to Article 8 of the Bylaws, as an advisory committee to the VCH Board that has content expertise with respect to the provision of medical care, the quality and effectiveness of medical care, the adequacy of Medical Staff resources, continuing medical education and planning goals to provide safe and quality medical care to the patient population served by VCH.

The HAMAC is also responsible for making recommendations to the VCH Board with respect to the granting, cancellation, suspension, restriction, non-renewal or maintenance of privileges of VCH Medical Staff.

The HAMAC Terms of Reference are appended to the Rules at Appendix "A". The HAMAC shall:

- Make recommendations to ensure the VCH Medical Staff complies with applicable legislative requirements, the Bylaws, the Rules and policies of VCH.
- Make recommendations to the VCH Board to ensure the quality and effectiveness of medical care provided within the hospital facilities and programs operated by VCH, including recommendations on clinical organization, medical technology, electronic medical records, digital health initiatives, continuing medical education and policies and procedures to provide safe and quality medical care to the patient population served by VCH.
- Advise the VCH Board to establish Area Medical Advisory Committees ("AMAC") and Sub-Committees that report directly to the HAMAC and have roles and responsibilities, as delegated by the HAMAC.
- Review recommendations from the Credentials Committee concerning the appointment and review of members of the VCH Medical Staff including the delineation of clinical and procedural privileges.

## **Commitment to a Respectful and Culturally Safe Workplace, Patient Care and Human Rights**

VCH is committed to ensuring that all individuals, whether Medical Staff, staff, patients, clients, residents or visitors are:

- Treated with dignity, respect, cultural humility and cultural safety, free from discrimination and harassment; and
- Supported in the respectful management of workplace conflict.

VCH is committed to providing a workplace and service environment that respects and promotes human rights and personal dignity. VCH Medical Staff are required to conduct themselves and are entitled to be treated in accordance with the VCH Respectful Workplace Policy.

VCH is committed to a culturally safe workplace and seeks to achieve Indigenous cultural safety through cultural humility and eliminating Indigenous-specific racism through collaborative and cooperative engagement with Indigenous peoples, in accordance with applicable policies including the Indigenous Cultural Safety Policy. VCH is committed to providing patient care that is culturally safe and expects VCH Medical Staff to share this commitment, in accordance with applicable policies.

### **Definitions**

The following terms used in the Rules supplement the definitions in the Bylaws and have the meaning assigned to them as follows:

**Affiliation Agreement** — The agreement between the VCH Board and the Board of Governors of the University of British Columbia or other postsecondary educational institutions that defines the roles and responsibilities of VCH and the postsecondary educational institutions in providing clinical education to learners.

**Area Medical Advisory Committees (AMACs)** — Committees established by the VCH Board on the advice of the HAMAC, that are a direct report to the HAMAC and have roles and responsibilities delegated by the HAMAC, pursuant to Article 9 of the Bylaws.

**Chief Executive Officer (CEO)** — The individual engaged by the VCH Board pursuant to section 3 of the *Hospital Act Regulation* to provide leadership to and to carry out the day-to-day administration and management of the facilities and programs operated by VCH in accordance with the Bylaws, Rules and VCH Policies.

**Clinical Fellow** — Dentists, midwives, nurse practitioners or physicians temporarily attached to the facilities owned or operated by VCH for the educational purpose of gaining additional experience in their discipline.

**Credentialed Medical Provider** — A dentist, midwife, nurse practitioner or physician who is credentialed with VCH to practice in a VCH community program or facility and provides clinical services in a VCH community program or facility pursuant to a Contract or service agreement.

**Credentiailling** — the process of confirming a provider's identity, training, licensure, experience, reputation and skill and is performed when a provider expresses interest in working at a Health Authority.

**Credentials Committee** — An AMAC sub-committee established to review the credentials of applicants for appointments to the VCH Medical Staff and make recommendations to the HAMAC, or an AMAC as applicable, on the appropriate Medical Staff category and privileges pursuant to Article 2 of the Rules.

**Community of Care** – One of the three [3] following geographical areas that VCH has defined to coordinate the delivery of health care services: Coastal (Urban & Rural), Richmond and Vancouver.

**Dentist** — A member of the VCH Medical Staff who is duly licensed and registered with the College of Dental Surgeons of British Columbia and is entitled to practice dentistry in British Columbia.

**Department** – A major subsection of the VCH Medical Staff composed of department members with common specialty, clinical or research interests.

**Department Head** – A VCH Medical Staff member appointed by the VCH Board and a direct report to the Senior Medical Director and Regional Department Head. A Department Head is responsible for the operation of a medical service and the quality of care provided by a department.

**Division** — A subsection of a Department with clearly defined sub-specialty interests.

**Division Head** — A VCH Medical Staff member appointed by the VCH Board, in consultation with the Department Head, that is responsible for the operation of a Division under the direction of the Department Head.

**Health Authority Medical Advisory Committee (HAMAC)** — A committee appointed by the VCH Board that makes recommendations to the VCH Board with respect to cancellation, suspension, restriction, non-renewal or maintenance of the privileges of all members of the VCH Medical Staff to practice within the facilities and programs operated by VCH pursuant to Article 8 of the Bylaws. The HAMAC provides advice to the VCH Board and the CEO on the provision and quality of medical care within the facilities and programs operated by VCH.

**Hospital** — A health care facility, as designated by the *Hospital Act*, that is owned or operated by VCH. [Appendix “B”]

**Local Medical Director** – A VCH Medical Staff member who is selected by a search and selection process, appointed by the CEO and a direct report to the Senior Medical Director.

**Medical Leader** – A VCH Medical Staff member appointed by the VP Medicine and Academic Affairs or Senior Medical Director to provide operational and administrative leadership at VCH and is accountable to the VP Medicine and Academic Affairs or Senior Medical Director for administrative matters.

**Midwife** — A member of the VCH Medical Staff who is duly licensed by the College of Midwives of British Columbia and is entitled to practice midwifery in British Columbia.

**Most Responsible Provider (MRP)** – The dentist, midwife, nurse practitioner or physician who has the overall responsibility for the management and coordination of care of the patient at any given time.

**Nurse Practitioner** – A nurse who is duly registered with the College of Registered Nurses of British Columbia as a nurse practitioner and employed or contracted by VCH to practice as a nurse practitioner, subject to the applicable legislation, in the facilities owned or operated by VCH.

**Objectionable Conduct** – refers to any clinical or behavioural conduct of VCH Medical Staff that can or does interfere with patient care and/or is non-compliant with the Respectful Workplace policy or Standards of Conduct policy, or other policies that apply to the Medical Staff, the Bylaws and the Rules.

**On-Call Coverage** – Coverage to promptly respond to patient need and directly provide service on an urgent or emergent basis depending on patient need including overnight, on a weekend or recognized holidays.

**Oral Maxillofacial Surgeon** – A dentist who holds a specialty certificate from the College of Dental Surgeons of British Columbia authorizing practice in oral and maxillofacial surgery.

**Peer Review Committee** - Appointed by the HAMAC pursuant Article 8.3 of the Bylaws, as an investigative subcommittee of the HAMAC in relation to Objectionable Conduct, a Complaint and any prior or subsequent complaints or concerns relating to the Subject Member.

**Physician** — A member of the VCH Medical Staff who is duly licensed by the College of Physicians and Surgeons of British Columbia and who is entitled to practice medicine in British Columbia.

**President of a Medical Staff Association** — The elected representative of a VCH Medical Staff Association who has a mandate that includes the promotion and advancement of the involvement of VCH Medical Staff in the provision of medical services and to represent and advocate for the interests of the VCH Medical Staff.

**Privileges** — A permit to practice medicine, dentistry, midwifery or nursing as a nurse practitioner in the Hospitals owned or operated by VCH, granted by the VCH Board upon the recommendation of the HAMAC, as set forth in the Bylaws, the *Hospital Act* and its *Regulations*.

**Program** – A VCH program that delivers specific and defined health care services.

**Program Director** – A member of the VCH Medical Staff who is appointed by the CEO or designate and is responsible for the coordination and leadership of a VCH Program.

**Regional Department** —An established Department with common specialty, clinical or research composed of department members from VCH and PHC.

**Regional Department Head** —The Head of a Regional Department appointed by the VCH Board and the PHC Board and is a direct report to the VP Medicine and Academic Affairs. The Regional Department Head is responsible for the appointments and operation of a medical service and the quality of care provided by the Regional Department.

**Resident** — Physicians and dentists temporarily engaged by or attached to the facilities and hospitals owned or operated by VCH for the purpose of post graduate training in accordance with the Affiliation Agreement.

**Senior Medical Director** — A VCH Medical Staff member who is selected by a search and selection process,, appointed by the COO and a direct report to the VP Medicine and Academic Affairs. , who of the The Senior Medical Director is responsible for the coordination and direction of the activities of the VCH Medical Staff within a Community of Care.

**Student** — An undergraduate and/or graduate student (including a dental, midwifery,nurse practitioner and physician student) assigned to the facilities owned or operated by VCH for the educational purpose of gaining practical clinical experience during a specified rotation and in accordance with an Affiliation Agreement.

**VCH Medical Staff** —The dentists, midwives, nurse practitioners and physicians appointed to practice medicine, dentistry or midwifery or as a nurse practitioner in hospital facilities owned or operated by VCH.

**VCH Non-Medical Staff** – Includes podiatrists, psychologists, optometrists, PhD and MSc and other health care providers.

**Vice President [“VP”], Medicine and Academic Affairs** - A physician, appointed by the CEO, responsible for the coordination and direction of the activities of the VCH Medical Staff. The VP Medicine and Academic Affairs can delegate responsibilities to the Senior Medical Director or another Senior Medical Leader.

## **Article 1 – Medical Staff Membership and Appointment**

- 1.1. All members of the VCH Medical Staff shall be appointed by the VCH Board pursuant to Article 3.1.1 of the Bylaws.

No dentist, midwife, nurse practitioner or physician shall be eligible for appointment to the VCH Medical Staff or remain a member of the VCH Medical Staff unless such dentist, midwife, nurse practitioner or physician is duly registered by their respective College and subscribes to and complies with their respective Code of Conduct/Ethics.

Members of the Scientific and Research Medical Staff shall be and shall remain members of the appropriate licensing body in British Columbia, where such licensing body exists, or membership is deemed necessary by the VCH Board.

- 1.2. Application Process

Any person wishing to be appointed to the VCH Medical Staff shall apply to the VP Medicine and Academic Affairs, as a delegate and representative of the CEO, by completing the prescribed online form and providing such evidence of professional qualifications and experience as may be required by the VCH Board.

Applications must include:

- The prescribed and completed VCH application form and documentation.
- The evaluation and recommendation of the appropriate Medical Leader.
- Proof of active registration or membership with any respective College where the applicant is registered.

- A current [within 90 days] certificate of good standing of the applicant from any College where they are registered.
- Proof of current professional liability insurance in a category appropriate to the practice of the applicant.
- Input from relevant Medical Leaders, as necessary.
- Three [3] written references.

[hereinafter referred to as the “Complete Application”]

Upon receiving the Complete Application, the VP Medicine and Academic Affairs shall forward it to the Credentials Committee for consideration.

### 1.3. Credentials Committee Consideration

The Credentials Committee shall process each application expeditiously to allow the HAMAC and the VCH Board to finalize the process and to advise the applicants of the decisions within the time limits established by the *Hospital Act Regulations*, the Bylaws and the Rules, which are within 120 days after the Complete Application is received by the VP Medicine and Academic Affairs.

### 1.4. Other Staff Appointments

Non-Medical Staff, including podiatrists, PhD and MSc staff and departmental assistants, shall be appointed by the VP Medicine and Academic Affairs on the recommendation of the appropriate Medical Leader.

## **Article 2 – Appointment, Review and Re-Appointment Procedures**

### 2.1. Search and Selection Process

The Search and Selection Process ensures that VCH selects the best possible Medical Staff so it can continue to provide exceptional, innovative, high-quality care to all VCH clients, patients and residents. When VCH appoints new VCH Medical Staff, it is an opportunity to identify gaps in our existing interdisciplinary teams and appoint individuals who will fill those gaps, reflect a continued commitment to safe and quality patient care within VCH and to provide mentorship for others on the team.

Engaging in an impact analysis permits a VCH Medical Leader to reflect on the needs of their Community of Care and their team while partnering with operational leadership.

Medical Leaders invest in developing a diverse VCH Medical Staff that reflects the diversity in our VCH culture. This includes reflecting diverse sexual/gender identities, Indigenous peoples, visible minorities and persons with disabilities.

The VCH Search and Selection process aligns with the vision of VCH, to realize a safe and high-quality patient care experience for all while continuously striving for better results.

The process as outlined in the VCH SOP – Medical Staff Selection Process which is attached as Appendix “C” shall be followed when appointing members of the Medical Staff, excepting Locum or Temporary Medical Staff. [Pending]

## 2.2. Staffing, Resource and Succession Planning

VCH Medical Staff shall, upon request, participate in and consult with appropriate Medical Leaders regarding staffing and resource planning.

VCH Medical Staff intending to surrender their privileges, retire, resign or take extended leaves of absence shall provide written notice to VCH as soon as reasonably possible and not less than six (6) months in advance of either, the intended termination date of their privileges or, alternatively, the intended commencement of their extended leave of absence and following 2.14 of the Rules.

VCH Medical Staff are encouraged to commence succession planning from the age of sixty (60), or earlier as appropriate, and to consult with Medical Leaders regarding resource planning and/or succession planning within VCH.

VCH Medical Staff seeking to plan for retirement through winding down their practice or reducing their on-call time must cooperate with Medical Leaders to provide clear timelines to allow for appropriate resource allocation and succession planning. This process must engage both the members of the group and formal leadership to ensure that the needs to the patients and group are balanced with the plans and needs of the retiring clinician through a mutually agreed to process that supports equity and fairness.

## 2.3. Application Procedure - No Vacancy Declared

The process for application for an appointment to the VCH Medical Staff is set out in Article 4 of the Bylaws.

A person who submits an unsolicited letter of intent to apply for an appointment to the VCH Medical Staff will be provided with a copy of the *Hospital Act*, the Regulation, the Bylaws and the Rules and will be informed in writing that there is no vacancy.

A person who submits an unsolicited application for an appointment to the VCH Medical Staff will have their application processed in accordance with Article 4.3 of the Bylaws if that application complies with Article 4.1.3 of the Bylaws.

## 2.4. Appointment Criteria

In considering an appointment to the VCH Medical Staff, the Department Heads, VP Medicine and Academic Affairs and the Credentialing Committee will use the following criteria:

- the fitness, competence, ongoing expertise and capability of the applicant,
- the strategic plan and resources and staffing of the relevant Department or Division,
- the applicant’s plans relating to retirement or other changes in the nature of their practice,
- the recruitment of new personnel,

- the development of new technologies and clinical programs,
- the allocation of facility resources,
- the recommendations of the relevant Department Head and Operations Program Director, and
- the need for mentoring of junior colleagues.

The Credentialing Committee shall provide its recommendations as to the appropriate Medical Staff category and privileges to either the AMAC, or directly to the HAMAC, as applicable.

Upon receipt of the recommendation the HAMAC shall consider and review the recommendation and, if accepted, forward the written recommendation to the VCH Board

The VCH Board shall review the application, consider the recommendation of the HAMAC, make a decision and notify the applicant in writing within 120 days after the receipt of the Complete Application by the VP Medicine and Academic Affairs.

If the VCH Board appoints the applicant to the VCH Medical Staff, the VCH Board must specify the membership category and the privileges granted to the applicant.

#### 2.5. Term of Appointment

All appointments to the VCH Medical Staff shall be for three [3] years, beginning the first [1<sup>st</sup>] day of July or in the case of new appointments, on the date of approval by the VCH Board or the VP Medicine and Academic Affairs as provided herein and ending the thirtieth [30<sup>th</sup>] day of June, or such earlier date as shall have been determined at the time of approval.

#### 2.6. Time Limit

Appointments and re-appointments to the VCH Medical Staff shall be made not later than the thirtieth (30<sup>th</sup>) day of June in each year. Any vacancies may be filled during an appointment year in accordance with Article 4.1.1 of the Bylaws.

#### 2.7. Orientation & Training

Newly appointed VCH Medical Staff shall be oriented to VCH systems and processes, which is a joint responsibility of VCH Medical Staff and Medical Leaders and key operational and support persons within the organization. Prior to exercising their clinical privileges, newly appointed VCH Medical Staff shall review VCH policies, attend live or virtual orientation activities and complete VCH training modules, as described in Appendix "D". Mentorship and support opportunities will be encouraged through partnership with the MSA and Divisions of Family Practice where possible.

#### 2.8. Re-Appointment

VCH Medical Staff are required to apply for re-appointment on or before the expiration of their term of appointment and shall submit the prescribed VCH application form to the Department Head.

An application for re-appointment is evaluated by the Department Head and recommendations regarding reappointment shall be made to the AMAC. If the recommendation is accepted, it shall be forwarded to the HAMAC and, if the recommendation is accepted, then it shall be forwarded to the VCH Board for a decision.

In order to apply for reappointment, VCH Medical Staff shall provide:

- A valid license to practice in the province of British Columbia.
- Proof of active membership with their respective College.
- Proof of current professional liability insurance in a category appropriate to the practice of the applicant.
- Updated contact information
- A re-appointment interview with the Department Head or delegate.

In considering a re-appointment to the VCH Medical Staff, the Department Head will use the same criteria for an appointment, as described in Article 2.4 of the Rules.

An application for re-appointment shall disclose proceedings involving the applicant not previously disclosed to VCH, including:

- Bylaw proceedings.
- restrictions on licensure, privileges and/or appointments.
  - practice permit restrictions.
  - disciplinary or professional restrictions or proceedings.
  - imposition of monitoring requirements.
  - a requirement to undergo counselling or treatment.
  - a requirement to undertake upgrading or further education.
  - a requirement to undertake remedial measures in cases of unprofessional or unethical behaviour, unbecoming conduct or improper or disruptive conduct; and/or
  - a recommendation made to the applicant to ensure appropriate public or patient safety.
- Any changes in physical or mental health that affect or may affect the performance of the responsibilities of VCH Medical Staff, as specified in the Bylaws and Rules.
- Any criminal convictions arising from the Criminal Code of Canada or the Controlled Drugs and Substances Act; and/or
- Criminal charges arising from Part V or Part VIII of the Criminal Code of Canada or the Controlled Drugs and Substances Act.

The Department Head shall provide a recommendation as to the appropriate Medical Staff category and privileges for re-appointment to the AMAC. The recommendation will be considered and the decision made in accordance with the appointment process, as described in Article 2.4 of the Rules.

## 2.9. In-Depth Reviews of VCH Medical Staff

VCH Medical Staff are subject to an in-depth review prior to an appointment from the Provisional Medical Staff to the Active Medical Staff category. An in-depth review will be performed based on the prescribed process.

Members of VCH Medical Staff will undergo an in-depth review prior to re-appointment every three [3] years until age sixty-five [65].

Members of VCH Medical Staff aged sixty-five [65] and older may undergo a more in-depth review prior to re-appointment on an annual basis to ensure that essential skills such as cognitive function, psycho-motor abilities and clinical judgement are well maintained. The in-depth review will be completed by the Department Head with the assistance of the appropriate Medical Leader. The in-depth review may consist of the following domains:

- Interpersonal and Communications Skills
- Professionalism
- Psycho-Motor Skills
- Cognitive Skills
- Patient Outcomes

The appropriate Medical Leader will complete a report and recommendations arising from the in-depth review and discuss the results with the applicant and the VP Medicine and Academic Affairs before providing the report and recommendations to the AMAC.

## 2.10. Refusal to Appoint

The VCH Board has authority over appointments, re-appointments and the revocation, suspension or restriction of appointments to VCH Medical Staff.

Appointments to VCH Medical Staff are dependent on the resource requirements of the hospital facilities and programs operated by VCH, each appointment is contingent upon the ability of VCH to accommodate the appointment.

A refusal to appoint or re-appoint to the VCH Medical Staff can be appealed pursuant to Article 11.4 of the Bylaws.

The decision of the VCH Board to terminate an appointment [assuming non-disciplinary and no patient safety issues] must provide VCH Medical Staff with [12] months' notice before termination. The VCH Board decision shall reference the termination date of the privileges.

## 2.11. Specific Procedural Privileges

Procedural Privileges are a permit to perform specific operations or procedures in designated hospital facilities and programs operated by VCH. The VCH Board grants specific procedural privileges upon consideration of the recommendations of the HAMAC.

VCH assesses Procedural Privileges using specialty-specific British Columbia Provincial Privileging Dictionaries.

On receiving an application for Procedural Privileges, the Department Head will consult with the appropriate Division Head, if applicable, and will evaluate:

- The training and experience required or gained by an applicant to support their request for specific procedural privileges.
- The ability of VCH to provide appropriate facilities, equipment, supplies and resources to care for a patient who has had such a procedure; and
- How this procedure will meet the service priorities and service needs of VCH.

This evaluation may include supervision of the procedure by qualified VCH Medical Staff for a determined number of cases.

The Department Head shall forward their evaluation of the request for procedural privileges to the HAMAC. The HAMAC will review and forward its recommendation to the VCH Board.

The VCH Board may, in consultation with the HAMAC and the Provincial Privilege Dictionary, specify the frequency at which a specific procedure should be performed to maintain such privileges.

Procedural privileges require an individual application process in the following situations:

- The introduction of new technology for which training has not previously been available to the specialty.
- The request for privileges outside a specialty or sub-specialty area.
- The request for procedural privileges in a specialty area by a non-specialist.
- The request for privileges generally not included in a specific Medical Staff category as defined in the Bylaws.

Where there is disagreement with respect to what procedural privileges should be recommended, the matter shall be referred to the AMAC, then a recommendation shall be made to the HAMAC for its review and then the HAMAC shall make a recommendation to the VCH Board for a decision.

#### 2.12. Facility Privileges and Cross Coverage

VCH Medical Staff who are credentialed at a VCH facility are credentialed at all VCH facilities, unless otherwise stated.

Privileges must specify the VCH facility at which the VCH Medical Staff member may practice. Privileges are facility specific and additional privileges at another facility require a specific grant of privileges by the VCH Board.

The VCH Board may grant Privileges to a credentialed appointee at a secondary site or at multiple sites with the approval of the VP Medicine and Academic Affairs and the appropriate Medical Leader.

### 2.13. Temporary Privileges based on Special or Urgent Circumstances

If Temporary Privileges are required by VCH Medical Staff due to special or urgent circumstances and there is no time to receive VCH Board approval, the CEO (or appointed delegate), having performed due diligence and having reviewed a completed application for temporary privileges, may grant such privileges with specific conditions, for a designated purpose and for a fixed period.

Unless otherwise stated, the CEO delegates to the VP Medicine and Academic Affairs the authority to grant temporary privileges in special or urgent circumstances. These appointments must be ratified or terminated by the VCH Board at its next meeting. For clarity,

- **Special** circumstances are where there are unanticipated procedural issues or delay that may form a practical barrier to the granting of privileges, which are required, but not urgent.
- **Urgent** circumstances are where there are concerns for safe and quality patient care at VCH that merits urgent privileges on a temporary basis to alleviate circumstances where patient care would be otherwise compromised, as determined by the VP Medicine and Academic Affairs.

The grant of Temporary Privileges in special or urgent circumstances shall be for a fixed term as required to address the circumstances. Examples include:

- **Special** - The fixed term shall account for the period required to address the procedural issues or delays that served as a barrier to the grant of privileges.
- **Urgent** – The fixed term shall account for the period of medical staff services required to alleviate circumstances where patient care would otherwise be compromised.

If the fixed term expires prior to the abatement of the circumstances giving rise to the grant of Temporary Privileges, a renewed grant can be considered.

If Temporary Privileges are not renewed, VCH Medical Staff must immediately cease all clinical activity at the VCH Facility and transfer ongoing care of any patient under their care to appropriate VCH Medical Staff.

Transport Teams and Organ Retrieval Teams may be granted temporary privileges without application for the purpose of stabilizing patients and preparing them for transport to another facility according to Article 4.1.4 of the Bylaws.

Decisions to grant temporary privileges shall be documented by in a manner that reflects the nature of the special or urgent circumstances, the consultative process, the designated purpose, the rationale for the length of the fixed term and the decision.

### 2.14. Leave of Absence

VCH Medical Staff taking a leave of absence greater than three [3] months and up to twelve [12] months shall apply to the VCH Board, or its delegate, for approval.

VCH Medical Staff seeking to extend a leave of absence shall apply to the VCH Board, or its delegate, and include written approval from the Department Head or the Senior Medical Director.

A leave of absence and any extensions may not exceed a total of 24 months, at which time the appointment and privileges shall automatically terminate. Leaves of absence for medical reasons are exempt from this provision for automatic termination and shall be subject to review in accordance with established medical leave protocols.

VCH Medical Staff on a leave of absence cannot provide services at any VCH facilities and are exempt from all duties and requirements under the Bylaws and Rules during the period of the leave.

VCH Medical Staff returning from a leave of absence longer than twelve [12] months may be subject to review by the Department Head to establish fitness to return to practice. This requirement is at the discretion of the Department Head.

VCH Medical Staff returning from a leave of absence that included a voluntary withdrawal of practice from their College shall be reviewed by the Department Head to establish fitness to return to practice. If there is a return to practice, the Department Head will recommend supervision or monitoring where indicated. In such cases, the approval of the Senior Medical Director is required before VCH Medical Staff can return and commence practice.

Recognized reasons for VCH Medical Staff to take a leave of absence include, but are not limited to:

- Bereavement leave
- Compassionate care leave
- Critical care or injury leave
- Educational leave
- Maternal or parental leave
- Jury duty leave; and/or
- Reservists leave.

Other reasons for a leave of absence by VCH Medical Staff shall be considered on a case-by-case basis.

### **Article 3 – Discipline and Appeals**

#### **3.1. Authority**

The *Hospital Act Regulation*, Sec. 4(3)(h), requires VCH to “discipline any of its members in a manner it thinks fit and, if the circumstances in a case so warrant, recommend to the hospital’s Board the cancellation, suspension, restriction or non- renewal of the member’s permit to practice in the hospital.”

VCH has a legislative responsibility to safeguard the health of patients within its region by facilitating reasonable access to safe, appropriate and high-quality care. This includes promptly addressing medical staff conduct that interferes with patient care or does not comply with applicable policies, Bylaws or the Rules.

## Objectionable Conduct

For the purposes of this document, objectionable conduct refers to any clinical or behavioural conduct of VCH Medical Staff that can or does interfere with patient care and/or is non-compliant with the Respectful Workplace policy, other policies that apply to the Medical Staff, the Bylaws and the Rules.

Article 11 of the Bylaws describes the general principles and process of disciplinary action and appeals relating to Objectionable Conduct.

The scope of quality assurance protection under section 51 of the *Evidence Act* covers disciplinary proceedings under the Rules and Bylaws. Records produced while investigating the professional conduct of VCH Medical Staff, including the findings of such investigations, are not producible in legal proceedings, even if those records are not ultimately produced before or submitted to a medical staff committee within the meaning of section 41 of the *Hospital Act* or to the VCH Board. Records may be produced if they are utilized for the purposes set out in section 51 of the *Evidence Act*.

### 3.2. Procedural Fairness

VCH Medical Staff are entitled to procedural fairness including, but not limited to:

- The opportunity at any time to initiate or participate in, without prejudice, discussions with VCH with respect to resolution.
- Confidentiality consistent with the nature of the proceedings and, to the extent permitted by law, provided that the VCH Medical Staff member does not present a risk to patients or the public.
- The assistance of a colleague advisor or legal counsel;
- Timely disposition of the disciplinary process consistent with the nature of the Objectionable Conduct.
- Being provided with a copy of any recommendations, decisions and the reasons with respect to the same.
- Being provided with a copy of any documentation sent to the relevant College, to the extent permitted by law; and
- In circumstances where a hearing is required, to:
  - Have a hearing free of bias.
  - Have the opportunity to object to the composition of the Hearing Committee provided that prior knowledge of the subject matter of the hearing does not automatically disqualify a person from being a member.
  - Be represented by legal counsel, give evidence, examine and cross examine witnesses.

VCH is entitled to procedural fairness including, but not limited to:

- the opportunity at any time to initiate or participate in, without prejudice discussions with the Member of VCH Medical Staff with respect to resolution

- The ability to exclude documents or information from full disclosure if required by applicable legislation.
- The right to be represented by legal counsel, give evidence, examine and cross examine witnesses in a hearing, should it be required.
- Timely disposition of the disciplinary process consistent with the nature of the Objectionable Conduct.
- The ability to make recommendations and decisions with respect to the appointment and/or the privileges of the VCH Medical Staff member.

All disciplinary decisions made by the VCH Board shall be final, subject only to legal rights of appeal.

### 3.3. Purpose

VCH patients and staff are entitled to experience a safe, cooperative and respectful environment that supports the provision of safe and effective patient care, including culturally safe care.

VCH Medical Staff shall be compliant with VCH Policies, specifically with the VCH Respectful Workplace Policy, other policies that apply to the Medical Staff, the Bylaws and the Rules.

The formal disciplinary process for receiving and managing Objectionable Conduct of VCH Medical Staff permits HAMAC to fulfill its duties under the Bylaws to:

- monitor the quality and effectiveness of clinical matters and medical care provided by VCH Medical Staff within the facilities and programs operated by VCH; and,
- Make appropriate recommendations to the VCH Board regarding disciplinary measures that remediate Objectionable Conduct.

### 3.4. Consequences of Objectionable Conduct

Objectionable Conduct by VCH Medical Staff may affect the quality of patient care by:

- Deflecting attention from the patient, which compromises clinical judgment and performance.
- Increasing the likelihood of clinical errors by eroding team dynamics, including hesitation by the team to ask for help, seek clarification of orders or make suggestions about patient care.
- Undermining the confidence of the patient in the clinical team and/or VCH.
- Creating a challenging working environment that undermines recruitment and retention efforts by VCH; and/or,
- Affecting the reputation of VCH Medical Staff, health care staff and VCH.

### 3.5. Managing Objectionable Conduct

Objectionable Conduct shall be addressed in a consistent, equitable and timely manner in accordance with principles of procedural fairness, as outlined in Article 3.2 of the Rules.

VCH will consider and review all concerns or complaints about Objectionable Conduct whether received orally or in writing (referred to as a “Complaint”).

- The individual who makes the Complaint will be referred to as the Complainant.
- VCH Medical Staff who are subject to a Complaint will be referred to as the Subject Member.

In the case of an oral Complaint, VCH or the Complainant shall transcribe the oral complaint to a written format. The Complainant shall then review and approve the written complaint.

Anyone who observes or experiences Objectionable Conduct shall report it immediately to a Department Head or Senior Medical Director, who shall advise the VCH Medical Affairs Department so that proper tracking and procedure can be followed.

Any reprisal or retaliation against an individual who reports Objectionable Conduct and/or makes a Complaint to VCH will not be tolerated and may merit Stage 2, 3 or Crisis Intervention should it occur.

### 3.6. Complaint Intake and Staged Approach

A Medical Leader delegated by the VCH Medical Affairs Department shall initially assess the Complaint for its validity as soon as possible to determine whether further action, including a full investigation, is warranted (the “Initial Assessment”).

An Initial Assessment can include, but is not limited to:

- An interview with the Complainant.
- A Chart review, if deemed warranted.
- A Review of the personnel file of the Subject Member.

At the conclusion of the Initial Assessment, the delegated Medical Leader shall advise the VCH Medical Affairs Department whether the Complaint is founded and requires further action and will recommend whether the Complaint merits Stage 1, Stage 2, Stage 3 or Crisis intervention.

If the Complaint is deemed unfounded, no further action shall be taken.

If the Complaint requires further action, the delegated Medical Leader shall:

- Call or email the Subject Member with an invitation to meet and discuss the Complaint, with the option to receive a written summary of the Complaint prior to the meeting or at the meeting.
- Remind the Subject Member of the right to legal counsel or a member of a VCH Medical Association for support at the meeting.
- The Subject Member may respond to the written summary of the Complaint verbally or in writing, either at the meeting or at a subsequent meeting.

After the meeting with the Subject Member, the delegated Medical Leader shall determine whether a full investigation or an External Review is warranted. If warranted, the investigation

or External Review will be completed as soon as reasonably possible according to the Investigation and Review Procedure outlined in Appendix “E”. [Pending]

If the delegated Medical Leader determines that a Complaint requires Crisis Intervention, the process outlined in Appendix “F” shall be followed. [Pending]

### 3.7. General Principles of the Staged Approach

Interventions to remediate the Complaint shall follow the following staged approach:

- Stage One interventions might be warranted for Objectionable Conduct of low severity, involving a Subject Member with no prior history of Objectionable Conduct.
- Stage Two interventions might be warranted for Objectionable Conduct of moderate severity or where Stage One intervention has been ineffective.
- Stage Three interventions might be warranted for Objectionable Conduct is of high severity, if the Objectionable Conduct is persistent (Stage One or Stage Two interventions have not been effective) or where there is concern about self-injury, risk of patient harm or harm to others.
- Crisis Intervention is required in the event of Objectionable Conduct that is egregious and inappropriate for a different staged response or which meets the test set out in Article 11.2.1.1 of the Bylaws.

A flow chart outlining the Staged Approach is at Appendix “G” of the Rules. [Pending]

### 3.8. Complaint Documentation

The delegated Medical Leader managing the Complaint shall document the process, including:

- The initial assessment of the Objectionable Conduct.
- All discussions and meetings with the Subject Member.
- The resources offered or actions mandated to remediate the Objectionable Conduct.
- The consequences or potential consequences of continued Objectionable Conduct. (the “Complaint Documentation”)

The Complaint Documentation shall be kept in the Medical Staff Case Management System and become part of the confidential personnel file of the Subject Member and may form part of the record of any subsequent related disciplinary action before HAMAC, or other appropriate body but shall not otherwise be disclosed except in accordance with the provisions of Section 51 of the *Evidence Act*.

### 3.9. Stage One Interventions

Stage One Interventions might be warranted for Objectionable Conduct of low severity involving a Subject Member with no prior history of related Objectionable Conduct.

Within a reasonable period of receiving a Complaint, and after conducting an Initial Assessment, the delegated Medical Leader shall:

- Meet with the Subject Member to discuss the Complaint and explain why the Complaint has been deemed founded.
- Provide the Subject Member with a reasonable opportunity to respond to the Complaint.
- Assist the Subject Member to understand how others have interpreted the Objectionable Conduct and if applicable, the risk to patient safety.
- Offer supportive counselling to the Subject Member either personally or through a third party.
- In collaboration with the Subject Member, decide the format and substance of a response to the Complainant; and
- Submit a written summary of the Stage One Intervention to the VCH Medical Affairs Department.

### 3.10. Stage Two Interventions

Stage Two interventions might be warranted for Objectionable Conduct of moderate severity or where Stage One intervention has been ineffective. Within a reasonable period after receiving a Complaint, and after conducting an Initial Assessment, the delegated Medical Leader shall advise the Senior Medical Director, who shall, in collaboration with the delegated Medical Leader:

- Meet with the Subject Member to discuss the Complaint and explain why the Complaint has been deemed founded.
- Provide the Subject Member with a reasonable opportunity to respond to the Complaint.
- Assist the Subject Member to understand how others have interpreted the Objectionable Conduct and, if applicable, the risk to patient safety.
- Offer supportive counselling to the Subject Member either personally or through a third party.
- In collaboration with the Subject Member, decide the format and substance of a response to the Complainant.
- If deemed necessary by the Senior Medical Director based on the nature of the Objectionable Conduct and disciplinary history of the Subject Member, The Senior Medical Director shall develop a Remediation Plan with the Subject Member that includes the following elements:
  - Proposed remediation, which can include counselling, psychological testing, leadership training, substance abuse therapy, continuing medical or professional education or a practice restriction.
  - A monitoring process and identified metrics of success for the proposed remediation.
  - A timeframe within which progress must be objectively demonstrable.
  - Consequences for lack of progress or non-compliance with the Remediation Plan.
- Submit a written summary of the Stage Two Intervention, including the Remediation Plan, to the VCH Medical Affairs Department.
- Notify the Subject Member in writing that another incident of Objectionable Conduct may result in a Stage Three intervention or in the invocation of Article 11 of the Bylaws.

If the Senior Medical Director and the Subject Member are not able to agree to a Remediation Plan, the Objectionable Conduct may be referred to the HAMAC for consideration. The HAMAC may exercise its discretion to impose disciplinary measures including issuing reprimands, a letter of expectation, a letter of apology or the completion of remedial courses or engage the Peer Review Committee (“PRC”) process if modifications to privileges are being contemplated.

### 3.11. Stage Three Interventions

Stage Three interventions might be warranted for Objectionable Conduct that is of high severity, if the Objectionable Conduct is persistent (Stage One or Stage Two interventions have not been effective) or where there is concern about self-injury, risk of patient harm or harm to others.

Within a reasonable period of receiving a Complaint, and after conducting an Initial Assessment, the delegated Medical Leader shall advise the VP Medicine and Academic Affairs, who shall, in collaboration with delegated Medical Leader:

- Meet with the Subject Member to discuss the Complaint and explain why the Complaint has been deemed founded.
- Provide the Subject Member with a reasonable opportunity to respond to the Complaint.
- Assist the Subject Member to understand how others have interpreted the Objectionable Conduct and, if applicable, the risk to safe and quality patient care.
- Offer supportive counselling to the Subject Member either personally or through a third party.
- In collaboration with the Subject Member, decide the format and substance of a response to the Complainant.
- Review the conduct history of the Subject Member.
- Engage and consider the report of an External Reviewer, Content Expert or Investigator, if applicable.
- Develop a Remediation Plan with the Subject Member and VCH that includes the following elements:
  - Proposed remediation, which can include counselling, psychological testing, leadership training, substance abuse therapy, continuing medical or professional education or a practice restriction.
  - A monitoring process and identified metrics of success for the proposed remediation.
  - A timeframe within which progress must be objectively demonstrable.
  - Consequences for lack of progress or non-compliance with the Remediation Plan.

If the VP Medicine and Academic Affairs and the Subject Member are not able to agree to a Remediation Plan, or if disciplinary action is recommended that would result in the cancellation, suspension, restriction or non-renewal of privileges and the Subject Member does not agree with the recommendation, the matter will be referred to the HAMAC. Where applicable, the Peer Review Committee (“PRC”) process will be followed.

### 3.12. Crisis Intervention

Crisis Intervention is required for Objectionable Conduct that is egregious, inappropriate for a staged response or that meets the definition set out in Article 11.2.1.1 of the Bylaws.

The VP Medicine and Academic Affairs, in consultation with the Senior Medical Director, may take steps pursuant to Article 11.2.1 of the Bylaws (Summary Restriction/Suspension).

If the VP Medicine takes steps pursuant to Article 11.2.1 of the Bylaws, the VP Medicine and Academic Affairs shall consider whether it would be appropriate to request that the Subject Member take a voluntary leave of absence while the Objectionable Conduct investigated or addressed.

In circumstances of a suspension or a voluntary leave of absence, the appropriate Medical Leader shall arrange for an alternative practitioner to provide care for the patients of the Subject Member, as required.

If the Subject Member elects to take a voluntary leave of absence, the process under 2.14 of the Rules regarding a Leave of Absence shall be followed. At any time, both the VP Medicine and Academic Affairs or Subject Member retain the right to end the voluntary leave of absence by way of reasonable notice, at which point the process under 11.2.1 of the Bylaws shall be followed.

If Crisis Intervention has occurred, during the period the Subject Member is on a voluntary leave of absence or suspended, the process outlined in Stage Three will continue without delay.

### 3.13. Peer Review Committee (“PRC”)

The PRC is appointed by the HAMAC pursuant Article 8.3 of the Bylaws and is an investigative subcommittee of the HAMAC in relation to Objectionable Conduct, a Complaint and any prior or subsequent complaints or concerns relating to the Subject Member. The PRC shall provide the HAMAC with regular updates on the status of the investigation as and when required by HAMAC. A flow chart outlining the PRC process is at Appendix “H” of the Rules. [Pending]

The voting membership of the PRC will be as follows and each shall have one [1] vote:

- The Chair of the PRC will be the Chair of the applicable AMAC. In the event of a conflict of interest, the Chair of the AMAC shall nominate another member of the AMAC to Chair the PRC.
- One [1] Department or Division Head that does not have administrative oversight of the Subject Member appointed by the VP Medicine and Academic Affairs.
- One [1] member of the same department or division as the Subject Member appointed by the Chair of the PRC.
- The President of the VCH Medical Staff elected under Article 8 of the Rules, or their designate.

The PRC shall review the following:

- All relevant background information relating to the Complaint.
- Any investigative report or expert report prepared about the Complaint.
- Recommendations made by VCH to resolve the Complaint; and
- Objections to the recommendations by the Subject Member.

The PRC may investigate the Complaint and conduct any interviews, as the PRC deems necessary.

The PRC shall prepare a report (the "PRC Report") and present it at the HAMAC as soon as practicable, balancing expediency in resolving the Complaint with ensuring appropriate time for a thorough investigation, a fair process and best decisions.

The PRC Report shall include:

- A summary of the investigation process commencing with the initial receipt of the complaint
- A summary of the PRC's findings and the basis upon which those findings are made.
- The recommendation and the details of the objection(s) by the Subject Member.
- The recommendations of the PRC and the reasons upon which such recommendations are based.

The PRC Report shall be provided to the Subject Member, who may provide the PRC with a written response within fourteen [14] days, which shall be appended to the PRC Report.

The Chair of the PRC shall provide the PRC Report to the HAMAC forthwith, copied to the Subject Member, and a HAMAC Special Meeting shall be convened in accordance with Article 3.2 of the Rules.

At any time, the Subject Member can agree to the PRC recommendation and resolve the Complaint by way of a Remediation Plan that adopts the PRC recommendations without requiring further action.

All administrative services required by the PRC shall be provided by Medical and Academic Affairs Office.

### 3.14. The HAMAC Special Meeting

If the PRC recommendation does not alter the appointment or privileges of the Subject Member, the HAMAC can provide the PRC recommendation to the VCH Board and it can be imposed on the Subject Member without a hearing process.

If the PRC recommendation alters the appointment or privileges of the Subject Member, the Subject Member has the right to appear before the HAMAC Special Meeting and be heard through in-camera proceedings.

The Subject Member has the right to legal representation and must notify the HAMAC of their intent to bring legal representation at least ten [10] days prior to the HAMAC Special Meeting. The HAMAC is entitled to have legal representation at the HAMAC Special Meeting.

The HAMAC Special Meeting shall be called within fourteen [14] days of the HAMAC being provided with the PRC Report. The HAMAC Special Meeting shall be conducted in accordance with the HAMAC Terms of Reference, attached as Appendix "A" to the Rules.

The HAMAC is not bound by the rules of law respecting evidence that would be applicable to a judicial hearing.

If the HAMAC recommends a course of disciplinary action which, if implemented, alters the privileges of the Subject Member, then the recommendation must be considered by the VCH Board at its next meeting.

Disciplinary action or, in lieu of disciplinary action, the resignation of the Subject Member, shall be reported by the HAMAC, as required by the *Health Professions Act*, RSBC 1996, c. 183.

#### **Article 4 – Responsibility for Patient Care**

##### **4.1. Admission, Discharge and Transfer of Inpatients and Short-Stay Patients**

VCH Medical Staff admitting a patient is responsible for pre-admission requirements for elective patients and residents, which includes the medical history, physical examination, diagnosis, laboratory investigations, appropriate consultations, special tests and documentation of special precautions, patient consents and directives.

Patients and residents shall only be admitted to the facility for investigation or treatment upon the order of VCH Medical Staff.

Where two (2) or more VCH Medical Staff are involved with the care of the patient, one (1) must be identified as the Most Responsible Practitioner [MRP].

Unless otherwise properly indicated on the orders, the VCH Medical Staff that admits the patient shall be deemed to be the MRP.

The MRP, or designate, or Resident/Clinical Fellow acting on the advice of the MRP or designate shall request admission of the patient from the Admitting Department and provide the admitting diagnosis and an outline of the investigations/treatment for which hospitalization is required.

The Admitting Department shall inform VCH Medical Staff of the hour for elective admissions.

For emergency admissions, the MRP or designate, or Resident/Clinical Fellow acting on the advice of the MRP or designate will certify the severity of the patient's condition and the circumstances necessitating special consideration.

The MRP or designate, or Resident/Clinical Fellow acting on the advice of the MRP or designate shall note special precautions regarding the care of the patient on the patient's health record. Precautionary notes are required for, but not limited to, chemical dependency, potential suicide, violence, epileptic seizures, psychiatric conditions, infections, drug reactions and allergies.

All patients for surgery must have a current history and physical examination recorded on the patient/resident health record prior to surgery.

All patients and residents must have a record of history and physical examination within twenty-four (24) hours of admission. If the completion of the record is delegated to another provider, the MRP remains responsible for ensuring the record is complete and accurate.

#### 4.2. Admissions for Treatments by Other Regulated Health Professionals

For patients admitted for treatment by other regulated health professionals, an eligible VCH Medical Staff member shall be the MRP.

#### 4.3. Discharge

Discharge of patients from the Hospital may be authorized only by the MRP or designate, or by a Resident/Clinical Fellow acting on the advice of the MRP or designate.

Discharge planning should begin at the time of admission. The MRP or designate is responsible for identifying the expected date of discharge (EDD) within twenty-four (24) hours of admission on the patient's chart and updating the EDD regularly throughout the stay.

The MRP or designate shall, when possible, indicate the planned discharge on the day prior to discharge.

Any alterations to the discharge plan following the discharge order must be documented, including new discharge orders.

Should a patient, or an incapacitated patient's substitute decision maker, or legal guardian or committee demand that the patient be allowed to leave the Hospital against the advice of the MRP or designate, the patient or his substitute decision maker, legal guardian or committee shall be asked to sign a release on the prescribed form. Refusal to sign this release should be noted in the medical record.

Patients who have been absent without a pass for greater than six [6] hours after the end of an official pass period are deemed discharged against medical advice. Psychiatric patients are excluded from this rule.

A discharge summary shall be dictated on discharge or within one working day of a patient's discharge. Changes in status, medications and other issues significant to the immediate follow-up shall be communicated at the time of discharge if a discharge summary is not immediately available.

#### 4.4. Medical Consultations

Consultation shall be initiated by the MRP or designate or other VCH Medical Staff involved in the care of the patient. Direct communication between referring and consulting providers is the responsibility of the VCH Medical Staff. Nursing staff are not expected to be involved in the consultation request.

Consultation shall be held:

- At the request of the MRP or designate.
- At the request of the Department Head, Associate Department Head, Division Head, Local Medical Director or the Senior Medical Director.
- In other situations, as determined from time to time by the Department Head, Division Head, Local Medical Director or the Senior Medical Director.

The consultant will make every effort to respond in a timely fashion.

The consultant VCH Medical Staff shall examine the patient and document the findings, opinions and recommendations on the clinical record. When a Resident/Clinical Fellow performs the consultation, the findings, opinions and recommendations may be recorded on the consultation record or dictated. The consultant VCH Medical Staff must confirm agreement by signing the plan outlined in the consultation record or notes completed by the Resident/Clinical Fellow or confirming in the notes that they agree with the Resident/Clinical Fellow dictated consult record or dictation of a formal consult.

#### 4.5. Emergency Care

In an emergency, VCH Medical Staff are expected to provide and document medical care until a MRP or designate can assume responsibility.

#### 4.6. Post-operative Care

The MRP is responsible for the post-operative care and completion of the health record of the patient unless otherwise indicated and documented on the patient care orders and confirmed, in writing, by the MRP.

#### 4.7. Health Records

The MRP or delegate shall be responsible for the completion of the medical component of the health record for each patient. The record shall include the following items, where applicable:

- Admission History – Except in extreme emergency, the MRP or delegate shall ensure that every patient admitted to a VCH facility has an adequate clinical history, physical examination and provisional diagnosis recorded in the health record within twenty-four(24) hours after admission and prior to every delivery or operation.
- Progress Notes – The Progress Notes shall describe a treatment plan; changes in the condition of the patient; the response to treatment; reasons for change of treatment and outcome of treatment. The Progress Notes shall be documented as frequently as the condition of the patient warrants; and be legible, dated, timed and signed.
- Operative Notes – In elective or urgent surgical cases a documented history and physical examination report and the signed operation consent shall be submitted to the booking clerk prior to the booking of the operation. If such history and physical examination are not recorded before the time slated for operation the operation shall be canceled unless the MRP or delegate states in writing that such delay would result in mortality or significant morbidity. The appropriate surgical management committee shall review all such cases. Prior to the patient entering the OR for any surgical procedure, the surgeon or delegate shall personally

discuss with the patient the procedure and site to be operated upon and mark the site in an approved manner as per VCH Policy. Upon the patient entering the OR, a pre-operative “timeout” including the surgeon or delegate, anesthesiologist and all nursing staff present shall take place to ensure correct patient, procedure and site. The occurrence of the timeout shall be recorded in the operative record. The surgeon or delegate is ultimately responsible for this process taking place as per VCH Policy. In the exception of a patient requiring immediate surgical intervention, prior to any anesthetic procedure, the anesthetist must record a pre-anesthetic assessment on the anesthetic sheet. The anesthetic record must be completed before the patient leaves the recovery room. A written note summarizing the operative procedure, the operative findings and any complications, together with post-operative orders must be placed on the chart before the patient leaves the post-anesthetic recovery unit. The operating surgeon or Resident/Clinical Fellow shall provide the complete operative report within twenty-four (24) hours of surgery.

- Prenatal Record – The prenatal record is considered to be an integral part of the health record and shall constitute a history and physical and the information will be submitted in accordance with the B.C. Reproductive Care Program guidelines attached as Appendix “I”. [Pending]

All Health Records shall be completed in accordance with the Rules. If the MRP or delegate is no longer available to complete the record, the appropriate Department Head or Associate Department Head shall review the clinical record and delegate completion to the appropriate VCH Medical Staff.

The MRP or delegate is responsible for notifying Health Records and the respective Division or Department Head of planned absences prior to their occurrence. Following notification, the MRP or delegate shall be responsible for the completion of outstanding health records within five (5) working days of return from such absence.

The Health Record should be completed at the time of discharge but not later than fourteen (14) days after discharge. If the Health Record is not completed at the time of discharge the following process will apply:

- The MRP is notified of incomplete Health Records.
- Following notification, the MRP is responsible for completion of the outstanding Health Records within a further fourteen (14) days.
- Failure to complete Health Records will initiate a letter to the MRP automatically suspending their hospital privileges. A copy of this letter will be forwarded to the appropriate Department Head. The MRP or delegate must arrange transfer of care of patients within a VCH facility to an appropriate VCH Medical Staff member.
- The hospital privileges of the MRP are immediately reinstated upon completion of the outstanding Health Records.
- If the Health Records are not completed within twenty-eight (28) working days following receipt of notification of suspension, the hospital privileges of the MRP are automatically canceled and MRP must submit a new application for appointment to the VCH Medical Staff. This application will require approval by the appropriate Department Head, the AMAC and the VCH Board.
- VCH Medical Staff who are suspended more than three (3) times in a consecutive twelve

(12) month period will be interviewed by the appropriate Department Head, Associate Department Head or Division Head. This will result in an automatic letter of conduct to the Chair of the AMAC and to the personnel file of the VCH Medical Staff member. Repeated suspensions may be grounds for discipline under the Bylaws, including revocation of membership on the VCH Medical Staff; and

- VCH Medical Staff granted locum tenens privileges shall be responsible for completion of their health records; failing completion by the locum tenens, VCH Medical Staff arranging for the locum tenens shall be responsible for completing any outstanding records.

Health Records are the property of VCH and are not to be removed, except as ordered by the courts or with the consent of VCH. Access to and copies of the Health Records or information contained therein is governed by policies of VCH and provincial legislation and a breach would be considered unethical conduct.

Health Records are to be retained in the VCH Health Records Department unless the Senior Medical Director or delegate approves retention in another VCH location.

#### 4.8. Informed Consent

Examination, treatment, procedure or operation and the transfusion of blood or blood products other than in the case of emergency health care, shall not be carried out on any patient in VCH unless the informed valid consent of the patient or the substitute decision maker has been obtained, as per appropriate VCH policy, attached as Appendix "I" and provincial legislation. [Pending]

VCH Medical Staff responsible for performing a procedure are responsible for obtaining valid informed consent prior to carrying out that procedure and the procedure will not proceed until the appropriate signed VCH consent form has been placed on the Health Record.

#### 4.9. Quality Improvement Activities and Information

Quality improvement ("QI") activities are an integral component of the VCH Medical Staff function and responsibility. VCH Medical Staff shall participate in and comply with all QI activities, as required by the *Hospital Act*, advised by HAMAC or requested, by their Department or Division Head in QI activities including, but not limited to, critical incident reviews, morbidity and mortality rounds or specific departmental or program related activities.

VCH Medical Staff that fail to comply with QI activities shall receive a letter from VCH describing the non-compliance and a copy of this letter will be forwarded to the appropriate Medical Leader. Further non-compliance will be managed as follows:

- A second letter for the failure to comply with the QI activities shall require a Department Head and the Senior Medical Director within seven (7) working days. The meeting will be documented and a summary will be added to their personnel file. This letter shall remain in the personnel file of the VCH Medical Staff member for five (5) years.
- A third letter for the failure to comply with the QI activities shall be an automatic suspension from the VCH Medical Staff for a period not less than one [1] week. A letter of

unprofessional conduct will be added to their personnel file and a copy forwarded to the Chair of the AMAC. Notice of the suspension will be forwarded to the College of Physicians and Surgeons as required by the *Health Professions Act*. The letter will remain in the personnel file of the VCH Medical Staff member for five (5) years.

- A fourth letter for the same act of non-compliance shall be referred to HAMAC and the VCH Board recommending a revocation of privileges. The letter will remain in the personnel file of the VCH Medical Staff member for five (5) years.

QI activities are protected under Section 51 of the *Evidence Act* and, in accordance with VCH policy regarding *Freedom of Information and Protection of Privacy Act* (FOIPPA), attached as Appendix "I". [Pending]

#### 4.10. VCH Medical Staff Orders

VCH Medical Staff shall provide orders necessary for patient care at the time of admission. If the MRP did not admit the patient, the MRP or a delegate shall review and confirm the admitting orders within twenty-four (24) hours of admission.

All treatment orders shall have the VCH Medical Staff name printed legibly, dated, timed, numbered, professional license number and signed by a staff member of a professional practice group as defined in the *Health Professions Act* and in accordance with the standards of the relevant College. Medication orders will follow acceptable standards according to VCH policy with respect to legibility, use of abbreviations and adherence to formulary policies of the hospital. [Appendix "I"]

VCH Medical Staff that fail to document treatment orders as required in the Rules shall receive a letter from VCH describing the non-compliance and a copy of this letter will be forwarded to the appropriate Medical Leader. Further non-compliance will be managed as follows:

- A second letter for failing to document treatment orders as required in the Rules shall result in a written warning from the Department Head.
- A third letter for failing to document treatment orders as required in the Rules shall result in a mandatory online Safe Prescribing module and meeting with the Department Head and the Senior Medical Director. The meeting will be documented and a summary of the meeting will be added to the personnel file of the VCH Medical Staff member, where it will remain for five (5) years.
- A fourth letter for failing to document treatment orders as required in the Rules shall result in an automatic suspension from the VCH Medical Staff for a period of not less than one (1) week. An automatic letter of conduct shall be added to the personnel file of the VCH Medical Staff member and forwarded to the Chair of the AMAC. The VCH Medical Staff member shall attend the next AMAC to provide an explanation for the non-compliance. Notice of the suspension will be forwarded to the College of Physicians and Surgeons as required by the *Health Professions Act*. The letter will remain in the personnel file of the VCH Medical Staff member for five (5) years.

#### 4.11. Verbal Orders

In the normal course VCH Medical Staff shall write treatment orders in the hospital chart. If circumstances warrant, VCH Medical Staff may provide verbal or telephone treatment orders to a registered nurse, a licensed practical nurse, a respiratory therapist, a perfusionist or a pharmacist, who shall transcribe the verbal order onto the hospital chart, documenting the name of the VCH Medical Staff member and the name of the transcriber. The transcriber shall read the treatment order back to the VCH Medical Staff member who shall confirm that it is correct prior to it being carried out. Verbal orders shall be countersigned by VCH Medical Staff at the earliest opportunity.

#### 4.12. Resident or Clinical Fellow Orders

A Resident or Clinical Fellow at VCH may write treatment orders and prescribe controlled drugs in accordance with to VCH guidelines. [Appendix "I"]

#### 4.13. Pre-Printed or Standing Orders

A Department may propose pre-printed or standing orders for patients and residents under the care of members of the Department. Pre-printed or standing orders shall be approved by the appropriate sub-committee of the HAMAC prior to implementation. VCH Medical Staff shall endorse the pre-printed or standing order prior to patient use.

#### 4.14. Student Orders

When a student at VCH has been assigned to patient care for teaching, the student may write treatment orders as per the VCH policy. [Appendix "I"]

For treatment orders involving therapeutic drugs, invasive procedures or investigations, the MRP or delegate shall, except in an emergency, discuss the treatment order with the student and approve it. The MRP or delegate shall countersign the treatment order at the earliest opportunity.

#### 4.15. Continuous Patient Care

VCH Medical Staff have a duty to comply with the Bylaws and Rules including the responsibility of ensuring that every patient is continuously under the care of the appropriate and available VCH Medical Staff. The MRP or delegate shall not withdraw medical staff services prior to the discharge of the patient or the appropriate transfer of patient care.

VCH Medical Staff who are on a leave from practice or who have transferred responsibility of patient care to other VCH Medical Staff shall document the name of the VCH Medical Staff member assuming responsibility for patient care on the treatment orders in the health record. The receiving VCH Medical Staff member shall acknowledge, in writing, the transfer of care.

If VCH Medical Staff wish to withdraw involvement in patient care when medical staff services are still required, VCH Medical Staff shall inform the patient and arrange for other appropriate VCH Medical Staff to assume responsibility for the patient care and document that on the treatment orders in the health record.

In circumstances where a MRP or delegate fails to attend upon a patient, the Department Head shall designate appropriate Provisional, Active or Locum VCH Medical Staff to be responsible for the patient and shall immediately report the matter in writing to the Senior Medical Director and to the AMAC.

A patient has the right to request a change in the VCH Medical Staff involved in their care. VCH Medical Staff shall cooperate in transferring responsibility for patient care to an appropriate new VCH Medical Staff member that is acceptable to the patient. If an acceptable alternative cannot be found, the Department Head shall appoint VCH Medical Staff who will continue to provide care until the responsibility for patient care is transferred. The transfer of patient care shall be documented on the treatment orders in the health record.

When a patient requires a transfer to another VCH facility, the MRP or delegate shall ensure that VCH Medical Staff at the receiving facility are fully informed and prepared to assume responsibility for patient care. The MRP or delegate shall identify relevant documentation from the health record to be photocopied and sent to the receiving facility.

#### 4.16. Daily Care of Patients

A patient in acute care must be seen or reviewed by the MRP or delegate, at least once a day, or more frequently as required.

When a patient is seen or reviewed by the MRP or delegate, a progress note shall be written in the health record. The progress note shall provide sufficient detail to allow the formulation of a reasonable picture of the clinical status at the time of observation and shall reflect the involvement of the MRP or delegate in the patient care.

#### 4.17. On-Call Coverage

VCH Medical Staff shall participate equitably in departmental on-call rosters, except in circumstances that have been approved by the Department Head and Senior Medical Director.

VCH Departments and/or Divisions shall maintain a rotation of VCH Medical Staff to provide emergency coverage and shall routinely provide a list of this rotation to VCH Emergency Departments and medical administration. The rotation list shall be updated as changes occur.

The Department Head or delegate, if applicable, shall assign VCH Medical Staff to a reasonable and equitable on-call schedule.

On-call VCH Medical Staff shall maintain acceptable levels of availability.

#### 4.18. Delegated Functions

The process of delegation of medical functions to other health professionals shall comply with the *Health Professions Act* and includes:

- The relevant professional colleges and/or regulatory VCH bodies must agree with the proposed process of delegation.

- VCH Departments and/or Divisions that have delegated medical functions will appoint VCH Medical Staff that shall be responsible for the process of delegation. Appointed VCH Medical Staff shall have relevant experience, ensure that the required knowledge and skill are appropriately taught and confirm that the health professional performing the delegated function has the requisite competence.
- HAMAC and the VP Medicine and Academic Affairs must agree with the process of delegation.
- VCH Medical Staff and the health professional performing the delegated function are jointly responsible for ensuring that initial competence is obtained and ongoing competence is maintained and complies with VCH policy.
- All delegations of medical functions shall be documented in writing.
- Delegating VCH Medical Staff continue to have a responsibility for the patient and for ensuring that the health professional performing the delegated function is competent to do so. The health professional has a responsibility to carry out the delegated function appropriately and safely.

#### 4.19. Organ Donation and Retrieval

Amendments to the Rules concerning the VCH process for organ donation and removal should be updated regularly to reflect provincial policy and the *Human Tissue Gift Act*.

The VP Medicine and Academic Affairs or delegate may grant temporary privileges to eligible health care professionals as designated under the *Health Professions Act* for organ retrieval.

Consent for solid organ donation shall be obtained from the authorized individual set out in the *Human Tissue Gift Act* after the declaration of neurological death, on the appropriate consent form by VCH Medical Staff. Telephone or verbal consent requires two (2) witnesses.

In the event of eye or non-solid organ tissue donation only, consent shall be obtained from the authorized individual after cardiac death, by VCH Medical Staff or, if appropriate, a member of VCH nursing staff or an employee of the Eye Bank or the Tissue Bank of British Columbia. Telephone or verbal consent requires two (2) witnesses.

In the declaration of neurological death for organ donation, consultation shall be held with a neurosurgeon or neurologist or VCH Medical Staff representing the highest level of neurological skills available at the VCH health care facility.

In the case of solid organ donation, the criteria for the diagnosis of neurological death published by the Canadian Congress of Neurological Sciences (1986) and available from the Organ Retrieval Team, shall be followed in accordance with Part 2 Section 7 of the Human Tissue Gift Act. [Appendix "I"]

In the event of solid organ donation, responsibility for the physiological maintenance of the solid organ donor after the declaration of neurological death may be transferred, at the discretion of the MRP or delegate, to a member of the Organ Retrieval Team.

In the case of solid organ donation, after the declaration of neurological death and if the MRP or delegate has transferred responsibility of care to the Organ Retrieval Team, standing orders

(available from the organ retrieval team) shall be followed. Any deviation from standing orders protocol will be discussed in consultation with the MRP or delegate.

#### 4.20. Pronouncement of Patient Death, Autopsy and Pathology

In the event there is an expected patient death in a VCH facility, the decision as to who is the appropriate VCH Medical Staff to pronounce the death is made collaboratively by the health care team.

The MRP or delegate shall complete the medical certificate of death and stillbirth as soon as possible and not more than 2 (two) working days after death or stillbirth.

In circumstances where the patient death meets the criteria for reporting as provided in *Coroner's Act* the MRP or delegate shall notify the Coroner or a peace officer as required.

No autopsy shall be performed without an order from the Coroner or written consent of the appropriate relative or legally authorized agent of the patient. In appropriate cases the MRP or delegate shall make all reasonable efforts to obtain permission for the performance of an autopsy.

All tissue or material of diagnostic value shall be sent to the Department of Pathology. Pathology specimens including body tissues, organs, materials and foreign VCH bodies shall not be released without due authorization of the VCH Department Head of Pathology and Laboratory Medicine or delegate.

#### 4.21. VCH Residential Care

Medical care of residents in VCH residential care facilities that falls under the definition of "hospital" within the *Hospital Act* ("Residential Care Resident") differ in many aspects from medical care provided to patients in an acute care setting. A Residential Care Resident does not include assisted living or community care residents who receive community care, housing, hospitality services or assisted living services at an assisted living residence as defined in section 1 of the *Community Care and Assisted Living Act* ("Community Care Residents").

Every Residential Care Resident shall be admitted and attended on by VCH Medical Staff who hold appropriate privileges and agree to act as the MRP.

When a Residential Care Resident is admitted, an admission record will be documented by the MRP or delegate within 7 (seven) days and shall include, but is not limited to:

- A list of current diagnoses, special precautions and problems.
- A past medical history, including illnesses and surgeries.
- Allergies and drug sensitivities.
- A record of a physical examination performed within the previous three (3) months.
- A mental status assessment.
- Results of appropriate laboratory tests.

- A management plan including drug orders.
- A summary or copies of relevant consultant reports.

The MRP or delegate shall visit the Residential Care Resident within seven (7) days of admission and thereafter at least every ninety (90) days, or more frequently if clinically indicated. Progress notes shall be documented by the MRP or delegate at each visit. Progress notes shall be sufficient to describe changes in the condition of the Residential Care Resident, reasons for change of treatment and outcome of treatment.

Within thirty (30) days following the death or discharge of a Residential Care Resident, the MRP or delegate shall complete and sign the discharge summary stating the final diagnosis.

Directives for care (degree of intervention and resuscitation orders) shall be completed in a timely manner, preferably before admission and updated as clinically indicated and at least annually.

All treatment orders shall be written and signed by VCH Medical Staff. A verbal treatment order for a registered nurse or other professional discipline shall be read back to VCH Medical Staff for confirmation prior to it being documented and carried out. A verbal treatment order shall document the name of the VCH Medical Staff and the name of the transcriber. Verbal orders shall be countersigned by VCH Medical Staff at the earliest opportunity.

Treating Dentists shall document in the health record a description of every dental treatment or procedure performed on a Residential Care Resident immediately following the provision of dental care.

Only VCH Medical Staff holding appropriate privileges may provide on-call coverage at VCH residential care facilities.

The MRP or delegate shall carry out a Drug Review every ninety (90) days or more frequently in collaboration with the Medical Director or Medical Leader, pharmacist or registered nurse, as appropriate. Medications shall be re-authorized every ninety (90) days by updating and signing the drug profile or rewriting drug orders on the treatment orders.

All orders for controlled drugs and antibiotics shall have a stated limit as to the number of doses, or the hours or days of administration. The ordering practitioner shall countersign telephone orders for controlled drugs within seven (7) days. For drug orders given without such dosage or time limit, an automatic stop order shall be in effect.

The MRP or delegate shall be requested to attend interdisciplinary conferences to discuss and plan Residential Care Resident care. In the absence of the MRP or delegate, the Medical Director or Medical Leader shall make recommendations regarding care to the multidisciplinary team and the MRP or delegate.

If the condition of a Residential Care Resident is such that it poses a risk to other Residential Care Residents or to staff and appropriate consultation, referral or transfer has not been

arranged by the MRP or delegate, such consultation, referral or transfer may be arranged by the Medical Director or Medical Leader.

The MRP or delegate shall visit the Residential Care Resident within one (1) week of the Residential Care Resident returning from acute care and provide an update in the health chart.

The MRP or delegate shall pronounce death within a reasonable time after notification. In the event of an expected death, the MRP or delegate may transfer the responsibility for pronouncement of death to a registered nurse in charge of the resident care, provided the MRP or delegate has visited the Residential Care Resident within thirty (30) days and documented on the health record that death may be expected shortly.

In the event of an unexpected death, death due to unnatural cause or death with unusual circumstances, the MRP or delegate shall attend to pronounce death and to review the circumstances surrounding the death. Completion of a Certificate of Death shall remain the responsibility of the MRP or delegate. VCH Medical Staff shall record the time, date and cause of death (if known) on the progress notes.

The MRP or delegate shall notify the Coroner of Residential Care Resident deaths as required under the *Coroner's Act*.

#### **Article 5 – Categories of VCH Medical Staff**

Categories of VCH Medical Staff are designated in Article 6 of the Bylaws and the Rules provide operational details, processes and criteria.

##### **5.1. Requirements for Active and Provisional Medical Staff**

A dentist, midwife, nurse practitioner or physician shall not be appointed to the VCH Medical Staff unless they have been licensed as a dentist, midwife, nurse practitioner or physician in the professional discipline to which it is proposed they be assigned, by the relevant Professional College.

Active Medical Staff applying for privileges at Vancouver General Hospital and/or the University of British Columbia Hospital shall have an academic appointment at the University of British Columbia.

Members of the Active or Provisional Medical Staff appropriately qualified in one Department or Division may be seconded or transferred by the VCH Board to a Department or Division in another Facility where the duties and responsibilities are primarily the same without further credentialing required. If the Department or Division requires different privileges, the Member of the Active or Provisional Staff must follow the appropriate application process as described in the Rules to obtain privileges.

Members of the Active and Provisional Medical Staff shall carry out such reasonable duties as shall be directed by Medical Leaders. They shall co-operate with the Medical Leaders and other VCH Medical Staff to foster the activities of their Department and Divisions in keeping with the

objectives and goals of the Hospital. They shall assist Medical Leaders in developing and maintaining quality of care standards for which the Medical Leaders are accountable.

## 5.2. Provisional Medical Staff

Appointments to Provisional Medical Staff shall be for a minimum of six (6) months and a maximum of two (2) years unless there are exceptional circumstances, which can include repeated clinical or behavioural concerns that need to be addressed through a progressive process. The appointment is considered as probationary and after two (2) years such individuals must either be appointed to Active VCH Medical Staff or the appointment lapses. Provisional Medical Staff may vote in committees to which they are appointed.

Appointment to Active Medical Staff from Provisional Medical Staff may be made by the VCH Board after a minimum period of six (6) months after considering the recommendations of the AMAC and the nomination of the related Department Head, subject to limitations and restrictions imposed by the VCH Board in its discretion.

Six (6) months following the granting of an Appointment to Provisional Medical Staff the Provisional Member will undergo an assessment completed by the Department Head with the assistance of a Medical Leader. The in-depth review shall consist of the following domains:

- Interpersonal and Communications Skills
- Professionalism
- Psycho-Motor Skills
- Cognitive Skills
- Patient Outcomes

Members of Provisional Medical Staff shall be nominated by the Department Head for promotion to Active Medical Staff based on the assessment. The Department Head will complete a written report and recommendations arising from the in-depth review and discuss the results with the Provisional Member and the Senior Medical Director before providing the report and recommendations to the AMAC.

If issues are identified in the assessment, the issues shall be remediated over a further period of six (6) months. A further assessment shall be conducted prior to a recommendation to the AMAC that the Provisional Medical Staff member be appointed to Active VCH Medical Staff.

The failure to remediate issues may result in an extension of Provisional Medical Staff privileges for up to one (1) additional year during which time assessments shall be carried out at six (6) month intervals. If at the extension the assessment findings remain unacceptable to the AMAC, no further privileges shall be granted unless there are exceptional circumstances as described above.

### 5.3. Associate Medical Staff

Associate Medical Staff may be appointed with admitting or non-admitting privileges. The appointment letter will clearly define the appointment, the privileges granted and the fixed term of the appointment.

Associate Medical Staff with admitting privileges accommodates Medical Staff who are privileged in a Health Authority other than VCH and who solely provide intermittent on-call or other services to VCH Facilities or Programs.

Associate Medical Staff with non-admitting privileges, such as Departmental Assistants and Surgical Assistants, may treat patients and write orders, as permitted by the assigned Department. All patient care provided by Associate Medical Staff shall be under the direction and responsibility of an Active or Provisional Member of VCH Medical Staff.

Associate Medical Staff are assigned to Departments and shall not vote or hold office, as a Medical Leader. Associate Medical Staff are encouraged to attend the majority of the business and clinical meetings of the assigned Department or Divisions.

Associate Medical Staff privileges terminate immediately upon the expiration of the fixed term or as otherwise contemplated in the appointment letter. The renewal of Associate Medical Staff privileges may be considered upon review.

### 5.4. Associate Non-Medical Staff

Associate Non-Medical Staff are individuals with appropriate credentials and whose services are required by VCH but are not VCH Medical Staff. These individuals include, but are not limited to, podiatrists, psychologists and paramedical personnel.

Associate Non-Medical Staff are encouraged to attend the majority of the business and clinical meetings of affiliated Department or Divisions.

Associate Non-Medical Staff shall not admit patients, write treatment orders or perform surgical or investigational procedures that require privileges. Once an MRP has admitted a patient, they may specifically designate a Podiatrist to attend or treat that patient by writing a treatment order on the hospital record. Once designated, a Podiatrist can treat that patient within the limits of their competence and the applicable Regulation.

For the purposes of Article 5.2.5 of the Bylaws, the Credentials Committee will assess the credentials of Associate Non-Medical Staff and make a recommendation to the VCH Board through the HAMAC.

### 5.5. Consulting Medical Staff

Consulting VCH Medical Staff are dentists, midwives, nurse practitioners and physicians who are not on the Active or Provisional VCH Medical Staff but who have specialized skills and abilities that are required to enhance patient care, education or research at VCH.

Consulting Medical Staff may attend, assess and treat patients at the request of a member of the Active Medical Staff but are not granted admitting privileges with VCH.

Consulting Medical Staff shall not admit patients but may write treatment orders and provide patient care in a consulting capacity. Consulting Medical Staff may not vote or hold office.

Consulting Medical Staff are welcome at VCH Medical Staff and Departmental meetings but are not required to attend.

#### 5.6. Temporary Medical Staff

Temporary Medical Staff shall be appointed by the VCH Board for a fixed term not to exceed twelve (12) months. Temporary Medical Staff are appointed to provide a temporary need at VCH, including based on special or urgent circumstances, due to an unplanned increase in demand or volume, to launch of a new VCH initiative or directive or coverage for a prolonged leave of absence that has been approved by the VCH Board for another practitioner.

Temporary Medical Staff shall not be appointed solely for the purpose of covering call shifts of Provisional or Active VCH Medical Staff.

Temporary Medical Staff privileges terminate immediately upon the expiration of the fixed term. A renewal of privileges may be considered by the VCH Board upon review and need.

Temporary Medical Staff are assigned to Departments in accordance with their qualifications, are expected to attend Departmental educational activities and shall not vote or hold office, as a Medical Leader.

Unless specifically exempted, Temporary Medical Staff shall fulfill Departmental organizational and service responsibilities, including on-call responsibilities.

#### 5.7. *Locum Tenens* Medical Staff

VCH Medical Staff who are unable to attend to their patients for a limited duration of time shall request another member of the Provisional, Active, Associate or Consulting Medical Staff in their Department to care for their patients during their absence. If this is not possible, an appointment of *Locum Tenens* Medical Staff may be recommended to the VCH Board to provide patient and emergency care.

A request for *Locum Tenens* Medical Staff shall be made to the Department Head at least one (1) month in advance of the proposed absence.

The Department Head shall submit a request for *Locum Tenens* Medical Staff to the Senior Medical Director with information sufficient to:

- Define the privileges required to cover the absence of VCH Medical Staff, including admitting privileges, on-call emergency privileges, operating room privileges and privileges in Surgical Day Care, where appropriate.

- Permit the Senior Medical Director to assess the credentials of the proposed *Locum Tenens* Medical Staff and make a recommendation to the VCH Board for an appointment.
- Determine whether the proposed appointment requires review and recommendation by the Credentials Committee.

*Locum Tenens* Medical Staff shall only be appointed by the VCH Board as a substitute for an absent member of Provisional, Active or Consulting Medical Staff. The appointment shall be for a fixed period consistent with the absence that is being covered and shall not exceed twelve (12) months. The appointment immediately terminates upon the return of the absent VCH Medical Staff.

The appointment to *Locum Tenens* Medical Staff shall not result in preferential consideration by VCH for an appointment to Provisional, Active, Associate or Consulting Medical Staff or another appointment at a later date.

*Locum Tenens* Medical Staff may admit patients, write treatment orders and provide patient care, as needed. *Locum Tenens* Medical Staff shall only cover the on-call shifts for the absent VCH Medical Staff.

#### 5.8. Dental Staff

The procedures for appointment and assignment of privileges are the same as for all Members of VCH Medical Staff, except assignment is to the Division of Dentistry. Dental Staff do not have admitting privileges, unless they are oral and maxillofacial surgeons, but may write orders as appropriate to their practice in the facility.

Dental Staff may be assigned to appropriate secondary Departments and may admit, attend, investigate, diagnose and treat patients within the limits of their privileges.

#### 5.9. Midwifery Staff

The procedures for appointment and assignment of privileges are the same as for all Members of VCH Medical Staff, except the assignment is to the Regional Department of Midwifery.

Members of Active, Provisional, Associate or Consulting Midwifery Staff can admit patients and write treatment orders as appropriate to the practice of midwifery in the facility. All Midwifery Staff assigned to additional Departments may admit, attend, investigate, diagnose and treat patients within the limits of their privileges.

#### 5.10. Nurse Practitioner Staff

The procedures for appointment and assignment of privileges are the same as for all Members of VCH Medical Staff, except assignment is to the Regional Department of Nurse Practitioners.

Members of Active, Provisional, Associate or Consulting Nurse Practitioner Staff can admit patients and write orders as appropriate to their practice in the facility. All Nurse Practitioner Staff assigned to additional Departments may admit, attend, investigate, diagnose and treat patients within the limits of their privileges.

### 5.11. Scientific and Research Staff

Scientific and Research Staff consists of qualified researchers or educators who, in recognition of their training, experience and ability have been granted an appointment. Principal Investigators or designates are responsible for supervision of the activities of research assistants. Research assistants are subject to the VCH policies on research administration.

### 5.12. Honorary Medical Staff

Honorary Medical Staff are honorary appointments by the VCH Board that elects to honor dentists, midwives, nurse practitioners or physicians who are retired or not active in VCH hospital facilities and programs and may include individuals with prominence or outstanding reputation.

Honorary VCH Medical Staff may not admit or treat patients and do not have assigned duties, responsibilities or voting rights at Department or VCH Medical Staff meetings.

## Article 6 – Organization of VCH Medical Staff

### 6.1. General Organization

Departments, Divisions and Sections may be organized as deemed appropriate by the VCH Board. A chart of the organizational structure of VCH is attached as Appendix “J” to the Rules. [Pending]

After considering the recommendations of the HAMAC and the CEO, the VCH Board shall:

- Organize VCH Medical Staff into Departments, Divisions and Sections.
- Appoint VCH Medical Staff Department Heads, Division Heads and Section Heads, as warranted.
- Assign VCH Medical Staff to a Department, Division or Section, depending on the location and qualification of the VCH Medical Staff.

Each Section will form part of a Division, which shall form part of a Department. A Section Head will report to the appropriate Division Head, who in turn, will report to the appropriate Department Head. The Department Head shall report to the Regional Department Head, if applicable, the AMAC and to the Senior Medical Director.

VCH Medical Staff may be cross appointed in more than one (1) Department or Division but must designate a primary appointment.

VCH Medical Staff may be granted different categories of privileges than the privileges held in their primary appointment.

### 6.2. Department and Division Meetings

Departments and Divisions may develop protocols with respect to meetings. These protocols shall be approved by the HAMAC and once approved, appended to the Rules. All protocols shall comply with the following requirements:

- Meetings shall take place at least six (6) times per year and more frequently if required to conduct its administrative affairs, clinical appraisals, teaching and service commitments. Records of the meetings shall be kept and attendance shall be recorded.
- VCH Medical Staff shall be invited to meetings and shall make best efforts to attend.
- A Quorum shall consist of 25% plus one (1) member of the eligible voting members.
- VCH Departments that consist of more than forty (40) members shall appoint an Executive Committee. VCH Departments with fewer than forty (40) members may appoint an Executive Committee. The composition of the Executive Committee shall be the Department Head, Associate Department Heads, Division Heads and other Members of VCH Medical Staff at the discretion of the Department Head.
- Matters concerning human resources, appointments, quality of care, efficient use of VCH resources, mortality and morbidity, education and discipline shall be reviewed.
- Voting on motions shall be by a show of hands or by secret ballot as directed by the Department Head. The Department Head shall not vote, unless there is a split vote, and then the Department Head shall cast the deciding vote.

### 6.3. Appointment of a Regional Department Heads

The VCH Board and the PHC Board shall appoint a Regional Department Head for an initial term not exceeding three (3) years, in accordance with the Affiliation Agreement.

The appointment shall consider the recommendation of the VCH CEO, the PHC CEO, the HAMAC and the PHC Medical Advisory Committee [“PHC MAC”]. Regional Department Heads shall be Active VCH Medical Staff and Active PHC Medical Staff.

Regional Department Heads shall report and be accountable to the VCH CEO, the PHC CEO and the VCH Board and the PHC Board, through the VP Medicine & Academic Affairs, the HAMAC and the PHC MAC, for the activities of the Regional Department and its members.

The appointment and remuneration of Regional Department Heads shall be detailed in a contract outlining the purpose, responsibilities, accountabilities and objectives of the role.

Regional Department Heads may be appointed for a maximum of two [2] consecutive three [3] year terms. In re-appointment of Regional Department Heads, the VCH Board and the PHC Board shall consider the results of annual performance reviews, as described in the contract.

A Regional Department Head vacancy shall be filled by a search and selection process, as follows:

- The HAMAC and PHC MAC shall appoint a Search and Selection Committee in accordance with the Affiliation Agreements and membership shall include:
  - The HAMAC Chair and the PHC MAC Chair shall Co-Chair the committee.
  - The Chair of the related University Department or delegate.
  - The Department Heads in the Regional Department.
  - Representatives of the VCH CEO and PHC CEO; and
  - Other committee members, as deemed appropriate.

The Search and Selection Committee shall make a recommendation to the HAMAC and the PHC MAC for the appointment or re-appointment of a Regional Department Head candidate reflecting the majority vote of the committee.

HAMAC and the PHC MAC shall consider the recommendation and, if in agreement, approve the recommendation of the Search and Selection Committee and forward the recommendation to their respective Boards.

The appointment shall be approved by the VCH Board and PHC Board, as well as the UBC Board of Governors under the provisions of the Affiliation Agreement.

#### 6.4. Department Heads

The CEO shall recommend the appointment of Department Heads to the VCH Board after a search and selection process and, if acceptable, the VCH Board shall appoint Department Heads for a term not exceeding three (3) years.

Department Heads may be reappointed for two (2) additional terms subject to a recommendation from the CEO in consideration of a performance review and a written response, if any, from the Department Head.

Department Heads shall be responsible to the VCH Board and, through the Senior Medical Director, shall report at meetings of the AMAC.

Department Heads are responsible for the departmental organization of VCH Medical Staff. Other responsibilities of Department Heads are outlined in the role description attached as Appendix "K" to the Rules and shall include: [Pending]

- Monitoring and evaluating the quality of patient care rendered by VCH Medical Staff in the Department.
- Recruiting, evaluating and recommending the appointment of VCH Medical Staff in the Department.
- Implementing appropriate educational and research activities in recognition of the mandate of the UBC undergraduate and postgraduate programs.
- Ensuring the participation of VCH Medical Staff in the achievement of the objectives of VCH as set forth by the VCH Board.
- Evaluating and making recommendations regarding the grant of privileges to VCH Medical Staff consistent with the needs of VCH and the Department.
- Meeting annually with the Senior Medical Director to make recommendations concerning the reappointment of VCH Medical Staff in the Department.
- Assigning duties and responsibilities to VCH Medical Staff in the Department to foster activities in keeping with VCH goals and objectives.
- Making recommendations regarding the granting, revocation, modification or suspension of privileges following the process outlined in the Bylaws, Rules and pursuant to the Hospital Act.
- Arranging and chairing Department meetings as required in the Rules.

- Designating VCH Medical Staff to be responsible for the patient of a VCH Medical Staff member who is unable to or fails to render appropriate patient care in the Department.
- Reviewing deaths occurring within the Department, quality metrics and making such recommendations as may be appropriate.

An Interim Department Head may be appointed by the VCH Board on the recommendation of the HAMAC for a period of six (6) months. An interim appointment may be renewed by the VCH Board as necessary until the role can be filled.

VCH Departments that have more than forty (40) Members of VCH Medical Staff may appoint an Assistant Department Head. Assistant Department Heads are appointed by the Department Head, CEO and Senior Medical Director.

#### 6.5. Division Heads

Division Heads shall be Active VCH Medical Staff selected based on qualifications, experience and demonstrated ability in clinical, teaching and administrative activities.

After receiving the recommendation of the VP Medicine and Academic Affairs, the AMAC and the appropriate Department Head, the VCH Board shall appoint Division Heads for each established Division, for a term not exceeding three (3) years that may be renewable for two (2) additional terms subject to a recommendation from the CEO in consideration of a performance review and a written response, if any, from the Division Head.

Division Heads shall supervise the professional practice of VCH Medical Staff in the Division and shall be responsible to the Department Head. A Division Head shall assist the Department Head in the management of the Division pursuant to the direction of the Department Head.

Interim Division Heads may be appointed by the VCH Board on the recommendation of the HAMAC, the AMAC and the Department Head for a period of six (6) months. An interim appointment may be renewed as necessary until the role can be filled.

#### 6.6. Authority of the VCH Board

The provisions in Article 6 shall not be construed to limit the authority of the VCH Board to:

- Change, modify, delete and add to the duties and obligations of Medical Leaders, as the VCH Board may deem necessary or appropriate.
- Suspend or terminate the appointment of a Medical Leader, after providing the Medical Leader with reasonable notice and the right to appear before the VCH Board and make representations.

### **Article 7 – AMAC**

#### 7.1. Establishing an AMAC

An AMAC may be established by the VCH Board pursuant to a recommendation of the HAMAC. An AMAC is a delegate of authority of the HAMAC and shall provide advice and report to the HAMAC on matters relating to the provision of health care, clinical initiatives, education and

research in facilities and programs within the AMAC. The AMAC model terms of reference are attached as Appendix “L” to the Rules.

The AMAC Chair or Co-Chairs shall maintain a voting membership on the HAMAC. Co-Chairs of a VCH AMAC shall share one (1) vote on the HAMAC.

## 7.2. The AMAC Mandate

An AMAC shall represent, promote and advocate for its area or region within VCH by:

- Providing clinical and content expertise to the HAMAC on policies and protocols affecting the quality, quantity, effectiveness and sufficiency of health care provided to its population.
- Providing strategic input into the HAMAC planning processes and budgeting involving the AMAC sites.
- Participating in systemic reviews and planning for the provision of health care services to the AMAC population.
- Making recommendations to the HAMAC concerning the establishment and maintenance of professional medical standards and credentialling.
- Making recommendations to the HAMAC regarding VCH Medical Staff, medical administration or other health care resource requirements for the AMAC.
- Initiating the review and evaluation of health care services and Medical Staff within the AMAC to determine the quality of medical care provided by VCH.
- Supporting and promoting undergraduate, graduate and postgraduate training, research and health service planning, to meet the future needs of the AMAC, VCH and the Province.
- Facilitating effective communication between VCH Medical Staff, VCH Medical Staff Association and the HAMAC.
- Constituting Standing or Ad Hoc AMAC Sub-Committees to carry out studies, quality assurance investigations, evaluations and/or projects, as required.
- Maintaining oversight and reporting to the HAMAC any member of VCH Medical Staff who fails to comply with Bylaws, Rules or VCH policies and fully participate in Bylaw processes and recommend appropriate action.

## 7.3. Composition of the AMAC

The HAMAC shall appoint the membership of the AMAC, including a Chair or Co-Chairs, the President of Local Medical Staff, Senior Medical Director and the CEO. The HAMAC may appoint leaders of Departments, Divisions and Programs to the AMAC, as appropriate.

The AMAC may appoint Medical Administration support staff, as non-voting members, to assist the AMAC.

## 7.4. The Appointment and Duties of the AMAC Chair

The Chair shall be recommended by the members of the AMAC and appointed by the HAMAC for a two (2) year term, renewable on review annually for a maximum of two (2) further years. The Chair of the AMAC shall:

- Plan and preside over all meetings of the AMAC.
- Be responsible for transmitting all recommendations of the AMAC to the HAMAC.
- Be an ex-officio member of all sub-committees of the AMAC.
- Advise Department Heads regarding disciplinary and quality of care issues.
- Be directly accountable to the HAMAC Chair for all the activities of the AMAC.
- Ensure that professional standards for Department programs are established, maintained and are directed toward the continuing improvement of the quality of care provided by VCH.
- Be responsible for the appointment of the Chair and the membership of all AMAC Standing Sub-Committees and Ad Hoc Sub-Committees.
- Establish a Credentialing Committee as a sub-committee to make recommendations to the AMAC respecting the appropriate Medical Staff Category and privileges for VCH Medical Staff; and
- Collaborate with the appropriate faculties of the University of British Columbia on the continued development of academic pursuits at the local site where appropriate.

#### 7.5. The Duties of the AMAC

The AMAC shall act in an advisory capacity to the HAMAC on matters pertaining to the health care services provided by VCH within its area or region, including:

- Recommending policy and local site protocols to maintain the efficiency of VCH Medical Staff practicing in the AMAC.
- Evaluating and reporting on the health care services provided at AMAC sites.
- Submitting recommendations for the selection, appointment, privileging and promotion of members of its VCH Medical Staff.
- Supervising the medical education and research programs under AMAC purview.
- Reporting on Bed Allocation within the AMAC.
- Proposing modifications, additions or deletions to the Rules.
- Establishing or seeking to establish new Departments or Divisions within the AMAC; and
- Rendering such other services to the HAMAC, as requested.

The AMAC shall meet as often as necessary to carry out its duties but not less than ten [10] times a year. All meetings of the AMAC shall be conducted according to the Robert's Rules of Order, as amended.

The AMAC shall review and, if appropriate, action reports received from VCH Departments, Divisions and Committees that are under the purview of the AMAC.

The AMAC shall provide written reports to the HAMAC on all matters related to the provision of health care services within the AMAC, including organizational, clinical, educational, research and disciplinary matters.

The AMAC shall direct that clinical departments under its purview hold regular meetings for the benefit of VCH Medical Staff. These meetings shall be conducted according to the Robert's Rules of Order, as amended.

The AMAC shall maintain a record of the qualifications, appointments and privileging of VCH Medical Staff.

The AMAC shall require VCH Medical Staff to appear before the AMAC or a designated Sub-Committee, as appropriate.

## **Article 8 – The Medical Staff Associations [MSAs]**

The Medical Staff Associations are diverse and respond to the specific needs of the patients served within VCH and Medical Staff Associations structures will match the AMAC structure within VCH.

### **8.1. The Mandate of the Medical Staff Associations**

The mandate of Medical Staff Associations includes the promotion and advancement of the involvement of VCH Medical Staff in the provision of medical services and to represent and advocate for the interests of VCH Medical Staff.

The operation and structure of Medical Staff Associations shall be in accordance with its terms of reference, as approved and adopted by its members.

### **8.2. Elected Officers of the Medical Staff Associations**

The elected officers of Medical Staff Associations shall be:

- President of the Medical Staff Association.
- Other officers deemed necessary by the Medical Staff Association

### **8.3. Duties of the Medical Staff Associations**

The elected Officers of the Medical Staff Associations shall be responsible for:

- Holding Regular, Annual and Special meetings.
- Appointing Sub-Committees of the Medical Staff Association, as required.

### **8.4. Election Procedure**

A slate of nominated officers will be proposed by a Medical Staff Association Election Committee consisting of a Past President of the Medical Staff Association and two (2) other members to be appointed by the elected officers of the Medical Staff Association. The Past President of the Medical Staff Association shall chair the Election Committee.

The Election Committee is responsible for developing a fair and inclusive nomination and election process, soliciting input from the membership, and ensuring that all eligible members have an

opportunity to be considered for nomination. The proposed slate of officers will reflect this process and be presented to the membership for final approval through a vote.

The nominated officers shall be elected at an annual general meeting of the Medical Staff Association and shall hold one specific office for a period of not more than three (3) continuous years, assuming continuous membership to the VCH Active Medical Staff. Individuals may not hold the same office for more than three (3) consecutive years.

Active VCH Medical Staff are eligible to vote, stand for election and hold office for the Medical Staff Association. Elections will be by acclamation or by a simple majority vote by all the Medical Staff Association members present and eligible to vote.

#### 8.5. Duties of the Presidents of the Medical Staff Associations

The President of the Medical Staff Association shall have the following duties:

- Convene and chair all meetings of the Medical Staff Association.
- Be a member *ex-officio*, of all the Medical Staff Association committees.
- Be a voting member of the HAMAC.
- Receive information and directives from AMACs and the HAMAC and disseminate this information to the Medical Staff Association, as appropriate.
- Communicate matters of concern from the VCH Medical Staff Association to the VP Medicine and Academic Affairs.
- Represent the interests of the Medical Staff Association.

The Past President of the Medical Staff Association shall serve in an advisory capacity to the President of the Medical Staff Association and its elected officers.

#### 8.6. Meetings of the Medical Staff Associations

Regular meetings of the Medical Staff Association shall be held at least four (4) times per year or more, as deemed appropriate by the President of the Medical Staff Association.

The CEO shall be given notice of and may attend all meetings of the Medical Staff Association.

The Chairs of AMACs shall be invited to all meetings of the Medical Staff Association and report on AMAC issues, including AMAC recommendations, when requested by the Medical Staff Association or at their own discretion.

The President of the Medical Staff Association shall post a notice for members of the Medical Staff Association at least ten (10) days prior to meetings announcing the time and place of the meeting.

The annual general meeting shall be the last meeting of each year at which time:

- The officers of the Medical Staff Association shall be elected for the following year.

- An annual report from the officers and committees shall be presented in writing, which shall include the financial affairs of the Medical Staff Association for the past year.
- A report on the current year's financial actuals and proposed written budget for the next year shall be presented by the Secretary- Treasurer.
- Membership dues shall be determined by a vote on the recommendation of the elected officers.

Representatives of the VCH Board and the CEO shall be invited to attend the annual general meeting of the Medical Staff Association.

A Special Meeting of the Medical Staff Association may be called by the VCH Board, CEO, President of the Medical Staff, Chair of the HAMAC or at the request of one-third of eligible voting members of the Medical Staff Association and shall be held within ten (10) days of the request.

Notice of the Special Meeting shall be posted by the President of the Medical Staff Association at least two (2) days in advance and shall contain the purpose of the Special Meeting. No business shall be transacted at the Special Meeting except as stated in the notice.

Active and Provisional VCH Medical Staff are requested to attend at least 50% of the regular Medical Staff Association meetings in a calendar year. Quorum for meetings of the Medical Staff Association shall be defined in the Terms of Reference for the Medical Staff Associations.

Meetings of the Medical Staff Association shall be conducted according to Robert's Rules of Order, as amended and records of meetings shall be kept.

#### 8.7. Medical Staff Association Membership Dues

Members of the Medical Staff Association shall pay annual membership dues at their primary site as applicable for their category.

Payment of membership dues is a requirement to retain membership of the Medical Staff Association and shall be made payable within two (2) months following the annual general meeting. Payment of membership dues is a requirement for VCH Medical Staff.

### **Article 9 – Review and Amendments to the Rules**

All amendments to the Rules shall be recommended by the HAMAC or the CEO and approved by the VCH Board.

The Rules shall be reviewed every three (3) years, amended as necessary and dated accordingly.

The VCH Board may modify or change these Rules at any time.