



**SASKATOON REGIONAL HEALTH AUTHORITY**  
**Practitioner Staff Bylaws**

**Revised May 2008**

MODEL PRACTITIONER STAFF BYLAWS

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## **MODEL PRACTITIONER STAFF BYLAWS**

### **INTRODUCTION**

#### **Background**

The establishment of regional health authorities provided a unique opportunity to revisit the principles and assumptions surrounding medical staff organization and process. In the past, much of the discussion relating to medical staff organization and process has focused around procedural issues related to bylaws, namely, privileging, appointment, reappointment and discipline. At the same time there has been limited attention to developing organizational structures and processes that support the development of an environment that contributes to a quality management agenda at the facility, regional and system level on a continuous basis with the participation of board, management, practitioners and other staff.

As noted in the document “Roles and Expectations of the Minister of Health and Saskatchewan’s Regional Health Authorities”, regional health authorities are responsible for ensuring the quality of care and services within their health region. This includes having systems in place to monitor and report on quality issues and concerns. The development of effective structures and processes, which promote quality management must be addressed at all levels of the organization and should involve the board, management, practitioners (physicians, dentists, chiropractors, and midwives) other providers and the public.

Improving quality management at the practitioner level is one facet of the larger quality agenda and as such must recognize the unique relationship between the board, management and the practitioner staff. It is important to recognize the interdependent relationship of these groups rather than relying on the traditional approaches that have attempted to assign to these groups separate and unrelated activities. Only by recognizing the interdependence of the various groups and functions can progress be made on advancing a quality agenda.

#### **Revised Governance Model**

As a result of discussions between regional health authorities, the Saskatchewan Medical Association, the College of Physicians and Surgeons of Saskatchewan, the Chiefs of Staff Association of Saskatchewan, regional health authority CEOs, the Saskatchewan Association of Health Organizations and Saskatchewan Health during 2002 and 2003, there was a recognized need to develop a revised governance model within regional health authority’s organizational structure(s) that would advance the above-mentioned goals.

A detailed description of the revised model was set out in the paper “Redesign of Medical Staff Organization” which was released in June 2003. The paper was a collaborative effort of the above-mentioned organizations.

## **Legislative Framework**

Section 43 of *The Regional Health Services Act* requires regional health authorities and prescribed affiliates to enact practitioner staff bylaws:

- (a) respecting the appointment, reappointment and termination of appointment of persons to the practitioner staff and the suspension of persons appointed to the practitioner staff;
- (b) respecting the disciplining of members of the practitioner staff; and
- (c) respecting the granting of privileges to members of the practitioner staff, including the amending, suspending and revoking of privileges granted.

In addition, section 44 of *The Regional Health Services Act* provides that any bylaws made pursuant to section 43 cannot be inconsistent with any guidelines or directions approved by the Minister and must be submitted to the Minister for approval. The effect of subsection 44(1) is that if these model bylaws are provided to the regional health authorities as “guidelines” for the purposes of section 44 with the direction that they be adopted in each region, each region will have in place a model, uniform bylaw developed with input from physicians, regions and with the benefit of legal counsel and advice.

Section 45 of *The Regional Health Services Act* provides physicians aggrieved by a decision of a regional health authority and/or a prescribed affiliate the right to appeal to a tribunal established pursuant to the regulations.

## **Key Components of Model Practitioner Staff Bylaws**

The development of revised model practitioner staff bylaws that incorporated the concepts set out in the paper “Redesign of Medical Staff Organization” was seen as a first step in improving practitioner management in the province. Prior to the development of the model practitioner staff bylaws there was agreement that the model bylaws would include as a minimum the following key components:

- (a) physicians irrespective of their mode of remuneration would be subject to regional health authority medical staff bylaws with respect to appointment, privileging and discipline;
- (b) standard province wide appointment and reappointment process;
- (c) standard province-wide privileging process;
- (d) standard province-wide discipline process;
- (e) requirement for a selection process for the appointment of the senior medical officer;
- (f) requirement to establish a practitioner advisory committee;

- (g) requirement to establish departments/programs based on regional needs; and
- (h) requirement to establish a regional health authority – physician liaison council (could be expanded to include other practitioners).

### **Model Practitioner Staff Bylaws**

The model practitioner staff bylaws incorporate the following principles:

- (a) address the key elements of appointment, reappointment, privileging and discipline that all regional health authorities will be required to follow;
- (b) incorporate permissive language that will allow regional health authorities to develop organizational structures that address local needs;
- (c) balance the obligations of regional health authorities to address issues of risk management and patient safety while at the same time ensures that the principles of due process/procedural fairness are maintained; and
- (d) address concerns with respect to physician advocacy and on-going liaison with regional health authorities and their management teams.

### **Future Steps**

All the parties involved in the development of these bylaws are committed to a process of periodic review and revision, as required, to ensure that the bylaws support the provision of quality health services in the province.



## PART I

### Title

1 These are the Practitioner Staff Bylaws for the Saskatoon Regional Health Authority.

### Purpose

2(1) These practitioner staff bylaws are developed and enacted in order to:

- (a) provide an administrative structure for the governance of the practitioner staff affairs within the regional health authority;
- (b) promote the provision of the quality health care services;
- (c) govern the procedures for the appointment, reappointment, suspension and termination of appointment of practitioners to the practitioner staff;
- (d) govern the procedures for the discipline of members of the practitioner staff;
- (e) provide a means of granting of privileges to members of the practitioner staff, including the amendment, suspension or revocation thereof;
- (f) provide a means of effective and efficient communication between the practitioner staff, the regional health authority, and management within the health region; and
- (g) provide for practitioner staff input into policy, planning and budget decisions of the regional health authority.

(2) These practitioner staff bylaws apply to the members of the practitioner staff appointed pursuant to these bylaws.

### Definitions

3 In these practitioner staff bylaws, the following definitions apply:

- (a) “Board” means those persons appointed as members of the regional health authority by the Lieutenant Governor in Council pursuant to section 16 of *The Regional Health Services Act*;
- (b) “chief executive officer” means the person employed by the regional health authority as chief executive officer within the meaning of section 31 of *The Regional Health Services Act*, responsible to the regional health authority for the general conduct and management of the affairs and activities provided by the regional health authority at its facilities or delivered through its programs and services;
- (c) “chiropractor” means a chiropractor who is entitled to practice chiropractic pursuant to *The Chiropractic Act, 1994*;

- (d) “chiropractic staff” means those chiropractors who have been appointed as a member of the chiropractic staff by the Board;
- (e) “College” means in the case of a physician the College of Physicians and Surgeons of Saskatchewan, in the case of a dentist the Saskatchewan College of Dental Surgeons, in the case of a chiropractor the Chiropractors’ Association of Saskatchewan, and in the case of a midwife the Saskatchewan College of Midwives;
- (f) “dentist” means a dentist who is entitled to practice dentistry pursuant to *The Dental Disciplines Act*;
- (g) “dental staff” means:
  - (i) those oral and maxillofacial surgeons who have been appointed as a member of the dental staff by the Board to whom the Board has granted admitting privileges; and
  - (ii) those dentists who have been appointed as a member of the dental staff by the Board to whom the Board has granted admitting privileges on the joint order of a member of the active medical staff.
- (h) “facility” means an addiction treatment centre, health centre, hospital, residential treatment centre and special-care home within the meaning of *The Facility Designation Regulations*;
- (i) “health care organization” means a person operating an addiction treatment centre, health centre, hospital, residential treatment centre or special-care home similar to or within the meaning of *The Facility Designation Regulations*;
- (j) “health region” means the Saskatoon Health Region established pursuant to section 14 of *The Regional Health Services Act*;
- (k) “impact analysis” means a study conducted by the senior medical officer, or designate, in consultation with the department, program or section head to determine the impact upon the resources of the regional health authority of a proposed appointment of any person to the practitioner staff;
- (l) “member” means a member of the practitioner staff;
- (m) “medical staff” means those physicians who have been appointed as a member of the medical staff by the Board;
- (n) “midwife” means a midwife who is entitled to practice midwifery pursuant to *The Midwifery Act*;
- (o) “midwifery staff” means those midwives who have been appointed as a member of the midwifery staff by the Board;

- (p) “physician” means a physician who is entitled to practise medicine pursuant to *The Medical Profession Act, 1981*;
- (q) “policies and procedures” means those policies and procedures that have been enacted by the Board or by an officer of the regional health authority with the authority to enact policies and procedures on behalf of the Board;
- (r) “practitioner staff” means those physicians, dentists, chiropractors, and midwives who have been appointed as members of the medical staff, dental staff, chiropractic staff, or midwifery staff by the Board;
- (s) “privileges” means the authority granted by the Board in accordance with these bylaws to a physician, chiropractor, dentist or midwife to admit, register, diagnose, treat or discharge patients in respect of a facility, program or service operated or delivered by the regional health authority;
- (t) “regional health authority” means the Saskatoon Regional Health Authority established pursuant to section 14 of *The Regional Health Services Act*;
- (u) “regional medical association” means the organized body of physicians who practice in the health region and hold membership in the Saskatchewan Medical Association;
- (v) “regional practitioner association” means the organized body of physicians, dentists, chiropractors and midwives who practice in the health region and hold membership in their respective professional associations;
- (w) “rural physician” means a member who resides and practices medicine within the health region but outside the municipal boundaries of the City of Saskatoon;
- (x) “rules and regulations” means those rules and regulations governing the practitioner staff in the health region and in a particular department, program or section, which have been established by the practitioner staff and approved by the Board on the recommendations of the Practitioner Advisory Committee;
- (y) “senior medical officer” means the physician(s) appointed as senior medical officer pursuant to these bylaws.

## **PART II ORGANIZATION OF THE PRACTITIONER STAFF**

### **Responsibilities of the Regional Health Authority**

**4** (1) The Board is responsible for the internal organization and proceedings of the regional health authority, and the general conduct and management of the affairs and activities provided at its facilities or delivered through its programs and services.

(2) Without limiting the generality of the foregoing, the Board has the responsibility to enact and administer practitioner staff bylaws governing the practitioner staff, including bylaws:

- (a) respecting the appointment, reappointment and termination of appointment of persons to the practitioner staff and the suspension of persons appointed to the practitioner staff;
- (b) respecting the disciplining of members of the practitioner staff; and
- (c) respecting the granting of privileges to members of the practitioner staff, including the amending, suspending and revoking of privileges granted.

### **Responsibilities of the Chief Executive Officer and Senior Medical Officer**

**5** The regional health authority, through its chief executive officer and senior medical officer, shall be responsible:

- (a) to ensure the delivery of practitioner staff services within the health region, consistent with the strategic plan and mission of the regional health authority, applicable legislation and these bylaws;
- (b) for the organization of the practitioner staff into such departments, program and sections as are warranted from time to time and as outlined in these practitioner staff bylaws. In so doing, the regional health authority, through its chief executive officer and senior medical officer, shall establish an organizational structure to assist the senior medical officer in implementing and fulfilling the strategic plan and mission of the regional health authority, including but not limited to:
  - (i) ensuring the appointment of department, program and section heads by the senior medical officer, as required; and
  - (ii) establishment of a Practitioner Advisory Committee.

## **Senior Medical Officer Appointment**

6 (1) The chief executive officer shall appoint one or more members of the medical staff, or persons eligible for appointment to the medical staff, to the position of senior medical officer after giving consideration to the recommendations and advice of a Search Committee.

(2) The person or persons appointed to the position of senior medical officer may exercise any or all of the powers and responsibilities of the senior medical officer.

(3) A Search Committee shall be established by the chief executive officer and be composed of:

- (a) 2 members of the Practitioner Advisory Committee nominated by the Practitioner Advisory Committee;
- (b) 2 members of the regional medical association nominated by the president of the regional medical association; and
- (c) 2 members of the administrative staff selected by the chief executive officer.
- (d) 1 representative of the College of Medicine, University of Saskatchewan, designated by the Dean of Medicine.

(4) The Search Committee shall invite applications from members of the medical staff or persons eligible for membership to the medical staff to fulfill the role of senior medical officer.

(5) The Search Committee may, if it deems it advisable:

- (a) interview applicants; and
- (b) seek the advice of any other physician or person about the suitability of prospective candidates.

(6) The Search Committee shall present its recommendations and advice to the chief executive officer.

(7) Notwithstanding subsection (6) and subject to the confirmation of the Board, the chief executive officer has the sole right to appoint a senior medical officer.

(8) Subject to the confirmation of the Board, the chief executive officer may at any time revoke or suspend the appointment of the senior medical officer.

(9) The appointment by a former district health board or the Board of a person to the position of senior medical officer or to a position under a different title but exercising similar duties and responsibilities, immediately before the coming into force of this section, is continued as an appointment by the Board of that person until the earlier of:

- (a) the expiry of the term of appointment; or
- (b) termination of the appointment pursuant to these practitioner staff bylaws.

## **Responsibilities of the Senior Medical Officer**

7 The senior medical officer shall be accountable to the chief executive officer with respect to all matters regarding the management and organization of practitioner staff affairs under the jurisdiction of the regional health authority, including the establishment of an organizational structure that supports the achievement of health outcomes, and ensures the delivery of practitioner services within the health region, consistent with the strategic plan and mission of the regional health authority. The roles and responsibilities of the senior medical officer shall be set out more fully in the policies of the regional health authority. These roles and responsibilities include, but are not limited to:

(a) with respect to corporate management:

- (i) full membership on the senior leadership team of the regional health authority, participating in all management discussions and decisions including, but not limited to discussions and decisions regarding strategic planning, financial and program planning, human resources planning, the development, implementation and evaluation of patient/client care programs and services, and resource allocation;

(b) with respect to practitioner staff administration:

- (i) developing, maintaining and updating practitioner staff rules and regulations and policies and procedures pertaining to practitioner staff care provided within the facilities, programs and services operated by the regional health authority;
- (ii) providing leadership and direction on matters pertaining to clinical organization, medical technology and other relevant practitioner staff administrative matters;
- (iii) participating in any regional health authority committees, as required; and
- (iv) providing leadership and direction to the department, program and section heads, other practitioner staff leaders, and the Practitioner Advisory Committee and all its standing and ad hoc committees, so as to integrate the activities of the various departments, programs and committees with each other and with the goals of the regional health authority.

(c) with respect to the appointment, privileging and discipline, including reappointment, termination, suspension and amendment thereof, of practitioner staff members:

- (i) ensuring that appropriate practitioner staff appointment, privileging, reappointment and discipline processes are in place and consistent with applicable law and legislation and with these bylaws.

- (d) with respect to the provision of the quality of practitioner care:
  - (i) developing, establishing and maintaining quality assurance, quality improvement, risk management and utilization activities within the health region in compliance with all applicable legislation, bylaws, rules and regulations, and policies and procedures of the regional health authority; and
  - (ii) collaborating with the provincial or regional quality of care coordinators to ensure that patient/client concerns regarding the quality of practitioner care are resolved in a timely manner.
- (e) with respect to practitioner staff resource planning:
  - (i) submitting annually a regional practitioner staff human resource plan to the chief executive officer and the regional health authority that addresses the needs of the health region; and
  - (ii) providing leadership and direction on matters pertaining to physician compensation, recruitment, orientation and retention.
- (f) with respect to the professional and ethical conduct of members of the practitioner staff:
  - (i) encouraging, promoting and fostering the professional and ethical conduct of members in relation to their practice, teaching, research and interactions with others; and
  - (ii) addressing concerns arising from the professional and ethical conduct of members.
- (g) with respect to continuing practitioner staff education:
  - (i) encouraging, promoting and fostering participation in continuing practitioner staff education on an ongoing basis; and
  - (ii) assisting in identifying and addressing the management and leadership needs of practitioners within the health region.
- (h) with respect to teaching and research:
  - (i) encouraging, promoting and fostering teaching and research within the health region; and
  - (ii) ensuring that appropriate processes and protocols are in place for the consideration and approval of research proposals.

### **Establishment of Departments, Programs and Sections**

**8** (1) The senior medical officer may establish or dissolve departments, programs, and sections, as considered appropriate from time to time.

(2) The establishment or dissolution of any department, program or section by the senior medical officer shall not take effect until confirmed by the chief executive officer.

(3) The composition and duties of each department, program and section shall be described in the policies and procedures.

(4) The senior medical officer shall give consideration to the advice of the Practitioner Advisory Committee in the exercise of any of the powers under subsection 8(1).

### **Appointment of Department, Program and Section Heads**

**9** (1) In accordance with the policies and procedures, the senior medical officer may appoint one or more individuals to be responsible for and serve as head of each department, program or section.

(2) The heads of each department, program or section shall be appointed for a period of 5 years unless otherwise provided for in the policies and procedures.

(3) Department, program and section heads shall be eligible for two additional terms of appointment, not exceeding three years each.

(4) Department, program and section heads shall undergo an annual performance review in accordance with the policies and procedures.

(5) The senior medical officer may at any time revoke or suspend the appointment of a department, program or section head.

(6) No appointment, revocation or suspension of the appointment of a department, program or section head shall take effect until confirmed in writing by the chief executive officer.

(7) The senior medical officer may appoint an acting department, program or section head where the department, program or section head is absent, unable or unwilling to carry out the responsibilities of a department, program or section head. An acting head of a department, program or section shall have all of the powers, duties and responsibilities of the head.

(8) The senior medical officer shall give consideration to the advice of the Practitioner Advisory Committee in the exercise of any of the powers under subsection 9(1).



## Responsibilities of Department, Program and Section Heads

**10** (1) A department, program or section head is responsible to the senior medical officer for the effective organization, management and functioning of the practitioner staff within the assigned department, program or section.

(2) The roles and responsibilities of the department, program or section head shall be set out more fully in the policies of the regional health authority. These roles and responsibilities include, but are not limited to:

- (a) with respect to management within the department, program or section:
  - (i) in consultation with senior medical officer be responsible for the overall management of the department, program or section including, but not limited to, financial and program planning, human resources planning, the development, implementation and evaluation of patient/client care programs and services;
- (b) with respect to practitioner staff administration within the department, program or section:
  - (i) in consultation with the senior medical officer, develop, maintain and update practitioner staff rules and regulations and policies and procedures pertaining to the practitioner care provided within the department, program or section;
  - (ii) provide advice and recommendations to the senior medical officer and the Practitioner Advisory Committee on matters pertaining to clinical organization medical technology and other relevant practitioner administrative matters;
  - (iii) serve as the chair of department, program or section meetings, and directing and participating in any other department, program or section committees, as required; and
  - (iv) provide medical and administrative direction to the physicians within the department, program or section.
- (c) with respect to the appointment, privileging and discipline including reappointment, termination, suspension and amendment thereof, of practitioner staff members:
  - (i) in consultation with the senior medical officer, ensure that the practitioner staff appointment, privileging, reappointment and discipline processes established by the regional health authority are adhered to.
- (d) with respect to the provision of the quality of care:
  - (i) in consultation with the senior medical officer, develop, establish and maintain quality assurance, quality improvement, risk management and

utilization activities within the department, program or section in compliance with all applicable legislation, bylaws, rules and regulations, and/or policies and procedures of the regional health authority;

(ii) report to the senior medical officer and the Practitioner Advisory Committee on the quality, effectiveness, utilization and availability of medical care provided, in relation to professional standards within the department, program or section; and

(iii) collaborate with the regional quality of care coordinator to ensure that client concerns regarding the quality of practitioner care within the department, program or section are resolved in a timely manner.

(e) with respect to practitioner staff resource planning:

(i) provide recommendations to the senior medical officer and assist in developing an annual regional practitioner human resource plan; and

(ii) in consultation with the senior medical officer, provide leadership and direction on matters pertaining to practitioner recruitment, orientation and retention within the department, program or section.

(f) with respect to the professional and ethical conduct of members within the department, program or section:

(i) encourage, promote and foster the professional and ethical conduct of members within the department, program or section in relation to their practice, teaching, research and interactions with others; and

(ii) address concerns related to the professional and ethical conduct of members within the department/program.

(g) with respect to continuing medical education;

(i) encourage, promote and foster participation in continuing medical/dental/chiropractor education within the department, program or section.

(h) with respect to teaching and research;

(i) encourage, promote and foster teaching and research within the department, program or section.

## **Establishment of the Practitioner Advisory Committee**

**11** The chief executive officer and senior medical officer shall establish a Practitioner Advisory Committee.

## **Responsibilities of the Practitioner Advisory Committee**

**12 (1)** The Practitioner Advisory Committee shall:

- (a) assist the senior medical officer with the effective organization, management and functioning of the practitioner staff;
- (b) in conjunction with the senior medical officer, develop rules and regulations and policies and procedures relating to practitioner staff affairs; and
- (c) make recommendations to the chief executive officer, the senior medical officer and the Board in accordance with and as required by these bylaws.

(2) The responsibilities of the Practitioner Advisory Committee include, but are not limited to, providing policy advice and recommendations to the senior medical officer, with a view to integrating and coordinating activities in a consistent manner throughout the health region on matters of:

- (a) with respect to practitioner staff administration:
  - (i) providing advice and recommendations to the senior medical officer on the development, maintenance and updating of practitioner staff policies and procedures pertaining to practitioner care provided within facilities, programs and services operated by the regional health authority;
  - (ii) providing advice and recommendations to the senior medical officer on matters pertaining to clinical organization, medical technology and other relevant practitioner administrative matters; and
  - (iii) providing advice and recommendations to the senior medical officer on matters pertaining to strategic planning, financial and program planning, the development, implementation and evaluation of patient care programs and services and resource allocation.
- (b) with respect to the provision of the quality of practitioner care:
  - (i) receiving, reviewing and making recommendations to the senior medical officer on reports from quality review bodies and committees;
  - (ii) making recommendations to the senior medical officer concerning the establishment and maintenance of professional standards in facilities, programs and services operated by the regional health authority in compliance

with all applicable legislation, bylaws, rules and regulations and policies and procedures of the regional health authority; and

- (iii) reporting and making recommendations to the senior medical officer on the quality, effectiveness and availability of practitioner care provided in facilities, programs and services operated by the regional health authority.

(c) with respect to practitioner human resource planning:

- (i) making recommendations to the senior medical officer regarding practitioner resources required to meet the health needs of the population served by the regional health authority.

(d) with respect to the appointment, re-appointment, termination, suspension, discipline and privileging of members:

- (i) providing recommendations to the Board as required by these bylaws.

### **Practitioner Advisory Committee Composition**

**13 (1)** A Practitioner Advisory Committee shall be established consisting of not more than 25 members. The following persons shall be members of the Practitioner Advisory Committee with voting privileges:

(a) the senior medical officer;

(b) the Medical Health Officer for the health region;

(c) the president and vice-president of the regional medical association;

(d) those department or program heads, designated by the chief executive officer and senior medical officer, after giving consideration to the advice of the members of the respective department, program or section heads;

(e) a representative of the College of Medicine, University of Saskatchewan, designated by the Dean of Medicine;

(f) one rural physician, designated by the chief executive officer and senior medical officer, after giving consideration to the advice of the members who are rural physicians.

(2) Other administrative staff as deemed appropriate by the chief executive officer and senior medical officer shall be a member of the Practitioner Advisory Committee without voting privileges.

(3) The Practitioner Advisory Committee shall annually elect the chair and vice-chair of the Practitioner Advisory Committee from the members referred to in clauses (1)(a)(d) to (f).

- (4) The Chair of the Practitioner Advisory Committee shall:
- (a) preside at all meetings of the Practitioner Advisory Committee;
  - (b) give such notice, as required in these Bylaws, of all meetings of the Practitioner Advisory Committee;
  - (c) in consultation with the senior medical officer, develop the agenda for Practitioner Advisory Committee meetings;
  - (d) maintain the minutes of all meetings of the Practitioner Advisory Committee;
  - (e) maintain an attendance record of those attending all meetings of the Practitioner Advisory Committee; and
  - (f) perform such other duties as ordinarily pertain to this office and as the regional health authority may from time to time direct.
- (5) The Vice-chair of the Practitioner Advisory Committee shall have all the powers and perform all the duties of the Chair in the absence or disability of the Chair, together with such other duties as are usually incidental to such a position or as may be assigned by the regional health authority from time to time.

### **Standing and Ad Hoc Committees of Practitioner Advisory Committee**

- 14** (1) The Practitioner Advisory Committee may establish such standing committees and ad hoc committees as required to advise the senior medical officer and the Practitioner Advisory Committee, and where required by these practitioner staff bylaws, to advise the Board.
- (2) The terms of reference, duties and composition of each standing and ad hoc committee shall be recorded in the rules and regulations, policies and procedures or minutes of the Practitioner Advisory Committee.
- (3) The Practitioner Advisory Committee shall appoint a chair of each standing committee and each ad hoc committee.
- (4) The chair of each standing or ad hoc committee shall submit the minutes, reports, and any recommendations of the standing or ad hoc committee on a regular basis, or as directed by the Practitioner Advisory Committee, and, at the request of the Practitioner Advisory Committee, be present to discuss all or part of any minutes, reports, or recommendations of the standing or ad hoc committee.

### **Practitioner Advisory Committee/Department/Practitioner Staff/ Meetings**

**15** (1) The Practitioner Advisory Committee shall hold not less than 8 meetings in each fiscal year at the call of the Chair and/or the senior medical officer.

(2) Where departments, programs or sections have been established, the number of regular department, program or section meetings shall be determined by the rules and regulations or policies and procedures as established from time to time.

(3) In addition to the meetings described in subsection 0(1), four additional meetings of the practitioner staff, chaired by the senior medical officer, may be held in each fiscal year to discuss issues related to practitioner staff management, organization and other related matters.

(4) Where departments, programs or sections have not been established, there shall be not less than four meetings of the practitioner staff in each fiscal year, chaired by the senior medical officer, to discuss issues related to practitioner staff management, organization and related matters.

(5) The conduct of Practitioner Advisory Committee meetings, department, program or section meetings, and general meetings of the practitioner staff, as well as questions of procedure at both regular and special meetings of such bodies, shall be determined in accordance with the rules and regulations or policies and procedures, as established from time to time.

### **Regional Health Authority Practitioner Liaison Council**

**16** (1) The regional health authority shall establish a Regional Health Authority Practitioner Liaison Council.

(2) The conduct of Regional Health Authority Practitioner Liaison Council meetings, as well as questions of procedure, shall be determined in accordance with the rules and regulations or policies and procedures established by the regional health authority from time to time.

### **Responsibilities of the Regional Health Authority Practitioner Liaison Council**

**17** (1) The purpose of the Regional Health Authority Practitioner Liaison Council is to serve as a liaison between the regional health authority and the respective regional practitioner association and it will seek, in a spirit of cooperation, to maintain and improve the provision of health services in the health region.

(2) The Regional Health Authority Practitioner Liaison Council may act only in an advisory capacity to the regional health authority.

(3) Responsibilities of the Regional Health Authority Practitioner Liaison Council shall include but are not limited to:

- (a) ensuring a stable, constructive and long term relationship between the regional health authority and practitioners providing health services in the health region;
- (b) enhancing the quality and effectiveness of care within the health region;

- (c) providing a forum for the discussion of broader health care management issues; and
- (d) providing a forum for the discussion of other issues of mutual interest or of concern to either party.

### **Regional Health Authority Practitioner Liaison Council Composition**

**18** (1) The Regional Health Authority Practitioner Liaison Council shall be composed of the following representatives:

(a) in the case of the regional health authority:

- (i) the chair of the Board;
- (ii) the chief executive officer;
- (iii) the senior medical officer; and
- (iv) two Board members.

(b) in the case of the practitioner staff:

- (i) 4 physicians;
- (ii) 1 dentist or chiropractor or midwife.

appointed by their respective regional practitioner association(s).

(2) The Regional Health Authority Practitioner Liaison Council shall be co-chaired by the chair of the Board and one of the members of the respective regional practitioner association(s) chosen by the members referred to in clause (1)(b).

(3) With the mutual consent of the co-chairs, other individuals may attend meetings, as deemed necessary or appropriate, from time to time.

### **Regional Health Authority Practitioner Liaison Council Meetings**

**19** (1) The Regional Health Authority Practitioner Liaison Council shall meet at least semi-annually or more often at the call of the co-chairs.

(2) At least one week prior to the meeting, the co-chairs shall circulate the agenda to the members of the Regional Health Authority Practitioner Liaison Council.

(3) Minutes of the Regional Health Authority Practitioner Liaison Council shall be submitted to the regional health authority and the regional practitioner association(s).

### **Reports by the Regional Practitioner Association President(s)**

**20** The president(s) of the regional practitioner association(s) or designate, may in accordance with the policies and procedures of the regional health authority:

- (a) attend meetings of the Board; and

(b) submit a report(s) at Board meetings on the activities of the regional practitioner association.



## **PART III STAFF CATEGORIES**

### **Practitioner Staff Categories**

**21** The practitioner staff shall be organized into the following categories:

- (a) medical;
- (b) dental;
- (c) chiropractic;
- (d) midwifery; and
- (e) honorary.

### **Establishment of Practitioner Staff Subcategories**

**22** (1) The medical staff shall be organized into the following groups:

- (a) associate;
- (b) active;
- (c) limited;
- (d) assistant;
- (e) visiting;
- (f) temporary;
- (g) resident; and
- (h) training fellow.

(2) The dental staff shall be organized into the following groups:

- (a) associate
- (b) active; and
- (c) resident.

(3) The midwifery staff shall be organized into the following groups:

- (a) associate;
- (b) active;
- (c) limited;
- (d) assistant; and
- (e) visiting.

## **PART IV MEDICAL STAFF**

### **Associate Medical Staff**

**23** (1) The associate medical staff shall consist of those physicians who apply for an initial appointment to the active, limited or assistant medical staff, and who are appointed by the Board to the associate medical staff. Appointment to the associate medical staff shall be considered a probationary appointment during which time the Practitioner Advisory Committee and the appropriate department head shall evaluate the member.

(2) Each associate medical staff member shall have such privileges that are appropriate to the active, limited or assistant medical staff category to which they applied, unless otherwise specified in the appointment.

(3) Subject to subsections (4) and (5), an associate medical staff member shall work for a twelve month probationary period under the mentorship or supervision of an active medical staff member assigned by the senior medical officer pursuant to the recommendation of the department head to whom the associate medical staff member has been assigned.

(4) In exceptional circumstances, the senior medical officer may recommend to the Board waiver or reduction of the twelve-month probationary period, and the Board in its discretion may waive or reduce the probationary period. If the Board agrees with the recommendation, the Board may grant an appointment for the balance of the term to the category of medical staff to which the physician initially applied.

(5) At the end of the twelve-month appointment, and subject to the provisions of these bylaws respecting reappointment, the Practitioner Advisory Committee shall review the performance of the associate medical staff member and recommend to the Board either:

- (a) the appointment of the physician to the active, limited or assistant medical staff, as the case may be; or
- (b) the physician be subject to a further probationary period by reappointment to the associate medical staff for a further period not exceeding twelve months.

(6) No member of the associate medical staff shall be appointed to the associate medical staff for more than twenty-four consecutive months.

(7) The associate medical staff member or the department head may request the senior medical officer to assign a different mentor or supervisor at any time during the physician's appointment to the associate medical staff.

(8) At any time, the Practitioner Advisory Committee may recommend to the Board that the appointment of a physician to the associate medical staff be terminated. If the Practitioner Advisory Committee recommends termination, the Practitioner Advisory Committee shall prepare written reasons with respect to its recommendation and the process described in sections 50 to 53 inclusive, with any necessary modification, shall be followed.

(9) Members of the associate medical staff may have such membership and voting rights, and be subject to such duties and obligations commensurate with the active, limited or assistant medical staff category to which they are appointed.

### **Active Medical Staff**

**24** (1) The active medical staff shall consist of those physicians who have been appointed as active medical staff by the Board.

(2) Except where approved by the Board, no physician with an active medical staff appointment with another regional health authority shall be appointed to the active medical staff.

(3) Every physician applying for an initial appointment to the active medical staff will be appointed to the associate medical staff for a probationary period unless the Board directs otherwise.

(4) All active medical staff members shall have admitting privileges to regional health authority facilities unless otherwise specified in their appointment to the medical staff.

(5) Each member of the active medical staff shall:

- (a) ensure that care is provided to his or her patients in regional health authority facilities, programs and services, and as required, ensure arrangements are in place for the ongoing care of his or her patients by another member of the medical staff with the appropriate privileges;
- (b) attend patients and undertake such medical and surgical treatments in accordance with the privileges granted by the Board;
- (c) undertake such duties respecting patient care as may be reasonably assigned by the senior medical officer in circumstances where additional medical human resources are required;
- (d) act as a mentor or supervisor of a member of the associate medical staff as mutually agreed upon by the associate medical staff member, the active staff member, the senior medical officer and the department head;
- (e) attend meetings of the practitioner staff as required by the rules and regulations and policies and procedures of the regional health authority; and
- (f) abide by applicable legislation, bylaws, rules and regulations and policies and procedures.

(6) Members of the active medical staff may refer any of his or her patients to services and programs provided by the regional health authority consistent with any rules and regulations and policies and procedures established for the referral to those programs and services.

(7) Members of the active medical staff may be a member or the chairperson of any committee of the practitioner staff and vote at meetings of the practitioner staff or at any committee on which they hold membership.

### **Limited Medical Staff**

**25** (1) The limited medical staff shall consist of those physicians who have been appointed as limited medical staff by the Board.

(2) The Board may appoint a physician to the limited medical staff if:

- (a) the applicant has patients who are residents of a special care home operated by the regional health authority;
- (b) the applicant has demonstrated a need to access regional health authority programs and services such as diagnostic imaging, laboratory, rehabilitation, health promotion and education and home care to serve the needs of his or her patients residing within the health region; or
- (c) the applicant will serve as a senior medical officer.

(3) Every physician applying for an initial appointment to the limited medical staff will be appointed to the associate medical staff for a probationary period unless the Board directs otherwise.

(4) Each member of the limited medical staff shall:

- (a) ensure that care is provided to his or her patients in regional health authority facilities, programs and services, and as required, ensure arrangements are in place for the ongoing care of his or her patients by another member of the medical staff with the commensurate privileges when he or she is unable to attend patients;
- (b) abide by applicable legislation, bylaws, rules and regulations and policies and procedures; and
- (c) attend meetings of the practitioner staff as required by the rules and regulations and policies and procedures of the regional health authority.

(5) Members of the limited medical staff may be a member or the chairperson of any committee of the practitioner staff and vote at meetings of the practitioner staff or at any committee on which they hold membership.

### **Assistant Medical Staff**

**26** (1) The assistant medical staff shall consist of those physicians who have been appointed to the assistant medical staff by the Board.

(2) The board may appoint a physician to the assistant medical staff if the applicant is to provide specific services within a department, program or section.

(3) Members of the assistant medical staff shall not have admitting privileges.

(4) Every physician applying for an initial appointment to the assistant medical staff will be appointed to the associate medical staff for a probationary period unless the Board directs otherwise.

(5) Each member of the assistant medical staff shall:

(a) attend patients and undertake such medical and surgical treatments in accordance with the privileges granted by the Board;

(b) attend meetings of the practitioner staff as required by the rules and regulations and policies and procedures of the regional health authority; and

(c) abide by applicable legislation, bylaws, rules and regulations and policies and procedures.

(6) Members of the assistant medical staff may be a member of any committee of the practitioner staff but shall not be entitled to hold any office or be a voting member on any committees on which they hold membership.

### **Temporary Medical Staff**

**27** (1) The temporary medical staff shall consist of those physicians who have been appointed to the temporary medical staff by the Board.

(2) The Board may appoint a physician to the temporary medical staff with such privileges as it deems appropriate, where the appointment is:

(a) for a defined period of time of less than 12 months and for a specific purpose; or

(b) to provide temporary replacement or support for a member of the active or limited medical staff.

(3) Notwithstanding subsection (1) and subsection 42 (1), the senior medical officer may:

(a) appoint the physician who is not a member of the medical staff, to the temporary medical staff and grant temporary privileges where, in the opinion of the senior medical officer, there is an immediate need for the service and it is not practical for the applicant to submit all of the information required to be submitted pursuant to this

Bylaw provided the senior medical officer is satisfied that the applicant meets the criteria for appointment set out in section 45; and

- (b) grant temporary privileges to a physician who is a member of the medical staff where, in the opinion of the senior medical officer, there is an immediate need for the service.

(4) The granting of temporary privileges and appointment pursuant to subsection (3) shall be reviewed by the Board at its next regularly scheduled meeting and the Board may, where considered appropriate, affirm, amend, modify or revoke any temporary privileges. Parts IV and V of these bylaws do not apply to a decision of the Board made pursuant to this section.

(5) The privileges which may be granted to a member of the temporary staff pursuant to subsection (1) or (2) include the privilege to attend, admit patients or perform surgical or other operative procedures in a hospital(s) or health centre(s).

(6) Each member of the temporary medical staff shall:

- (a) ensure that care is provided to his or her patients in regional health authority facilities, programs and services, and as required, ensure arrangements are in place for the ongoing care of his or her patients by another member of the medical staff with the commensurate privileges when he or she is unable to attend patients;
- (b) attend patients and undertake such medical and surgical treatments in accordance with the privileges granted by the Board;
- (c) undertake such duties respecting patient care as may be reasonably assigned by the senior medical officer in circumstances where additional medical human resources are required;
- (d) attend meetings of the practitioner staff as required by the rules and regulations and policies and procedures of the regional health authority; and
- (e) abide by applicable legislation, bylaws, rules and regulations and policies and procedures.

(7) Members of the temporary medical staff may refer any of their patients to services and programs provided by the regional health authority consistent with any rules and regulations and policies and procedures established for the referral to those programs and services.

(8) Members of the temporary medical staff shall have no voting rights and may not hold any office or be a voting member on any committee.

### **Visiting Medical Staff**

**28** (1) The visiting medical staff shall consist of those physicians who have been appointed to the visiting medical staff by the Board.

(2) The Board may only appoint those physicians to the visiting medical staff category where:

- (a) the applicant has an active medical staff appointment with another regional health authority, health authority, hospital or other similar health care organization in Canada;
- (b) the applicant has demonstrated a need to access diagnostic imaging, laboratory, rehabilitation, health promotion and education, and home care programs and services to serve the needs of his or her patients residing within the health region; or
- (c) the applicant has established consultant clinics or performs itinerant services in any of the regional health authority facilities.

(3) The Board may grant privileges, as deemed appropriate, following consideration of the recommendation of the Practitioner Advisory Committee.

(4) Each member of the visiting medical staff shall:

- (a) ensure that care is provided to his or her patients in regional health authority facilities, programs and services, and as required, ensure arrangements are in place for the ongoing care of his or her patients by another member of the medical staff with the commensurate privileges when he or she is unable to attend patients;
- (b) attend patients and undertake treatment and operative procedures only in accordance with the privileges granted by the Board;
- (c) attend meetings of the practitioner staff as required by the rules and regulations and policies and procedures of the regional health authority; and
- (d) abide by applicable legislation, bylaws, rules and regulations and policies and procedures.

(5) Members of the visiting medical staff may refer any of their patients to services and programs provided by the regional health authority consistent with any rules and regulations and policies and procedures established for the referral to those programs and services.

(6) Members of the visiting medical staff shall have no voting rights and may not hold any office or be a voting member on any committee.

### **Resident Medical Staff**

**29** (1) The resident medical staff shall consist of those physicians who have been appointed by the Board to the resident medical staff.

(2) The regional health authority may grant a physician an appointment to the resident medical staff with such privileges that are consistent with the faculty of medicine's learning objectives for the physician where the physician is under the supervision and direction of a recognized faculty of medicine.

(3) Each member of the resident staff shall:

- (a) attend patients and undertake such medical and surgical treatments in accordance with the privileges granted by the Board;
- (b) attend meetings of the practitioner staff as required by the rules and regulations and policies and procedures of the regional health authority; and
- (c) abide by applicable legislation, bylaws, rules and regulations and policies and procedures.

(4) Members of the resident staff may:

- (a) participate as voting members of an Education Committee, if any; and
- (b) attend meetings of the practitioner staff but shall have no voting rights and shall not hold any office or be a voting member on any committee other than the Education Committee, if any.

### **Training Fellow Staff**

**30** (1) The training fellow staff shall consist of those physicians who have been appointed by the Board to the training fellow staff.

(2) The regional health authority may grant a physician an appointment to the training fellow staff with such privileges that are consistent with the training fellow's approved training program, where the physician is:

- (a) participating in an approved training program recognized by the College of Physicians and Surgeons of Saskatchewan; and
- (b) working under the direct supervision of the academic medical department head, or a designated member of that department, who shall act as the training fellow's supervisor and be responsible for the training fellow's work.

(3) Each member of the training fellow staff shall:

- (a) attend patients and undertake such medical and surgical treatments in accordance with the privileges granted by the Board;
- (b) attend meetings of the practitioner staff as required by the rules and regulations and policies and procedures of the regional health authority; and
- (c) abide by applicable legislation, bylaws, rules and regulations and policies and procedures.



(4) Members of the training fellow staff may be a member of any committee of the practitioner staff and vote at meetings of the practitioner staff or at any committee on which they hold membership.

## **PART V DENTAL STAFF**

### **Dental Staff**

**31** (1) The dental staff shall consist of those dentists who have been appointed to the dental staff by the Board.

(2) A dentist applying for an initial appointment to the dental staff as a dentist or oral and maxillofacial surgeon will be appointed to the Associate Dental Staff for a probationary period, as outlined similarly for the provision of Associate Medical Staff in section 23(1), unless the Board directs otherwise.

(3) Subject to subsection (4), members of the dental staff who are dentists may admit patients to a hospital on the joint order of a physician who is a member of the active medical staff unless otherwise specified in their appointment to the dental staff.

(4) Dentists who have a specialty in oral and maxillofacial surgery may admit patients to a hospital unless otherwise specified in their appointment to the dental staff.

(5) Each member of the dental staff shall:

- (a) ensure that care is provided to his or her patients in regional health authority facilities, programs and services, and as required, ensure arrangements are in place for the ongoing care of his or her patients by another member of the medical or dental staff with the appropriate privileges;
- (b) attend patients and undertake such dental surgery or treatments in accordance with the kind and degree of privileges granted by the Board;
- (c) undertake such duties respecting patient care as may be reasonably assigned by the senior medical officer in circumstances where additional medical or dental human resources are required;
- (d) act as a mentor or supervisor of a member of the associate dental staff, as mutually agreed upon by the associate dental staff member, the active dental staff member, the senior medical officer and the department head;
- (e) attend meetings of the dental staff as required by the rules and regulations and policies and procedures of the regional health authority; and
- (f) abide by applicable legislation, bylaws, rules and regulations and policies and procedures.

(6) Members of the dental staff may refer any of his or her patients to services and programs provided by the regional health authority consistent with any rules and regulations and policies and procedures established for the referral to those programs and services.

(7) Members of the dental staff may be a member or the chairperson of any committee of the practitioner staff and vote at meetings of the practitioner staff or at any committee on which they hold membership.

### **Resident Dental Staff**

**32** (1) The resident dental staff shall consist of those dentists who have been appointed by the Board to the resident dental staff.

(2) The regional health authority may grant a dentist an appointment to the resident dental staff with such privileges that are consistent with the faculty of dentistry's learning objectives for the dentist where the dentist is under the supervision and direction of a recognized faculty of dentistry.

(3) Each member of the resident dental staff shall:

- (a) attend patients and undertake such dental treatments in accordance with the privileges granted by the Board;
- (b) attend meetings of the practitioner staff as required by the rules and regulations and policies and procedures of the regional health authority; and;
- (c) abide by applicable legislation, bylaws, rules and regulations and policies and procedures.

(4) Members of the resident dental staff may:

- (a) participate as voting members of an Education Committee, if any;
- (b) attend meetings of the practitioner staff but shall have no voting rights and shall not hold any office or be a voting member on any committee other than the Education Committee, if any.

**PART VI  
CHIROPRACTIC STAFF**

**Chiropractic Staff**

**33** (1) The chiropractic staff shall consist of those chiropractors who have been appointed to the chiropractic staff by the Board.

(2) Members of the chiropractic staff may register a person as an outpatient of a hospital or health center for the purpose of obtaining plain film radiographs of the skeletal system of the person.

(3) Each member of the chiropractic staff shall:

- (a) attend meetings of the chiropractic staff as required in these practitioner staff bylaws and the policies of the regional health authority; and
- (b) abide by applicable legislation, bylaws, rules and regulations, and policies and procedures.

(4) Members of the chiropractic staff may be a member or the chairperson of any committee of the practitioner staff and vote at meetings of the practitioner staff or at any committee on which they hold membership.

## **PART VII MIDWIFERY STAFF**

### **Associate Midwifery Staff**

**34** (1) The associate midwifery staff shall consist of those midwives who apply for an initial appointment to the active or limited midwifery staff, and who are appointed by the Board to the associate midwifery staff. Appointment to the associate midwifery staff shall be considered a probationary appointment during which time the Practitioner Advisory Committee and the appropriate department head shall evaluate the member.

(2) Each associate midwifery staff member shall have such privileges that are appropriate to the active or limited midwifery staff category to which they applied, unless otherwise specified in the appointment.

(3) Subject to subsections (4) and (5), an associate midwifery staff member shall work for a twelve month probationary period under the mentorship or supervision of active midwifery staff, or, in cases where this is not available, under the mentorship or supervision of a physician assigned by the senior medical officer pursuant to the recommendation of the department head to whom the associate midwifery staff member has been assigned.

(4) In exceptional circumstances, the senior medical officer may recommend to the Board waiver or reduction of the twelve-month probationary period, and the Board in its discretion may waive or reduce the probationary period. If the Board agrees with the recommendation, the Board may grant an appointment for the balance of the term to the category of midwifery staff to which the midwife initially applied.

(5) At the end of the twelve-month appointment, and subject to the provisions of these bylaws respecting reappointment, the Practitioner Advisory Committee shall review the performance of the associate midwifery staff member and recommend to the Board either:

(a) the appointment of the midwife to the active or limited midwifery staff, as the case may be; or

(b) the midwife be subject to a further probationary period by reappointment to the associate midwifery staff for a further period not exceeding twelve months.

(6) No member of the associate midwifery staff shall be appointed to the associate midwifery staff for more than twenty-four consecutive months.

(7) The associate midwifery staff member or the department head may request the senior medical officer to assign a different mentor or supervisor at any time during the midwife's appointment to the associate midwifery staff.

(8) At any time, the Practitioner Advisory Committee may recommend to the Board that the appointment of a midwife to the associate midwifery staff be terminated. If the Practitioner Advisory Committee recommends termination, the Practitioner Advisory Committee shall

prepare written reasons with respect to its recommendation and the process described in sections 50 to 53 inclusive, with any necessary modification, shall be followed.

(9) Members of the associate midwifery staff may have such membership and voting rights, and be subject to such duties and obligations commensurate with the active or limited midwifery staff category to which they are appointed.

### **Active Midwifery Staff**

**35** (1) The active midwifery staff shall consist of those midwives who have been appointed as active midwifery staff by the Board.

(2) Except where approved by the Board, no midwife with an active midwifery staff appointment with another regional health authority shall be appointed to the active midwifery staff.

(3) Every midwife applying for an initial appointment to the active midwifery staff will be appointed to the associate midwifery staff for a probationary period unless the Board directs otherwise.

(4) All active midwifery staff members shall have admitting privileges to regional health authority facilities unless otherwise specified in their appointment to the midwifery staff.

(5) Each member of the active midwifery staff shall:

- (a) ensure that care is provided to his or her patients in regional health authority facilities, programs and services, and as required, ensure arrangements are in place for the ongoing care of his or her patients by another member of the practitioner staff with the appropriate privileges;
- (b) attend patients and undertake such medical and surgical treatments in accordance with the privileges granted by the Board;
- (c) undertake such duties respecting patient care as may be reasonably assigned by the senior medical officer in circumstances where additional human resources are required;
- (d) act as a mentor or supervisor of a member of the associate midwifery staff as mutually agreed upon by the associate midwifery staff member, the active staff member, the senior medical officer and the department head;
- (e) attend meetings of the practitioner staff as required by the rules and regulations and policies and procedures of the regional health authority; and
- (f) abide by applicable legislation, bylaws, rules and regulations and policies and procedures.

(6) Members of the active midwifery staff may refer any of his or her patients to services and programs provided by the regional health authority consistent with any rules and regulations and policies and procedures established for the referral to those programs and services.

(7) Members of the active midwifery staff may be a member or the chairperson of any committee of the practitioner staff and vote at meetings of the practitioner staff or at any committee on which they hold membership

### **Limited Midwifery Staff**

**36** (1) The limited midwifery staff shall consist of those midwives who have been appointed as limited midwifery staff by the Board.

(2) The Board may appoint a midwife to the limited midwifery staff if:

- (a) the applicant has demonstrated a need to access regional health authority programs and services such as diagnostic imaging, laboratory, rehabilitation, health promotion and education and home care to serve the needs of his or her patients residing within the health region.

(3) Every midwife applying for an initial appointment to the limited midwifery staff will be appointed to the associate midwifery staff for a probationary period unless the Board directs otherwise.

(4) Each member of the limited midwifery staff shall:

- (a) ensure that care is provided to his or her patients in regional health authority facilities, programs and services, and as required, ensure arrangements are in place for the ongoing care of his or her patients by another member of the practitioner staff with the commensurate privileges when he or she is unable to attend patients;
- (b) abide by applicable legislation, bylaws, rules and regulations and policies and procedures; and
- (c) attend meetings of the practitioner staff as required by the rules and regulations and policies and procedures of the regional health authority.

(5) Members of the limited midwifery staff may be a member or the chairperson of any committee of the practitioner staff and vote at meetings of the practitioner staff or at any committee on which they hold membership.

### **Temporary Midwifery Staff**

**37** (1) The temporary midwifery staff shall consist of those midwives who have been appointed to the temporary midwifery staff by the Board.

(2) The Board may appoint a midwife to the midwifery staff with such privileges as it deems appropriate, where the appointment is:

- (a) for a defined period of time of less than 12 months and for a specific purpose; or

(b) to provide temporary replacement or support for a member of the active or limited midwifery staff.

(3) Notwithstanding subsection (1), the senior medical officer may:

(a) appoint a midwife who is not a member of the midwifery staff, to the temporary midwifery staff and grant temporary privileges where, in the opinion of the senior medical officer, there is an immediate need for the service and it is not practical for the applicant to submit all of the information required to be submitted pursuant to this Bylaw provided the senior medical officer is satisfied that the applicant meets the criteria for appointment set out in section 45; and

(b) grant temporary privileges to a midwife who is a member of the midwifery staff where, in the opinion of the senior medical officer, there is an immediate need for the service.

(4) The granting of temporary privileges and appointment pursuant to subsection (3) shall be reviewed by the Board at its next regularly scheduled meeting and the Board may, where considered appropriate, affirm, amend, modify or revoke any temporary privileges. Parts X and XI of these bylaws do not apply to a decision of the Board made pursuant to this section.

(5) The privileges which may be granted to a member of the temporary midwifery staff pursuant to subsection (1) or (2) include the privilege to attend, admit patients or perform surgical or other operative procedures in a hospital(s) or health centre(s).

(6) Each member of the temporary midwifery staff shall:

(a) ensure that care is provided to his or her patients in regional health authority facilities, programs and services, and as required, ensure arrangements are in place for the ongoing care of his or her patients by another member of the practitioner staff with the commensurate privileges when he or she is unable to attend patients;

(b) attend patients and undertake such medical and surgical treatments in accordance with the privileges granted by the Board;

(c) undertake such duties respecting patient care as may be reasonably assigned by the senior medical officer in circumstances where additional medical human resources are required;

(d) attend meetings of the practitioner staff as required by the rules and regulations and policies and procedures of the regional health authority; and

(e) abide by applicable legislation, bylaws, rules and regulations and policies and procedures.



(7) Members of the temporary midwifery staff may refer any of their patients to services and programs provided by the regional health authority consistent with any rules and regulations and policies and procedures established for the referral to those programs and services.

(8) Members of the temporary midwifery staff shall have no voting rights and may not hold any office or be a voting member on any committee.

### **Visiting Midwifery Staff**

**38** (1) The visiting midwifery staff shall consist of those midwives who have been appointed to the visiting midwifery staff by the Board.

(2) The Board may only appoint those midwives to the visiting midwifery staff category where the applicant has an active midwifery staff appointment with another regional health authority, health authority, hospital or other similar health care organization in Canada, and:

(a) the applicant has demonstrated a need to access diagnostic imaging, laboratory, rehabilitation, health promotion and education, and home care programs and services to serve the needs of his or her patients residing within the health region; or

(b) the applicant performs itinerant services in any of the regional health authority facilities.

(3) The Board may grant privileges, as deemed appropriate, following consideration of the recommendation of the Practitioner Advisory Committee.

(4) Each member of the visiting midwifery staff shall:

(a) ensure that care is provided to his or her patients in regional health authority facilities, programs and services, and as required, ensure arrangements are in place for the ongoing care of his or her patients by another member of the practitioner staff with the commensurate privileges when he or she is unable to attend patients;

(b) attend patients and undertake treatment procedures only in accordance with the privileges granted by the Board;

(c) attend meetings of the practitioner staff as required by the rules and regulations and policies and procedures of the regional health authority; and

(d) abide by applicable legislation, bylaws, rules and regulations and policies and procedures.

(5) Members of the visiting midwifery staff may refer any of their patients to services and programs provided by the regional health authority consistent with any rules and regulations and policies and procedures established for the referral to those programs and services.

(6) Members of the visiting midwifery staff shall have no voting rights and may not hold any office or be a voting member on any committee.

## **PART VIII HONORARY STAFF**

### **Honorary Staff**

**39(1)** The Board may appoint a practitioner to the honorary staff. Parts IX and X of these practitioner staff bylaws do not apply to an appointment to this category.

(2) The honorary staff category is to recognize practitioners who have provided distinguished service to the residents of the health region.

(3) Members of the honorary staff hold no privileges.

(4) Members of the honorary staff:

(a) subject to subsection (5), may attend meetings of the practitioner staff but shall have no voting rights;

(b) may not hold any office or be a voting member on any committee; and

(c) are not subject to mandatory meeting attendance as required by the rules and regulations and policies and procedures of the regional health authority.

(5) An honorary staff member may be excluded from any meeting or portion of a meeting of the practitioner staff at the discretion of the chair, where personal information, personal health information or confidential information is being discussed.

(6) The Board may at any time, where considered appropriate, terminate the appointment of a practitioner from the honorary staff.

## **PART IX RESPONSIBILITIES OF THE PRACTITIONER STAFF**

### **Responsibilities**

**40** (1) Collectively, members of the practitioner staff, other than honorary staff, have a responsibility and accountability to the regional health authority to:

- (a) promote and provide a level of quality care in the regional health authority facilities, programs and services that is directed towards satisfying the needs of the patient and meets the standards set out by recognized bodies of the profession, such as licensing bodies, national clinical societies and others where the essential components of quality include competence, accessibility, acceptability, effectiveness, appropriateness, efficiency, affordability and safety;
- (b) participate in appropriate quality improvement initiatives aimed at improving access to and quality of care provided within the health region;
- (c) promote appropriate use of evidence-based clinical practice; and
- (d) assist in fulfilling the mission of the regional health authority by contributing where reasonably possible to the strategic planning, community needs assessment, resource utilization management and quality management activities.

(2) Each member of the practitioner staff, other than a member of the honorary staff, has a responsibility to the regional health authority to:

- (a) ensure a high professional and ethical standard of care is provided to patients under his or her care;
- (b) practise within the limits of the privileges provided and his or her professional competency and skill;
- (c) meet the requirements for continuing medical education and continuing professional learning as established by their professional regulatory authority;
- (d) participate in such education and training initiatives as appropriate that support the regional health authority in providing quality health services;
- (e) recognize the authority of the department, program, or section head, senior medical officer, chief executive officer, Practitioner Advisory Committee and the Board;
- (f) abide by applicable legislation, bylaws, rules and regulations and policies and procedures;
- (g) participate in appropriate quality improvement initiatives;

- (h) work, cooperate with and relate to others in a collegial and professional manner;
- (i) conduct him or herself in a manner consistent with the regional health authority's mission, vision and values;
- (j) serve where required by these practitioner staff bylaws on various regional health authority and practitioner staff committees; and
- (k) utilize health care resources within regional health authority facilities and programs in a manner consistent with regional health authority policies and procedures and practices.

### **Leave of Absence**

**41** (1) A member of the practitioner staff may apply to the Board for a leave of absence.

(2) The Board may grant a leave of absence for a period not exceeding twelve months in any of the following circumstances:

- (a) the practitioner staff member has enrolled in an educational program approved by the senior medical officer;
- (b) maternity/family leave or disability/illness; or
- (c) in any other circumstance where the Board in its discretion considers appropriate.

(3) A member of the practitioner staff may apply for consecutive leaves of absence, which the Board may approve if, in its discretion, it considers advisable.

(4) If the member's reappointment comes due during the period of the member's leave of absence, the member shall apply for reappointment.

(5) While on an approved leave of absence, members of the practitioner staff maintain their practitioner staff appointment to the category of practitioner staff to which they are appointed but:

- (a) are exempt from department, program and section duties, including the requirement to attend department and program and section meetings; and
- (b) do not have any admitting, discharge or procedural privileges.

(6) While on an approved leave of absence, members are required to maintain licensure with the College of Physicians and Surgeons of Saskatchewan, the College of Dental Surgeons of Saskatchewan, the Chiropractors' Association of Saskatchewan, the Saskatchewan College of Midwives as the case may be, and shall maintain professional liability insurance satisfactory to the regional health authority.

(7) Prior to commencing the leave of absence, members must ensure arrangements are in place for the ongoing care of their patients by another member of the medical staff and shall notify the senior medical officer of the member of the medical staff who will be attending to their patients and clients in their absence.

**PART X**  
**APPOINTMENT and REAPPOINTMENT - GENERAL**

**Power to Appoint and Reappoint**

**42** (1) Except for a temporary appointment or the granting of temporary privileges pursuant to sections 27 and 37 the Board has the sole and exclusive power to appoint and reappoint members to the practitioner staff and to grant privileges. In considering whether to make an appointment or reappointment to the practitioner staff, or to grant privileges, the Board shall consider the recommendations of the Practitioner Advisory Committee, however the Board is not bound by those recommendations.

(2) Except in the circumstances mentioned in clause 27(3)(a) and clause 37(3)(a), a practitioner must hold an appointment to the practitioner staff in order:

- (a) to hold any privilege under these bylaws;
- (b) to provide any service to an individual or patient in a facility operated or program offered by the regional health authority; or
- (c) to refer any individual or patient to any service provided by the regional health authority.

(3) Any member of the practitioner staff who resigned or otherwise caused or permitted termination from the practitioner staff, or whose practitioner staff membership has been terminated by the Board and who subsequently wishes to become a member of the practitioner staff, is required to make application and follow the process for an initial appointment.

**Term of Appointment or Reappointment**

**43** Unless otherwise specified in an appointment or terminated prior to the expiration of the term of the appointment, an appointment expires on that day that is one year from the date the appointment is granted.

## PART XI INITIAL APPOINTMENT

### Initial Appointment Procedure

**44** (1) An application for initial appointment to the practitioner staff shall be processed in accordance with the provisions of *The Regional Health Services Act*, these Bylaws, the rules and regulations and the policies and procedures of the regional health authority.

(2) The senior medical officer shall supply a copy of these Bylaws to each practitioner who expresses an intention to apply for appointment to the practitioner staff.

(3) An applicant for initial appointment to the practitioner staff shall submit an application in writing to the senior medical officer, in a form approved by the senior medical officer, together with all information required to be submitted by these Bylaws. The senior medical officer may also require the applicant to complete an Impact Analysis Questionnaire.

(4) Each application must include:

- (a) an indication of the category of practitioner staff appointment being sought and the privileges requested;
- (b) an up-to-date curriculum vitae which shall include a chronological account of the applicant's education, training, academic qualifications, continuing education and continuing professional learning, the applicant's professional experience and memberships and positions held in professional organizations and committees;
- (c) a statement detailing any completed proceedings in which there was a failure to obtain, or subsequent reduction in classification or voluntary or involuntary resignation, or termination or suspension of any professional license or certification, fellowship, professional academic appointment or privileges at any other hospital, health authority or other health care organization;
- (d) information regarding any criminal proceedings or convictions involving the applicant which may impact the applicant's ability to practice;
- (e) information regarding any pending adverse decisions or out-of-court settlements in any civil suit related to medical practice in which the applicant has been involved;
- (f) information regarding any physical or mental impairment or health condition known to the applicant that affects, or may affect the applicant's ability to exercise the necessary skill, ability and judgment to provide appropriate care;



- (g) evidence of:
- (i) in the case of a physician, a current licence or proof of eligibility to obtain a licence from the College of Physicians and Surgeons of Saskatchewan and, where applicable, the appropriate Certification or Fellowship of the Royal College of Physicians and Surgeons of Canada, or the College of Family Physicians of Canada, or current eligibility to write the appropriate specialty examination of the Royal College of Physicians and Surgeons of Canada, or the College of Family Physicians of Canada;
  - (ii) in the case of a dentist, a current licence or proof of eligibility to obtain a licence from the Saskatchewan College of Dental Surgeons;
  - (iii) in the case of a chiropractor, a current licence or proof of eligibility to obtain a licence from the Chiropractors' Association of Saskatchewan;
  - (iv) in the case of a midwife, registration or proof of eligibility to become registered with the Saskatchewan College of Midwives.
- (h) evidence of membership in the Canadian Medical Protective Association, or equivalent professional liability insurance satisfactory to the regional health authority;
- (i) results of a current Criminal Records Check regarding the applicant and, if applicable, a notarized copy of the Police Clearance Certificate from the applicant's country of origin;
- (j) a signed consent authorizing a professional licensing body, hospital, or health authority or other health care organization in which the applicant provided services to disclose:
- (i) a report on any action taken by a disciplinary committee, Practitioner Advisory Committee or other health care organization;
  - (ii) a recital and description of any pending or completed disciplinary actions by such professional licensing body, hospital, health authority or other health care organization, voluntary restriction of privileges, competency investigations, performance reviews, and details with respect to prior privileges disputes with other hospitals, health authorities or other health care organizations regarding appointment, reappointment, change of privileges, restriction or cancellation of privileges, or mid-term suspension or revocation of privileges; and
  - (iii) a letter of standing.

- (k) a direction authorizing the senior medical officer to contact any previous hospitals, health authorities, or other health care organizations where the applicant has provided services with such direction to include the names and addresses of the following:
  - (i) the chief executive officer and the senior medical officer, or a person exercising similar responsibilities of the most recent hospital, health authority, or other health care organization where the applicant held privileges or received training;
  - (ii) the service director or head of a training program, if the applicant was enrolled in a graduate training program within the past three years;
  - (iii) in the case of recent graduates within three years, the dean of medicine, the dean of dentistry or program head of the last educational institution in which the applicant held an appointment or was trained; and
  - (iv) at least three referees who can attest to the character and practitioner competence of the applicant, based on first-hand knowledge of the applicant within the previous four years.
- (l) a signed authorization to any applicable hospital, health authority, regulatory body, or other health care organization to release and disclose personal information respecting the applicant on any matter required by this section;
- (m) any additional relevant information that the senior medical officer, department head, Credentials Committee, Practitioner Advisory Committee or Board, in the course of the review of the applicant's application, deems necessary to make a determination regarding the application;
- (n) a statement by the applicant confirming that the applicant has read the Practitioner Staff Bylaws;
- (o) an undertaking that, if appointed to the practitioner staff, the applicant will provide those services to the health region which have been agreed upon, will participate in the discharge of medical staff obligations applicable to the membership category to which the applicant is assigned and will act in accordance with applicable legislation, these Bylaws, rules and regulations, or policies and procedures and such professional and ethical standards as established from time to time; and
- (p) a statement signed by the applicant declaring the truth of the information outlined in the application and supporting materials provided by the applicant, and acknowledging that the discovery of any untruth therein may result in the appointment not being granted or, where such occurs following the appointment being granted, the immediate revocation of the privileges and appointment granted.

(5) For a proper evaluation of the applicant's competence, character, ethics and other qualifications, the applicant has the burden of producing adequate information to address the requirements of this section. The applicant may produce any additional information in support of the application, should the applicant so desire, prior to consideration by the Board or the Practitioner Advisory Committee's recommendation concerning the application.

(6) Until the applicant has provided all the information required by these Bylaws or requested by the senior medical officer, the application for appointment will be deemed incomplete and will not be processed. If the information required by this section is not provided within sixty (60) days from the date of submission of the initial application, the application is deemed withdrawn.

### **Criteria for Appointment**

**45** (1) Each applicant seeking appointment to the practitioner staff is required to meet the following criteria:

(a) in the case of a physician:

- (i) the applicant is a member in good standing with the College of Physicians and Surgeons of Saskatchewan and is entitled to practice medicine pursuant to *The Medical Professions Act, 1981*;
- (ii) the applicant shall have education, training and experience appropriate to the privileges being sought; and
- (iii) an applicant seeking to practise in a specialty must be licensed by the College of Physicians and Surgeons of Saskatchewan on the basis of the physician's training and experience in that specialty and may be required to:
  - (1) possess the appropriate Certification or Fellowship of the Royal College of Physicians and Surgeons of Canada; or
  - (2) be currently eligible to write the appropriate specialty examination of the Royal College of Physicians and Surgeons of Canada.

(b) in the case of a dentist:

- (i) the applicant is a member in good standing with the College of Dental Surgeons of Saskatchewan and is entitled to practice dentistry pursuant to *The Dental Disciplines Act*;
- (ii) the applicant has the education, training and experience appropriate to the privileges being sought; and

- (iii) the applicant seeking privileges in relation to oral and maxillofacial surgery be licensed and certified in that specialty by the College of Dental Surgeons of Saskatchewan.

(c) in the case of a chiropractor:

- (i) the applicant is a member in good standing with the Chiropractors' Association of Saskatchewan and is entitled to practice chiropractic pursuant to *The Chiropractic Act, 1994*; and
- (ii) the applicant has the education, training and experience appropriate to the privileges being sought.

(d) in the case of a midwife:

- (i) the applicant is a member in good standing with the Saskatchewan College of Midwives and is entitled to practice midwifery pursuant to *The Midwifery Act*; and
- (ii) the applicant has the education, training and experience appropriate to the privileges being sought.

(2) The applicant will have demonstrated:

- (a) the ability to provide patient care at an appropriate level of quality and efficiency;
- (b) the ability to work and cooperate with and relate to others in a collegial and professional manner;
- (c) the ability to communicate and relate appropriately with patients and patients' families;
- (d) the willingness to participate in the discharge of staff, committee and other obligations appropriate to the membership category;
- (e) ethical character, performance and behaviour; and
- (f) evidence of membership in the Canadian Medical Protective Association, or equivalent professional liability insurance satisfactory to the regional health authority.

(3) If applicable, the applicant shall hold an academic appointment with the College of Medicine, University of Saskatchewan or another recognized faculty of medicine.

(4) All appointments to practitioner staff shall be:

- (a) consistent with the need for service, as determined by the regional health authority, from time to time;
- (b) consistent with the regional practitioner staff human resource plan of the regional health authority and the department;
- (c) consistent with the strategic plan and mission of the regional health authority;
- (d) supported by a demonstrated sufficiency of resources within the regional health authority and the department to which the applicant is applying; and
- (e) in the best interest of the regional health authority.

### **Board May Refuse to Appoint**

**46** In accordance with these Bylaws, the Board may refuse to appoint any applicant to the practitioner staff if the applicant does not meet the qualifications, criteria or requirements set out in sections 44 and 45.

### **Process on Initial Appointment**

**47** (1) The appropriate department head shall submit a completed application for appointment and all supporting material, after consideration of the matters contained in Section 45, to the senior medical officer. Subject to subsection (2), upon receipt of a completed application for appointment, the senior medical officer, being of the initial opinion that the applicant meets the criteria set out in section 45, shall forward the completed application and all supporting material to the Credentials Committee for consideration and recommendation.

(2) If the senior medical officer is of the initial opinion that the application fails to meet the criteria set out in subsection 45(4), the senior medical officer may refuse to process the application for appointment and shall report the refusal to the Board for its consideration at its next regular meeting.

(3) If the Board adopts the recommendation of the senior medical officer to refuse to process the application for appointment, the Board shall serve or cause to be served a copy of its decision along with written reasons on the applicant within thirty (30) days after rendering its decision.

(4) The decision shall include a notice advising the applicant that if the applicant is aggrieved by the decision of the Board, the applicant may appeal that decision to a tribunal in accordance with *The Regional Health Services Act* and *The Practitioner Staff Appeals Regulations*.

(5) If the Board is of the initial opinion that the application meets the criteria set out in subsection 45(4) and the Board refuses to adopt the recommendation of the senior medical officer to refuse to process the application for appointment, the process described in sections 50 to 53 inclusive, with any necessary modification, shall be followed.

### **Review of Application for Appointment**

**48(1)** In considering the application for appointment, the Credentials Committee:

- (a) shall evaluate the applicant with regard to the criteria set out in section 45;
- (b) shall evaluate the information submitted or obtained from the applicant;
- (c) shall consider the advise of the department or program head if applicable; and
- (d) may interview the applicant.

(2) Following consideration of the application, and the material and information referred to in subsection (1), the Credentials Committee shall make a recommendation to the Practitioner Advisory Committee respecting the application for initial appointment that either:

- (a) the application be accepted in accordance with the category of appointment sought and privileges requested;
- (b) the application be accepted but the category of practitioner staff or privileges be modified from those requested by the applicant; or
- (c) the application be refused.

### **Recommendation of Practitioner Advisory Committee**

**49 (1)** Having regard to the recommendations of the department head and the Credentials Committee, and the information referred to in section 48, the Practitioner Advisory Committee shall make a recommendation to the Board respecting the application for initial appointment, that either:

- (a) the application be accepted in accordance with the category of appointment sought and privileges requested;
- (b) the application be accepted but the category of practitioner staff or privileges be modified from those requested by the applicant; or
- (c) the application be refused.

(2) If the Practitioner Advisory Committee recommends to the Board that the application be granted in accordance with the category of appointment sought and privileges requested, the senior medical officer shall then forward the recommendation of the Practitioner Advisory Committee to the Board for consideration at its next regular meeting.

(3) If the recommendation of the Practitioner Advisory Committee varies from the appointment sought and privileges requested by the applicant, the Practitioner Advisory Committee shall prepare written reasons with respect to its recommendation.

### **Notice of Board Meeting**

**50** (1) Subject to subsection (2), the senior medical officer shall serve the applicant with a written notice at least fourteen (14) days before the meeting of the Board at which the application for appointment and recommendation of the Practitioner Advisory Committee will be considered, which notice shall:

- (a) include a copy of the recommendation together with the written reasons for the recommendation of the Practitioner Advisory Committee made pursuant to subsection 49(3);
- (b) inform the applicant of his or her right to make written representations to the Board and of the right to appear personally before the Board;
- (c) specify the date, time and place of the meeting of the Board;
- (d) subject to subsection 89(2), include a statement that the applicant shall be afforded an opportunity to examine, prior to the Board meeting, any written information or representations that were considered by the Practitioner Advisory Committee;
- (e) include a statement that the applicant may appear in person or be represented by counsel, and that in his or her absence the Board may proceed with consideration of the application and recommendation of the Practitioner Advisory Committee;
- (f) inform the applicant that the Board may adjourn or extend the time for its meeting; and
- (g) include a statement advising the applicant that his or her right to appear in person to make oral representations, either personally or through legal counsel, is subject to the applicant providing not less than three (3) days written notice to the senior medical officer in advance of the Board meeting of his or her intention to do so.

(2) For the purposes of subsection (1), notice is only required to be given by the senior medical officer if the Practitioner Advisory Committee recommends that:

- (a) the application be accepted but the category of practitioner staff or privileges be modified from those requested by the applicant; or
- (b) the application be refused.

(3) The Board may refuse to hear the oral representations of the applicant or the applicant's legal counsel if the applicant fails to provide the written notice required by clause 50(1)(g).

### **Board Proceedings**

**51** (1) The parties before the Board are the applicant, the Practitioner Advisory Committee, the senior medical officer and such other persons as the Board may specify.

(2) The applicant is entitled to submit written representations and to appear in person, with or without legal counsel, before the Board. The applicant is not entitled to call witnesses.

(3) Subject to subsection 89(2), the applicant appearing before the Board shall be afforded an opportunity to examine any written or documentary evidence or information that will be produced or that were considered by the Practitioner Advisory Committee in making its recommendation.

(4) Members of the Board at which the application is considered shall not have taken part in any investigation or consideration of the subject matter of the application before the meeting and shall not communicate directly or indirectly in relation to the subject matter of the meeting with any person or with any party or his or her representative, except upon notice to and an opportunity for all parties to participate.

(5) The Board shall consider the reasons of the Practitioner Advisory Committee that have been given to the applicant in support of its recommendation. Where through error or inadvertence, certain reasons have been omitted in the written reason delivered to the applicant, the Board may consider those reasons only if those reasons are given by the Practitioner Advisory Committee in writing to both the applicant and the Board and the applicant is given a reasonable time to review the reasons and to prepare representations in response to those additional reasons.

(6) No member of the Board shall participate in a decision of the Board pursuant to this section unless he or she was present throughout the meeting and heard the representations of the applicant, if any, and except with the consent of the parties, no decision of the Board shall be given unless all members so present participate in the decision.

### **Board Decision**

**52** (1) Upon consideration of the application and all supporting information, the recommendations of the Practitioner Advisory Committee, including the reasons therefore, and the representations of the applicant, if any, the Board may:

- (a) appoint the applicant to the practitioner staff and grant privileges to the category of appointment sought and privileges requested by the applicant;
- (b) appoint the applicant to the practitioner staff and grant privileges to the category and with the privileges considered appropriate by the Board; or
- (c) refuse the application for appointment.

(2) If the Board refuses to adopt the recommendation of the Practitioner Advisory Committee to accept the application for appointment to the practitioner staff and grant privileges to the



category of appointment sought and privileges requested by the applicant, the application shall be tabled to the next regular meeting of the Board and the applicant shall be entitled to the rights set out in sections 50 and 51 of these Bylaws.

### **Service of Board Decision**

**53** (1) The Board shall serve or cause to be served a copy of its decision on the applicant within thirty (30) days after rendering its decision, and where the decision of the Board varies from the request of the applicant, the Board shall provide written reasons to the applicant.

(2) The decision shall include a notice advising the applicant that if the applicant is aggrieved by the decision of the Board, the applicant may appeal that decision to a tribunal in accordance with *The Regional Health Services Act* and *The Practitioner Staff Appeals Regulations*.

## **PART XII REAPPOINTMENT**

### **Application for Reappointment**

**54** (1) On an annual basis, each member of the practitioner staff shall apply for reappointment to the practitioner staff. The member shall submit to the senior medical officer:

- (a) a completed application for reappointment on a form approved by the senior medical officer and by no later than the date specified by the senior medical officer; and
- (b) the information set out in section 55 and such other information as may be requested by the senior medical officer.

(2) An application for reappointment to the practitioner staff shall be processed in accordance with the provisions of *The Regional Health Services Act*, these Bylaws, the rules and regulations and the policies and procedures.

(3) Where a member applies for reappointment pursuant to this section, his or her appointment to the practitioner staff shall be deemed to continue until the application for reappointment is determined by the Board in accordance with these Bylaws.

### **Information to be Submitted**

**55** The member shall submit details of:

- (a) continuing medical/dental/chiropractic/nursing/midwifery education activities undertaken during the preceding year;
- (b) additional training or academic achievement during the preceding year;
- (c) administrative, teaching, research, scholarly work or special responsibilities assumed or continued during the preceding year;
- (d) evidence of membership in the Canadian Medical Protective Association, or equivalent professional liability insurance satisfactory to the regional health authority.
- (e) any updated information respecting the matters outlined in section 44 in relation to the preceding year; and
- (f) the category of reappointment, the department or program to which the reappointment is requested and the privileges requested.

### **Application Deemed Incomplete**

**56** Notwithstanding subsection 54(2), until the member has provided all the information required to be submitted pursuant to these Bylaws, the application for reappointment will be deemed incomplete and will not be processed. If the information required by this section is not provided within sixty (60) days from the date of submission of the application for reappointment, the application for reappointment is deemed withdrawn.

### **Criteria for Reappointment to the Practitioner Staff**

**57** A member shall be eligible for reappointment if the member:

- (a) continues to meet the criteria set out in subsections 45(1)-(3); and
- (b) has demonstrated an appropriate use of regional health authority resources in a manner consistent with the policies and procedures of the respective department, program or section.

### **Process on Reappointment**

**58** The appropriate department head shall submit a completed application for reappointment and all supporting material, after consideration of the matters contained in Section 57, to the senior medical officer. Upon receipt of the completed application for reappointment, the senior medical officer, being satisfied that the member meets the criteria set out in subsections 45(1)-(3), shall forward the completed application and all supporting material to the Credentials Committee for consideration and recommendation.

### **Review of Application for Reappointment by Credentials Committee**

**59** (1) In considering the application for re-appointment, the Credentials Committee shall:

- (a) evaluate the member with respect to the matters referred to in subsections 45(1)-(3);
- (b) evaluate the information submitted or obtained from the member;
- (c) evaluate the information submitted or obtained from the department or program head if applicable; and
- (d) assess the member's:
  - (i) performance over the preceding year; and
  - (ii) utilization of regional health authority resources.

(2) The Credentials Committee, in considering the application for reappointment:

- (a) may interview the member; and
- (b) consult with the appropriate department or program head, if any.

(3) If a member seeking reappointment will be seventy (70) years of age or older on the date that the member's existing appointment expires, the Credentials Committee shall, in addition to the requirements set out in sections 54 and 55, conduct with the member the following:

- (a) a review of the member's performance and health during the preceding year;
- (b) a discussion of the member's plans for any changes in the privileges and/or category of appointment of the member, and/or changes in the type or level of service to be provided by the member;
- (c) a discussion of the member's plans to reduce his or her type or level of service and/or relinquish his or her privileges and/or appointment; and
- (d) a discussion of any other matter listed in subsections 45(1)-(3).

(4) Following consideration of the application for reappointment and all materials and information submitted by the member, the Credentials Committee shall make a recommendation to the Practitioner Advisory Committee respecting the application for reappointment that either:

- (a) the application for reappointment be accepted to the category of appointment sought and privileges requested;
- (b) the application for reappointment be accepted but the category of practitioner staff or privileges be modified from those requested by the member; or
- (c) the application for reappointment be refused.

(5) If the Credentials Committee recommends to the Practitioner Advisory Committee that the application for reappointment be granted in accordance with the category of appointment sought and privileges requested, the senior medical officer shall forward the recommendation of the Credentials Committee to the Practitioner Advisory Committee for its consideration at its next regular meeting.

(6) If the recommendation of the Credentials Committee varies from the reappointment sought or privileges requested by the member, the Credentials Committee shall prepare written reasons with respect to its recommendation.

### **Notice of Practitioner Advisory Committee Meeting**

**60** (1) Subject to subsection (2), the senior medical officer shall serve the member with a written notice at least twenty-one (21) days before the hearing of the Practitioner Advisory Committee at which the member's application for reappointment and recommendation of the department head and/or the Credentials Committee will be considered, and which notice shall:

- (a) include a copy of the recommendation together with written reasons for the recommendation of the department head or the Credentials Committee made pursuant to subsection 59(6);

- (b) inform the member of his or her right to make written representations to the Practitioner Advisory Committee, and of the right to appear personally before the Practitioner Advisory Committee;
- (c) specify the date, time and place of the hearing of the Practitioner Advisory Committee;
- (d) subject to subsection 89(2), include a statement that the member shall be afforded an opportunity to examine prior to the Practitioner Advisory Committee hearing any written information, evidence or reports that were considered by the department head or the Credentials Committee, as the case may be;
- (e) include a statement that the member may appear in person and be represented by counsel, and that in his or her absence the Practitioner Advisory Committee may proceed with consideration of the application and recommendation of the department head or the Credentials Committee, as the case may be;
- (f) inform the member that the Practitioner Advisory Committee may adjourn or extend the time for the hearing;
- (g) include a statement that the member may call witnesses and tender documents in evidence in support of his or her position; and
- (h) include a statement advising the member that his or her right to appear in person, make oral representations and to call and cross-examine witnesses is subject to the member providing not less than three (3) days written notice to the senior medical officer in advance of the hearing by the Practitioner Advisory Committee.

(2) For the purposes of subsection (1), notice is only required to be given by the senior medical officer if the department head or the Credentials Committee recommends that:

- (a) the application for reappointment be accepted but the category of practitioner staff or privileges be modified from those requested by the member; or
- (b) the application for reappointment be refused.

(3) The Practitioner Advisory Committee may refuse to hear the oral representations of the member or the member's legal counsel, or to hear witnesses if the member fails to provide the notice required by section 60(1)(h).

### **Practitioner Advisory Committee Proceedings**

**61** (1) The parties before the Practitioner Advisory Committee are the member, the Credentials Committee or department head, as the case may be, and such other persons as the Practitioner Advisory Committee may specify.

(2) In a hearing before the Practitioner Advisory Committee, the member is entitled to make written and oral representations, appear in person with or without legal counsel, call witnesses

and cross-examine any witnesses presented by the Credentials Committee or the department head, as the case may be.

(3) Subject to subsection 89(2), a member appearing before the Practitioner Advisory Committee shall be afforded an opportunity to examine any written or documentary evidence or information that will be produced or that were considered by the Credentials Committee or the department head in making its recommendation.

(4) Members of the Practitioner Advisory Committee holding the hearing shall not have taken part in any investigation or consideration of the subject matter of the hearing before the hearing and shall not communicate directly or indirectly in relation to the subject matter of the hearing with any person or with any party or his or her representative, except upon notice to and an opportunity for all parties to participate.

(5) The Practitioner Advisory Committee shall consider the reasons of the Credentials Committee or the department head, as the case may be, that have been given to the member in support of its recommendation. Where through error or inadvertence, certain reasons have been omitted in the written reasons delivered to the member, the Practitioner Advisory Committee may consider those reasons only if those reasons are given by the Credentials Committee or the department head, as the case may be, in writing to the member and the Practitioner Advisory Committee and the member is given a reasonable time to review the reasons and to prepare a case to meet those additional reasons.

(6) No member of the Practitioner Advisory Committee shall participate at the hearing of the Practitioner Advisory Committee unless he or she was present throughout the hearing and heard the information, reports and representations of the parties and, except with the consent of the parties, no recommendation of the Practitioner Advisory Committee shall be given unless all members so present participate in the recommendation process.

### **Recommendation of Practitioner Advisory Committee**

**62** (1) Upon consideration of the application for reappointment and all supporting information, the recommendations of the department head and Credentials Committee, including the reasons therefore, and the evidence and submissions at the hearing before the Practitioner Advisory Committee, if any, the Practitioner Advisory Committee shall make a recommendation to the Board respecting the application for reappointment, that either:

- (a) the application for reappointment be accepted to the category of appointment sought and privileges requested;
- (b) the application for reappointment be accepted but the category of practitioner staff or privileges be modified from those requested by the member; or
- (c) the application for reappointment be refused.

(2) If the Practitioner Advisory Committee recommends to the Board that the application for reappointment be granted in accordance with the category of appointment sought and privileges requested, the senior medical officer shall forward the recommendation of the Practitioner Advisory Committee to the Board for its consideration at its next regular meeting.

(3) If the recommendation of the Practitioner Advisory Committee varies from the reappointment sought or privileges requested by the member, the Practitioner Advisory Committee shall prepare written reasons with respect to its recommendation.

### **Notice of Board Meeting**

**63** (1) Subject to subsection (2), the senior medical officer shall serve the member with a written notice at least fourteen (14) days before the meeting of the Board at which the application for reappointment and recommendation of the Practitioner Advisory Committee will be considered, and which notice shall:

- (a) include a copy of the recommendation together with written reasons for the recommendation of the Practitioner Advisory Committee made pursuant to subsection 62(3);
- (b) inform the member of his or her right to make written and oral representations to the Board, and of the right to appear personally before the Board;
- (c) specify the date, time and place of the meeting of the Board;
- (d) subject to subsection 89(2), include a statement that the member shall be afforded an opportunity to examine prior to the Board meeting, any written information, evidence reports or representations that were considered by the Practitioner Advisory Committee;
- (e) include a statement that the member may appear in person or be represented by counsel, and that in his or her absence the Board may proceed with consideration of the application and recommendation of the Practitioner Advisory Committee;
- (f) inform the member that the Board may adjourn or extend the time for the meeting; and
- (g) include a statement advising the member that his or her right to appear in person to make oral representations is subject to the member providing not less than three (3) days written notice to the senior medical officer in advance of the Board meeting of his or her intention to do so.

(2) For the purposes of subsection (1), notice is only required to be given by the senior medical officer if the Practitioner Advisory Committee recommends that:

- (a) the application for reappointment be granted but the category of practitioner staff or privileges sought be modified from those requested by the member; or
- (b) the application for reappointment be refused.

(3) The Board may refuse to hear the oral representations of the member or the member's legal counsel if the member fails to provide the notice set out in subsection 63(1)(g).

## **Board Proceedings**

**64** (1) The parties before the Board are the member, the Practitioner Advisory Committee, the senior medical officer, and such other persons as the Board may specify.

(2) The meeting of the Board to consider the recommendation of the Practitioner Advisory Committee shall not constitute a rehearing of the matters considered by the Practitioner Advisory Committee in making its recommendation. The member is entitled to submit written representations and to appear in person, with or without legal counsel, before the Board. The member is not entitled to call witnesses.

(3) Subject to subsection 89(2), the member appearing before the Board shall be afforded an opportunity to examine any written or documentary evidence or information that will be produced or that were considered by the Practitioner Advisory Committee in making its recommendation.

(4) Members of the Board at which the application is considered shall not have taken part in any investigation or consideration of the subject matter of the application before the Board and shall not communicate directly or indirectly in relation to the subject matter of the meeting with any person or with any party or his or her representative, except upon notice to and an opportunity for all parties to participate.

(5) The Board shall consider the reasons of the Practitioner Advisory Committee that have been given to the member in support of its recommendation. Where through error or inadvertence, certain reasons have been omitted in the written reasons delivered to the member, the Board may consider those reasons only if those reasons are given by the Practitioner Advisory Committee in writing to both the member and the Board and the member is given a reasonable time to review the reasons and to prepare representations in response to those additional reasons.

(6) No member of the Board shall participate in a decision of the Board pursuant to this section unless he or she was present throughout the meeting and heard the representations of the member if any, and except with the consent of the parties, no decision of the Board shall be given unless all members so present participate in the decision.

## **Board Decision**

**65** (1) Upon consideration of the application for reappointment and all supporting information, the recommendations of the Practitioner Advisory Committee, including the reasons therefore if made pursuant to subsection 62(3), and the representations of the member if any, the Board may:

- (a) reappoint the member to the practitioner staff and grant the privileges to the category of appointment sought and privileges requested by the member;
- (b) reappoint the member to the practitioner staff and grant the privileges to the category and with the privileges considered appropriate by the Board; or
- (c) refuse the application for reappointment.

(2) If the Board refuses to adopt the recommendation of the Practitioner Advisory Committee to accept the application for reappointment to the practitioner staff and grant privileges to the



category of appointment sought and privileges requested by the member, the application shall be tabled to the next regular meeting of the Board and the member shall be entitled to the rights set out in sections 63 and 64 of these Bylaws.

### **Service of Board Decision**

**66** (1) The Board shall serve or cause to be served a copy of its decision on the member within thirty (30) days after rendering its decision, and where the decision of the Board varies from the request of the member, the Board shall provide written reasons to the member.

(2) The decision shall include a notice advising the member that if the member is aggrieved by the decision of the Board, the member may appeal that decision to a tribunal in accordance with *The Regional Health Services Act* and *The Practitioner Staff Appeals Regulations*.

**PART XIII**  
**CHANGE OF CATEGORY OR PRIVILEGES**  
**MID-TERM REQUEST FOR CHANGE OF CATEGORY OR PRIVILEGES**

**Mid-term Request for Change of Category or Privileges**

**67** A member of the practitioner staff may request a change of practitioner staff category or privileges during the term of the member's appointment by written application to the senior medical officer. The process outlined in Part XII shall apply, with necessary modification, to a mid-term request.

## **PART XIV DISCIPLINE**

### **General**

**68** All members are subject to the disciplinary proceedings and provisions outlined in this Part. Disciplinary action or penalties may include, without limitation:

- (a) a verbal or written reprimand;
- (b) the requirement to adhere to conditions;
- (c) the amendment, suspension or revocation of privileges; and
- (d) the suspension or termination of appointment from the practitioner staff.

### **Conduct Subject to Discipline**

**69** (1) Conduct subject to discipline includes, but is not limited to acts, omissions, statements, demeanour or professional conduct, either within or outside of the regional health authority, which exposes, or is reasonably likely to expose patients to harm or injury, or is reasonably likely to be detrimental to patient safety or to the delivery of quality patient care within the regional health authority, or is reasonably likely to be detrimental to the regional health authority operations, or is reasonably likely to constitute abuse, or if the said conduct results in the imposition of sanctions by a College, or is contrary to the bylaws, rules and regulations, and policies and procedures of the regional health authority, or any applicable and relevant laws or legislated requirements.

(2) Without limiting the generality of the foregoing, the following are examples of conduct subject to discipline:

- (a) those actions or omissions described in:
  - (i) *The Medical Professions Act, 1981*, or the Bylaws under the Act, as constituting "unbecoming, improper, unprofessional or discreditable conduct";
  - (ii) *The Dental Discipline Act* or the Bylaws under the Act, as constituting "professional misconduct";
  - (iii) *The Chiropractic Act, 1994*, or the Bylaws under the Act, as constituting "professional misconduct";
  - (iv) *The Midwifery Act*, or the Bylaws under the Act, as constituting "professional misconduct";
- (b) conduct which is unprofessional, unethical, unbecoming, improper or disruptive to the operations of the regional health authority;

- (c) disruptive workplace behaviour meaning behaviour, either verbal or non-verbal, which by its nature may:
  - (i) demonstrate disrespect to others in the workplace;
  - (ii) affect or have the potential to affect adversely the care provided to patients; or
  - (iii) reflect a misuse of a power imbalance between the parties.
- (d) incompetence or demonstrated deficiencies in clinical practice;
- (e) breach of any regional health authority policies regarding conduct of employees or practitioners;
- (f) breach of these Bylaws, any rules and regulations, applicable and relevant legislation, or policies and procedures of the regional health authority, including those involving attendance at meetings, participation in committees and the preparation of reports and documentation;
- (g) failure to follow a lawful order or direction issued by the Board, senior medical officer, chief executive officer or anyone having authority under these practitioner staff bylaws, rules or regulations or policies and procedures of the regional health authority;
- (h) failure to assist or cooperate with the appointment, reappointment or discipline process established in these Bylaws;
- (i) failure to comply with the conditions of any disciplinary action, penalty, or remedial steps imposed on a member or the terms of an alternative dispute resolution; and
- (j) failure to undertake mutually agreed upon assigned administrative, clinical teaching and research commitments.

### **Disciplinary Procedure**

70 (1) A department head, the senior medical officer or the chief executive officer may receive complaints made against a member respecting any matter set out in section 69.

(2) The department head, the senior medical officer or the chief executive officer shall advise each other if any one of them receives a complaint made against a member respecting any matter set out in section 69.

(3) The member shall be advised of the nature of the complaint and shall be given a reasonable opportunity to present relevant information on his or her own behalf.

(4) The senior medical officer may consult with the appropriate department head and determine whether a further inquiry or investigation is necessary, and may make such initial

inquiry and investigation as deemed necessary and may delegate to others, including external consultants, the conduct of such inquiry and investigation.

(5) The senior medical office and the department head shall review any report with the member and may following discussions with the member:

- (a) determine that the complaint is unsubstantiated and or that the matter does not warrant further steps and advise the member accordingly;
- (b) give a verbal or written reprimand to the member and place a report to that effect or copy of the report on the member's file;
- (c) with the consent of the member utilize an alternative dispute resolution process(es) to deal with the matter; or
- (d) refer the complaint to the Discipline Committee.

(6) The alternative dispute resolution process adopted pursuant to clause (5)(c) shall be conducted on a without prejudice basis to the parties, and any communication or discussion during the process are privileged and shall not be disclosed in subsequent disciplinary proceeding, if any.

(7) Where the matter is resolved through an alternative dispute resolution process, the matter and the proposed resolution shall be reported to the Board for its consideration. In the event the Board does not adopt the proposed resolution, the senior medical officer shall refer the complaint to the Discipline Committee.

(8) The senior medical officer shall advise the College where the alternate dispute resolution process results in:

- (a) privileges being amended, suspended or revoked;
- (b) practitioner staff category being changed; or
- (c) practitioner staff appointment being suspended or terminated.

### **Composition of the Discipline Committee**

**71** (1) For the purposes of these Bylaws, the Discipline Committee shall be comprised of either:

- (a) a Standing Discipline Committee, all of whom shall have voting privileges, composed of:
  - (i) four members from the active medical staff of any regional health authority, appointed by the Practitioner Advisory Committee; and
  - (ii) one employee from the regional health authority appointed by the Board.

- (b) an Ad Hoc Committee, the chair of which shall be appointed by the Board and all of whom shall have voting privileges, and be composed of:
  - (i) four members from the active medical staff of any regional health authority appointed by the Practitioner Advisory Committee; and
  - (ii) one employee from the regional health authority appointed by the Board.
- (c) five members of the Practitioner Advisory Committee appointed by the Board, all of whom shall have voting privileges.

(2) The appointment of active medical staff members from another regional health authority pursuant to this section shall be subject to the approval of the Board.

(3) Any member of the Discipline Committee who resigns or whose appointment to the Discipline Committee expires prior to the conclusion of a disciplinary hearing before it, but who was involved in the discipline matter prior to the resignation or expiration of his or her appointment, may continue to sit as a member of the Discipline Committee, but only for the purposes of completing the matter before it.

### **Appointment of the Discipline Committee**

**72** (1) For the purposes of the Standing Discipline Committee mentioned in subsection 71(1)(a):

- (a) the Board shall annually appoint the chair;
- (b) each person appointed shall serve a two-year term subject to a maximum of three consecutive terms. A person may be reappointed after a one-year absence from the committee; and
- (c) vacancies shall be filled either by the Board or the Practitioner Advisory Committee, whichever appointed the person who resigned or whose term has expired, to serve for the balance of the term of the former committee member.

(2) For the purposes of the committees mentioned in clauses 71(1)(b) and (c) the Board shall appoint the chair.

### **Referral to Discipline Committee**

**73** (1) In the event the senior medical officer refers a complaint to the Discipline Committee pursuant to clause 70(5)(d), the senior medical officer shall notify the member in writing of the particulars of the allegations and refer the matter together with a copy of the particulars of the allegations to the chair of the Discipline Committee.

(2) The senior medical officer or chief executive officer may contemporaneously refer the matter to the College. The referral may be made for the purposes of parallel disciplinary action or for a competency assessment.

### **Notice of Discipline Committee Hearing**

**74** (1) The chair of the Discipline Committee shall serve the member with a written notice at least twenty-one (21) days before the hearing of the Discipline Committee at which the complaint against the member will be considered, which notice shall:

- (a) set out the particulars of the compliant allegations;
- (b) inform the member of his or her right to make representations to the Discipline Committee, and of the right to appear personally before the Discipline Committee;
- (c) specify the date, time and place of the hearing of the Discipline Committee;
- (d) subject to subsection 89(2), include a statement that prior to the Discipline Committee hearing the member shall be afforded an opportunity to examine any written information or reports that were provided or obtained in relation to the complaint;
- (e) include a statement that the member may appear in person and be represented by counsel, and that in his or her absence, the Discipline Committee may proceed with consideration of the complaint;
- (f) inform the member that the Discipline Committee may adjourn or extend the time for the hearing;
- (g) include a statement that the member may call witnesses, cross-examine witnesses, and tender documents in evidence in support of his or her position or in response to the complaint; and
- (h) include a statement advising the member that his or her right to appear in person to make oral representations to call and cross-examine witnesses is subject to the member providing not less than three (3) days written notice to the senior medical officer in advance of the hearing by the Discipline Committee.

(2) The Discipline Committee may refuse to hear the oral representations of the member or the member's legal counsel, or to hear witnesses if the member fails to provide the notice required by subsection 74(1)(h).

### **Discipline Committee Proceedings**

**75** (1) The parties to the Discipline Committee hearing are the member, the senior medical officer, and such other persons as the Discipline Committee may specify.

(2) The Discipline Committee hearing shall be transcribed and a record of the proceeding shall be kept in the minutes of the Discipline Committee.

(3) The member shall be given full opportunity to answer each allegation, including the right to present evidence in the member's defence.

(4) Subject to subsection 89(2), the member appearing before the Discipline Committee shall be afforded an opportunity to examine, prior to the hearing, any written or documentary evidence or information that will be produced, or any report, the contents of which will be given in evidence at the hearing, including any external report.

(5) Members of the Discipline Committee holding the hearing shall not have taken part in any investigation or consideration of the subject matter of the hearing before the hearing and shall not communicate directly or indirectly in relation to the subject matter of the hearing with any person or with any party or his or her representative, except upon notice to and an opportunity for all parties to participate.

(6) No member of Discipline Committee shall participate in a decision of the Discipline Committee pursuant to a hearing unless he or she was present throughout the hearing and heard the evidence and argument of the parties and, except with the consent of the parties, no decision of the Discipline Committee shall be given unless all members so present participate in the decision.

### **Discipline Committee Recommendation**

**76** (1) Upon consideration of the allegations, the evidence adduced and the representations of the parties the Discipline Committee shall, within thirty (30) days after conclusion of the hearing, prepare a report of its findings of fact and its recommendations regarding disciplinary action, if any, and the report shall be forwarded to the Board for consideration at its next regular meeting.

(2) The Discipline Committee recommendations with respect to disciplinary action may include but are not limited to:

- (a) no action be taken against the member;
- (b) require the member to undertake a period of clinical supervision with retrospective review of cases but without special requirements of prior or concurrent consultation or direct supervision;
- (c) require the member to undertake a period of clinical supervision with concurrent consultation or direct supervision;
- (d) in the case of conduct which is unprofessional, unethical, unbecoming, improper or disruptive to the operations of the regional health authority or is deemed to be disruptive workplace behaviour, require the member to undertake such remedial measures to address the matter that gave rise to the complaint;
- (e) the member's privileges be amended, suspended or revoked;
- (f) the member's practitioner staff category be changed; and
- (g) the suspension or termination of the member's practitioner staff appointment.



## **Notice of Board Meeting**

77 (1) The senior medical officer shall serve the member with a written notice at least twenty one (21) days before the meeting of the Board at which the Discipline Committee report and its findings of fact and recommendation will be considered, which notice shall:

- (a) include a copy of the report and reasons of the Discipline Committee;
- (b) inform the member of his or her right to make representations to the Board, and of the right to appear personally before the Board;
- (c) specify the date, time and place of the Board meeting;
- (d) subject to subsection 89(2), include a statement that prior to the Board meeting the member shall be afforded an opportunity to examine any written information or reports that were provided or obtained in relation to the matter;
- (e) include a statement that the member may appear in person and be represented by counsel, and that in his or her absence, the Board may proceed with consideration of the matter;
- (f) inform the member that the Board may adjourn or extend the time for the meeting; and
- (g) include a statement advising the member that his or her right to appear in person to make oral representations is subject to the member providing not less than three (3) days written notice to the senior medical officer in advance of the Board meeting.

(2) The Board may refuse to hear the oral representations of the member or the member's legal counsel if the member fails to provide the notice required by subsection 77(1)(g).

## **Board Proceedings**

78(1) The parties before the Board are the member, the Discipline Committee, and such other persons as the Board may specify.

(2) The meeting of the Board to consider the report and recommendation of the Discipline Committee shall not constitute a rehearing of the matters considered by the Discipline Committee in making its recommendation, and the member is not entitled to call witnesses.

(3) Subject to subsection 89(2), the member appearing before the Board shall be afforded an opportunity to examine any written or documentary evidence that will be produced, including any external report that was considered by the Discipline Committee in making its recommendation.

(4) Members of the Board holding the meeting shall not have taken part in any investigation or consideration of the subject matter of the complaint before the meeting and shall not communicate directly or indirectly in relation to the subject matter of the complaint with any

person or with any party or his or her representative, except upon notice to and an opportunity for all parties to participate.

(5) The Board shall consider the reasons of the Discipline Committee that have been given to the member in support of its report and recommendation. Where through error or inadvertence, certain reasons have been omitted in the report delivered to the member, the Board may consider those reasons only if those reasons are given by the Discipline Committee in writing to both the member and the Board and the member is given a reasonable time to review the reasons and to prepare a case to meet those additional reasons.

(6) No member of the Board shall participate in a decision of the Board with respect to the complaint unless he or she was present throughout the meeting and heard the representations and argument of the parties and, except with the consent of the parties, no decision of the Board shall be given unless all members so present participate in the decision.

### **Board Decision**

**79** (1) Upon consideration of the report and recommendations of the Discipline Committee, including reasons therefore, and the representations of the member, the senior medical officer if any, the Board may, without limitation:

- (a) determine that no action be taken against the member;
- (b) require the member to undertake a period of clinical supervision with retrospective review of cases but without special requirements of prior or concurrent consultation or direct supervision;
- (c) require the member to undertake a period of clinical supervision with concurrent consultation or direct supervision;
- (d) in the case of conduct which is unprofessional, unethical, unbecoming, improper or disruptive to the operations of the regional health authority or is deemed to be disruptive workplace behaviour, require the member to undertake such remedial measures to address the matter that gave rise to the complaint;
- (e) amend, suspend or revoke the members privileges;
- (f) change the member's practitioner staff category; and
- (g) suspend or terminate the member's practitioner staff appointment.

### **Service of Board Decision**

**80** (1) The Board shall serve or cause to be served a copy of its decision and written reasons on the member within thirty(30) days after rendering its decision.

(2) The decision shall include a notice advising the member that if the member is aggrieved by the decision of the Board, the member may appeal that decision to a tribunal in accordance with *The Regional Health Services Act* and *The Practitioner Staff Appeals Regulations*.

## **PART XV IMMEDIATE SUSPENSION**

### **Immediate Suspension of Appointment or Privileges**

**81** (1) Notwithstanding anything in these Bylaws, the senior medical officer or the chief executive officer may immediately suspend the appointment of a member or the member's privileges in circumstances where in the opinion of the senior medical officer or chief executive officer:

- (a) the conduct, performance or competence of a member exposes, or is reasonably likely to expose patient(s) or others to harm or injury, or is reasonably likely to be detrimental to the delivery of quality patient care provided by the regional health authority; and
- (b) immediate action must be taken to protect the patient(s) or others, or to avoid detriment to the delivery of quality patient care.

(2) The senior medical officer or the chief executive officer shall immediately advise the member of the suspension.

(3) Within forty-eight (48) hours of the immediate suspension, the senior medical officer or chief executive officer who suspended the member shall provide the member with written reasons for the suspension, which shall constitute a referral under subsection 70(5)(d).

(4) The senior medical officer or chief executive officer, with the assistance of the member, shall immediately appoint another member of the active medical staff to assume responsibility for the care of all of the patients of the suspended member within the facilities of the regional health authority, as required.

(5) The senior medical officer or the chief executive officer shall also notify the College of the suspension.

### **Setting Board Hearing**

**82** The chief executive officer shall set a date for a hearing by the Board, to be held within fourteen (14) days from the date of the immediate suspension made pursuant to section 81, to review the immediate suspension of appointment or privileges.

### **Notice of Board Meeting**

**83**(1) The senior medical officer or chief executive officer, as the case may be, shall serve written notice on the member at the earliest possible opportunity and in any event, at least five (5) days prior to the date of the Board meeting, which notice shall:

- (a) include a copy of the notice and reasons required to be given pursuant to subsection 81(3) respecting the immediate suspension;
- (b) inform the member of his or her right to make representations to the Board, and of the right to appear personally before the Board;

- (c) specify the date, time and place of the hearing of the Board meeting;
- (d) subject to subsection 89(2), include a statement that prior to the Board meeting the member shall be afforded an opportunity to examine any written information or reports that were provided or obtained in relation to the immediate suspension;
- (e) include a statement that the member may appear in person and be represented by counsel, and that in his or her absence, the Board may proceed with consideration of the immediate suspension; and
- (f) inform the member that the Board may adjourn or extend the time for the Board meeting.

### **Board Proceedings**

**84** (1) The parties before the Board are the member, the senior medical officer and or the chief executive officer, and such other persons as the Board may specify.

(2) Subject to subsection 89(2), the member appearing before the Board shall be afforded an opportunity to examine any written or documentary evidence that will be produced to the Board.

(3) Members of the Board holding the meeting shall not have taken part in any investigation or consideration of the immediate suspension before the Board meeting and shall not communicate directly or indirectly in relation to the subject matter of the Board meeting with any person or with any party or his or her representative, except upon notice to and an opportunity for all parties to participate.

(4) The Board shall consider the written reasons the senior medical officer or chief executive officer provided to the member. Where through error or inadvertence, certain reasons have been omitted in the report delivered to the member, the Board may consider those reasons only if those reasons are given by the senior medical officer or chief executive officer in writing to both the member and the Board and the member is given a reasonable time to review the reasons and to prepare a case to meet those additional reasons.

(5) No member of the Board shall participate in a decision of the Board with respect to the immediate suspension unless he or she was present throughout the Board meeting and heard the representations and argument of the parties and, except with the consent of the parties, no decision of the Board shall be given unless all members so present participate in the decision.

### **Board Decision**

**85** (1) Upon consideration of the report and recommendations of the senior medical officer or chief executive officer, including reasons therefore, and the representations of the member, if any, the Board may, without limitation:

- (a) overturn the immediate suspension of appointment or privileges;
- (b) confirm the immediate suspension of appointment or privileges for a specified period of time; or

- (c) confirm the immediate suspension of appointment or privileges and refer the matter to the Discipline Committee.

### **Service of Board Decision**

**86** (1) The Board shall serve or cause to be served a copy of its decision and written reasons on the member within five (5) days after rendering its decision.

(2) The decision shall include a notice advising the member that if the member is aggrieved by the decision of the Board, the member may appeal that decision to a tribunal in accordance with *The Regional Health Services Act* and *The Practitioner Staff Appeals Regulations*.

**PART XVI**  
**GENERAL PROCEDURES**

**Requirement to Provide Information**

**87** (1) The senior medical officer or a department head(s) may, at any time, request information and explanations from a member of the practitioner staff relating to any matter contained in these Bylaws.

(2) Upon receipt of a written request pursuant to subsection (1), a member of the practitioner staff shall:

- (a) respond to the request in writing by providing the information or explanation requested, to the best of the member's ability to do so;
- (b) provide originals or certified copies of documents requested, if originals are requested, or legible copies of documents if copies are requested; and
- (c) provide a printed or electronic record if the requested information or documents are stored in an electronic computer storage form or similar form.

(3) A member shall provide the requested information within fourteen (14) days of receipt of the request, or such additional time as the senior medical officer or a department head(s) for the response may grant.

**Representation by Legal Counsel**

**88** An applicant, member of the practitioner staff and the regional health authority may be represented by legal counsel in all meetings, proceedings or hearings before the Practitioner Advisory Committee, the Discipline Committee and the Board.

**Duty to Make Disclosure**

**89** (1) In all matters before the Practitioner Advisory Committee, Discipline Committee or Board at which a hearing or meeting is held or conducted, the parties to the hearing or meeting shall disclose to the other party the following information and documents:

- (a) the names of each of the witnesses which the party intends to call to give evidence;
- (b) a summary of the evidence which the party expects will be given by that witness;
- (c) if a witness will be called to give expert evidence, a summary of the qualifications of that witness; and
- (d) a list of all documents which the party intends to introduce into evidence at the hearing.

(2) Nothing herein prevents a party from asserting a claim of confidentiality or privilege that may exist at law in relation to any of the documents that the party is required to disclose pursuant to these Bylaws. Where a claim of confidentiality or privilege is asserted, the party claiming it shall advise the other party of the grounds upon which the confidentiality or privilege is claimed and endeavour to disclose as much of the document or the substance of the information contained in the document without compromising the privilege or breach confidentiality.

(3) The parties shall permit each other to examine such documents and to obtain copies of all such documents.

(4) If, as a result of the information disclosed by the parties pursuant to subsection (3) above, the other party intends to introduce evidence at the hearing in addition to the evidence, which it has disclosed, that party shall provide the information to the other party prior to the hearing.

(5) The Practitioner Advisory Committee, Discipline Committee or the Board may refuse to allow a witness to testify unless the name of that witness, a summary of that witness' evidence, and if the witness is called to give expert evidence, a summary of that witness' qualifications has been disclosed in accordance with this section.

(6) The Practitioner Advisory Committee, Discipline Committee or the Board may refuse to allow a document to be entered into evidence unless the information respecting that document has been disclosed in accordance with this section.

(7) Notwithstanding subsection (5) and (6), if the Practitioner Advisory Committee, Disciplinary Committee or the Board is satisfied that the failure to disclose the required information arose through inadvertence, or that the information was not in the possession of the party at the time that disclosure was required, or that for any other compelling reason it would be manifestly unfair to exclude evidence or documents not disclosed as required, the Practitioner Advisory Committee, Discipline Committee or the Board may permit such evidence to be given, or such documents to be introduced into evidence. This may be done on such terms or conditions as the Practitioner Advisory Committee, Discipline Committee or the Board may determine.

## **Procedures**

**90** In all matters before it under these Bylaws, the Practitioner Advisory Committee, Discipline Committee and the Board, may, subject to these Bylaws:

- (a) adjourn any meeting, hearing or proceeding from time to time if considered advisable;
- (b) if the applicant or member fails to attend a meeting, hearing or proceeding after receiving notice in accordance with these Bylaws proceed with the meeting, hearing or proceeding in the absence of the person;
- (c) accept any evidence that it considers appropriate and not be bound by rules of evidence;
- (d) establish its own rules of procedure; and

- (e) engage any professional, technical or clerical support or other assistance that may be considered necessary or advisable.

### **Report to the College**

**91** The senior medical officer shall prepare and forward a detailed report to College where in the case:

- (a) the application of a practitioner for appointment or reappointment to the practitioner staff of the regional health authority is rejected by reason of his or her incompetence, negligence or misconduct;
- (b) there is any disciplinary action or penalty arising from a decision of the Board pursuant to sections 79 and 85; or
- (c) a practitioner voluntarily or involuntarily resigns from the practitioner staff of the regional health authority during the course of an investigation into his or her competence, negligence or conduct.

### **Timeframes**

**92** Failure of the Practitioner Advisory Committee, Discipline Committee and the Board to comply with any requirement of these bylaws as to time does not invalidate any decision made by the Practitioner Advisory Committee, Discipline Committee and the Board.

### **Service of Documents**

**93** (1) Except as otherwise provided in these Bylaws, service of any notice, report, recommendation, written reasons or decision required pursuant to these Bylaws may be made personally, by registered mail, by courier, facsimile or by electronic mail addressed to the person to be served at the person's last known address.

(2) Where the notice is served by registered mail, by courier, facsimile or by electronic mail it shall be deemed to have been served on the third day after the mailing delivery or transmission unless the person to be served establishes that, acting in good faith, it was not received until a later day, and in which case, the actual date of receipt shall be the date of service.

### **Conflict of Interest**

**94** (1) Any member who has a conflict of interest or possible conflict of interest shall disclose such conflict to the senior medical officer at the earliest opportunity where that member is involved:

- (a) in making recommendations to the senior medical officer, the Practitioner Advisory Committee or the Board on any matter; or
- (b) in considering or recommending any applicant for appointment, reappointment, privileges or discipline.



(2) The senior medical officer, in keeping with applicable law, rules and regulations and policies and procedures of the regional health authority regarding conflict of interest and bias, shall determine whether the member has a conflict of interest and outline what, if any, involvement in the discussion and voting the member may have concerning the issue with respect to which the conflict exists.

### **Bias**

**95** In all proceedings before it pursuant to these Bylaws, members of the Board shall not have taken part in any investigation or consideration of the subject matter at a Board meeting or at a hearing before the Board, and shall not communicate directly or indirectly in relation to the subject matter of the meeting or hearing with any person or with any party or his or her representative, except upon notice and an opportunity for all parties to participate.

### **Alternate Dispute Resolution Process**

**96** With the consent of the parties, and without restricting the final authority and discretion of the Board on matters falling under Parts XI, XII XIII, XIV, and XV of these Bylaws, the parties to proceedings under Parts XI, XII XIII, XIV, and XV may agree to an alternative dispute resolution process where the circumstances warrant.

## **PART XVII APPEALS**

### **Right of Appeal**

**97** Nothing in these Bylaws limits or restricts any right of appeal or other legal recourse, which is available to an individual pursuant to *The Regional Health Services Act* and regulations, or any other applicable law.

## **PART XVIII AMENDMENTS**

### **Amendments**

**98** (1) Amendments to these Bylaws may be proposed by:

- (a) the Practitioner Advisory Committee by a two-thirds majority of those present and entitled to vote at a meeting of the Practitioner Advisory Committee, provided a notice of motion in writing has been given at least thirty (30) days prior to the meeting and distributed to the voting members; or
- (b) two-thirds majority of the practitioner staff present and entitled to vote at a meeting of the practitioner staff provided a notice of motion in writing has been given at least thirty (30) days prior to the meeting and distributed to the voting members; or
- (c) the senior medical officer or chief executive officer.

(2) Where one of the parties mentioned in subsection (1) intends to present an amendment to the Bylaws, that party shall provide a notice of motion to the other parties in writing at least thirty (30) days prior to the meeting at which the proposed amendment will be presented.

(3) An amendment proposed pursuant subsection (1) shall be presented to the Board for consideration.

(4) The Board may in its sole discretion approve, amend or reject any amendment(s) presented for its consideration.

(5) Amendments shall become effective when approved by the Minister of Health in accordance with section 44 of *The Regional Health Services Act*.

## **PART XIX ADOPTION AND APPROVAL**

### **Adoption of Bylaw**

**99** These Practitioner Staff Bylaws of the Saskatoon Regional Health Authority are adopted and shall replace any practitioner staff bylaw previously enacted by the regional health authority or its predecessor and shall become effective when adopted by the Board and approved by the Minister of Health for the Province of Saskatchewan.

### **Transitional Provisions Required**

**100** (1) The replacement of a practitioner staff bylaw does not:

- (a) affect the previous operation of the replaced bylaw or anything done or permitted pursuant to it;
- (b) affect a right or obligation acquired pursuant to the replaced bylaw;
- (c) prevent or affect any investigation or disciplinary proceedings, and any investigation or proceeding may be continued and enforced and any penalty or sanction imposed as if the bylaw had not been replaced.

(2) The substitution of a replaced bylaw with this bylaw is deemed to have the following effect:

- (a) a person acting pursuant to the replaced bylaw has authority to act pursuant to the new bylaw until another person becomes authorized to do so;
- (b) a proceeding commenced pursuant to the replaced bylaw shall be continued pursuant to and in conformity with this bylaw as far as is consistent with the new bylaw;
- (c) the procedure established by the new bylaw shall be followed as far as can be adapted in relation to the matters that happened before the replacement;
- (d) subject to subsection (3), a practitioner appointed to a category mentioned in section 21 or to the staff category mentioned in section 22 shall continue in that category until the expiration of the person's term of appointment;
- (e) a practitioner granted privileges pursuant to the replaced bylaw shall continue to enjoy those privileges until the expiration of the person's term of appointment.

(3) If the category of medical staff to which a physician is appointed as of the date this bylaw takes effect is different in title or name from the categories set out in section 21, the physician shall be deemed to have been appointed to one of the categories mentioned in section 22 that most accurately fits the nature and scope of the physician's appointment as of the date these bylaws take effect.

## Approval

101

ADOPTED by the Saskatoon Regional Health Authority the 18 day of June, 2008.

“Darlene Eberle”  
Darlene Eberle  
Chair

“Maura Davies”  
Maura Davies  
Secretary

APPROVED by the Minister of Health the 11 day of September, 2008

”Don McMorris”  
Don McMorris  
Minister of Health