

CANCERCARE MANITOBA

MEDICAL STAFF BY-LAW

ARTICLE 1

DEFINITIONS

1.1 Definitions In this By-law:

“Act” means the CancerCare Manitoba Act, as amended from time to time;

“Applicant” means a duly qualified medical practitioner or a duly registered dentist who is applying or being recommended for an appointment to the Medical Staff;

“Board” means the “Members” of CCMB, as defined in the Act, acting collectively as a board of directors pursuant to the Act;

“CCMB” means the corporate entity continued pursuant to the Act;

“CEO” means CCMB’s Chief Executive Officer;

“CMPA” means the Canadian Medical Protective Association;

“Complaint” means an allegation concerning a professional, ethical or administrative infraction or misconduct on the part of a Member, which may include, but is not limited to:

- (a) conduct which is unprofessional or unethical;
- (b) incompetence or demonstrable deficiency in clinical practice;
- (c) violation of this By-law, the Medical Staff Rules and Regulations, any policy, procedure or code of conduct referred to in Section 4.1.7, or any formal agreement with CCMB; or
- (d) failure to follow any direction issued by anyone having authority to do so under this By-law, the Medical Staff Rules and Regulations, any policy, procedure or code of conduct referred to in Section 4.1.7 or any formal agreement with CCMB;

“CPSM” means the College of Physicians and Surgeons of Manitoba;

“days” means calendar days;

“Department Head” means any duly qualified medical practitioner who accepts an offer to be the Head of a Medical Department in CCMB or an RHA pursuant to the process contemplated by this By-law;

“Human Resources Office” means CCMB’s human resources office;

“leave of absence” or **“LOA”** means a leave of absence for a time period that is equal to or greater than six (6) months;

“Locum” or **“locum”** means locum tenens, which is a temporary professional occupational appointment;

“Medical Council” means the Medical Council of CCMB that is established pursuant to this By-law and that is given certain responsibilities by this By-law;

“Medical Departments” means CCMB’s existing Medical Oncology and Haematology, Surgical Oncology, Radiation Oncology and Paediatric Haematology/Oncology medical departments, and **“Medical Department”** means any of these medical departments;

“Medical Staff” means all duly qualified medical practitioners and all duly registered dentists who are granted privileges by the Board pursuant to this By-law, other than as contemplated in Section 4.4.6;

“Medical Staff Association” means the association of Members of the Medical Staff who are involved in the disciplines of cancer care and blood disorders at CCMB and who are granted privileges by the Board, which such association operates cooperatively with, but independently of, the Board pursuant to this By-law;

“Medical Staff Rules and Regulations” means any and all guidelines and processes established, from time to time, in accordance with this By-law to facilitate the administrative requirements of this By-law;

“Member” means a member of the Medical Staff;

“Privileges Committee” means the privileges committee established pursuant to this By-law;

“RHA” means a regional health authority established pursuant to The Regional Health Authorities Act;

“Selection Committee” means a selection committee established pursuant to this By-law;

“Standards Committee” means the standards committee established pursuant to this By-law;

“Vice President, Clinical Services” means CCMB’s Vice President, Clinical Services or, whenever this position is not filled, CCMB’s Chief Medical Officer; and

“WRHA” means the Winnipeg Regional Health Authority.

ARTICLE 2

OBJECTIVES

2.1 Members of the Medical Staff are professionals dedicated to the improvement of patient care, education and research in the disciplines of cancer care and blood disorders. The object of this By-law is to provide processes and structures:

- (a) to enable the Medical Staff to assist CCMB in implementing the vision and mission of CCMB, and to provide professional advice and input to the CEO, the Vice President, Clinical Services and the Board on matters related to medical care;
- (b) to ensure that standards of quality regarding clinical services, education and research within CCMB are achieved;
- (c) for the governance of the Medical Staff;
- (d) to make recommendations concerning the appointment, reappointment, termination or suspension of Members of the Medical Staff and concerning the delineation of privileges; and
- (e) to foster continued improvement in the delivery of cancer care and blood disorder care through promoting and facilitating research and applying evidence-based best practice.

ARTICLE 3

APPLICATION OF THIS BY-LAW

3.1 This By-law applies to all Applicants and Members in health care facilities operated under the direction of CCMB.

3.2 In their application for and in their acceptance of an appointment and/or privileges to the Medical Staff of CCMB, all Applicants and Members shall agree to be bound by the terms of this By-law.

3.3 Any time prescribed by this By-law may be abridged or extended with the consent of the involved parties. Absent mutual consent, the time periods in this By-law shall prevail.

ARTICLE 4

MEMBERSHIP CATEGORIES, INCLUDING PRIVILEGES, RESPONSIBILITIES AND RIGHTS

4.1 General

4.1.1 All duly qualified medical practitioners and all duly registered dentists who are granted privileges by the Board pursuant to this By-law, other than as contemplated in Section 4.4.6, shall be Members who are ultimately responsible to the Board respecting their duties and responsibilities as set out in this By-law.

4.1.2 All Members shall be responsible for meeting all of the standards established by CCMB from time to time, as well as by their respective licensing bodies and professional associations.

4.1.3 All Applicants and Members shall undertake to practice in accordance with the mission and vision of CCMB.

4.1.4 In accepting an appointment, a Member agrees to perform all duties in relation to the standards of care within CCMB and to cooperate with the CEO, the Vice President, Clinical Services and the relevant Department Head(s) to ensure that those standards of care are maintained. As well, the Member agrees to maintain a level of competency that is established by his/her Privileges Committee, any subsequent performance review and, if applicable, by the Standards Committee.

4.1.5 The Board shall appoint an approved Applicant to a category with a related grant of specific privileges and to a Medical Department(s) in accordance with the appointment process set out in Sections 4.4 and 4.5 hereof.

4.1.6 Members of the Medical Staff shall carry out assigned duties and the privileges granted by the Board. Members shall support the clinical and research activities of their Department Head(s), their colleagues and each Medical Department of which they are a member. Members shall participate in all activities of their Medical Department(s), and shall carry out administrative roles when requested by their Department Head(s) or by the Vice President, Clinical Services.

4.1.7 Notwithstanding any other provision of this By-law, every Member, regardless of category, is required to abide by:

- (a) this By-law;
- (b) the Medical Staff Rules and Regulations;
- (c) the policies of CCMB, of the relevant Medical Department(s), of any relevant RHA and of any facility in which the Member works;
- (d) all applicable procedures and codes of conduct approved by the Board, the CPSM, the Manitoba Dental Association or any other applicable licensing authority; and
- (e) all contractual obligations that the Member or the Member's corporation may have with CCMB;

and is required to comply with all applicable reporting and management obligations respecting critical or other important or significant clinical occurrences and disclosures.

4.1.8 The appointment of a Member to the Medical Staff and/or the granting of privileges does not, of itself, create the relationship of employer and employee, or of principal and agent, between CCMB and the Member or the Member's corporation. The Member shall have no authority to assume or create any obligation in the name of CCMB, nor to legally bind CCMB, in any manner unless such authority has been specifically delegated in writing to the Member.

4.1.9 Regardless of the appointment process that is followed to appoint an individual to the Medical Staff, as contemplated in this By-law, no individual who is so appointed to the Medical Staff shall treat or have any dealings of any nature whatsoever with any patient of CCMB unless and until that individual has been granted privileges by the Board pursuant to this By-law and that individual has complied with Section 4.5.9.

4.2 Qualifications for Appointment or Reappointment

4.2.1 All Applicants for appointment or Members to be reappointed, who are medical practitioners, must be qualified to practice medicine in the Province of Manitoba and shall be appropriately registered and hold, or be eligible to hold, a current active license with the CPSM.

4.2.2 All Applicants for appointment or Members to be reappointed, who are dentists, must be qualified to practice dentistry in the Province of Manitoba and shall be appropriately registered and hold, or be eligible to hold, a current license with the Manitoba Dental Association.

4.2.3 All Applicants and Members shall have and maintain appropriate liability insurance with the CMPA or with another insurer that is satisfactory to CCMB.

4.2.4 All Applicants for appointment and all Members to be reappointed must have the qualifications and experience necessary for the privileges being sought.

4.3 Categories – Privileges, Responsibilities and Rights

Each Member shall be appointed by the Board to one category in the Medical Staff that best reflects that Member's involvement in and responsibility to CCMB, with a concurrent grant of privileges considered appropriate to such appointment, all in accordance with this By-law. All appointments are conditional upon and in effect only while the Member has and maintains the appropriate license or registration with the CPSM, the Manitoba Dental Association or any other applicable licensing authority in Manitoba. All Members are responsible and accountable to their respective Department Head and the Vice President, Clinical Services.

Categories of appointment to the Medical Staff are:

4.3.1 Active Staff: Members of the active staff provide services to patients and clients at CCMB and within Medical Departments of CCMB. Appointment to membership in the active staff shall ordinarily be subject to the Applicant having been a member of the

associate staff for a probationary term. However, on the advice of the CEO where it is deemed to be in the best interests of CCMB, and where the Board is of the opinion that a new duly qualified medical practitioner or a new duly registered dentist seeking appointment to the active staff, by way of education and experience, possesses qualifications of exceptional merit, this requirement may be waived or modified.

4.3.1.1 Privileges and Responsibilities: Members of the active staff shall have defined privileges and responsibilities as determined by the Board which are consistent with their specialty, education and status with the CPSM or the Manitoba Dental Association, as the case may be, following recommendation of the Privileges Committee and the CEO. Their privileges shall vary based on education, expertise and qualifications and may be changed, with written notification, by the Board after formal review. The responsibilities of Members of the active staff shall include, but not be limited to the following:

- (a) promote and provide patient care consistent with the standards established by licensing bodies, professional associations, the Standards Committee and the Medical Council;
- (b) work respectfully, collegially and cooperatively with all other Members and other health care providers;
- (c) abide by the standards of care policies of an RHA where these are relevant;
- (d) accept and perform clinical, education, research and administrative duties assigned by their Department Head or by the Vice President, Clinical Services;
- (e) participate equally and actively in continuing education within their Medical Department(s), as well as in approved national and international programs;
- (f) attend meetings of their Medical Department(s), as required; and
- (g) advise the Board on medical matters of concern through the Vice President, Clinical Services and their Medical Department representative on the Medical Council, with such advice to be provided by the Vice President, Clinical Services to the CEO as contemplated in Section 5.1.1.

4.3.1.2 Rights: Members of the active staff represent the main activities of the Medical Staff. Members of the active staff are eligible to be participants on all committees, subcommittees and working groups of the Medical Staff, including committees, subcommittees and working groups appointed by the Medical Council, and are entitled to vote and act as chairpersons of committees, subcommittees or working groups to which they are appointed, unless otherwise stated. Only members of the active staff are eligible to become Department Heads.

4.3.2 Associate Staff: Members of the associate staff are duly qualified medical practitioners or duly registered dentists who serve in a probationary role for a minimum

of two years and not more than three years. Medical practitioners holding conditional licenses from the CPSM are only eligible for this category as long as they hold a conditional license. Members in this category must apply for active staff membership at the conclusion of this probationary appointment, in accordance with Section 4.6. Members of the associate staff shall work under the guidance and supervision of a designated member of the active staff.

4.3.2.1 Privileges and Responsibilities: Members of the associate staff shall have the same privileges and responsibilities as members of the active staff as determined by the Board following recommendation of the Privileges Committee and the CEO. In addition to the responsibilities referred to in Section 4.3.1.1, members of the associate staff shall:

- (a) participate equally with active staff members in an on-call system developed within their Medical Department(s);
- (b) participate actively in programmatic, national and international continuing education programs; and
- (c) acknowledge and respect a formal review of their professional work by their mentor and their Department Head before they are eligible to apply to become a member of the active staff.

4.3.2.2 Rights: Members in this category may serve on Medical Staff committees, subcommittees and working groups, including committees, subcommittees and working groups appointed by the Medical Council, but shall neither serve as chairpersons nor vote.

4.3.3 Consultant Staff: Members of the consultant staff are appointed based on specialized skills exercised for the benefit of the patients of CCMB or other activities that are in CCMB's best interests.

4.3.3.1 Privileges and Responsibilities: Members of the consulting staff shall have defined privileges and responsibilities as determined by the Board following recommendation by the Privileges Committee and the CEO.

4.3.3.2 Rights: Members of the consulting staff, following recommendation of the Privileges Committee and the CEO and appointment by the Board, may participate and vote on Medical Staff committees, subcommittees and working groups, including committees, subcommittees and working groups appointed by the Medical Council, but shall not serve as chairpersons.

4.3.4 Term or Locum Staff: Members of the term staff are Applicants who have applied for appointment to the Medical Staff, whose application process has not been completed, but who have been appointed by the Board to a term position in the interim. Term positions may be created by the Vice President, Clinical Services, but shall not exceed six (6) months. Locum staff are Members appointed by the Board for a temporary position created by the Vice President, Clinical Services in order to carry out a defined

and time-limited task, which will not exceed six (6) months. Term and locum appointments carry no implication of permanent acceptance for a Medical Staff appointment. The period of six (6) months applicable to any term or locum appointment can be extended by the Board only if, in the opinion of the Vice President, Clinical Services, exceptional circumstances continue to exist to warrant such an extension.

4.3.4.1 Privileges and Responsibilities: Members in this category shall have temporary defined privileges and responsibilities as determined by the Board, following recommendation by the Privileges Committee and the CEO, for such length of time as may be specified; provided that such temporary privileges are subject to review at any time. Members of the term or locum staff shall work under the guidance and supervision of a designated member of the active staff defined at the time of appointment.

4.3.4.2 Rights: Members of the term or locum staff shall have the same rights as members of the associate staff.

4.3.5 Emeritus or Honorary Staff: Members in the emeritus category represent those appointed by the Board to this category on the recommendation of the CEO who have completed careers on the active staff and who wish to maintain a Medical Staff relationship with CCMB. Honorary members are distinguished medical or scientific individuals upon whom the Board, on the recommendation of the CEO, has conferred honorary status.

4.3.5.1 Privileges and Responsibilities: Members in the emeritus category may have defined consulting, but no other clinical privileges, as determined by the Board following recommendation by the Privileges Committee and the CEO. Honorary members have no clinical privileges.

4.3.5.2 Rights: Members of the honorary staff shall neither serve on Medical Staff committees, subcommittees or working groups nor have any voting privileges. The Board may, from time to time, following recommendation by the Privileges Committee and the CEO, appoint emeritus members to Medical Staff committees, subcommittees and working groups, including committees, subcommittees and working groups appointed by the Medical Council, with voting privileges.

4.4 Granting of Privileges

4.4.1 The Board shall grant privileges to Members of the Medical Staff in accordance with the process described in Section 4.5.

4.4.2 Privileges shall be granted at the time of appointment or reappointment and may be altered at any time by the Board, after review by the Privileges Committee, and shall be based on the recommendation of the Privileges Committee and the CEO.

4.4.3 Clinical privileges shall be recommended to the Board only by the CEO after review of the Privileges Committee's recommendations.

4.4.4 Each Department Head is responsible for clearly defining the specific qualifications required for particular privileges for the Medical Department of which he/she is the Department Head, which are reviewed and approved by the Privileges Committee and then by the CEO.

4.4.5 Except for any approved leave of absence, any Member who does not use his or her privileges for a time period equal to or greater than one (1) year may have his or her privileges terminated, at the discretion of the Vice President, Clinical Services. The Member will be notified in writing of the termination of his or her privileges in these circumstances. The Member can appeal such loss of privileges in accordance with the provisions of Article 7.

4.4.6 For greater certainty, a person who is not a duly qualified medical practitioner or a duly registered dentist may be granted privileges by the Board, based on the recommendation of the Privileges Committee and the CEO, for the purpose of performing clinical duties at CCMB; provided that no such grant of privileges constitutes the holder thereof as, or entitles the holder thereof to become, a Member of the Medical Staff.

4.5 Appointment Process and Procedure

4.5.1 Appointments to the active staff, the associate staff or the term staff shall only be made and privileges shall only be granted in accordance with this By-law after an advertised vacancy has been declared. A vacant position will only be declared when the Vice President, Clinical Services and, where relevant, an RHA have determined that there is sufficient need and appropriate resources. Department Heads are expected to maintain adequate professional staff to carry out Medical Department responsibilities. Department Heads shall recommend to the Vice President, Clinical Services the need for recruitment. Vacancies shall be advertised by the Human Resources Office for such period of time as they consider appropriate in order to achieve professional awareness. Staff members shall be appointed to a specific staff category and within at least one specific Medical Department, but the privileges granted may not be site specific. For greater certainty, the declaration of a vacant position is not required in order to appoint someone to the consultant staff, the locum staff, the emeritus staff or the honorary staff.

4.5.2 At the time a vacancy is declared (for purposes of an appointment to the active staff, the associate staff or the term staff), the Human Resources Office will coordinate the selection process whereby an Applicant is identified and recommended to fill that vacancy and whereby the privileges that should be granted to that Applicant are determined and recommended, in accordance with the appropriate selection procedure then being utilized by CCMB to fill a vacancy of that nature. The various selection procedures being utilized by CCMB as of the effective date of approval of this By-law by the Board are described in Appendix "A" attached hereto; provided that the Human Resources Office, with the approval of the CEO, may change any such selection procedure, or introduce any new selection procedure, as it sees fit at any time in the future. As soon as any such Applicant has been so identified and recommended and any such privileges have been so determined and recommended, the Human Resources Office shall forward to the Privileges Committee a letter of recommendation from the

appropriate Department Head, the Applicant's completed Medical Staff appointment application (the "**Appointment Application**") and appropriate supporting documentation (collectively, a "**Request for Privileges**").

4.5.3 Appointments to the consultant staff or the locum staff may be initiated by any Department Head, the Vice President, Clinical Services or the Human Resources Office. As soon as an individual has been identified for such an appointment:

- (a) the Human Resources Office shall forward a Medical Staff appointment application (the "**Application**") to that individual (the "**Applicant**");
- (b) the Human Resources Office, in conjunction with the appropriate Department Head, shall determine the privileges that should be granted to the Applicant; and
- (c) as soon as reasonably possible after a completed Application has been received from the Applicant and the Applicant's recommended privileges have been so determined, the Human Resources Office shall forward to the Privileges Committee a letter of recommendation from the Department Head, the completed Application (the "**Appointment Application**") and appropriate supporting documentation (collectively, a "**Request for Privileges**").

4.5.4 As soon as reasonably possible following receipt of a Request for Privileges, the Privileges Committee shall review that Request, and:

- (a) shall consider whether or not the privileges that have been recommended to be granted to that Applicant should be so granted;
- (b) may make such inquiries as the Privileges Committee sees fit, including interviewing that Applicant and/or any of his/her references and confirming any information contained in the Request for Privileges; and
- (c) shall, if the Privileges Committee is of the opinion that the recommended privileges should be so granted, signify its approval of the granting of such privileges by signing the Appointment Application and forwarding the signed Appointment Application to the Human Resources Office (the "**Privileges Committee Approved Appointment Application**").

4.5.5 As soon as reasonably possible following receipt of a Privileges Committee Approved Appointment Application, the Human Resources Office shall forward that Approved Appointment Application to the CEO, together with all of the related documentation that was provided to the Privileges Committee.

4.5.6 As soon as reasonably possible following receipt of a Privileges Committee Approved Appointment Application, the CEO shall review that Approved Appointment Application and the other information received from the Human Resources Office, and submit his/her recommendation to the Board regarding the appointment of that Applicant to the Medical Staff, as well as the Medical Staff category, Medical Department(s) and privileges that are included in that appointment.

4.5.7 Upon receipt of the CEO's recommendation, the Board at its next meeting shall consider:

- (a) the recommendation of the CEO; and
- (b) such other information as the Board, in its sole discretion, may request;

and shall make a decision as to whether the privileges, the appointment to a category and the appointments(s) to the Medical Department(s) should be granted as recommended by the CEO, not granted, or granted in form different from that which the CEO recommended. The decision of the Board, which is final and is not subject to appeal, shall be forwarded to the Applicant in writing. If the Applicant is not accepted or if the category of Medical Staff, appointment(s) to Medical Department(s) or privileges granted differ from those requested by the Applicant, if applicable, the reasons for modification shall be given.

4.5.8 If the CEO's recommendation is accepted, the Board shall appoint the Applicant to the Medical Staff. The appointment shall designate the category of Medical Staff to which the Applicant is appointed, the privileges granted, and the appointment(s) within the specific Medical Department(s), including primary and, if applicable, secondary appointments. The decision of the Board and the conditions of the appointment shall be forwarded to the Human Resources Office for retention in the Member's credentials file.

4.5.9 The appointment shall come into effect upon receipt by CCMB of a statement signed by the Applicant whereby the Applicant:

- (a) accepts the Board's decision and, in particular, understands and agrees to the assignment of category of the Medical Staff, the privileges granted and the appointment(s) within the specific Medical Department(s);
- (b) agrees to adhere to and be bound by this By-law;
- (c) undertakes to notify the Vice President, Clinical Services or his/her delegate, within seven (7) days of receipt by the Member, of any formal Complaint that is made to the CPSM, to the Manitoba Dental Association or to any other relevant licensing authority in relation to the Member or of any statement of claim that is served upon the Member regarding the Member's medical or other practice;
- (d) undertakes to complete any required CCMB orientation activities within a specified time frame; and
- (e) undertakes to respond on a timely basis to any enquiry made of the Member by the Vice President, Clinical Services or any relevant Department Head.

Failure of the Applicant to submit such signed statement to CCMB, for receipt by CCMB within thirty (30) days after receipt by the Applicant of notification of the Board's

decision, shall for all intents and purposes be deemed to constitute decline of the appointment by the Applicant.

4.6 Reappointment Procedure from Associate Staff to Active Staff

4.6.1 Members of the associate staff must submit an application for reappointment to the active staff category at least ninety (90) days before the end of the second associate year. A change in privileges may also be requested at this time. The application for reappointment and change in privileges will be provided to each such Member by the Human Resources Office. If any such Member wishes to be reappointed, that Member shall complete that application and, if relevant, include therein his/her request for change in privileges, and submit such completed application to his/her Department Head. That Department Head shall conduct a performance review of that Member in a timely manner and in accordance with the provisions of Section 4.11, and shall forward that performance review and his/her recommendation regarding the reappointment and, if applicable, change in privileges to the Human Resources Office. The Human Resources Office will forward the completed application (the **“Reappointment Application”**), together with the Department Head’s performance review and recommendation (collectively, a **“Request for Reappointment”**), to the Privileges Committee.

4.6.2 As soon as reasonably possible following receipt of a Request for Reappointment, the Privileges Committee:

- (a) shall review that Request and may, with the consent of the Member, consult with the appropriate licensing authority;
- (b) may also interview the Member when the recommendation of the Department Head is at variance with the wishes of the Member; and
- (c) shall, if the Privileges Committee is of the opinion that any recommended change in privileges should be so granted, signify its approval of the granting of such change in privileges by signing the Reappointment Application and forwarding the signed Reappointment Application to the Human Resources Office (the **“Privileges Committee Approved Reappointment Application”**).

4.6.3 As soon as reasonably possible following receipt of a Privileges Committee Approved Reappointment Application, the Human Resources Office shall forward that Approved Reappointment Application to the CEO, together with all of the related documentation that was provided to the Privileges Committee.

4.6.4 As soon as reasonably possible following receipt of a Privileges Committee Approved Reappointment Application, the CEO shall review that Approved Reappointment Application and the other related information received from the Human Resources Office, and submit his/her recommendation to the Board regarding that reappointment and any change in privileges associated with that reappointment.

4.6.5 Upon receipt of the CEO’s recommendation, the Board at its next meeting shall consider:

- (a) the recommendation of the CEO; and
- (b) such other information as the Board, in its sole discretion, may request;

and shall make a decision as to whether the Member is to be reappointed and the privileges to be granted, as recommended by the CEO, not granted, or granted in a form different from that which the CEO recommended.

4.6.6 The decision of the Board, which is final and not subject to appeal, shall be transmitted to the Member in writing. If the Member is not reappointed, or if the category, appointment(s) to the Medical Department(s) or privileges granted differ from those requested, the reasons shall be stated.

4.6.7 If the CEO's recommendation that the Member be reappointed to the active staff is accepted, the Board shall reappoint the Member to the active staff. Any such reappointment shall designate the category of the Medical Staff to which the Member is reappointed, the appointment(s) to the Medical Department(s) and the privileges granted. The decision of the Board shall be forwarded to the Human Resources Office for retention in the Member's credentials file.

4.6.8 In the event of any discrepancy between what the Member requested in his/her application and what the Board approved in deciding to reappoint that Member, the reappointment shall not come into force until the Member provides CCMB with a signed statement accepting the decision of the Board. Such statement must be provided to CCMB within seven (7) days following receipt by the Member of the Board's decision.

4.6.9 An associate Member who is not reappointed to active staff at the end of the second year may have his/her probation period extended for an additional year at the discretion of the Board. In such an event, the associate Member shall be given a detailed explanation in writing for the delay in reappointment, including information regarding any necessary remedial action. Such Members of the associate staff must submit an application for reappointment to the active staff at least ninety (90) days before the end of the third associate year, which will be processed in accordance with this Section 4.6. An associate Member who is not reappointed to active staff after the third associate year will have his/her appointment terminated at the time of the Board's decision not to reappoint.

4.7 Change of Privileges

4.7.1 Privileges may be changed at any time following approval of the Board. Written application for an alteration or extension of privileges may be made by a Member at any time, and must be made to the Human Resources Office, who will transmit that application to the appropriate Department Head. That Department Head shall conduct a performance review of that Member in a timely manner and in accordance with the provisions of Section 4.11, and shall forward that performance review and his/her recommendation regarding the change in privileges to the Human Resources Office. The Human Resources Office will forward the completed application (the "**Change in Privileges Application**"), together with the Department Head's performance review and

recommendation (collectively, a **“Request for Change in Privileges”**), to the Privileges Committee as soon as reasonably possible.

4.7.2 As soon as reasonably possible following its receipt of a Request for Change in Privileges, the Privileges Committee:

- (a) shall review that Request and may, with the consent of the Member, consult with the appropriate licensing authority;
- (b) may also interview the Member when the recommendation of the Department Head is at variance with the wishes of the Member; and
- (c) shall, if the Privileges Committee is of the opinion that any recommended change in privileges should be so granted, signify its approval of the granting of such change in privileges by signing the Change in Privileges Application and forwarding the signed Change in Privileges Application to the Human Resources Office (the **“Privileges Committee Approved Change in Privileges Application”**).

4.7.3 As soon as reasonably possible following receipt of a Privileges Committee Approved Change in Privileges Application, the Human Resources Office shall forward that Approved Change in Privileges Application to the CEO, together with all of the related documentation that was provided to the Privileges Committee.

4.7.4 As soon as reasonably possible following receipt of a Privileges Committee Approved Change in Privileges Application, the CEO shall review that Approved Change in Privileges Application and the other related information received from the Human Resources Office, and submit his/her recommendation to the Board regarding that requested change in privileges.

4.7.5 Upon receipt of the CEO’s recommendation, the Board, at its next meeting, shall consider:

- (a) the recommendation of the CEO; and
- (b) such other information as the Board, in its sole discretion, may request;

and shall make a decision as to whether the Member’s privileges should be changed, as recommended by the CEO, not changed, or changed in a manner different from that which the CEO recommended.

4.7.6 The decision of the Board, which is final and not subject to appeal, shall be transmitted in writing to the Member and, if the Member is not granted the change in privileges requested, the reasons shall be stated. The Board’s decision shall be submitted to the Human Resources Office for retention in the Member’s credentials file.

4.7.7 In the event that the Board’s decision results in a change of privileges for a Member that is different from what that Member requested in his/her application, the

change in privileges shall not come into force until the Member provides CCMB with a signed statement accepting the decision of the Board. Such statement must be provided to CCMB within seven (7) days following receipt by the Member of the Board's decision.

4.8 Resignation and Retirement

4.8.1 Subject to Section 4.8.2, Members of the Medical Staff may resign or retire at any time so long as they provide at least ninety (90) days written notice of their intention to their Department Head. Members are encouraged to provide as much additional notice as possible in excess of ninety (90) days to facilitate recruitment and a smooth transition.

4.8.2 The notice requirement set out in Section 4.8.1 may be waived by the Vice President, Clinical Services, upon request by the Member to the Vice President, Clinical Services, in exceptional circumstances relating to a Member's health or personal circumstances.

4.8.3 Failure to provide the minimum required notice will be noted in any subsequent reference checks concerning the Member and will be reported to the appropriate licensing authority, as failure to comply with this By-law.

4.9 Leave of Absence

4.9.1 Members of the Medical Staff may request a leave of absence by transmitting a written notice to the Vice President, Clinical Services and their Department Head at least ninety (90) days in advance of the intended absence. Members are encouraged to provide as much additional notice as possible in excess of ninety (90) days to facilitate recruitment and a smooth transition. This notice requirement may be waived by the Vice President, Clinical Services, upon request by the Member, in exceptional circumstances, relating to a Member's health or personal circumstances. The Board may grant an LOA to a Member, following approval of his/her Department Head and the Vice President, Clinical Services, up to a maximum of two (2) years. Documentation of the reasons for an LOA shall be retained in the Member's credentials file. Members seeking an LOA need to be aware that, upon their return to CCMB, their position description may have been reviewed and changed by the CEO with approval of the Board. Any decision of the Board to either grant or deny an LOA or to change the position description of a Member who is on an LOA is final and not subject to appeal. A copy of any such decision shall be transmitted in writing to the Member, and shall be retained in the Member's credentials file.

4.9.2 Prior to returning from an LOA, a Member shall forward to his/her Department Head information regarding all professional activities that have transpired during the term of the LOA, including any disciplinary referrals or actions by any licensing authorities, that may have an impact on the Member's duties, responsibilities or practice. The Member shall provide such further information as requested including reference names.

4.10 Suspension, Expulsion and Other Consequences

4.10.1 Suspension:

4.10.1.1 The Vice President, Clinical Services or the appropriate Department Head may at any time immediately suspend or limit the privileges of a Member for conduct which the Vice President, Clinical Services or Department Head reasonably believes threatens the safety of patients or staff, including without limitation exceeding the limits of his/her privileges, or for unprofessional behavior, both to the image of CCMB and the Medical Staff, including sexual harassment, alcohol or narcotic misuse or criminal acts. Any such suspension is limited to a maximum period of thirty (30) days, pending review by the Medical Council. A written copy of the reasons for the interim suspension shall be immediately provided to the Member, the Medical Council, the Vice President, Clinical Services, the CEO, the Board, the appropriate Department Head and the appropriate licensing authority.

4.10.1.2 Where an interim suspension is imposed in the absence of a written Complaint, the Vice President, Clinical Services or Department Head who issued the suspension shall create a written Complaint to be filed pursuant to Article 7 and the Complaint shall be considered and processed in accordance with Section 7.2.

4.10.1.3 An interim suspension under Section 4.10.1.1 shall be considered by the Medical Council within thirty (30) days of the suspension, and it may be extended, altered or revoked by the Medical Council while a Complaint is being processed under Article 7.

4.10.1.4 The Vice President, Clinical Services or Department Head who issued the suspension (with the permission of the Vice President, Clinical Services if a Department Head issued the suspension), or the Medical Council if the Medical Council extended or altered the suspension, may terminate an interim suspension if in the opinion of the Vice President, Clinical Services, that Department Head or the Medical Council the threat to patient or staff safety no longer exists. The Member, the Medical Council, the Vice President, Clinical Services, the CEO, the Board, the appropriate Department Head and the appropriate licensing authority shall in all instances be promptly notified of any such termination.

4.10.1.5 At least seven (7) days prior to the meeting of the Medical Council at which a Complaint made pursuant to Section 4.10.1.2 or 4.10.3.3 is to be considered, the Vice President, Clinical Services or Department Head who issued the suspension shall submit to the Medical Council, with a copy to the Member, a written report regarding such suspension, including any recommendation regarding further action that in the opinion of the Vice President, Clinical Services or Department Head may be necessary. The Member may submit to the Medical Council a written response to the report within five (5) days of receiving the report, with a copy to the Vice President, Clinical Services or Department Head who issued the suspension. If the Member submits a written response, the Vice President, Clinical Services or Department Head who issued the suspension shall then have the right to provide a written reply to the Member's response to the Medical Council, with a copy to the Member. No appearances at the meeting will be permitted unless the Medical Council determines a personal presence is necessary to make a determination as to a possible threat to the safety of patients or staff.

4.10.1.6 A Member who believes that he or she is entitled to receive compensation during a period of suspension under this Section 4.10.1 may make a submission to the Vice President, Clinical Services respecting such entitlement. The Vice President, Clinical Services shall make a determination respecting entitlement to any compensation and the amount thereof, after the Complaint is disposed of, which decision shall be final.

4.10.2 Over-riding Board Authority: Notwithstanding any other provision of this By-law, the Board has the authority, at any time, to suspend or expel a Member or to take any other action that the Board, acting reasonably but in its sole discretion, considers appropriate in the circumstances, either:

- (a) pending the final determination of a Complaint; or
- (b) on the recommendation of the Medical Council.

Reasons for expulsion include, but are not limited to, absence of licensure, lack of liability insurance, unprofessional behavior, or clinical ineptitude. Any expulsion by the Board pursuant to this Section 4.10.2 shall be reported to the appropriate licensing authority. Any action taken by the Board pursuant to this Section 4.10.2 shall promptly be communicated by the Vice President, Clinical Services to the affected Member, and may be contested by the affected Member pursuant to Section 7.3.

4.10.3 Medical Records Completion:

4.10.3.1 The Vice President, Clinical Services, the appropriate Department Head or the chief medical officer at any facility where that Member works may, at any time, suspend or limit the privileges of a Member for failure to complete medical records within deadlines established by the Board, the Vice President, Clinical Services, any appropriate Department Head or that facility. A written copy of the reasons for the interim suspension shall immediately be provided to the Member, the Medical Council, the Vice President, Clinical Services, the chief medical officer at that facility, the appropriate Department Head(s) and the appropriate licensing authority. For the first offence, the Member shall be given a minimum of thirty (30) days notice of the suspension or limitation. The suspension or limitation will not take effect if the Member remedies such failure within the notice period. For a second or repeated offence, notice shall not be required.

4.10.3.2 Once medical records are completed, as determined by the person imposing the suspension as set out in Section 4.10.3.1, the suspension shall be lifted and privileges restored.

4.10.3.3 For greater certainty, repeated suspensions for incomplete medical records may result in the Medical Council taking any of the steps contemplated in Sections 7.2.5(d), (e) or (f) with respect to the Member who is the subject of those suspensions. In such a case, that Member may contest the taking of any such step pursuant to Section 7.3.

4.11 Performance Reviews

4.11.1 Members shall be subject to formal performance reviews, which shall be conducted to facilitate the professional development of Members and to identify concerns before they become serious problems. The performance review process may be more particularly set out in the Medical Staff Rules and Regulations.

4.11.2 Performance reviews for associate staff shall occur not less than once every year and shall be completed in a timely manner prior to any reappointment. Performance reviews for all other categories shall occur not less than once every two years. Honorary staff shall not be subject to performance reviews.

4.11.3 A performance review of a Member shall include, but not be limited to, the Member's:

- (a) quality of patient care, teaching and/or research;
- (b) ability to work with other staff Members and health care providers in a cooperative and collegial manner;
- (c) compliance with this By-law; and
- (d) contribution to committee work and administration.

4.11.4 The ultimate responsibility for performance reviews shall rest with the individual to whom the Member most directly reports (or his/her delegate), or with an individual appointed by the appropriate Department Head. Data collection regarding performance may be considered and delegated by the Department Head.

4.11.5 Performance reviews shall be documented and retained in the Member's credentials file.

4.11.6 Performance reviews shall include data from other Members, other staff at CCMB who are not Members of the Medical Staff, patients and health care providers, and shall be coordinated with other facilities, educational and regulatory bodies as the person conducting the review considers appropriate in the context of that review. Compliance with regulations regarding consent and confidentiality shall be observed.

4.11.7 In the event that a Member receives an unsatisfactory performance review, the appropriate Department Head will assess the potential for improvement and may prescribe a remedial program, if required.

4.11.8 In the event that a Member fails or refuses to participate in a performance review, receives a further unsatisfactory performance review, or fails to participate in a remedial program as prescribed by the appropriate Department Head, the matter shall be referred to the Vice President, Clinical Services for review and direction as required. The

direction may include referral by the Vice President, Clinical Services to the Medical Council in the form of a Complaint, to be dealt with under Section 7.2.

ARTICLE 5

COMMITTEES

5.1 Medical Council

5.1.1 Introduction: The Medical Council is the senior committee of the Medical Staff and reports to the Board through the CEO, with the Vice President, Clinical Services representing the Medical Council in all communications with the CEO. The Vice President, Clinical Services shall chair the Medical Council. The Medical Council shall receive reports from the Standards Committee. The Medical Council shall have the authority to appoint committees, subcommittees and working groups to address issues of concern.

5.1.2 Members: The Medical Council shall (with the exception of the conflict of interest situation referred to in Section 7.2.4) consist of:

- (a) The Vice President, Clinical Services, who shall act as chairperson;
- (b) The President of the Medical Staff Association;
- (c) All of the Department Heads;
- (d) The chairperson of the Standards Committee; and
- (e) The chairperson of the Privileges Committee.

5.1.3 Meetings: The Medical Council shall meet at regular intervals, but not less than six (6) times annually, and at such additional times as required in order for the Medical Council to perform its obligations under this By-law. Subject to the foregoing, all meetings of the Medical Council shall be at the call of the chairperson, who shall provide as much notice of each meeting as is reasonably possible under the circumstances, but in no case less than forty-eight (48) hours notice unless such minimum notice requirement is waived by all of the members of the Medical Council in respect of a particular meeting. Also to the extent reasonably possible, the notice of each meeting of the Medical Council shall be accompanied by an agenda of the matters to be dealt with at that meeting. Minutes shall be retained. Voting privileges are inherent for all members of the Medical Council with the exception of the Vice President, Clinical Services, who shall vote as chairperson only in the event of a tie vote.

5.1.4 Function: The Medical Council shall:

- (a) Assist CCMB in implementing, developing and reviewing clinical programs and procedures at the request of the Board, the CEO or the Vice President, Clinical Services;

- (b) Provide leadership in ensuring that proper professional and ethical conduct is observed by all Members;
- (c) Review, coordinate and recommend Medical Staff policies, rules, procedures and codes of conduct for the approval of the Board;
- (d) Make recommendations to the Board on issues arising from Standards Committee reviews and special committees, sub-committees and working groups appointed by the Medical Council;
- (e) Assist the Board and the Vice President, Clinical Services, at the request of either the Board or the Vice President, Clinical Services, in the development of standards required by the Canadian Council on Health Services Accreditation, licensing authorities and professional associations of the Medical Staff; and
- (f) Advise the Board on matters referred to the Medical Council by the Board, which may include the following:
 - i. the standards of medical practice provided within the facilities and programs of CCMB; and
 - ii. urgent health care issues that relate to cancer care and/or blood disorder care;

provided that nothing in this Section 5.1.4.f requires the Board to refer either of these matters to the Medical Council if the Board instead decides to refer either such matter to the advisory medical board constituted under the Act.

5.1.5 Confidentiality: The members of the Medical Council shall observe complete confidentiality on the activities and findings of the Medical Council.

5.2 Selection Committees

5.2.1 Introduction: The terms of reference for each Selection Committee that is constituted by CCMB pursuant to any of the selection procedures contemplated in Section 4.5.2 relate to the need to have a multidisciplinary review of those appointments to the Medical Staff.

5.2.2 Members: Each Selection Committee so required to be constituted shall consist of a minimum of three Members appointed by the Department Head within whose Medical Department an appointment is proposed to be made, and shall also include, as appropriate in the context of the advertised vacancy which is the focus of that Selection Committee, representation by other relevant CCMB departments such as Nursing, Pharmacy, Patient and Family Support Services and Human Resources, and may also include, in the context of such advertised vacancy, representation by other relevant health care professionals who do not work for CCMB.

5.2.3 Meetings: Each Selection Committee so constituted shall meet at the call of its chairperson, appointed by the Department Head within whose Medical Department an appointment is proposed to be made, and shall only meet when there are candidates for an advertised vacant staff position.

5.2.4 Function: Each Selection Committee so constituted shall perform the duties required of it in accordance with the selection procedure pursuant to which it was constituted, and report to the Human Resources Office within forty-five (45) days of its inception.

5.2.5 Confidentiality: The members of each Selection Committee so constituted shall observe complete confidentiality on the activities and findings of that Committee.

5.3 Privileges Committee

5.3.1 Introduction: The terms of reference for the Privileges Committee relate to the need for a complete review of the appropriateness of privileges recommended by the Department Head within whose Medical Department an appointment or reappointment is proposed to be made, as evidenced by an Applicant's or Member's qualifications, education and expertise.

5.3.2 Members: The Privileges Committee shall consist of:

- (a) The chairperson, who shall be appointed by the CEO; and
- (b) Two other active staff Members, each of whom shall be appointed by the Medical Council and shall represent a different Medical Department.

5.3.3 Meetings: The Privileges Committee shall meet at regular intervals but not less than quarterly. Special meetings may be called by the chairperson to consider the privileges recommended to be granted to new appointments or reappointments, or to consider any recommended change in privileges.

5.3.4 Function: In addition to its other responsibilities described in Article 4 regarding the processes pursuant to which privileges are granted to new appointments or reappointments, as well as the process pursuant to which privileges may be changed, the Privileges Committee shall annually review the privileges granted to each associate staff Member, and recommend to the CEO changes to these privileges if considered appropriate. In so doing the Privileges Committee shall take into account the recommendation of the Department Head for that associate staff Member, based on his/her performance review of that associate staff Member, and shall document whether or not the Privileges Committee members concurred with such recommendation. Copies of the minutes of all of the meetings of the Privileges Committee shall be typed, filed and forwarded to the CEO in a timely manner.

5.3.5 Confidentiality: The members of the Privileges Committee shall observe complete confidentiality on the activities and findings of this Committee.

5.4 Standards Committee

5.4.1 Introduction: The Standards Committee is responsible for the review and consideration of all matters related to the quality of cancer care and blood disorder care at CCMB, with the best interests and well being of patients being the primary consideration. The Standards Committee is also expected to promote a culture of education to avoid recidivism and to eliminate an atmosphere of blame and reprisal.

5.4.2 Members: The Standards Committee shall consist of:

- (a) The chairperson, who shall be appointed by the CEO;
- (b) One representative from each of the Medical Departments, each of whom shall be appointed by the Department Head of that Medical Department;
- (c) One representative from the Community Cancer Program Network or from the WRHA's Community Oncology Program, appointed by the Vice President, Clinical Services; and
- (d) Three other representatives from other relevant CCMB departments such as Nursing, Pharmacy and Patient and Family Support Services, each of whom shall be appointed by the CEO.

5.4.3 Function: The Standards Committee shall:

- (a) Monitor and evaluate the standards of practice of Medical Staff Members;
- (b) Ensure that the findings of audits form an essential part of educational programs to address deficiencies in patient care;
- (c) Cooperate and work effectively with the Central Standards Committee of an RHA as well as with the CPSM, the Manitoba Dental Association and any other applicable licensing authority;
- (d) Function in accordance with the Standards By-law of the CPSM, the Manitoba Dental Association and any other applicable licensing authority;
- (e) Report regularly to the Medical Council following each meeting, regarding progress made in responding to audit findings, along with concerns and future plans;
- (f) Submit an annual report to the Medical Council and to the Board; and
- (g) Refer to the Vice President, Clinical Services concerns or issues regarding activities of specific Members of the Medical Staff which may reflect substandard or adverse clinical management. **"Substandard or adverse clinical management"** refers to issues which reflect adversely on patient care and to

issues which are not amenable to correction by widespread education. Issues of this nature may require disciplinary action.

5.4.4 Confidentiality: The members of the Standards Committee shall observe complete confidentiality on the activities and findings of this Committee.

5.5 The Medical Staff Association

5.5.1 Introduction: The Medical Staff have the right to independently form the Medical Staff Association, to address concerns of the Medical Staff. The President of the Medical Staff Association shall have the right to membership on the Medical Council with voting privileges. The President of the Medical Staff Association may be invited to attend meetings of the Board under terms set by the Board.

ARTICLE 6

SELECTION AND DUTIES OF DEPARTMENT HEADS

6.1 Department Heads are responsible for the standards of medical care as well as the educational and research activities of the Medical Department for which they are the Head. Recruitment of qualified new members to the Medical Department is an expected responsibility of each Department Head. Department Heads are directly responsible and accountable to the Vice President, Clinical Services.

6.2 Each Department Head will be a duly qualified medical practitioner who is selected by a committee consisting of representatives from CCMB and, where it is anticipated that a Department Head will need to have a university appointment, representatives from the University of Manitoba.

6.3 Each such committee will forward its report (including both its recommendation and the reasons therefor) to the Vice President, Clinical Services, who will in turn forward such report to the CEO.

6.4 As soon as reasonably possible following receipt of such a report, the CEO shall review that report and any other information that the CEO considers appropriate, and submit his/her recommendation to the Board regarding that appointment.

6.5 Upon receipt of the CEO's recommendation, the Board at its next meeting shall consider:

- (a) the recommendation of the CEO; and
- (b) such other information as the Board, in its sole discretion, may request;

and shall make a decision as to whether or not the person so recommended to be the Department Head of a particular Medical Department is to be offered that position as recommended by the CEO. The decision of the Board is final and is not subject to appeal, and shall be communicated by the CEO to the Vice President, Clinical Services.

6.6 In the event that the person so recommended to be the Department Head of a particular Medical Department is approved by the Board, the Vice President, Clinical Services shall offer this position to this person as soon as reasonably possible following the Vice President, Clinical Services being advised of the Board's decision. In the event that this person will need to have a university appointment, such offer will be made jointly with the University of Manitoba. That person will become the Department Head of that Clinical Department on the date set out in the offer or on such date as may be mutually agreed to by that person and the Vice President, Clinical Services, and, if applicable, the University of Manitoba.

6.7 The term of office of each Department Head shall be five (5) years, which may be renewed once after a favorable performance review report. The performance review shall be initiated and completed by the Vice President, Clinical Services, in cooperation with representation from the University of Manitoba when the incumbent has a university appointment; otherwise by the Vice President, Clinical Services on his/her own.

ARTICLE 7

COMPLAINTS AGAINST MEMBERS

7.1 General

7.1.1 All Complaints concerning a Member (including Complaints from patients, families of patients, members of the public, staff or other Members) may be detailed in writing by the person filing the Complaint (the "**Complainant**") and shall be forwarded to the Vice President, Clinical Services. The Vice President, Clinical Services shall notify the CEO, the Human Resources Office and the appropriate Department Head of a Complaint. A Complaint not provided in writing shall be formulated into a written Complaint by the Vice President, Clinical Services or the appropriate Department Head.

7.1.2 A copy of a written Complaint regarding a Member shall be provided to the Member by the Vice President, Clinical Services within fourteen (14) days of receipt or formulation into writing, as the case may be, of that Complaint. The Member shall respond, in writing, to the Complaint within fourteen (14) days of receipt of the Complaint, to the Vice President, Clinical Services and to the appropriate Department Head.

7.1.3 The Vice President, Clinical Services, at any time, may inform the registrar of the appropriate licensing authority of a Complaint, and, in any event, shall report a Complaint in accordance with the requirements of the appropriate licensing authority (including CPSM for medical practitioners and the Manitoba Dental Society for dentists). The Vice President, Clinical Services shall provide the CEO and the Human Resources Office with regular status reports regarding each Complaint.

7.1.4 The Board may, following notification by the CEO based on information received from the Vice President, Clinical Services, prior to the outcome of the formal process

contemplated in Section 7.2 with respect to a Complaint, suspend or terminate the privileges of the Member who is the subject of that Complaint when the Board is provided with reasonable evidence that the safety of patients or staff may be threatened by the continued activity of that Member. The appropriate licensing authority will be notified in this event.

7.1.5 Notwithstanding Section 3.3, any time periods in this Article 7 may be abridged or extended with the consent of all of the involved parties, or unilaterally by the Vice President, Clinical Services or the Board in his/her or its sole discretion, provided such discretion is exercised reasonably.

7.1.6 A Member's obligations respecting any privacy legislation, rules or regulations, including *The Personal Health Information Act* (Manitoba) and *The Freedom of Information and Protection of Privacy Act* (Manitoba) shall continue throughout the Complaint process.

7.1.7 The Vice President, Clinical Services and every Department Head shall submit a written report every six (6) months to the Medical Council summarizing any Complaints received and their disposition. A copy of each such report shall also be provided to the CEO, for tabling with the Board strictly on an *in camera* session basis.

7.1.8 Notwithstanding any other provision of this Article 7, the Vice President, Clinical Services may develop and implement a more detailed informal process for less serious Complaints, whose purpose would be to encourage the resolution of Complaints of this nature by individuals within CCMB such as the patient representative, directors of clinical programs and Department Heads. Any such process would be documented as part of the Medical Staff Rules and Regulations, and would be subject to the development and approval process for such Rules and Regulations as contemplated in Article 11.

7.2 Complaint Resolution

Informal Process:

7.2.1 The Vice President, Clinical Services and/or the appropriate Department Head or his/her designate may attempt, by informal process, to resolve the Complaint, if he/she considers an informal process to be appropriate, given the nature of the Complaint. The Vice President, Clinical Services may assist in the informal process attempting resolution of the Complaint.

7.2.2 If a Complaint is resolved on an informal basis, the Vice President, Clinical Services shall retain a record of the Complaint and its resolution in the Member's credentials file, and a copy of the record shall be provided by the Vice President, Clinical Services to the appropriate Department Head and to the Member. The Member may provide a written response to the Complaint and/or to its resolution, which shall also be retained with the Member's credentials file.

Formal Process:

7.2.3 If a Complaint is not resolved informally within a period of time that the Vice President, Clinical Services and the appropriate Department Head consider appropriate or is of a sufficiently serious nature in the opinion of the Vice President, Clinical Services or the appropriate Department Head, the Complaint shall promptly be referred to the Medical Council by the Vice President, Clinical Services.

7.2.4 When a Complaint is referred to the Medical Council, at its next meeting after receipt of the Complaint, the Medical Council shall review and undertake such inquiries respecting that Complaint as it sees fit. The Medical Council may appoint such persons as it considers necessary to provide assistance; provided that any such persons so appointed will only provide assistance to the Medical Council and do not have the authority to make any decision regarding the Complaint. Following such meeting, the Medical Council shall provide the involved parties (which, for greater certainty, includes the Member, the Complainant, the Vice President, Clinical Services and the appropriate Department Head) with the opportunity to make written representations to the Medical Council with respect to the Complaint. Any written representations received by the Medical Council from any of the involved parties shall be sent to the other involved parties at least ten (10) days prior to the next meeting of the Medical Council. Each of the involved parties shall be entitled to provide a written response to any other involved party's written representations, which shall be sent to, and received by, the Medical Council and the other involved parties at least five (5) days prior to the next meeting of the Medical Council. Notwithstanding the foregoing, any written representations received by the Medical Council from the Vice President, Clinical Services or from the Department Head regarding a Complaint against a Member shall necessitate a written response from that Member within seven (7) days. No oral submissions regarding any Complaint shall be allowed unless requested by the Medical Council, in its sole discretion, and any such requested submissions may be subject to such time limitations and other conditions, as determined by the Medical Council in its sole discretion. No individual shall participate in any discussions or determinations by the Medical Council in relation to any Complaint if that individual previously participated in any way in relation to that Complaint.

7.2.5 After consideration of the Complaint, the results of any inquiries by the Medical Council, any written representations (and responses thereto) received from the involved parties, and any oral submissions requested and received by the Medical Council, if a Complaint remains unresolved, the Medical Council shall decide either that no further action be taken against the Member who is the subject of the Complaint or that such Member be subject to any one or more of the following:

- (a) resolution of the Complaint, as agreed by the Member and the Vice President, Clinical Services;
- (b) a letter of caution / reprimand be placed on the Member's credentials file;
- (c) remedial education is required;
- (d) termination or restriction of some, or all, privileges on a temporary or permanent basis;

- (e) reappointment to the associate staff for no longer than one year; or
- (f) removal from the Medical Staff, including the loss of all privileges.

The Medical Council shall forward its written decision to the Member and the Vice President, Clinical Services and, at its discretion, to the Complainant.

7.3 Where the Medical Council makes a decision that the Member who is the subject of a Complaint be subject to one or more of Sections 7.2.5(d), (e) or (f), within fourteen (14) days of receipt by that Member of the Medical Council's decision, that Member may request in writing to the Vice President, Clinical Services that the matter be referred to the binding arbitration process in accordance with Section 7.4 hereof. If the Member does not make such a request within such time period, the Medical Council at its next meeting may implement its decision and shall notify in writing the Member and the Vice President, Clinical Services accordingly. The Member will then not be entitled to a binding arbitration process, and Section 7.4 will not apply to the Member, in relation to that Complaint.

7.4 Upon receipt by the Medical Council within such prescribed time period of written request by any Member for a binding arbitration process in accordance with Section 7.4, the Medical Council shall refer, in writing, the matter to arbitration and specify its reasons for its decision. The Medical Council shall provide the Member with a copy of the Medical Council's written referral and reasons for its decision.

7.4.1 The Medical Council shall maintain a list of names of, at a minimum, three (3) lawyer-arbitrators, generally acceptable in the community, who may hear a matter under this Section.

7.4.2 The Member and the Medical Council shall agree upon an arbitrator from the list. Failing agreement within fourteen (14) days from the date of referral, the arbitrator shall be appointed from the list on a rotational basis, appointing the arbitrator listed immediately after the last arbitrator who heard the most recent past Complaint.

7.4.3 The arbitrator shall have the powers of an arbitrator pursuant to *The Arbitration Act* (Manitoba), and shall provide both the Member and the Medical Council with the opportunity to present evidence and make representations. Without limiting the generality of the foregoing, the Medical Council shall adduce evidence and make submissions in support of its decision before the arbitrator.

7.4.4 After considering the evidence and representations, the arbitrator shall do one of the following:

- (a) dismiss the Complaint;
- (b) uphold the decision of the Medical Council; or

- (c) substitute for the decision of the Medical Council one or more of actions under Sections 7.2.5(d), (e) or (f), as the arbitrator considers appropriate.

7.4.5 The arbitrator shall notify the Member, the Medical Council and the Vice President, Clinical Services of his/her decision. The arbitrator's decision shall be final and binding upon the Member and CCMB, including the Medical Council, and not subject to appeal.

7.4.6 If a decision listed in Section 7.4.4(b) or (c) is made by the arbitrator, the arbitrator may order an amount of costs to be paid by the Member, by taking into consideration the length and complexity of the arbitration, as well as the positions taken by the parties.

ARTICLE 8

EXCEPTIONAL CIRCUMSTANCES INVOLVING THE VICE PRESIDENT, CLINICAL SERVICES

8.1 In the event that:

- (a) the conduct in question, for purposes of Section 4.10.1 or Section 4.10.2; or
- (b) the failure to complete medical records, for purposes of Section 4.10.3; or
- (c) the failure or refusal to participate in a performance review or a remedial program, or the receipt of a further unsatisfactory performance review, for purposes of Section 4.11.8; or
- (d) the concern or issue, for purposes of Section 5.4.3(g); or
- (e) the Complaint, for purposes of Article 7;

relates to the Vice President, Clinical Services, the CEO shall have the powers and authority of the Vice President, Clinical Services under each such Section or Article. In the further event that any such matter relates to the Vice President, Clinical Services in circumstances where the CEO is acting as CCMB's Chief Medical Officer (and, by definition, CCMB's Vice President, Clinical Services), the procedure to be followed to deal with such matter shall be the same as that utilized by CCMB for complaints against the CEO.

ARTICLE 9

MEETINGS

9.1 Introduction: The frequency and format of all committee, subcommittee or working group meetings will vary, depending on the mandate of the committee, subcommittee or working group. The meetings of the Medical Council, as well as the meetings of the Medical Staff Association, the Selection Committees, the Privileges

Committee and the Standards Committee, shall be conducted according to the current "Robert's Rules of Order".

9.2 Committee Meetings: All meetings of committees, subcommittees or working groups of the Medical Staff that are contemplated by this By-law shall be called by, and shall meet at the time and place established by, the individual who, pursuant to this By-law, is the chairperson of that committee, subcommittee or working group or his/her designate.

9.3 Medical Department Meetings: Meetings of the Medical Staff involved in any Medical Department shall be at the call of the Department Head for that Medical Department and shall reflect the need for input of the membership in the operation of that Medical Department.

9.4 The Fiscal Year: The fiscal year of the Medical Staff shall be the calendar year.

9.5 Notices of Meetings: Notices of meetings shall be in writing, and shall be provided by way of delivery, mail, email or fax (or in such other manner as is acceptable to all members of that committee, subcommittee, working group or Medical Department) to each person who is entitled to notice of that meeting.

ARTICLE 10

BY-LAW AMENDMENTS

10.1 This By-law may only be amended by the Board, either at its own initiative or upon recommendation by the CEO. The Medical Council may make recommendations for amendments to this By-law following at least two-thirds approval of such proposed amendments at a duly constituted meeting of the Medical Council. Special meetings of the Medical Council for the purpose of reviewing and approving proposed amendments(s) to this By-law require at least thirty (30) days notice from the chairperson of the Medical Council. Any proposed amendments to this By-law which are so approved at a duly called and constituted meeting of the Medical Council shall be forwarded to the CEO for review and approval before referral to the Board. The CEO may also initiate amendments to this By-law, and shall consult with the Medical Council before forwarding any proposed amendment to this By-law to the Board. All amendments to this By-law which are approved by the Board also require the approval in writing of Manitoba Health.

ARTICLE 11

MEDICAL STAFF RULES AND REGULATIONS

11.1 The Medical Council shall develop such Medical Staff Rules and Regulations as it deems necessary to facilitate the administrative requirements of this By-law. All Members shall be notified, in writing, of any proposed Medical Staff Rules and Regulations or of any substantive amendments thereto prior to their submission to the Board, and Members shall be requested to vote by mail ballot on proposed Medical Staff

Rules and Regulations or substantive amendments thereto. A vote of approval by more than fifty (50) percent of the eligible responding Members is required for approval of the Medical Staff Rules and Regulations or substantive amendments thereto. Any proposed amendment of a minor administrative, clerical or non-substantive nature may be referred directly to the Board for approval by the Medical Council.

11.2 The Medical Staff Rules and Regulations and all amendments thereto require the approval of the Board.

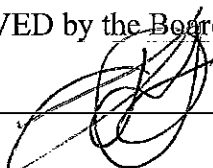
ARTICLE 12

ADOPTION

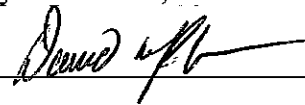
12.1 This Medical Staff By-law is adopted and shall replace any previous Medical Staff By-laws of CCMB, which are hereby repealed.

APPROVED by the Board of Directors of CCMB this 20th day of October, 2011.

Chair



Secretary



APPROVED by Manitoba Health this 25 day of June, 2012. *MS*

for

Minister of Health



APPENDIX “A”

SELECTION PROCEDURES (AS PER SECTION 4.5.2 OF THIS BY-LAW)

SELECTION PROCESS FOR A GEOGRAPHIC FULL-TIME POSITION OR ANY OTHER MEMBER OF THE MEDICAL STAFF WHO WILL ALSO HAVE AN ACADEMIC APPOINTMENT

At the time a vacancy is declared, if that vacancy is for a geographical full-time position or any other position that would also require an academic appointment in order for that position to be filled:

- (a) the Human Resources Office shall advise the University of Manitoba of that vacancy;
- (b) the University of Manitoba will undertake the process to fill that vacancy, in accordance with the academic recruitment process utilized by the University of Manitoba’s Faculty of Medicine at that time;
- (c) the University of Manitoba will advise the Human Resources Office if its recruitment process identifies and recommends an individual for that vacancy;
- (d) the Human Resources Office shall forward a Medical Staff appointment application (the “*Application*”) to that Applicant;
- (e) the Human Resources Office, in conjunction with the Department Head for that position, shall determine the privileges that should be granted to that Applicant; and
- (f) as soon as reasonably possible after a completed Application has been received from the Applicant and the Applicant’s recommended privileges have been so determined, the Human Resources Office shall forward to the Privileges Committee a letter of recommendation from the Department Head, the completed Application and appropriate supporting documentation (the “*Request for Privileges*”).

SELECTION PROCESS FOR A RADIATION ONCOLOGIST

At the time a vacancy is declared, if that vacancy is for a radiation oncologist:

- (a) the Human Resources Office shall advise the Department Head of Radiation Oncology of that vacancy;
- (b) the Human Resources Office, together with that Department Head, shall appoint a Selection Committee;
- (c) the Human Resources Office shall forward to that Selection Committee copies of all applications received by CCMB for that vacancy;
- (d) as soon as reasonably possible after receipt of each application, that Selection Committee:
 - (i) shall inquire respecting the current standing of the Applicant with the appropriate licensing authority;
 - (ii) may interview the Applicant and make such further inquiries as it sees fit, including inquiries with respect to the Applicant's collegiality, liability insurance and specialty qualifications in accordance with the advertised vacancy and the Radiation Oncology Medical Department;
 - (iii) may contact the Applicant's references to seek their comments on the character and professional competence of the Applicant in accordance with *The Personal Investigations Act*, as amended from time to time, or in accordance with any successor legislation; and
 - (iv) shall complete its investigation and submit a report with its recommendation and a copy of the recommended Applicant's application to the Human Resources Office;
- (e) the Human Resources Office shall forward a Medical Staff appointment application (the "***Application***") to that Applicant;
- (f) the Human Resource Office, in conjunction with the Department Head for the Radiation Oncology Medical Department, shall determine the privileges that should be granted to that Applicant; and
- (g) as soon as reasonably possible after a completed Application has been received from the Applicant and the Applicant's recommended privileges have been so determined, the Human Resources Office shall forward to the Privileges Committee a letter of recommendation from the Department Head, the completed Application and appropriate supporting documentation (the "***Request for Privileges***").

SELECTION PROCESS FOR A FAMILY PHYSICIAN IN ONCOLOGY

At the time a vacancy is declared, if that vacancy is for a family physician in oncology:

- (a) the Human Resources Office shall advise the Director of CCMB's Primary Care Oncology Programme of that vacancy;
- (b) that Programme Director shall identify a physician to fill that vacancy, and shall submit his/her report with his/her recommendation to the Human Resources Office;
- (c) the Human Resources Office shall forward a Medical Staff appointment application (the "***Application***") to that Applicant;
- (d) the Human Resources Office, in conjunction with the appropriate Department Head, shall determine the privileges that should be granted to that Applicant; and
- (e) as soon as reasonably possible after a completed Application has been received from the Applicant and the Applicant's recommended privileges have been so determined, the Human Resources Office shall forward to the Privileges Committee a letter of recommendation from that Department Head, the completed Application and appropriate supporting documentation (the "***Request for Privileges***").

SELECTION PROCESS FOR A DENTIST

At the time a vacancy is declared, if that vacancy is for a dentist:

- (a) the Human Resources Office shall advise the head of CCMB's Head and Neck cancer disease site clinic of that vacancy;
- (b) that clinic head shall identify a dentist to fill that vacancy, and shall submit his/her report with his/her recommendation to the Human Resources Office;
- (c) the Human Resources Office shall forward a Medical Staff appointment application (the "***Application***") to that Applicant;
- (d) the Human Resources Office, in conjunction with the appropriate Department Head, shall determine the privileges that should be granted to that Applicant; and
- (e) as soon as reasonably possible after a completed Application has been received from the Applicant and the Applicant's recommended privileges have been so determined, the Human Resources Office shall forward to the Privileges Committee a letter of recommendation from the Department Head, the completed Application and appropriate supporting documentation (collectively, a "***Request for Privileges***").

SELECTION PROCESS FOR ANY OTHER POSITION

At the time a vacancy is declared, if that vacancy is for any position within the Medical Staff other than a geographical full-time position or any other position that requires an academic appointment in order to be filled, a radiation oncologist, a family physician in oncology, or a dentist:

- (a) the Human Resources Office shall advise the appropriate Department Head of that vacancy;
- (b) the Human Resources Office, together with that Department Head, shall appoint a Selection Committee;
- (c) the Human Resources Office shall forward to that Selection Committee copies of all applications received by CCMB for that vacancy;
- (d) as soon as reasonably possible after receipt of each application, that Selection Committee:
 - (i) shall inquire respecting the current standing of the Applicant with the appropriate licensing authority;
 - (ii) may interview the Applicant and make such further inquiries as it sees fit, including inquiries with respect to the Applicant's collegiality, liability insurance and specialty qualifications in accordance with the advertised vacancy and the relevant Medical Department;
 - (iii) may contact the Applicant's references to seek their comments on the character and professional competence of the Applicant in accordance with *The Personal Investigations Act*, as amended from time to time, or in accordance with any successor legislation; and
 - (iv) shall complete its investigation and submit a report with its recommendation and a copy of the recommended Applicant's application to the Human Resources Office;
- (e) the Human Resources Office shall forward a Medical Staff appointment application (the "***Application***") to that Applicant;
- (f) the Human Resources Office, in conjunction with the Department Head for the relevant Medical Department, shall determine the privileges that should be granted to that Applicant; and
- (g) as soon as reasonably possible after a completed Application has been received from the Applicant and the Applicant's recommended privileges have been so determined, the Human Resources Office shall forward to the Privileges Committee a letter of recommendation from the Department Head, the completed

Application and appropriate supporting documentation (the “*Request for Privileges*”).