

YUKON HOSPITAL CORPORATION

MEDICAL STAFF BYLAWS

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PREAMBLE

These are the Bylaws for the Medical Staff and other Professional Staff of facilities and programs operated by Yukon Hospital Corporation (YHC) pursuant to section 3(1) (d) and 3(2) of the *Hospital Act*.

These Bylaws are promulgated by the YHC Board of Trustees (the “Board”) pursuant to the authority and requirements of the *Hospital Act* and its Regulations. Medical Staff Bylaws are a description of the relationship and the responsibilities between the Board and individual members of the Medical Staff acting collectively as the Medical Staff organization. The Bylaws set out the conditions under which members of the Medical Staff and other Professional Staff serve the facilities and programs operated by YHC and provide patient care. The Bylaws also include provisions for the Medical Staff and other Professional Staff to advise the Board on safety and quality issues and on resource needs of the facilities.

The Board is ultimately accountable for the quality of patient care including supporting the Medical Staff and other Professional Staff through the provision of adequate and appropriate resources in the YHC facilities and programs, and the Board employs the Chief Executive Officer to conduct the day-to-day affairs to ensure their effective operation. This accountability is outlined in section 7 of the *Hospital Act*.

The Board is also responsible for granting hospital privileges to appropriately qualified Medical Staff and other Professional Staff members. Although the Board has the final authority to appoint and grant hospital privileges, an individual Medical Staff or other Professional Staff member can ask for a Board’s decision related to an appointment and/or privileges to be reviewed pursuant to section 19(1) of the *Hospital Act*.

The Medical Staff and other Professional Staff must be organized in conformity with the Medical Staff Bylaws and Rules, and policies and procedures approved by the YHC Medical Advisory Committee.

The Medical Staff and other Professional Staff members are responsible to the Chief of Medical Staff for the quality and safety of medical care provided in the YHC facilities and programs.

The Medical Staff and other Professional Staff members are required to adhere to, and are offered the protections of, the *Access to Information and Protection of Privacy Act* (ATIPP), the *Health Information Privacy and Management Act* (HIPMA), and other applicable legislation respecting personal privacy.

MEDICAL STAFF BYLAWS - BOARD POLICY

WHEREAS:

The *Hospital Act* provides the YHC Board of Trustees with full authority to govern the overall operation of YHC facilities including the appointment of the Medical Staff and other Professional Staff and the delineation of their privileges.

The Board requires the Medical Staff to establish the necessary organizational structures and procedures to manage and monitor the provision of medical care matters in YHC facilities.

Subject to the approval of the Board, the Medical Staff may make such Rules as are consistent with or not contrary to the *Hospital Act*, the *Medical Professions Act*, the *Hospital Insurance Services Act*, the *Health Care Insurance Plan Act*, the *Registered Nurses Act*, the *Health Professions Act*, or the Regulations made under those Acts.

These Medical Staff Bylaws are established by the Board in accordance with sections 6.1(b) and 6.1(c) of the Hospital Standards (Yukon Hospital Corporation) Regulations pursuant to the *Hospital Act*.

The Medical Staff may recommend to the Board adding to, altering, or amending these Medical Staff Bylaws through a resolution passed at a meeting of the active Medical Staff. Any addition, alteration, or amendments to the Medical Staff Bylaws so presented and passed must be approved by the Board and shall not be effective until approved by the Minister of Health & Social Services, Yukon Government.

New members of the Medical Staff and other Professional Staff will acknowledge, in writing, they have received and will abide by these Medical Staff Bylaws and the Medical Staff Rules.

DEFINITIONS

Appointment: The Board of Trustees decision that a health care professional meets the qualifications for and is approved to become a member of the Medical Staff or Other Professional Staff of Yukon Hospital Corporation (“YHC”).

Board: The YHC Board of Trustees is the governing body of the YHC as established pursuant to section 5 of the *Hospital Act*.

Bylaws: The YHC Medical Staff Bylaws as established pursuant to section 3(1)(d) of the *Hospital Act*.

Chief Executive Officer (CEO): The person appointed by the Board who is responsible to the Board for the day-to-day management of the YHC in accordance with YHC corporate bylaws and policies of the Board pursuant to s. 7(1) and (2) of the *Hospital Act*.

Chief of Medical Staff: A physician member of the Medical Staff selected by the CEO and approved by the Board, and is accountable to the CEO for the management of the medical affairs of the hospitals.

Clinical Trainee: A Medical Staff Member temporarily attached to the YHC for the educational purpose of gaining additional experience or training.

Complainant: A person, patient, patient’s family, or patient’s legal representative expressing concerns in writing to the CEO and/or Chief of Medical Staff regarding a Medical Staff or Other Professional Staff Member, or the CEO and/or Chief of Medical Staff based on other information/concerns.

Complaint: Information/concerns expressed by a Complainant in writing to the CEO and/or Chief of Medical Staff regarding a Medical Staff or Other Professional Staff Member, or initiated by the CEO and/or Chief of Medical Staff based on other information/concerns.

Dentist: A member of the Professional Staff who is duly licensed pursuant to the *Dental Profession Act*, has been issued a certificate of qualification by the National Dental Examining Board of Canada and who is entitled to practice dentistry in Yukon Territory.

Emergency: The condition of a patient whose life or future health is in immediate danger and where any delay in administering treatment could increase the danger.

Executive Administrative Team: The administrative leadership of the YHC comprised of the CEO and senior advisors as determined by the CEO.

Facility: A YHC hospital or other YHC health care facility established and maintained under section 3(1)(b) of the *Hospital Act*.

Hospital Act: As defined in the Revised Statutes of Yukon 2002, c. 111.

In-Depth Review: A performance evaluation of a Medical Staff or Other Professional Staff Member.

Medical Administrative Leaders: The Chief of Medical Staff, Associate Chief(s) of Medical Staff, Delegates of the Chief of Medical Staff, President of the Medical Staff and appointed members of the Medical Advisory Committee.

Medical Advisory Committee (MAC): The advisory committee appointed by and reporting to the Board and/or CEO on medical matters as described in clause 2.2.3 of these Bylaws.

Medical Care: For the purpose of this document, medical care includes the clinical services provided by Medical Staff or Other Professional Staff members.

Medical Staff: The organized body composed of all physicians and midwives who have been granted privileges to practice medicine or midwifery in the facilities and programs operated by the YHC.

Medical Staff or Other Professional Staff Member's File: Personal files kept in the administration office of the Whitehorse General Hospital containing all of a Medical Staff or Other Professional Staff Member's information regarding privileges, audit, or a Complaint Assessment and/or Complaint Review process.

Medical Staff Member: Member of the Medical Staff.

Midwife (RM): A Medical Staff member who is duly licensed to practice midwifery in Yukon by the Yukon Registrar of Midwives.

Minister: Yukon Minister of Health and Social Services.

Most Responsible Health Practitioner (MRP): The Medical Staff member or other Professional Staff member who has the overall responsibility and accountability for the specific treatment/procedure(s) provided to a patient and who is authorized by Yukon Hospitals to perform the duties required to fulfill the delivery of such a treatment/procedure(s) within the scope of his/her practice

Nurse Practitioner: A Professional Staff Member who is duly licensed to practice as a nurse practitioner in Yukon.

Optometrist: A Professional Staff Member who is duly licensed to practice optometry in Yukon.

Other Professional Staff Member: A Professional Staff member in the category of Nurse Practitioner, Dentist, or Optometrist.

Physician: A Medical Staff Member who is duly licensed to practice medicine in Yukon.

President of YHC Medical Staff: The physician representing the Medical Staff to the Board and the MAC and is elected by and responsible to the Medical Staff.

Privileges: A permit to practice medicine in the facilities and programs operated by the YHC and granted by the Board to a Medical Staff or Other Professional Staff Member, as set forth in the *Hospital Act* and Regulations. Privileges describe the extent of clinical practice of an individual member based on the member's credentials, competence, performance and professional suitability. Privileges are based on the needs of the programs and communities supported by YHC and capacity of the facilities and programs to support the member's scope of clinical practice.

Professional Licensing Authority: The jurisdictional governing body that licenses health care practitioners.

Programs: An ongoing care delivery system under the jurisdiction of the YHC for coordinating a specified type of patient care

Regulations: The Regulations made under the authority of the *Hospital Act* and its Regulations and Standards.

Rules: The Medical Staff Rules approved by the Board governing the day-to-day management of the Medical Staff or Other Professional Staff in the YHC facilities and programs.

Specialist: A certified specialist is a physician who holds a Fellowship recognized by the Royal College of Physicians and Surgeons of Canada.

Temporary Privileges: A permit to practice in the facilities and programs operated by the YHC that is granted to a member of the Medical Staff or Other Professional Staff for a specified period of time in order that they may provide a specific service.

Yukon Hospital Corporation (“YHC”): As established under section 1 of the *Hospital Act*.

PART 1 - GENERAL PROVISIONS

1.1 PRINCIPLES

1.1.1 These Medical Staff Bylaws and the Rules govern the Medical Staff or Other Professional Staff Members who provide medical care to patients within YHC facilities and programs, and who provide medical administrative leadership in relation to YHC Medical Staff or Other Professional Staff Appointments. They establish and describe the:

- a) process by which appointments are granted;
- b) terms and conditions on which YHC may grant all Medical Staff or Other Professional Staff Members Privileges;
- c) responsibility of the Medical Staff or Other Professional Staff to YHC for the quality and safety of all professional services provided by all Medical Staff or Other Professional Staff Members to patients and to YHC;
- d) responsibilities of the Medical Staff or Other Professional Staff and YHC to each other for the organization and conduct of the Medical Staff or Other Professional Staff and, in particular, the processes relating to Medical Staff or Other Professional Staff Appointments and delineation of Privileges; and
- e) administrative structures for the governance of all Medical Staff or Other Professional Staff Members working in YHC Facilities or Programs, or accessing YHC diagnostic services.

1.1.2 YHC, pursuant to the *Hospital Act* and its Regulations, has the responsibility to take appropriate actions to:

- a) promote and protect the health of patients;
- b) assess the health needs of patients;
- c) ensure reasonable access to appropriate, high quality and safe health services;
- d) determine priorities and allocate resources accordingly; and
- e) promote the efficient and sustainable provision of health services in a manner that is responsive to the needs of individuals and communities, as well as the employees and all Medical Staff or Other Professional Staff Members of YHC, and that supports the integration of services and facilities in Yukon.

1.1.3 In order to carry out these responsibilities the YHC shall, in consultation with all Medical Staff or Other Professional Staff Members who have been appointed to the Medical Staff or Other Professional Staff, prepare and adopt Medical Staff Bylaws and Rules governing the creation, organization and operation of the Medical Staff and Other Professional Staff, including:

- a) administrative structures, committees and positions for the governance of the Medical Staff or Other Professional Staff;

- b) granting Appointments to Medical Staff or Other Professional Staff Members;
- c) granting Privileges to Medical Staff or Other Professional Staff Members;
- d) defining the responsibilities of all Medical Staff or Other Professional Staff Members who are granted Appointments and Privileges;
- e) determining the responsibilities and accountability of Medical Staff or Other Professional Staff Members related to Medical Staff or Other Professional Staff Appointments and Privileges;
- f) establishing principles and process for the In-Depth Review of Medical Staff or Other Professional Staff Members; and
- g) establishing principles and process for the management of Complaints including discipline and appeal.

1.2 BINDING EFFECT

In the application for and acceptance of an Appointment to the Medical Staff or Other Professional Staff of YHC, all Medical Staff or Other Professional Staff Members and YHC agree to be bound by these Medical Staff Bylaws and Rules.

1.3 RECORDS AND DISCLOSURE

1.3.1 YHC shall, as a minimum, keep a record of all:

- a) Medical Staff or Other Professional Staff Appointments;
- b) Privileges granted; and
- c) changes to Medical Staff or Other Professional Staff Appointments and amendments to Privileges granted.

1.3.2 YHC shall, on request of a Medical Staff or Other Professional Staff Member, provide that member with a copy of the subsisting Medical Staff or Other Professional Staff Appointment and Privileges, or other information on the member's file(s). All responses to access requests will be made according to the provisions of applicable legislation.

YHC may disclose information requested by the Yukon Medical Council, Yukon Registered Nurses Association, or the Yukon Midwifery Registrar provided such disclosure is required by law or is necessary to ensure public or patient safety, or the disclosure is agreed to, in writing, by the member.

1.4 CODE OF ETHICS

- 1.4.1 The professional conduct of members of the Medical Staff or Other Professional Staff shall be governed by their respective organizations Code of Ethics and/or Code of Conduct.

PART 2 - MEDICAL STAFF ORGANIZATION

2.1 COMPOSITION

The Medical Staff organization shall consist of the Office of Medical Affairs, the Medical Advisory Committee, and the Medical Staff Association.

2.2 PURPOSE

- 2.2.1 To act in an advisory capacity to the Board and the CEO in a manner provided in the *Hospital Act* and its Regulations, and the Medical Staff Bylaws and Rules.
- 2.2.2 To be accountable for the quality of medical care provided in YHC Facilities and its Programs.
- 2.2.3 To strive to provide care to all patients that is consistent with the guidelines of Accreditation Canada.
- 2.2.4 To ensure care is provided in accordance with the Medical Staff or Other Professional Staff Member's Code of Ethics/Code of Conduct.
- 2.2.5 To assist in providing adequate and appropriate documentation for the purpose of maintaining a health record for each patient.
- 2.2.6 To ensure the quality of patient care is monitored in an ongoing manner by a system of peer review of medical and professional competence.
- 2.2.7 To participate in relevant activities including but not limited to: quality improvement, risk assessment and management, resource utilization, education, program development and evaluation.
- 2.2.8 To establish the roles, responsibilities, authorities, and accountabilities within the Medical Staff or Other Professional Staff.
- 2.2.9 To initiate and recommend rules for Medical Staff self-governance and to ensure compliance with them.
- 2.2.10 To establish the Medical Staff as an integral part of the YHC organization, and to establish a mechanism for regular and necessary consultation between the Medical Staff, Board, CEO and the senior administrative officers.
- 2.2.11 To promote health and wellness amongst Medical Staff Members and encourage a healthy respectful workplace.

2.3 RESPONSIBILITIES OF THE MEDICAL STAFF ORGANIZATION

- 2.3.1 To report and make recommendations to the Board and CEO:
- a) regarding the provision of safe, medical care in YHC Facilities and Programs;
 - b) for the establishment, maintenance, and continuing improvement of professional standards of the Medical Staff collectively and individually;
 - c) on the safety and quality of the medical care provided in terms of professional standards and to make recommendations for the enforcement of those standards;
 - d) on the appointment and the granting of Privileges to Medical Staff or Other Professional Staff Members;
 - e) on the maintenance of Privileges of Medical Staff or Other Professional Staff Members and performing a review or evaluation of a Medical Staff or Other Professional Staff Member's performance as deemed necessary; and
 - f) on Medical Staff or Other Professional Staff human resource needs.
- 2.3.2 To participate in interdisciplinary structures and processes to improve the quality and safety of health care services.
- 2.3.3 To review, analyse and evaluate the clinical practices of all Medical Staff or Other Professional Staff Members in order to determine the safety and quality of medical care rendered in the YHC Facilities and Programs.
- 2.3.4 To supervise and ensure compliance with these Bylaws and the Rules, and applicable policies of the Board and the Medical Advisory Committee.
- 2.3.5 To investigate and discipline a Medical Staff or Other Professional Staff Member within and up to the limitations of authority delegated by the Board.
- 2.3.6 To assist in planning YHC facilities, programs and services to meet community needs.
- 2.3.7 To develop and maintain a program of continuing education and to encourage regular participation by all Medical Staff Members in these programs.
- 2.3.8 To develop health and wellness programs and services for Medical Staff Members that:
- a) promote Medical Staff well-being;
 - b) help identify members at risk of mental illness, substance dependency, or severe professional fatigue;
 - c) support timely intervention of members with compromised health and well-being; and
 - d) establish reporting mechanism to identify impaired members to ensure that such members promptly modify or cease practice, and to allow recovering members to resume patient care responsibilities.

2.4 STRUCTURE OF MEDICAL STAFF ORGANIZATION

2.4.1 OFFICE OF MEDICAL AFFAIRS

2.4.1.1 Chief of Medical Staff

- a) The Chief of Medical Staff is the most senior Medical Administrative Leader in YHC, and shall be accountable to the CEO with respect to all matters regarding the management and organization of the Medical Staff or Other Professional Staff of YHC. This includes the establishment of an organizational structure that supports the achievement of healthy outcomes, and ensures that the delivery of medical services within the health system is consistent with the Strategic Plan and Mission of YHC.
- b) The Chief of Medical Staff shall be a physician appointed by the CEO with the approval of the Board and shall be;
 - i. or eligible to be, an Active Medical Staff Member;
 - ii. an ex-officio member of the YHC Executive Administrative team; and
 - iii. a member of the MAC.
- c) The process for the appointment, suspension, or termination of the Chief of Medical Staff is detailed in the Medical Staff Rules.
- d) The responsibilities and duties of the Chief of Medical Staff are detailed in the Medical Staff Rules.

2.4.1.2 Associate Chief(s) of Medical Staff

- a) One or more Associate Chief(s) of Medical Staff shall be appointed by the Chief of Medical Staff.
- b) The Associate Chief(s) of Medical Staff shall be directly accountable to the Chief of Medical Staff.
- c) Duties and responsibilities of the Associate Chief(s) of Medical Staff are detailed in the Rules.

2.4.2 MEDICAL ADVISORY COMMITTEE

Purpose

- 2.4.2.1 The MAC shall make recommendations to the Board with respect to Medical Staff and Other Professional Staff Appointments and Privileges including the maintenance, cancellation, suspension, restriction, or non-renewal of appointments and privileges of all Medical Staff and Other Professional Staff Members to practice within YHC Facilities and Programs.
- 2.4.2.2 The MAC shall provide advice to the Board and the CEO with respect to YHC Facilities and Programs on:

- a) the provision of medical care within YHC Facilities and Programs;
- b) the monitoring of the quality, safety and effectiveness of medical care provided within YHC Facilities and Programs;
- c) the adequacy of Medical Staff and Other Professional Staff resources;
- d) the continuing education of the Medical Staff Members and Other Professional Members;
- e) planning goals for meeting the medical care needs of the population served by YHC; and
- f) the availability and adequacy of resources to provide appropriate patient care in YHC facilities and programs.

Composition

2.4.2.3 The membership is detailed in the Medical Staff Rules.

Duties and Responsibilities

2.4.2.4 The duties and responsibilities are detailed in the Medical Staff Rules.

2.4.3 MEDICAL STAFF ASSOCIATION

2.4.3.1 The Medical Staff Association shall consist of all Medical Staff Members.

2.4.3.2 The Medical Staff Association shall elect officers of the Medical Staff whose collective role shall be to represent the Medical Staff and to ensure effective communication between the Medical Staff, CEO and the Board. The terms of elected officers is defined in the Rules.

2.4.3.3 In accordance with the *Hospital Act*, the Medical Staff Association shall nominate, as necessary, Medical Staff members for consideration of appointment to the YHC Board of Trustees.

2.4.3.4 The Medical Staff Association shall provide nominees for consideration by the Board, as necessary, to fill vacant positions on the MAC.

2.4.3.5 The officers of the Medical Staff Association shall be the President, Vice-President, Secretary/Treasurer.

2.4.3.6 The roles and duties of each elected officer, the procedures for holding annual elections, and procedures for removal, recall, and the filling of vacancies; and details regarding procedural arrangements necessary to support the effective functioning of the Medical Staff shall be detailed in the Medical Staff Rules.

PART 3 - RESPONSIBILITIES AND ACCOUNTABILITIES OF YHC THE MEDICAL STAFF AND OTHER PROFESSIONAL STAFF TO EACH OTHER

3.1 PRINCIPLES

- 3.1.1 The Medical Staff and Other Professional Staff and YHC share joint responsibility and accountability for the provision of health services to patients. This part of these Bylaws describes the joint responsibilities and accountabilities of YHC and the Medical Staff and Other Professional Staff.
- 3.1.2 YHC, subject to legislation and any direction provided by the Minister, has the responsibility and mandate to provide acute medical care for the life and health of patients, through the promotion of health generally, and by ensuring reasonable access to appropriate, high quality and safe health services.
- 3.1.3 Within the medical governance and organizational structure jointly established by the YHC and the Medical Staff, the Medical Staff are expected to provide patient services in a professional, competent and safe manner, and to collaborate with and contribute expert advice to the YHC.
- 3.1.4 Within the medical governance and organizational structure jointly established by the YHC and the Medical Staff, YHC is expected to consider the impact of decisions relating to the delivery of health care services on individual Medical Staff and Other Professional Staff Members, and the Medical Staff and Other Professional Staff generally, and shall facilitate Medical Staff and Other Professional Staff input into the deliberation and decision processes.
- 3.1.5 YHC administrative leaders and the Medical Staff and Other Professional Staff jointly commit to demonstrating ethical behaviour and professionalism in all interactions.
- 3.1.6 Medical Staff and Other Professional Staff Members shall be governed by the YHC values, policies, and Code of Ethics. Medical Staff and Other Professional Staff Members shall also be governed by their professional association's Code of Ethics. If the content of the YHC Code of Ethics conflicts with the professional association's Code of Ethics, then the professional association's Code of Ethics shall take precedence.
- 3.1.7 When fulfilling the duties and responsibilities of their YHC administrative role, the Chief of Medical Staff and the Associate Chief(s) of Medical Staff shall also be governed by the YHC values and Code of Ethics, Code of Conduct and the Canadian Medical Association Code of Ethics. Notwithstanding clause 3.1.6, if the YHC Code of Ethics conflicts with the Canadian Medical Association Code of Ethics, the code which prescribes the higher standard of ethical conduct shall take precedence.

3.2 JOINT RESPONSIBILITIES AND ACCOUNTABILITIES

3.2.1 MEDICAL STAFF GOVERNANCE AND ORGANIZATIONAL STRUCTURE

3.2.1.1 YHC and the Medical Staff will develop and maintain these Bylaws and the Medical Staff Rules. These shall provide a medical organizational structure that fulfils statutory requirements, effectively manages Medical Staff affairs, and facilitates the meaningful and effective participation of the Medical Staff in the affairs of YHC. YHC and the Medical Staff shall jointly contribute to an effective medical organizational structure through:

- a) the development, implementation and amendment of these Bylaws and the Rules governing the creation, organization and operation of the Medical Staff, including:
 - i. administrative structures, committees and leadership for the governance of the Medical Staff and Other Professional Staff;
 - ii. granting of Appointments to Medical Staff and Other Professional Staff Members;
 - iii. granting Privileges to Medical Staff and Other Professional Staff Members;
 - iv. defining the responsibilities of all Medical Staff and Other Professional Staff Members who are granted Appointments and Privileges;
 - v. reviewing and determining Medical Staff and Other Professional Staff Members' compliance with discharging the responsibilities related to Appointments and Privileges;
 - vi. establishing principles and process for an In-Depth Review of a Medical Staff and Other Professional Staff Member; and
 - vii. establishing a transparent, consistent, and fair approach to dispute resolution.
- b) the selection and evaluation of Medical Administrative Leaders. While recognizing the final authority of YHC, the Medical Staff shall have input into the process of selection and review of YHC Medical Administrative Leaders at an appropriate level, as detailed in these Bylaws and the Rules.
- c) the efficient communication within the Medical Staff and Other Professional Staff; between all Medical Staff and Other Professional Staff Members and other health care professionals, the executive and administrative staff of YHC, and other health system stakeholders.

3.2.2 QUALITY AND SAFETY OF CARE

3.2.2.1 YHC and the Medical Staff and Other Professional Staff shall jointly participate in activities and planning that promote and support:

- a) quality improvement programs and systems of evaluation to achieve high standards of patient care;

- b) the development of mechanisms that maintain high standards of clinical practice and professionalism;
- c) patient safety and engagement;
- d) Medical Staff and Other Professional Staff Members and YHC staff health and safety;
- e) evidence-based decision-making wherever applicable;
- f) reasonable and effective on-call schedules; and
- g) a healthy and respectful workplace.

3.2.3 ON-CALL AND SERVICE COVERAGE RESPONSIBILITIES

- 3.2.3.1 The Chief of Medical Staff and the Medical Staff and other applicable Professional Staff shall jointly establish and maintain reasonable and effective on-call schedules for safe and effective patient care and coverage. On-call will normally provide 24/7 coverage.
- 3.2.3.2 On-call schedules and service coverage shall be consistent with the Privileges of all Medical Staff Members and applicable other Professional Staff who provide patient care in YHC Facilities and Programs and on-call coverage.
- 3.2.3.3 The Chief of Medical Staff and the Medical Staff and applicable other Professional Staff shall work jointly to ensure on-call schedules do not place work demands on individual Medical Staff Members and applicable other Professional Staff members that prevent the member from providing safe patient care and coverage. Medical Administrative Leaders shall work collaboratively with all Medical Staff Members and applicable other Professional Staff members to resolve such situations when they arise.

3.2.4 DOCUMENTATION OF CARE

- 3.2.4.1 YHC and the Medical Staff and Other Professional Staff share the responsibility to create and maintain an accurate health record of the care provided to every patient in YHC Facilities or other YHC sites of clinical activity. To accomplish this:
 - a) YHC will provide and maintain the appropriate infrastructure and information management systems to create a health record, and shall be the custodian of all such health records pursuant to applicable legislation;
 - b) YHC will ensure the proper and timely completion of the health record by all staff including documentation of their role, the care provided, and the relevant events during the patient's interaction with YHC; and
 - c) the Rules shall describe the requirements for the proper and timely completion of health records, and shall be compliant with all applicable legislation, professional and ethical obligations, and YHC policies.

3.3 UTILIZATION OF YHC RESOURCES

- 3.3.1 YHC, the Medical Staff and Other Professional Staff shall jointly participate in activities that promote and support the effective and efficient use of YHC resources.

3.4 ADMINISTRATIVE, RESEARCH AND EDUCATION ACTIVITIES

- 3.4.1 YHC and the Medical Staff and Other Professional Staff shall jointly participate in activities and planning that promote and support:
- a) administrative, research and education activities of YHC;
 - b) safe and high quality care;
 - c) an environment that facilitates continuous improvement in the delivery of health care through biomedical, clinical, health services and outcomes research;
 - d) the establishment, maintenance, and continual improvement of the educational, clinical and professional standards for all Medical Staff and Other Professional Staff Members; and
 - e) the education of all health care staff, with the objective of creating and sustaining an environment that supports excellence in undergraduate, graduate, and postgraduate education, and continuing professional development.

PART 4 - MEDICAL AND OTHER PROFESSIONAL STAFF MEMBER RESPONSIBILITIES AND ACCOUNTABILITY

4.1 MEDICAL STAFF AND OTHER PROFESSIONAL STAFF CONDUCT

4.1.1 INDIVIDUAL MEDICAL STAFF and OTHER PROFESSIONAL STAFF MEMBERS

- a) Shall comply with these Bylaws and the Rules and such approved amendments as may be made from time-to-time, and with applicable YHC policies and Code of Ethics, and the codes of ethics/conduct of each professional regulatory body, including the CMA Code of Ethics;
- b) Shall comply with all requirements or expectations of their Appointment and Privileges; and
- c) Shall comply with reasonable direction on matters pertaining to Medical Staff Member and other Professional staff member responsibilities and accountabilities pursuant to these Bylaws and the Rules, issued by anyone having the authority to do so under these Bylaws and the Rules, provided that the content of such direction does not supersede the CMA Code of Ethics or the code of ethics/conduct prescribed by the regulatory body of other Professional Staff.

4.1.2 PATIENT ADVOCACY

Individual Medical Staff and Other Professional Staff Members have the right and the responsibility to advocate on behalf of their patients. In doing so, all members should

advocate in a manner that is consistent with the values and principles of their regulatory authority, their professional association and YHC. When advocating as individuals, all members who hold Medical Administrative Leadership roles within YHC shall articulate clearly that they are not speaking as representatives of YHC. Advocacy should reflect the principles of honesty, fairness, transparency, accountability and professionalism. All members are encouraged to first advocate or enquire about the matter internally within YHC before making public statements.

4.1.3 QUALITY AND SAFETY OF CARE

4.1.3.1 Individual Medical Staff and Other Professional Staff Members shall:

- a) demonstrate and maintain clinical skills and judgment to provide safe and high quality patient care;
- b) perform the activities and responsibilities expressed in the Medical Staff and Other Professional Staff Appointment and Privileges granted;
- c) participate in joint YHC and Medical Staff and Other Professional Staff quality and safety activities as detailed in Clause 3.2.2.1;
- d) demonstrate ongoing professional development as defined in the Rules; and
- e) complete health records in a proper, comprehensive, and timely manner that accurately reflects their role in the patient's interaction with YHC as detailed in Clause 6.9 of the Rules.

4.1.4 ACCOUNTABILITY AND COMPLIANCE

4.1.4.1 Individual Medical Staff and Other Professional Staff Members shall demonstrate their accountability and compliance with these Bylaws, applicable YHC Policies and Code of Ethics, and the relevant professional association's Code of Ethics/Code of Conduct by:

- a) reporting to the Chief of Medical Staff the presence of any physical or mental health issues that may impair their own ability to care safely for a patient. Such information shall be kept strictly confidential unless disclosure to a specified party(ies) is required by law or is deemed necessary to ensure public or patient safety or is agreed to, in writing, by the member;
- b) being subject to an In-Depth Review pursuant to Clause 5.7 of these Bylaws (only for members of the Medical Staff in the Active, Locum Tenens and Visiting Specialist categories of Appointment);
- c) being subject to a Complaint Assessment and/or Complaint review, if required, pursuant to Part 7 of these Bylaws (for all members of the Medical Staff and Other Professional Staff in all categories of Appointment);

- d) choosing processes that are contained in these Bylaws and the Rules to resolve disputes provided, however, that in doing so the Medical Staff Member does not waive any legal rights otherwise available should the processes in these Bylaws and the Rules not succeed in resolving the dispute;
- e) contributing to the functioning of the Medical Staff organization; and
- f) attending Medical Staff meetings and CME activities.

4.1.5 ON-CALL AND SERVICE COVERAGE RESPONSIBILITIES

- 4.1.5.1 Individual Medical Staff Members shall provide safe and effective on-call and service coverage, and shall:
- a) participate equitably and fairly in an on-call schedule(s) consistent with their Privileges and as established within their area of practice;
 - b) be immediately available or have a designate with appropriate skills and privileges to personally attend a patient, if necessary;
 - c) ensure on-call coverage by another Medical Staff Member with appropriate skills and Privileges if they are unable to provide the coverage assigned to him/her in a previously established on-call schedule;
 - d) ensure service coverage of his/her patients by another Medical Staff Member with appropriate skills and Privileges whenever the Medical Staff Member is unavailable for any reason to provide such coverage. If urgent circumstances limit or prevent the Medical Staff Member from fulfilling this responsibility, the Chief of Medical Staff shall provide reasonable assistance to make alternative arrangements for service coverage; and
 - e) if urgent circumstances limit or prevent the Medical Staff Member from fulfilling this responsibility, the Chief of Medical Staff shall provide reasonable assistance to make alternative arrangements for coverage of the on-call period in question.

PART 5 – MEDICAL AND OTHER PROFESSIONAL STAFF APPOINTMENTS, REAPPOINTMENTS AND PRIVILEGES

5.1 TERMS OF APPOINTMENT

- 5.1.1 The Board shall appoint the Medical Staff and other Professional Staff.
- 5.1.2 The Board, on the advice of the MAC, shall from time-to-time establish criteria for Appointment to the Medical Staff and other Professional Staff and for review of that Appointment on a regular basis. Such criteria are detailed in the Rules.
- 5.1.3 The Board may make allowance for site specific and/or program specific privileges.

- 5.1.4 The Board has authority over an Appointment and the cancellation, suspension or restriction of an Appointment to the Medical Staff and other Professional Staff.
- 5.1.5 An Appointment to the Medical Staff and other Professional Staff may be dependent on the human resource requirements of the YHC Facilities and Programs, and on the needs of the population served by the YHC. Each Appointment is contingent upon the ability of the YHC's resources to accommodate the Appointment.
- 5.1.6 The Board will give a Medical Staff Member and other Professional Staff Member ninety (90) days' notice of any program or facility closure that will prevent the member from practicing within the YHC.

5.2 INITIAL APPOINTMENT

5.2.1 GENERAL PROVISIONS

- 5.2.1.1 Only an applicant licensed to practice in Yukon and a member in good standing with the Yukon Medical Council is eligible to be a member of and be appointed to the Medical Staff.
- 5.2.1.2 A midwifery applicant is eligible to be a member and be appointed to the Medical Staff provided they are:
 - a) Fully licensed to practice midwifery in the Yukon by the Yukon Registrar of Midwives;
 - b) Meet all criteria outlined in the Yukon Health Professions Act and Yukon Midwifery Regulations; and

5.2.2 The applicant shall:

- a) demonstrate the ability to provide patient care at an appropriate level of quality and efficiency;
 - b) have adequate training and experience for the privileges requested;
 - c) have professional liability insurance coverage in the category appropriate to the practice of the applicant;
 - d) demonstrate the ability to communicate and work with colleagues and staff in a cooperative and professional manner; and
 - e) demonstrate the ability to communicate effectively with patients and their families.
- 5.2.2.1 The applicant shall agree to be governed by the requirements set out in these Bylaws, the Rules, and policies, and, where applicable, university affiliation agreements.
- 5.2.2.2 The applicant shall disclose any physical or mental impairment that affects or may affect the proper exercise by the applicant of the necessary skill, ability and judgment to deliver appropriate patient care.

- 5.2.2.3 The granting of an Appointment and/or Privileges to a Medical Staff Member is exclusive to that member. A Medical Staff Appointment may only be granted to an individual and will not be granted to a firm, partnership, or corporation, including a professional corporation.
- 5.2.2.4 Due to the isolated nature of Yukon hospitals and the necessity for active Medical Staff Members to be available for Emergency duties, new applicants must have training and experience appropriate to practice in YHC Facilities, and will have demonstrated the ability to communicate and work in a co-operative and professional manner. Applicants who do not have appropriate and recent experience and training in emergency and hospital medicine may not be considered to be qualified for membership.
- 5.2.2.5 The Board may establish further criteria for membership from time-to-time consistent with Clause 5.2.2.3.

5.2.3 REQUIREMENTS FOR AN INITIAL APPLICATION

- 5.2.3.1 Applicants who express in writing the intention to apply for Appointment to the Medical Staff must be provided with a copy of the *Hospital Act* and its Regulations, and a copy of these Bylaws and the Rules.
- 5.2.3.2 Applications for Appointment to the Medical Staff must be submitted to the office of the CEO; one original written application on a specified form together with the documents and information detailed in Clause 5.2.2.3.
- 5.2.3.3 Each completed application shall contain:
- a) a statement that the applicant will abide by the *Hospital Act* and its Regulations;
 - b) an undertaking that, if appointed to the Medical Staff, the applicant will be governed in accordance with the requirements set out in these Bylaws and the Rules, and policies of the Medical Staff, as established by the Board, and the YHC from time-to-time;
 - c) an undertaking that, if appointed to the Medical Staff, the applicant will participate in the discharge of the Medical Staff obligations applicable to the membership category to which they are assigned;
 - d) an agreement to accept committee assignments and such other reasonable duties and responsibilities as shall be assigned to the member;
 - e) a current license to practice in Yukon and be a member in good standing of the Yukon Medical Council or the Yukon Registrar of Midwives.
 - f) evidence of current membership with an organization with professional liability insurance in the category appropriate to the practice of the Medical Staff Member;
 - g) a list of privileges requested;
 - h) an up to date curriculum vitae;

- i) the names of a minimum of three (3) professional referees whom the YHC can contact, one of whom shall be the Chief of Medical Services or senior medical administrator of the organization in which the applicant has most recently worked (and/or the Program Director, in the case of an applicant who has recently completed training);
- j) information on any civil suit relating to the applicant's professional practice where there was a finding of negligence or battery, or where a monetary settlement was made on behalf of the applicant;
- k) information on any pending litigation or criminal charges with respect to an Applicant's previous professional or personal activities;
- l) information on any ongoing investigation of their professional practice;
- m) information on any previous change/loss of appointments, either voluntarily or involuntarily, or reduction, termination or suspension of any professional license, certification or privileges;
- n) information on any physical or mental impairment or health condition that affects, or may affect, the proper exercise by the applicant of the necessary skill, ability and judgment to deliver appropriate patient care;
- o) a signed consent authorizing the YHC to obtain:
 - i. a Certificate of Professional Conduct from the Yukon Medical Council;
 - ii. reports on any action taken by Yukon Medical Council; and
 - iii. reports on privileges that have been curtailed, suspended or cancelled by any professional licensing/regulatory authority or by any hospital or facility for any reason.

5.2.3.4 In cases where, under special or urgent circumstances, Temporary Medical Staff privileges are required, the CEO may, in consultation with the Chief of Medical Staff, grant such Appointments with specific conditions and for a designated purpose and period of time not to exceed fourteen (14) days. These Appointments must be ratified or terminated by the Board at its next meeting.

5.2.4 BURDEN OF PROVIDING INFORMATION

- 5.2.4.1 The applicant shall have the burden of providing adequate information for a proper evaluation of their competence, character, ethical conduct, and other qualifications.
- 5.2.4.2 Until the applicant has provided all the information requested by the CEO, the application for appointment will be deemed incomplete and will not be processed. If the requested information is not provided within ninety (90) days the application is deemed withdrawn.

- 5.2.4.3 The applicant shall notify the office of the CEO in writing in the event that additional information relevant to the application becomes available after the initial application form was completed.

5.2.5 PROCESSING AN INITIAL APPLICATION

- 5.2.5.1 Upon receipt of the completed application the CEO shall inform the Chief of Medical Staff.
- 5.2.5.2 The Chief of Medical Staff shall submit the completed application form and associated documentation to the MAC.
- 5.2.5.3 Each completed application shall be reviewed in accordance with the criteria for membership on the Medical Staff as set out in Clause 5.2.2.3, and in consideration of the impact that granting privileges would have on the YHC Facilities and Programs.
- 5.2.5.4 Each applicant may be required to attend an interview with members of the Medical Staff designated by the CEO or Chief of Medical Staff.
- 5.2.5.5 Within ninety (90) days after the date the MAC received the application, it shall make a decision on accepting, rejecting or amending the application.
- 5.2.5.6 If the MAC recommends acceptance of the application:
- a) the recommendation is referred to the Board and must specify the membership Appointment category and the nature and extent of Privileges to be granted by the Board;
 - b) the Board shall review the application and consider the recommendations of the MAC, make a decision and notify the applicant and the MAC in writing within ninety (90) days after the receipt of the report and recommendation by the MAC;
 - c) if the Board appoints the applicant to the Medical Staff, the Board must specify the membership Appointment category and the Privileges granted to the applicant;
 - d) if the Board fails to make a decision within 180 days of receipt of the completed application by the CEO, or rejects the application, the applicant may appeal pursuant to Clause 5.2.5;
 - e) the MAC must be advised of the action taken by the Board at the next regular meeting of the MAC.
- 5.2.5.7 If the MAC is unable to recommend acceptance of an application for approval to the Board, the nature of the concerns of the MAC should be recorded and communicated to the applicant. The applicant shall be allowed to submit further written information. The applicant shall have up to thirty (30) days to respond to the concerns of MAC.

- 5.2.5.8 If the MAC recommends rejection of the application, the Chief of Medical Staff shall inform the CEO who in turn will notify the applicant in writing. The applicant may appeal this decision pursuant to Clause 5.2.5.
- 5.2.5.9 If the MAC recommends amendment of the application;
- a) the recommendation is referred to the Board and must specify the concerns of the MAC with respect to the application;
 - b) the Board shall review the application and consider the recommendations of the MAC, make a decision and notify the applicant in writing within 180 days after the receipt of the completed application by the CEO of its decision;
 - c) if the Board accepts an amended application it will appoint the applicant to the Medical Staff and specify the membership category and the Privileges granted to the applicant;
 - d) if the Board fails to make a decision within 180 days of receipt of the completed application by the CEO, or rejects the application, the applicant may appeal pursuant to clause 5.2.5. The Board must hear and consider the matter and advise the applicant in writing of its decision by registered mail within thirty (30) days after the date of the hearing.
- 5.2.5.10 The MAC must be advised of the action taken by the Board at the next regular meeting of the MAC.

5.2.6 APPEAL PROCEDURES FOR INITIAL APPOINTMENTS

5.2.6.1 A qualified applicant:

- a) who has filed an application and who has not been notified by the Board within the time set out in these Bylaws; or
- b) whose application has been refused in whole or in part, is entitled, on application in writing to the Board, to appear in person or by counsel and make representations to the Board who must hear, consider, or reconsider the matter, as the case may be, and advise the applicant in writing of its decision by registered mail within thirty (30) days after the date that the applicant or the counsel appeared before the Board.

5.2.6.2 Notice of an appeal by a qualified applicant of the decision of the Board must be delivered to the office of the CEO:

- a) not later than thirty (30) days after the Board caused notification of its decision to be sent to the applicant; or
- b) in the case of the Board failing to notify an applicant for Medical Staff membership of its decision, not later than thirty (30) days after the expiration of a period of 180 days following the day on which the applicant applied for privileges in the manner prescribed in these Bylaws.

- 5.2.6.3 The appellant must be given seven (7) days' notice in writing of the date and time at which the Board will consider the appeal.
- 5.2.6.4 All documentation provided to the Board must be made available to the appellant at the time notice is given.
- 5.2.6.5 The decision of the Board is final, subject only to the right of appeal pursuant to section 19(1) of the *Hospital Act*.

5.3 REAPPOINTMENT

5.3.1 GENERAL PRINCIPLES

- 5.3.1.1 Each Medical Staff Member shall have their Appointment and Privileges reviewed on an annual basis or more frequently as determined by the Board.
- 5.3.1.2 Each review of the Medical Staff Member must contain:
 - a) affirmation of current professional liability coverage protection in the category appropriate to the practice of a member of the Medical Staff, which is subject to approval by the Board;
 - b) evidence of ongoing professional development as determined by the MAC;
 - c) information on any physical or mental impairments or health condition that affects, or may affect, the proper exercise by the member of the necessary skill, ability and judgment, to deliver appropriate patient care;
 - d) affirmation of current licensure or registration status with the relevant professional licensing authority;
 - e) information on any actions taken by a disciplinary committee of any applicable regulatory authority;
 - f) a list of the Privileges currently held, and any changes in Privileges requested; and
 - g) information on any civil suit arising out of professional activity where there was a finding of negligence or battery or where a monetary settlement was made on behalf of the member.
- 5.3.1.3 When the review is in process, the Appointment and Privileges of the Medical Staff Member continues until the review has been considered by the Board and a decision with respect to the Appointment and/or Privileges has been made.
- 5.3.1.4 The review process may involve an In-Depth Review of the Medical Staff Member. The criteria and procedures for an In-Depth Review are detailed in section 5.7 of these Rules.
- 5.3.1.5 If the Board decides to alter the Appointment and/or Privileges of a Medical Staff Member for other than a disciplinary issue, patient safety concerns or

quality of medical care, that member must be given ninety (90) days' notice before privileges are modified.

5.3.2 REAPPOINTMENT PROCEDURE

- 5.3.2.1 Notification of the reappointment process and accompanying documentation must be provided to each Medical Staff Member under review at least sixty (60) days prior to the date on which the review is to be completed.
- 5.3.2.2 The Chief of Medical Staff or designate shall consider information provided by each Medical Staff Member and information on the manner in which the member has fulfilled the duties and obligations as a Medical Staff Member; and shall report its recommendations to the MAC, which in turn shall notify the Board of its recommendations regarding the reappointment.
- 5.3.2.3 If the MAC recommends continued Medical Staff membership, the MAC must specify the Privileges it recommends for the Medical Staff Member.
- 5.3.2.4 If the MAC recommends changes in Medical Staff membership or Privileges, it must specify the membership category and Privileges it recommends for the member and notify the member of that recommendation.
- 5.3.2.5 The Board shall consider the recommendations made by the MAC, and shall make a decision regarding continued membership on the Medical Staff, and shall notify the member in writing of its decision.
- 5.3.2.6 The Board will specify membership category and Privileges appropriate to continued membership on the Medical Staff.
- 5.3.2.7 The MAC shall be advised of the actions taken by the Board at the next regular meeting of the MAC.
- 5.3.2.8 If the Board decides to terminate the Appointment or alter the membership category or Privileges of a Medical Staff Member, that member must be notified of the right to appeal as per Clause 5.3.3.
- 5.3.2.9 Reappointment is contingent upon the Medical Staff Member continuing to meet the conditions of their most recent Appointment.

5.3.3 APPEAL PROCEDURES FOR REAPPOINTMENTS

- 5.3.3.1 A qualified Medical Staff Member who has filed for reappointment and who has not been notified by the Board within the time set out in these Bylaws, or whose application for reappointment has been refused in whole or in part, is entitled, on application in writing to the Board, to appear in person or by counsel and make representations to the Board who must hear, consider, or reconsider the matter, as the case may be. The Board must advise the Medical Staff Member in writing of its decision by registered mail within thirty (30) days after the date that the Medical Staff Member or the counsel appeared before the Board.

- 5.3.3.2 Notice of an appeal by a qualified Medical Staff Member of the decision of the Board must be delivered to the office of the CEO:
- a) no later than thirty (30) days after the Board caused notification of its decision to be sent to the Medical Staff Member; or
 - b) in the case of the Board failing to notify the Medical Staff Member of its decision for reappointment, no later than thirty (30) days after the expiration of a period of sixty (60) days following the day on which the Medical Staff Member applied for reappointment in the manner prescribed in these Bylaws.
- 5.3.3.3 The Medical Staff Member must be given seven (7) days' notice in writing of the date and time at which the Board will consider the appeal.
- 5.3.3.4 All documentation provided to the Board must be made available to the appellant at the time notice is given.
- 5.3.3.5 The decision of the Board is final, subject only to the right of appeal pursuant to section 19(1) of the *Hospital Act*.

5.4 PRIVILEGES

5.4.1 GENERAL PRINCIPLES

- 5.4.1.1 No Medical Staff Member shall admit and/or treat patients in YHC Facilities or Programs unless they have Privileges to practice in that YHC Facility or Program.
- 5.4.1.2 The MAC shall recommend to the Board the Privileges to be granted based on consideration of the applicant's training, experience, demonstrated competence and references.
- 5.4.1.3 Privileges shall be commensurate with the qualifications of the Medical Staff Member and with the YHC resources. The Board may deny or modify Privileges if there is no need, or no resources, for the service.
- 5.4.1.4 Medical Staff Members appointed to a Medical Staff category may also apply for Privileges beyond their defined service area. These include Privileges not generally included in a specific staff category or specialty area. These Privileges require documentation of training and experience and must be approved by the MAC. This documentation must be kept and become part of the Medical Staff Member's appointment or reappointment application.
- 5.4.1.5 A Medical Staff Member faced with a patient having a condition, for which the member has no Privileges to treat, must call for consultation with and treatment by a colleague who has the required Privileges.
- 5.4.1.6 Only a certified specialist may be granted full Privileges in that particular specialty, and even then, it is understood the specialist will not undertake procedures that require additional training and experience or those which fall beyond the role and/or resources of the YHC.

- 5.4.1.7 In an Emergency when the life or future health of the patient is threatened, Medical Staff Members are duty bound to pool their talents and to contribute whatever knowledge and skills they possess to achieve the best possible outcome. Notwithstanding Clause 5.4.1.4, a Medical Staff Member may exceed their elective Privileges in a life-threatening situation.

5.4.2 MID-TERM CHANGES TO PRIVILEGES

- 5.4.2.1 A mid-term request for additional Privileges or extension of Privileges is handled according to the process set out in Clause 5.2.
- 5.4.2.2 In the event that a Medical Staff Member wishes to resign from the Medical Staff, change membership status, or substantially decrease the scope of their practice within the YHC Facilities or Programs, the member must provide sixty (60) days prior written notice to the YHC.
- 5.4.2.3 The notice requirement is not applicable in circumstances where reduction of Privileges or resignation is:
- a) based upon an outcome of a complaint process or an in-depth review; or
 - b) based on mutual agreement between the member and the Chief of Medical Staff and/or the member's Yukon professional licensing authority; or
 - c) based on a directive from the Member's Yukon professional licensing authority; or
 - d) as a result of physical or mental impairment that may affect a member's ability to meet the obligations of their appointment and privileges.
- 5.4.2.4 The Board may waive or reduce the notice requirement for a member if satisfied that this requirement would be unreasonable or would cause undue hardship in the circumstances in which notice is being given by the member.

5.4.3 PRIVILEGES FOR RESIDENTS, CLINICAL FELLOWS, CLINICAL TRAINEES, MEDICAL STUDENTS, PRE-MEDICAL STUDENTS, NURSE PRACTITIONER STUDENTS, AND MIDWIFERY STUDENTS

- 5.4.3.1 Residents, clinical fellows, clinical trainees, medical students, pre-medical students, nurse practitioner students and midwife students shall apply for positions through the Office of Medical Affairs.
- 5.4.3.2 The regulations governing residents, clinical fellows, clinical trainees, medical students, pre-medical students, nurse practitioner students and midwife students are detailed in the Rules.

5.5 MAINTENANCE OF MEMBERSHIP

- 5.5.1 A Medical Staff Member will apply for a leave of absence for a continuous period greater than eight (8) weeks and no longer than twelve (12) consecutive months. Extensions to this leave may be considered on an individual basis. All such leaves must be approved by the Chief of Medical Staff or their delegate.

- 5.5.2 Failure to abide by these Bylaws and the Rules may result in referral to the MAC for an In-Depth Review and possible recommendation for disciplinary action.
- 5.5.3 A Medical Staff Member whose license has been suspended by the Yukon Medical Council or the Yukon Registrar of Midwives automatically ceases to be a member of the Medical Staff.
- 5.5.4 A Medical Staff Appointment and Privileges granted to any Medical Staff Member automatically terminate upon the death of that member.
- 5.5.5 Following revocation of a Medical Staff Member's privileges, a new application will be required.

5.6 RESPONSIBILITY FOR PATIENT CARE

5.6.1 ADMISSIONS

Only Medical Staff Members with admitting Privileges can admit a patient(s) to YHC Facilities.

5.6.2 TREATMENT OF PATIENTS

- 5.6.2.1 Every patient receiving medical care in YHC Facilities and Programs shall be in the care of a Medical Staff Member, where appropriate, who shall be responsible for the overall medical care of the patient.
- 5.6.2.2 A Medical Staff Member who has accepted a duty to provide ongoing care to a patient(s) shall ensure that such care is available on a continuous basis. The Medical Staff Member who admits a patient to a YHC Facility shall continue to be the MRHP for the patient until such time as another member assumes this responsibility in writing for the patient.
- 5.6.2.3 The MRHP shall ensure the availability of medical care to their patients, and will, once having accepted responsibility for a patient, continue to provide services until they are no longer required, or until arrangements have been made for another suitable Medical Staff Member to provide that care.
- 5.6.2.4 The process for formal transfers of responsibility for the care of a patient is detailed in Section 8.7 of the Rules.
- 5.6.2.5 In attending and treating patients in a YHC Facility or Program, each Medical Staff Member shall be under the jurisdiction of the Chief of Medical Staff.
- 5.6.2.6 The Chief of Medical Staff, or delegate, if necessary or desirable in the best interests of the patient, shall examine the condition and scrutinize the treatment of any patient in a YHC Facility or Program and make recommendations to the MRHP and, if necessary, to the MAC and the CEO.
- 5.6.2.7 Any operation or procedure performed in a YHC Facility or Program may be viewed without the permission of the Medical Staff Member by the Chief of Medical Staff, or their delegate.

- 5.6.2.8 The Chief of Medical Staff may require a Medical Staff Member to obtain a consultation whenever the Chief of Medical Staff is sufficiently concerned about the diagnosis, care or treatment of any patient in a YHC Facility or Program. The Chief of Medical Staff may assume the care of any patient in a YHC Facility or Program where the Chief of Medical Staff has serious concerns about the management of the patient and believes no action short of assumption of care will be in the patient's best interest.
- 5.6.2.9 The Chief of Medical Staff will arrange for the continued care of hospital patients of a Medical Staff Member whose privileges have been altered as a result of disciplinary action, such that the member is prevented from continuing care of these patients.

5.7 IN-DEPTH REVIEW

- 5.7.1 An In-Depth Review of a Medical Staff Member's professional performance may be initiated by the Chief of Medical Staff, CEO, or MAC as a result of information or concerns relating to the Members' practice, or as an outcome of a routine audit or of a Complaint.
- 5.7.2 The In-Depth Review shall be performed by the Chief of Medical Staff or their designate.
- 5.7.3 An In-Depth Review shall include a review of professional performance in the context of the Medical Staff Member's Appointment and Privileges.
- 5.7.4 All Active Medical Staff Members may be subject to a routine In-Depth Review every five (5) years.
- 5.7.5 All Medical Staff Members, other than those in the Community Staff category, may be subject to an annual In-Depth Review after attaining the age of 65 years and from time to time thereafter.
- 5.7.6 The review must include all matters relevant to the category of Appointment and Privileges granted to the Medical Staff Member. These include, but are not limited to:
- a) the terms, conditions and major responsibilities of a Medical Staff Member's Appointment and Privileges and any amendments subsequently made to its terms and conditions;
 - b) actions arising from any previous In-Depth Review;
 - c) the individual Medical Staff Member's responsibilities and accountability as contained in Part 4 of the Bylaws;
 - d) the professionalism, competence, training, experience, judgment, physical and mental health of the Medical Staff Member, as they relate to the fulfillment of their responsibilities as defined by the Bylaws and Rules; and
 - e) continuing professional development and maintenance of competence activities.
- 5.7.7 The Medical Staff Member and the Chief of Medical Staff shall meet to discuss the In-Depth Review. Both the member and the Chief of Medical Staff shall identify and be

responsible for further action arising from the In-Depth Review. A written summary of the member's In-Depth Review, including any recommendations or plans for further action, and the member's written comments, if any, will be placed on the member's file(s), and a copy shall be provided to the member.

- 5.7.8 Except as required by law or permitted by the Bylaws, the written summary of the In-Depth Review prepared by the Chief of Medical Staff, together with recommendations, plans and/or the Medical Staff Member's comments shall be confidential and shall not be disclosed to any person or entity without the express consent of the member.
- 5.7.9 Where the Chief of Medical Staff has concern(s) arising from the In-Depth Review that are consistent with the matters identified in Clauses 5.2 and 7.2.1.3 of the Bylaws, they shall forward a report outlining the concern(s) and the substantive reasons for it to the MAC, and shall provide a copy of the report to the Medical Staff Member. The Chief of Medical Staff may determine that a Complaint Assessment be conducted.

PART 6 - CATEGORIES OF MEDICAL STAFF AND OTHER APPOINTED PROFESSIONAL STAFF

6.1 CATEGORIES:

- 6.1.1 All Medical Staff Members must be appointed by the Board to one of the categories listed below:
 - a) provisional
 - b) active
 - c) community
 - d) visiting consulting
 - e) locum tenens
 - f) temporary
 - g) honorary
- 6.1.2 Other Professional Staff must be appointed by the Board to one of the following categories:
 - a) Nurse Practitioner
 - b) Dentist
 - c) Optometrist

6.2 PROVISIONAL MEDICAL STAFF

- 6.2.1 The initial Appointment of all applicants applying to be a Medical Staff Member will be to the provisional staff category. This category may also apply to a member who is undergoing an In-Depth Review.
- 6.2.2 Provisional Medical Staff will be actively engaged in clinical practice in the community in which they have privileges unless exempted by the MAC.
- 6.2.3 A provisional Medical Staff Member may be under the clinical supervision of the Chief of Medical Staff, or a Medical Staff Member designated by the Chief of Medical Staff.
- 6.2.4 A provisional Medical Staff Member may be considered for Appointment to active staff after the completion of at least six (6) months or as determined by the MAC.
- 6.2.5 The Chief of Medical Staff, Medical Staff supervisor, MAC reviewer or their designate shall report to the MAC about provisional Medical Staff Members. This report should consider:
- a) review of YHC Programs and services accessed by the Medical Staff Member, the procedures performed and performance in the areas of clinical activity for which they have privileges to access;
 - b) the nature and quality of the provisional Medical Staff Member's work in the YHC's Facilities and Programs, which may include clinical audits;
 - c) the provisional Medical Staff Member's ability to function in a collegial and professional manner with other members and staff of the YHC;
 - d) information on continuing professional development during Appointment to the provisional Medical Staff category;
 - e) contribution to and participation in other clinical and administrative responsibilities as assigned and the ability to function in a team environment;
 - f) resource utilization patterns;
 - g) ability to perform the functions and fulfill the responsibilities of a provisional Medical Staff Member; and
 - h) contribute to and participate in teaching programs and activities.
- 6.2.6 If any report made under this section is not favourable to the provisional Medical Staff Member, the member may appeal this report to the MAC and request a further period of assessment by an alternate reviewer.
- 6.2.7 An unfavourable report may cause the MAC to recommend to the Board that the Appointment of the provisional Medical Staff Member be terminated. The Appeal procedure detailed in Clause 5.2.5 will apply.
- 6.2.8 A provisional Medical Staff Member may admit, attend, investigate, diagnose, treat and discharge patients within the limits of that member's Privileges.
- 6.2.9 A provisional Medical Staff Member must satisfactorily complete a prescribed orientation

program.

- 6.2.10 A provisional Medical Staff Member shall not be eligible to vote or hold office, but may serve on committees and may vote at meetings of these committees.
- 6.2.11 Unless specifically exempted by the YHC, provisional Medical Staff Members are required to participate in fulfilling the organizational and service responsibilities, including on-call responsibilities, as determined by the YHC and described in the Rules.
- 6.2.12 Provisional Medical Staff Members are required to participate in administrative and educational activities of the Medical Staff, and are required to attend meetings as prescribed in these Bylaws and Rules.
- 6.2.13 Continuous membership in the provisional category should not exceed two (2) years at which time the appointment must be reviewed by the MAC.

6.3 ACTIVE MEDICAL STAFF

6.3.1 AN ACTIVE MEDICAL STAFF MEMBER:

- a) will be actively engaged in clinical practice in the community in which they have privileges unless exempted by the MAC;
- b) must satisfactorily complete the required period as a provisional Medical Staff Member;
- c) may admit, attend, investigate, diagnose, treat and discharge patients within the limits of that member's Privileges;
- d) shall be eligible to vote and to hold office;
- e) shall take their assigned share of duty in the YHC Emergency Department as determined by MAC;
- f) may be subject to an In-Depth Review every five (5) years while an Active Medical Staff member;
- g) is required to participate in administrative and educational activities of the Medical Staff, and is required to attend meetings as prescribed in these Bylaws and Rules; and
- h) will be actively engaged in clinical practice in YHC Facilities and Programs, demonstrate acceptable capability of follow-up throughout that Member's tenure, and demonstrate an ability, because of familiarity with YHC Facilities and Programs and the Medical Staff Organization, to contribute to the work of the Medical Staff.

6.4 COMMUNITY MEDICAL AND OTHER PROFESSIONAL STAFF

6.4.1 COMMUNITY MEDICAL STAFF MEMBERS:

- a) shall be licensed by the Yukon Medical Council or Yukon Registrar of Midwives and practicing in Yukon;

- b) is a Yukon resident providing medical care in an office setting in the community and uses YHC programs and services but does not hold a YHC Appointment in the provisional, active or locum categories;
 - c) will be considered by the MAC on application in writing by the requesting applicant;
 - d) shall not have preferential access to an Active, Provisional, or other Appointment at some later time;
 - e) shall not be allowed to admit or treat patients in YHC facilities or programs, but may make supportive visits to their patients;
 - f) may have access to their patients' charts at the discretion of the MRHP but will not write orders or progress notes;
 - g) may, at the discretion of the MRHP, be invited to assist in the surgical, medical, obstetrical or other care of their patients;
 - h) may be requested to attend meetings where the care of a specific patient whom they have attended is to be discussed;
 - i) may attend Medical Staff Business and CME meetings but shall not be entitled to vote or hold office; and
 - j) may be appointed to standing or ad hoc committees of the MAC and may vote on committees of which they are a member.
- 6.4.2 The extent of access by a community Medical Staff Member to YHC programs and services must be detailed in the application and approved by YHC.

6.5 VISITING CONSULTING STAFF

- 6.5.1 Visiting consulting staff are Medical Staff Members with specialist qualifications, who are not residents of Yukon, but who are able to visit the hospital and provide itinerant medical services.
- 6.5.2 At the request of an attending Medical Staff member, a visiting consulting Medical Staff Member may admit patients to a YHC Facility or Program, and be able to attend patients within the limits of their Privileges under these Bylaws and the Rules.
- 6.5.3 Unless specifically exempted by the YHC, a visiting consulting Medical Staff Member may be requested to participate in fulfilling the organizational and service responsibilities, including on-call responsibilities.
- 6.5.4 A visiting consulting Medical Staff Member may participate on committees of the Medical Staff, but shall not be eligible to vote or hold office on the Medical Staff.

6.6 LOCUM TENENS

- 6.6.1 Locum tenens Medical Staff Members are appointed for a specified period of time not to exceed twelve (12) months for the purpose of replacing or working in conjunction with a member of active, provisional, or visiting consulting staff categories.

- 6.6.2 Renewal of privileges for locum tenens may be considered upon periodic or annual review.
- 6.6.3 A locum providing services for greater than six (6) months will undergo an In-depth review and a report will be made to the MAC. This report should address the items listed in Provisional Staff review, clause 6.2.4.
- 6.6.4 Privileges of a locum tenens Medical Staff Member is to be commensurate with training and experience, and may exceed the Privileges of the member being replaced.
- 6.6.5 Locum tenens Medical Staff Members are appointed for a specified period of time not to exceed twelve (12) months for the purpose of replacing or working in conjunction with a member of active, provisional, or visiting consulting staff categories.
- 6.6.6 Renewal of privileges for locum tenens may be considered upon periodic or annual review.
- 6.6.7 This report should address the items listed in Provisional Staff review, clause 6.2.4.
- 6.6.8 The Medical Staff Member who will be replaced by the locum tenens staff member has the responsibility to determine what aspects of their practice that the locum tenens staff member is prepared and qualified to cover, and for making arrangements with other qualified Medical Staff Members to attend to those aspects of the practice that the locum tenens will not be covering.
- 6.6.9 A locum tenens Medical Staff Member is not eligible for Appointment to Medical Staff committees and is not eligible to vote at Medical Staff meetings.
- 6.6.10 Unless specifically exempted by the YHC, a locum tenens Medical Staff Member is required to participate in organizational and service responsibilities, and on-call responsibilities.
- 6.6.11 The granting of a locum tenens appointment provides no preferential access to an active, provisional, or other appointment at some later time.

6.7 TEMPORARY APPOINTMENTS AND TEMPORARY PRIVILEGES

- 6.7.1 A temporary Appointment with temporary Privileges, including individual procedural Privileges, may be granted:
 - a) under special or urgent circumstances; or
 - b) to an applicant for membership of the Medical Staff and where there is a demonstrated need for the applicant to begin to provide clinical services in advance of a Board meeting to consider the application; or
 - c) to a clinical trainee.

6.8 HONORARY MEDICAL STAFF

- 6.8.1 Honorary membership includes Medical Staff Members the Board wishes to honour who are not active in the Facilities and Programs operated by the YHC, and may include individuals with outstanding reputations, outstanding service or prominent physicians who have retired.
- 6.8.2 Shall be invited to accept the Appointment on the recommendation of the Medical Staff; no application is necessary.
- 6.8.3 Honorary Medical Staff Members shall have no admission or treatment Privileges, nor be entitled to vote or hold office, but may attend Medical Staff meetings.
- 6.8.4 Membership ordinarily entails no responsibilities or obligations, but a member may elect to carry out medico-administrative or educational duties specifically requested of him/her by the MAC.
- 6.8.5 An honorary Medical Staff Member is not subject to regular review.

6.9 OTHER PROFESSIONAL STAFF

- 6.9.1 Shall be appointed by the Board on the recommendation of the MAC and shall be categorized as one of the following:
 - a) Dentists
 - b) Nurse practitioners
 - c) Optometrists
- 6.9.2 Appointments may be site specific and/or program specific and are subject to the appointment, reappointment and privileging processes and principles as detailed in Part 5 of these Bylaws.
- 6.9.3 Are subject to the complaint process, discipline and appeal as detailed in Part 7 of these Bylaws.
- 6.9.4 Are not eligible to vote or hold office.
- 6.9.5 Shall not admit a patient or act as the patient's MRHP.
- 6.9.6 May be requested by the MRHP to participate in a patient's care. This care may include investigations, treatments and procedures of a patient at the discretion of the MRHP and within the limits of their scope of practice and their privileges.
- 6.9.7 Are exempted from attending the mandatory meetings of the Medical Staff.
- 6.9.8 May be subject to an In-Depth Review every five (5) years during the course of the appointment.

6.10 DENTISTS

Only an applicant licensed to practice dentistry and a member in good standing under the Dental Profession Act is eligible to be a member of and appointed to the Dental Staff.

6.11 NURSE PRACTITIONERS

Only an applicant licensed to practice as a nurse practitioner and a member in good standing with the Yukon Registered Nurses Association is eligible to be a member of and appointed to the Nurse Practitioner Staff.

6.12 OPTOMETRISTS

Only an applicant licensed to practice optometry and in good standing with the Yukon Department of Consumer Affairs is eligible to be a member of and appointed to the Optometry Staff.

PART 7 - COMPLAINT PROCESS, DISCIPLINE AND APPEAL

7.1 GENERAL INFORMATION

This part of the Bylaws establishes the processes for reviewing and acting upon a Complaint.

- 7.1.1 This part of these Bylaws applies to all Medical Staff Members, Medical Administrative Leaders, other Professional Staff and to all categories of Appointment.
- 7.1.2 The Complaint process includes a Complaint Assessment by the Chief of Medical Staff and may include Consensual Resolution and/or a Complaint Review by a Hearing Committee.
- 7.1.3 The timeframes for completion of a complaint assessment and a complaint review, as described in this part of these Bylaws, are guidelines, and are meant to balance expediency in resolving Complaints while ensuring appropriate time for thorough investigation, a fair process, and best decisions. Unnecessary delays shall be avoided.
- 7.1.4 If the affected Medical Staff Member is a Medical Administrative Leader with functions required of him/her pursuant to this part of these Bylaws, then such functions will be assumed by a more senior Medical Administrative Leader selected by the Chief of Medical Staff.
- 7.1.5 If the Chief of Medical Staff is the affected Medical Staff Member, the functions required of him/her pursuant to this part of these Bylaws shall be fulfilled by an Associate Chief of Medical Staff.
- 7.1.6 If an Associate Chief of Medical Staff is the affected Medical Staff Member and the Complaint or other information/concern(s) involve their professional performance and/or conduct related to their Appointment, rather than their role as Associate Chief of Medical Staff, the Complaint or other information/concern(s) shall be addressed pursuant to this part of these Bylaws, and the functions required of the Associate Chief of Medical Staff shall be fulfilled by the Chief of Medical Staff.
- 7.1.7 If an Associate Chief of Medical Staff is the affected Medical Staff Member and the Complaint or other information/concern(s) pertain to their role as Associate Chief of

Medical Staff, the Complaint or other information/concern(s) shall be forwarded directly to the Chief of Medical Staff.

- 7.1.8 If the Chief of Medical Staff is the affected Medical Staff Member and the Complaint or other information/concern(s) involve their professional performance and/or conduct related to their Appointment, rather than their role as Chief of Medical Staff, the Complaint or other information/concern(s) shall be addressed pursuant to this part of these Bylaws, and the functions required of the Chief of Medical Staff, pursuant to this part of these Bylaws, shall be fulfilled by an Associate Chief of Medical Staff.
- 7.1.9 If the Chief of Medical Staff is the affected Medical Staff Member and the Complaint or other information/concern(s) pertain to their role and performance as the Chief of Medical Staff, the Complaint or other information/concern(s) shall be forwarded directly to the CEO.
- 7.1.10 A Complaint Assessment or Complaint Review may, at the discretion of the Chief of Medical Staff, proceed notwithstanding that the affected Medical Staff Member has resigned from the Medical Staff or is unable to be notified through reasonable efforts.
- 7.1.11 A Complaint Assessment or Complaint Review may, at the discretion of the Chief of Medical Staff, proceed notwithstanding that a Complainant has withdrawn the Complaint.

7.2 COMPLAINTS

7.2.1 GENERAL

7.2.1.1 A Complaint must be:

- a) in writing to the office of the CEO;
- b) signed by either the Complainant or by the individual(s) conveying the Complaint involving the affected Medical Staff Member; and
- c) supported by a reasonable degree of relevant detail forming the basis of the Complaint.

7.2.1.2 A Complaint may be received from a Complainant or may be initiated by YHC.

7.2.1.3 Matters which form the basis of a Complaint include, but are not limited to:

- a) quality and safety of patient care;
- b) clinical performance;
- c) participation in continuing professional development and maintenance of competence activities relevant to the Medical Staff Member;
- d) contribution to the YHC/Medical Staff organization objectives;
- e) ethical conduct;

- f) professional behavior and conduct including interactions with patients, families, visitors, professional colleagues, and the YHC clinical and non-clinical staff;
- g) breach of any formal agreement with YHC; and
- h) any health problem that significantly affects the Medical Staff Member's ability to carry out their YHC professional responsibilities.

7.2.2 A COMPLAINT INITIATED BY A COMPLAINANT

- 7.2.2.1 The Complainant will be notified by the office of the CEO that the Complaint has been received and has been forwarded to the Chief of Medical Staff or designate.
- 7.2.2.2 The Chief of Medical Staff or designate, subject to any legal requirements, will contact the Complainant to:
 - a) explain the Complaint Assessment and the Complaint Review processes;
 - b) inform the Complainant(s) that a Complaint Assessment or Complaint Review, if recommended or required, cannot proceed without the affected Medical Staff Member being provided with a copy of the Complaint, which shall include the identity of the Complainant(s);
 - c) confirm that the Complainant(s) wishes to have the complaint addressed as a Complaint, and thus comply with the requirements specified in Clause 7.2.1.1 of these Bylaws; and
 - d) obtain from the Complainant(s) written acknowledgement that the nature and implications of the processes, pursuant to sections b) and c), are understood.
- 7.2.2.3 The affected Medical Staff Member shall not communicate directly, in writing or verbally, about the Complaint with the Complainant unless:
 - a) given permission to do so by the Chief of Medical Staff;
 - b) there is mutual agreement to do so as part of Consensual Resolution; and/or
 - c) it is recommended as part of the resolution of the Complaint.

7.2.3 A COMPLAINT INITIATED BY YHC

- 7.2.3.1 The CEO or the Chief of Medical Staff or designate(s) may initiate a Complaint on behalf of YHC when:
 - a) there are reasonable grounds to believe that one or more of the matters specified in Clause 7.2.1.3 of these Bylaws exists; and

- b) those with direct knowledge are unwilling or unable to submit a Complaint; and/or
- c) a Complaint fails to meet the requirements specified in Clause 7.2.1.1 of these Bylaws; and/or
- d) the Complainant(s) does not agree or comply with the requirements specified in Clause 7.2.2.2 of these Bylaws.

7.3 PROCEDURAL FAIRNESS

7.3.1 The affected Medical Staff Member is entitled to procedural fairness including, but not limited to:

- a) the opportunity at any time to initiate, or participate in, Consensual Resolution, if mutually agreeable to the affected Medical Staff Member and YHC;
- b) confidentiality consistent with the nature of the proceeding, and to the extent permitted by law, provided that the affected Medical Staff Member does not present a risk to patients or the public;
- c) being provided with a copy of the Complaint, including the identity of the person(s) bringing the Complaint forward;
- d) the right to respond to the Complaint;
- e) full disclosure, to the extent permitted by law, of all information considered in the Complaint Assessment and/or Complaint Review;
- f) to be represented by an advisor;
- g) timely disposition of the Complaint Assessment and/or Complaint Review consistent with the nature of the Complaint;
- h) being provided with a copy of any recommendations, decisions and the reasons leading to them;
- i) being provided with a copy of any documentation sent to Yukon Medical Council or Yukon Registrar of Midwives, to the extent permitted by law; and
- j) if a hearing is required to:
 - i. have a hearing free of bias;
 - ii. have the opportunity to object to the composition of the Hearing Committee provided that prior knowledge of the subject matter of the hearing does not automatically disqualify a person from being a member of the Hearing Committee;
 - iii. be represented by legal counsel, give evidence, examine and cross examine witnesses;
 - iv. be provided, to the extent permitted by law, with a copy of any documents, placed in the affected Medical Staff Member's file at the conclusion of the Complaint Assessment and/or Complaint Review.

7.3.2 YHC is entitled to procedural fairness including, but not limited to:

- a) the opportunity at any time to initiate, or participate in, Consensual Resolution, if mutually agreeable to the affected Medical Staff Member and YHC;

- b) exclude documents or information from full disclosure if required by applicable legislation;
 - c) be represented by legal counsel, give evidence, examine and cross examine witnesses before the Hearing Committee (if a hearing is required);
 - d) timely disposition of the Complaint Assessment and/or Complaint Review consistent with the nature of the Complaint; and
 - e) make recommendations and decisions affecting the Medical Staff Appointment and/or the Privileges of the affected Medical Staff Member.
- 7.3.3 Any recommendations approved or decisions made by the Board of YHC shall be final, subject to their right to appeal pursuant to section 19(1) of the *Hospital Act*, or any other legal rights of appeal.

7.4 COMPLAINT ASSESSMENT BY THE CHIEF OF MEDICAL STAFF

7.4.1 A COMPLAINT ASSESSMENT:

- a) shall be initiated upon receipt of a Complaint as per clause 7.2;
 - b) may be initiated by the CEO and/or Chief of Medical Staff upon receipt of other information /concerns regarding any aspect of a Medical Staff Member's responsibilities and accountability pursuant to these Bylaws; and
 - c) shall be conducted by the Chief of Medical Staff or delegate.
- 7.4.2 Every effort will be made to complete a Complaint Assessment within thirty (30) days, and shall either be dismissed or become a Complaint to be addressed pursuant to this part of these Bylaws. If the result of the Complaint Assessment is not to proceed, the affected Medical Staff Member shall be notified and such noted in their file.
- 7.4.3 The Chief of Medical Staff conducting the Complaint Assessment on the basis of a Complaint shall provide a copy of the Complaint to the affected Medical Staff Member within seven (7) days of initiating the Complaint Assessment. The affected Medical Staff Member's response, if any, shall be considered by the Chief of Medical Staff when deciding on the disposition of the Complaint.
- 7.4.4 Within thirty (30) days of completing the Complaint Assessment initiated upon receipt of a Complaint, the Chief of Medical Staff may:
- a) dismiss the Complaint as being unfounded and noted in the affected Medical Staff Member's file;
 - b) dismiss the Complaint as being frivolous and/or vexatious and noted in the affected Medical Staff Member's file;
 - c) determine that further action is not required or will not contribute further to investigation and resolution of the Complaint, and may not result in a note in the affected Medical Staff Member's file;

- d) refer the Complainant to an appropriate body or agency, internal or external, to YHC if the Complaint does not pertain to the responsibilities and expectations of the Medical Staff Appointment of the affected Medical Staff Member and may not result in a note in the affected Medical Staff Member's file;
- e) request further investigation if they determine the Complaint Assessment to be incomplete;
- f) refer the Complaint, or a portion thereof, for internal or external expert opinion;
- g) request that the affected Medical Staff Member engage in Consensual Resolution pursuant to Clause 7.5 of these Bylaws;
- h) refer the Complaint for a hearing if the affected Medical Staff Member declines to participate in Consensual Resolution;
- i) refer for a hearing, pursuant to Clause 7.6 of these Bylaws, if they determine that the Complaint is not amenable to Consensual Resolution pursuant to Clause 7.5 of these Bylaws;
- j) refer the Complaint to the Medical Staff Member's relevant regulatory authority if the Medical Staff Member agrees, in writing; or if the Chief of Medical Staff, after consultation with the CEO, determines that:
 - i. the referral is required by law; or
 - ii. the referral is necessary to ensure public or patient safety; or
 - iii. the Complaint will not be amenable to resolution, pursuant to this part of these Bylaws, but only if the Complaint is within the scope of authority of the Medical Staff Member's relevant regulatory authority to receive and act upon, and only after considering all reasonable alternatives and meeting with the affected Medical Staff Member to review the determination to refer and the reasons for it. If referral to the Medical Staff Member's relevant regulatory authority is planned under these circumstances, it shall not be made earlier than seven (7) days following the meeting between the affected Medical Staff Member and the Chief of Medical Staff, and the affected Medical Staff Member shall be provided with a copy of all materials intended to be sent to the Medical Staff Member's relevant regulatory authority.

7.4.5 If the affected Medical Staff Member is a YHC Medical Administrative Leader and it is determined that the Complaint or other information/concern pertains primarily to their role and function as Medical Administrative Leader, the Chief of Medical Staff shall decide if the Complaint or other information/concern is most appropriately addressed through a Complaint Assessment and/or Complaint Review pursuant to this part of these Bylaws, or through internal YHC processes, and in consideration of the affected Medical Staff Member's contractual arrangement with YHC.

7.4.6 The affected Medical Staff Member shall disclose to the Chief of Medical Staff whether or not the Medical Staff Member's relevant regulatory authority is independently in receipt of the Complaint, or investigating the Complaint, and shall authorize the Medical Staff

Member's relevant regulatory authority to confirm to the Chief of Medical Staff that this is the case.

- 7.4.7 A copy of any documentation placed in the affected Medical Staff Member's file regarding the disposition of a Complaint shall be provided to the member.

7.5 CONSENSUAL RESOLUTION PROCESS

- 7.5.1 At any time throughout the Complaint Assessment and/or Complaint Review process, the affected Medical Staff Member and/or the Chief of Medical Staff may recommend Consensual Resolution to address the matter. This shall be a consensual process between the affected Medical Staff Member and the Chief of Medical Staff, and may also include any other relevant persons including the Complainant(s).
- 7.5.2 The Chief of Medical Staff may also request that an Associate Chief of Medical Staff, President of the Medical Staff and/or Chair of the MAC participate in Consensual Resolution.
- 7.5.3 The affected Medical Staff Member and the Chief of Medical Staff shall meet and consider the Complaint; the affected Medical Staff Member's response, if any; the Complaint Assessment; and, any other information they consider relevant, provided, however, that the affected Medical Staff Member is entitled to review and respond to all such information to the extent permitted by law.
- 7.5.4 Consensual Resolution shall result in a report and recommendation(s) from the Chief of Medical Staff. Unless the affected Medical Staff Member and YHC mutually agree to an extension, consensual resolution shall be concluded and result in a report and recommendation(s) within thirty (30) days of referral of the matter by the Chief of Medical Staff for Consensual Resolution.
- 7.5.5 Discussions and communications that occur during Consensual Resolution are strictly confidential and shall not be disclosed, except in accordance with Clause 7.4.4(j) and 7.10 of these Bylaws, or used in any process or proceeding outside Consensual Resolution without the written consent of the affected Medical Staff Member and all others who participated in Consensual Resolution.
- 7.5.6 No information or documents arising from consensual resolution shall be shared with the MAC other than that Consensual Resolution was attempted but was unsuccessful.
- 7.5.7 The Chief of Medical Staff shall forward the report and recommendations arising from Consensual Resolution to the CEO who shall review the report and recommendation(s) within fourteen (14) days.
- 7.5.8 The CEO may accept the report and recommendation(s) or request clarification of the report and/or recommendation(s). In the latter case, the CEO may meet with the Chief of Medical Staff and/or the affected Medical Staff Member to discuss the report and/or recommendations.
- 7.5.9 The Chief of Medical Staff shall forward a written final report and recommendation(s), including any amendments, to the affected Medical Staff Member within seven (7) days of its completion.

- 7.5.10 If the affected Medical Staff Member accepts the report and recommendation(s), they and the Chief of Medical Staff shall be accountable for implementation of the recommendation(s).
- 7.5.11 If the affected Medical Staff Member rejects the report and/or recommendation(s), the Chief of Medical Staff and the affected Medical Staff Member shall meet to ensure a common understanding of the report and recommendations, and to determine if agreement can be reached, failing which the matter shall proceed to a hearing pursuant to Clause 7.6 of these Bylaws.
- 7.5.12 The affected Medical Staff Member shall have thirty (30) days to provide a written response to the final report and recommendation(s) arising from Consensual Resolution.
- 7.5.13 Recommendations affecting the Medical Staff Member's Privileges and Appointment will be referred to the Board for approval.

7.6 COMPLAINT REVIEW BY A HEARING COMMITTEE

7.6.1 GENERAL PRINCIPLES

- 7.6.1.1 A Complaint Review will be conducted by a Hearing Committee.
- 7.6.1.2 A Complaint Review may be initiated when recommended;
- a) by the Chief of Medical Staff at the conclusion of a Complaint Assessment pursuant to Clause 7.4 of these Bylaws; or
 - b) as a result of an In-Depth Review pursuant to Clause 5.7 of these Bylaws.
- 7.6.1.3 A Complaint Review by a Hearing Committee is required when:
- a) recommended by the Chief of Medical Staff after a Complaint Assessment and after determining that a Complaint is not amenable to Consensual Resolution;
 - b) the affected Medical Staff Member declines participation in Consensual Resolution; or
 - c) the affected Medical Staff Member rejects the final report and/or recommendation(s) of Consensual Resolution.
- 7.6.2 The Chief of Medical Staff shall refer a Complaint to a Hearing Committee within seven (7) days of determining that a Complaint Review is required, and shall notify the affected Medical Staff Member as soon as possible thereafter.

7.6.3 COMPOSITION

A Hearing Committee shall be selected from voting members of the MAC. In the event of a conflict, the conflicted member will be replaced by a member of the Active Medical Staff as selected by the MAC. In order to ensure procedural fairness, appropriate changes in Hearing Committee composition will be made when the hearing applies to Midwives or other Professional Staff Members.

7.6.4 CONDUCT OF MEETINGS

- 7.6.4.1 Meetings of the Hearing Committee may be held in person, by videoconference, or teleconference provided that hearings shall require the personal attendance of members.
- 7.6.4.2 Meetings of the Hearing Committee shall be held in the Facility of the affected Medical Staff Member or another location as the Hearing Committee in its sole discretion may determine.
- 7.6.4.3 A Hearing Committee shall determine such procedures it deems appropriate and in its sole discretion provided that such procedures do not conflict with and are not inconsistent with these Bylaws

7.6.5 MANDATE AND FUNCTIONS OF THE HEARING COMMITTEE FOR COMPLAINT REVIEW

- 7.6.5.1 The Hearing Committee shall receive information, hear evidence, consider the Complaint, prepare a report and make recommendations.
- 7.6.5.2 The Hearing Committee is entitled to retain independent legal counsel to advise it on process and procedure in conducting the hearing.
- 7.6.5.3 The Chief of Medical Staff shall present, and the Hearing Committee shall consider, the Complaint and any evidence (either oral or written) that is relevant to the matters of issue provided, however, that in advance of the hearing the affected Medical Staff Member is entitled to reasonable notice of evidence to be produced in order to allow for a fair response.
- 7.6.5.4 At any time during the hearing, the Hearing Committee may ask the Chief of Medical Staff to provide further information.
- 7.6.5.5 The Hearing Committee may receive and consider relevant expert opinion(s) from within YHC, or external to YHC.
- 7.6.5.6 The affected Medical Staff Member shall appear before the Hearing Committee and is a compellable witness. In addition, the Hearing Committee may request that the Complainant(s) or any other person who may have knowledge or information relevant to the matters at issue give evidence.
- 7.6.5.7 Evidence may be given before a Hearing Committee in any manner that the Hearing Committee considers appropriate. The Hearing Committee is not bound by the rules of law respecting evidence that are applicable to judicial hearings.
- 7.6.5.8 After receiving and considering all relevant information and evidence, the Hearing Committee shall prepare a report and recommendation to either:
 - a) dismiss the Complaint as being unfounded; or
 - b) if the Complaint or the issues raised in the report are well-founded, prepare recommendations regarding remedial action or sanctions to be

imposed upon the affected Medical Staff Member. Such action or sanctions may include but are not limited to:

- i. no further action;
- ii. placing a caution or reprimand in the affected Medical Staff Member's file;
- iii. requiring the affected Medical Staff Member to undergo counselling or treatment;
- iv. requiring upgrading or further education;
- v. requiring the affected Medical Staff Member to undertake a period of clinical supervision with prospective review of cases with or without special requirements of concurrent consultation or direct supervision;
- vi. in the case of conduct which is unprofessional, unethical, unbecoming, improper, or deemed to be disruptive workplace behaviour requiring the affected Medical Staff Member to undertake remedial measures to address the behaviour that gave rise to the Complaint;
- vii. temporary suspension of all or specified Privileges;
- viii. permanent change of specified Privileges;
- ix. a change in the category of Appointment;
- x. termination of the affected Medical Staff Member's Appointment; and/or
- xi. any other recommendation considered appropriate to ensure public or patient safety.

7.6.5.9 The Hearing Committee's report and recommendation(s) shall be forwarded to the CEO within sixty (60) days of the hearing.

7.6.5.10 The CEO shall review the report of the Hearing Committee and refer the report and recommendations along with their recommendations to the Board within seven (7) days of receiving it.

7.6.5.11 The Board shall review the report and recommendations and make a decision within sixty (60) days of receiving it. This decision can be to accept the report and affirm the recommendation, alter the recommendations, or request reconsideration by the Hearing Committee.

7.6.5.12 The Board will not repeat the investigation or hearing. The review will only consider whether;

- a) the findings are materially consistent with the evidence;
- b) there were breaches of process and fairness that may have affected the findings and/or recommendations of the Hearing Committee; or
- c) the Hearing Committee erred in law.

7.6.5.13 Where the Board determines that the findings are materially inconsistent with the evidence, or the Hearing Committee erred in law, or that there have been

breaches of process and/or fairness that affected the findings and/or recommendations, it shall remit the matter to the Chief of Medical Staff for reconsideration by the Hearing Committee.

- 7.6.5.14 After the Hearing Committee reconsiders the report and recommendations, they will be sent back to the Board for further review and a decision.
- 7.6.5.15 Within sixty (60) days of notification of the request to review the Hearing Committee report and recommendations, the Board will forward its decision to the CEO, Chief of Medical Staff, and the MAC. The CEO and/or Chief of Medical Staff shall provide the written report and recommendations to the affected Medical Staff Member.
- 7.6.5.16 The decision of the Board is final subject only to legal rights of appeal pursuant to section 19(1) of the *Hospital Act*.

7.7 IMMEDIATE ACTION

- 7.7.1 For the purposes of this section, immediate action means immediate suspension or restriction of a Medical Staff Appointment and/or Privileges without first conducting a Complaint Assessment or Complaint Review as described in these Bylaws. Curtailment of Privileges for incomplete health records (as described in the Rules) shall not constitute immediate action.
- 7.7.2 Immediate action may be taken by the Chief of Medical Staff or designate, or the CEO if there are reasonable grounds to believe that the Medical Staff Member's professional performance and/or conduct requires steps be taken to protect the health or safety of any person, including the Medical Staff Member, so long as no lesser measures will suffice, and the affected Medical Staff Member does not agree in writing to voluntarily restrict their relevant clinical activities.
- 7.7.3 The affected Medical Staff Member will immediately be notified of the immediate action and the reasons for it by the Chief of Medical Staff, or CEO who authorized the immediate action.
- 7.7.4 As soon as practical after the affected Medical Staff Member has been notified, the relevant regulatory authority of the Medical Staff Member shall also be notified of such immediate action by the Chief of Medical Staff, or the CEO who authorized the immediate action.
- 7.7.5 The Chief of Medical Staff or the CEO who authorized the immediate action shall request, within three working (3) days of the immediate action being taken, a review of the immediate action by a Hearing Committee. Should the affected Medical Staff Member agree in writing with immediate action prior to the commencement of the review, the Hearing Committee shall be adjourned.
- 7.7.6 After receiving and considering all relevant information and evidence, the Hearing Committee shall prepare a report and recommendation regarding the disposition of

immediate action to the Chief of Medical Staff or the CEO if they authorized the immediate action, within seven (7) days of receipt of the request to do so.

7.7.7 The Hearing Committee may recommend:

- a) discontinuing the immediate action pending a complete review by the Hearing Committee of the Complaint or reasons leading to the immediate action; or
- b) continuing the immediate action pending a complete review by the Hearing Committee of the Complaint or reasons leading to the immediate action; or
- c) modifying the immediate action (including, but not limited to, specific restrictions on Privileges) pending a complete review by a Hearing Committee of the Complaint or reasons leading to the immediate action.

7.7.8 The Chief of Medical Staff shall make a final decision relating to the report and recommendation of the Hearing Committee pursuant to Clause 7.7.7 above, and shall communicate the decision in writing to the affected Medical Staff member, within four (4) days. This decision shall also be provided to the CEO if they authorized the immediate action. The relevant regulatory authority of the Medical Staff Member shall also be notified of the decision. The decision of the Chief of Medical Staff is final subject only to legal rights of appeal pursuant to section 19(1) of the *Hospital Act*, or other legal rights of appeal.

7.7.9 After a decision is made with respect to continuing, modifying or discontinuing the immediate action pursuant to Clauses 7.7.7 and 7.7.8 of these Bylaws, the Hearing Committee shall conduct a Complaint Review, pursuant to Clause 7.6 of these Bylaws, of the Complaint or reasons leading to the immediate action, and shall prepare and forward a report and recommendations to the Chief of Medical Staff.

7.7.10 The immediate action will be limited to fourteen (14) days unless extended within that fourteen (14) day period by the Chief of Medical Staff, or the CEO who authorized the immediate action, or the Hearing Committee. The immediate action shall continue until a decision is rendered by the Chief of Medical Staff.

7.8 DECISIONS OF THE BOARD OF TRUSTEES

7.8.1 All final reports and recommendation(s) of a Hearing Committee shall be sent to the Board for a decision.

7.8.2 The Board will render a decision within sixty (60) days of receipt of the report and recommendation(s) from a Hearing Committee. The Board may:

- a) dismiss the Complaint and/or the immediate action as being unfounded;
- b) determine that no further action is required; or
- c) determine appropriate remedial actions or sanctions. These may include, but are not limited to, a temporary or permanent change to the Appointment or Privileges, or termination of the Appointment of the affected Medical Staff Member. The affected

Medical Staff Member may choose to voluntarily submit to such actions or sanctions. If they do not, the actions or sanctions shall be imposed.

- 7.8.3 The decision of the Board may be the same as, or different from, the recommendations of a Hearing Committee. If the decision of the Board differs from the recommendations of the Hearing Committee written reasons for the difference shall be provided to the Hearing Committee, the Chief of Medical Staff and the affected Medical Staff Member.
- 7.8.4 The affected Medical Staff Member, Chief of Medical Staff, and Hearing Committee shall be notified in writing of the decision of the Board and the rationale for the decision.
- 7.8.5 If, in the decision of the Board, a substantive change in the Appointment or Privileges of the affected Medical Staff Member is authorized, the Chief of Medical Staff will inform the relevant regulatory authority of the Medical Staff Member.
- 7.8.6 The decision of the Board is final, subject only to legal rights of appeal pursuant to section 19(1) of the *Hospital Act*, and to other legal rights of appeal.

7.9 NOTIFICATION OF THE COMPLAINANT

The Chief of Medical Staff, or if applicable, the Associate Chief of Medical Staff shall periodically inform the Complainant(s), if any, of the progress of the Complaint Assessment or Complaint Review. At its conclusion, the Complainant(s) shall only be informed that the matter has been investigated and either dismissed or has resulted in appropriate action. If the Complaint has been dismissed, the Complainant(s) may be provided with other options to pursue the matter should they be dissatisfied with the outcome of the Complaint Assessment and/or Complaint Review.

7.10 DISPOSITION OF RECORDS

All information obtained, reviewed, discussed and otherwise used or developed in any process related to this part of these Bylaws, and that is not otherwise publicly known, publicly available, or part of the public domain, is considered to be privileged and strictly confidential information of YHC. It shall not be disclosed to anyone outside of the process related to this part of these Bylaws except if agreed to, in writing, by the affected Medical Staff Member or where determined by the Chief of Medical Staff as required by law. Records of the proceedings outlined in this section (e-mails, correspondence, reports, and notes) will be retained in a manner consistent with the YHC record retention policy.

7.11 AUTOMATIC SUSPENSIONS/TERMINATIONS OF APPOINTMENTS AND/OR PRIVILEGES

- 7.11.1 The Board, in consultation with the MAC, may specify in the Rules the categories of acts or omissions which result in automatic temporary suspension of Privileges of a Medical Staff Member.
- 7.11.2 A Medical Staff Member, who ceases to be duly registered in Yukon, shall be deemed to have immediately resigned from the Medical Staff. Re-instatement of membership shall be considered only after an application for appointment has been completed.

- 7.11.3 A Medical Staff Member shall notify the YHC and the MAC of any revocation or restriction of their Yukon Registration.
- 7.11.4 A Medical Staff Member shall notify the YHC and the MAC of any change in their Canadian Medical Protective Association membership status, or change in equivalent liability coverage.
- 7.11.5 Upon the death of a Medical Staff Member their Appointment/Privileges will be terminated.

PART 8 - MEDICAL STAFF RULES

8.1 RULES

- 8.1.1 Rules necessary for the proper conduct of the Medical Staff will be established by the Board upon the recommendation of the MAC.
- 8.1.2 Such Rules must not conflict with the *Hospital Act and its Regulations*, the *Yukon Registered Nurses' Act and its Regulations*, or the *Health Professions Act and its Regulations*, the Corporate Bylaws and policies of the YHC Board, or these Bylaws.
- 8.1.3 All recommendations for the amendment of the Rules must be reviewed by the MAC who will provide advice to the Board.
- 8.1.4 The Medical Staff Rules will be reviewed annually. Should amendments be required, the MAC and the Board commit to an expeditious approval process of these amendments.

PART 9 - AMENDMENTS TO THE BYLAWS

9.1 AMENDMENTS

- 9.1.1 These Bylaws and any amendments thereto, may be adopted at any regular meeting, or at any special meeting of the Medical Staff called for that purpose, provided that thirty (30) days' notice has been given to all members. One half of the active Medical Staff Members shall constitute a quorum. A two-thirds majority shall be required to adopt any such an amendment.
- 9.1.2 Should amendments to these Bylaws be initiated by the Board, the Board must consult in writing with the Medical Staff concerning the proposed amendment prior to implementing it. These Bylaws, and any amendments, thereto shall come into force only upon the approval of the Board and the Minister on the date approved by the Minister, unless some other date has been specified.

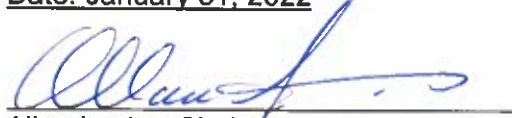
PART 10 - APPROVAL OF THE MEDICAL STAFF BYLAWS

These Medical Staff Bylaws become effective only when first adopted by Yukon Hospital Corporation Board of Trustees, and subsequently approved by the Minister of Health and Social Services of Yukon.

THIS IS TO CERTIFY THAT:

These Medical Staff Bylaws of Yukon Hospital Corporation were adopted by the Yukon Hospital Corporation Board of Trustees on:

Date: January 31, 2022



Allan Lucier, Chair
Yukon Hospital Corporation Board of Trustees



Dr. Owen Averill, Chair, Medical Advisory Committee
Yukon Hospital Corporation



Jason Bilsky, Chief Executive Officer
Yukon Hospital Corporation

Yukon Hospital Corporation Medical Staff Bylaws as adopted by Yukon Hospital Corporation Board of Trustees were approved by Yukon Government Minister of Health and Social Services on:

February 18, 2022

Date



Hon. Tracy-Anne McPhee,
Minister of Health and Social Services, Yukon Government

APPENDIX 1

COMPLAINT PROCESS

