MEDICAL STAFF BYLAWS
 FOR
 BRITISH COLUMBIA CANCER AGENCY
 AN AGENCY OF THE PROVINCIAL HEALTH SERVICES AUTHORITY

SEPTEMBER 1, 2004
# TABLE OF CONTENTS

**ARTICLE 1 - DEFINITIONS** ......................................................................................................... 2

**ARTICLE 2 - PURPOSE OF THE MEDICAL STAFF ORGANIZATION** ................................. 3
2.1 General Purpose .................................................................................................................. 3
2.2 Functions of the Medical Staff Organization .................................................................... 4
2.3 Code of Ethics .................................................................................................................... 5

**ARTICLE 3 – MEMBERSHIP AND APPOINTMENT** ................................................................. 5
3.1 Terms of Appointment ....................................................................................................... 5
3.2 Criteria for Membership .................................................................................................. 6

**ARTICLE 4 – APPOINTMENT AND REVIEW PROCEDURES** .................................................. 6
4.1 Procedure for Appointment .............................................................................................. 6
4.2 Burden of Providing Information .................................................................................... 8
4.3 Process for Application .................................................................................................... 8
4.4 Procedure for Review ....................................................................................................... 9
4.5 Process for Review ........................................................................................................... 10
4.6 Mid-Term Changes to Privileges ................................................................................... 11
4.7 Maintenance of Membership .......................................................................................... 11

**ARTICLE 5 – RESPONSIBILITY FOR PATIENT CARE** ............................................................. 11
5.1 Admission ....................................................................................................................... 11
5.2 Treatment of Patients .................................................................................................... 12

**ARTICLE 6 – CATEGORIES OF MEDICAL STAFF** .................................................................. 12
6.2 Provisional Medical Staff ................................................................................................. 13
6.3 Active Medical Staff ....................................................................................................... 13
6.4 Associate Medical Staff .................................................................................................. 14
6.5 Consulting Staff .............................................................................................................. 14
6.6 Temporary Staff ............................................................................................................. 15
6.7 Locum Tenens Staff ....................................................................................................... 15
6.8 Scientific and Research Staff ........................................................................................ 15
6.9 Honorary Staff .............................................................................................................. 16
6.10 Dental Staff ................................................................................................................... 16

**ARTICLE 7 – ORGANIZATION OF MEDICAL STAFF** .............................................................. 17
7.1 Professional Practice Groups ......................................................................................... 17
7.2 Responsibilities of the Provincial Professional Practice Leader .................................... 17

**ARTICLE 8 – THE MEDICAL ADVISORY COMMITTEE** ........................................................... 17
8.1 Purpose ......................................................................................................................... 17
8.2 Composition ................................................................................................................... 18
8.3 Duties ............................................................................................................................ 18
ARTICLE 9 – THE MEDICAL ADVISORY COMMITTEE STRUCTURE .........................20
9.1 General Principles .........................................................................................20
9.2 Relationship Between MAC and Other Medical Staff Committees ........ 20

ARTICLE 10 – MEDICAL STAFF ASSOCIATION ......................................................20
10.1 General Principles .........................................................................................20
10.2 Duties of Elected Officers ............................................................................21

ARTICLE 11 – DISCIPLINE AND APPEAL ...............................................................21
11.1 General Principles .........................................................................................21
11.2 Process of Disciplinary Action ....................................................................22
11.3 Automatic Suspension .................................................................................23
11.4 Appeal Procedures .......................................................................................23

ARTICLE 12 – MEDICAL STAFF RULES ...............................................................24

ARTICLE 13 – AMENDMENT OF BYLAWS ..........................................................25

ARTICLE 14 – APPROVAL OF BYLAWS ..............................................................25
PREAMBLE

A. This Document presents Bylaws for the medical staff of Facilities and Programs operated by the British Columbia Cancer Agency.

B. These Bylaws are promulgated by the Board of Directors of BC Cancer Agency pursuant to the authority and requirements of the Hospital Act and the Health Authorities Act.

C. These Bylaws for the Medical Staff are a description of the relationship and the responsibilities between the Board of Directors and individual members of the Medical Staff acting collectively as the medical staff organization.

D. These Bylaws set out the conditions under which members of the medical staff serve the Facilities and Programs operated by BC Cancer Agency, provide patient care, and offer medical and dental advice to the Board of Directors. The Board’s obligation to patient care includes supporting the Medical Staff through the provision of adequate and appropriate resources within the fiscal policies applicable to the Board.

E. The Board of Directors grants Privileges to appropriately qualified Medical Staff in the Facilities and Programs operated by the BC Cancer Agency.

F. The Board of Directors engages the President to conduct the day-to-day affairs of the Facilities and Programs operated by BC Cancer Agency and to ensure effective operation.

G. The Medical Staff must be organized in conformity with these Medical Staff Bylaws, the Medical Staff Rules and Medical Staff Policies and Procedures.

H. The Board of Directors is ultimately accountable for the quality of medical care, and provision of appropriate resources within available funding, in the Facilities and Programs operated by BC Cancer Agency.
BYLAWS

ARTICLE 1 – DEFINITIONS

The following definitions apply to these Bylaws, including the Preamble hereto:

(a) **Affiliation Agreement** – An agreement with the University of British Columbia or other educational facilities to facilitate teaching and practicum activities within a Facility or Program.

(b) **Appointment** – The process by which a Physician or Dentist becomes a member of the Medical Staff of BC Cancer Agency.

(c) **Board of Directors** – The governing body of the BC Cancer Agency.

(d) **Chief Executive Officer (CEO)** – The person engaged by the Provincial Health Services Authority to provide leadership and to carry out the management of the Facilities and Programs operated by the Provincial Health Services Authority, including those operated by BC Cancer Agency.

(e) **Dentist** – A member of the Medical Staff who is duly licensed by the College of Dental Surgeons of British Columbia and who is entitled to practice dentistry in British Columbia.

(f) **Facilities** – The facilities operated by BC Cancer Agency.

(g) **Hospital Act** - means the *Hospital Act* (British Columbia) and any regulations made pursuant thereto, all as amended from time to time.

(h) **Medical Advisory Committee (MAC)** – The advisory committee to the Board of Directors on medical or dental matters, as described in Article 8.

(i) **Medical Staff** – The Physicians and Dentists who have been appointed to the Medical Staff by pursuant to these Bylaws.

(j) **Medical Staff Association** - All members of the Medical Staff.

(k) **Medical Staff Rules (or Rules)** – The rules approved by the Board of Directors governing the day-to-day management of the Medical Staff in the Facilities and Programs.

(l) **PHSA** – Provincial Health Services Authority.
(m) **Physician** - A member of the Medical Staff who is duly licensed by the College of Physicians and Surgeons of British Columbia and who is entitled to practice medicine in British Columbia.

(n) **President** - means the president of BC Cancer Agency as may be appointed by the CEO to oversee the day-to-day operation and management of the Facilities and Programs.

(o) **Privileges** – A permit granted by BC Cancer Agency to a member of the Medical Staff to practice medicine or dentistry in the Facilities and Programs, which describes and defines the scope and limits of each member of the Medical Staff’s permit to practice in the Facilities and Programs.

(p) **Professional Practice Group** – The medical or dental discipline to which a member of the medical staff is assigned and within which the member practices.

(q) **Program** – A care delivery structure, focused on co-ordinating and delivering a specific type of patient care under the jurisdiction of BC Cancer Agency.

(r) **Program Medical Director** – A member of the Medical staff appointed to direct and manage a Program in concert with a non-medical program head.

(s) **Provincial Professional Practice Leader** – The person appointed by, and accountable to, the President to be responsible on a provincial basis for standards and patterns of professional practice within a medical or dental discipline.

(t) **Regional Professional Practice Leader** – A physician appointed by the Provincial Professional Practice Leader to oversee the professional conduct, educational development and quality of patient care by the medical staff assigned to a professional practice group and working within a regional cancer centre.

(u) **Senior Medical Administrator** – The Physician, appointed by the CEO, responsible for the coordination and direction of the activities of the Medical Staff.

**ARTICLE 2 - PURPOSE OF THE MEDICAL STAFF ORGANIZATION**

2.1 **General Purpose**

The Purposes of the Medical Staff Organization are:

2.1.1 To act in an advisory capacity to the Board of Directors, in the manner provided in the *Hospital Act*, these Bylaws and the Rules.

2.1.2 To be accountable for the quality of medical care provided in the Programs and Facilities.
2.1.3 To assist in providing adequate and appropriate documentation for the purpose of maintaining a health record for each patient.

2.1.4 To participate in relevant activities including but not limited to: quality improvement; risk assessment and management; resource utilization; education and research; Program development and evaluation.

2.1.5 To promote a high level of professional performance by all members of the Medical Staff.

2.2 Functions of the Medical Staff Organization

The functions of the Medical Staff Organization are:

2.2.1 To make recommendations regarding the standards of medical care delivery in the Facilities and Programs.

2.2.2 To participate in interdisciplinary structures and processes to improve the quality and safety of health care services.

2.2.3 To make recommendations to the Board of Directors and the CEO for the establishment, maintenance and continuing improvement of professional standards of the Medical Staff collectively and individually.

2.2.4 To review, analyze and evaluate the clinical practices of all members of the Medical Staff in order to determine the quality of medical care rendered in the Facilities and Programs.

2.2.5 To report regularly to the Board of Directors, the CEO and the President on the quality of medical care in terms of professional standards; to make recommendations for the enforcement of those standards; and to initiate corrective action as required.

2.2.6 To make recommendations to the Board of Directors concerning the Appointment of Physicians and Dentists to the Medical Staff.

2.2.7 To make recommendations to the Board of Directors concerning the maintenance of Privileges of members of the Medical Staff based upon regular review and evaluation of each member of the Medical Staff's performance.

2.2.8 To make recommendations to the Board of Directors, the CEO and the President concerning Medical Staff human resource needs.

2.2.9 To supervise and ensure compliance with the Bylaws, Rules and policies of the Board of Directors and the Medical Staff.

2.2.10 To exercise discipline within and up to the limitations of authority delegated by the Board of Directors.

2.2.11 To assist in planning goals to meet community needs served by BC Cancer Agency.
2.2.12 To maintain appropriate formally structured education programs.

2.3 Code of Ethics

2.3.1 The professional conduct of the members of the Medical Staff is governed by each profession’s Code of Ethics: for Physicians, the Code of Ethics as defined by the College of Physicians and Surgeons of British Columbia including, but not limited to, the Code of Ethics adopted by the Canadian Medical Association; and for Dentists, the Code of Ethics in the Rules under the Dentists Act adopted by the College of Dental Surgeons of British Columbia.

2.4 Information and Privacy

2.4.1 Members of the Medical Staff must adhere to, and are offered the protections of, the Freedom of Information and Protection of Privacy Act and other applicable legislation respecting personal privacy.

ARTICLE 3 – MEMBERSHIP AND APPOINTMENT

3.1 Terms of Appointment

3.1.1 The Board of Directors shall appoint the Medical Staff.

3.1.2 The Board, on the advice of the Medical Advisory Committee, shall from time to time establish criteria for Appointment to the Medical Staff and for review of that Appointment on a regular basis. Such criteria are detailed in the Medical Staff Rules.

3.1.3 The Board of Directors may make allowance for Privileges specific to:

(a) Facilities and Programs; and

(b) medical or dental procedures.

3.1.4 The Board of Directors has authority over an Appointment and the cancellation, suspension, termination, modification or restriction of an Appointment to the Medical Staff and may terminate such Appointment for any reason whatsoever.

3.1.5 An Appointment to the Medical Staff is dependent on the human resource requirements of the Facilities and Programs and on the needs of the population served by BC Cancer Agency. Each Appointment is contingent upon the ability of Health Authority’s resources to accommodate the Appointment.

3.1.6 The Board of Directors must, except in response to a disciplinary proceeding, patient safety issue or quality of medical care issue, give a member of the Medical Staff twelve months’ notice of termination of that member’s Appointment.

3.1.7 The Board will give a member of the Medical Staff twelve months notice of any Program or Facility closure that will prevent the member from practicing within BC Cancer Agency.
3.1.8 The members of the Medical Staff are responsible to the Professional Practice Group to which they are assigned and to the Board of Directors for the quality of medical care in the Facilities and Programs.

3.2 Criteria for Membership

3.2.1 Only an applicant licensed to practice medicine and a member in good standing of the College of Physicians and Surgeons of British Columbia or licensed to practice dentistry and a member in good standing of the College of Dental Surgeons of British Columbia is eligible to be a member of and appointed to the Medical Staff.

3.2.2 The applicant must:

(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) produce evidence of current membership in the Canadian Medical Protective Association (CMPA) or professional liability insurance coverage in the category appropriate to the practice of the applicant as a member of the Medical Staff, which is subject to approval by the Board of Directors;

(d) demonstrate the ability to communicate and work with colleagues and staff in a ethical, cooperative, respectful and professional manner; and

(e) provide documentation of experience and competence from any previous hospital/facility Appointments.

3.2.3 The applicant must agree to be governed by the requirements set out in these Bylaws, the Rules, and policies of the Board, the Facility or Program and, where applicable, Affiliation Agreements.

3.2.4 The applicant must 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.

3.2.5 The Board of Directors may establish further criteria for Appointment to the Medical Staff from time to time.

ARTICLE 4 – APPOINTMENT AND REVIEW PROCEDURES

4.1 Procedure for Appointment

4.1.1 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 a copy of these Bylaws, the Rules and the applicable policies of the Board of Directors or the Facility or Program.
4.1.2 Applicants for Appointment to the Medical Staff must submit to the office of the CEO one original written application on a specified form together with the documents and information detailed in Section 4.1.3.

4.1.3 Each completed application must contain:

(a) a statement that the applicant has read the Hospital Act and the Bylaws the Rules and the applicable policies of the Board of Directors or the Facility or Program;

(b) an undertaking that, if appointed to the Medical Staff, the applicant will be governed in accordance with the requirements set out in the Bylaws, Rules and policies of the Board of Directors, the Faculty or Program and Medical Staff, as established by the Board of Directors and the Medical Advisory Committee from time to time;

(c) an undertaking that, if appointed to the Medical Staff, the applicant will participate in the discharge of Medical Staff obligations, as set out in these Bylaws or the Rules, applicable to the membership category to which he or she is assigned;

(d) an agreement to accept committee assignments and such other reasonable duties and responsibilities as may be assigned to the member;

(e) evidence of current membership in CMPA or in an organization with professional liability insurance in the category appropriate to the practice of the member of the Medical Staff, which is subject to approval by the Board of Directors;

(f) a list of Privileges requested;

(g) an up-to-date curriculum vitae;

(h) the names of a minimum of three professional references whom BC Cancer Agency can contact, one of whom shall be the Chief of Staff or Senior Medical Administrator of the organization in which the applicant has most recently worked and the applicant's Post Graduate Program Director;

(i) 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;

(j) 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 medical care; and

(k) a signed consent authorizing the Board of Directors to obtain:
(i) a Certificate of Professional Conduct from the College of Physicians and Surgeons of British Columbia or the College of Dental Surgeons of British Columbia;

(ii) in the case of an applicant from outside British Columbia, a Certificate of Professional Conduct from the licensing body under whose jurisdiction the applicant was practising and a letter from the appropriate British Columbia College confirming eligibility for a license;

(iii) reports on any action taken by the disciplinary committee of any professional college or organization of which the applicant was or is a member or any investigations being conducted by the applicable college;

(iv) reports on Privileges that have been curtailed or cancelled by any medical or dental licensing authority or by any hospital or facility because of incompetence, negligence or any act of professional misconduct.

4.1.4 In cases where, under special or urgent circumstances, temporary Medical Staff Privileges are required, the CEO or the President may, in consultation with the Senior Medical Administrator, grant such Appointments with specific conditions, and for a designated purpose and period of time. These Appointments must be ratified or terminated by the Board of Directors at its next meeting.

4.2 Burden of Providing Information

4.2.1 The applicant shall have the burden of producing adequate information for a proper evaluation of his or her competence, character, ethical conduct, and other qualifications.

4.2.2 Until the applicant has provided all the information requested by BC Cancer Agency, the application for Appointment will be deemed incomplete, not received and will not be processed. If the requested information is not provided within 60 days, the application is deemed withdrawn.

4.2.3 The applicant shall notify BC Cancer Agency in writing if additional information relevant to the application becomes available after the initial application form was completed.

4.3 Process for Application

4.3.1 The CEO will refer the original completed application promptly to the Credentials Committee and/or such other committee, as described in Medical Staff Rules.

4.3.2 Each completed application shall be investigated in accordance with the criteria for membership on the Medical Staff as set out in Section 3.1.5 and Section 3.2, and in consideration of the human resource requirements of, and the impact that granting Privileges would have on, the Facilities and Programs.

4.3.3 Within 60 days after the date that the Credentials Committee, or such other committee, received the application, it shall report its recommendation to the MAC, which in turn shall notify the Board of Directors of its recommendations regarding the application.
4.3.4 In the case of a recommendation for Medical Staff membership, the MAC must specify the membership category and the Privileges it recommends for the applicant.

4.3.5 The Board of Directors shall review the application, consider the recommendations of the MAC, make a decision and notify the applicant and the MAC in writing within 120 days after the receipt of the completed application by the CEO.

4.3.6 If the Board of Directors appoints the applicant to the Medical Staff, the Board of Directors must specify the membership category and the Privileges granted to the applicant.

4.3.7 The MAC must be advised of the action taken by the Board of Directors at the next regular meeting of the MAC.

4.3.8 If the Board of Directors fails to make a decision within 120 days of receipt of the completed application by the CEO, or rejects the application, the applicant may appeal to the Board of Directors for a hearing. The Board of Directors must hear and consider the matter and advise the applicant in writing of its decision by registered mail within 30 days after the date of the hearing.

4.4 Procedure for Review

4.4.1 Each member of the Medical Staff shall have his or her Appointment and Privileges reviewed on at least an annual basis or for such shorter period as may determined by the Board of Directors.

4.4.2 Each review of a Medical Staff member must contain:

(a) evidence of current membership in the CMPA or 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 of Directors;

(b) information on any physical or mental impairment or health condition that affects, or may affect, the proper exercise by the member of the necessary skill, ability and judgement, to deliver appropriate patient care;

(c) evidence of renewal of licensure or registration status with the College of Physicians and Surgeons of British Columbia or the College of Dental Surgeons of British Columbia;

(d) information on any actions taken by a disciplinary committee of the applicable regulatory college or any investigations being conducted by the applicable regulatory college;

(e) a list of the Privileges currently held, and any additional privileges requested;

(f) 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; and
(g) information regarding any continuing medical education courses attended.

4.4.3 When the review is in process, the status and Privileges of the member continues until the review has been considered by the Board of Directors and a decision with respect to Privileges has been made.

4.4.4 The review process may involve an in-depth performance evaluation of the member. The criteria and procedures for an in-depth performance evaluation are described in further detail in Medical Staff Rules.

4.4.5 If the Board of Directors decides to terminate the Appointment or modify the Privileges of a member for other than a disciplinary issue, patient safety concerns or quality of medical care, that member of the Medical Staff must be given twelve months' notice before Privileges are modified or the Appointment is terminated.

4.5 Process for Review

4.5.1 Notification of the review process and accompanying documentation must be mailed to each member of the Medical Staff under review at least 90 days prior to the date on which the review is to be completed.

4.5.2 The Regional/Provincial Professional Practice Leader shall consider information provided by each member, and information on the manner in which the member has fulfilled the duties and obligations as a member of the Medical Staff; and shall report its recommendations to the MAC, which in turn shall notify the Board of Directors of its recommendations regarding the review.

4.5.3 If the MAC recommends continued Medical Staff membership, the MAC must specify the Privileges it recommends for the member.

4.5.4 If the MAC recommends changes in Medical Staff membership or Privileges, the MAC must specify the membership category and Privileges it recommends for the member and notify the member of that recommendation.

4.5.5 The Board of Directors 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.

4.5.6 The Board of Directors will specify membership category and Privileges appropriate to continued membership on the Medical Staff.

4.5.7 The MAC shall be advised of the actions taken by the Board of Directors at the next regular meeting of the MAC.

4.5.8 If the Board of Directors decides to terminate or fails to renew the Appointment, or decides to alter the membership category or Privileges of a member, that member must be notified of the right to request a hearing before the Board of Directors (see Article 11 of the Bylaws – “Discipline and Appeal”).
4.6 Mid-Term Changes to Privileges

4.6.1 A mid-term request for additional Privileges or extension of Privileges will be handled according to the process set out in Section 4.3.

4.6.2 In the event that a member of the Medical Staff wishes to resign from the Medical Staff, change membership status, or substantially reduce the scope of his or her practice within the Facilities or Programs:

(a) the member must provide 60 days prior written notice to BC Cancer Agency;

(b) the notice requirement is not applicable in circumstances where reduction of Privileges or resignation is based upon advice received by the member of the Medical staff from the appropriate Regional/Provincial Professional Practice Leader or regulatory college; and

(c) the Board of Directors may waive or reduce the notice requirement for a member of the Medical Staff 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 of the Medical Staff.

4.7 Maintenance of Membership

4.7.1 A member of the Medical Staff may apply to the Regional/Provincial Professional Practice Leader for a leave of absence for a continuous period of no longer than twelve consecutive months.

4.7.2 Failure to abide by these Bylaws or the Rules may result in referral to the MAC for investigation and possible recommendation for disciplinary action.

4.7.3 A member of the Medical Staff whose license has been suspended by the College of Physicians and Surgeons of British Columbia or the College of Dental Surgeons of British Columbia automatically ceases to be a member of the Medical Staff whether or not such member is on leave of absence at the time of the suspension.

4.7.4 To be re-appointed by the Medical Staff, a member must submit a new application for membership once the suspension under Section 4.7.3 is removed.

ARTICLE 5 – RESPONSIBILITY FOR PATIENT CARE

5.1 Admission

5.1.1 Only members of the Medical Staff with admitting Privileges can admit a patient to the Facilities or Programs.
5.2 Treatment of Patients

5.2.1 Every patient in the Facilities and Programs must be under the care of a member of the Medical Staff.

5.2.2 Members of the Medical Staff who have accepted a duty to provide ongoing care to a patient(s) shall ensure that such care is available on a continuous basis.

5.2.3 Members of the Medical Staff 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 member of the Medical Staff to provide that care.

5.2.4 Formal transfer of responsibility for the care of a patient must be acknowledged on the patient’s record by both the referring member of the Medical Staff and receiving member of the Medical Staff.

5.2.5 As outlined in the Hospital Act, the Board of Directors may designate individuals who are not members of the Medical Staff to be allowed to render health care services to patients provided the admission, care and discharge responsibilities rest with an appropriate member of the Medical Staff. Specific requirements and details for such services are outlined in the Medical Staff Rules.

ARTICLE 6 – CATEGORIES OF MEDICAL STAFF

6.1 Categories

6.1.1 All members of the Medical Staff must be appointed by the Board of Directors to one of the categories listed below.

   (a) Provisional Staff;
   (b) Active Staff;
   (c) Associate Staff;
   (d) Consulting Staff;
   (e) Temporary Staff;
   (f) Locum Tenens Staff;
   (g) Scientific and Research Staff;
   (h) Honorary Staff;
   (i) Dental Staff.
6.2 Provisional Medical Staff

6.2.1 The initial Appointment of all applicants applying to the Medical Staff membership category will be to the Provisional Staff, unless specifically exempted from that requirement by the Board. This category may also apply to members of the Medical Staff who are under review.

6.2.2 Renewal of Privileges may be considered upon review.

6.2.3 Members of the Provisional Staff are assigned to a Professional Practice Group and may admit, attend, investigate, diagnose, and treat patients within the limits of that member’s Privileges.

6.2.4 Members of the Provisional Staff must satisfactorily complete a prescribed orientation program.

6.2.5 Members of the Provisional Staff may be considered for Appointment to the Active Staff after the satisfactory completion of six months Provisional Staff membership, on recommendation of their Professional Practice Leader.

6.2.6 Members of the Provisional Staff are not eligible to hold office or vote at Medical Staff or Professional Practice Group meetings.

6.2.7 Unless specifically exempted by BC Cancer Agency, members of the Provisional Staff are required to participate in fulfilling the organizational and service responsibilities, including on-call responsibilities, of the Professional Practice Group to which the member is assigned, as determined by BC Cancer Agency and described in Medical Staff Rules.

6.2.8 Members of the Provisional Staff are required to participate in administrative and educational activities of the Medical Staff and are required to attend at least 70 percent of Professional Practice Group meetings.

6.2.9 Continuous membership in the Provisional Staff category cannot exceed two years.

6.3 Active Medical Staff

6.3.1 Members of the Active Staff must satisfactorily complete the required period on the Provisional Staff (as described in Section 6.2.5), unless exempted from that requirement by the Board of Directors.

6.3.2 Members of the Active Staff are assigned to a Primary Professional Practice Group and may admit, attend, investigate, diagnose and treat patients within the limits of that member’s Privileges.

6.3.3 Members of the Active Staff are eligible to hold office and vote at Medical Staff and Professional Practice Group meetings.
6.3.4 Unless specifically exempted by BC Cancer Agency, members of the Active Staff are required to participate in fulfilling the organizational and service responsibilities, including on-call responsibilities, of the Professional Practice Group to which the member is assigned, as determined by BC Cancer Agency and described in Medical Staff Rules.

6.3.5 Members of the Active Staff are required to participate in administrative and educational activities of the Medical Staff and are required to attend at least 70 percent of Professional Practice Group meetings.

6.4 Associate Medical Staff

6.4.1 Members of the associate staff may utilize diagnostic facilities, assist in the operating room and undertake other duties specifically assigned to them, but must not perform surgical or investigational procedures for which additional Privileges are required.

6.4.2 Members of the Associate Staff may not normally admit patients or write orders, unless this is specifically identified as part of their assigned duties.

6.4.3 Members of the Associate Staff are assigned to a Professional Practice Group.

6.4.4 Members of the Associate Staff are not eligible to hold office or eligible to vote at Medical Staff or Professional Practice Group meetings but are encouraged to participate in administrative and educational activities of Medical Staff.

6.5 Consulting Staff

6.5.1 Members of the Consulting Staff include Physicians and Dentists with special training or other qualifications in a particular discipline who have been recommended by the MAC to be of special advantage to the Facilities and Programs.

6.5.2 Members of the Consulting Staff shall be assigned to the relevant Professional Practice Group(s).

6.5.3 Members of the Consulting Staff may not admit patients, but may write orders and treat patients in a consulting capacity.

6.5.4 Unless specifically exempted by BC Cancer Agency, members of the Consulting Staff may be required to participate in fulfilling the organizational and service responsibilities, including on-call responsibilities, of the Professional Practice Group to which the member is assigned, as determined by BC Cancer Agency and described in Medical Staff Rules.

6.5.5 Members of the Consulting Staff are not required to attend Professional Practice Group meetings, but are encouraged to participate in administrative and educational activities of the Medical Staff.

6.5.6 Members of the Consulting Staff are not eligible for Appointment to Medical Staff committees and are not eligible to vote at Medical Staff or Professional Practice Group meetings.
6.6 Temporary Staff

6.6.1 Members of the Temporary Staff are appointed for a specified period not to exceed twelve months for the purpose of filling a temporary service need.

6.6.2 Members of the Temporary Staff are assigned to a Professional Practice Group in accordance with their qualifications.

6.6.3 Members of Temporary Staff are expected to attend educational activities.

6.6.4 Unless specifically exempted by BC Cancer Agency, members of the Temporary Staff are required to participate in fulfilling the organizational and service responsibilities, including on-call responsibilities, of the Professional Practice Group to which the member is assigned, as determined by BC Cancer Agency and described in Medical Staff Rules.

6.6.5 Members of the Temporary Staff are not eligible for Appointment to Medical Staff committees and are not eligible to vote at Medical Staff or Professional Practice Group meetings.

6.7 Locum Tenens Staff

6.7.1 Members of the Locum Tenens staff are appointed for a specified period not to exceed twelve months for the purpose of replacing a member of active, Provisional, or Consulting Staff category during an absence.

6.7.2 Renewal of Privileges may be considered upon review.

6.7.3 Privileges of Locum Tenens staff are to be commensurate with training and experience but must not exceed the Privileges of the staff member replaced.

6.7.4 Members of Locum Tenens staff are expected to attend educational activities.

6.7.5 Members of the Locum Tenens staff are not eligible for Appointment to Medical Staff committees and are not eligible to vote at Medical Staff or Professional Practice Group meetings.

6.7.6 Members of the Locum Tenens staff are appointed to a Medical Staff Professional Practice Group in accordance with their qualifications.

6.7.7 Unless specifically exempted by BC Cancer Agency, members of the Locum Tenens staff are required to participate in fulfilling the organizational and service responsibilities, including on-call responsibilities, of the Professional Practice Group to which the member is assigned, as determined by BC Cancer Agency and described in Medical Staff Rules.

6.8 Scientific and Research Staff

6.8.1 The Scientific and Research Staff consists of qualified researchers or educators who, in recognition of their training, experience and ability have been granted this Appointment.
6.8.2 Members of the Scientific and Research Staff carry out those duties, including teaching and research, assigned to them by the head of the Professional Practice Group to which they have been appointed.

6.8.3 Members of the Scientific and Research Staff must not admit patients, write orders, vote, or be officers of the Medical Staff.

6.8.4 Members of the Scientific and Research Staff shall serve on those committees to which they have been appointed.

6.9 Honorary Staff

6.9.1 Honorary Staff membership includes Medical Staff members the Board of Directors wishes to honour who are not active in the Facilities and Programs operated by BC Cancer Agency, and may include individuals with outstanding reputations or prominent Physicians or Dentists who have retired.

6.9.2 Members of the Honorary Staff may not admit or treat patients.

6.9.3 Members of Honorary Staff do not have assigned duties or responsibilities and do not have voting rights at Professional Practice Group or Medical Staff meetings.

6.9.4 Members of the Honorary Staff are not subject to regular review.

6.10 Dental Staff

6.10.1 The Dental Staff consists of qualified Dentists who are members of the College of Dental Surgeons of British Columbia.

6.10.2 Members of the Dental Staff will be classified as Active, Provisional, Associate, Consulting, Locum Tenens, Scientific and Research, and Honorary, as outlined in Sections 6.2 to 6.9.

6.10.3 The procedures for Appointment and assignment of Privileges are the same as for Physicians, including assignment to a Medical Staff Professional Practice Group.

6.10.4 Unless specifically exempted by BC Cancer Agency, members of the Dental Staff may be required to participate in fulfilling the organizational and service responsibilities, including on-call responsibilities, of the Professional Practice Group to which the member is assigned, as determined by BC Cancer Agency and described in Medical Staff Rules.

6.10.5 Members of the Dental Staff do not have admitting Privileges. All dental patients must be admitted under the care of a Physician.

6.10.6 The Rules of the Medical Staff must include Rules outlining the duties of the Dental Staff with respect to medical care.
ARTICLE 7 – ORGANIZATION OF MEDICAL STAFF

The Board of Directors, upon the advice of the President, shall organize the Medical Staff into Professional Practice Groups as warranted by the professional resources of the medical staff.

7.1 Professional Practice Groups

Each medical and dental discipline has a Professional Practice Group.

7.1.1 Members of the medical staff are assigned to a Professional Practice Group by the Board of Directors on the recommendation of the MAC.

7.1.2 Each Professional Practice Group has a Provincial Professional Practice Leader, who is appointed by the President.

7.2 Responsibilities of the Provincial Professional Practice Leader

7.2.1 The Provincial Professional Practice Leader is responsible for the quality of medical care provided to patients by members of the Program.

7.2.2 The Provincial Professional Practice Leader establishes Program terms of reference, policies and procedures governing the operation of the Program, in consultation with the Program’s members.

7.2.3 The Provincial Professional Practice Leader reviews and makes recommendations to the MAC on all new appointments to the Program, in conjunction with the Regional Professional Practice Leader and Regional Vice-President (as applicable) and on the results of performance reviews of members of the Program.

7.2.4 The Provincial Professional Practice Leader reports regularly on the activities of the Program to the President.

ARTICLE 8 – THE MEDICAL ADVISORY COMMITTEE

8.1 Purpose

8.1.1 The Board of the Directors shall appoint a Medical Advisory Committee (MAC).

8.1.2 The MAC makes recommendations to the Board of Directors with respect to cancellation, suspension, restriction, non-renewal, or maintenance of the Privileges of all members of the Medical Staff.

8.1.3 The MAC provides advice to the Board of Directors and to the CEO on:

(a) the provision of medical care within the Facilities and Programs;

(b) the monitoring of the quality and effectiveness of medical care provided within the Facilities and Programs;
(c) the adequacy of Medical Staff resources;
(d) the continuing education of the members of the Medical Staff; and
(e) planning goals for meeting the medical and, where applicable, dental needs of the population served by BC Cancer Agency.

8.2 Composition

8.2.1 The membership of MAC shall be described in Medical Staff Rules, and shall include representation from the following areas:

(a) members of the Medical Staff who have been appointed to medical leadership positions within BC Cancer Agency;
(b) members of the Medical Staff who have been elected by the Medical Staff of BC Cancer Agency;
(c) the Senior Medical Administrator of BC Cancer Agency, who shall provide secretariat services to the MAC;
(d) the CEO and the President who shall be a non-voting members; and
(e) other senior administrative or Medical Staff of BC Cancer Agency as appropriate, in a non-voting capacity.

8.2.2 The Chair and Vice-Chair of the MAC are appointed by the Board of Directors after considering the recommendation of the MAC.

8.2.3 The Chair may be selected from among the active members of the Medical Staff.

8.2.4 The Chair of the MAC is appointed for a term of not more than three years, and may be reappointed for up to three consecutive terms.

8.2.5 The Chair or Vice-Chair of MAC shall provide a report to the Board of Directors and to the CEO and the President on a regular basis. The Chair or Vice-Chair of MAC shall attend meetings of the Board of Directors, and any appropriate committees of the Board, to participate in discussion pertaining to the purposes identified for the MAC under Articles 8.1.2 and 8.1.3.

8.3 Duties

8.3.1 Medical Administration

(a) The MAC appoints chairs and members of standing committees and ensures these committees function effectively including recording minutes of meetings.
(b) The MAC makes recommendations to the Board of Directors on the development, maintenance and updating of Medical Staff Rules, policies and procedures pertaining to medical care.
(c) The MAC advises on matters pertaining to clinical organization, medical technology, and other relevant medical administrative matters.

8.3.2 Clinical Privileges

(a) The MAC reviews recommendations from the Credentials Committee concerning the Appointment and review of the members of the Medical Staff including the delineation of clinical and procedural Privileges.

(b) The MAC makes recommendations to the Board of Directors concerning the Appointment and review of the members of the Medical Staff.

(c) The MAC makes recommendations to the Board of Directors regarding disciplinary measures for violation of these Bylaws, the Rules or policies of the Medical Staff.

(d) The MAC may require a member of the Medical Staff to appear before the committee whenever necessary to carry out its duties.

8.3.3 Quality of Care

(a) The MAC receives, reviews and makes recommendations on reports from quality review bodies and committees concerning the evaluation of the clinical practice of members of the Medical Staff.

(b) The MAC makes recommendations concerning the establishment and maintenance of professional standards in the Facilities and Programs in compliance with all relevant legislation, these Bylaws, the Rules, and policies of the Medical Staff.

(c) The MAC submits regular reports to the Board of Directors, the CEO and the President on the quality, effectiveness and availability of the medical care provided, in relation to professional standards, in Facilities and Programs.

(d) The MAC makes recommendations where appropriate concerning the quality of medical care in BC Cancer Agency.

(e) The MAC makes recommendations where appropriate concerning the availability and adequacy of resources to provide appropriate medical care.

8.3.4 Medical Staff Resource Planning

(a) The MAC makes recommendations to the Board of Directors, the CEO and the President regarding human resource requirements required to meet the medical and dental needs of the population served by the BC Cancer Agency.

(b) The MAC shall submit an annual Medical Staff human resource plan to the Board of Directors.
8.3.5 Professional and Ethical Conduct of Members of the Medical Staff

(a) The MAC reviews and reports on any concerns related to the professional and ethical conduct of members of the Medical Staff to the Board of Directors, and, where appropriate, reports those concerns to the appropriate regulatory College.

8.3.6 Continuing Medical Education and Health Education

(a) The MAC advises on and assists with the development of formally structured ongoing programs in continuing medical education.

(b) The MAC advises on and assists with programs in continuing education of other health care providers in the Facilities and Programs.

(c) The MAC advises on, and makes recommendations concerning, the teaching and research role of BC Cancer Agency.

ARTICLE 9 – THE MEDICAL ADVISORY COMMITTEE STRUCTURE

9.1 General Principles

9.1.1 The Board of Directors, on the advice of the MAC, may establish other committees, reporting to the MAC, to undertake specific responsibilities that fall within the responsibility of the Medical Staff organization.

9.1.2 The composition and terms of reference of all such committees shall be delineated in Medical Staff Rules.

9.2 Relationship Between MAC and Other Medical Staff Committees

9.2.1 All Medical Staff committees shall report to the MAC in a manner specified in the Medical Staff Rules.

9.2.2 All recommendations requiring the attention of the Board of Directors shall be forwarded to the MAC, and shall be reported to the Board by the Chair of MAC or delegate.

ARTICLE 10 – MEDICAL STAFF ASSOCIATION

10.1 General Principles

10.1.1 The Medical Staff Association of BC Cancer Agency shall consist of all members of the Medical Staff.

10.1.2 The Medical Staff Association shall annually elect officers of the Medical Staff whose collective role shall be to represent the Medical Staff and to ensure effective communications between the Medical Staff, administration, and the Board of Directors. Elected officers are eligible for re-election for a maximum of three consecutive years in office.
10.1.3 The number of elected officer positions, the roles and duties of each position, 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 delineated in the Medical Staff Rules.

10.2 Duties of Elected Officers

The duties of elected officers to be specified in the Medical Staff Rules will include to:

(a) call and preside at all meetings of the Medical Staff;
(b) give notice and keep minutes of all meetings of the Medical Staff;
(c) collect, where approved by the Medical Staff membership, dues from the members of the Medical Staff; maintain records of funds received and expended; cause to be prepared a financial statement of the Medical Staff funds to be presented to the membership; and ensure that an audit of Medical Staff funds is conducted at least annually;
(d) represent the Medical Staff in general and speak for the individual members of the Medical Staff in particular. In the case of disciplinary action taken with respect to a member of the Medical Staff, it shall be the duty of an identified elected officer to inform the member of their rights under these Bylaws;
(e) serve in a voting capacity on MAC, in accordance with the terms of reference of these committees; and
(f) bring before the MAC and/or other committees, as appropriate, any resolution duly passed at a meeting of the Medical Staff.

ARTICLE 11 – DISCIPLINE AND APPEAL

11.1 General Principles

11.1.1 The following are grounds for cancellation, suspension, restriction or non-renewal of Privileges, in accordance with established Medical Staff disciplinary procedures as set out in the Hospital Act and these Bylaws:

(a) unprofessional or unethical conduct by a member of the Medical Staff;
(b) breach of an applicable professional ethics code by a member of the Medical Staff;
(c) violation by a member of the Medical Staff of the requirements set out in legislation, these Bylaws, the Rules and policies of the Ministry of Health, the Medical Staff and the Board of Directors;
(d) a finding of professional negligence by a court of law in respect of a member of the Medical Staff;

(e) incompetence of a member of the Medical Staff; and

(f) such other grounds which the Board of Directors may consider in the bests interest of the BC Cancer Agency.

11.1.2 In response to the conduct outlined in Section 11.1.1, the Board of Directors may upon advice received from the MAC, cancel, suspend, modify, restrict or refuse to renew the Appointment of a member of the Medical Staff.

11.1.3 The Board of Directors has responsibility for ensuring effective disciplinary procedures and policies.

11.1.4 Disciplinary action may be taken by the Board of Directors through the CEO, the President or a Senior Medical Administrator.

11.2 Process of Disciplinary Action

11.2.1 Summary Restriction/Suspension

(a) Where the CEO, President or Senior Medical Administrator becomes aware of a serious problem or potential problem which adversely affects or may adversely affect the care of patients, or the safety and security of patients or staff and action is required to protect the safety and best interests of patients or staff, the CEO or Senior Medical Administrator may summarily restrict or suspend Privileges of a member of the Medical Staff by notifying that member in writing.

(b) All such restrictions and suspensions must be reported by the CEO, the President or the Senior Medical Administrator to the MAC and the Board of Directors.

(c) The CEO, the President or the Senior Medical Administrator must notify within seven days, the College of Physicians and Surgeons of British Columbia or the College of Dental Surgeons of British Columbia as appropriate, if the Board of Directors cancels, suspends for a period of one month or longer, or restricts or refuses to issue or renew Privileges of a member of the Medical Staff.

(d) In cases of urgency, action required to protect the safety and best interests of patients or staff must be taken by the individual immediately responsible and subsequently reported to the CEO, the President, the Senior Medical Administrator, the Chair of the MAC, the Board of Directors, and the Registrar of the appropriate College.

(e) Summary restriction or suspension will be considered at a special meeting of the MAC within fourteen days of the restriction or suspension. The member of the Medical Staff has the right to be heard at this meeting.
(f) The MAC will make recommendations to the Board of Directors with respect to cancellation, suspension, restriction, or non-renewal of Privileges as appropriate after giving the member of the Medical Staff an opportunity to be heard.

(g) In cases of summary restrictions or suspensions, the CEO or the President in consultation with the Senior Medical Administrator or Professional Practice Group Leader will appoint another member of Medical Staff to undertake the care of patients under the care of the disciplined member, with immediate notice to the Board of Directors.

11.2.2 General Disciplinary Action

(a) If the Privileges of a member of the Medical Staff have been recommended for cancellation, suspension, restriction or non-renewal, the Board of Directors must consider the recommendation of the MAC and the President or CEO at its next meeting.

(b) The member of the Medical Staff must be given at least seven days' notice in writing of any recommendation of the President, CEO or the MAC to the Board of Directors and of the date and time at which the recommendation will be considered in-camera by the Board of Directors.

(c) The member of the Medical Staff has the right to be heard at this meeting.

(d) All documentation provided to the Board of Directors must be made available to the member of the Medical Staff at the time notice is given (see 11.2.2(b)).

(e) The Board of Directors must convey its decision to the member of the Medical Staff in writing within seven days.

11.3 Automatic Suspension

11.3.1 The Board of Directors in consultation with the MAC may specify in the Medical Staff Rules, the categories of acts or omissions which result in automatic temporary suspension of the Privileges of a member of the Medical Staff.

11.4 Appeal Procedures

11.4.1 A duly qualified member of the Medical Staff:

(a) who has filed an application and who has not been notified by the Board of Directors within the time set out in the Hospital Act;

(b) whose application has been refused in whole or in part, or;

(c) whose Privileges have been cancelled, suspended, restricted, or not renewed, is entitled, on application in writing to the Board of Directors, to appear in person or by counsel and make representations to the Board of Directors and the Board of
Directors must hear, consider, or reconsider the matter, as the case may be, and advise the member of the Medical Staff in writing of its decision by registered mail within 30 days after the date that the member of the Medical Staff or the member of the Medical Staff’s counsel appeared before the Board of Directors.

11.4.2 Notice of an appeal by the member of the Medical Staff or by an applicant for Medical Staff membership of the decision of the Board of Directors must be delivered to the secretary of the Board of Directors:

(a) not later than 30 days after the day on which the Board of Directors caused notification of its decision to be sent to the member of the Medical Staff; or

(b) in the case of the Board of Directors failing to notify an applicant for Medical Staff membership of its decision, not later than 30 days after the expiration of a period of 120 days following the day on which the applicant applied for Privileges in the manner prescribed in the Hospital Act.

11.4.3 The appellant must be given seven days’ notice in writing of the date and time at which the Board of Directors will consider the appeal.

11.4.4 All documentation provided to the Board of Directors must be made available to the appellant at the time notice is given (see 11.4.3).

11.4.5 A member of the Medical Staff may appeal to Hospital Appeal Board if:

(a) The member of the Medical Staff or applicant is dissatisfied with the decision of the Board of Directors regarding that member’s Privileges, or

(b) If the Board of Directors fails to notify the member of the Medical Staff or applicant of its decision within the time prescribed under this section.

ARTICLE 12 – MEDICAL STAFF RULES

12.1 Implementation and Amendment of Rules

12.1.1 Rules necessary for the proper conduct of the Medical Staff will be established by the Board of Directors upon the recommendation of the MAC and the Medical Staff.

12.1.2 Such Rules must not conflict with the Hospital Act and the Regulations, the constating documents of BC Cancer Agency, the policies of the Board of the Directors or these Medical Staff Bylaws.

12.1.3 All recommendations for the amendment of Rules must be reviewed by the MAC who will provide advice to the Board of Directors.

12.1.4 Rules and amendments thereto are effective when approved by the Board of Directors.
ARTICLE 13 – AMENDMENT OF BYLAWS

The Board of Directors may amend these Bylaws in accordance with any requirements under the Hospital Act.

ARTICLE 14 – APPROVAL OF BYLAWS

These Bylaws become effective only when first adopted by the Board of Directors and subsequently are approved by the Minister of Health of British Columbia.

THIS IS TO CERTIFY:

The Bylaws of the Medical Staff of the British Columbia Cancer Agency were adopted by its Board of Directors on ________________

Date

Signed by:

_____________________________________________________
Chair, Board of Directors

_____________________________________________________
CEO

_____________________________________________________ 
President

_____________________________________________________ 
Approved by Minister of Health of British Columbia

_____________________________________________________ 
Date