



**Saskatchewan  
Health Authority**

## **Practitioner Staff Bylaws**

**2025**

**SASKATCHEWAN HEALTH AUTHORITY**  
**PRACTITIONER STAFF BYLAWS**

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# **PRACTITIONER STAFF BYLAWS**

## **PART I**

### **1. Title**

(1) These are the Practitioner Staff Bylaws (Bylaws) for the Saskatchewan Health Authority (SHA).

### **2. Purpose**

(1) These Bylaws are developed and enacted for the purposes outlined in *The Provincial Health Authority Act*.

(2) These Bylaws apply to the Members of the Practitioner Staff.

### **3. Definitions**

(1) In these Bylaws, the following definitions apply:

- (a) "Affiliation Agreement" means an agreement in place between the SHA and the College of Medicine, University of Saskatchewan or similar agreement between the SHA and another college of the University of Saskatchewan which governs the relationship between the parties with respect to matters covered by these Bylaws;
- (b) "Appointment" means the process and/or the outcome by which a Physician, Dentist, Chiropractor, Midwife, Physician Assistant, Nurse Practitioner, or Registered Nurse with additional authorized practice becomes a Member of the Practitioner Staff of the SHA. An Appointment does not constitute employment or presume specific Privileges;
- (c) "Area Chief of Staff" or "ACOS" means a Physician appointed under section 8 (Area Chiefs of Staff) of these Bylaws;
- (d) "Area Department Lead" means a practitioner appointed under section 12 (Appointment of Area Department Leads) of these Bylaws;
- (e) "Area Department" means a major subunit of the Practitioner Staff within an Area established under section 11 (Area Departments) of the Bylaws and composed of practitioners with common clinical or specialty expertise;
- (f) "Area Division Lead" means a practitioner appointed under section 14 (Area Division Lead) of these Bylaws;
- (g) "Area Division" means a component of an Area Department composed of practitioners with a clearly defined subspecialty and designated by the CMO as an Area Division or an organizational subunit of an Area Department established under section 13 (Area Divisions) of these Bylaws;

- (h) "Area" means a geographically defined part of the province within which SHA health service delivery occurs;
- (i) "Board" means the voting members of the Board of the SHA and includes any subcommittee of the Board which has been authorized by the Board to carry out any function assigned to or power exercised by the Board under these Bylaws, including, without limitation, under sections 39 (Temporary Staff), 44 (Power to Appoint and Reappoint), 57 (Recommendation of the Area Practitioner Advisory Committee), 64 (Immediate Suspension of Appointment or Privileges), 66 (Alternative Dispute Resolution Process), 71 (Decision of Practitioner Staff Review Committee), 72 (Notice of Board Meeting), 73 (Board Proceedings), 74 (Board Decision), 75 (Service of the Board Decision) and 78 (Duty to Make Disclosure);
- (j) "Bylaws" means these Saskatchewan Health Authority Practitioner Staff Bylaws;
- (k) "Chief Executive Officer" or "CEO" means the person employed by contract who is responsible for the general management and conduct of the affairs of the SHA;
- (l) "Chief Medical Officer" or "CMO" means the Physician appointed under section 4 (Chief Medical Officer Appointment) of these Bylaws;
- (m) "Chiropractor" means a practitioner who is duly licensed by the Chiropractors' Association of Saskatchewan and who is entitled to practice chiropractic in Saskatchewan pursuant to *The Chiropractic Act, 1994*;
- (n) "College" means: in the case of a Physician or Physician Assistant, the College of Physicians and Surgeons of Saskatchewan; in the case of a Dentist, the College of Dental Surgeons of Saskatchewan; in the case of a Midwife, the Saskatchewan College of Midwives; in the case of a Chiropractor, the Chiropractors' Association of Saskatchewan; and, in the case of a Nurse Practitioner or Registered Nurse with additional authorized practice, the College of Registered Nurses of Saskatchewan ;
- (o) "Dean" means the Dean of the College of Medicine, University of Saskatchewan or the Dean of the College of Dentistry, University of Saskatchewan, as the context indicates;
- (p) "Dentist" means a practitioner who is duly licensed by the College of Dental Surgeons of Saskatchewan and who is entitled to practice dentistry in Saskatchewan pursuant to *The Dental Disciplines Act*;
- (q) "Deputy Chief Medical Officer" or "DCMO" means the Physician appointed under section 6 (Deputy Chief Medical Officer Appointment and Responsibilities) of these Bylaws;
- (r) "Facility" means a facility which is owned or operated by the SHA;
- (s) "Member" means a Physician, Dentist, Chiropractor, Midwife, Physician Assistant,

Nurse Practitioner, or Registered Nurse with additional authorized practice who has a Practitioner Staff Appointment;

(t) "Midwife" means a practitioner who is not employed by the SHA and who is duly licensed as a Midwife with the Saskatchewan College of Midwives pursuant to *The Midwifery Act*;

(u) "Nurse Practitioner" means a practitioner who is not employed by the SHA and who is duly licenced as a Registered Nurse Practitioner with the College of Registered Nurses of Saskatchewan pursuant to *The Registered Nurses Act, 1988*;

(v) "Patient Family Partner" (PFP) means an individual who has healthcare experience(s) as a patient/resident/client, or a family member/support person. PFPs partner with the SHA to: develop policies, programs, and practices affecting patients; improve the quality and safety of the patient experience; and embed people/patient and family centred care across the SHA;

(w) "Periodic Review" means a regularly scheduled evaluation of professional performance and all matters related to the Appointment and Privileges of a Member with an Appointment to Practitioner Staff;

(x) "Physician" means a practitioner who is duly licensed by the College of Physicians and Surgeons of Saskatchewan and who is entitled to practice medicine in Saskatchewan pursuant to *The Medical Profession Act, 1981*;

(x.1) "Physician Assistant" means a practitioner who is not employed by the SHA and who is duly licensed by the College of Physicians and Surgeons of Saskatchewan and who is entitled to practice as a Physician Assistant in Saskatchewan under Physician supervision pursuant to *The Medical Profession Act, 1981*.

(y) "Policies and Procedures" means those Policies and Procedures that have been adopted by the SHA;

(z) "Practitioner Staff Appointment" means the Appointment of an individual or a practitioner to one of the Practitioner Staff categories established pursuant to these Bylaws;

(aa) "Practitioner Staff" means all Members;

(bb) "Privileges" means the authority granted to practitioners to provide specific types of practitioner care within the Facilities and Programs of the SHA;

(cc) "Program" means an ongoing care delivery system under the jurisdiction of the SHA for coordinating and delivering a specified type of patient care;

(dd) "Provincial Department" means a major provincial subunit of the Practitioner Staff established under section 9 (Provincial Departments) of these Bylaws;

- (ee) "Provincial Department Head" means a practitioner appointed under section 10 (Appointment of Provincial Department Heads) of these Bylaws;
- (ff) "Quality Assurance" means a system that monitors critical and adverse events caused by the care provided or having the potential to cause harm, and works to prevent future harm;
- (gg) "Quality Improvement Committee" means a committee designated as a Quality Improvement Committee by the SHA to carry out a quality improvement activity the purpose of which is to examine and evaluate the provision of health services for the purpose of educating persons who provide health services, or improving the care, practice or services provided to patients by the SHA;
- (hh) "Quality Improvement" means initiatives that improve the quality of care based on principles of best practice and standardization of care, appropriateness of care, and improved access to care;
- (ii) "Record" means the legal and other information including but not limited to the commencement document, exhibits, transcript of proceeding, rulings and decision;
- (jj) "Registered Nurse with additional authorized practice" means a practitioner who is not employed by the SHA and who is duly licensed as a Registered Nurse with additional authorized practice with the College of Registered Nurses of Saskatchewan pursuant to *The Registered Nurses Act, 1988*;
- (kk) "Resident" means those practitioners who have been appointed to the Resident staff, as per the Bylaws, to temporarily work in the Facilities operated or owned by the SHA for the duration of their residency;
- (ll) "Risk Management" means the clinical and administrative activities undertaken to identify, evaluate, and reduce the risk of injury to patients, staff, and visitors and the risk of loss to the organization itself;
- (mm) "Rules" means the Practitioner Staff Rules governing the day-to-day practice and obligations of the Practitioner Staff which are applicable to all Facilities operated by or Programs provided by the SHA;
- (nn) "Saskatchewan Health Authority" or "SHA" means the Authority established December 4, 2017, pursuant to *The Provincial Health Authority Act*;
- (oo) "Search Committee" means a committee established to assist in the search for the best candidate for a specified position;
- (pp) "Sites of Clinical Activity" means the locations listed in the grant of Privileges, where a practitioner may perform clinical procedures or provide care or services to patients. Sites of Clinical Activity may include Areas, Facilities, and specific Programs owned, operated, or contracted with the SHA;

(qq) "SMA" means the Saskatchewan Medical Association.

## **PART II**

### **ORGANIZATION OF THE PRACTITIONER STAFF**

#### **4. Chief Medical Officer Appointment**

- (1) The CEO shall appoint a Physician Member, or a Physician eligible for Appointment to the Practitioner Staff, to the position of Chief Medical Officer (CMO) after giving consideration to the advice of a Search Committee.
  - (a) A Search Committee for the CMO shall be established by the CEO and be comprised of:
    - (i) two members of the Provincial Practitioner Advisory Committee (PPAC);
    - (ii) one member of the SMA selected by the SMA board;
    - (iii) one member of the Practitioner Staff who is not a Physician;
    - (iv) one member of the executive leadership team of the SHA; and
    - (v) one Patient Family Partner.
  - (b) members of the Search Committee shall select a member as chair;
  - (c) the Search Committee shall invite applications from Physicians eligible for membership to the Practitioner Staff;
  - (d) the Search Committee may conduct reference checks and, at the request of the CEO, interview applicants;
  - (e) the CEO may interview the top candidates recommended by the Search Committee, and/or any other candidates they wish to consider.
- (2) The individual appointed to the position of CMO may exercise any or all of the powers and responsibilities of the CMO position.
- (3) No Physician may be appointed to the position of CMO without approval of the Board.
- (4) The CEO will conduct an annual performance review of the CMO.
- (5) Subject to the confirmation of the Board, and in accordance with any applicable contract, the CEO may at any time revoke or suspend the appointment of the CMO.

#### **5. Responsibilities of the Chief Medical Officer**

- (1) The CMO shall be accountable to the CEO with respect to all matters regarding the management and organization of the Practitioner Staff, including the establishment or dissolution of an organizational structure that supports the achievement of health outcomes, and ensures the delivery of practitioner services within the SHA, consistent with the strategic plan and mission of the SHA.

(2) The roles and responsibilities of the CMO include, but are not limited to:

- (a) ensuring the delivery of Practitioner Staff services within the SHA, consistent with the strategic plan and mission of the SHA, applicable legislation and these Bylaws;
- (b) the establishment or dissolution of Provincial Departments, Area Departments and/or Area Divisions as are warranted from time to time as outlined in these Bylaws; and
- (c) the establishment or dissolution of an organizational structure to assist in the implementation of the strategic plan and mission of the SHA, with due process.

(3) CMO shall be responsible for:

- (a) with respect to corporate management:
  - (i) as a member of the executive leadership team of the SHA, participating in management discussions and decisions including, but not limited to discussions and decisions regarding strategic planning, financial and program planning, human resources planning, the development, implementation and evaluation of patient/client/resident care programs and services, and resource allocation.
- (b) with respect to Practitioner Staff administration:
  - (i) ensuring development, maintenance and updating of these Bylaws and the Rules pertaining to Practitioner Staff care provided within the Provincial Departments, Area Departments, Area Divisions, Facilities, and Sites of Clinical Activity operated by the SHA;
  - (ii) providing leadership and direction on matters pertaining to clinical organization, advances in medical technology and other relevant Practitioner Staff administrative matters;
  - (iii) participating in any SHA committees, as required; and
  - (iv) providing leadership and direction to Provincial Departments, Area Departments, Area Divisions, and Sites of Clinical Activity, other Practitioner Staff leaders, and the Provincial Practitioner Advisory Committee (PPAC) and standing and ad hoc committees, so as to integrate the activities of the various Provincial and Area Departments, Divisions, and committees with each other and with the goals of the SHA.
- (c) with respect to the Appointment, privileging and review, including reappointment, termination, and suspension of Practitioner Staff:
  - (i) ensuring that appropriate Practitioner Staff Appointment, privileging, re-appointment and review processes are in place and consistent with applicable legislation and associated regulations, these Bylaws and the Rules.
- (d) with respect to the quality of practitioner care:
  - (i) developing, establishing and maintaining Quality Assurance, Quality Improvement, risk management and utilization activities within the SHA in compliance with all applicable legislation, Bylaws, Rules and Policies and Procedures; and

- (ii) collaborating with the Area Chiefs of Staff to ensure that patient/client/resident concerns regarding the quality of practitioner care are resolved in a timely manner.
- (e) with respect to Practitioner Staff resource planning:
  - (i) submitting annually a Practitioner Staff human resource plan to the CEO that addresses the needs of the population served; and
  - (ii) providing leadership and direction on matters pertaining to Practitioner Staff compensation, recruitment, orientation and retention.
- (f) with respect to the professional and ethical conduct of Members:
  - (i) encouraging, promoting and fostering the professional and ethical conduct of Members in relation to their practice, teaching, research and interactions with others; and
  - (ii) addressing concerns arising from the professional and ethical conduct of Practitioner Staff.
- (g) with respect to continuing Practitioner Staff education:
  - (i) encouraging, promoting and fostering participation in continuing Practitioner Staff education on an ongoing basis; and
  - (ii) assisting in identifying and addressing the management and leadership needs of the Practitioner Staff.
- (h) with respect to teaching and research:
  - (i) encouraging, promoting and fostering teaching and research within the province;
  - (ii) ensuring that appropriate processes and protocols are in place for the consideration and approval of research proposals; and
  - (iii) working with the health science institutions to achieve mutual goals as it relates to education of the health workforce and related academic/research activities.

(4) The CMO job description may be further outlined within the Rules.

## **6. Deputy Chief Medical Officer Appointment and Responsibilities**

- (1) Subject to subsection (2), the Chief Medical Officer, with the approval of the CEO, shall appoint a Physician Member, or a Physician eligible for Appointment to the Practitioner Staff to the position of Deputy Chief Medical Officer after giving consideration to the advice of a Search Committee.
- (2)
  - (a) A Search Committee for the DCMO shall be established by the CMO and be comprised of:
    - (i) two members of the PPAC;
    - (ii) one member of the SMA selected by the SMA Board;
    - (iii) one member of the Practitioner Staff who is not a Physician;

- (iv) one member of the executive leadership team of the SHA; and
  - (v) one Patient Family Partner.
- (b) members of the Search Committee shall select a member as chair;
- (c) the Search Committee shall invite applications from Physician Members or Physicians eligible for membership to the Practitioner Staff;
- (d) the Search Committee may conduct reference checks and, at the request of the CMO, interview applicants;
- (e) the CMO may interview the top candidates recommended by the Search Committee, and/or any other candidates they wish to consider.

(3) Where the CMO is absent or unable to serve, the Physician or Physicians appointed to the position of DCMO may exercise any or all of the powers and responsibilities of the CMO position.

(4) The DCMO may delegate powers and responsibilities to any Area Chief of Staff as appropriate.

(5) The CMO will conduct an annual performance review of the DCMO.

(6) Subject to the confirmation of the CEO, and in accordance with any applicable contract, the Chief Medical Officer may at any time revoke or suspend the appointment of the DCMO.

(7) The DCMO job description may be further outlined within the Rules.

## **7. Responsibilities of the Deputy Chief Medical Officer**

- (1) The DCMO shall be accountable to the CMO with respect to all matters delegated by the CMO.
- (2) The DCMO shall be responsible for:
  - (a) management of Practitioner Staff Affairs functions;
  - (b) acting as chair of the Bylaws and Rules Review Committee;
  - (c) appointing the Area Chiefs of Staff;
  - (d) ensuring consistent processes for Practitioner Staff Periodic Review throughout the SHA;
  - (e) performing other duties as may be assigned by the CMO;
  - (f) collaborating with other operational leaders;
  - (g) advancing the perspective, advice and resource requirements of the Practitioner Staff within the SHA; and

(h) advocating for the provision of high quality and safe patient care within the SHA.

## 8. Area Chiefs of Staff

- (1) Each Area shall have at least one Area Chief of Staff (ACOS). The ACOS shall be appointed by the DCMO after consideration of the advice of a Search Committee pursuant to the process specified in the Rules.
- (2)
  - (a) A Search Committee for the ACOS shall be established by the DCMO and be comprised of:
    - (i) two Area Department Leads;
    - (ii) one member of the SMA selected by the SMA Board;
    - (iii) one member of the Practitioner Staff who is not a Physician;
    - (iv) one member of the SHA administration; and
    - (v) one Patient Family Partner.
  - (b) Members of the Search Committee shall select a member as chair.
  - (c) The Search Committee shall invite applications from Physician Members or Physicians eligible for membership to the Practitioner Staff.
  - (d) The Search Committee may conduct reference checks and, at the request of the DCMO, interview applicants.
  - (e) The DCMO may interview the top candidates recommended by the Search Committee, and/or any other candidates they wish to consider.
- (3) Each ACOS shall be directly accountable to the DCMO.
- (4) Without limiting the authority of the SHA relative to its administrative structures, the responsibilities of the ACOS include, but are not limited to:
  - (a) accountability for all practitioner-related matters, as well as all operational and strategic issues and decisions requiring practitioner input or leadership that arise within the Area;
  - (b) ensuring clinical operational coordination across the Area, collaboration between Areas, and implementation of SHA strategies as approved from time to time by the executive leadership team;
  - (c) advising on Practitioner Staff resource requirements within the Area and advising on other resource requirements;
  - (d) advancing the provision of high quality and safe patient care within the Area;

- (e) performing all other duties assigned to them by these Bylaws and the Rules;
- (f) performing other duties as may be assigned by the DCMO;
- (g) collaborating with other operational leaders; and
- (h) oversight of the Area Departments/Divisions as related to operations, patient care, Bylaws and Rules-related issues;

- (5) The DCMO will conduct annual performance reviews of the ACOS.
- (6) The ACOS job description may be further outlined within the Rules.
- (7) Subject to the confirmation of the CMO, and in accordance with any applicable contract, the DCMO may at any time suspend or revoke the appointment of an ACOS.

## **9. Provincial Departments**

- (1) In accordance with these Bylaws, the CMO and the relevant Dean, with the approval of the CEO, may jointly establish and dissolve Provincial Departments in the SHA organizational structure.
- (2) In addition to the process outlined in subsection (1), the CMO with approval of the CEO may establish or dissolve additional Provincial Departments.
- (3) In determining whether to establish a Provincial Department, the CMO and, where appropriate, the relevant Dean will:
  - (a) consider the criteria listed in subsections (4) and (5); and
  - (b) carry out consultation with the PPAC, where appropriate.
- (4) A Provincial Department consists of practitioners who provide patient care, clinical service, and academic service:
  - (a) related to a specialty or subspecialty recognized by the Royal College of Physicians and Surgeons of Canada or the College of Family Physicians of Canada or the Royal College of Dentists of Canada;
  - (b) related to generalist academic services considered necessary for academic programming; or
  - (c) related to provision of health services, including dental services, or programming which is considered to be best organized as a Provincial Department.
- (5) The purposes of Provincial Departments are to:

- (a) support the delivery of high quality and safe patient care and clinical services within the province;
- (b) provide oversight to the Practitioner Staff and advice to the SHA with respect to improving provincial quality, optimizing practitioner resources, and contributing to strategic planning and implementation; and
- (c) contribute to the optimization of the design and delivery of undergraduate and postgraduate medical and dental education, in collaboration with the applicable post-secondary education institution.

(6) Members will be assigned to Provincial Departments.

## **10. Provincial Department Heads**

- (1) Each Provincial Department shall be led by a Provincial Department Head whose duties and responsibilities are specified in these Bylaws and the Rules. A Provincial Department Head will not be responsible for:
  - (a) Bylaws related matters;
  - (b) concerns around Area-specific aspects of clinical care;
  - (c) clinical service operational matters within Areas; and
  - (d) Area Departments.
- (2) In accordance with departmental review/search processes as identified in the Rules, the CMO and, where appropriate, the relevant Dean may jointly appoint a Provincial Department Head in accordance with an applicable Affiliation Agreement with approval of the CEO.
- (3) The Provincial Department Head shall report to the CMO and, where appropriate, the relevant Dean.
- (4) Each Provincial Department Head will undergo an annual performance review conducted by the CMO and, where appropriate, the relevant Dean.
- (5) With the approval of the CEO, and in accordance with an applicable Affiliation Agreement and any applicable contract, the CMO and, where appropriate, the relevant Dean, may, at any time, jointly suspend or revoke the appointment of a Provincial Department Head or Acting Provincial Department Head and appoint another individual to be Acting Provincial Department Head.
- (6) In the event an Acting Provincial Department Head position becomes vacant the CMO and, where appropriate, the relevant Dean may, with the approval of the CEO, appoint another individual to be Acting Provincial Department Head until the vacancy is filled.

(7) An Acting Provincial Department Head shall have all of the powers, duties and responsibilities of the Provincial Department Head.

## **11. Area Departments**

(1) In accordance with these Bylaws, the CMO, with the approval of the CEO, will establish Area Departments.

(2) An Area Department consists of practitioners who provide patient care and clinical service within a specific Area:

- (a) related to a specialty or subspecialty recognized by the Royal College of Physicians and Surgeons of Canada or the College of Family Physicians of Canada or the Royal College of Dentists of Canada or regulatory body for other practitioners; or
- (b) that the ACOS and Area Practitioner Advisory Committee (APAC) consider to be best organized and operated as an Area Department.

(3) The purposes of Area Departments are:

- (a) to support the delivery of high quality and safe patient care and clinical services within the Area;
- (b) to permit effective oversight of the Practitioner Staff within the Area;
- (c) to advance the perspective, advice and resource requirements of the Area Practitioner Staff to the SHA; and
- (d) to deliver the academic mandate of the Provincial Department.

(4) Each Member in an Area shall be assigned to an Area Department.

## **12. Area Department Leads**

(1) Each Area Department shall be led by an Area Department Lead whose duties and responsibilities are specified in the Rules.

(2) In accordance with these Bylaws and the Rules, the ACOS:

- (a) after consulting with the Provincial Department Head for that Department and considering the advice of the APAC; and
- (b) with the approval of the DCMO;

may appoint one or more individuals to be responsible for and serve as an Area Department Lead.

(3) Each Area Department Lead shall be a practitioner of the active or provisional staff and a

practitioner of the Area Department, or an individual subject to the Rules.

- (4) Each Area Department Lead will have a dual reporting relationship:
  - (a) Reporting directly to the ACOS on matters including:
    - (i) Area operational matters;
    - (ii) assigned Bylaws and Rules-related matters;
    - (iii) Area practitioner review matters;
    - (iv) Area quality of care issues and Quality Improvement activities such as patient or other concerns, discussions or meetings involving critical incidents, morbidity and mortality discussions, and adverse events; and
    - (v) Area Quality Assurance activities.
  - (b) Reporting to the Provincial Department Head on matters that include:
    - (i) academic program delivery within their respective Area;
    - (ii) Provincial Departmental strategic planning;
    - (iii) Provincial Departmental practitioner human resource planning and collaboration on recruitment of practitioners within their respective Area Departments;
    - (iv) provincial clinical practice standard setting; and
    - (v) provincial Quality Improvement initiatives within the scope and realm of that Department.
- (5) Each Area Department Lead shall undergo an annual performance review by the ACOS.
- (6) After consultation with the Provincial Head for that Department, with the approval of the DCMO, and in accordance with any applicable contract, the ACOS may at any time suspend or revoke the appointment of an Area Department Lead.
- (7) Where an appointment is suspended, revoked or the Area Department Lead is unable to serve, the ACOS may, after consultation with the Provincial Department Head for that Department, and with the approval of the DCMO, appoint an individual to be Acting Area Department Lead, subject to the Rules.
- (8) An Acting Area Department Lead shall have all of the powers, duties and responsibilities of an Area Department Lead.
- (9) The search and selection process shall be determined and implemented by the DCMO.

### **13. Area Divisions**

- (1) An Area Department may be further divided, as appropriate, into Area Divisions, organizational subunits which shall be directly accountable to the Area Department within which they function.
- (2) An Area Division may be established by the CMO, and approved by the CEO, if it is determined that it will assist the Area Department in optimally fulfilling its functions and responsibilities pursuant to these Bylaws and the Rules.

- (3) As appropriate, each Area Division shall have an Area Division Lead whose duties and responsibilities are specified in these Bylaws and the Rules.

#### **14. Area Division Lead**

- (1) Each Area Division Lead shall be a practitioner of the active or provisional staff and a practitioner of the Area Division, or an individual subject to the Rules.
- (2) The Area Division Lead shall report to and be accountable to the Area Department Lead for the activities of the Area Division and its practitioners.
- (3) An Area Division Lead will be appointed by the Area Department Lead and confirmed by the ACOS.
- (4) Each Area Division Lead reports to the Area Department Lead on matters including:
  - (a) Area Division operational matters;
  - (b) Area Division Bylaws and Rules-related matters;
  - (c) Area Division practitioner periodic and other review matters;
  - (d) Area Division quality of care issues;
  - (e) Area Division Quality Improvement activities such as patient and other concerns, critical incidents, morbidity and mortality discussions, and adverse events;
  - (f) Area Division Quality Assurance activities;
  - (g) Area Division academics and training within the Area and provincially; and
  - (h) provincial practice standardization of care within the Area Division.
- (5) The Area Department Lead will conduct annual performance reviews of Area Division Leads.
- (6) In considering re-appointment of an Area Division Lead, the respective Area Department Lead shall consider the results of annual performance reviews and the views of the Members of the Area Division.
- (7) With the approval of the ACOS, and in accordance with any applicable contract, the Area Department Lead may at any time suspend or revoke the appointment of an Area Division Lead.
- (8) In the event an Area Division Lead position becomes vacant the Area Department Lead may, after consultation with the ACOS, and with the approval of the DCMO, appoint an individual to be Acting Area Division Lead until the vacancy is filled, subject to the Rules.
- (9) An Acting Area Division Lead shall have all of the powers, duties and responsibilities of an Area

Division Lead as outlined in these Bylaws and Rules.

**15. Responsibilities of Area Division Lead**

- (1) Roles and responsibilities of the Area Division Leads may be set out more fully in the Rules.

**16. Establishment of the Provincial Practitioner Advisory Committee (PPAC)**

- (1) The CEO and CMO shall establish a Provincial Practitioner Advisory Committee (PPAC).
- (2) The CMO may in addition establish an executive committee of the PPAC which is accountable to the PPAC and with specific terms of reference approved by the PPAC.

**17. Responsibilities of the Provincial Practitioner Advisory Committee**

- (1) The PPAC shall:
  - (a) assist the CMO with the effective organization, management and functioning of the Practitioner Staff; and
  - (b) be consulted on Practitioner Staff Bylaws and Rules relating to Practitioner Staff affairs.
- (2) The responsibilities of the PPAC include, but are not limited to, providing advice and recommendations to the CMO, with a view to integrating and coordinating activities in a consistent manner throughout the province on matters:
  - (a) with respect to Practitioner Staff organization, making recommendations to the CMO regarding:
    - (i) matters pertaining to clinical organization, medical technology and other relevant practitioner administrative matters; and
    - (ii) matters pertaining to strategic planning, financial and program planning, the development, implementation and evaluation of patient/client/resident care programs and services and resource allocation.
  - (b) with respect to the quality of practitioner care:
    - (i) receiving, reviewing and making recommendations to the CMO on reports from quality review bodies and committees;
    - (ii) making recommendations to the CMO concerning the establishment and maintenance of professional standards in Facilities, Programs and services operated by the SHA in compliance with all applicable legislation, Bylaws, Rules and Policies and Procedures; and
    - (iii) making recommendations on the quality, effectiveness and availability of practitioner care provided in Facilities, Programs and services operated by the SHA.
  - (c) with respect to practitioner human resource planning:

- (i) making recommendations to the CMO regarding practitioner resources required to meet the health needs of the population served by the SHA.
- (d) with respect to academics and learning:
  - (i) making recommendations regarding province-wide innovations, research, Quality Assurance, Quality Improvement, appropriateness of care, standardization of care, and distributed practitioner education.

## **18. Provincial Practitioner Advisory Committee (PPAC) Composition**

- (1) The following persons shall be voting members of the PPAC:
  - (a) the DCMOs;
  - (b) the Senior Medical Health Officer;
  - (c) a Practitioner Staff Member representative of the SMA selected by the SMA president;
  - (d) each Provincial Department Head;
  - (e) one ACOS from each Area;
  - (f) a Practitioner Staff Member designated by the Dean of the College of Medicine; and
  - (g) two Patient Family Partners selected by the CMO.
- (2) The following persons shall be non-voting members of the PPAC:
  - (a) the CMO; and
  - (b) other administrative or executive staff as deemed appropriate by the CEO and CMO.
- (3) The chair and vice-chair shall be elected annually from the voting members of PPAC.
- (4) The chair of the PPAC shall:
  - (a) preside at all meetings of the PPAC;
  - (b) give such notice, as required in the Rules, of all meetings of the PPAC;
  - (c) in consultation with the CMO, develop the agenda for PPAC meetings;
  - (d) maintain the minutes of all meetings of the PPAC;
  - (e) maintain an attendance record of those attending all meetings of the PPAC; and
  - (f) perform such other duties as ordinarily pertain to this office and as the CMO directs.

(5) The vice-chair of the PPAC shall have all the powers and perform all the duties of the chair in the absence or disability of the chair.

(6) PPAC shall meet not less than four times per year.

**19. Standing and Ad Hoc Committees of Provincial Practitioner Advisory Committee**

(1) The PPAC may establish such standing committees and ad hoc committees as required to advise the CMO and the PPAC.

(2) The terms of reference, duties and composition of each standing and ad hoc committee shall be approved by PPAC and recorded in the minutes of the PPAC.

(3) The PPAC shall appoint a chair of each standing committee and each ad hoc committee.

(4) The chair of each standing or ad hoc committee shall submit the minutes, reports, and any recommendations of the standing or ad hoc committee on a regular basis, or as directed by the PPAC, and, at the request of the PPAC, be present to discuss all or part of any minutes, reports, or recommendations of the standing or ad hoc committee.

**20. Bylaws and Rules Review Committee**

(1) The DCMO will establish and maintain a Bylaws and Rules Review Committee.

(2) The purpose of the committee will be to continually maintain currency of the Practitioner Staff Bylaws and Rules-.

(3) Amendments may be proposed by any Member, the SHA administration, or any member of the Bylaws and Rules Review Committee.

(4) The Bylaws and Rules Review Committee shall be composed of the following voting members:

(a) DCMO who will be chair;

(b) four members of the Practitioner Staff selected by the SMA;

(c) four Area Chiefs of Staff;

(d) one to two Patient Family Partners selected by the DCMO;

(e) one Executive Director Practitioner Staff Affairs; and

(f) one Dentist selected by the College of Dental Surgeons of Saskatchewan.

(5) Non-voting members shall include:

(a) SHA Legal Consultant(s);

- (b) administrative staff as determined by the committee and approved by the DCMO;
- (c) Ministry of Health representative(s) designated by the Ministry of Health; and
- (d) other non-Physician and non-Dentist Members as determined by the committee and approved by the DCMO.

- (6) The committee will make recommendations to, and report to, the CMO.
- (7) The committee shall meet not less than two times per year, and as may otherwise be required at the call of the chair.

## **21. Area Practitioner Advisory Committees (APAC) Establishment and Responsibilities**

- (1) The CEO and CMO shall establish Area Practitioner Advisory Committees (APAC).
- (2) The ACOS may in addition establish an executive committee of the APAC which is accountable to the APAC and with specific terms of reference approved by the CMO.
- (3) The APAC shall:
  - (a) assist the Area Chiefs of Staff with the effective organization, management and functioning of the Practitioner Staff within that Area;
  - (b) with respect to Practitioner Staff administration:
    - (i) provide advice and recommendations to the ACOS on matters pertaining to clinical organization, medical technology and other relevant practitioner administrative matters; and
  - (c) with respect to the quality of practitioner care:
    - (i) receive, review and make recommendations to the ACOS on reports from Quality Assurance committees and/or Quality Improvement Committees within the Area;
    - (ii) report and make recommendations to the ACOS on the quality, effectiveness and availability of practitioner care provided in Facilities, Programs and services operated within the Area;
    - (iii) report and make recommendations regarding critical incidents and adverse events within the Area;
    - (iv) report and make recommendations on Appointments, reappointments, and recommendations of the Practitioner Staff Review Committee, and
    - (v) report and make recommendations brought from Area Departments and/or Area Divisions.
- (4) The conduct of APAC meetings, Area Department, Program or Area Division meetings, and general meetings of the Practitioner Staff, as well as questions of procedure at both regular and special meetings of such bodies, shall be determined in accordance with the Rules.

## **22. Area Practitioner Advisory Committee (APAC) Composition**

- (1) The following persons shall be voting members of the APAC:
  - (a) a representative of the SMA;
  - (b) one Area Department Lead from each Area Department;
  - (c) a representative of the College of Medicine, University of Saskatchewan;
  - (d) one to two Patient Family Partners selected by the ACOS;
  - (e) one Dentist selected by the College of Dental Surgeons of Saskatchewan; and
  - (f) one non-Physician, non-Dentist Member from any of the non-Physician, non-Dentist practitioner associations, to attend on a rotating basis.
- (2) The following persons shall be non-voting members of the APAC:
  - (a) other administrative and executive staff as determined by the DCMO and ACOS; and
  - (b) the ACOS.
- (3) The chair and vice-chair of the APAC will be elected annually from the voting members of the APAC.
- (4) The chair of the APAC shall:
  - (a) preside at all meetings of the APAC;
  - (b) give such notice, as required in the Rules, of all meetings of the APAC;
  - (c) in consultation with the ACOS, develop the agenda for APAC meetings;
  - (d) maintain the minutes of all meetings of the APAC;
  - (e) maintain an attendance record of those attending all meetings of the APAC; and
  - (f) perform such other duties as the ACOS directs.
- (5) The vice-chair of the APAC shall have all the powers and perform all the duties of the chair in the absence or disability of the chair.
- (6) APAC shall meet not less than six times per year.

## **23. Standing and Ad Hoc Committees of the Area Practitioner Advisory Committee**

- (1) The APAC may establish such standing committees and ad hoc committees as required to

advise the ACOS and the CMO.

- (2) The terms of reference, duties and composition of each standing and ad hoc committee shall be approved by APAC and recorded in the minutes of the APAC.
- (3) The APAC shall appoint a chair of each standing committee and each ad hoc committee.
- (4) The chair of each standing or ad hoc committee shall submit the minutes, reports, and any recommendations of the standing or ad hoc committee on a regular basis, or as directed by the APAC, and, at the request of the APAC, be present to discuss all or part of any minutes, reports, or recommendations of the standing or ad hoc committee.

#### **24. Area Application Review Committee**

- (1) Each Area shall have an Area Application Review Committee (AARC).
- (2) The purpose of the AARC is to review:
  - (a) all initial applications to the Practitioner Staff for Appointment and/or Privileges and prepare a written recommendation (to accept, deny, or amend the application) after initial review by an Area Department Lead;
  - (b) all requests to change a Practitioner Staff Appointment and/or Privileges and prepare a written recommendation (to accept, deny, or amend the Request for Change) after initial review by an Area Department Lead; and
  - (c) all changes from provisional staff Appointment to another staff category Appointment after consideration of recommendation made by the Area Department Lead to whom the provisional staff Member has been assigned.
- (3) AARC shall be composed of the following persons who shall be voting members:
  - (a) two Area Department Leads selected by the ACOS;
  - (b) one practitioner from the Practitioner Staff, selected by the SMA;
  - (c) one practitioner from the Practitioner Staff selected by the ACOS; and
  - (d) one to two Patient Family Partners selected by the ACOS.
- (4) The chair and vice-chair of AARC will be elected annually from the voting members of AARC.
- (5) The applicable Area Department Lead shall be invited to attend and participate in the committee meeting for the period during which any initial application(s) and any request(s) to change a Practitioner Staff Appointment and/or Privileges related to their Department is (are) under discussion. The applicable Area Department Lead will not be a voting member. This would include changes related to a Dentist, Midwife, Chiropractor,

Nurse Practitioner, Registered Nurse with additional authorized practice or Physician Assistant.

- (6) At the discretion of the applicable Area Department Lead, a relevant Area Division Lead may be invited to attend with respect to a particular application(s) or request(s) to change related to their Area Division.
- (7) Meetings of the AARC may be held in person, electronically, by videoconference or teleconference.
- (8) The AARC shall follow the procedures outlined in the Rules.
- (9) The AARC shall report to, and make recommendations to, the APAC.

## **25. Establishment of the Practitioner Staff Review Panel**

- (1) The Board, on recommendation from the CEO and CMO, shall establish a Practitioner Staff Review Panel, from which some persons may be called on from time to time to form Practitioner Staff Review Committees.

## **26. Practitioner Staff Review Panel Composition**

- (1) The Practitioner Staff Review Panel shall be comprised of the following persons appointed by the Board:
  - (a) 20 Members selected by the CMO having considered the advice of PPAC; and
  - (b) five persons who are not Members selected by the CEO.
- (2) Upon appointment, each person appointed to the Practitioner Staff Review Panel shall serve a two-year term subject to a maximum of three consecutive terms.
- (3) Vacancies on the Practitioner Staff Review Panel shall be filled by the Board on the recommendation of the PPAC or CEO, whichever selected the person who resigned or whose term has expired.
- (4) A chair and vice-chair of the Practitioner Staff Review Panel shall be appointed by the Board for a two-year term.

## **27. Responsibilities of the Practitioner Staff Review Committees**

- (1) A Practitioner Staff Review Committee shall make recommendations respecting matters that may be submitted to it pursuant to these Bylaws including:
  - (a) the reappointment and termination of Appointment of persons to the Practitioner Staff and the suspension of persons appointed to the Practitioner Staff;

- (b) the granting of Privileges to a Member, including the amending, suspending and revoking of Privileges granted; and
- (c) the review of a Member.

## **28. Practitioner Staff Review Committee (PSRC) Composition**

- (1) Practitioner Staff Review Committees (PSRC) shall be established by the chair or, in the chair's absence, the vice-chair of the Practitioner Staff Review Panel, on an ad hoc basis.
- (2) PSRCs shall be comprised as follows:
  - (a) two persons from the pool of 20 Members appointed to the Practitioner Staff Review Panel; and
  - (b) one person from the pool of five persons who are not Members appointed to the Practitioner Staff Review Panel.
- (3) The chair of the Practitioner Staff Review Panel shall appoint a chair for each PSRC.
- (4) The conduct, processes and duties of PSRCs shall be determined in accordance with these Bylaws, and the Rules as established from time to time.
- (5) Any number of PSRCs may sit concurrently.
- (6) Subject to these Bylaws, a recommendation of a majority of the persons of a PSRC is a recommendation of the PSRC.
- (7) Subject to these Bylaws, if a vacancy occurs in a PSRC after a hearing has commenced, the remaining persons on the PSRC may continue with the hearing and render a recommendation in the matter.
- (8) The chair of the Practitioner Staff Review Panel shall appoint a new PSRC to rehear an appeal if either:
  - (a) a tie occurs; or
  - (b) a further vacancy occurs before a decision has been made.
- (9) Any person on the PSRC who resigns or whose appointment to the Practitioner Staff Review Panel expires prior to the conclusion of a hearing before it, but who was involved in a matter prior to the resignation or expiration of their appointment, may continue to sit on the PSRC, but only for the purpose of completing the matters before it.

## **29. Practitioner Liaison Committee**

- (1) The Board shall establish a Practitioner Liaison Committee.

- (2) Except as otherwise provided in these Bylaws, the conduct of Practitioner Liaison Committee meetings, as well as questions of procedure, shall be determined in the terms of reference as established by the Board.
- (3) The purpose of the Practitioner Liaison Committee is to serve as a forum for communication between the SHA and practitioners and it will seek, in a spirit of cooperation, to maintain and improve the provision of health services in the province.
- (4) The Practitioner Liaison Committee acts in an advisory capacity to the Board.
- (5) Responsibilities of the Practitioner Liaison Committee shall be set out in the terms of reference and will include:
  - (a) contributing to a stable, constructive and long term relationship between the SHA and practitioners providing health services in the province;
  - (b) enhancing the quality and effectiveness of care within the province;
  - (c) providing a forum for the discussion of broader health care management issues; and
  - (d) providing a forum for the discussion of other issues of mutual interest or of concern to the parties.

### **30. Practitioner Liaison Committee Composition**

- (1) The Practitioner Liaison Committee shall be composed of the following representatives:
  - (a) in the case of the SHA:
    - (i) chair of the Board;
    - (ii) CEO;
    - (iii) CMO;
    - (iv) DCMO; and
    - (v) two or three Board members.
  - (b) in the case of the Practitioner Staff, the following Members will be selected by their respective association:
    - (i) president and six physician members of the SMA, selected by the SMA;
    - (ii) one non-Physician, non-Dentist Member from any of the non-Physician, non-Dentist practitioner associations, to attend on a rotating basis;
    - (iii) one Dentist selected by the College of Dental Surgeons of Saskatchewan.
  - (c) one Patient Family Partner.
- (2) The SHA Practitioner Liaison Committee shall be co-chaired by the chair of the Board and one of the Members, chosen by the Members referred to in clause (1)(b).
- (3) With the mutual consent of the co-chairs, other individuals may attend meetings, as deemed necessary or appropriate, from time to time.

### **31. Practitioner Liaison Committee Meetings**

- (1) The Practitioner Liaison Committee shall meet at least semi-annually or more often at the call of the co-chairs.
- (2) At least one week prior to the meeting, the co-chairs shall circulate the agenda to the members of the Practitioner Liaison Committee.
- (3) Minutes of the SHA Practitioner Liaison Committee shall be submitted to the SHA and the associations represented on the committee.

### **32. Practitioner Reports**

- (1) The president of the SMA or their designate may, in accordance with the Policies and Procedures, attend and provide reports on SMA activities to meetings of the Board. Other practitioner associations may also attend and provide reports at the request or approval of the Board. The CEO shall receive these reports prior to the presentation of the reports to the Board.

## **PART III** **PRACTITIONER STAFF CATEGORIES**

### **33. Practitioner Staff**

- (1) The Practitioner Staff shall be organized into the following:
  - (a) Physicians;
  - (b) Dentists;
  - (c) Chiropractors;
  - (d) Midwives;
  - (e) Registered Nurse Practitioners and Registered Nurses with additional authorized practice; and
  - (f) Physician Assistants.

### **34. Practitioner Staff Categories**

- (1) The Practitioner Staff shall be organized into the following categories:
  - (a) provisional;
  - (b) active;

- (c) visiting;
- (d) locum tenens;
- (e) temporary;
- (f) telemedicine;
- (g) Resident.

### **35. Provisional Staff**

- (1) Provisional staff shall consist of those practitioners who apply for an initial Appointment to active Practitioner Staff. Appointment to provisional staff shall be considered a probationary Appointment during which time the APAC and the appropriate Area Department Lead shall evaluate the Member. Mentorship shall be provided with the intent that new Practitioner Staff succeed in their profession.
- (2) Each provisional staff Member shall have such Privileges that are approved within the staff category to which they applied.
- (3) Subject to these Bylaws, a provisional staff Member shall serve a 12-month probationary period under the supervision of a Member assigned by the ACOS, or a supervision plan approved by the ACOS when assigning a supervisor is not feasible, pursuant to the recommendation of the Area Department Lead to whom the provisional staff Member has been assigned.
- (4) The provisional staff Member or the Area Department Lead may request the ACOS to assign a different supervisor at any time during the Member's Appointment to the provisional staff.
- (5) The ACOS may, at the request of the Area Department Lead, recommend waiving or reducing the probationary period.
- (6) Subject to the provisions of these Bylaws and the Rules respecting the change from provisional staff Appointment to another staff category, APAC shall review the performance of the provisional staff Member including at least two evaluations during the year and recommend either:
  - (a) Appointment to another staff category; or
  - (b) a further probationary period by reappointment to the provisional staff for a further period not exceeding 12 months.
- (7) No Member of the provisional staff shall be appointed to the provisional staff for more than 24 consecutive months. At the end of 24 months a decision must be made on whether to terminate the Appointment. In the event that a Member has had their provisional staff

Appointment extended to 24 months for further evaluation, they will remain on the provisional staff until that evaluation is completed and decision is rendered.

- (8) At any time, the APAC may recommend that the Appointment to the provisional staff be terminated. If the APAC recommends termination, the APAC shall prepare written reasons with respect to its recommendation and the Member shall be entitled to the process outlined in section 57(5) (Recommendation of Area Practitioner Advisory Committee) and Part VIII (Practitioner Staff Review) of these Bylaws, subject to the limitation that the Practitioner Staff Review Committee process is limited to whether the Member received a fair and reasonable evaluation.
- (9) Members of the provisional staff may have such membership and voting rights and be subject to such duties and obligations commensurate with the staff category to which they applied.

### **36. Active Staff**

- (1) The active staff shall consist of those Physicians, Dentists, Chiropractors, Midwives, Nurse Practitioners, Registered Nurses with additional authorized practice and Physician Assistants who have been appointed as active staff.
- (2) Every person applying for an initial Appointment to the active staff will be appointed to the provisional staff for a probationary period.
- (3) Every Member of active staff will have Privileges which shall specify:
  - (a) SHA Programs that the practitioner is eligible to access;
  - (b) the Area, Facilities, or Sites of Clinical Activity where the Member is eligible to admit to and/or provide patient care and/or services;
  - (c) Privileges as further defined in the Privileges granted or as outlined in these Bylaws and the Rules.
- (4) Members of the active staff may act as a mentor or supervisor of a Member of the provisional staff as mutually agreed upon by the provisional staff Member, the active staff Member, the ACOS, and the Area Department Lead; and
- (5) Members of the active staff shall attend meetings of the Practitioner Staff as required by the Rules.
- (6) Members of the active staff may be a member or the chair of any committee of the Practitioner Staff and vote at meetings of the Practitioner Staff or any committee on which they hold membership.

### **37. Visiting Staff**

- (1) The visiting staff shall consist of those practitioners who are appointed to the visiting

staff and who have been licensed by their appropriate regulatory body.

- (2) An applicant may only be appointed to the visiting staff where the applicant has an appointment in another province in Canada with a similar health care organization, or in another jurisdiction outside of Canada with a similar health care organization, and
  - (a) the applicant has established consultant clinics or performs itinerant services in any of the SHA facilities; and
  - (b) the applicant requires access to SHA resources to service the needs of their patients/clients/residents residing within the province of Saskatchewan.
- (3) Members of the visiting staff shall have Privileges as further defined in the Privileges granted or as outlined in these Bylaws and the Rules.

### **38. Locum Tenens Staff**

- (1) The locum tenens staff shall consist of those practitioners who are appointed to the locum tenens category for the purpose of replacing a Member of the active or provisional staff during an absence or filling a temporary service need for a defined period of time, not exceeding 12 months. An extension in the locum tenens category may be considered by the ACOS in consultation with the Area Department/Division Lead.
- (2) Those appointed to the locum tenens staff shall have Privileges that specify:
  - (a) SHA Programs that the Member is eligible to access;
  - (b) the Area, Facilities, or Sites of Clinical Activity where the Member is eligible to admit to and/or provide patient care and/or services; and
  - (c) privileges as further defined in the Privileges granted or as outlined in these Bylaws and the Rules.
- (3) Appointment to the locum tenens staff for a period of less than three months may have Privileges granted by the ACOS for a defined period of time without their application being processed through AARC and APAC. The Privileges granted shall be forwarded to AARC and APAC for information and reported to the Board.

### **39. Temporary Staff**

- (1) The temporary staff shall consist of those practitioners who are appointed to the temporary staff and are clinical fellows, SIPPAs candidates completing their Clinical Field Assessment, practitioners requiring enhanced skills training, any other practitioners who require assessment or are otherwise appointed pursuant to this section.
- (2) Appointment to the temporary staff for a period of less than three months may have Privileges granted by the ACOS for the duration of their assessment/training without their application being processed through AARC and APAC. The Privileges granted shall be forwarded to AARC

and APAC for information and reported to the Board.

(3) Those appointed to the temporary staff shall have privileges as further defined in the Privileges granted or as outlined in these Bylaws and the Rules.

(4) In the case of a clinical fellow, a clinical fellow is a Physician who has completed the minimum requirements for Royal College of Physicians and Surgeons of Canada in speciality training and/or College of Family Physicians of Canada qualifications and who is licensed by the College of Physicians and Surgeons of Saskatchewan to practice. Such an appointment should be reserved for a Physician:

- (a) to spend a period of time in teaching and/or research;
- (b) to further their speciality training in preparation for exams; or
- (c) who is already a practicing qualified specialist, to return for a period of further training and education.

(5) In the case of a SIPPAs candidate, a SIPPAs candidate is an internationally trained Physician who enters into the "practice readiness" competency assessment program established in Saskatchewan and is approved for licensure with the College of Physicians and Surgeons of Saskatchewan. Once the candidate has completed the required clinical field assessment, the candidate must apply for an initial appointment to the active staff and complete the required provisional staff year.

(6) An urgent temporary Appointment to the Practitioner Staff with temporary Privileges, including procedural Privileges, may be granted by the CMO to:

- (a) a practitioner who has made an application for Privileges, or without application, under special or urgent circumstances such as a medical emergency, organ retrieval, infant and maternal transport, education, demonstration of medical equipment, or
- (b) a practitioner who has applied for an Appointment to the Practitioner Staff and there is a demonstrated need for the applicant to begin to provide clinical services in advance of an AARC meeting to consider the application.

(7) The granting of temporary privileges and Appointment pursuant to subsection (6) shall be reviewed by the Board at its next scheduled meeting and the Board may, where considered appropriate, affirm, amend, modify or revoke any temporary Privileges.

(8) A decision made under this section is not subject to appeal/review under the process set out in Parts V, VI or VII of these Bylaws.

#### **40. Telemedicine**

- (1) The telemedicine staff shall consist of those practitioners who have been appointed to the telemedicine staff.
- (2) The telemedicine staff category allows those qualified Physicians, located outside of

Saskatchewan, the ability to provide a medical opinion concerning diagnosis of a patient or the provision of treatment of a patient as a result of transmission of individual patient information by electronic or other means from within Saskatchewan to such Physician or their agent. The Physician must have licensure with the College of Physicians and Surgeons of Saskatchewan.

- (3) Those appointed to the telemedicine staff for a period of less than three months may have Privileges granted by the ACOS for a defined period of time without their application being processed through AARC and APAC. The Privileges granted shall be forwarded to AARC and APAC for information and reported to the Board.

#### **41. Resident Staff**

- (1) The Resident staff shall consist of those practitioners who have been appointed to the Resident staff.
- (2) Every practitioner applying for an initial Appointment to the Resident staff will be appointed to the Resident staff for the duration of the practitioner's residency.
- (3) A practitioner may be granted an Appointment to the Resident staff with such Privileges that are consistent with the learning objectives for the practitioner where the practitioner is under the supervision and direction of a recognized educational institution.
- (4) Each Member of the Resident staff shall have Privileges as further defined in the Privileges granted or as outlined in the Bylaws and the Rules.

#### **42. Responsibilities of the Practitioner Staff**

- (1) Subject to subsection (3), the Practitioner Staff have a collective responsibility and accountability to the SHA to:
  - (a) promote and provide a high level of quality care in the Facilities, Programs and SHA services that is directed towards satisfying the needs of the patient/client/resident and meets the standards set out by recognized bodies of the profession, such as licensing bodies, national clinical societies and others where the essential components of quality include competence, accessibility, acceptability, effectiveness, appropriateness, efficiency, affordability and safety;
  - (b) participate in relevant Quality Improvement and Quality Assurance initiatives aimed at improving access to and quality of care provided within the province;
  - (c) promote appropriate use of evidence-informed clinical practice and appropriate patient and family-centred informed care; and
  - (d) assist in fulfilling the mission of the SHA by contributing where reasonably possible to the strategic planning, community needs assessment, resource utilization management and quality management activities.
- (2) Subject to subsection (3), each Member has a responsibility to the SHA to:

- (a) ensure a high professional and ethical standard of care is provided to patients/clients/residents under their care;
- (b) practice within the limits of the Privileges provided and their professional competency and skill;
- (c) meet the requirements for continuing medical education and continuing professional learning as established by their College;
- (d) contribute to the functioning of the Department(s) to which they are assigned;
- (e) practice in accordance with the licence issued by their College;
- (f) participate in education and training initiatives, subject to the Rules;
- (g) recognize the authority of the Provincial Department Head, Area Department Lead, Area Division Lead, ACOS, CEO, Practitioner Advisory Committee and the CMO;
- (h) abide by applicable legislation, Bylaws and Rules;
- (i) abide by Policies and Procedures when utilizing SHA resources, within SHA Facilities or participating in Programs;
- (j) participate in relevant Quality Improvement initiatives;
- (k) work, cooperate with and relate to others in a collegial and professional manner;
- (l) conduct themselves in a manner consistent with the SHA's mission, vision and values;
- (m) serve where required by these Bylaws on various SHA and Practitioner Staff committees;
- (n) utilize health care resources within SHA Facilities and Programs in a manner consistent with the Rules; and
- (o) participate in call rotas as set out in the Rules.

- (3) The SHA resources available to the Practitioner Staff and a Member may affect how they fulfill their responsibilities.

#### **43. Leave of Absence**

- (1) Subject to the Rules, a Member may apply to the Area Department Lead for a leave of absence.
- (2) The Area Department Lead may grant a leave of absence for a period not exceeding twelve months in any of the following circumstances:

- (a) the Member has enrolled in an educational program approved by the Area Department Lead;
- (b) maternity/family leave or disability/illness; or
- (c) in any other circumstance where considered appropriate.

(3) A Member may apply for consecutive leaves of absence, which may be approved if considered advisable.

(4) If a Member is not satisfied with the Area Department Lead's decision on an application for leave of absence, the Member may request a review and decision by the Area Chief of Staff. The Area Chief of Staff's decision shall be final.

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

(6) While on an approved leave of absence, Members maintain their Practitioner Staff Appointment to the category of Practitioner Staff to which they are appointed but:

- (a) are exempt from Provincial Department, Area Department, Area Division duties, including the requirement to attend meetings; and
- (b) do not have any admitting, discharge or procedural Privileges.

(7) While on an approved leave of absence, Practitioner Staff are required to maintain licensure with the applicable College and shall maintain professional liability insurance satisfactory to the SHA.

(8) Prior to commencing the leave of absence, Practitioner Staff must ensure arrangements are in place for the ongoing care of their patients/clients/residents by another Member and shall notify the ACOS of the Member who will be attending to their patients/clients/residents in their absence.

## **PART IV** **APPOINTMENT AND REAPPOINTMENT – GENERAL**

### **44. Power to Appoint and Reappoint**

(1) Except for a temporary Appointment, the granting of temporary Privileges or as otherwise provided in these Bylaws, the Board has the sole and exclusive power to appoint and reappoint members to the Practitioner Staff and to grant Privileges. In considering whether to make an Appointment or reappointment to the Practitioner Staff, or to grant Privileges, the recommendations of the APAC shall be considered, however the appointing authority is not bound by those recommendations.

- (2) Except in the circumstances mentioned in these Bylaws a practitioner must hold an Appointment to the Practitioner Staff in order to:
  - (a) hold any Privilege under these Bylaws;
  - (b) provide any service to an individual or patient/client/resident in a Facility or Program; or
  - (c) refer any individual or patient/client/resident to any service provided by the SHA.
- (3) Any Member who resigned or otherwise caused or permitted termination from the Practitioner Staff, or whose Practitioner Staff membership has been terminated and who subsequently wishes to become a Member, is required to make application and follow the process for an initial Appointment.

#### **45. SHA May Refuse to Appoint**

- (1) In accordance with these Bylaws, the SHA may refuse to appoint or reappoint any applicant to the Practitioner Staff if the applicant does not meet the qualifications, criteria or requirements set out in these Bylaws and in the Rules.

### **PART V**

### **INITIAL PRACTITIONER STAFF APPOINTMENT**

#### **46. Term of Initial Practitioner Staff Appointment**

- (1) Unless otherwise specified in a Practitioner Staff Appointment or terminated prior to the expiration of the term of the Appointment, an initial Appointment expires on that day that is one year from the date the Appointment is granted.

#### **47. Initial Appointment Procedure**

- (1) An application for initial Appointment to the Practitioner Staff shall be processed in accordance with these Bylaws, the Rules and the organizational directions of the SHA.
- (2) The procedure for initial Appointment shall be set out in the Rules.

#### **48. Application Deemed Incomplete**

- (1) Until a Member has provided all the information required to be submitted pursuant to these Bylaws and as outlined in the Rules, the application for Appointment will be deemed incomplete and will not be processed.

#### **49. Criteria for Appointment**

- (1) Each applicant seeking Appointment to the Practitioner Staff is required to meet the

following criteria:

- (a) the applicant is in good standing with their respective College and is entitled to practice pursuant to their respective legislation; and
- (b) the applicant shall have education, training and experience appropriate to the Privileges being sought;
- (c) with respect to an applicant seeking to practice in a specialty:
  - (i) in the case of a Physician, an applicant seeking to practice in a specialty must be licensed by the College of Physicians and Surgeons of Saskatchewan on the basis of the Physician's training and experience in that specialty and may be required to:
    - (A) possess the appropriate Certification or Fellowship of the Royal College of Physicians and Surgeons of Canada; or
    - (B) be currently eligible to write the appropriate specialty examination of the Royal College of Physicians and Surgeons of Canada;
  - (ii) in the case of a practitioner other than a Physician seeking to practice in a specialty applicable to that practitioner, an applicant must be licensed and certified in that speciality by the College applicable to the practitioner.

(2) The applicant will have demonstrated:

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

(3) All Appointments to Practitioner Staff shall be:

- (a) consistent with the need for service, as determined by the SHA, from time to time;
- (b) consistent with the provincial Practitioner Staff human resource plan of the SHA and the Area Department;
- (c) consistent with the strategic plan and mission of the SHA;

- (d) supported by a demonstrated sufficiency of resources within the SHA and the Provincial and Area Department to which the applicant is applying; and
- (e) in the best interest of the SHA.

**50. Review of Application for initial Appointment by the Area Application Review Committee**

- (1) The AARC will review applications for initial Appointment and Privileges.
- (2) In considering the application for Appointment, the AARC:
  - (a) shall evaluate the applicant with regard to the criteria set out in these Bylaws and in the Rules;
  - (b) shall evaluate the information submitted or obtained from the applicant;
  - (c) shall consult with the Area Department Lead if applicable; and
  - (d) may interview the applicant.
- (3) Following consideration of the application, and the material and information referred to in these Bylaws and the Rules, the AARC Committee shall make a recommendation to the APAC respecting the application for initial Appointment:
  - (a) that the Appointment be approved or denied;
  - (b) the applicant be appointed to the Practitioner Staff category requested;
  - (c) the applicant be appointed to a Practitioner Staff category other than requested; and/or
  - (d) that the Privileges requested:
    - (i) be granted as requested;
    - (ii) be granted with Privileges different than those requested; or
    - (iii) be denied.
- (4) If the AARC recommends to the APAC that the application for Appointment be granted in accordance with the category of Appointment sought and Privileges requested, the ACOS shall forward the recommendation of the AARC to the APAC for consideration at its next regular meeting.
- (5) If the recommendation of the AARC varies from the Appointment sought or Privileges requested by the applicant, the AARC shall prepare written reasons with respect to its recommendation.

**51. Recommendation of Area Practitioner Advisory Committee**

- (1) Upon consideration of the application for initial Appointment and all supporting

information, the recommendations of the AARC, as applicable, including the reasons therefore, the APAC shall make a recommendation respecting the application for Appointment, that:

- (a) the applicant be appointed to the Practitioner Staff category requested and/or be granted the Privileges requested;
- (b) the applicant be appointed to a Practitioner Staff category other than requested and/or be granted Privileges other than those requested; or
- (c) the applicant's request for Appointment to the Practitioner Staff be denied.

(2) The APAC recommendation shall be forwarded to the ACOS for consideration. The ACOS shall make a recommendation and forward it to the CMO for consideration.

(3) The CMO shall:

- (a) in the case where the Board has authorized the CMO to determine Appointments/Privileges under this Part, make a decision on the application; or
- (b) where clause 3(a) does not apply, make a recommendation and forward the application and recommendation to the Board for decision.

(4) If a decision is made that the application for initial Appointment is not granted as requested:

- (a) a copy of the decision along with written reasons shall be served on the applicant within thirty (30) days after rendering the decision; and
- (b) the decision shall include a notice advising the applicant the applicant may appeal that decision to a tribunal in accordance with *The Provincial Health Authority Act* and *The Practitioner Staff Appeals Regulations*.

## **PART VI** **PRACTITIONER STAFF REAPPOINTMENT**

### **52. Application for Reappointment**

- (1) Following a Member's initial Appointment, each Member may apply for reappointment to the Practitioner Staff. The term of reappointment shall be for a period of not less than one year and not more than five years in accordance with the Rules.
- (2) The reappointment procedure shall be more fully set out in the Rules.

### **53. Application Deemed Incomplete**

(1) Until a Member has provided all the information required to be submitted pursuant to these Bylaws and as outlined in the Rules, the application for reappointment will be deemed incomplete and will not be processed.

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

(1) A Member shall be eligible for reappointment if the Member:

- (a) continues to meet the criteria set out in these Bylaws and as elaborated in the Rules; and
- (b) has demonstrated an appropriate use of SHA resources in a manner consistent with the Rules.

#### **55. Process on Reappointment**

(1) Upon receipt of the completed application for reappointment, the Area Department Lead and Area Division Lead, as applicable, will consider the application and forward recommendations to the ACOS, who, being satisfied that the Member meets the criteria set out in these Bylaws and more fully set out in the Rules, shall forward the completed application and all supporting material to the APAC for consideration and recommendation.

#### **56. Review of the Application for Reappointment**

(1) In considering the application for reappointment, the Area Department Lead and Area Division Lead, as applicable, shall:

- (a) evaluate the Member with respect to the matters referred to in these Bylaws and in the Rules;
- (b) evaluate the information submitted by the Member; and
- (c) assess the Member's:
  - (i) performance over the preceding period; and
  - (ii) utilization of SHA resources.
- (d) discuss with the Member:
  - (i) the Member's plans for any changes in the Privileges and/or category of reappointment of the Member;
  - (ii) changes in the type or level of service to be provided by the Member; and
  - (iii) any known SHA Practitioner Staff human resource planning that is reasonably expected to impact the Privileges or reappointment sought by the Member.

(2) The APAC, in considering the application for reappointment may:

- (a) interview the Member; and
- (b) consult with the appropriate Area Department Lead or executive committee of the Area Department or Program, if any.

(3) In addition, the APAC shall make a recommendation respecting the following:

- (a) the term of the reappointment;
- (b) the number of periodic assessment(s) and the interval in which they will occur during the term of the Member's reappointment; and
- (c) whether the Member be required to undertake additional training and/or education either independently or under supervision.

## **57. Recommendation of Area Practitioner Advisory Committee**

- (1) Upon consideration of the application for reappointment and all supporting information and the recommendations of the Area Department Lead, including the reasons therefore, the APAC shall make a recommendation respecting the application for reappointment, that:
  - (a) the applicant be reappointed to the Practitioner Staff category requested and/or be granted the Privileges requested;
  - (b) the applicant be appointed to a Practitioner Staff category other than requested and/or be granted Privileges other than those requested; or
  - (c) the applicant's request for reappointment to the Practitioner Staff be denied.
- (2) Where the recommendation of the APAC varies from the Appointment sought or Privileges requested by the applicant, the APAC shall prepare written reasons with respect to its recommendation.
- (3) The APAC recommendation shall be forwarded to the ACOS for consideration. The ACOS shall make a recommendation and forward it to the CMO for consideration.

### **57.1. CMO or Board Decision**

- (1) The CMO shall:
  - (a) in the case where the Board has authorized the CMO to determine Appointments/Privileges under this Part, make a decision on the application; or
  - (b) where subsection 1(a) does not apply, make a recommendation and forward the application and recommendation to the Board for decision.
- (2) If a decision is made that the application for reappointment is not granted as requested:
  - (a) a copy of the decision along with written reasons shall be served on the applicant within 30 days after rendering the decision; and

- (b) the decision shall include a notice advising the applicant that the applicant may request a hearing before the Practitioner Staff Review Committee.

#### **58. Periodic Review**

- (1) Each Member who is reappointed for a term exceeding one (1) year shall undergo a periodic review(s), as outlined in the Rules.
- (2) The ACOS shall ensure that the periodic review is completed, as outlined in the Rules.

### **PART VII**

### **CHANGE OF CATEGORY OR PRIVILEGES**

#### **59. Mid-term Request for Change of Category or Privileges**

- (1) A Member may request a change of Practitioner Staff category or Privileges during the term of the Member's Appointment by written application to the AARC. The reappointment process outlined in these Bylaws and the Rules shall apply, with necessary modification, to a mid-term request.

#### **60. Change of Category or Privileges**

- (1) At any time during a Member's term of Appointment, the SHA may determine that the Member's Privileges are no longer:
  - (a) consistent with the need for service, as determined by the SHA, from time to time;
  - (b) consistent with the Practitioner Staff human resource plan of the SHA and the department;
  - (c) consistent with the strategic plan and mission of the SHA; and/or
  - (d) supported by a demonstrated sufficiency of resources within the SHA and the department to which the applicant is a Member.
- (2) The CMO shall give notice to the Member in writing with reasons.
- (3) The CMO and the Member shall meet within 30 days following receipt of the notice referred to in subsection (2).
- (4) The CMO shall advise the Member that:
  - (a) the Member and CMO may mutually agree to amend the Member's Privileges such that they are consistent with the criteria mentioned in subsection (1); or
  - (b) the Member shall request within 30 days that the question of the Member's future

Privileges be referred to the APAC. The process outlined in these Bylaws and in the Rules shall apply, with necessary modification, to such a request.

## **PART VIII**

### **PRACTITIONER STAFF REVIEW**

#### **61. General**

- (1) Practitioner Staff Review is intended to encourage local concern management and resolution. Such concerns should ordinarily be regarded as opportunities for improvement.
- (2) All Practitioner Staff are subject to review proceedings and provisions outlined in these Bylaws and elaborated in the Rules. Action or penalties may include, without limitation:
  - (a) dismissal of the concern;
  - (b) a verbal or written reprimand;
  - (c) the requirement to adhere to conditions;
  - (d) the amendment, suspension or revocation of Privileges; and
  - (e) the suspension or termination of Appointment.

#### **62. Conduct Subject to Review**

- (1) Conduct subject to review includes, but is not limited to, acts, omissions, statements or professional conduct, either within or outside of the SHA, which:
  - (a) exposes, or is reasonably likely to expose individuals to harm or injury;
  - (b) is reasonably likely to be detrimental to the safety of individuals or to the delivery of quality care within the SHA;
  - (c) is reasonably likely to be detrimental to the SHA operations;
  - (d) is reasonably likely to constitute abuse;
  - (e) results in the imposition of sanctions by a College; or
  - (f) is contrary to the Bylaws, Rules and Policies and Procedures, or any applicable and relevant laws or legislated requirements.
- (2) Without limiting the generality of the foregoing, the following are examples of conduct subject to review:
  - (a) those actions or omissions described in:
    - (i) *The Medical Professions Act, 1981*, or the Bylaws under the Act, as constituting "unbecoming, improper, unprofessional or discreditable conduct";
    - (ii) *The Dental Discipline Act* or the Bylaws under the Act, as constituting

- (iii) "professional misconduct";  
*The Chiropractic Act, 1994*, or the Bylaws under the Act, as constituting "professional misconduct";
  - (iv) *The Midwifery Act* or the Bylaws under the Act, as constituting "professional misconduct" and,
  - (v) *The Registered Nurses' Act, 1988*, or the Bylaws under the Act, as constituting "professional misconduct".
- (b) conduct which is unprofessional, unethical, unbecoming, improper or disruptive to the operations of the SHA;
- (c) disruptive workplace behaviour meaning behaviour, either verbal or non-verbal, which by its nature may:
  - (i) demonstrate disrespect to others in the workplace;
  - (ii) affect or have the potential to affect adversely the care provided to patients/clients/residents; or
  - (iii) reflect a misuse of a power imbalance between the parties.
- (d) incompetence or demonstrated deficiencies in clinical practice;
- (e) breach of any SHA Rules, policies or other organizational directives regarding conduct of Members;
- (f) breach of any applicable legislation, these Bylaws, any Rules, or policies and other organizational directives of the SHA;
- (g) failure to follow a lawful order or directive issued by the CMO, CEO or anyone having authority under these Bylaws, Rules or Policies and Procedures;
- (h) failure to assist or cooperate with the Appointment, reappointment or review process established in these Bylaws and elaborated in the Rules;
- (i) failure to comply with the conditions of any required action, penalty, or remedial steps imposed on a Member or the terms of an alternative dispute resolution; and
- (j) failure to undertake commitments mutually agreed upon by the SHA and the Member.

### 63. Review Procedure

- (1) Any concerns received by the SHA regarding the Practitioner Staff should be directed to the ACOS, Area Division Lead and/or Department Lead.
- (2) The Member shall be advised of the details of the concern, and where appropriate, shall be provided copies of any relevant documents. The Member shall be given a reasonable opportunity to present relevant information on their own behalf, including the availability of SHA resources.

- (3) The ACOS may consult with the appropriate Area Department Lead and determine whether a further inquiry or investigation is necessary, and may make such initial inquiry and investigation as deemed necessary and may delegate to others, including external consultants, the conduct of such inquiry and investigation.
- (4) The ACOS and the Area Department Lead shall review any report with the Member and complainant and may, following discussions with the Member and the complainant:
  - (a) determine that the concern is unsubstantiated and/or that the matter does not warrant further steps and advise the Member accordingly;
  - (b) with the consent of the Member utilize an alternative dispute resolution process(es) to deal with the matter;
  - (c) give a verbal or written reprimand to the Member and place a report to that effect or copy of the report on the Member's file; or
  - (d) refer the concern to the chair of the Practitioner Staff Review Panel.
- (5) In the case where the ACOS or Area Department Lead gives a verbal or written reprimand to a Member and places a report to that effect or copy of the report on the Member's file pursuant to these Bylaws:
  - (a) the ACOS or Area Department Lead shall provide written notice to the Member that the reprimand will be placed on the Member's file; and
  - (b) If the Member is aggrieved by the decision, the Member may request that the matter be referred to the chair of the Practitioner Staff Review Panel.
- (6) Where a matter has been referred to the chair of the Practitioner Staff Review Panel pursuant to this section, the Practitioner Staff Review Panel provisions within these Bylaws and the Rules apply.
- (7) Practitioners aggrieved by recommendations relating to the granting of re-appointment or Privileges, or an ACOS may refer the matter to the chair of the Practitioner Staff Review panel.

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

- (1) Notwithstanding anything in these Bylaws, the ACOS, after consultation with the CMO and the CEO, may immediately suspend the Appointment of a Member or suspend the Member's Privileges in whole or in part in circumstances where in the opinion of the ACOS:
  - (a) the conduct, performance or competence of a Member exposes, or is reasonably likely to expose patient(s)/client(s)/resident(s) or others to harm or injury, or is reasonably likely to be detrimental to the delivery of quality patient/client/resident care provided by the SHA; and

- (b) immediate action is warranted to protect the patient(s)/client(s)/resident(s) or others, or to avoid detriment to the delivery of quality patient/client/resident care.
- (2) The ACOS shall immediately advise the Member of the suspension.
- (3) Within 48 hours of the immediate suspension, the ACOS who suspended the Member shall provide the Member with written reasons for the suspension.
- (4) The ACOS will also refer the matter to the chair of the Practitioner Staff Review Panel to examine and assess the concerns that led to the suspension.
- (5) The ACOS, with the assistance of the Member, where appropriate, shall make arrangements, including to assign another Member or Members of the active staff to assume responsibility for the care of all of the patients/clients/residents of the suspended Member within the Facilities, as required.
- (6) The ACOS or the CMO shall also notify the appropriate College of the suspension.
- (7) The Board shall set a date for a hearing, to be held within 30 days from the date of the immediate suspension, to review only the immediate suspension of Appointment or Privileges.

## **65. Conduct Subject to Administrative Suspension**

- (1) An administrative suspension or curtailment of Privileges means “the temporary suspension or curtailment of some or all of a Member’s Privileges for breach of any applicable legislation, Practitioner Staff Rule or Policy and Procedure”, as outlined in the Rules.

## **66. Alternative Dispute Resolution Process**

- (1) A Member and the SHA may agree to an alternative dispute resolution process where the circumstances warrant.
- (2) The alternative dispute resolution process adopted pursuant to these Bylaws and any applicable Rules shall be conducted on a without prejudice basis to the parties, and any communication or discussion during the process is privileged and shall not be disclosed in subsequent proceedings, if any.
- (3) Where the matter is resolved through an alternative dispute resolution process, the matter and the resolution shall be reported to the Board.
- (4) The CMO shall advise the appropriate College where the alternative dispute resolution process results in:
  - (a) Privileges being amended, suspended or revoked;
  - (b) Practitioner Staff category being changed; or

- (c) Practitioner Staff Appointment being suspended or terminated.

## **67. Notice of Practitioner Staff Review Committee Hearing**

- (1) The chair of the Practitioner Staff Review Panel shall, in accordance with these Bylaws and the Rules, form a Practitioner Staff Review Committee. Once appointed, the chair of the PSRC shall serve the Member, and copy the ACOS, with written notice at least 15 days before the hearing, which notice shall:
  - (a) with respect to appeal of reappointment recommendations, change of Privileges or Practitioner Staff category, include a copy of the recommendations together with written reasons for the recommendations of the Area Department Lead, CMO, AARC, and/or the APAC, as applicable;
  - (b) with respect to review proceedings, set out the particulars of the allegations as received from the ACOS;
  - (c) inform the Member of their right to make written representations to the PSRC, and of the right to appear personally before the PSRC;
  - (d) specify the date, time and place of the hearing of the PSRC;
  - (e) subject to these Bylaws, include a statement that the Member shall be afforded an opportunity to examine prior to the PSRC hearing any written information, evidence or reports that were considered by the Area Department Lead, AARC, APAC, ACOS, DCMO or CMO, as the case may be;
  - (f) include a statement that the Member may appear in person and be represented by counsel, and that in their absence the PSRC may proceed with consideration of the application and recommendation of the Area Department Lead, AARC, APAC, CMO, DCMO or ACOS, as the case may be;
  - (g) inform the Member that the PSRC may adjourn or extend the time for the hearing;
  - (h) include a statement that the Member may call witnesses, cross-examine witnesses, and tender documents in evidence in support of their position;
  - (i) include a statement that the Area Department Lead and/or ACOS may call witnesses, cross-examine witnesses, and tender documents in evidence in relation to their position; and
  - (j) include a statement advising the Member that their right to call witnesses and tender documents in evidence in support of their position is subject to the applicant providing not less than five (5) days' written notice to the chair of the PSRC in advance of the hearing by the PSRC.
- (2) The PSRC may refuse to hear witnesses or admit documents tendered if the Member fails to provide the notice required by these Bylaws.

- (3) With respect to review proceedings, the ACOS, DCMO or CMO may advise the College of the matter.

#### **68. Practitioner Staff Review Committee Proceedings**

- (1) With respect to reappointment, the parties before the PSRC are the applicant, the chair of the APAC and such other persons as the PSRC may specify.
- (2) With respect to review proceedings, the parties to the PSRC hearing are the Member, the ACOS, and such other persons as the PSRC may specify.
- (3) The PSRC hearing shall be transcribed and a Record of the proceeding shall be kept in the minutes of the Practitioner Staff Review Panel.
- (4) The SHA will provide reasonable professional, technical or clerical support or other assistance to the PSRC.
- (5) Members of the PSRC holding the hearing shall not have taken part in any investigation or consideration of the subject matter of the hearing before the hearing and shall not communicate directly or indirectly in relation to the subject matter of the hearing with any person or with any party or their representative, except upon notice to and an opportunity for all parties to participate.
- (6) The PSRC shall consider the reasons of the Area Department Lead, AARC, APAC, ACOS, DCMO or CMO, as the case may be, that have been given to the Member. Where through error or inadvertence, certain reasons have been omitted in the written reasons delivered to the Member, the PSRC may consider those reasons only if those reasons are given in writing to the Member and the Member is given a reasonable time to review the reasons and to prepare a case to meet those additional reasons.
- (7) No member of the PSRC shall participate at the hearing of the PSRC unless they were present throughout the hearing and heard the information, reports and representations of the parties and, except with the consent of the parties, no recommendation of the PPSRC shall be given unless all members so present participate in the recommendation process.

#### **69. Recommendation of Practitioner Staff Review Committee**

- (1) With respect to reappointment:
  - (a) The PSRC shall make a recommendation to the Board, as set out in these Bylaws, respecting the application for reappointment, that either:
    - (i) the Member be reappointed to the Practitioner Staff category requested and be granted the Privileges requested;
    - (ii) the Member be reappointed to a Practitioner Staff category other than requested and/or be granted Privileges other than those requested; or
    - (iii) the Member's request for reappointment to the Practitioner Staff and the granting of Privileges be denied.

- (2) If the PSRC recommends to the Board that the application for reappointment be granted in accordance with the category of Appointment sought and Privileges requested, the CMO shall forward the recommendation of the PSRC to the Board for its consideration at its next meeting.
- (3) If the recommendation of the PSRC varies from the reappointment sought or Privileges requested by the Member, the PSRC shall prepare written reasons as soon as practicable with respect to its recommendation.
- (4) With respect to review proceedings:
  - (a) Upon consideration of the allegations, the evidence adduced and the representations of the parties the PSRC shall, as soon as practicable, prepare a report of its findings of fact and its recommendations regarding required action, if any, and the report shall be forwarded to the Board, subject to section 72 (Notice of Board Meeting) for consideration at its next meeting.
  - (b) The PSRC recommendations with respect to required action may include but are not limited to:
    - (i) no action be taken against the Member;
    - (ii) require the Member to undertake a period of clinical supervision with retrospective review of cases but without special requirements of prior or concurrent consultation or direct supervision;
    - (iii) require the Member to undertake a period of clinical supervision with concurrent consultation or direct supervision;
    - (iv) in the case of conduct which is unprofessional, unethical, unbecoming, improper or disruptive to the operations of the SHA or is deemed to be disruptive workplace behaviour, require the Member to undertake remedial measures to address the matter that gave rise to the complaint;
    - (v) the Member's Privileges be amended, suspended or revoked;
    - (vi) the Member's Practitioner Staff category be changed; and
    - (vii) the suspension or termination of the Member's Appointment.

## **70. Evidence at Hearings**

- (1) If the PSRC considers the evidence to be credible and trustworthy, they may admit as evidence any oral or written testimony or report.
- (2) The testimony of witnesses at a hearing is to be under oath or affirmation administered by any member of the PSRC.

## **71. Recommendation of Practitioner Staff Review Committee**

- (1) Within 30 days after the completion of a hearing, the PSRC shall make a recommendation to the Board and copy the Practitioner Staff Review Panel.
- (2) A recommendation of the PSRC must be in writing and must set out the reasons for the recommendation.
- (3) The chairperson of the PSRC shall cause a copy of the PSRC's recommendation to be served on each of the parties.

## **72. Notice of Board Meeting**

- (1) The Board shall serve the Member with a written notice, and copy the Area Department Lead, AARC, APAC, DCMO, CMO or CEO, as the case may be:
  - (a) In the event of immediate suspension, at least five (5) days prior to the date of the Board meeting, and
  - (b) For all other matters before the Board, at least 30 days before the meeting of the Board at which the recommendation of the APAC or PSRC, as the case may be, will be considered, and which notice shall:
    - (i) include a copy of the notice of immediate suspension and such other documentation required by these Bylaws and Rules, or recommendation together with written reasons for the recommendation of the PSRC made pursuant to these Bylaws;
    - (ii) inform the Member of their right to make written and oral representations to the Board, and of the right to appear personally before the Board;
    - (iii) specify the date, time and place of the meeting of the Board;
    - (iv) subject to these Bylaws, include a statement that the Member shall be afforded an opportunity to examine prior to the Board meeting, any written information, evidence reports or representations that were considered in relation to the matter before the Board; and
    - (v) include a statement that the Member may appear in person or be represented by counsel, and that in their absence the Board may proceed with consideration of the matter before the Board.
- (2) For the purposes of subsection (1), notice is not required to be given if the PSRC recommends that:
  - (a) the Member be reappointed to the Practitioner Staff category requested and be granted the Privileges requested; or
  - (b) no action be taken against the Member.

## **73. Board Proceedings**

- (1) The parties before the Board are:
  - (a) the Member;
  - (b) the chair of the APAC, as applicable;
  - (c) the ACOS and/or the DCMO or CMO, as applicable;
  - (d) the chair of the PSRC, as applicable; and
  - (e) such other persons as the Board may specify.
- (2) A meeting of the Board to consider the recommendation of the PSRC shall not constitute a rehearing of the matters considered by the PSRC in making its recommendation.
- (3) The parties are entitled to submit written representations and to appear in person, with or without legal counsel, before the Board. The parties are not entitled to call witnesses.
- (4) Subject to these Bylaws, the parties appearing before the Board shall be afforded an opportunity to examine any written or documentary evidence or information that will be produced or that were considered in making recommendation to the Board.
- (5) No member of the Board shall have taken part in any prior investigation or consideration of the subject matter of the meeting, provided that Board members who heard a matter in relation to section 64 (Immediate Suspension) will not for that reason be prohibited from taking part in any subsequent meetings in relation to the matter.
- (6) The Board shall consider the reasons of the Area Department Lead, AARC, APAC, ACOS, DCMO, CMO or PSRC, as the case may be, that have been given to the Member in support of its recommendation. Where through error or inadvertence, certain reasons have been omitted in the written reasons delivered to the Member, the Board may consider those reasons only if those reasons are given by the Area Department Lead, AARC, APAC, ACOS, CMO or PSRC, as the case may be, in writing to both the Member and the Board and the Member is given a reasonable time to review the reasons and to prepare representations in response to those additional reasons.
- (7) No member of the Board shall participate in a decision of the Board pursuant to this section unless they were present throughout the meeting and heard the representations of the applicant, if any, and except with the consent of the parties, no decision of the Board shall be given unless all members so present participate in the decision.

#### **74. Board Decision**

- (1) Upon consideration of the recommendations of the Area Department Lead, AARC, APAC, ACOS, DCMO, CMO or PSRC as the case may be, including the reasons therefore, and upon consideration of the submission of the parties, the Board may, without limitation:
  - (a) With respect to reappointment:

- (i) reappoint the Member to the Practitioner Staff category requested and grant the Privileges requested;
- (ii) reappoint the Member to a Practitioner Staff category other than requested and/or grant Privileges other than those requested; or
- (iii) deny the Member's request for reappointment to the Practitioner Staff and deny the granting of Privileges.

(b) With respect to immediate suspension:

- (i) overturn the immediate suspension of the Member's Appointment and/or Privileges;
- (ii) vary the immediate suspension of the Member's Appointment and/or Privileges;
- (iii) confirm the immediate suspension of the Member's Appointment and/or Privileges for a specified period of time; or
- (iv) confirm the immediate suspension of Appointment or Privileges and refer the matter to the Practitioner Staff Review Panel.

(c) With respect to PSRC proceedings:

- (i) determine that no action be taken against the Member;
- (ii) require the Member to undertake a period of clinical supervision with retrospective review of cases but without special requirements of prior or concurrent consultation or direct supervision;
- (iii) require the Member to undertake a period of clinical supervision with concurrent consultation or direct supervision;
- (iv) in the case of conduct which is unprofessional, unethical, unbecoming, improper or disruptive to the operations of the SHA or is deemed to be disruptive workplace behaviour, require the Member to undertake such remedial measures to address the matter that gave rise to the concern;
- (v) amend, suspend or revoke the Member's Privileges;
- (vi) change the Member's Practitioner Staff category; or
- (vii) suspend or terminate the Member's Appointment.

## 75. Service of Board Decision

- (1) With respect to immediate suspension, the Board shall make a decision and serve or cause to be served a copy of its decision and written reasons on the Member as soon as practicable.
- (2) With respect to all other matters before the Board, the Board shall make a decision and serve or cause to be served a copy of its decision on the Member, as soon as practicable. Where the decision of the Board varies from the request of the Member, the Board shall provide written reasons to the Member.
- (3) A decision of the Board shall include a record of any dissenting opinion.
- (4) The decision shall include a notice advising the applicant that if the applicant is aggrieved by the decision of the Board, the applicant may appeal that decision to a tribunal in accordance with *The Provincial Health Authority Act* and *The Practitioner Staff Appeals Regulations*.

## **PART IX**

### **GENERAL PROCEDURES**

#### **76. Requirement to Provide Information**

- (1) An Area Department Lead, Area Division Lead, AARC, APAC, ACOS, or the CMO may, at any time, request information and explanations from a Member relating to any matter contained in these Bylaws or in the Rules.
- (2) Upon receipt of a written request pursuant to subsection (1), a Member shall:
  - (a) respond to the request in writing by providing the information or explanation requested, to the best of the Member's ability to do so;
  - (b) provide originals or certified copies of documents requested, if originals are requested, or legible copies of documents if copies are requested; and
  - (c) provide a printed or electronic record if the requested information or documents are stored in an electronic computer storage form or similar form.
- (3) A Member shall provide the requested information within 15 days of receipt of the request, or such additional time as the Area Department Lead, Area Division Lead, AARC, APAC, ACOS, DCMO or CMO may grant for the response.

#### **77. Representation by Legal Counsel**

- (1) An applicant or Member may be represented by legal counsel in all meetings, proceedings or hearings where they may be subject to jeopardy pursuant to these Bylaws.
- (2) The SHA may be represented by legal counsel in the meetings, proceedings or hearings described in subsection (1).
- (3) If an applicant, Member or the SHA will be represented by legal counsel pursuant to subsections (1) or (2) they shall provide reasonable advance notice of such representation to any other parties.

#### **78. Duty to Make Disclosure**

- (1) In all matters before the APAC or PSRC or Board at which a hearing or meeting is held or conducted, the parties to the hearing or meeting shall disclose to the other party the following information and documents:
  - (a) the names of each of the witnesses which the party intends to call to give evidence;
  - (b) a summary of the evidence which the party expects will be given by that witness;

- (c) if a witness will be called to give expert evidence, a summary of the qualifications of that witness; and
- (d) a copy of all documents which the party intends to introduce into evidence at the hearing.

(2) Nothing herein prevents a party from asserting a claim of confidentiality or privilege that may exist at law in relation to any of the documents that the party is required to disclose pursuant to these Bylaws or Rules. Where a claim of confidentiality or privilege is asserted, the party claiming it shall advise the other party of the grounds upon which the confidentiality or privilege is claimed and endeavour to disclose as much of the document or the substance of the information contained in the document without compromising the privilege or breaching confidentiality. Where a party challenges a claim of confidentiality or privilege raised by another party which cannot be resolved by agreement, either party may apply to the APAC, PSRC or the Board, as the case may be, to make a ruling regarding the claim of confidentiality or privilege.

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

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

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

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

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

## **79. Procedures**

(1) In all matters before it under these Bylaws, the PSRC and the Board may, subject to these Bylaws and Rules:

- (a) adjourn any meeting, hearing or proceeding from time to time if considered advisable;

- (b) if the applicant or Member fails to attend a meeting, hearing or proceeding after receiving notice in accordance with these Bylaws, proceed with the meeting, hearing or proceeding in the absence of the person;
- (c) admit any evidence that may be relevant;
- (d) establish its own rules of procedure; and
- (e) engage any professional, technical or clerical support or other assistance that may be considered necessary or advisable.

#### **80. Report to the College**

- (1) The ACOS, DCMO or CMO shall prepare and forward a detailed report to the applicable College where:
  - (a) the application of a practitioner for Appointment or reappointment to the Practitioner Staff of the SHA is rejected by reason of their incompetence, negligence or misconduct;
  - (b) there is any action or penalty arising from a decision of the Board pursuant to review proceedings under these Bylaws and Rules; or
  - (c) a practitioner voluntarily or involuntarily resigns from the Practitioner Staff during the course of an investigation into their competence, negligence or conduct.

#### **81. Timeframes**

- (1) While unnecessary delays shall be avoided, failure of the PSRC and the Board to comply with any requirement of these Bylaws and Rules as to time does not invalidate any decision made by the PSRC and the Board.

#### **82. Service of Documents**

- (1) Except as otherwise provided in these Bylaws, service of any notice, report, recommendation, written reasons or decision required pursuant to these Bylaws may be made personally, by registered mail, by courier, facsimile or by electronic mail addressed to the person to be served at the person's last known address.
- (2) Where the notice is served by registered mail, by courier, facsimile or by electronic mail it shall be deemed to have been served on the third day after the mailing, delivery or transmission unless the person to be served establishes that, acting in good faith, it was not received until a later day, and in which case, the actual date of receipt shall be the date of service.

#### **83. Conflict of Interest**

- (1) Any Member who has a conflict of interest or possible conflict of interest shall disclose such conflict to the ACOS at the earliest opportunity where that Member is involved:

- (a) in making recommendations to the ACOS or CMO, the APAC or the Board on any matter; or
- (b) in considering or recommending any applicant for Appointment, reappointment, Privileges or review.

(2) The CMO or designate, in keeping with applicable legislation, Bylaws, Rules and Policies and Procedures regarding conflict of interest and bias, shall determine whether the Member has a conflict of interest and outline what, if any, involvement in the discussion and voting the Member may have concerning the issue with respect to which the conflict exists.

#### **84. Bias**

- (1) In all proceedings before it pursuant to these Bylaws, no member of the Board shall have taken part in any prior investigation or consideration of the subject matter of a Board meeting, provided that Board members who heard a matter in relation to section 64 (Immediate Suspension) will not for that reason be prohibited from taking part in any subsequent meetings in relation to the matter.

### **PART X**

### **APPEALS**

#### **85. Right of Appeal**

- (1) Nothing in these Bylaws limits or restricts any right of appeal or other legal recourse, which is available to an individual pursuant to *The Provincial Health Authority Act*, or any other applicable legislation.

### **PART XI**

### **AMENDMENTS**

#### **86. Amendments**

- (1) Amendments to these Bylaws may be proposed to the Board by the CMO, provided:
  - (a) the proposed amendments have been reviewed and commented on by the Bylaws and Rules Review Committee; and
  - (b) the Bylaws and Rules Review Committee has consulted with PPAC on the proposed amendments during its review.
- (2) An amendment proposed pursuant to subsection (1) shall be presented to the Board for consideration in accordance with the Board's General Bylaws.
- (3) The Board may in its sole discretion approve, amend or reject any amendment(s) presented for its consideration.

(4) Amendments shall become effective when approved by the Minister of Health in accordance with section 6-3 of *The Provincial Health Authority Act*.

## **PART XII**

### **REVOCATION, RULES, TERM AND TRANSITION**

#### **87. Revocation of Previous Bylaws**

(1) These Practitioner Staff Bylaws of the SHA revoke, supersede and replace the 2023 Interim Practitioner Staff Bylaws.

#### **88. Application of Rules**

(1) Where, pursuant to these Bylaws, a matter is referenced to, or is to be addressed in accordance with Rules and those rules do not exist:

- (a) if, in the opinion of the Board the matter can be addressed based on past practice without need of specific rules, that practice will apply; or
- (b) the Board may establish temporary rules to address the matter, until the Rules have been adopted.

(2) The Board may delegate the power to establish temporary rules under subsection (1) (b) to the CMO or DCMO.

#### **89. Transitional Provisions**

(1) The replacement of a Practitioner Staff bylaw does not:

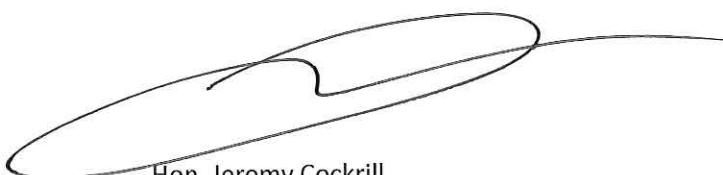
- (a) affect the previous operation of the replaced bylaw or anything done or permitted pursuant to it;
- (b) affect a right or obligation acquired pursuant to the replaced bylaw;
- (c) prevent or affect any investigations, review proceedings, disciplinary proceedings or disciplinary actions underway pursuant to a former bylaw and such matter continues under that bylaw. For greater clarity:
  - (i) the composition of a review or disciplinary committee under a former bylaw is not impacted and the committee composition continues until the matter is complete;
  - (ii) a reference to a regional health board under a replaced bylaw shall mean the SHA Board; and
  - (iii) any other matters that require adjustment shall continue as may be determined by the CMO or DCMO; or

- (d) affect or impact any penalty or sanction imposed under a replaced bylaw.
- (2) The substitution of a replaced bylaw with this bylaw is deemed to have the following effect:
  - (a) a person acting pursuant to the replaced bylaw has authority to act pursuant to the new bylaw until another person becomes authorized to do so;
  - (b) an application for Appointment or Privileges made pursuant to the replaced bylaw shall be continued pursuant to and in conformity with this bylaw as far as is consistent with the new bylaw;
  - (c) the procedure established by the new bylaw shall be followed as far as can be adapted in relation to the matters that happened before the replacement;
  - (d) the Appointment of a practitioner under a replaced bylaw will continue in the equivalent category under these Bylaws or where there is not an equivalent, the most equivalent category determined by the DCMO until:
    - (i) the expiration of the person's term of Appointment; or
    - (ii) the practitioner is appointed under these Bylaws;
  - (e) a practitioner granted Privileges pursuant to the replaced bylaw shall continue to enjoy those Privileges until the expiration of the person's term of Appointment.

## 90. Effective Date and Expiry

- (1) These Bylaws shall become effective when they are approved by the Minister of Health in accordance with section 6-3 of *the Provincial Health Authority Act*.

These are the 2025 Practitioner Staff Bylaws of the SHA approved by the Minister of Health the 22nd  
day of January, 2025.



Hon. Jeremy Cockrill  
Minister of Health