

Northwest Territories Health and Social Services Authority

Medical and Professional Staff Bylaws

Contents

PART I GENERAL PROVISIONS	4
1. Definitions	4
2. Purpose	9
3. Conflict of Interest	10
PART II NTHSSA ORGANIZATION AND RESPONSIBILITIES	10
4. Leadership Council	10
5. Responsibilities of the CEO	11
A. Appointment and Accountability	11
B. Duties	11
6. Responsibilities of the TMD	12
A. Appointment and Accountability	12
B. Duties	12
7. Responsibilities of AMDs	13
A. Appointment and Accountability	13
B. Duties	13
8. Responsibilities of TCLs	14
A. Appointment and Accountability	14
B. Duties	14
9. Territorial Practitioner Executive Committee (TPEC)	15
10. Meetings between CEO, TMD, and Professional Organizations Representing Practitioner Staff	16
11. Meetings of Practitioner Staff	16
PART III PRACTITIONER STAFF APPOINTMENTS, PRIVILEGES AND RESPONSIBILITIES	16
12. Practitioner Appointment Categories and Duties	16
A. Associate Practitioner Staff	17
B. Active Practitioner Staff	17
C. Locum Practitioner Staff	18
D. Courtesy Staff	19
13. Responsibilities of Practitioner Staff	19
14. General Provisions for Appointment and Privileges	22
15. TARC	22
16. Process for Initial Application for Appointment and Granting of Privileges	23
17. Decision on Initial Application for Appointment and Privileges	24
18. Maintenance of Privileges: the Information Verification and Attestation (IVA) Process & Periodic Reviews	25
A. The Procedure for the IVA Process	25

B. The Procedure for Periodic Reviews	25
PART IV AMENDMENT OF PRIVILEGES	27
19. General	27
20. The Procedure for Request to Change Appointment or Privileges	28
PART V TRIGGERED ASSESSMENT, CONSENSUAL RESOLUTION, AND HEARING	29
21. General	29
22. Definition of a Concern	29
23. Initiating a Concern	30
24. Addressing a Concern	31
25. Triggered Assessment of Medical Staff	32
26. Decisions Flowing From a Triggered Assessment	33
27. Consensual Resolution Process	35
28. Hearing for Medical Staff	36
29. Procedural Fairness	39
30. Exceptional Circumstances in which to Grant Practitioner Privileges	39
31. Immediate Action to Suspend Privileges or Employment	40
PART VI GENERAL PROCEDURES	42
32. Confidentiality and Disposition of Records	42
33. Requirement to Provide Information	42
34. Electronic Processes	43
35. Service of Documents	43
PART VII AMENDMENTS TO THE BYLAWS	43
36. Amendments to the Bylaws	43
PART VIII RULES	45
37. Development and amendments to the Rules	45
PART IX TRANSITIONAL PROVISIONS	45
38. Transition to a Territorial Practitioner Staff	45
PART X ADOPTION AND IMPLEMENTATION OF BYLAWS	46
39. Adoption of Bylaws	46

NTHSSA

MEDICAL AND PROFESSIONAL STAFF BYLAWS

PART I GENERAL PROVISIONS

1. Definitions

1.1 In these Bylaws, the following definitions apply:

“Active Practitioner Staff” means, those Physicians, Dentists, Nurse Practitioners, and Midwives who have been appointed to the category of Active Practitioner Staff pursuant to section 12.8 of these Bylaws;

“Affected Medical Staff” means a Medical Staff member who is the subject of a Concern, Triggered Assessment, Consensual Resolution or Hearing;

“Affected Professional Staff” means a Professional Staff member who is the subject of a Concern;

“AMD” means the Medical Staff appointed as Area Medical Director(s) for an Area, pursuant to section 7.1 of these Bylaws;

“Applicant” means the Physician, Dentist, Nurse Practitioner, or Midwife who is applying for Appointment and/or Privileges;

“Appointment” means the admission of Practitioner Staff to a category of the NTHSSA staff (Active, Associate, Courtesy, or Locum);

“Area” means a geographic area within the Northwest Territories, as identified by the CEO of the NTHSSA, in relation to the provision of Clinical Service(s);

“Associate Practitioner Staff” means those Physicians, Dentists, Nurse Practitioners, or Midwives who have been appointed to the category of Associate Practitioner Staff pursuant to section 12.2 of these Bylaws;

“Bylaws” means these Medical and Professional Staff Bylaws established for the NTHSSA in accordance with the *Hospital Insurance and Health and Social Services Administration Act*;

“CEO” means the person employed by the NTHSSA as the Chief Executive Officer, who is accountable to the Leadership Council for the operation and management of the NTHSSA;

“Clinical Domain(s)” means the categories of various types of health care services provided to patients;

“Clinical Service(s)” means diagnostic or therapeutic intervention(s) and admission rights, for which Privileges are required;

“Collective Agreement” means the Collective Agreement between the Union of Northern Workers and the Minister of Human Resources, as amended from time to time;

“Complainant” means the person(s) filing a Concern about a Practitioner pursuant to article 23 of these Bylaws;

“Concern” means a written complaint or concern from any individual or group of individuals with respect to a Practitioner Staff’s quality and safety of patient care; clinical performance; unethical conduct; unprofessional conduct, including interactions with patients, families, visitors, professional colleagues, and NTHSSA clinical and non-clinical staff, either in general or in relation to a specific event or episode of patient care;

“Conflict of Interest” is an actual or perceived incompatibility between an individual’s duties and responsibilities under the Bylaws and the private interests of that individual or immediate family member, which can include, but is not limited to, pecuniary interests including investment and business involvements; Outside employment; Service, whether voluntary or otherwise, on a board, council or committee or other organization; And personal relationships, that include immediate family and spouse;

“Consensual Resolution” is a consensual and confidential process to resolve a Concern pursuant to article 27 of the Bylaws. Consensual Resolution includes the Affected Medical Staff member, the relevant NTHSSA Practitioner Administrative Leader, and any other relevant person(s);

“Core Privileges” means those Clinical Service(s) that a graduated, fully trained and licensed Practitioner of a discipline can reasonably be expected to perform;

“Courtesy Practitioner Staff” means those Physicians, Dentists, Nurse Practitioners, or Midwives who have been appointed to the category of Courtesy Practitioner Staff pursuant to section 12.14 of these Bylaws;

“Days” means consecutive Days;

“Dentist” means a Dentist who is entitled to practice dentistry pursuant to the *Dental Profession Act*;

“Designated Supervisor” means a Professional Staff’s supervisor as identified in their job description;

“Directive” means a written statement issued by the Minister pursuant to the *Hospital Insurance and Health and Social Services Administration Act*, R.S.N.W.T. 1988, c.T-3;

- (a) specifying facilities, health services or social services for which the NTHSSA is responsible,
- (b) of action to be followed by the NTHSSA, or
- (c) of policy to be applied by the NTHSSA;

“GNWT” means the Government of the Northwest Territories;

“Health Care Facility” a facility that:

- (a) provides one or more health services to outpatients only, and
- (b) is listed in the Schedule to the *Hospital and Health Care Facility Standards Regulations* or in Schedule A to the *Hospital Insurance Regulations*.

“Hearing” means the process of addressing Concerns where a Triggered Assessment and Consensual Resolution have not resolved the matter or are not considered appropriate means to resolve the matter;

“Hearing Committee” means a Hearing Committee established pursuant to article 28 of the Bylaws;

“Hospital” is a facility that:

- (a) provides one or more health services to in-patients and outpatients, and
- (b) is listed in Schedule A to the *Hospital Insurance Regulations*;

“Immediate Action” means an action taken by the NTHSSA to suspend or restrict a Practitioner Staff member’s Privileges or Employment, as

applicable, pursuant to article 31 of these Bylaws without first conducting a Triggered Assessment;

“Initial Application” means the process to seek an appointment to the Practitioner Staff, and a grant of Privileges pursuant to articles 16 and 17 of these Bylaws;

“IVA” means the Information Verification and Attestation process, which confirms that minimum requirements are met to maintain a Practitioner Staff Appointment, as set out in articles 18 A and B of these Bylaws;”

Leadership Council” means the Territorial Board of Management established under the *Hospital Insurance and Health and Social Services Administration Act*, established by the *Territorial Board of Management Order*;

“Locum Practitioner Staff” means those Physicians, Dentists, Nurse Practitioners, or Midwives who have been appointed to the category of Locum Practitioner Staff pursuant to section 12.11 of these Bylaws;

“Medical Staff” means Physicians and Dentists who have been Appointed to the Medical Staff and granted Privileges at a Health Care Facility or Hospital of the NTHSSA, in accordance with these Bylaws;

“Midwife” means a person who is a registered Midwife pursuant to the *Midwifery Profession Act*;

“Minister” means the member of the Executive Council appointed as a Minister under the *Legislative Assembly and Executive Council Act* who is responsible for the NTHSSA;

“Non-core Privileges” means those Clinical Service(s), which are outside of the Core Privileges, that require further training or demonstration of skill;

“NTHSSA” means the Northwest Territories Health and Social Services Authority established pursuant to the *Hospital Insurance and Health and Social Services Administration Act*;

“NTHSSA Facilities” means both Health Care Facilities and Hospitals operated by the NTHSSA and established by the Minister in accordance with the *Hospital Insurance and Health and Social Services Administration Act* and may include off-site provision of Clinical Services and Practitioner-To-Patient Telehealth Services, as directed by the NTHSSA;

“NTHSSA Policies and Procedures” means

- (a) orders, directives, and other instruments issued pursuant to the *Hospital Insurance and Health and Social Services Administration Act*; or
- (b) administrative and operational objectives, plans, values, principles, practices, and standards established by the NTHSSA with respect to its operations, Hospitals and Health Care Facilities, and programs and services that have been approved by the CEO;

“NTHSSA Programs and Services” means the diagnostic and treatment services and programs operated by or for the NTHSSA to which Practitioner Staff can refer patients;

“NP” means a registered Nurse Practitioner entitled to practice in the Nurse Practitioner category pursuant to the *Nursing Profession Act*;

“PAL” means any Practitioner Administrative Leader role carried out by a Practitioner as designated by the TMD, CEO or AMDs;

“PAO” means the Practitioner Affairs Office that is the operational and organizational office for NTHSSA Practitioners, that carries out the functions assigned to it in these Bylaws, the Rules and any NTHSSA Policies and Procedures;

“Periodic Review” means a Periodic Review of professional performance and all matters relevant to the maintenance of Appointment and Privileges of Physicians, Professional Staff; and Dentists if required in their contract for services, pursuant to article 18 of these Bylaws;

“Physician” means a medical practitioner who is entitled to practice medicine pursuant to the *Medical Profession Act*;

“Practitioner Staff” means the Medical Staff and Professional Staff who have been appointed as Practitioner Staff by the TMD in accordance with these Bylaws;

“Practitioner-To-Patient Telehealth Services” means the provision of health services using telecommunication services;

“Privileges” means those Core-Privileges and site-specific Non-core Privileges that have been granted pursuant to Part III of these Bylaws and includes Clinical Service(s);

“Professional Staff” collectively means those NPs and registered Midwives who have been appointed to the Professional Staff and granted Privileges at a Health Care Facility or Hospital of the NTHSSA, in accordance with these Bylaws;

“Request to Change” means a request to change, suspend or terminate the Appointment and/or Privileges pursuant to Part IV of these Bylaws;

“Rules” means the specific provisions established as the Medical and Professional Staff Rules pursuant to these Bylaws. The Rules provide the means to implement and give effect to the Bylaws;

“TARC” means the Territorial Application Review Committee as established in article 15 of these Bylaws;

“TCL” means the person(s) appointed as Territorial Clinical Lead(s), pursuant to article 8 of these Bylaws;

“TMD” means the Physician member of the Medical Staff appointed as the Territorial Medical Director for the NTHSSA pursuant to article 6 of these Bylaws;

“TPEC” means the Territorial Practitioner Executive Committee established in article 9 of these Bylaws; and

“Triggered Assessment” means a process for the NTHSSA to respond to a Concern regarding a Medical Staff member, pursuant to Part V of these Bylaws.

2. Purpose

2.1 These are the Medical and Professional Staff Bylaws that govern Physicians, Dentists, NPs, and Midwives that are seeking and receiving Appointments to the Practitioner Staff and granted Privileges at Health Care Facilities and Hospitals operated by the NTHSSA.

2.2 These Bylaws are developed and approved in order to:

(a) promote the provision of quality health care services;

(b) outline the administrative structure for the governance of Practitioner Staff affairs within the NTHSSA, with specific governance structures to be set out in the Rules and/or NTHSSA Policies or Procedures, that provide for Practitioner Staff input into policy and planning decisions of

the NTHSSA.

- (c) outline a process for the Appointment of and granting of Privileges to Practitioner Staff, including the amendment, suspension, or revocation thereof;
 - (d) outline a process for communication between Practitioner Staff and the NTHSSA, within the health system;
 - (e) outline a process to conduct Periodic Reviews of the performance of Practitioner Staff; and
 - (f) outline a process to respond to Concerns about Practitioner Staff.
- 2.3 The NTHSSA and Practitioner Staff may, at their own cost, be represented by legal counsel or an advisor their choice, in all meetings, proceedings, or hearings contemplated in these Bylaws and the Rules, Policies and Procedures, subject to any representation obligations set out in employment contracts.

3. Conflict of Interest

- 3.1 Practitioner Staff who have, or may have, a Conflict of Interest shall disclose such conflict to the CEO at the earliest opportunity where the Practitioner Staff is involved:
- (a) in making recommendations to the TMD or the CEO on any matter;
 - (b) in considering or recommending any Applicant for Appointment or Privileges or changes thereto; or
 - (c) in making a decision as a Hearing Committee member.
- 3.2 The CEO, in keeping with applicable law, and Policies and Procedures of the NTHSSA and the GNWT regarding Conflict of Interest, shall discuss with the Practitioner the appropriate actions to take to resolve the Conflict of Interest.

PART II NTHSSA ORGANIZATION AND RESPONSIBILITIES

4. Leadership Council

- 4.1 The composition of the Leadership Council is described in the *Hospital Insurance and Health and Social Services Administration Act*, as:
- (a) a chairperson;

- (b) the chairperson of each regional council;
 - (c) the chairperson of the Tłı̨ch̄q Community Services Agency; and
 - (d) the Deputy Minister (non-voting).
- 4.2 The Leadership Council may make or amend the Bylaws in accordance with the *Hospital Insurance and Health and Social Services Administration Act* and *Regulations*.
- 4.3 The Leadership Council shall ensure that any Directive issued to the NTHSSA by the Minister is implemented in accordance with the *Hospital Insurance and Health and Social Services Administration Act*.

5. Responsibilities of the CEO

A. Appointment and Accountability

- 5.1 The CEO is responsible to the Leadership Council for the operation and management of the NTHSSA.

B. Duties

- 5.2 Without limiting the authority of the NTHSSA relative to its administrative structures, the duties of the CEO include, but are not limited to:
- (a) performing duties assigned by the Leadership Council;
 - (b) ensuring the delivery of Practitioner Staff services provided to the NTHSSA, consistent with the strategic plan and mission of the NTHSSA, applicable legislation, and these Bylaws;
 - (c) categorizing Practitioner Staff into such Clinical Domains as are warranted from time to time and as outlined in the Bylaws, Rules and/or Policies and Procedures; and
 - (d) establishing an organizational structure to implement and fulfill the strategic plan and mission of the NTHSSA, including but not limited to:
 - i. appointing a Physician member of the Medical Staff to the position of TMD;
 - ii. ensuring the appointment of AMDs by the TMD;
 - iii. ensuring the appointment of TCLs by the TMD;

- iv. ensuring the establishment of and appointment of members to TARC; and
- v. ensuring the establishment of TPEC.

5.3 The CEO may delegate their powers or duties under these Bylaws unless restricted from doing so under enabling legislation, the Collective Agreement, employment contract, or GNWT or NTHSSA Policy. Further sub-delegation is not permitted unless expressly allowed by the CEO.

6. Responsibilities of the TMD

A. Appointment and Accountability

6.1 TMD is the most senior clinical administrative leader in the NTHSSA and is a member of the NTHSSA's executive team.

6.2 The TMD shall be appointed by and is responsible to the CEO.

6.3 The TMD may delegate their powers or duties under these Bylaws unless restricted from doing so under enabling legislation, the Collective Agreement or GNWT or NTHSSA Policy. Further sub-delegation is not permitted unless expressly allowed by the TMD.

B. Duties

6.4 Without limiting the authority of the NTHSSA relative to its administrative structures, the duties of the TMD include, but are not limited to:

- (a) performing all duties that may be delegated by the CEO;
- (b) acting as a member of the senior management team of the NTHSSA;
- (c) providing leadership in areas of planning, operation and evaluation of delivery of quality health care services by Practitioner Staff that are aligned with the priorities and strategies set by the NTHSSA and set by the Minister in the territorial plan pursuant to the Hospital Insurance and Health and Social Services Administration Act;
- (d) providing leadership and direction on the creation and maintenance of an effective Practitioner Staff leadership structure;
- (e) providing leadership on the provision of high quality, appropriate and culturally safe patient care within the NTHSSA;

- (f) supporting continuing Practitioner Staff education;
- (g) Appointment and granting Privileges to Practitioner Staff;
- (h) ensuring appointment of PALs by a standardized process, with approval of the CEO; and
- (i) collaborating with and participating in TPEC and such other committees as designated from time to time.

7. Responsibilities of AMDs

A. Appointment and Accountability

- 7.1 The TMD may, after consultation with the CEO, appoint an AMD for a geographic area specified by the CEO.
- 7.2 The AMD is responsible to the TMD.
- 7.3 The AMD may delegate their powers or duties under these Bylaws unless restricted from doing so under enabling legislation, the Collective Agreement or GNWT or NTHSSA Policy. Further sub-delegation is not permitted unless expressly allowed by the AMD.

B. Duties

- 7.4 Without limiting the authority of the NTHSSA relative to its administrative structures, within their assigned Area, the duties of the AMD include, but are not limited to:
 - (a) performing all duties that may be delegated by the TMD;
 - (b) acting in a clinical management capacity for Medical Staff and Professional Staff as set out in NTHSSA Policies and Procedures;
 - (c) conducting Periodic Reviews, and Triggered Assessments;
 - (d) providing leadership in areas of planning, operation, and evaluation of delivery of quality health care services by Practitioner Staff, aligned with the priorities and strategies set by the NTHSSA and set by the Minister in the territorial plan pursuant to the Hospital Insurance and Health and Social Services Administration Act;
 - (e) assisting with Practitioner Staff organization and management within their assigned Area, including participating in and advising on

Appointment and granting of Privileges processes, to address local health needs while delivering care aligned with standards and priorities set by the NTHSSA;

- (f) appointing area PALs, when requested by the TMD, by a standardized process, with approval of the TMD;
- (g) providing leadership to Practitioner Staff within the assigned Area to facilitate high quality, appropriate and culturally safe patient care, and interdisciplinary collaboration throughout the NTHSSA; and
- (h) collaborating with and participating in TPEC, TARC, and such other committees as designated from time to time.

8. Responsibilities of TCLs

A. Appointment and Accountability

- 8.1 The TMD may, after consultation with the CEO, appoint TCLs for the NTHSSA.
- 8.2 TCLs are responsible for and serve as head of their assigned Clinical Domain(s).
- 8.3 TCLs are responsible to the TMD.

B. Duties

- 8.4 Without limiting the authority of the NTHSSA relative to its administrative structures, the duties of the TCLs include, but are not limited to:
 - (a) performing all duties that may be delegated by the TMD or AMD;
 - (b) providing leadership in areas of planning, operation, and evaluation of delivery of Clinical Services within the assigned Clinical Domain aligned with the priorities and strategies set by the NTHSSA and set by the Minister in the territorial plan in the Hospital Insurance and Health and Social Services Administration Act;
 - (c) assisting with Practitioner Staff organization within their assigned Clinical Domain including participating in and advising on Appointment and granting of Privileges processes;
 - (d) providing leadership in formulating, implementing, and evaluating the NTHSSA's medical services goals within the Clinical Domain;

- (e) providing leadership to Practitioner Staff within the assigned Clinical Domain to facilitate high quality, appropriate and culturally safe patient care, and interdisciplinary collaboration throughout the NTHSSA; and
- (f) collaborating with and participating in TPEC and TARC and such other committees as designated from time to time.

9. Territorial Practitioner Executive Committee (TPEC)

9.1 The CEO shall establish a TPEC that has the following purposes:

- (a) to advise the CEO on the effective organization, management, and functioning of Practitioner Staff including the provision of quality, appropriate and culturally safe patient care, and interdisciplinary collaboration throughout the NTHSSA;
- (b) to advise on the development and amendment of any Bylaws, Rules, Policies and Procedures relating to Practitioner Staff; and
- (c) to advise on the development of and any amendments to the process for the review of Initial Applications for and maintenance of Appointments and granting of Privileges to Practitioner Staff.

9.2 The TMD shall be the chair of TPEC. When the TMD is unavailable, the TMD may appoint a designate chair of TPEC from the balance of the members appointed to TPEC.

9.3 The following persons shall be members of TPEC:

- (a) the TMD
- (b) AMDs;
- (c) TCLs; and
- (d) at least one member of the Practitioner Staff from each of the four Practitioner Staff groups, with additional members at the discretion of the chair.

9.4 The CEO shall be an ex-officio member of TPEC.

9.5 Other persons may be invited to sit on TPEC as deemed appropriate by the CEO and/or TMD and shall be non-voting members.

9.6 TPEC shall establish terms of reference which will outline the general conduct, management, and meeting arrangements of the Committee. The terms of reference must be approved in writing by the CEO.

10. Meetings between CEO, TMD, and Professional Organizations Representing Practitioner Staff

10.1 The President or other designated representative of each of the four professional associations representing Practitioner Staff will each have an opportunity to meet with the CEO and TMD annually or more frequently upon agreement of the parties.

10.2 The purpose of these meetings is to create open communication between the NTHSSA and the professional associations on matters of interest and concern to the professional associations, the NTHSSA, and patients.

11. Meetings of Practitioner Staff

11.1 The TMD shall hold and chair a Practitioner Staff meeting at least twice a year and the CEO or designate shall attend at least two (2) of the Practitioner Staff meetings during the year.

11.2 The designated representative of each of the four professional associations representing Practitioner Staff is entitled to submit agenda topics to the TMD at least fourteen (14) Days in advance of the two (2) meetings at which the CEO or designate attends during the year.

PART III PRACTITIONER STAFF APPOINTMENTS, PRIVILEGES AND RESPONSIBILITIES

12. Practitioner Appointment Categories and Duties

12.1 Practitioner Staff shall be organized into the following Appointment categories:

- (a) Associate;
- (b) Active;
- (c) Locum; and
- (d) Courtesy.

A. Associate Practitioner Staff

12.2 Associate Practitioner Staff shall consist of those individuals who are:

- (a) licensed to practice in the Northwest Territories; and
- (b) applying for initial appointment to the Active Practitioner Staff.

12.3 Associate Practitioner Staff shall:

- (a) abide by the Responsibilities of Practitioner Staff set out in section 13.3 of these Bylaws;
- (b) admit patients, attend patients, and undertake such Clinical Services only in accordance with the Privileges granted by the TMD; and
- (c) attend meetings of Practitioner Staff only as required by the Rules, Policies and Procedures of the NTHSSA.

12.4 Professional Staff shall be appointed to the Associate Practitioner Staff for a six (6) month probationary period, as set out in the Collective Agreement.

12.5 Subject to the determination of the TMD, Medical Staff shall be appointed to the Associate Practitioner Staff for a one (1) year probationary period.

12.6 The Associate Practitioner may apply for an Active Appointment, in accordance with the procedures set out in the Rules.

12.7 Associate Practitioner Staff shall be required to complete a Periodic Review prior to any change in appointment from Associate to Active member of the Professional Staff.

12.8 Associate Practitioner Staff who have met the requirements of the probationary period, including a satisfactory Periodic Review, are eligible for an Appointment to the Active Practitioner Staff category by the TMD. The TMD decision in this regard is final.

12.9 The probationary period may be extended with the consent of the NTHSSA and the Associate Practitioner Staff.

B. Active Practitioner Staff

12.10 Active Practitioner Staff shall consist of those individuals who:

- (a) are licensed to practice in the Northwest Territories; and

- (b) are appointed to the Active Practitioner Staff by the TMD:
 - i. for Professional Staff, after having completed satisfactory service as Associate Staff of at least six (6) months, as set out in the Collective Agreement, or who the CEO, on the recommendation of TARC, appoints directly to the Active Practitioner Staff.
 - ii. for Medical Staff, after having completed satisfactory service as Associate Staff of at least one (1) year, or who the CEO, on the recommendation of TARC, appoints directly to the Active Practitioner Staff.

12.11 Active Practitioner Staff shall:

- (a) abide by the Responsibilities of Practitioner Staff set out in section 13.3 of these Bylaws;
- (b) admit patients, attend patients, and undertake such Clinical Services only in accordance with the Privileges granted by the TMD; and
- (c) attend meetings of Practitioner Staff as required by the Rules, Policies and Procedures of the NTHSSA.

12.12 Active Practitioner Staff may be a member of any committee of the Practitioner Staff and are entitled to vote at meetings of Practitioner Staff or at any committee on which they hold membership.

C. Locum Practitioner Staff

12.13 Locum Practitioner Staff consist of those individuals who are:

- (a) licensed to practice in the Northwest Territories; and
- (b) appointed to the Locum Practitioner Staff by the TMD.

12.14 Locum Practitioner Staff shall be appointed by the TMD in order to meet specific clinical needs for a defined period of time, including:

- (a) to cover a vacancy on the Practitioner Staff;
- (b) to replace a Practitioner who is absent; and
- (c) to provide specific episodic or limited Clinical Services.

12.15 Locum Practitioner Staff shall:

- (a) abide by the Responsibilities of Practitioner Staff set out in section 13.3 of these Bylaws;
- (b) admit patients, attend patients, and undertake such Clinical Services only in accordance with the Privileges granted by the TMD; and
- (c) only be permitted to a vote at Practitioner Staff meetings, or be eligible to hold a Practitioner Administrative Leader position, if granted the ability to do so by the TMD.

D. Courtesy Staff

12.16 Courtesy Practitioner Staff consist of those Practitioner who are:

- (a) licensed to practice in the Northwest Territories; and
- (b) appointed to the Courtesy Practitioner Staff by the TMD.

12.17 Courtesy Practitioner Staff shall consist of those Practitioners who have been appointed as Courtesy Practitioner Staff by the TMD when the Applicant's primary commitment is to another organization.

12.18 Courtesy Staff shall:

- (a) abide by the Responsibilities of Practitioner Staff set out in section 13.3 of the Bylaws; and
- (b) admit patients, attend patients, and undertake such Clinical Services only in accordance with the Privileges granted by the TMD.

12.19 Members of the Courtesy Practitioner Staff shall have no voting rights and may not hold any office or be a voting member on any NTHSSA committee.

13. Responsibilities of Practitioner Staff

13.1 Practitioner Staff, the NTHSSA, and the GNWT share joint responsibility and accountability for the provision of NTHSSA Programs and Services approved by the Minister.

13.2 If a provision of these Bylaws or the Rules is inconsistent with or in conflict with a provision relating to the duties and responsibilities of Practitioner Staff, as set out in their employment contract or job description, the terms and conditions of the employment contract or job description shall prevail

and determine the issue.

13.3 Practitioner Staff have a responsibility and accountability to patients, the NTHSSA and their profession to:

- (a) co-operate with the NTHSSA in providing quality care to patients in the NTHSSA;
- (b) attend patients and undertake such medical, therapeutic, and surgical treatments as befits their level of training and experience in accordance with the Privileges granted by the TMD;
- (c) advocate on behalf of patients in a manner that is consistent with the values and principles of their applicable regulatory body, their professional association and consistent with the *GNWT Code of Conduct*;
- (d) abide by professional standards of practice, codes of ethics, and codes of conduct;
- (e) abide by the *GNWT Code of Conduct*;
- (f) abide by the *GNWT Harassment Free and Respectful Workplace Policy*;
- (g) meet the requirements for continuing professional education and learning as established by their professional association;
- (h) utilize health care resources within NTHSSA Facilities and NTHSSA Programs and Services in a manner consistent with the Rules, and NTHSSA Policies and Procedures;
- (i) abide by applicable legislation, Bylaws, the Rules, NTHSSA Policies and Procedures, employment contracts, and contracts for services;
- (j) serve where required by these Bylaws or Rules on various NTHSSA and Practitioner Staff committees; and
- (k) co-operate with the NTHSSA in making arrangements for the ongoing care of patients by another member of the Practitioner Staff with the appropriate Privileges when he or she is unable to attend patients.

13.4 Practitioner Staff shall, as soon as possible after becoming aware, notify their AMD or Designated Supervisor, in writing, of:

- (a) any pending disciplinary or legal proceedings regarding the Practitioner Staff member's professional status, within any jurisdiction;
- (b) any disciplinary or legal proceedings regarding the Practitioner Staff member's professional status, within any jurisdiction, that have resulted in any of the following:
 - i. restrictions on licensure or practice permit restrictions, privileges and/or appointments;
 - ii. disciplinary or professional restrictions;
 - iii. imposition of professional monitoring requirements;
 - iv. withdrawal or removal from practice due to fitness concerns;
 - v. a requirement to undertake upgrading or further education from their regulatory body following a disciplinary proceeding; or
 - vi. a requirement to undertake remedial measures as a result of any disciplinary or legal proceedings.
- (c) any changes in physical or mental health that affect the performance of the Practitioner Staff member's responsibilities specified in these Bylaws and Rules, and the safe and competent exercise of the Privileges granted;
- (d) any professional or psychological assessment that discloses a risk that could affect the performance of the Practitioner Staff member's responsibilities specified in these Bylaws and Rules, and the safe and competent exercise of the Privileges granted;
- (e) any criminal convictions arising from the *Criminal Code* of Canada or the *Controlled Drugs and Substances Act* related to the Practitioner Staff member's ability to safely provide health care; or
- (f) any criminal charges arising from Part V or Part VIII of the *Criminal Code* of Canada or the *Controlled Drugs and Substances Act* related to the Practitioner Staff member's ability to safely provide health care.

13.5 The AMD or Designated Supervisor shall ensure that the PAO is promptly notified of any Practitioner Staff disclosure made pursuant to section 13.4 of these Bylaws.

14. General Provisions for Appointment and Privileges

- 14.1 Privileges will be granted on the basis of training, experience, and competence, considering the needs of patients and the available resources of the NTHSSA.
- 14.2 After considering the recommendation of TARC, the TMD has the sole and exclusive power to Appoint and grant Privileges to Applicants.
- 14.3 A Practitioner Staff Appointment is territorial and outlines the category of Appointment as well as the Practitioner Staff's rights and responsibilities associated with that Appointment.
- 14.4 Privileges that are granted to the Practitioner Staff must outline the Non-core Privileges the Practitioner Staff is deemed competent to perform.
- 14.5 Privileges are not required for Practitioner to Practitioner consultation.
- 14.6 The granting of a Practitioner Staff Appointment and Privileges is exclusive to that Practitioner Staff member.
- 14.7 No Practitioner Staff member shall assign, transfer, encumber, or delegate a Practitioner Staff Appointment and Privileges granted to that Practitioner and any purported assignment, transfer or encumbrance thereof shall be null and void.
- 14.8 A Practitioner Staff appointment and Privileges may only be granted to an individual and not to a firm, partnership or corporation, including a professional corporation.
- 14.9 Where a Practitioner has been granted Privileges, they shall provide, in writing, their agreement to be governed by the applicable professional regulatory standards, these Bylaws, the Rules, and any relevant Acts and legislation thereunder.
- 14.10 Where a Practitioner has been granted privileges for the first time, they shall be required to participate in any NTHSSA orientation programs, as requested by the NTHSSA.

15. TARC

- 15.1 The CEO shall appoint members to TARC.
- 15.2 TARC is tasked with processing applications for Appointment and the granting of Privileges to Practitioner Staff, including Requests to Change.

- 15.3 The following persons may be members of TARC:
- (a) AMDs;
 - (b) TCLs; and
 - (c) at least one member of the Practitioner Staff from each of the four Practitioner Staff groups, with additional members at the discretion of the CEO.

16. Process for Initial Application for Appointment and Granting of Privileges

- 16.1 As set out in the Rules, at least two (2) designated members of TARC shall review each initial application for membership with Practitioner Staff.
- 16.2 NTHSSA shall advise the Applicant that they are responsible for producing adequate information to fulfill the requirements of this article.
- 16.3 The Applicant must be able to demonstrate the following competencies:
- (a) the ability to provide competent patient care;
 - (b) the ability to work and cooperate with and relate to others in a collegial and professional manner;
 - (c) the ability to communicate and relate appropriately with patients and families;
 - (d) willingness to participate in the discharge of staff, committee and other obligations appropriate to the membership category; and
 - (e) ethical character, performance and behaviour.
- 16.4 The forms for Initial Application shall be set out in the Rules and shall include requirements for, at minimum, the following:
- (a) appropriate professional liability insurance;
 - (b) appropriate professional regulatory documentation;
 - (c) a declaration that the Practitioner Staff shall inform the PAO as soon as possible of any changes to the above; and
 - (d) a declaration that the Practitioner Staff shall, as soon as possible after becoming aware, disclose in writing to their AMD, any proceedings

regarding the Practitioner's professional status which have resulted in sanctions as set out in section 13.4 of these Bylaws.

- 16.5 TARC shall provide a written recommendation to the TMD that sets out the following:
- (a) that the requested Initial Application for Appointment and/or Privileges be granted in accordance with the type requested;
 - (b) that the requested Initial Application for Appointment and/or Privileges be accepted but the type requested be modified from that requested by the Applicant; or
 - (c) that the requested Initial Application for Appointment and/or Privileges be denied.

17. Decision on Initial Application for Appointment and Privileges

- 17.1 After receiving a recommendation from TARC, if the TMD is considering not granting an Appointment and/or Privileges as requested by the Applicant, the Applicant shall be notified in writing, along with a rationale for why the TMD is considering not granting the Appointment and/or Privileges as requested.
- 17.2 The Applicant shall be provided with an opportunity to make written submissions to the TMD prior to the TMD making a final decision.
- (a) if requested, and subject to privacy laws, the Applicant shall be provided with all relevant and non-privileged documents relied upon by the TMD in assessing an application for privileges; and
 - (b) the Applicant shall be afforded at least thirty (30) Days' notice to make written submissions to the TMD prior to the TMD making a decision.
- 17.3 Following consideration of the Applicant's submissions, the TMD shall make a decision and shall provide the Applicant with written notification of the decision to grant or refuse Initial Appointment and/or Privileges as requested by the Applicant.
- 17.4 The decision of the TMD regarding an Initial Application is final.

18. Maintenance of Privileges: the Information Verification and Attestation (IVA) Process & Periodic Reviews

A. The Procedure for the IVA Process

- 18.1 In order to maintain Privileges, Practitioner Staff shall submit a completed IVA form annually.
- 18.2 IVA forms shall be set out in prescribed forms in the Rules and shall require Practitioner Staff to annually demonstrate, at minimum, the following:
- (a) appropriate professional liability insurance;
 - (b) appropriate professional regulatory documentation; and
 - (c) a declaration that the Practitioner Staff shall inform the PAO as soon as possible of any changes to the above.
- 18.3 The IVA form shall be provided to the Practitioner Staff by the PAO and will include the information set out in prescribed forms in the Rules, which shall be consistent with requirements set out in employment contracts, job descriptions, and contracts for services.

B. The Procedure for Periodic Reviews

- 18.4 In order to maintain Privileges, Practitioner Staff shall be required to participate in a Periodic Review as follows:
- (a) A member of the Associate Practitioner Staff shall participate in a Periodic Review that is satisfactory to the AMD or Designated Supervisor prior to being granted an Active Practitioner Staff Appointment.
 - (b) A member of the Active Practitioner Staff shall participate in a Periodic Review every three (3) years.
 - (c) A member of the Locum or Courtesy Practitioner Staff shall participate in a Periodic Review, as required in their contract for services, or at the discretion of the AMD or Designated Supervisor.
 - (d) A member of the Medical Staff shall participate in a Periodic Review more often than every three (3) years if required as a result of a decision from a Triggered Assessment or Hearing, as set out in part V of these Bylaws.

- 18.5 Periodic Reviews provide an opportunity to review professional performance, identify goals, exchange information regarding system health care issues, and support maintenance of Privileges.
- 18.6 The Periodic Review form shall be provided to the Practitioner Staff and will include the information set out in prescribed forms in the Rules, which shall be consistent with requirements set out in employment contracts, job descriptions, and contracts for services.
- 18.7 Practitioner Staff shall be entitled to the following with respect to their Periodic Review:
- (a) Practitioner Staff shall be given the opportunity to discuss their Periodic Review with their AMD or Designated Supervisor and then sign the Periodic Review form to indicate that its contents have been read and understood; and
 - (b) Practitioner Staff shall be given up to fourteen (14) Days to provide written comments to be attached to their Periodic Review Form.
- 18.8 After the Practitioner Staff has signed the Periodic Review, their AMD or Designated Supervisor shall not add any further comments to the Periodic Review.
- 18.9 Periodic Reviews may include all matters relevant to the category of Appointment and Privileges granted to the Practitioner Staff. These may include, but are not limited to:
- (a) the actions arising from a previous Periodic Review;
 - (b) compliance with Practitioner Staff responsibilities and accountabilities set out in section 13.3 of these Bylaws;
 - (c) the professionalism and competence of the Practitioner Staff, in respect to the fulfillment of their responsibilities as defined by these Bylaws and the Rules;
 - (d) the continuation of professional development and maintenance of competence activities; and
 - (e) a collated assessment (non-identifiable as to source) of Medical Staff and, upon receipt of consent, Professional Staff, by relevant health care teams, other practitioners and patients with respect to their provision of quality of care and ability to interact professionally and

effectively with peers, NTHSSA administrative leaders and staff, and patients. Such assessments shall consist of written feedback following a process set out in the Rules.

- 18.10 With respect to Locum and Courtesy Practitioner Staff, the NTHSSA may limit the amount of information addressed in Periodic Reviews to reflect the limited services provided to the NTHSSA.
- 18.11 If significant concerns about the competency of a Medical Staff member are identified during a Periodic Review, the Periodic Review shall be halted and a Concern may be initiated and addressed through the Triggered Assessment provisions of these Bylaws.
- 18.12 If significant concerns about the competency of a Professional Staff member are identified during a Periodic Review, the Periodic Review shall be halted and the matter may be addressed in accordance with the processes established in the Collective Agreement and/or the GNWT Human Resources Manual.
- 18.13 Except as required by law, permitted by these Bylaws, or with the consent of the Practitioner Staff, the Periodic Review and recommendations prepared by the AMD or Designated Supervisor, shall be maintained in the PAO and shall be kept confidential.

PART IV AMENDMENT OF PRIVILEGES

19. General

- 19.1 Practitioner Privileges may be amended in the following ways:
- (a) through the Request to Change process, pursuant to section 20 of these Bylaws;
 - (b) by the TMD following a triggered assessment, pursuant to sections 25 and 26 of these Bylaws;
 - (c) by the CEO upon the recommendation of a Hearing Committee, pursuant to section 28 of these Bylaws; or
 - (d) through an Immediate Action by a PAL, pursuant to section 31 of these Bylaws.

20. The Procedure for Request to Change Appointment or Privileges

- 20.1 Practitioner Staff may Request to Change their Appointment or Privileges.
- 20.2 A PAL or a Designated Supervisor may Request to Change the Appointment or Privileges of a Practitioner Staff member to either change an Appointment category or expand Privileges.
- 20.3 A voluntary Request to Change that could result in a reduction of Privileges may only be done through the Request to Change process, with the express consent of the Practitioner Staff member, as opposed to through the process set out in Part V of these Bylaws.
- 20.4 A Request to Change Appointment or Privileges must include particulars of the change requested, and demonstrate the need for or desirability of the requested change.
- 20.5 A Request to Change Appointment or Privileges shall be reviewed by at least one (1) member of TARC.
- 20.6 TARC shall provide a written recommendation regarding the Request for Change to the TMD that sets out the following:
- (a) that the Request to Change be granted in accordance with the type requested;
 - (b) that the Request to Change be accepted but the type requested be modified from that requested by the Applicant; or
 - (c) that the Request to Change be denied.
- 20.7 After receiving a recommendation from TARC, if the TMD is considering not granting the Request to Change Appointment or Privileges as requested by the Applicant, the Applicant shall be notified in writing, along with a rationale for why the TMD is considering not granting the Request to Change as requested.
- 20.8 The Applicant shall be provided with an opportunity to make written submissions to the TMD prior to the TMD making a final decision.
- (a) if requested, the Applicant shall be provided with all relevant and non-privileged documents relied upon by the TMD in assessing a Request to Change.
 - (b) the Applicant shall be afforded at least thirty (30) Days' notice to

make written submissions to the TMD prior to the TMD making a decision.

20.9 Following consideration of the Applicant's submissions, the TMD shall make a decision and shall provide the Applicant with written notification of the decision regarding the Request to Change.

20.10 The decision of the TMD is final.

20.11 The PAO shall ensure that any changes to an Affected Medical Staff member's Appointment or Privileges are recorded.

PART V TRIGGERED ASSESSMENT, CONSENSUAL RESOLUTION, AND HEARING

21. General

21.1 This Part of the Bylaws establishes the processes for responding to a Concern about the conduct of Practitioner Staff, and describing processes to resolve that Concern.

22. Definition of a Concern

22.1 Matters which form the basis of a Concern include, but are not limited to issues with respect to:

- (a) quality and safety of patient care;
- (b) clinical performance;
- (c) unethical conduct;
- (d) unprofessional conduct, professional misconduct or unskilled practice , including interactions with patients, families, visitors, professional colleagues, and NTHSSA clinical and non-clinical staff;
- (e) health problems that affect the Practitioner Staff member's ability to carry out their professional responsibilities;
- (f) breach of the GNWT Code of Conduct;
- (g) breach of the GNWT Harassment Free and Respectful Workplace Policy; and
- (h) breach of any formal agreement with the NTHSSA.

23. Initiating a Concern

23.1 Concerns may be initiated by:

- (a) patients and persons who directly experience the subject matter of the Concern;
- (b) legal guardians or legal representatives of patients who directly experience the subject matter of the Concern;
- (c) NTHSSA and GNWT employees who directly experience the subject matter of the Concern;
- (d) Practitioner Staff who directly experience the subject matter of the Concern; or
- (e) the AMD or designate on behalf of NTHSSA, in the following circumstances:
 - i. there are reasonable grounds to believe that one or more of the matters specified in section 22.1 of these Bylaws exists; and
 - ii. those with direct knowledge are unwilling or unable to submit a Concern and there are reasonable grounds to address the Concern with the Practitioner Staff.

23.2 A Concern must be:

- (a) in writing (including via electronic means);
- (b) signed by the Complainant. Such signature may be electronic; and
- (c) supported by a reasonable degree of relevant detail forming the basis of the Concern.

23.3 If the Complainant is unable to document the Concern in writing, the quality risk management personnel or AMD shall assist the Complainant by:

- (a) documenting the Concern;
- (b) ensuring interpreter services are provided if requested by the Complainant;
- (c) providing the Complainant with the opportunity to review and sign the written Concern for accuracy. Such signature may be electronic; and

(d) submitting the Concern.

23.4 A Complainant shall not be penalized for bringing forward a Concern and participating in the process under this Part of the Bylaws.

23.5 The receiver of a Concern shall ensure that quality risk management personnel are advised of and provided with a copy of the Concern.

24. Addressing a Concern

24.1 A Concern may result in one or more of the following seven (7) courses of action:

(a) the quality risk management personnel, Designated Supervisor, or AMD or designate may meet with the Affected Practitioner Staff, or Complainant, as required, to discuss the Concern and determine if the Concern can be resolved without engaging other processes described in these Bylaws;

(b) the quality risk management personnel, Designated Supervisor, or AMD or designate may encourage the Complainant and the Affected Practitioner Staff to communicate with each other for the purpose of resolving the Concern;

(c) the quality risk management personnel, Designated Supervisor, or AMD or designate may facilitate the provision of additional health services for the purpose of resolving the Concern;

(d) dismiss the Concern as being unfounded;

(e) determine that further action is not required;

(f) the NTHSSA may investigate and impose disciplinary measures on Affected Professional Staff in accordance with the applicable employment contract, or Collective Agreement; or

(g) the AMD may conduct a Triggered Assessment for Affected Medical Staff, pursuant to article 25 of these Bylaws.

24.2 The NTHSSA shall refer the Concern as a complaint to the appropriate regulatory body if:

(a) the referral is required by law; or

(b) the referral is necessary to ensure public or patient safety.

The NTHSSA will inform the Affected Practitioner Staff member of this referral.

- 24.3 The CEO or TMD may suspend a Concern process under these Bylaws pending the outcome of a process under the applicable professional regulatory legislation or any other avenue with respect to the same subject matter; however, the CEO must address the Concern once the outcome is received.

25. Triggered Assessment of Medical Staff

- 25.1 Upon receipt of a Concern to be managed by way of a Triggered Assessment, quality risk management personnel will assist by inquiring into the Concern to the extent they consider necessary and collecting any records required in order for the Triggered Assessment to continue.
- (a) The quality risk management personnel shall ensure that the Complainant and the Affected Medical Staff member understand that any documents they submit may be provided to the other party.
 - (b) The Complainant and Affected Medical Staff member shall be provided access to patient records relevant to the inquiry in order to provide a fulsome response to the inquiry in accordance with privacy legislation.
- 25.2 At any time throughout the processes specified in Part V of these Bylaws, the Affected Medical Staff member or the AMD may recommend Consensual Resolution to address the Concern.
- 25.3 Quality risk management personnel shall advise the Affected Medical Staff member's AMD of the Concern and provide them with a copy of it.
- 25.4 The AMD or designate conducting the Triggered Assessment shall provide a copy of the Concern to the Affected Medical Staff member within fourteen (14) Days of receipt of the Concern.
- 25.5 The Triggered Assessment may include an investigation by the AMD or designate conducting the Triggered Assessment, including the review of a patient's medical records, obtaining other written or verbal statements from the Complainant, contacting and interviewing witnesses and gathering other relevant information as determined by the AMD or designate conducting the Triggered Assessment.
- 25.6 The Affected Medical Staff member shall have twenty-one (21) Days from the date of receiving notice of the Concern to provide a response to the AMD or

designate. The Affected Medical Staff member's response, if any, shall be considered by the AMD or designate when conducting a Triggered Assessment.

- 25.7 Following the twenty-one (21) Day period wherein the Affected Medical Staff member may provide a response, the AMD or designate conducting the Triggered Assessment shall have an additional sixty (60) Days to complete the Triggered Assessment.
- 25.8 A Triggered Assessment shall result in a report and recommendation(s) from the AMD or designate conducting the Triggered Assessment to the TMD.
- 25.9 A Triggered Assessment may, at the discretion of the TMD or the CEO, proceed notwithstanding that the Affected Medical Staff member has resigned or has been removed from the Medical Staff.
- 25.10 A Triggered Assessment may, at the discretion of the TMD and in consultation with the CEO, proceed notwithstanding that the Complainant has withdrawn it.

26. Decisions Flowing From a Triggered Assessment

- 26.1 Following a Triggered Assessment, the AMD or designate conducting the Triggered Assessment shall forward the report to the TMD. After consideration of the AMD or designate's report, the TMD may do one or more of the following:
 - (a) dismiss the Concern as being unfounded;
 - (b) determine that further action is not required;
 - (c) require the Affected Medical Staff member to participate in a Periodic Review more often than every two (2) years;
 - (d) if the Concern does not pertain to the responsibilities and expectations of the Appointment of the Affected Medical Staff member, refer the Complainant to an appropriate body or agency which may be either internal or external to the NTHSSA;
 - (e) recommend to the CEO that the CEO consider disciplining the Affected Medical Staff member in accordance with their employment or service contract;
 - (f) refer the Concern as a complaint to the appropriate governing or

regulatory body if the TMD, determines:

- i. that the referral is required by law;
- ii. that the referral is necessary to ensure public or patient safety;
or
- iii. that the Concern will not be amenable to resolution pursuant to this part of these Bylaws;

If referral to the appropriate governing or regulatory body is planned under these circumstances, the TMD will inform the Affected Medical Staff member of this referral.

- (g) refer the Concern, or a portion thereof, for an opinion from an independent assessor;
- (h) request that the Affected Medical Staff member engage in Consensual Resolution pursuant to article 27 of these Bylaws;
- (i) request that the Affected Medical Staff member undergo remedial measures, including but not limited to:
 - i. obtaining additional education and/or training;
 - ii. undertaking a period of clinical supervision with review of cases;
or
 - iii. undergoing counselling or treatment;
- (j) make a decision to amend the Affected Medical Staff member's Appointment or Privileges;
- (k) take any other action as considered appropriate to ensure public or patient safety; or
- (l) refer the matter directly to a Hearing.

26.2 The TMD shall advise the Affected Medical Staff member of their decision pursuant to section 26.1 of these Bylaws.

26.3 The decision of the TMD shall be placed in the Affected Medical Staff's PAO file.

- (a) Subject to privacy legislation, the Complainant may be advised of

disposition and/or actions taken as a result of the Triggered Assessment.

- (b) The decision of the TMD will be provided to the Complainant if mandated by legislation or court order.

26.4 If the decision of the TMD in the Triggered Assessment is a request that the Affected Medical Staff member engage in Consensual Resolution pursuant to 26.1(h), that the Affected Medical Staff member undergo remedial sanctions pursuant to section 26.1(i), or that the Affected Medical Staff member's Appointment or Privileges be altered pursuant to section 26.1(j), and the Affected Medical Staff member does not agree with the decision, then the Affected Medical Staff member shall have the opportunity to request a Hearing as set out in article 28 of these Bylaws within thirty (30) Days of receipt of the TMD's decision. Subject to the foregoing, the decision of the TMD in section 26.1 shall be final.

26.5 The Affected Medical Staff member shall disclose to the AMD and TMD if the appropriate governing or regulatory body is independently in receipt of the Concern, or investigating the Concern, and shall authorize the appropriate governing or regulatory body to confirm to the AMD and TMD that this is the case.

26.6 The PAO shall ensure that any changes to an Affected Medical Staff member's Appointment or Privileges are recorded.

27. Consensual Resolution Process

27.1 If the Affected Medical Staff member and the AMD or designate agree, a Consensual Resolution process may commence. This shall be a consensual process between the Affected Medical Staff member and the AMD or designate, and may include the Complainant.

27.2 Consensual Resolution shall result in a report and recommendation(s) from the AMD or designate. Consensual Resolution shall be concluded and result in a report within twenty-eight (28) Days of referral of the matter for Consensual Resolution, unless the timelines are extended with the consent of all parties.

27.3 Discussions and communications that occur during Consensual Resolution are confidential and shall not be disclosed or used in any process or proceeding outside Consensual Resolution without the written consent of the Affected Medical Staff member.

- 27.4 No information or documents arising from an unsuccessful Consensual Resolution shall be shared with a person sitting on a Hearing Committee other than that a Consensual Resolution was attempted but unsuccessful.
- 27.5 The AMD or designate shall forward the written report and any recommendation(s) from the Consensual Resolution to the TMD for consideration.
- 27.6 If the TMD and the Affected Medical Staff member accept the report and any recommendation(s), they, along with the NTHSSA shall be accountable for implementation of any recommendation(s).
- 27.7 The written report and any recommendation(s) arising from a successful Consensual Resolution shall be kept in the PAO.
- 27.8 If the Affected Medical Staff member or the TMD rejects the report and recommendation(s) of the AMD or designate, they shall meet to ensure a common understanding of the report and recommendation(s), and to determine if agreement can be reached, failing which the matter shall proceed back to the stage of part V that it was at prior to the Consensual Resolution (whether it be Triggered Assessment or Hearing).

28. Hearing for Medical Staff

- 28.1 The Affected Medical Staff member may appeal any of the following to a Hearing:
- (a) a decision of the TMD arising out of Triggered Assessment, pursuant to section 26.1 of these Bylaws;
 - (b) A decision of a TMD to continue the Immediate Action, pursuant to section 31.10(a) of these Bylaws; or
 - (c) A decision of the TMD to modify the Immediate Action, pursuant to section 31.10(b) of these Bylaws.
- 28.2 The TMD may advise the Complainant that the Concern was referred to a Hearing.
- 28.3 The TMD shall establish a Hearing Committee within forty-five (45) Days of determining that a Hearing is required, and shall notify the Affected Medical Staff member as soon as possible thereafter.
- 28.4 The Hearing Committee shall consist of three members and the NTHSSA has

the discretion to select a member with expertise relating to the circumstances giving rise to the Concern.

28.5 Members of the Hearing Committee shall not have taken part in any investigation or consideration of the subject matter of the Hearing.

28.6 The mandate and functions of the Hearing Committee are as follows:

- (a) the Hearing Committee shall receive information and hear evidence from the NTHSSA and the Affected Medical Staff member.
- (b) at any time during the Hearing, the Hearing Committee may ask the Affected Medical Staff member and/or the relevant NTHSSA PAL(s) to provide further information.
- (c) the Hearing Committee may receive and consider relevant expert opinion(s) from the Affected Medical Staff member and/or within the NTHSSA, or external to the NTHSSA.
- (d) the Affected Medical Staff member shall appear before the Hearing Committee and is a compellable witness.
 - i. If the Affected Medical Staff member refuses to appear before the Hearing Committee despite notice of it, the Hearing may continue in their absence.
- (e) the Hearing Committee may receive and consider relevant testimony from person(s) who may have knowledge or information relevant to the matters at issue.
- (f) evidence may be given to a Hearing Committee in any manner that the Hearing Committee considers appropriate. The Hearing Committee is not bound by the formal Rules of evidence.

28.7 After receiving and considering all relevant information and evidence, the Hearing Committee may recommend to the CEO that:

- (a) the Concern be dismissed;
- (b) the Concern be referred to an appropriate body or agency which may be either internal or external to the NTHSSA if the Concern does not pertain to the responsibilities and expectations of the NTHSSA Staff appointment of the Affected Medical Staff member;

- (c) any or all of the following be undertaken:
 - i. the Affected Medical Staff member obtain additional education and/or training;
 - ii. the Affected Medical Staff member undertake a period of clinical supervision, which may include a review of cases, concurrent consultation or direct supervision;
 - iii. the Affected Medical Staff member undergo counselling or treatment, professional assessment, clinical assessment, psychological or psychiatric assessment;
 - iv. the Affected Medical Staff member's Privileges be amended, restricted or revoked; or
 - v. any other action as considered appropriate to ensure staff, facility or public and patient safety.

- (d) the CEO or TMD refer the Concern to the appropriate governing or regulatory body if the Affected Medical Staff member agrees, in writing; or if the Hearing Committee, determines that:
 - i. the referral is required by law;
 - ii. the referral is necessary to ensure public or patient safety; or
 - iii. the Concern will not be amenable to resolution pursuant to this part of these Bylaws.

28.8 The Hearing Committee shall provide a written report outlining their recommendation(s) and the rationale for them to the CEO, the TMD, the AMD, and the Affected Medical Staff member.

28.9 The decision of the CEO may be the same as, or different from, the recommendations of a Hearing Committee. If the decision of the CEO differs from the recommendations of the Hearing Committee, written reasons for the difference shall be provided to the Hearing Committee, the TMD, the AMD, relevant TCLs, and the Affected Medical Staff member.

28.10 The PAO shall ensure that any changes to an Affected Medical Staff member's Appointment or Privileges are recorded.

28.11 The decision of the CEO is final, subject to any legal right of appeal.

29. Procedural Fairness

- 29.1 The processes set out in Part V of these Bylaws shall be conducted with due consideration for procedural fairness for the Affected Medical Staff member including, but not limited to:
- (a) confidentiality consistent with the nature of the proceeding, and to the extent permitted by law, provided that the Affected Medical Staff member does not present a risk to patients or the public;
 - (b) being provided with a copy of the Concern, including the name of the Complainant;
 - (c) the right to respond to the Concern;
 - (d) disclosure of all information provided in the Triggered Assessment or Hearing;
 - (e) timely disposition of the Triggered Assessment or Hearing consistent with the nature of the Concern;
 - (f) being provided with a copy of any recommendations, decisions, and the reasons leading to them;
 - (g) being provided with a copy of any documentation sent to the appropriate governing or regulatory body, to the extent permitted by law; and
 - (h) representation by legal counsel, at the cost of the Affected Medical Staff member.
- 29.2 The Hearing Committee shall be entitled to consult with legal counsel before and during the Hearing with regard to process and procedure, as well as in regard to the drafting of reasons and any sanctions or orders.
- 29.3 The timeframes for completion of a Triggered Assessment or Hearing, as described in this part of the Bylaws, are guidelines, and are meant to balance expediency in resolving Concerns with ensuring appropriate time for thorough investigation, a fair process, and best decisions. Unnecessary delays shall be avoided.

30. Exceptional Circumstances in which to Grant Practitioner Privileges

- 30.1 In exceptional circumstances, as determined by the CEO or TMD, an interim

Appointment and Privileges may be granted to an Applicant or Practitioner Staff member whose application has not yet been fully completed, processed and approved, so long as the Applicant or Practitioner Staff member provides to the CEO or TMD proof of their current registration with the applicable Northwest Territories professional regulatory body and evidence of current professional liability protection acceptable to the NTHSSA.

- 30.2 In exceptional situations, as determined by the CEO or TMD, the CEO or TMD may elevate the category of a Practitioner Staff Appointment and/or expand the Privileges of a Practitioner Staff member without the benefit of some of the information listed in the prescribed form, and without following the procedures provided in these Bylaws and the Rules.
- 30.3 The CEO or TMD shall notify the PAO, the applicable TCL and the AMD of the appointment or change in appointment or Privileges, and the nature of the exceptional situation, within seven (7) Days of the change in appointment and/or Privileges.
- 30.4 A Practitioner Staff Appointment and grant of Privileges or a change in Appointment and/or Privileges made under exceptional circumstances shall be for a maximum of ninety (90) Days, during which the Practitioner Staff member will be eligible to be considered for appointment and a grant of Privileges or a change in appointment and/or Privileges following the procedures described in these Bylaws and the Rules.

31. Immediate Action to Suspend Privileges or Employment

- 31.1 Immediate Action may be taken by a PAL in the case of Medical Staff, or CEO or designate in the case of Professional Staff, if there are reasonable grounds to believe that the Practitioner Staff member's professional performance or conduct requires immediate steps be taken to protect the health or safety of any person, including the Practitioner Staff member, so long as no lesser measures will suffice, and the Practitioner Staff member does not agree in writing to voluntarily restrict their relevant clinical activities.
- 31.2 With respect to Professional Staff, Immediate Action means suspension from employment without first conducting any investigations.
- 31.3 An Immediate Action for Professional Staff may be continued in accordance with the processes established in the Public Service Act, Collective Agreement and/or the GNWT Human Resources Manual, as applicable.

- 31.4 The TMD, relevant AMDs, Designated Supervisors and the PAO must be notified of a Professional Staff member's suspension as soon as practicable.
- 31.5 Once the Professional Staff member has been notified of the Immediate Action being taken, the Designated Supervisor implementing the Immediate Action, the TMD or the CEO may notify the appropriate governing or regulatory body of the Immediate Action. The Professional Staff member shall be informed if the applicable governing or regulatory body is notified.
- 31.6 With respect to Medical Staff, Immediate Action means immediate suspension or restriction of a Medical Staff member's Privileges without first conducting a Triggered Assessment as described in these Bylaws. After consultation with the TMD, the Medical Staff member will be promptly notified of the Immediate Action and the reasons for it by the PAL who authorized the Immediate Action.
- 31.7 The reason for the Immediate Action shall be reviewed with the Medical Staff member within seven (7) Days of the Immediate Action.
- 31.8 Should the Medical Staff member agree in writing with the Immediate Action prior to the commencement of the meeting, the Immediate Action may be discontinued.
- 31.9 After receiving and considering all relevant information and evidence, the PAL shall prepare a report for consideration by the TMD.
- 31.10 Following consideration of the PAL's report, the TMD may:
- (a) continue the Immediate Action pending a complete review by a Hearing Committee pursuant to article 28;
 - (b) modify the Immediate Action pending a complete review by a Hearing Committee, pursuant to article 28; or
 - (c) discontinue the Immediate Action.
- 31.11 The TMD shall communicate their decision in section 31.10 in writing to the Medical Staff member, within five (5) Days of making a decision.
- 31.12 The decision of the TMD is final.
- 31.13 Once the Medical Staff member has been notified of the Immediate Action, the TMD, or the CEO shall notify the applicable governing or regulatory body of the Immediate Action if required by law or if the referral is necessary to

ensure public or patient safety. The Medical Staff member shall be informed by the TMD or CEO that the applicable governing or regulatory body will be notified.

PART VI GENERAL PROCEDURES

32. Confidentiality and Disposition of Records

- 32.1 Except as otherwise provided by the applicable professional regulatory legislation, the *Health Information Act* or the *Access to Information & Protection of Privacy Act*, information obtained, reviewed, discussed and otherwise used or developed in any process related to this part of these Bylaws shall be considered to be confidential information of the NTHSSA and subject to all relevant privileges. Such information shall not be disclosed to anyone outside of the process related to this part of these Bylaws unless expressly agreed to in writing by the Affected member of the Practitioner Staff or where determined by the CEO as required by law or necessary to ensure public or patient safety.
- 32.2 Records of the proceedings outlined in these Bylaws will be retained and destroyed in accordance with the NTHSSA record retention policy.

33. Requirement to Provide Information

- 33.1 The TMD or CEO may, at any time, in writing, request information from an Applicant and/or a Practitioner Staff member relating to any matter contained in these Bylaws, and any Rules, Policies and Procedures.
- 33.2 Upon receipt of a written request pursuant to section 33.1, an Applicant and/or Practitioner Staff member shall:
- (a) respond to the request in writing by providing the information or explanation requested, to the best of their 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.
- 33.3 Except as otherwise provided in these Bylaws, an Applicant and/or a

Practitioner Staff member shall provide the requested information within fourteen (14) Days of receipt of the request, or such additional time as determined by the TMD or CEO.

34. Electronic Processes

- 34.1 Electronic processes may be used for circulating notices, applications for appointments and privileges and to expedite the conduct of meetings.
- 34.2 Online voting systems and databases may be used for (a) circulating notices, forms, ballots, documents and other materials; (b) voting; and (c) counting and recording votes.

35. Service of Documents

- 35.1 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. If the Practitioner cannot be located personally, the NTHSSA may effect service by registered mail, or by electronic mail addressed to the person to be served at the person's last known address.
- 35.2 Personal service is effected on an individual with leaving a copy of the document to be served with the individual being served.
- 35.3 A document served by registered mail shall be deemed to have been served on the Day that the receiver signs for acceptance of the document.
- 35.4 A document served electronically is deemed to be served on the date that the document was transmitted 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.

PART VII AMENDMENTS TO THE BYLAWS

36. Amendments to the Bylaws

- 36.1 TPEC shall review and prepare a report on these Bylaws and any proposed amendment to them at least once every two years.
- 36.2 Amendments to these Bylaws may be proposed by the Minister, the Leadership Council and the CEO.
- 36.3 Amendments to these Bylaws may be proposed by Practitioner Staff, TPEC,

or the TMD in the following circumstances:

- (a) in the case of amendments proposed by Practitioner Staff, if Practitioner Staff provides proof of support for the proposed amendment from at least one-third of the total Active Practitioner Staff;
- (b) in the case of amendments proposed by TPEC, if there is proof of support for the proposed amendment from a two-thirds majority of TPEC members; or
- (c) the TMD, on the TMD's own initiative.

36.4 Where one of the parties other than the TMD intends to present an amendment to the Bylaws, that party shall provide notice in writing to the TMD at least sixty (60) Days prior to the meeting of the Leadership Council at which the proposed amendment will be presented.

36.5 Where the TMD proposes to make an amendment or receives a notice pursuant to section 36.3, the TMD shall provide the proposed amendment to the Practitioner Staff, TPEC and the CEO, along with a TMD recommendation, at least forty-five (45) Days prior to the meeting of the Leadership Council at which the proposed amendment will be presented.

36.6 Practitioner Staff and TPEC shall have at least thirty (30) Days to prepare and submit their views on the proposed amendment to the TMD.

36.7 An amendment proposed pursuant to section 36.3 shall be presented by the TMD or designate to the Leadership Council for consideration along with a TMD recommendation and a summary of any Practitioner Staff or TPEC views presented to the TMD.

- (a) The CEO may present the NTHSSA's perspective to the Leadership Council on any changes proposed pursuant to section 36.3.

36.8 In response to views received pursuant to section 36.3, the TMD may recommend a revised amendment to the Leadership Council, but in those circumstances the TMD must include both the amendment proposed pursuant to section 36.3 and the proposed revised amendment in the submission for consideration by the Leadership Council.

36.9 The Leadership Council may in its sole discretion decide whether to recommend to the Minister that any proposed amendment to the Bylaws be approved, amended or rejected.

36.10 Amendments to the Bylaws shall become effective when approved by the Minister of Health and Social Services in accordance with the *Hospital Insurance and Health and Social Services Administration Act*.

36.11 The Bylaws and any amendment to them have no effect unless approved by the Minister and to the extent that they conflict with the *Hospital Insurance and Health and Social Services Administration Act*, any other enactment or a Directive.

PART VIII RULES

37. Development and amendments to the Rules

37.1 The Rules shall outline the means to implement and give effect to the Bylaws, and govern the Day to Day management of Practitioner Staff affairs, and nothing in them shall alter the intent and purpose of the Bylaws.

37.2 The Rules shall outline a Practitioner organizational structure that fulfills statutory requirements, effectively manages Practitioner Staff affairs and facilitates the meaningful and effective participation of Practitioner Staff in the affairs of the NTHSSA.

37.3 The Rules may be developed and amended as proposed by TPEC, in accordance with section 9.1 of these Bylaws.

37.4 Following the development or amendment of any Rules with TPEC, in accordance with article 9 of these Bylaws, the TMD shall recommend such Rules, or amendments to existing Rules, as the TMD deems necessary for patient care and the conduct of Practitioner Staff to the CEO.

37.5 The CEO shall review and approve, amend, or reject the Rules or amendments to Rules.

37.6 The CEO shall ensure that the Leadership Council and Practitioner Staff are provided with a copy of the Rules.

PART IX TRANSITIONAL PROVISIONS

38. Transition to a Territorial Practitioner Staff

38.1 A Practitioner who has a Practitioner Staff Appointment with a former Northwest Territorial Health Authority, excluding the Tłı̨ch̓ Community Services Agency and the Hay River Health and Social Services Authority, will

automatically receive an NTHSSA Practitioner Staff Appointment and a grant of Privileges under these Bylaws unless the Practitioner advises the NTHSSA that he/she does not wish the Appointment and/or Privileges to continue.

38.2 Practitioners will be granted an Appointment in an equivalent category, and Privileges equivalent to those held as of the effective date of these Bylaws.

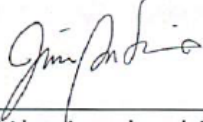
PART X ADOPTION AND IMPLEMENTATION OF BYLAWS

39. Adoption of Bylaws

39.1 These Bylaws shall replace any Staff Bylaws previously approved by Minister of Health and Social Services for the NTHSSA or its predecessor.

39.2 These Bylaws shall become effective once approved by the Minister of Health and Social Services, following a recommendation from the Leadership Council, on the effective date set out below.

RECOMMENDED by the Leadership Council Northwest Territories Health and Social Services NTHSSA to the Minister of Health and Social Services this 1 Day of March, 2018.



Chair of the Leadership Council

APPROVED by the Minister of Health and Social Services this 19 Day of March, 2018.



Glen Abernethy
Minister of Health and Social Services

IMPLEMENTATION DATE: this 19 Day of March, 2018.



Glen Abernethy
Minister of Health and Social Services