

## outline for new bylaws

- This draft bylaws outline includes references to the Act and to the Regulation; the column on the left has numbers such as a215, indicating the Act, section 215.
- Click on the triangles to open or close that portion of the outline.
- The final document will have French and English side by side.

### ▼ 1 Preamble

#### ▼ 1.1 Definitions and abbreviations

- 1.1.1 **Board**: The Board of Directors of Ste. Anne’s Hospital Centre, constituted in accordance with the Act.
- 1.1.2 **Centre, SAHC**: Ste. Anne’s Hospital Centre.
- 1.1.3 **Committee**: any committee of the Council.
- 1.1.4 **Council, CPDP**: The Council of Physicians, Dentists and Pharmacists of Ste. Anne’s Hospital Centre.
- 1.1.5 **DPS**: Director of Professional Services.
- 1.1.6 **Executive Committee, EC**: the Executive Committee of the Council.
- 1.1.7 **Member**: A physician, dentist, or pharmacist to whom the Board has granted the status of active member, when the word “Member” is not further qualified.
- 1.1.8 **Privileges**: The rights accorded to a physician, dentist, or pharmacist to practise his profession in one or more Sites of the Centre. Privileges specify the fields of activity and the nature of the acts that the person is authorised to perform.
- 1.1.9 **Status**: The title attributed to a physician, dentist, or pharmacist corresponding to that person’s implication in the functioning of the Centre.
- 1.1.10 **Act**: An Act Respecting Health Services and Social Services, R.S.Q., C. S-4.2, as amended.
- 1.1.11 **Regulation**: Organisation and Management of Institutions Regulation, chapter S-5, r. 5, as amended.
- 1.1.12 **Site**: Any facility operated by the Centre, including the Liaison Centre and the Residential Treatment Clinic for Operational Stress Injuries.

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#### ▼ 1.2 Purpose and Objectives: in accordance with section 216 of the Act, the CPDP adopts bylaws concerning:

- 1.2.1 internal governance;
- 1.2.2 achievement of its objectives;
- 1.2.3 management and assessment of the quality of medical, dental, and pharmaceutical practice;
- 1.2.4 the establishment and functioning of committees;
- 1.2.5 procedures for dealing with complaints.

#### ▼ 1.3 Adoption, revision, and amendments

- 1.3.1 **Adoption**: bylaws may be adopted, repealed, or amended by a simple majority vote of Active Members present at a General Meeting.
- 1.3.2 **Revision**: every 3 years, by the EC.
- 1.3.3 **Amendments**: a notice of motion must be submitted to the Members at least 10 working days prior to a general meeting.
- 1.3.4 **Board approval**: Bylaws come into force after approval by the Board of the Centre.

### ▼ 2 The Council

#### ▼ 2.1 Composition

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- 2.1.1 Physicians, dentists, and pharmacists who have been granted status by the Board as active, associate, advisory (consultant) or honorary members (the Regulation, section 95) and who practice their profession at the Centre.

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- 2.1.2 The qualifications for granting status as active, associate, advisory, or honorary members is specified in the Regulation, sections 89 through 92.

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- 2.1.3 Participation in Council meetings, membership on Council committees and subcommittees, and

voting privileges, for the four categories of membership status are specified in the Regulation, section 96.

## ▼ 2.2 Duties and responsibilities

*a129* ● 2.2.1 the Council appoints one of its members to sit on the Board (Act, section 129).

### ▼ 2.2.2 The Council makes recommendations to the Centre's Board, on the following:

#### ▼ 2.2.2.1 appointments

*a202* ● 2.2.2.1.1 DPS (Act, section 202)

*a78.2* ● 2.2.2.1.2 head of the medical service (Act, section 78.2)

*a76* ● 2.2.2.1.3 head of pharmacy (Act, section 76)

*r88* ▼ 2.2.2.2 the category of status to be granted to physicians, dentists, or pharmacists who are being granted privileges in the Centre (Regulation, section 88).

*r89-r93* ● 2.2.2.2.1 The category of status (active, associate, consultant, or honorary member; or resident) shall be as defined in the Regulation (sections 89 through 93).

*a192* ▼ 2.2.2.3 rules, regarding (Act, section 192):

● 2.2.2.3.1 resource use

● 2.2.2.3.2 governing medical and dental care

● 2.2.2.3.3 governing use of medicines

*r78.3* ● 2.2.2.4 rules for the use of the resources of the institution by physicians, drawn up by the head of the medical service (Regulation, section 78.3).

*r6* ● 2.2.2.5 drafting of the Board's bylaws which affect the responsibilities of the Council (Regulation, section 6).

*a250* ● 2.2.2.6 the disciplinary measures to be imposed on a pharmacist (Act, section 250),

*a257* ● 2.2.2.7 whether the departure of a physician or dentist may affect quality of care (Act, section 257).

### ▼ 2.2.3 The Council makes recommendations to the Centre's administration for incorporation into the Centre's organisation plan, on the following:

*a183* ● 2.2.3.1 the clinical departments or services responsible for the medical, pharmaceutical or dental acts of a clinical program (Act, section 183)

*a184* ● 2.2.3.2 the number of general practitioners, specialists in each specialty, dentists and dental specialists who may practise in each department and service (Act, section 184)

*a185.1* ● 2.2.3.3 access to specialized services (Act, section 185.1)

*a186* ● 2.2.3.4 appointment of a head of general medicine (Act, section 186)

*a188* ● 2.2.3.5 appointments of clinical department heads (Act, section 188)

### ▼ 2.2.4 The Council makes recommendations to the Centre's Executive Director, on the following:

*a215* ● 2.2.4.1 The items listed in the Act, section 215

*a237, a246* ● 2.2.4.2 Concerning the qualifications and competence of a physician, dentist, or pharmacist, the status and privileges that should be granted to him by virtue of his appointment and the obligations that may be attached to the enjoyment of the privileges granted by the Board, for a physician, dentist, or pharmacist applying for appointment (Act, sections 237 and 246)

*a207.1* ● 2.2.4.3 limiting or suspending a nurse's right to practice, in cases where the director of nursing refuses to apply such a measure (Act, section 207.1)

### ▼ 2.2.5 Other:

*a116* ▼ 2.2.5.1 The Council evaluates requests by physicians or dentists to prescribe medications which are not on the list drawn up by the Minister, and provides opinions to the institution on whether or not such medications should be furnished for purposes of specific medical requirements (Act, section 116)

● 2.2.5.1.1 If there is no notice of compliance issued by the federal government for the medication considered in paragraph 2.2.1.2, the Council may issue a written authorisation for the use of that medication for exceptional treatment.

*r78.4* ● 2.2.5.2 The Council exercises authority over the rules for medical care drawn up by the head of the medical service (Regulation, section 78.4)

*r77* ● 2.2.5.3 The Council makes recommendations to the head of the pharmacy service governing the rules for using medications and the procedures governing the issue and filling of prescriptions in the centre (Regulation, section 77).

## ▶ 2.3 Meetings

# ▼ 3 Executive Committee

## ▼ 3.1 Mandate

- a217      ● 3.1.1 The EC exercises all the powers of the Council (Act, section 217).
- r98        ● 3.1.2 The duties of the EC shall include those specified in section 98 of the Regulation.

## ▼ 3.2 Composition

- a217      ● 3.2.1 In accordance with section 217 of the Act, the EC shall consist of at least 5 but not more than 7 Active Members elected by the Council, as well as the Executive Director of the Centre and the Director of Professional Services.
- 3.2.2 It shall include at least one physician, one dentist, and one pharmacist.
- 3.2.3 Elections for EC members take place every two years, at the Annual General Meeting.
- 3.2.4 The term of office for elected EC members is normally 2 years. Members remain in office until re-elected or replaced.
- 3.2.5 Elected EC members may serve for two consecutive terms.
- ▼ 3.2.6 After an election, the members of the EC shall appoint from among themselves, individuals to the following posts:
  - 3.2.6.1 Chairman
  - 3.2.6.2 Vice-Chairman
  - 3.2.6.3 Secretary
  - 3.2.6.4 Treasurer
- 3.2.7 The individuals appointed to these posts as members of the EC shall fill the same posts on the Council.
- 3.2.8 The Members of the EC shall designate an eligible member of Council to fill an EC vacancy, if required to ensure that the number of EC members does not drop below the minimum as specified in para. 3.2.1. or to ensure that the composition specified in para. 3.2.2 is maintained.
- ▼ 3.2.9 Election procedure
  - ▼ 3.2.9.1 The EC appoints a Nominations Committee at least 25 working days prior to an election.
    - 3.2.9.1.1 The Nominations Committee shall include at least 3 Active Members of Council.
    - 3.2.9.1.2 If possible, one of the Members shall be the immediate past Chairman of the EC; this individual shall serve as Chairman of the Nominations Committee.
  - 3.2.9.2 At least 20 working days prior to the election, the Nominations Committee shall notify Council Members, in writing or by email, of the election date, the number of positions to be filled, and the nomination procedures and deadline.
  - 3.2.9.3 The Nominations Committee receives written nominations, including signed consent from the nominee and signed endorsements from at least 2 Members.
  - 3.2.9.4 The deadline for receiving nominations is midnight of the day which is 5 working days prior to the election.
  - 3.2.9.5 The Nominations Committee publishes the names of nominees at least 3 working days prior to the election.
  - 3.2.9.6 if the number of candidates equals the number of open positions, candidates are elected by acclamation.
  - ▼ 3.2.9.7 if the number of candidates is greater than the number of open positions, an election by secret ballot shall be held.
    - 3.2.9.7.1 The Chairman of the Nominations Committee serves as Elections Chairman
    - 3.2.9.7.2 The other members serve as scrutineers.
  - 3.2.9.8 Ballots will list all candidates.
  - 3.2.9.9 All Active Members may vote for all candidates.
  - 3.2.9.10 A ballot is void if it contains more votes than the number of positions to be filled.
  - 3.2.9.11 if a tie-breaking vote becomes necessary, a new vote shall be called for.
  - 3.2.9.12 A simple majority of votes is sufficient.

## ▼ 3.3 Duties of members

▼ **3.3.1** The Chairman:

- **3.3.1.1** Chairs meetings of Council and of the EC;
- **3.3.1.2** together with the Secretary, prepares the agenda for these meetings;
- **3.3.1.3** May participate in committee and subcommittee meetings;
- **3.3.1.4** Sits on the Advisory Committee to the General Management, as constituted by the Board (Regulation, section 16).

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▼ **3.3.2** The Vice-Chairman:

- **3.3.2.1** Assists the Chairman;
- **3.3.2.2** Replaces the Chairman when absent.

▼ **3.3.3** The Secretary:

- **3.3.3.1** Sends convocations to meetings of Council and of the EC;
- **3.3.3.2** Prepares agendas for these meetings, together with Chairman;
- **3.3.3.3** Prepares minutes for these meetings and submits them for approval to the respective bodies;
- **3.3.3.4** Is responsible for correspondence and routine communications of Council and the EC;
- **3.3.3.5** Records meeting attendance;
- **3.3.3.6** Maintains the records of Council and of the EC, including agendas, minutes, relevant documents, annual reports, and minutes and annual reports of Council committees;
- **3.3.3.7** Is responsible for maintaining the confidentiality of records (Act, sections 190 and 218).

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▼ **3.4** Rules of operation

- **3.4.1** The EC meets at least 4 times per year.
- **3.4.2** Meetings may be called by the Chairman or by 3 EC members.
- **3.4.3** The Secretary sends a convocation with the agenda at least 5 working days prior to a meeting.
- **3.4.4** Quorum is 4 members.
- **3.4.5** Voting is by simple majority.
- **3.4.6** The Chairman votes only to break tie votes.
- **3.4.7** Meeting minutes are the responsibility of the Secretary.

▼ **4** Committees

▼ **4.1** Common provisions

▼ **4.1.1** Permanent committees: as enumerated below

- **4.1.1.1** if there are insufficient Council members eligible for committees, the committee functions shall be assumed by Council or by the EC
- **4.1.2** Ad hoc committees: any other committees considered necessary
- **4.1.3** Subcommittees: a subcommittee may establish any subcommittee it considers necessary
- **4.1.4** Chairman of Council may participate in any committee or subcommittee
- **4.1.5** membership: EC appoints members and chairs
- **4.1.6** term of office: two years, expected to serve until replaced
- **4.1.7** terms of reference: determined by the EC, including frequency of meetings
- **4.1.8** approval of minutes and recommendations: each committee secretary forwards these to the EC, which after approval, tables them for information only for the next general meeting of Council
- **4.1.9** Council committees operate under the supervision of the DPS

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▼ **4.2** Statutory Committees

▼ **4.2.1** the Council establishes

- **4.2.1.1** Credentials Committee
- **4.2.1.2** Committee on Medical, Dental and Pharmaceutical Evaluation
- **4.2.1.3** Committee of Pharmacology

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- **4.2.2** membership and duties as per Regulation, sections 99 through 105

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▼ **4.3** Other permanent committees

#### ▼ 4.3.1 Infection Control Committee

##### ▼ 4.3.1.1 Composition

- 4.3.1.1.1 at least 2 Active Members, including a physician and a pharmacist
- 4.3.1.1.2 the Consultant Microbiologist
- 4.3.1.1.3 a nurse
- 4.3.1.1.4 the nurse epidemiologist
- 4.3.1.1.5 representative for Laboratory Services
- 4.3.1.1.6 representative for Housekeeping
- 4.3.1.1.7 representative from the Health Office

##### ▼ 4.3.1.2 Responsibilities

- 4.3.1.2.1 Implement an infection and contamination reporting policy for patients and staff
- 4.3.1.2.2 Establish and monitor policies in case of infection and for isolation techniques
- 4.3.1.2.3 Recommend policies and procedures regarding disinfection, sterilisation, isolation, cleaning, and laundry techniques
- 4.3.1.2.4 Plan and formulate the design and construction of new areas concerned by infection control
- 4.3.1.2.5 Monitor and review control samples
- 4.3.1.2.6 When indicated, undertake special studies and propose policies regarding the monitoring of staff members who are infection carriers or at risk of exposure
- 4.3.1.2.7 Recommend admission policies for residents who are carriers of infectious agents
- 4.3.1.2.8 Propose training programs for staff regarding infection prevention and control
- 4.3.1.2.9 Advise management in case of an epidemic

##### ● 4.3.1.3 Reporting: makes recommendations to the EC

#### ● 5 Credentialing

#### ● 6 Complaints Process

#### ▼ 7 Court Orders

##### ▼ 7.1 Reception of court orders

- 7.1.1 When a patient of the Centre is subject to a court order which prescribes any aspect of that patient's living situation, medical investigations, or medical treatment, and which requires that reports be submitted to Council, the Council Secretary shall receive notification of the court order from the DPS, including a copy of the order itself

##### ▼ 7.2 Notification

- 7.2.1 The Secretary of the Council shall notify the attending physician of the patient under court order about the necessity of producing reports to Council
- 7.2.2 Notifications to the attending physician shall include a copy of the court order
- 7.2.3 The attending physician shall initial the court order copy and ensure that it is placed in the patient's medical record
- 7.2.4 notifications to the attending physician shall be transmitted at least 20 working days before each report is due

##### ▼ 7.3 Scheduling

- 7.3.1 the Secretary of Council shall work with the staff of the DPS to put in place a system to ensure timely reminders of due reports

#### ● 8 Collective Prescriptions