

# Ministerial Directive Bylaws Review Committee – Draft Terms of Reference

## PURPOSE

The Ministerial Directive Bylaws Review Committee is formed to advise AHS and support the External Consultant in completing the work described by the Ministerial Directive (July 13, 2020; attached)

This will include:

1. Ensuring the provision of all relevant documents
2. Facilitating stakeholder input
3. Supporting the work of the consultant as requested by the Consultant

The Ministerial Directive directs AHS recommend changes to the Bylaws to:

- Articulate responsibilities and accountabilities of the AHS Board, medical staff and management
- Promote patient centered care and safety processes that recognizes patients are participants in process that involve or affect them.
- Consider expansion of the application of the Bylaws to other medical practitioners such as midwives, pharmacists etc.
- Provide effective, easy to administer mechanisms to remedy behavior that impacts patient or practitioner safety.

## SCOPE

The Ministerial Directive Bylaws Review Committee has roles that can include acting as a content resource to the Consultant along a spectrum of activities that could include acting as a Focus Group. Direction to Provincial Medical Affairs will be a core activity. In addition, it will be accountable for communication to the broader community of stakeholders.

Through this committee, there is an expectation that medical leaders will participate in providing their best advice to AHS; that AHS will actively seek the advice of committee members and will communicate with members regarding the outcome of their advice.

The committee uses the International Association for Public Participation (IAP2) Framework for members' engagement and topic selection. Through this process, the committee ensures clarity of level of engagement as well as desired outcome for each topic (inform, discuss or decide).

The committee will act as a central repository of reference documents and stakeholder input.

## **ACCOUNTABILITY AND REPORTING**

The Ministerial Directive Bylaws Review Committee is established by the Chief Medical Officer (CMO) and is accountable to the CMO.

## **MEMBERSHIP**

The composition of the Ministerial Directive Bylaws Review Committee is as follows:

Rollie Nichol-Chair (Chair)  
Bob Bell  
Bob Bass  
Bill Hondas  
Francois Belanger  
Mark Joffe  
Linda Slocombe  
Debrah Wirtzfeld  
Susan McGillivray  
Sean Chilton (or delegate)  
Sid Viner/Dave Zygun (alternate)  
Jennie Bestard  
Jamie Rice  
Fred Rinaldi  
Alayne Farries  
Radha Chari  
Tina Giesbrecht  
Supported by: Deb Ramstead, Jan Shannon

## **MEMBER ROLE**

Members of the Ministerial Directive Bylaws Review Committee will:

1. Take a system-wide approach regardless of individual practice type and geographic location.
2. Demonstrate exemplary behaviors as senior medical leaders.
3. Demonstrate AHS Values (Compassion, Accountability, Respect, Excellence and Safety) in committee participation and function.
4. Commit to attend meetings
5. Participate constructively in discussions, problem-solving and decision-making.
6. Review and provide feedback on minutes
7. Actively support, convey and enact committee decisions to stakeholder groups,
8. Provide constructive feedback to the Chair(s) on how to improve meetings.

## CHAIR MODEL

The Chair:

- Shall construct and manage the agendas for the meetings
- Shall ensure all relevant documents (minutes, reference materials) are provided in a timely fashion to the members
- Will ensure close collaboration with the Consultant

## MEETINGS

### Meetings:

The committee shall have formal 90-minute meetings every two weeks and adhoc drop-in meetings for 30 minutes alternate weeks until the end of September 2020. Meetings will take place via teleconference and/or videoconference

**Agendas:** Agendas will be developed and distributed prior to the meetings.

**Minutes:** Minutes of meeting shall be prepared and retained. They shall include the Action Items and record any decisions

**Coordination:** Provincial Medical Affairs will provide coordination and administrative support to the Committee.

**Delegates:** No delegates are permitted

**Guests:** Guests are invited in agreement of the Chair.

### Attachments

1. Ministerial Directive
2. International Association for Public Participation (IAP2) Framework
3. AHS Work phases

**Attachment #1** – Ministerial Directive (To be added)

**Attachment #2** - International Association for Public Participation (IAP2) Framework (Modified)

## Member Participation Spectrum

	INFORM	CONSULT	INVOLVE	COLLABORATE	EMPOWER
Member PARTICIPATION GOAL	To provide members with balanced and objective information to assist them in understanding the problems, alternatives and/or solutions.	To obtain member feedback on analysis, alternatives and/or decision.	To work directly with members throughout the process to ensure that member concerns and aspirations are consistently understood and considered.	To partner with members in each aspect of the decision including the development of alternatives and the identification of the preferred solution.	To place final decision-making in the hands of the members

## Attachment #3

The plan will be comprised of two phases:

### 1. Phase One – Accountability and Decision Making

To be achieved within 60 days of receipt of MO

The consultants will be asked to consider and provide proposed amendments to the Medical Staff Bylaws. There are several areas prioritized for amendment attention:

#### a. Communications / Transparency

- An enhanced public engagement model which supports a patient centered/staff/complainant communication approach
- Public reporting from a quality perspective
- Enhanced communication with other Health Profession Act (HPA) regulatory bodies

#### b. Administrative Processes

Part 1 / 2: Articulate the responsibilities and accountabilities of the AHS Board, Chief Medical Officer and medical leadership.

Part 4: Increase specificity of physician responsibilities and accountabilities

Part 5: Review our current experiences and enhance best practices

Part 6: Identify opportunities to increase transparency and streamline processes such as:

- Greater engagement and openness with participants/ complainants including patients, members of the public and AHS staff.
- Inclusion of an appeals mechanism for complainants and review to the Ombudsmen
- Expand and clearly define the basis for calling an Immediate Action.
- Replace the Immediate Action Review Committee and Hearing Committee process by making the Chief Medical Officer the final decision maker.

**c. Ratification:**

As part of this review process, we intend to honor current processes for amending the Bylaws and medical staff will continue to be engaged.

**2. Phase Two – Modernization**

To be achieved beyond 60 days of MD.

This phase will consider matters which will have a global organizational impact and relate to policy, initiatives and program changes outside of the usual Bylaws review processes:

For review:

- Consider the mandatory requirement of AHS appointments for all licensed physicians within Alberta.
- Review of existing Compensation Models for practitioners considering the implication of contract changes on membership and or privileges to the AHS medical staff and in relation to:
  - Fee for service
  - Independent Contractors
  - Employees
- Within the continuums of the Alberta Human Rights legislation, enhance and embed a culture of equity, inclusion and diversity within AHS Health Professionals practices and processes. This includes but is not limited to midwives, nurse practitioners and physicians.