

BERMUDA HOSPITALS BOARD

Terms and Conditions for Medical Staff



Bermuda Hospitals Board

**TERMS AND CONDITIONS
of the
BERMUDA HOSPITALS BOARD
MEDICAL STAFF**

I HEREBY CERTIFY that the attached Bye-Laws are a true copy of the Bye-Laws, rules, Regulations and Policies of the Medical Staff, approved by the Board on 27 September 2016.



Chief of Staff

**King Edward VII Memorial Hospital
Mid-Atlantic Wellness Institute
2016**

Of Appointment to the Medical Staff of the Hospitals And Board Rules of Professional Conduct

DEFINITIONS

1. In this document the following expressions shall have the meanings opposite them:

“the Act”	The Bermuda Hospitals Board Act 1970
“the Board”	The Bermuda Hospitals Board established under s. 2 of the Act
“the Chief Executive Officer”	The person appointed to be Chief Executive Officer of the hospitals under s. 7 of the Act
“dental practitioner”	A person registered to practice dentistry in Bermuda under the Dental Practitioners Act 1950
“the hospitals”	The King Edward VII Memorial Hospital and the Mid-Atlantic Wellness Institute
“medical practitioner”	A person registered to practice medicine in Bermuda under the Medical Practitioners Act 1950
“the Medical Staff Committee”	The Medical Staff Committee
“Member”	Member of the Medical Staff
“the Minister”	The Minister responsible for Health
“the Regulations”	The Bermuda Hospitals Board (Medical Staff) Regulations 1966

SECTION I: GENERAL PROVISIONS

Objectives

2. The Board has the general charge and management of the hospitals and overall responsibility for the provision of health services; and has a statutory duty *inter alia*:
 - a. to administer the hospitals and the provision of health services in an efficient manner and in such a way as to promote the welfare of patients; and
 - b. To co-ordinate the administration and operation of the hospitals and the provision of health services.
3. The Board discharges its mandate in this regard by providing facilities and services for medical and dental practitioners to practice their profession and the appointment of a medical staff with responsibility and accountability for the quality of all medical care provided to patients and for the ethical and professional practice of their professions at and in the use of such facilities and services.

Binding Effect and Professional Conduct

4. Members of the Medical Staff agree on taking up their appointment to be bound by and to comply with these Terms and Conditions, such approved amendments as may be made from time to time, any special terms and conditions of their appointment to the Medical Staff, the Regulations and the rules and policies of the Board including the Patient Bill of Rights (Appendix []).
5. In addition Members agree to conduct themselves at all times at the hospitals in a professional manner and to comply with:
 - a. the Standards of Practice for Medical Practitioners issued by the Bermuda Medical Council;

- b. Any code of professional conduct issued by the Bermuda Dental Board.
6. Members who are employees of the Board shall also comply with all obligations contained in their contracts of service.

General

7. The Medical Staff of the hospitals is comprised of medical and dental practitioners appointed by the Board after consultation with the Medical Staff Committee under s. 9 of the Bermuda Hospitals Board Act 1970. Members of the Medical Staff are required to signify in writing their acceptance of the terms and conditions of their appointment in accordance with Reg. 7 Bermuda Hospitals Board (Medical Staff) Regulations 1996.
8. These Terms and Conditions are of general application and are in addition to the special terms and conditions contained in a Member's Offer Letter or (in the case of a Member who is an employee of the Board) in the Member's contract of service.

SECTION II: MEDICAL ORGANIZATION STRUCTURE

The Bermuda Hospitals Board

9. The Board is the governing body of the hospitals. It is responsible *inter alia* for the credentialing and delineation of the privileges of the Medical Staff. In fulfilling its responsibilities in this regard it consults with the Medical Staff Committee appointed by the Board.

Medical Staff Committee

10. The composition and functions of the Medical Staff Committee are prescribed by regulations (the Bermuda Hospitals Board (Medical Staff) Regulations 1996) made by the Minister in consultation with the Board under s. 25 of the Act.
11. The Committee is responsible for integrating and coordinating the departmental activities of the hospitals and for developing overall policies with regard to clinical care and medical organization. These duties include:
 - a. holding monthly meetings with and reporting to the Board regarding Medical Staff matters and clinical activities;
 - b. receiving and acting upon reports of the Heads of Departments;
 - c. considering and recommending action to the Chief Executive Officer and the Board on all matters of a medical administrative nature;
 - d. implementing the policies of the Medical Staff;
 - e. making recommendations to the Board and the Chief Executive Officer concerning hospital operations, problems and procedures; and
 - f. Taking reasonable steps to ensure ethical professional conduct on the part of all members of the Medical Staff.
12. The Medical Staff Committee comprises:

- a. the Chief of Staff (who presides as chairman over meetings of the Committee);
 - b. the heads of the clinical and diagnostic departments of the hospitals;
 - c. the President of the Active Medical Staff;
 - d. the Chief Executive Officer (non-voting); and
 - e. the Director of Nursing (non-voting).
13. The Chairman in consultation with the other members of the Committee appoints sub-committees consisting of such persons to carry out such functions as he thinks appropriate. Sub-committees report to the Medical Staff Committee and to the President of the Active Medical Staff at least twice a year.

Subcommittees of the Medical Staff Committee

14. The Medical Staff Committee has appointed the following subcommittees for the purposes described below:
- a. *The Credentials Committee*: The Credentials Committee is made up of the following persons:
 - i. Chief of Staff, who chairs the meetings of the subcommittee;
 - ii. President of the Active Medical Staff;
 - iii. Heads of the departments of Anaesthesia, Medicine, Family Practice, Surgery, Dentistry and Obstetrics and Paediatrics.

The Credentials Committee considers and advises the Medical Staff Committee on applications for initial appointment and reappointment to the Medical Staff (which in turn makes its own recommendations to the Board as to such matters). The Credentials Committee's recommendations specify:

- iv. the category of staff appointment;
- v. the department to which the applicant is to be assigned;
- vi. any special terms and conditions of the applicant's appointment;
- and
- vii. the duration of his appointment.

In addition the Credentials Committee investigates claims of professional misconduct and breaches of the terms and conditions of appointment of Members of the Medical Staff: see Section VII.

- b. *Critical Care Committee:* The Critical Care Committee provides advice and recommendations to the Medical Staff Committee on matters related to resuscitation and emergency care for life-threatening conditions. Its purposes include the development of policies for the maintenance and improvement of efficiency of the Intensive Care Unit and all components of the emergency and critical care medicine delivery system including the allocation of resources to meet the needs of critical care management and treatment.
- c. *Risk Management Committee:* The Risk Management Committee is responsible for assisting the Board to manage critical risk exposure and liabilities arising out of the provision of health services at the hospitals.
- d. *Pharmacy & Therapeutics Committee:* The Pharmacy & Therapeutics Committee advises the Medical Staff Committee on the compilation and maintenance of a formulary for the hospitals.
- e. *Nutritional Support Committee:* The Nutritional Support Committee advises the Medical Staff Committee on the development and co-

ordination of hospital nutritional policy in connection with therapeutic dieticians.

- f. Rehabilitation Committee: advises the Medical Staff Committee on the development and implementation of rehabilitation services in the Rehabilitation Department of the hospitals.
- g. Tumour Board: To discuss and advice on the current management of oncology patients
- h. Operating Room Committee: The Operating Room Committee advises the Medical Staff Committee on the co-ordination and standardization of the care of patients undergoing surgical or other invasive procedures
- i. Infection Control and Prevention Committee: The Infection Control and Prevention Committee advises the Medical Staff Committee and the Quality Council in the development and implementation of policies to prevent and control nosocomial infections.
- j. Utilization Management Committee: The Utilization Management Committee advises the Medical Staff Committee on the delivery in the hospitals of safe, quality and cost-effective healthcare services in the hospitals in the most appropriate treatment setting and in a timely manner. The Utilization Management Committee carries out medical audits.
- k. Quality Council: The Quality Council is responsible for the systematic and ongoing review of the appropriateness and quality of care at the hospitals. It reports to the Medical Staff Committee.
- l. Continuing Medical Education Advisory Committee: The Continuing Medical Education Advisory Committee is a multi-disciplinary group

responsible for advising the Medical Staff Committee on the effective working of the continuing medical and dental education programs administered by the professional bodies of medical and dental practitioners admitted to practice at the hospitals.

- m. *Ethics Committee*: The Ethics Committee advises the Medical Staff Committee on matters of ethical concern arising from clinical practice in the hospitals and provides a forum for confidential discussion and analysis leading to informed and reasoned opinions on matters arising.
- n. *Therapeutic Abortion Committee*: The Therapeutic Abortion Committee is composed of Obstetricians, a Psychiatrist and a General Practitioner. It reviews and advises the Medical Staff Committee on all requests for the termination of pregnancy and ensures that the information on which the request is based is complete and sufficient to justify the procedure.

- 15. The Committees mentioned above report to the Medical Staff Committee and where appropriate the Active Medical Staff biannually.

Departments of the Hospital

- 16. The Board has established and maintains the following clinical departments at the hospitals¹:
 - a. Department of Medicine
 - b. Department of Surgery
 - c. Department of Obstetrics and Gynecology
 - d. Department of Emergency Services;

¹ The provision of health services at Mid-Atlantic Wellness Institute is organized as a department of the general hospital.

- e. Department of Geriatrics, Rehabilitative and Palliative Medicine;
- f. Department of Diagnostic Imaging;
- g. Department of Paediatrics
- h. Department of Pathology;
- i. Department of Anaesthesia;
- j. Department of Dentistry;
- k. Department of Psychiatry;
- l. Department of General and Family Practice.

Heads of Departments

17. Each department has a head appointed by the Board from the membership of the Medical Staff after consultation with the Medical Staff Committee. The terms and conditions of such appointment are approved by the Minister. The Medical Staff Committee is assisted in the task of advising on such appointments by a Search/Selection Committee. The composition of the Search/Selection Committee is in the discretion of the Medical Staff Committee and may be made up of members of the Medical Staff Committee and members of the Board.
18. The position of Head of Department is a part-time position. Appointments are usually made for periods of up to three (3) years with the possibility of reappointment; and are made on the basis of a candidate's formal qualifications, clinical skills and leadership and administrative abilities in the appropriate area of medical practice.
19. The Head of Department represents his department on the Medical Staff Committee. He is responsible for the implementation of decisions taken by the Medical Staff Committee and is responsible for continuing surveillance of the

professional performance of all members of the Medical Staff with privileges in his department. The Head of Department is required to submit departmental reports to the Medical Staff Committee biannually. The general duties associated with the position of Head of Department are described in Appendix []. In general the Head of Department is responsible for the quality of care provided to patients in his department.

20. The Head of Department organizes and holds departmental meetings at least ten times in a calendar year. The Head of Department seeks to ensure that the members of the Medical Staff assigned to his department will attend at least half of all departmental meetings held each year; and promotes an exchange of ideas and information as to how the services, efficiency and quality of care provided in the department may be enhanced and improved.

Acting Heads of Departments

21. An Acting Head of Department is appointed by the Board for each Department. The duties of the Acting Head of Department are to act in place of the head when the latter is unable to act or is on leave. Acting Heads of Department are appointed on the recommendation of the Heads of Department submitted to the Chief of Staff.

The Active Medical Staff

22. The Active Medical Staff is a part of the Medical Staff. Its members are responsible for delivery of the majority of medical and dental services within the hospitals. It has its own organization and administration (as described herein) with the power to levy dues from its members to be used for the purposes the executive committee determines to be worthwhile in advancing the interests of the

Active Medical Staff. Its members are the only members of the Medical Staff allowed to vote and hold office at its own meetings and at the meetings of the Medical Staff.

23. The executive committee of the Active Medical Staff consists of the President, Vice President, Treasurer and Secretary. The duties of the executive committee include but are not limited to:
 - a. receiving and acting upon reports of other committees or subcommittees;
 - b. considering and recommending action to the Chief Executive Officer on all matters of a medical administrative nature;
 - c. implementing the policies of the Board;
 - d. making recommendations to the Board and the Chief Executive Officer concerning hospital operations, problems and procedures;
 - e. taking reasonable steps to ensure ethical professional conduct on the part of all members of the Medical Staff in the exercise of their privileges at the hospitals.
24. The officers of the executive committee are elected by the membership of the Active Medical Staff at a general meeting held annually.
25. The President of the Active Medical Staff may only occupy such office for five (5) consecutive years.
26. The President shall convene quarterly meetings of the Active Medical Staff and is responsible for convening extraordinary meetings when appropriate. Members of the Associate, Consulting and Courtesy Medical Staff may attend and participate in meetings of the Active Medical Staff but cannot vote.

27. Members of the Active Medical Staff are required to attend at least half of all Active Staff meetings each year.
28. Members of the Active and Associate Medical Staff are required to attend at least half of the meetings of the Department to which they have been assigned and in which they have clinical privileges.

Chief of Staff

29. The Chief of Staff is appointed by the Board at such remuneration and on such terms and conditions as are approved by the Minister. The Chief of Staff may or may not be appointed by the Board to be a full-time officer of the Board. He must be a registered medical practitioner.
30. The appointment of the Chief of Staff is made with the assistance of the Selection/Search Committee, a subcommittee of the Board composed of the members of the Board and the members of the Medical Staff Committee. The appointment of Chief of Staff is for a period of up to three (3) years and may be renewed for a further period of similar duration. The appointment may be on a full-time or a part-time basis.
31. The Chief of Staff is responsible to the Board through the Chief Executive Officer for the medical and dental staff organization of the hospitals and for the supervision of the medical and dental care given to all patients of the hospitals in accordance with policies established by the Board. The Chief of Staff is a member of the Active Medical Staff and serves as chairman of the Medical Staff Committee and Quality Council. Other duties of the Chief of Staff are set out in the job description at Appendix [].

32. During any period of absence of the Chief of Staff the Board may appoint a person designated by the Chief of Staff to be acting Chief of Staff provided that the person so appointed possesses all the qualifications of an appointee to the position of Chief of Staff under the Act.

Chief of Psychiatry

33. The Chief of Psychiatry is appointed by the Board at such remuneration and on such terms and conditions as are approved by the Minister. The Chief of Psychiatry may or may not be a full-time officer of the Board. He must be a registered medical practitioner.
34. The Chief of Psychiatry must be qualified to practice as a psychiatrist by virtue of a qualification recognized by the Bermuda Medical Council.

SECTION III: THE PROCESS FOR MEDICAL STAFF APPOINTMENTS, DURATION AND CLINICAL PRIVILEGES

Categories of Appointment to the Medical Staff

35. The categories of appointment to the Medical Staff of the hospitals are as follows:
- a. Active;
 - b. Associate;
 - c. Consulting; and
 - d. Courtesy.
 - e. Temporary

Applications

36. Appointments to the Medical Staff are made by the Board (s. 9 of the Act) following consideration of the recommendations of the Medical Staff Committee. The Medical Staff Committee recommends for appointment or reappointment to the Medical Staff those applicants who satisfy the Committee that they have the requisite skills and experience for practice in the specialty area of medicine for which they seek appointment in accordance with the regulations, rules and policies of the hospitals and are otherwise fit and proper persons to be appointed to the Medical Staff.
37. The President of the Active Medical Staff advises and assists applicants with respect to the procedure to be followed for appointment or reappointment and will generally act as counsel to the applicant. The Head of the Dental Division performs this function for applicants who wish to be admitted to membership of the Active or Associate Medical Staff as a dental practitioner.

38. Applications for appointment to the Medical Staff (or for a variation of the terms and conditions of a Medical Staff appointment) must be submitted to the Chief of Staff. Forms for this purpose are obtained from the office of the Chief of Staff. The form must be accompanied by such supporting documents and references as the Chief of Staff may require (Reg. 6 of the Regulations).
39. The application must also be accompanied by a form signed by the applicant authorizing the Chief of Staff to obtain information concerning the applicant from any referee whose name was provided by the applicant in his application and/or from the medical or dental school named by the applicant for the purposes of proving his eligibility for appointment.
40. In addition applicants for appointment to the Medical Staff are required to possess a Certificate of Completion of Training from the United Kingdom and Northern Ireland or its equivalent in other jurisdictions as follows:
 - a. European Certificate of Specialist Qualification;
 - b. Specialist Certification from the Canadian College of Family Physicians;
 - c. Certificate of Specialist Qualification from the Royal College of Physicians and Surgeons of Canada;
 - d. Certificate of Specialist Qualification from the relevant American Board of Medical Specialties; or
 - e. DM Certification in Medicine or Surgery from the University of the West Indies.
41. Certifications of a similar nature in other jurisdictions will be considered on an individual basis.

42. The Medical Staff Committee will consider the unique circumstances of an applicant who is unable to provide a Certification of Completion of Training or equivalent certification upon being satisfied on satisfactory evidence that there are good reasons for dispensing with such requirement with or without conditions.
43. The Medical Staff Committee may recommend that appointment to the Medical Staff not be withheld solely for the reason that the applicant lacks such certification if the applicant is enrolled in a course to obtain certification that would be acceptable and demonstrates his continuing commitment to and progress in obtaining such certification. If appointed to the Medical Staff without such certification the applicant must obtain it within a three-year period of his appointment.
44. The application for appointment (or reappointment to the Medical Staff or for a variation of the terms and conditions of appointment) is considered by the Credentials Committee, a sub-committee of the Medical Staff Committee appointed for the purpose of reviewing such applications and making recommendations to the Medical Staff Committee. The applicant may be required to attend before the Credentials Committee for an interview. A recommendation of the Credentials Committee for appointment will specify:
 - a. the category of the Medical Staff to which the appointment should be made;
 - b. the department to which the applicant should be assigned;
 - c. any special terms and conditions of the appointment; and
 - d. the duration of the appointment.

45. Recommendations of the Credentials Committee are submitted to and considered by the Medical Staff Committee which makes its own recommendation to the Board as to the matters referred to in Paragraph 44 a. to d. above.
46. If the Board does not accept the recommendations of the Medical Staff Committee it may refer the application back to the Medical Staff Committee for further consideration with its reasons for not accepting the recommendation.

Eligibility for Membership of the Medical Staff (Reg. 4 of the Regulations)

47. In order to be eligible for membership of the Active or Associate Medical Staff of the hospitals (other than the Dental Division) an applicant must:
 - a. be a full-time resident of Bermuda;
 - b. be a graduate of a medical school recognized by the Bermuda Medical Council;
 - c. have completed at least two years of post-graduate hospital training approved by the Bermuda Medical Council;
 - d. be registered under the Medical Practitioners Act 1950;
 - e. have medical malpractice insurance in such minimum amount as the Board may from time to time require; and
 - f. attend such continuing education programmes as the Board may require.
48. In order to be eligible for membership of the Dental Division of the Active or Associate Medical Staff of the hospitals an applicant must:
 - a. be a full-time resident of Bermuda;
 - b. be a graduate of a dental school recognized by the Bermuda Dental Board;
 - c. be registered under the Dental Practitioners Act 1950;

- d. have dental malpractice insurance in such minimum amount as the Board may from time to time require; and
 - e. attend such continuing education programmes as the Board may require.
49. In order to be eligible for membership of the Consulting or Courtesy Medical Staff of the hospitals, a person shall satisfy the requirements of subparagraphs b. to e. of Paragraph 47 or subparagraphs b. to d. of Paragraph 48 above.
50. Applicants for membership of the Medical Staff are required to state in writing before taking up their appointment that they understand and accept the category of their staff appointment, the departmental assignment and the terms and conditions of their appointment; and that they agree to be bound by the rules and policies of the Board (reg. 7(2) of the Regulations).

Clinical Privileges and Duration

Associate Medical Staff

51. Initial appointment to the Medical Staff is to the Associate category. The duration of a member's initial appointment may not exceed twelve (12) months. Members of the Associate Medical Staff may admit and attend their own patients at the hospital in conformity with the terms and conditions of their appointment. Upon completion of the initial term of their appointment the duration of an Associate's appointment may be extended by the Board for a subsequent period not exceeding one year.

Active Medical Staff

52. The duration of a member's appointment to the Active Medical Staff may not exceed three (3) years. Application may be made to the Board for successive appointments of up to three (3) years each until the member reaches age sixty-five

(65) after which time applications for appointment may only be for periods not exceeding one (1) year. Members of the Active Medical Staff may admit and attend their own patients at the hospital in accordance with the terms and conditions of their appointment. The Active Medical Staff forms a separate organization within the Medical Staff with its own executive committee.

Consulting Medical Staff

53. The Consulting Medical Staff consists of medical and dental practitioners of recognized professional ability who are not members of another category of the Medical Staff. They neither vote nor hold office and may not admit patients to the hospital.

Courtesy Medical Staff

54. The Courtesy Medical Staff consists of those medical practitioners who have retired from the Active Medical Staff. Courtesy Medical Staff members may not admit patients to the hospitals except in conjunction with a member of the Active Medical Staff who is responsible for the in-hospital care of the patient as the attending physician. Courtesy members of the Medical Staff may not vote or hold office. They may only attend patients in conjunction with a member of the Active Medical Staff and in accordance with the terms and conditions of their appointment. Courtesy members of the Medical Staff may utilize outpatient diagnostic facilities at the hospital, may be granted full access to hospital records for legitimate purposes, may perform consultations when requested and are eligible to be appointed to serve on committees.

Temporary Staff

55 A person who is not a full-time resident of Bermuda and who has not attended such continuing education programmes required by the Board to be eligible for appointment to the Associate and Active Medical Staff is eligible for temporary appointment to practice medicine or dentistry at the hospitals if he satisfies the other requirements for appointment to the Active or Associate Medical Staff.

56 Members of all categories of the Medical Staff are required to account to the Board for any period of three months or more during which they have not exercised their privileges at the hospitals to practice their profession and have been absent from participating in the functions of the Medical Staff at the hospitals.

57. A temporary appointment may be for such period not exceeding three (3) months as the Chief Executive Officer specifies.

58. Appointment as a temporary member of the Medical Staff is appropriate for persons who wish to provide coverage as a *locum tenens* for a sponsoring member of the Active or Associate Medical Staff of the hospital during periods of leave of the sponsor.

59. An application for such appointment is made to the Chief Executive Officer who consults with the relevant Head of the Department and the Chief of Staff.

House Officers

60. House Officers are employees of the Board and are assigned to particular departments of the hospitals. Their terms of employment are contained in their contracts of service with the Board by which they confirm their acceptance and adherence to the regulations, policies and rules governing the provision of health

services at the hospitals and to these Terms and Conditions so far as relevant to them.

61. House Officers are employed on yearly contracts which may be extended for successive periods of up to a year in duration following a review of their performance by or on behalf of the Board at or before the expiry of each term.
62. House Officers' patient care responsibilities are defined in their job description. They work under the supervision and guidance of a member of the Active Medical Staff or Head of Department and their treatment of patients and use of the medical facilities and services of the hospital must be countersigned by such supervisor.
63. In order to qualify for employment House Officers must have completed a minimum of one year of training at an institution accredited by the Board; or approved for employment by the Head of Department in which the candidate seeks to be employed.
64. House Officers are evaluated monthly during the term of their employment by the House Officer's supervisor or the designee of such supervisor acting on behalf of the Board. Evaluation of the performance of House Officers is conducted on the basis of work-related criteria including clinical acumen, reliability and performance of tasks within their job descriptions.
65. House Officers may be requested to serve on subcommittees of the Medical Staff Committee but their seat on such subcommittees does not carry a right to vote.
66. House Officers may attend meetings of the Active Medical Staff and department meetings on being invited to do so by the President or Head of Department as the case may be, but are not entitled to vote on matters coming before such meetings.

House Officers may also participate when invited in Continuing Medical Education programs or hospital education programs.

Locum Tenens

67. The position of *locum tenens* at the hospitals is a temporary appointment to the Medical Staff for a period or periods of up to three (3) consecutive months each. Appointments to this position are made by the Chief Executive Officer following consultations with the Head of the Department to which the applicant seeks to be assigned and the Chief of Staff.
68. An applicant for appointment to the temporary staff is required to satisfy the same requirements as an applicant for appointment to the Associate and Active Medical Staff save that they are not required to be a full-time resident of Bermuda or to have attended the same continuing education programmes required by the Board for Active and Associate members.
69. The Head of the Department to which the applicant for temporary appointment seeks to be assigned or the President of the Active Medical Staff generally assists the Chief Executive Officer by vetting applications and making recommendations thereon. The applicant may also be interviewed by the Credentials Committee which may make a recommendation to the Medical Staff Committee which may in turn make its own recommendation to the Chief Executive Officer.

Dental Staff

70. Dental practitioners appointed to the Medical Staff are assigned to the Dental Department of the hospital (known as the Dental Division) and may be appointed in either the Associate or Active categories.

71. Initial appointment is in the Associate category. Such appointment is for a period not exceeding one year and may be extended for further periods of the same duration.
72. Active membership of the Medical Staff is for a term not exceeding three (3) years. Members may be re-appointed for successive periods of up to three (3)
73. years until the Active member reaches the age of 65 years after which appointments are annual.
74. The right of a dental practitioner (as a member of the Medical Staff) to admit patients is exercised jointly with a member of the Active or Associate Medical Staff who is a medical practitioner. Attendance on patients at the hospital by dental practitioners on the Medical Staff of the hospital is only for the dental aspects of the patient's care.
75. The term of the appointment of the Head of the Dental Division of the hospital is in the discretion of the Board but is usually for a period of three (3) years.

SECTION IV: RESPONSIBILITIES AND ACCOUNTABILITY OF
THE MEDICAL STAFF

Professional Indemnity Coverage

76. Members of the Medical Staff agree to obtain, provide proof of and maintain professional indemnity protection against the customary risks inherent in the practice of their profession (whether by purchasing insurance or by joining a mutual society of medical and/or dental practitioners providing protection against such risks) in such amounts as may be determined by the Board to be the minimum protection required for practicing in their respective departments of the hospitals.
77. Proof of the existence of such coverage shall be provided to the Chief of Staff annually on the renewal thereof.
78. Any lapse or cancellation of such coverage whether by non-payment of the premium or membership fee or any instalment thereof is required to be notified to the Chief of Staff immediately.

On-Call and Service Coverage Duties

79. Members of the Medical Staff agree to participate in the On-Call Coverage Programme established by the hospitals as may be appropriate having regard to the category of their appointment, departmental assignment and clinical privileges; and agree to ensure on-call coverage by another Member of the Medical Staff with appropriate skills and clinical privileges if they are unable to provide the coverage they are required to provide under the On-Call Coverage Programme.

80. A Departmental Chief may exempt a Member of the Medical Staff from the requirement of participating in the (departmental) On-Call Coverage Programme on the basis of a member's age being over 60 or ill health. Other members of the involved department who also take call, and will be adversely impacted by such a decision, must have meaningful input regarding the exemption. If serious disagreement regarding the granting of exempted status exists between the Chief and Members of a specific department – and the matter cannot be resolved internally – it will be referred to the Chief of Staff and the Medical Staff Committee (MSC).
81. Members of the Medical Staff agree to ensure coverage of their patients by another member of the Medical Staff with appropriate skills and clinical privileges whenever they are unavailable for any reason to provide such coverage themselves.

Records

82. Members of the Medical Staff agree to prepare and complete in a timely manner according to Medical Staff and hospital policies all usual and customary records of the treatment and care they have provided to their patients at the hospital or at any place other than the hospital at which the Board provides health services under the Act.

Attendance at Meetings

83. Members of the Associate, Consulting and Courtesy [and Honorary] Medical Staff may attend and participate in meetings of the Active Medical Staff but may not vote or hold office.

84. Members of the Active Medical Staff are required to attend a minimum of half of all Active Staff Meetings held in a calendar year. Members of the Active and Associate Medical Staff are required to attend a minimum of half of all meetings of the Department to which they are assigned and in which they have clinical privileges.
85. The Medical Staff Committee may exempt a member of the Medical Staff from compliance with these obligations on application made. Exemption may be granted on medical grounds or on the basis of attendance at other meetings approved by the Medical Staff Committee.

Continuous Certification in Basic Life Support

86. Members of the Associate and Active Medical Staff are required to possess and maintain certification in Basic Life Support (CPR).
87. The Medical Staff Committee may exempt a Member from this requirement on medical grounds.

Use of Confidential Patient or Hospital Information

88. Members of the Medical Staff agree that personal information about patients held by the hospital will not be accessed except where a Member has a legitimate reason to do so (for example, where the Member has a management role in the treatment of the patient). Members agree further that personal information about patients under their care held by the hospital will not be disclosed except with the consent of the patient (whether express or implied). Express consent must be obtained for the disclosure of identifiable information for purposes other than the provision of their care or local clinical audit (such as for financial audit purposes and insurance claims). Members also agree to preserve the confidentiality of the

hospital's confidential information disclosed in Medical Staff meetings or in meetings of the Medical Staff Committee and not to use such information for private personal purposes.

Duty of Disclosure

89. In seeking appointment or reappointment to the Medical Staff Members shall be under a duty to disclose to the Board any ownership or financial interest they or a close family member may have in any existing contract or arrangement or such as may be proposed to be entered into by the hospital with an outside supplier to or purchaser from the hospital of goods, services or facilities; and shall abstain from voting at any Medical Staff meeting or meeting of the Medical Staff Committee in which Members have any such interest.

Review of Terms and Conditions and Amendments

90. These Terms and Conditions may not be amended except by the Board.
91. Amendments to these Terms and Conditions may be proposed to the Board by the Medical Staff Committee. Only such amendments as are unanimously approved by resolution of the Medical Staff at a duly convened meeting will be proposed by the Medical Staff Committee to the Board.
92. Amendments to these Terms and Conditions take effect upon being communicated to the Medical Staff in writing unless expressed to take effect at a later date.
93. The Heads of Departments may review these Terms and Conditions from time to time and propose amendments to the Board or to the Medical Staff Committee which may submit the same for consideration to the Medical Staff at a properly convened meeting. Any changes to these Terms and Conditions submitted to the

Medical Staff will be deemed to have been approved by the Medical Staff if two-thirds of those attending and voting at such meeting vote in favour of the change.

94. Any proposed changes to these Terms and Conditions will only be effective when sanctioned by the Board.

SECTION V: PERIODIC REVIEW

95. Members agree to undergo periodic reviews at the request of the Chief of Staff encompassing all matters relevant to their appointment to the Medical Staff and clinical privileges including the fulfillment of the terms and conditions and responsibilities of their appointment; any actions required to be taken since a previous periodic review; their professionalism, competence, training, experience, judgment, physical and mental health as they relate to the performance of their responsibilities as a member of the Medical Staff; and their continuing professional development and competence. Without prejudice to the generality of the foregoing, members of the Associate Medical Staff shall undergo a periodic review at the end of the first year of their appointment; and members of the Active Medical Staff shall undergo a periodic review at the end of each three-year period of their appointment and at the end of each year of their appointment after they reach age 65. Periodic reviews shall be conducted by a committee of the Medical Staff appointed by the Medical Staff Committee in accordance with procedures determined by the Medical Staff Committee to be fair and reasonable.

SECTION VI: BOARD POLICIES

Admission Policy

96. Only Members of the Associate and Active Medical Staff and *Locum Tenens* holding Temporary Staff appointments with admitting privileges may admit patients to the hospitals. In all clinical departments (excluding the Continuing Care Unit) it is the responsibility of the Admitting Physician to arrange direct elective admissions through the Admitting Offices of the hospitals and to supply in every case a preadmission note indicating the admission, the patient's diagnosis, any necessary investigation and the prescribed treatment. In the case of an emergency admission the physician should discuss the patient with an appropriate physician of the Emergency Department. A Member with admitting privileges may only admit a patient to the Department to which the Member has been assigned or in which he has clinical privileges. Admissions should be to the appropriate department taking into account the patient's diagnosis. All admissions to the Mid-Atlantic Wellness Institute shall be in accordance with the Mental Health Act 1968.
97. Admissions to the Emergency Department must be capable of being justified by the Admitting Physician as a legitimate emergency having regard to the medical condition of the patient. Emergency admissions are accepted at any time.

Assignment of Patients

98. It should not be assumed that a patient presenting at the Emergency Department is the patient of a doctor who through research of the clinical records is found to have treated the patient in respect of a past unrelated condition. The presenting

patient should be assigned to the specialist roster (e.g., Hospitalist or other on-call specialist) at the time of admission.

99. All members of the Active and Associate Medical Staff are required to share in the care of patients presenting in the Emergency Department.
100. The preparation of rosters and the assignment of patients on the roster is ultimately the responsibility of the Head of the Department involved. In the exercise of this responsibility the Heads of Department may take into consideration the medical disability, seniority and the extent and length of previous service of the Medical Staff.

Attending Physician's Responsibilities

101. The Most Responsible Physician (MRP) is the Member of the Medical Staff responsible for the overall care of the patient. He may be the admitting physician. When another attending physician becomes involved in the patient's care, he should indicate whether he wishes to accept transfer of the patient and become the MRP.
102. Patients who are seriously or critically ill or whose management is complex should be transferred to the appropriate specialist so that the latter becomes the MRP.
103. MRP in ICU is as per policy and procedure for ICU patients.
104. MRP has duty to communicate with the community physicians with regard to inpatient care and management.
105. Each MRP must be able to provide continuous and adequate professional care to his hospitalized patients. When the MRP expects to be unavailable, he must arrange for and notify the Admitting Office, the Emergency Department and the

- Switchboard of the alternative cover for all absences. The Head of Department should be notified of the absence and the alternate. Where a physician intends to be absent for 72 hours or more the Chief of Staff should be notified in writing and the agreed coverage specified. The office of the Chief of Staff will notify all relevant Departments of the leave of absence and the alternate coverage.
106. When the MRP cannot be reached, the Head of Department or the Chief of Staff shall be contacted to arrange for another Member of the Medical Staff to assume responsibility for the patient temporarily.
 107. The MRP must provide such adequate and appropriate professional care in a timely and efficient manner in order to minimize the length of stay to hospitalized patients. The Quality and Risk Department will notify the Chief of Staff of suspected delays in the provision of professional care for investigation and resolution by the Chief of Staff with the assistance of the Head of Department concerned.
 108. All acute patients should be visited by the MRP at least daily and that visit recorded in the patient's clinical record. Acute care in psychiatry is different depending on the clinical presentation of the patient. Once the acute treatment phase is completed alternative day visits may be appropriate. Alternate Level of Care Patients awaiting discharge or placement should be visited at least weekly.

Discharge of Patients

109. Efficient utilization management of hospital beds requires the discharge of a patient as soon as clinically reasonable. The MRP should complete discharge arrangements at least by the evening prior to the day of discharge. Surgical patients are expected to depart the ward by 9:00 a.m. on the day of discharge and

medical patients by 11:00 a.m. The Discharge and Diagnosis Form should be written and follow-up instructions given to the patient. For both medical and surgical patients a discharge summary shall be provided to the community physician within 24 hours.

110. The MRP shall document a Planned Date of Discharge (PDD) on admission based on the benchmarked patient's expected Length of Stay (LOS). The PDD should be reviewed daily. The intent of this practice is to allow for adequate care coordination and appropriate discharge planning and community follow up. The MRP should give advance notice of any planned discharge by writing "expect discharge tomorrow" in Doctor Order Sheet so that nursing staff may communicate this information to the Admitting Office by compute and notify the family. MRPs are not bound by nor will they be criticized for such notice if subsequent circumstances do not support eventual discharge. Erring on the possibility of discharge is more helpful to utilization management of hospital beds than the absolute accuracy of each prediction of discharge.

Medical Orders

111. All treatment and medication orders must be in writing, legible, signed, dated and timed by the ordering physician. Illegible orders will not be implemented. Telephone orders can be accepted by nurses when confirmed by a second nurse and countersigned by the ordering physician within 24 hours. Otherwise, the order becomes invalid. Only Board approved abbreviations may be used for treatment and medication orders. Only generic names shall be used for medication orders except for Trade names of combination medications or medications with specific delivery mechanisms.

112. Patients may use their own non-formulary drugs if a written order is made and the drug is relabeled and dispensed by the pharmacy.
113. Narcotic orders automatically expire after 72 hours and antibiotic order automatically expire after seven (7) days. Such “*stop orders*” may be overridden by a specific order from an attending physician specifying the duration of treatment intended. Restricted medications shall be only ordered as per their respective policies.

Clinical Records

114. Community based physicians are responsible for providing a referral note to the Emergency Department physician. Those physicians with admitting privileges shall write a preadmission note to the Admitting Office and an admission note in the chart within 24 hours of admission.
115. The admitting physician is the MRP until a colleague has accepted transfer of the patient, and an appropriate note entered in the chart. Thereafter, the MRP should visit acute patients and write progress notes at least daily or whenever there are significant changes in clinical condition or management. Once the acute treatment phase is complete, alternative day visits and chart entries may be appropriate. Alternate Level of Care Patients awaiting discharge or placement should be visited and a chart entry made at least weekly.
116. The admitting Medical or Surgical Officer will conduct a complete history and physical examination and will record it on the History and Physical Sheet in the suggested format. He will record in a legible manner the time of the examination, the provisional diagnosis and his signature with printed name and position. A cell or pager number may be added. A medical student note shall not replace the

Medical or Surgical Officer entry. Progress notes should be written to reflect changes in condition, management or prognosis.

117. Except in extreme emergencies no inpatient will be accepted in the Operating Room without a proper history and physical examination recorded in the chart and, where a consultation precedes operation, the reply to the consultation must be properly completed and signed before surgery. The Operation Note is the responsibility of the operating surgeon.
118. The Anaesthetic Record will be maintained by the anaesthetist.
119. The attending physician should complete and sign the Discharge and Diagnosis Sheet on the day prior to discharge. The primary diagnosis is that diagnosis which best explains the admission. Secondary diagnoses should include all other significant diagnoses. Under “*Comments*” provisions for ongoing care should be reported. All discharge medications shall be reconciled and recorded with dosage and time of administration. This shall be communicated to the community physician.
120. Discharge Summaries are to be dictated by the Members of the Medical or Surgical Staff within 24 hours of discharge.
121. Request for Autopsy is a consultation request of the pathologist. It should include a reasonable clinical note recorded by the appropriate Medical or Surgical Officer or MRP.
122. Alterations to the clinical records must always be made in strict accordance with procedures laid out in Appendix [].

Consultations

123. Except in extreme emergency circumstances where the life of the patient is in danger, consultation should be obtained in the following circumstances:
- a. Any case where the diagnosis is obscure and the illness potentially serious;
 - b. Any case where there is doubt as to the best therapeutic measure;
 - c. Any case where the patient exhibits severe psychiatric symptoms or has attempted suicide;
 - d. Surgical patients with significant co-morbidities shall require Medical consultation;
 - e. Whenever the law requires an appropriate consultation be held;
 - f. All patients in the ICU shall require either Anaesthesia or Medicine involvement;
 - g. When the patient requests a second opinion;
 - h. When requested by the Head of Department or Chief of Staff.
124. The responsibility for notifying the consultant of a referral rests with the referring doctor.
125. Consulted medical staff must respond to referrals in a timely and efficient manner. The Quality Management Department will notify the Chief of Staff of suspected delays in responses to consultation requests for investigation and resolution with the assistance of the Head of Department concerned.

Operative Procedures

126. *Admission History and Physical Examination:* Admission history and physical examination should be recorded in the chart along with laboratory results prior to

any surgical procedure being undertaken. The Operating Room may refuse to accept a patient for surgery when this requirement has not been met except where delay would endanger the patient's life.

127. *Anaesthetic Record:* The anaesthetist will document the appropriate preoperative, operative and postoperative observations, the nature of the anaesthetic agents and any significant or untoward event on the anaesthetic record.
128. *Operative Report:* Immediately following an operative procedure the operating surgeon will complete a brief written legible operative report and will dictate a more detailed operative report. The latter will include a preoperative diagnosis, the surgical findings, the procedure carried out and conclude with a postoperative diagnosis. Postoperative orders should be written without delay.
129. *Examination of Tissue:* Where a tissue diagnosis is indicated, tissue removed at operation will be sent to the Department of Pathology and the morbid anatomist will decide the extent of the examination required.

Consent

130. Consent is required before any examination or procedure can be carried out on a patient. A verbal consent either expressed or implied is adequate for most procedures. However, any patient scheduled for anaesthesia and/or surgery must have the consent documented in the chart prior to going into surgery. The Consent Form approved by the Medical Staff Committee must be used: see current document on BHB Connect.
131. When a patient is unable to give consent by reason of established mental or physical disability, the consent should be obtained from the legal guardian. The consent of a parent or guardian should be obtained where children are involved.

If no legal guardian is available to give consent on behalf of a mentally or physically disabled patient, the operating surgeon should document the facts on the chart and except in the case of an emergency refer the matter to the Chief of Staff for decision.

132. In the case of an emergency where delay would seriously endanger the health or life of the patient, the operating surgeon and a second physician must complete the consent form and relevant section: see current document on BHB Connect.

Blood Transfusions

133. All blood should be properly cross matched before transfusion except in occasional life threatening emergencies. At the time of administration the person responsible for administering the blood should confirm that the blood has been properly cross-matched with the patient. Because of the risk of certain serious blood borne infections patients should be managed without transfusion wherever possible.
134. Where a patient by reason of religious belief or otherwise wishes to be treated without and prohibits the use of blood, the attending physician should comply with the patient's wishes or arrange transfer to another physician.
135. In the instance of children and where it is generally thought that the withholding of blood would lead to the death of the patient, the physician should seek legal authority to proceed in the case of consent being withheld.
136. For standardized guidelines on blood product transfusions reference should be made to current policy and the pamphlet on BHB Connect.

Certification of Death and Post-Mortem Examination

137. When a patient dies, the certifying physician will confirm death, complete the Notification of Death Form and will notify the coroner in the event that the death is subject to coroner's investigation. A list of deaths reportable to the coroner reference may be made to the document entitled "*Coroner Death Notification*" on BHB Connect. Notifiable deaths include cases where the cause of death is not known and autopsy is essential for its determination. The certifying physician will complete the clinical segment of the Notification Form.
138. Heads of Department will review all deaths occurring in their department at regular departmental meetings.

Security Measures

139. Members of the Medical Staff should comply with security measures imposed as required from time to time by the Board to ensure the safe and effective utilization of the physical plant and its environs.

Continuing Medical Education

140. Each member of the Medical Staff is responsible for their own continuing medical education (CME). Proof of the requisite number of hours of CME will be required when application for reappointment to the Medical Staff is considered by the Medical Staff Committee.
141. The Medical Staff Committee may require completion of a specified number of hours of specified medical education as a condition of reappointment to the Medical Staff.

142. To be eligible for appointment to the Medical Staff the Board may require applicants to attend specific continuing education programmes: Regulation 4(1) of the Regulations.

Universal Access to Patient Medical Information

143. Members of the Medical Staff who require access to a patient’s medical information in the exercise of their professional duties and who are authorized to have access to such information must comply with the Board’s policy contained in the document entitled “*Information Technology – Access to Computer Resources*” on BHB Connect.

Disaster Plan

144. Specific members of the Medical Staff who are selected for geographical reasons or for their specialty training to participate in a disaster plan should familiarize themselves with their role so that they may be effective in the event of a real disaster. They should participate in disaster drills outlined by the Disaster Management and Readiness Committee (DMRC).

Employee Discipline

145. Members of the Medical Staff have no authority to discipline any hospital employee. Where a Member of the Medical Staff feels that an employee’s performance or conduct is inappropriate, he should report this through QUANTROS or to the employee’s immediate supervisor who is responsible for investigating the matter and taking appropriate action.

SECTION VII: MEDICAL STAFF CONDUCT AND DISCIPLINE

146. These rules are made by the Board under s. 26 of the Act to govern the professional conduct of medical and dental practitioners who are Members of the Medical Staff. Members of the Medical Staff on taking up their appointment agree to these provisions for the investigation of alleged or suspected professional misconduct and/or a breach of the terms and conditions of appointment to the Medical Staff and to the adjudication of any such matters in the manner hereinafter provided.
147. A written request for the initiation of an investigation of any Member for professional misconduct or a breach of the terms and conditions of his appointment to the Medical Staff may be made by another Member or by the Chief Executive Officer. Such request for investigation may be made to the Chief of Staff, the Head of Department to which the Member is assigned, the President of the Active Medical Staff or the Chief Executive Officer.
148. The person receiving the request shall forward it immediately to the Credentials Committee for investigation if the matter indicates that the Member may have exhibited acts, demeanour or conduct reasonably likely to be (a) detrimental to patient safety or to the delivery of quality patient care; (b) unethical; (c) contrary to the Regulations, the Board's rules and policies, the Member's special terms and conditions of appointment or these Terms and Conditions or any code of professional conduct applicable to the Member; (d) disruptive to the operation of the hospitals; (e) below professional standards; or (f) the result of impairment of the Member's clinical practice by reason of illness, use of drugs, narcotics,

alcohol, chemicals or other substances or as a result of any physical or mental condition.

149. The person making the request shall not be entitled to information about the course or findings of the investigation except that the Chairman of the Credentials Committee may inform the person requesting an investigation of the status thereof.
150. Initial collegial efforts may be made prior to resorting to formal corrective action, when appropriate in the opinion of the Chairman of the Credentials Committee. Such initiatives may involve (a) informal discussions or formal meetings regarding the concerns raised concerning the Member; (b) written letters of guidance, reprimand or warning; (c) notification of the monitoring of future conduct and notification of expectations for improvement; (d) suggestions or a requirement that the Member undertake to receive continuing medical education, consultations or other assistance in improving performance; (e) a requirement that the Member seek assistance for impairment; or (f) a warning of consequences of a repeat of the conduct and a failure to improve conduct or performance.
151. If in the opinion of the Chairman of the Credentials Committee the request for investigation warrants formal corrective action the Member concerned shall be notified along with the Head of Department to which the Member has been assigned and the Chief Executive Officer. The Member shall provide to the Credentials Committee all available relevant information that it requests. The Credentials Committee may review medical files or other documents and conduct interviews with witnesses including the Member.

152. Within 30 days of the commencement of the investigation the Credentials Committee shall submit its findings and recommendations to the Medical Staff Committee. The Medical Staff Committee may accept, reject or modify the findings and recommendations of the Credentials Committee and recommend to the Board action to be taken. The Head of Department to which the Member has been assigned shall be notified in writing of the recommendation of the Medical Staff Committee.
153. The recommendations of the Medical Staff Committee may include:
- a. a determination that no further action is necessary;
 - b. the issuance of a warning, letter of admonition or letter of reprimand;
 - c. a recommendation of a term of probation or a requirement of consultation;
 - d. a recommendation of the variation, suspension or termination of the Member's appointment to the Medical Staff;
 - e. a recommendation of concurrent monitoring or retrospective auditing;
 - f. a requirement of additional training;
 - g. a requirement of evaluation by a physician.
154. The Board may adopt, reject or modify the recommendations of the Medical Staff Committee. Any variation of the terms and conditions of the Member's appointment may be temporary or permanent. The Member shall be served notice of the Board's decision as soon as practicable following the making of such decision.
155. (Please see section 9 item 4 of the Bermuda Hospitals Board Act 1970)