

**COLLINGWOOD GENERAL & MARINE HOSPITAL****MIDWIFERY STAFF**  
**BY-LAWS****PREAMBLE**

These By-laws were developed using the *Public Hospitals Act*, Regulated Health Professions Act - Midwifery 1991 and the Midwifery Act, 1991 that grant midwives the right to admit, discharge and write orders for patients in Ontario hospitals.

**1. APPOINTMENT**

- (1) The Board on the advice of the Medical Advisory Committee (MAC) may appoint annually, one or more midwives to the midwifery staff of the Hospital and shall delineate the privilege for each midwife.

**2. TERM**

Unless revoked by the Board, appointment to the midwifery staff shall be for the calendar year (one year), but shall continue in effect until the Board has made appointments for the ensuing year.

**3. APPLICATION FOR APPOINTMENT TO MIDWIFERY STAFF**

- (1) An application for appointment to the midwifery staff shall be processed consistent with the provision of the *Public Hospitals Act* and the Regulations thereunder, the By-laws and the Rules of the Hospital.
- (2) The Chief Executive Officer shall supply a copy of the By-laws, Rules of the Hospital and the *Public Hospitals Act* and the Regulations thereunder to each midwife who expresses in writing the intention to apply for midwifery privileges and requests an application form.
- (3) An applicant shall submit one original written application and one copy of the application on the prescribed form to the Chief Executive Officer (CEO) of the hospital.
- (4) Each application shall contain:
  - (a) a statement on the part of the applicant that he/she has read the *Public Hospitals Act* and the Hospital Management Regulations thereunder, the By-laws and Rules of the Hospital;
  - (b) an undertaking that, if appointed to the midwifery staff of the Hospital he/she will be governed in accordance with the requirements set out in the By-laws and Rules of the Hospital; and the Code of Ethics of the midwifery profession;

- (c) evidence of midwifery malpractice insurance coverage satisfactory to the Board;
  - (d) a list of privileges which are requested;
  - (e) an up to date curriculum vitae;
  - (f) a list of three (3) appropriate referees including one from a physician with active privileges in obstetrics and who has worked with the midwife;
  - (g) information of any previous disciplinary proceedings where there was an adverse finding;
  - (h) information of any civil suit where there was a finding of negligence or battery;
  - (i) a signed consent authorizing any midwifery regulatory body (or referee) to provide a report on:
    - i) any action taken by a disciplinary or fitness to practice committee; and
    - ii) whether his/her privileges have been curtailed or cancelled by any midwifery regulatory body or by another hospital because of incompetence, negligence, incapacity or any act of professional misconduct; and
  - (j) a current Certificate of Professional Conduct from the College of Midwives and consent to the release of information from the Registrar of the College of Midwives; and
  - (k) a current Certificate of Registration with the College of Midwives of Ontario.
- (5) Each applicant shall visit the hospital for an interview with appropriate medical and midwifery staff and the Chief Executive Officer or delegate.

#### **4. CRITERIA FOR APPOINTMENT OF MEMBERS TO THE MIDWIFERY STAFF**

- (1) Only an applicant qualified to practice midwifery who holds a current valid Certificate of Registration with the College of Midwives of Ontario is eligible to be a member of, and appointed to, the midwifery staff of the hospital.
- (2) The applicant will have:
  - i) a current Certificate of Registration with the College of Midwives of Ontario;

- ii) a current Certificate of Professional Conduct from the College of Midwives of Ontario;
  - iii) a demonstrated ability to provide patient care at an appropriate level of quality and efficiency;
  - iv) a demonstrated ability to communicate, work with and relate to all members of the medical, midwifery and Hospital staff in a co-operative and professional manner;
  - v) a demonstrated ability to communicate and relate appropriately with patients and their relatives;
  - vi) a willingness to participate in the discharge of staff obligations appropriate to the membership group;
  - vii) adequate training and experience for privileges requested;
  - viii) evidence of midwifery malpractice insurance coverage satisfactory to the Board;
  - ix) a demonstrated ability to comply with practice standards as set by the College of Midwifery;
  - x) a report of his/her experience, competence and reputation from the Chief of Staff or Chief of Obstetrics in the last hospital or facility in which applicant trained or held an appointment, if applicable or where such report is not available, a report from any other physician where the physician has direct knowledge of the midwife's experience, competence and reputation.
- (3) The applicant must agree to govern himself or herself in accordance with the requirements set out in these By-laws and the Rules of the Hospital and Hospital policies.
- (4) The applicant must indicate to the Credentials Committee adequate control of any significant physical or behavioural impairment that affects skills, attitude or judgement.
- (5) There is a need for the services in the community.

## **5. PROCESSING OF APPLICATION**

### **(1) Chief Executive Officer Review**

The Chief Executive Officer shall retain a copy of the application and shall refer the original application immediately to the chair of the Medical Advisory Committee who shall keep a record of each application received and then refer the original forthwith to the chair of the Credentials Committee.

(2) Credentials Committee Review

The Credentials Committee shall:

- (a) investigate each application submitted according to Section 3.4 together with qualifications, experience and professional reputation of the applicant;
- (b) consult with the Chief of Obstetrics;
- (c) make a written report thereon to the Medical Advisory Committee, considering the staff category and the privileges (or not) recommended to the applicant.

(3) Medical Advisory Committee Review:

The Medical Advisory Committee shall:

- (a) receive and consider the application and the report of the Credentials Committee;
- (b) send its recommendations in writing to the Board and to the applicant through the Chief Executive Officer pursuant to the *Public Hospitals Act*; and
- (c) in the case of a recommendation for appointment, specify privileges which it recommends the applicant be granted.

**6. RE-APPOINTMENT - APPLICATION FOR AND CRITERIA FOR**

(1) Application for Re-Appointment and Performance Review

- (a) Upon recommendation by the Medical Advisory Committee, the Board shall establish and approve a process for the annual performance review of each member of the midwifery staff; such review will include peer review.
- (b) Each year each member of the midwifery staff shall make a written application for re-appointment to a group of the midwifery staff of the Hospital in the prescribed form.
- (c) Where a member of the midwifery staff has applied for re-appointment, the Chief of Obstetrics shall conduct a review of the applicant's performance for the past year in accordance with the prescribed process as established in 6(1)a, and shall make a written report to the Medical Advisory Committee in respect of the applicant's performance for the past year.
- (d) If an applicant for re-appointment shall be sixty-five (65) years of age or older on the date that his or her existing appointment expires, the Chief of

Obstetrics shall, in addition to the requirements set out in Subsection 6(1)c, conduct the following review with the applicant and make a report thereon to the Medical Advisory Committee:

- (i) a review of the applicant's performance during the past year;
  - (ii) a discussion of the applicant's plans for any changes in type or level of service provided and reasons therefor;
  - (iii) a discussion of the applicant's retirement plans; and
  - (iv) a discussion of any other matter listed in Section 4.
- (e) The application for re-appointment to a group of the midwifery staff of the hospital shall be processed in the same manner as set out in Section 3.
- (2) Criteria for Re-Appointment to the Midwifery Staff
- (a) continue to meet the criteria set out at Section 3; and
  - (b) have demonstrated an appropriate use of Hospital resources.

## **7. REFUSAL TO RE-APPOINT**

In a manner consistent with the provisions of the *Public Hospitals Act* and the Regulations thereunder the Board may refuse to re-appoint a member of the midwifery staff of the Hospital.

## **8. APPLICATION FOR CHANGE OF PRIVILEGES**

Where a midwife wishes to change his/her privileges, an application shall be made in writing listing the change of privileges being requested and shall submit evidence of appropriate training and competence in respect of the privileges being requested.

## **9. REVOCATION/SUSPENSION OR MID TERM ACTION**

- (1) In accordance with the *Public Hospitals Act*, the Board may at any time revoke/suspend any appointment to the midwifery staff, or any other appointments of the midwifery staff to any office in the Hospital.
- (2) The provisions of these By-laws governing the Mid-Term alteration, suspension or revocation of privileges for the medical staff, set out in the By-law Governing Professional Staff, Schedule 1 apply to midwifery staff with appropriate modification.

**10. MIDWIFERY STAFF GROUPS**

- (1) The midwifery staff shall be divided into the following groups:
  - (a) active;
  - (b) associate;
  - (c) locum tenens; and
  - (d) temporary.
  
- (2) Active Midwifery Staff
  - (a) The active midwifery staff shall consist of those midwives who have been appointed as active midwifery staff by the Board.
  - (b) Except where approved by the Board, no midwife with an active midwifery staff appointment at another hospital shall be appointed to the active midwifery staff.
  - (c) Every midwife applying for appointment to the active midwifery staff shall be assigned to the associate midwifery staff for a probationary period as set out in subsection 10(3).
  - (d) All active midwifery staff members are responsible for ensuring that midwifery care is provided to all patients of midwives in the hospital.
  - (e) All active midwifery staff members shall have admitting privileges as specified by the General By-Law and in their appointment to the midwifery staff.
  - (f) Each member of the active midwifery staff shall:
    - i) undertake such duties in respect of those patients classed as emergency cases as may be specified by the Chief of Staff or by the Chief of Obstetrics to which the midwife has been assigned;
    - ii) attend patients, and undertake treatment and procedures only in accordance with the kind and degree of privileges granted by the Board; and
    - iii) act as a supervisor of a member of the midwifery staff when requested by the Chief of Staff or the Chief of Obstetrics.

- (3) Associate Midwifery Staff
- (a) Each associate midwifery staff member shall have admitting privileges as specified by the By-laws Section 1 and in their appointment to the midwifery staff.
  - (b) An associate midwifery staff member shall work for a probationary period under the supervision of an active medical staff or midwifery staff member named by the Chief of Staff on the recommendation of the Chief of Obstetrics to which the associate midwifery staff member has been assigned.
  - (c) A supervisor shall carry out the duties in accordance with the Rules of the Hospital.
  - (d) After one (1) year the appointment of a midwife to the associate midwifery staff shall be reviewed by the Credentials Committee who shall report to the Medical Advisory Committee.
  - (e) The Medical Advisory Committee may recommend that the midwife be appointed to the active midwifery staff or may require the midwife to be subject to a further probationary period not longer than six (6) months.
  - (f) The Chief of Obstetrics, upon the request of an associate midwifery staff member or a supervisor, may assign the associate midwifery staff member to a different supervisor for a further probationary period.
  - (g) At any time an unfavourable report may cause the Medical Advisory Committee to consider making a recommendation to the Board that the appointment of the associate midwifery staff member be terminated.
  - (h) No member of the midwifery staff shall be appointed to the associate midwifery staff for more than eighteen (18) consecutive months.
  - (i) An associate midwifery staff member shall:
    - (a) attend patients, and undertake treatment and procedures under supervision in accordance with the kind and degree of privileges granted by the Board on the recommendation of the Medical Advisory Committee; and
    - (b) undertake such duties in respect of those patients classed as emergency cases as may be specified by the Chief of Obstetrics to which the midwife has been assigned.

(4) Locum Tenens

- (a) The Medical Advisory Committee upon the request of a member of the midwifery staff may recommend the appointment of a locum tenens as a planned replacement for that midwife for a specified period of time.
- (b) A locum tenens shall:
  - (i) have admitting privileges as in Section 1 and as otherwise specified;
  - (ii) work under the counsel and supervision of a member of the active medical or midwifery staff who has been assigned this responsibility by the Chief of Staff or his or her delegate;
  - (iii) attend patients assigned to his or her care by the active medical or midwifery staff member by whom he or she is supervised, and shall treat them within the professional privileges granted by the Board on the recommendation of the Medical Advisory Committee; and
  - (iv) undertake such duties in respect of those patients classed as emergency cases as may be specified by the Chief of Staff or by the Chief of Obstetrics to which the midwife has been assigned.

(5) Temporary Midwifery Staff

- (a) A temporary appointment of a midwife to the midwifery staff may be made only for one of the following reasons:
  - (i) to meet a specific singular requirement by providing a consultation and/or procedure; or
  - (ii) to meet an urgent unexpected need for a midwifery service.
- (b) Notwithstanding any other provision in this By-law, the Chief Executive Officer, after consultation with the Chief of Staff or his or her delegate, may:
  - (i) grant a temporary appointment to a midwife who is not a member of the midwifery staff provided that such appointment shall not extend beyond the date of the next meeting of the Medical Advisory Committee at which time the action taken shall be reported; and
  - (ii) continue the appointment on the recommendation of the Medical Advisory Committee until the next meeting of the Board.
- (c) A temporary appointment shall not have privileges to admit patients.

**11. MIDWIFERY STAFF DUTIES**

- (1) Each member of the midwifery staff is accountable to and shall recognize the authority of the Board through and with the Chief of Obstetrics, the Chief of Staff and the Chief Executive Officer.
- (2) Each member of the midwifery staff shall:
  - (a) attend and treat patients within the limits of the privileges granted by the Board, unless the privileges are otherwise restricted;
  - (b) notify the Chief Executive Officer of any change in the certificate of Registration with the College of Midwives of Ontario;
  - (c) give such instruction as is required for the education of other members of the midwifery, dental, medical and other hospital staff;
  - (d) abide by the Rules of the Hospital, this By-law, the *Public Hospitals Act* and the Regulations thereunder and all other legislated requirements, including medical records creation and completion;
  - (e) perform such other duties as may be prescribed from time to time by, or under the authority of the Board, the Medical Advisory Committee or the Chief of Staff; and
  - (f) provide/request consultations on patients as per the College of Midwifery of Ontario's indications for mandatory discussion, consultation and transfer of care (See Appendix "A") and consistent with hospital policies/procedures.
- (3) Every member of the midwifery staff shall co-operate with:
  - (a) the Chief of Staff and the Medical Advisory Committee;
  - (b) the Head Midwife, if one is appointed; and
  - (c) the Chief of Obstetrics;
  - (d) the Chief Executive Officer;
  - (e) the Clinical Leader of Maternal Child Care Team if applicable.

Members of the midwifery staff, where required, shall attend meetings of the Maternal Child Care Team.

**12. MIDWIFERY STAFF**

- (1) The midwifery staff shall function within the Maternal Child Care Team as a Division of Midwives until the *Public Hospitals Act* allows otherwise.

- (2) Head Midwife
  - (a) Where the Board has appointed more than one (1) midwife to the midwifery staff, one of the members of the midwifery staff shall, subject to annual confirmation by the Board, be appointed by the Board upon the recommendation of the Medical Advisory Committee annually for a term of three (3) years to be the Head Midwife upon the recommendation of the Chief of Obstetrics.
  - (b) The Board may at any time revoke or suspend the appointment of the Head Midwife.

### **13. MONITORING ABERRANT PRACTICES**

Where any member of the medical, dental, midwifery or hospital staff believes that a member of the midwifery staff is attempting to exceed his/her privileges or is temporarily incapable of providing a service that he/she is about to undertake, this information shall be communicated immediately to the Chief of Obstetrics, Chief of Staff and the Chief Executive Officer.

### **14. VIEWING OF DELIVERIES OR PROCEDURES**

Any delivery or procedure performed in the hospital may be viewed without the permission of the midwife by:

- (a) Chief of Staff or delegate; or
- (b) Chief of Obstetrics.

### **15. TRANSFER OF RESPONSIBILITY**

- (1) Pursuant to the *Public Hospitals Act* and the Regulations thereunder, whenever the responsibility for the care of a patient of a midwife is transferred to another member of the midwifery staff or the medical staff, a written notation by the midwifery staff member who is transferring the care over to another shall be made and signed on the patient's medical record and the name of the midwifery staff member or medical staff member assuming the responsibility shall be noted in the patient's medical record and the midwife or the medical staff member assuming the responsibility shall be notified immediately by the transferring midwife.
- (2) Where a supervisor of a midwife, the Chief of Staff, or the Chief of Obstetrics become aware that, in his or her opinion, a serious problem exists in the care or treatment of one or more patients or out-patients of a midwife, the supervisor, Chief of Staff or the Chief of Obstetrics, as the case may be, shall forthwith discuss the condition, care and treatment of the patient or out-patient, with the attending midwife. If changes in the care or treatment, satisfactory to the supervisor, Chief of Staff or the Chief of Obstetrics, are not made promptly, he or she shall assume forthwith the duty of investigating, prescribing for and treating the patient or out-patient as the case may be, and shall notify the attending midwife, the Chief Executive Officer and if possible, the patient or out-patient,

that the member of the midwifery staff who was in attendance will cease forthwith to have any hospital privileges as the attending midwife for the patient or out-patient.

- (3) Where a supervisor, Chief of Staff or Chief of Obstetrics is responsible under Section 2 and is unable to discuss the problem with the attending midwife as required by Section 2, the supervisor, Chief of Staff or the Chief of Obstetrics, as the case may be, shall proceed with his or her duties as prescribed in Section 2 as if he or she had the discussion with the attending midwife.
- (4) Where a supervisor, the Chief of Staff or the Chief of Obstetrics has cause to take over the care of a patient, the Chief Executive Officer, the attending midwife and, if possible, the patient shall be notified as soon as possible or, in the case where the patient is mentally incompetent, the patient's substitute decision maker shall be notified as soon as possible.

**16. DUTIES OF THE HEAD OF MIDWIFERY**

- (1) The Head Midwife shall supervise the professional care given by all members of the midwifery staff and shall be responsible to the Chief of Obstetrics for the quality of care rendered to patients by members of the midwifery staff.
- (2) The head of the midwifery staff or designate may attend medical staff meetings but shall not be eligible to vote at said meeting.
- (3) The head of the midwifery staff or designate will attend 70% of Maternal Child Care Team meetings including case reviews or rounds.
- (4) The head of the midwifery staff or designate shall assume responsibility for communication to the other midwifery staff with privileges.

**17. ELIGIBILITY TO HOLD OFFICE**

A member of the midwifery staff is not eligible to hold an office other than Head Midwife.

**18. AMENDMENTS TO MEDICAL, DENTAL & MIDWIFERY STAFF BY-LAWS**

Prior to submitting this By-Law to the process established in the General By-law Part V the following procedure shall be followed:

- (a) notice specifying the proposed medical, dental and midwifery staff part if the By-law thereto shall be posted;
- (b) the medical, dental and midwifery staff shall be afforded an opportunity to comment on the proposed medical, dental and midwifery staff part of the By-law or amendment thereto; and
- (c) the Medical Advisory Committee shall make recommendations to the Board, concerning the proposed medical staff part of the By-law or amendment thereto.

*Approved by Board of Trustees October 2, 2003  
Revised June 2005, June 2008*