



# CORRECTIONAL SERVICE CANADA

CHANGING LIVES. PROTECTING CANADIANS.



## Correctional Service Canada MEDICAL PRACTITIONER BY-LAWS

**Updated June 2021**

Previous Version: March 2021

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## General

These Medical Practitioner By-Laws govern the Physicians, Dentists and Nurse Practitioners who provide Medical Care to Patients, and those Physicians and Dentists who also provide administrative leadership in relation to the organization and delivery of Health Services in Correctional Service Canada (CSC).

## Amendments

These Medical Practitioner By-Laws shall be reviewed by the National Medical Advisory Committee (NMAC) at least once every 3 years or sooner if required. Any proposed amendment to the By-Laws shall be forwarded to the Medical Practitioners for comment. NMAC having received comments and after due consideration, will recommend an amendment to the Assistant Commissioner, Health Services (ACHS). The ACHS, if in agreement, will approve the amendment.

## Confidentiality

Each Medical Practitioner shall respect and abide by CSC Directives, Policies, their respective College Policy and applicable Legislation or Regulatory requirement pertaining to confidentiality and privacy.

## CSC Health Services Vision, Mission and Values

### Vision

Improved offender health that contributes to the safety of Canadians.

### Mission

We provide offenders with effective, efficient health services that:

- Are patient/family/support-centered;
- Encourage individual responsibility;
- Promote healthy reintegration; and
- Contribute to safe communities

### Values

CSC's Values Statement guides behaviour, decision making and discretionary judgement in the Service.

CSC Medical Practitioners are expected to demonstrate the following shared, reciprocal values in all their interactions with offenders, colleagues, partners, stakeholders and the public:

1. Respect,
2. Fairness,
3. Professionalism,
4. Inclusiveness, and
5. Accountability.

# National Medical Advisory Committee

## Terms of Reference

### Preamble

The Correctional Service of Canada (CSC) has undertaken to establish a collaborative and constructive partnership with CSC Primary Care Physicians, Psychiatrists, Dentists and Nurse Practitioners for the advancement of quality health services in CSC. Through the Office of the Assistant Commissioner, Health Services (ACHS), a National Medical Advisory Committee (NMAC) will be established.

### Mandate

- 1) To provide advice and recommendations to the Assistant Commissioner, Health Services on all matters that pertain to Physicians, Dentists and Nurse Practitioners who are or who would be Medical Practitioner Members of CSC, and to provide advice on the quality and organization of health services to inmates.

### Membership

Composition:

- 2) The following persons shall be members of the NMAC with voting privileges:
  - a) The National Medical Advisor;
  - b) The National Senior Psychiatrist;
  - c) The National Dental Advisor;
  - d) The National Infectious Disease Medical Advisor
  - e) The National Opioid Agonist Treatment Medical Advisor
  - f) The National Professional Practice Lead
  - g) The Regional Physician Lead - Primary Care (5);
  - h) The Regional Physician Lead - Psychiatry (5);
  - i) A Nurse Practitioner Representative
  - j) The Director General, Health Policy and Programs;
  - k) The Director General, Corporate Health Services;
  - l) The Director, Pharmacy and Health Technology
  - m) A Regional Director, Health Services Representative;
  - n) An Executive Director, Treatment Centre Representative; and
  - o) A Regional Manager, Clinical Services Representative.

Assistant Commissioner, Health Services:

The Assistant Commissioner, Health Services may choose to attend any NMAC meeting at their discretion.

Appointment of Members:

- 3) The National Medical Advisor will Chair the NMAC;
- 4) The Regional Director, Health Services, Executive Director Treatment Centre and the Regional Manager Clinical Services Representatives will be appointed by the Assistant Commissioner, Health Services. Appointment to these positions will be for a 3-year term and may be renewed once at the discretion of the ACHS.
- 5) In the event that a Regional Director, Health Services, Executive Director, Treatment Centre or a Regional Manager, Clinical Services Representative is unable to complete their term, the

Assistant Commissioner, Health Services will appoint an interim representative to complete the term.

## **Roles and Responsibilities**

The NMAC shall:

- 6) Having regard for the Vision, Mission and Core Values of CSC, make recommendations to the Assistant Commissioner, Health Services concerning:
  - a) The selection of members of the Medical Practitioners;
  - b) The quality, organization and delivery of medical and dental care;
  - c) The promotion of the health of inmates through the attainment of appropriate and safe health care;
  - d) Policies respecting or impacting the Medical Practitioners and/or Dental Practitioners;
  - e) Promote the benefits of research and advise the CSC Research Branch on topics that would enhance the healthcare provided to CSC patients.
  - f) Identify educational topics and opportunities that will enhance clinical care and strengthen Medical Practitioner leadership.
- 7) Advise the Assistant Commissioner, Health Services on any other matter referred to it by the Assistant Commissioner, Health Services.
- 8) The National Pharmacy and Therapeutics (NP&T) Committee shall provide reports and recommendations pertaining to CSC's National Drug Formulary to NMAC's review and to forward NMAC's recommendations to the ACHS.

## **Meetings**

Frequency:

- 9) The NMAC shall hold at least four (4) meetings in each fiscal year. At least two (2) of these meetings must be in person.
- 10) Meetings that are not held in person may be held by teleconference or videoconference.

Travel:

- 11) Pre-approval by CSC is required for all travel by NMAC members.

Location:

- 12) The in person meetings will normally be held in Ottawa, or in alternate locations that are most cost-effective.

Quorum:

- 13) The quorum of meetings of the NMAC is fifty percent plus one of both of the Medical Practitioners and Dental Practitioners, as well as the Administrative Leadership.

Decision Making Process:

- 14) Decisions made by NMAC will be by consensus; however, failing consensus, a simple majority vote will carry the decision, except for amendments to the Medical Practitioner By-Laws, which will require support of 14 members.

**Records of Decisions:**

- 15) The Chair will distribute Records of Decisions within 20 working days after each meeting for the review of the NMAC members.

**Remuneration:**

- 16) CSC assumes responsibility for paying travel and related expenses for members attending NMAC meetings and attending to committee business at the request of CSC, in accordance with the Treasury Board Secretariat and CSC contracting guidelines.
- 17) CSC also provides a per diem professional fee through a Contract / Memorandum of Understanding with each member. Members work within the “contract” parameters that specify meeting preparatory time and potential institutional visits.

**Roles and Responsibilities****National Medical Advisor**

The National Medical Advisor will be appointed by and accountable to the ACHS or their designate. The term of the appointment will be determined by the ACHS.

**The National Medical Advisor Shall:**

- Chair the National Medical Advisory Committee (NMAC);
- Develop and oversee the implementation/amendments of CSC’s Medical Practitioner By-Laws
- Provide advice and recommendations on the organization, delivery, quality and safety of health services within CSC, with input from the NMAC;
- Review health issues related to inmate care as they arise and provide medical advice for CSC Health Services Senior Management;
- Provide advice on CSC Medical Directives and Guidelines;
- Advance the perspectives, advice and resource requirements of the Medical Practitioners within CSC;
- Promote and maintain a collaborative and constructive relationship between Medical Practitioners and CSC;
- Advise on the planning, recruitment, retention and roles of the Medical Practitioner workforce;
- Undertake an annual review with each Regional Physician Lead to support the fulfilment of the role and enhance their development;
- Provide advice on matters referred by the Assistant Commissioner Health Services or their representative;
- Provide advice and recommendations on matters of professional conduct of Medical Practitioners;
- Work with the Director of Pharmacy and Health Technology on matters pertaining to CSC’s National Drug Formulary;
- Provide advice on medical professional issues, and act as liaison between CSC and various Medical Professional bodies across Canada when required to address professional practice issues and/or to seek advice on, for example, standards of practice and ethical standards.

## National Senior Psychiatrist

The National Senior Psychiatrist will be appointed by and accountable to the ACHS or their designate. The term of the appointment will be determined by the ACHS.

## Regional Physician Lead

The Regional Physician Lead is to provide oversight and leadership for their discipline specific medical practice within their region. The Regional Physician Lead will work in conjunction with the Regional & National Administrative Leadership and other members of the Healthcare Team to advance the healthcare of inmates.

### The Regional Physician Lead will be responsible for:

- Reviewing qualifications and training of all proposed discipline specific physicians seeking to become Medical Practitioners;
- Advance the quality of medical care and treatment provided across their region by:
  - a) Facilitating Medical Practitioner involvement in quality of care reviews in collaboration with the Chief of Health Services, and Chief of Institutional Mental Health when requested by the National Medical Advisor;
  - b) Coordinating concerns and suggestions from Regional Institutional Medical Practitioner Members;
  - c) Engaging their specific Medical Practitioner Discipline Members within the region on the goals and priorities of CSC Health Services, and
  - d) Seeking the input of discipline specific Medical Practitioner Members on new and revised CSC policies and procedures, as part of the consultation process and provide this feedback to the National CSC Medical Advisory Committee.
- Coordinate discussions with their discipline specific Medical Practitioner Members within their region on a biannual basis;
- Meet with each discipline specific Medical Practitioner Member (in person or via teleconference/videoconference) on an annual basis, or more frequently when needed to resolve an urgent matter;
- Identify issues of regional concern that may have national relevance;
- Participate as member of the National Medical Advisory Committee;
- Participate as member of the National Pharmacy and Therapeutics Committee;
- Work collaboratively with the National Medical Advisor and National Senior Psychiatrist to establish national Medical Practitioner Member initiatives, as appropriate, in clinical care and education;
- The Director General, Health Policy and Programs, the Director General, Corporate Health Services, the National Medical Advisor and the National Senior Psychiatrist will schedule a Teleconference/Videoconference twice a year with each of CSC's Regional Health Leadership Teams to discuss Institutional and Regional specific issues, as well as enable the role of the Regional Physician Leaders.

### Appointment:

The Assistant Commissioner, Health Services will appoint the Regional Physician Lead for Primary Care and for Psychiatry after consultation with the Regional Director, Health Services, the National Medical Advisor/National Senior Psychiatrist and respective Director General.

The appointment will be for a 3-year term that may be renewed to a maximum of three terms given satisfactory annual reviews.

**Administrative Support:**

The Regional Physician Lead will be provided administrative support to enable efficient and effective functioning of the position. The respective Regional Director, Health Services or Executive Director, Treatment Centre will be responsible to ensure that the appropriate adjustments are made to the clinical duties to enable fulfillment of the position, whilst ensuring that there is no impact on the clinical care of the patients.

## Regional Medical Advisory Committee

### Terms of Reference

#### Preamble

Medical Practitioner Members in each CSC region require an opportunity to enhance the delivery of care through the establishment of a collaborative and constructive partnership with CSC. A Regional Medical Advisory Committee (RMAC) will be established through the office of the Assistant Commissioner, Health Services (ACHS) and the Regional Director, Health Services (RDHS).

#### Mandate

- 1) To provide advice and recommendations to the Regional Director, Health Services on all matters that pertain to Physicians, Dentists and Nurse Practitioners who are or who would be Medical Practitioner Members of a CSC Region, and to provide advice and feedback on the quality and organization of health services to inmates to the National Medical Advisory Committee (NMAC) through the Chair of the Regional Medical Advisory Committee.

#### Membership

Composition:

- 2) The following persons shall be members of the RMAC with voting privileges:
  - a) The Regional Physician Lead - Primary Care;
  - b) The Regional Physician Lead - Psychiatry;
  - c) A Primary Care Physician Representative;
  - d) A Psychiatrist Representative
  - e) A Dentist Representative;
  - f) A Nurse Practitioner Representative;
  - g) Regional Director, Health Services;
  - h) Executive Director, Treatment Centre; and
  - i) Regional Manager, Clinical Services
  - j) Regional Manager, Mental Health
  - k) Ad hoc members at the discretion of the Chair

Appointment of Chair:

- 3) The Chair will rotate on a 3-year term basis between the Regional Physician Lead - Primary Care and the Regional Physician Lead – Psychiatry unless otherwise agreed upon in consultation with the Regional Director, Health Services.



Appointment of Members:

- 4) The Representation for the Physician/Dentist/Nurse Practitioner will be selected by the members of their respective disciplines. The selection process will be supported by the respective Regional Physician Leader. Each representative would serve a 3-year term renewable for a further term if supported by his or her members and the Chair of the RMAC.

**Roles and Responsibilities**

The RMAC shall:

- 5) Having regard for the Vision, Mission and Core Values of CSC, make recommendations to the Regional Director, Health Services concerning:
  - a) The quality, organization and delivery of medical and dental care;
  - b) The promotion of the health of inmates through the attainment of appropriate and safe health care;
  - c) Policies respecting or impacting the Medical Practitioner Members; and
  - d) Identification and facilitation when possible on educational topics of regional interest.

**Meetings**

Frequency:

- 6) The RMAC shall hold at least two (2) meetings in each fiscal year.
- 7) Meetings may be held in person by teleconference or videoconference.

Travel:

- 8) Pre-approval by CSC is required for all travel by RMAC members.

Location:

- 9) An In-person meeting will normally be held at the most convenient and cost-effective location.

Quorum:

- 10) The quorum of meetings of the RMAC is fifty percent plus one.

Decision Making Process:

- 11) Decisions made by RMAC will be by consensus; however, failing consensus, a simple majority vote will carry the decision.

Records of Decisions:

- 12) The Chair will distribute Records of Decisions within 20 working days after each meeting for the review by the RMAC members.

Administrative Support:

- 13) The Regional Director Health Services and Executive Director Treatment Centre will ensure that there is sufficient administrative support to enable the efficient and effective functioning of the committee.

Remuneration:

- 14) CSC assumes responsibility for paying travel and related expenses for members attending RMAC meetings and attending to committee business at the request of CSC, in accordance with the Treasury Board Secretariat and CSC contracting guidelines.

- 15) CSC also provides a per diem professional fee through a Contract / Memorandum of Understanding with each member. Members work within the “contract” parameters that specify meeting preparatory time and potential institutional visits.

## Medical Practitioner

### Professional Qualifications and Liability Protection

Individual Medical Practitioners shall provide proof of and maintain:

- License from the appropriate Provincial Regulatory College;
- Certification when appropriate by:
  - The College of Family Physicians of Canada; or
  - Royal College of Physicians and Surgeons of Canada; or
  - Registered as a Nurse Practitioner in the Province they are licensed in
- Liability protection coverage appropriate for the Medical Practitioner's Discipline and acceptable to CSC.

### Medical Practitioner Categories

#### Active Medical Practitioner Category

Those Physicians, Dentists, Nurse Practitioners who provide care to CSC patients largely or wholly in CSC facility.

#### Consulting or Locum Category

Those Physicians, Dentists, Nurse Practitioners or other appropriately trained individuals who have specific skills or expertise that are required for good clinical care, which is usually provided in a community setting but may be required on an occasional basis within a CSC facility.

### Active Category

#### Duties

A member of the Medical Practitioner Member shall:

- a) Maintain a satisfactory standard of professional Medical, Dental or Nurse Practitioner knowledge and ability in the fields of their practice;
- b) Enter and complete patient records in accordance with professional and regulatory guidelines;
- c) Work and communicate with and relate to others in a cooperative, collegial and professional manner to ensure effective and efficient continuity of care for each patient;
- d) Support quality improvement projects and attainment of Accreditation by CSC;
- e) Participate in a Mortality Review when requested by the Regional Physician Lead;
- f) Participate in an Annual Review with their respective Regional Physician Lead;
- g) Fulfill continuing professional educational requirements of their respective academic college and their provincial regulatory college;
- h) Adhere to highest standard of ethical conduct and behaviour;
- i) Act in accordance with the organization's Vision, Mission and Values, the Medical Practitioner By-Laws, Policies and any applicable Provincial Law or Legislative Requirements;
- j) Attend meetings of the Regional Medical Practitioners, if clinical duties allow and

- k) Have up to date inoculations or tests as may be required by CSC or in Provincial Law or Legislative Requirements.

### Appointment and Re-Appointment

The following shall be considered in the appointment or reappointment of applicants to be a Medical Practitioner:

- CSC seek to appoint and re-appoint Medical Practitioners who wish to, or, have established a career in prison health;
- The applicant's training, expertise and potential to contribute to the Vision, Mission and Goals of CSC;
- A clinical focus or specialty interest that would enhance the health care of CSC's patient population;
- The applicant's ability to work in a challenging environment and to collaborate in a respectful and collegial manner with other Health Disciplines and Correctional Staff and Management;
- Initial appointment will be made considering the applicant's training, professional and academic qualifications, clinical expertise and ability to enable CSC to meet its Vision, Mission and Goals;
- Re-appointment will be made considering the Medical Practitioner Annual Review and their continued commitment to CSC's Vision, Mission and Goals;
- Have completed any training as required by CSC or in Provincial Law or Legislative Requirements at the time of appointment or re-appointment;
- The respective Regional Physician Lead - Primary Care or Regional Physician Lead - Psychiatry will provide input into appointments or re-appointments to the Assistant Commissioner, Health Services (ACHS); and
- The ACHS will approve all appointments and re-appointments to the Medical Practitioner Members.

### Annual Review (AR)

- Each Active Medical Practitioner Member will participate in an Annual Review with their respective Regional Physician Lead (RPL). Dentists and Nurse Practitioners will meet with the Regional Physician Lead – Primary Care.
- After the completion of the Annual Review, the Regional Physician Lead will provide feedback to the Medical Practitioner to support their continued professional development.
- The Annual Reviews will enable the Regional Physician Lead to provide feedback to the Regional Director, Health Services and the National Medical Advisory Committee on the ability and capacity of the Medical Practitioner Members to provide safe quality health care to CSC's patient population.

**The following is a list of matters that will be covered as part of an annual review, which may be in person or by teleconference/videoconference:**

- Feedback from the member on their contribution to the delivery of quality care;
- The member's performance and delivery of:

- a) Clinical responsibilities
  - b) Monitoring of patients together with timely completion of clinical record documentation
  - c) On-call responsibilities, if applicable.
- Any quality of care or patient safety issues;
  - Appropriate and efficient use of CSC Health Services resources;
  - Support of and involvement in quality improvement and accreditation initiatives;
  - Educational programs/conferences given and attended;
  - Participation in any research study;
  - The ability to work in a cooperative, collegial and professional manner with other Medical Practitioner Members, Nurses, Correctional Staff and Administrative Management;
  - The ability to communicate with the patient and if appropriate the patient's family, as well as other members of the health care team;
  - Compliance with CSC's Policies, Guidelines, Directives;
  - Any health concern that may impact the member's ability to provide quality care;
  - The member's participation in continuing professional development;
  - Any considered or planned change in the member's level of service to CSC.

### Human Resource Plan

- The NMAC will receive an annual update from the Regional Physician Leads on the capacity of the respective Medical Practitioner Members to meet the health care needs of CSC's patients.
- The NMAC will make recommendations to the ACHS on the planning, recruitment and retention of the Medical Practitioner workforce.

### Professional Conduct

Individual Medical Practitioner Members shall meet the expectations for professional conduct and behaviour as defined in CSC's Code of Conduct and relevant Professional Code of Conduct, or Codes of Ethics. Conduct subject to a review includes but not limited to, acts, statements, professional or personal conduct, which:

- a) Exposes, or is reasonably likely to expose patients, or staff to harm or injury;
- b) Is or is reasonably likely to be detrimental to patient or staff safety in the delivery of quality care within CSC;
- c) Does, or is reasonably likely to constitute abuse;
- d) Results in imposition of sanctions by a College; or
- e) Is contrary to these By-Laws, CSC Directives, Policies and Procedures or relevant Provincial Law or Legislative Requirements.

### Complaint against a Medical Practitioner Member

Any concern or complaint against a member of the Medical Practitioner Member respecting any matter set out above, or any other complaint shall be forwarded to the respective Regional Physician Lead and the site Chief of Health Services.

The affected Medical Practitioner Member is entitled to procedural fairness including but not limited to:

- Being provided a copy of the complaint/concern;
- Being afforded confidentiality consistent with CSC's procedures, or to the extent permitted by law;
- The right to respond;
- The opportunity for consensual dispute resolution;
- Being provided a copy of any recommendation, and the reasons leading to them.

If the complaint/concern cannot be solved informally by the Chief of Health Services or through a consensual dispute resolution, then the Regional Director, Health Services and the National Medical Advisor or the National Senior Psychiatrist will be informed.

The process to be subsequently followed will be agreed by the Regional Physician Lead, The National Medical Advisor or National Senior Psychiatrist, the Regional Director, Health Services, and be consistent with natural justice and CSC practices. This process would recognize that the Regional Director Health Services or Executive Director Treatment Centre holds the accountability for a Medical Practitioner Member employment status whether the individual Medical Practitioner is an employee or under Contract to CSC.