

RAHIM MEDICAL CENTRE AND GENERAL HOSPITAL

Medical Staff Bylaws, Rules, and Regulations Policy

Effective Date: _____

Review Date: _____

1. Purpose

The purpose of this policy is to define the bylaws, rules, and regulations governing the medical staff of RAHIM MEDICAL CENTRE AND GENERAL HOSPITAL. It ensures that medical practitioners maintain professional standards, comply with legal and ethical obligations, and contribute to the delivery of safe, high-quality patient care.

2. Scope

This policy applies to:

All medical staff including physicians, surgeons, dentists, and allied healthcare providers

Contracted medical practitioners affiliated with the hospital

Residents, interns, and trainees under the supervision of hospital medical staff

3. Definitions

Medical Staff: Licensed healthcare professionals appointed to provide patient care services at the hospital.

Bylaws: The formal governing rules that define the responsibilities, rights, and obligations of the medical staff.

Rules and Regulations: Detailed procedures and standards derived from the bylaws to guide the day-to-day conduct of medical staff.

Privileges: Specific clinical and procedural authorizations granted to medical staff based on qualifications and competence.

4. Policy Statement

RAHIM MEDICAL CENTRE AND GENERAL HOSPITAL is committed to:

Ensuring all medical staff operate within clearly defined professional, ethical, and legal standards.

Promoting high-quality, safe, and equitable patient care.

Maintaining accountability and transparency in medical staff governance.

Ensuring compliance with national healthcare regulations and hospital policies.

5. Medical Staff Structure

5.1 Categories of Medical Staff

Active Staff: Physicians with full privileges who regularly participate in patient care.

Consulting Staff: Specialists providing services on a limited or case-by-case basis.

Affiliate Staff: Part-time or temporary medical practitioners with restricted privileges.

Trainees/Residents: Physicians in supervised training programs with defined responsibilities.

5.2 Appointments and Privileges

Appointment to medical staff requires verification of credentials, licenses, and training.

Privileges are granted based on experience, competency, and hospital needs.

Reappointment occurs every two years, subject to performance evaluation and credential review.

6. Rules and Regulations

6.1 Professional Conduct

Maintain high ethical and professional standards.

Adhere to the hospital Code of Conduct and patient care protocols.

Avoid conflicts of interest, nepotism, or self-referral practices that compromise patient care.

6.2 Clinical Responsibilities

Provide competent care within granted privileges.

Comply with infection control, medication administration, and patient safety protocols.

Participate in peer reviews, morbidity and mortality meetings, and quality improvement initiatives.

6.3 Administrative Duties

Maintain accurate, complete, and timely medical records.

Attend mandatory hospital meetings and training sessions.

Respond promptly to administrative communications and requests.

6.4 Ethical Obligations

Respect patient confidentiality and autonomy.

Obtain informed consent for all procedures.

Report any unethical behavior or breaches of patient safety.

7. Performance Monitoring

Periodic evaluation of medical staff performance, including clinical competence, professionalism, and adherence to hospital policies.

Peer review committees assess performance, and findings inform reappointment and privilege renewal.

Unsatisfactory performance may result in corrective action, suspension, or revocation of privileges.

8. Disciplinary Procedures

Alleged violations of bylaws or rules will be investigated confidentially by the Medical Staff Committee.

Disciplinary actions may include warnings, probation, suspension, or termination of privileges.

Medical staff have the right to appeal decisions in accordance with hospital procedures.

9. Continuing Medical Education

Medical staff are required to maintain current professional knowledge through continuing education.

Participation in CME programs, workshops, and training sessions is mandatory for reappointment.

10. Compliance and Legal Requirements

All medical staff must comply with national healthcare laws, licensing requirements, and hospital policies.

Hospital management will conduct regular audits to ensure adherence to bylaws, rules, and regulations.

11. Amendments to Bylaws

Amendments require approval by the Medical Staff Committee and Hospital Management Committee.

Staff will be notified of any changes in writing and required to acknowledge compliance.

12. Acknowledgment

I, _____, acknowledge that I have read, understood, and agree to comply with the Medical Staff Bylaws, Rules, and Regulations Policy of RAHIM MEDICAL CENTRE AND GENERAL HOSPITAL.

Signature: _____

Date: _____