I.  PURPOSE
The purpose of having the Section of General Surgery is: 1) to correlate and supervise the activities of general surgery within the hospital and the Department of Surgery; 2) provide for adequate standards of care for those patients in general surgical service; 3) allow for meetings in order to obtain guidelines in what refers to specific needs like equipment, solution to problems of the section or to any individual instance with proper coordination of those who represent the section in different committees of the Medical Staff; 4) to maintain supervision of training and educational programs as related to the section; and 5) to supervise and obtain adequate help in the operating room in what relates to the Section of General Surgery.

II. ORGANIZATION OF SECTION

A.  ELIGIBILITY
Membership in the Section implies recognition of a physician as a Surgeon in General Surgery. This may be documented by Certification of the American Board of Surgery.

B.  SELECTION OF MEMBERS
The Section of General Surgery is part of the Department of Surgery and therefore is governed by the Rules and Regulations of the Department of Surgery as a whole. Equally, it will be covered by the Bylaws of the Medical Staff.

Physicians who are members of the Department of Surgery who meet the above criteria will have their application either for Initial Appointment to the Medical Staff or for Reappointment reviewed by the Section Chair. Following this review, a recommendation will be forwarded to the Chair of the Department of Surgery, thence to the Credentials Committee, the Medical Executive Committee, and the Governing Board for final action.

C.  DUTIES OF MEMBERS
The Active Staff members of The Section of General Surgery are responsible for the welfare of all service patients entrusted to their care. They also have the responsibility for performing all departmental organizational and administrative duties pertaining to The Medical Staff. The Members of the Active Staff are entitled to vote at all such meetings, unless otherwise specified at any time by the Bylaws. Members of the Active Staff may hold elective offices in the Section as well as in the Department of Surgery and on the Medical Staff. Members of the Community Staff shall consist of those physicians who are requesting medical staff membership with no delineated clinical privileges. They may not vote or hold elective office. The Courtesy Staff members are not eligible to vote, hold office or be required to attend meetings or serve on committees. Members of The Emeritus Medical Staff are eligible to vote, hold office, serve on The Medical Staff and Departmental Committees, and shall have assigned duties if they so desire. Members of the Consulting Medical Staff shall not vote, hold office or serve on committees.

D.  EMERGENCY ROOM CALL SCHEDULE
The Director of the Surgical Hospitalist practice or his/her designee will be responsible for coordinating the on-call schedule.

For proper referral of patients by the Emergency Department to the general surgeon on-call, it would be expected that the surgeon should have an office within 20 miles or 30 minutes driving time maximum from SGMC.
Failure of a surgeon to respond properly to the call in the E.D. with repeated complaints may result in removal from the on-call list.

E. **APPOINTMENT**

Appointment and Reappointment to the Department of Surgery/General Surgery Section and the Medical Staff in general are to be decided by Chair of the Department of Surgery, the Subsection Chairs as applicable, the Credentials Committee, and are to be operative as outlined in The Bylaws, Article V.

F. **PROMOTION**

Other than those requirements specified in the Medical Staff Bylaws or in the Rules and Regulations of the Department of Surgery to become and maintain status as Active or Associate Staff in General Surgery, the member should have at least a minimum of 25 patient contacts per year.

G. **OFFICERS**

The Chair of the Section of General Surgery will be elected on a yearly basis by the voting members and will represent the section at the Advisory Committee of the Department of Surgery. His tenure in office will be according to the Rules and Regulations of the Department of Surgery. The Chair of the Section of General Surgery should be an Active Staff member and should be certified by the American Board of Surgery.

**Duties of the Chair**: Supervise the activities of the general surgeons and coordinate these with the overall activities of the Department of Surgery and the Medical Staff, according to the purposes of the section as stated above. The Chair will be also responsible for the on-call scheduling of the general surgeons and/or consultations in the Emergency Department.

H. **Removal of Officers from their Position**

The Chair of the Section may be removed at any regular meeting at which a quorum is present or at any special meeting on notice, by a two-thirds vote of those active members of the Section present. Such removal shall become effective when approved by the Governing Body.

The presence of 50% of the total number of active members of the Section at any regular or special meeting shall constitute a quorum, for the purpose of removal of the Chair.

I. **CME Requirements**

Each member of the section of General Surgery fulfills the continuing medical education requirements as specified by the Maryland Board of Physicians Quality Assurance and agrees to abide by Maryland State Law regarding Continuing Medical Education (CME) requirements.

J. **Board Certification Requirements**

Effective May 21, 2000, new MD, DO, DPM, and DMD/DDS (Oral Surgeons only) applicants to the medical and affiliate staff must be board certified or board admissible. Effective June 27, 2005, all MD, DO, DPM, and DMD/DDS (Oral Surgeons Only) applicants who completed their residency program after January 1, 1990 must be board certified or board admissible by the appropriate Board recognized by the American Board of Medical Specialties or by the American Board of Oral and Maxillofacial Surgery or by the American Board of Podiatric Surgery pertinent to their field of expertise and request for privileges. Effective August 30, 2006, the American Osteopathic Association Boards (AOA) are considered equivalent to the American Board of Medical Specialties (AMBS) Boards for the purposes of credentialing and are accepted for membership and privileges. Failure to achieve certification within the 5-year grace period will result in automatic termination of medical staff membership and clinical privileges at reappointment anniversary.

All new applicants must be board certified in their primary specialty with in 5 years of completion of their residency.
If fellowship trained, the applicant must be board certified in their sub-specialty within 5 years of fellowship completion in order to practice that sub-specialty in this institution.

III. SECTION MEETINGS

The Section of General Surgery should have at least two meetings per year. Otherwise, meetings will be called upon at the request of the membership or in case of urgent matters.

IV. PROCEDURE TO AMEND OR REPEAL THE RULES AND REGULATIONS OF THE SECTION

These rules and regulations may be amended or repealed after submission of a proposal at any regular or special meeting of the department.

To be adopted, amendments and repeals shall require a two-thirds vote of the active members present and representing a quorum.

V. CARE OF RELATIVES

As per the Medical Staff Rules and Regulations, no member of the Medical Staff shall serve as attending physician, perform procedures, or act as an official consultant for members of his or her immediate family at Shady Grove Adventist Hospital.

VI. MEDICAL STAFF DUES

All medical staff members are required to pay annual/medical staff and department dues (with the exception of Emeritus Status and community staff members). Please note there is no refund of medical staff dues.