



**STEVENSON MEMORIAL
HOSPITAL
PROFESSIONAL STAFF BY-LAW**

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TABLE OF CONTENTS

ARTICLE 1 – INTERPRETATION AND DEFINITIONS	1
1.1 Interpretation.....	1
1.2 Definitions.....	1
ARTICLE 2 - PURPOSE.....	4
ARTICLE 3 – RULES AND REGULATIONS AND POLICIES AND PROCEDURES.....	4
3.1 Appointment and Revocation	5
ARTICLE 4 – PROFESSIONAL STAFF CATEGORIES OF PRIVILEGES.....	5
4.1 Categories	5
4.2 Active Staff.....	6
4.3 Associate Staff.....	7
4.4 Courtesy Staff.....	9
4.5 Regional Program Staff	11
4.6 Temporary Staff.....	11
4.7 Locum Tenens Staff.....	12
4.8 Honourary Staff	13
ARTICLE 5 – APPOINTMENT.....	14
5.1 Application for Appointment.....	14
5.2 Criteria for Appointment	15
5.3 Term of Appointment	17
ARTICLE 6 – RE-APPOINTMENT	18
6.1 Application for Re-Appointment and Performance Review	18
6.2 Criteria for Re-Appointment.....	19
6.3 Refusal to Re-Appointment.....	19
ARTICLE 7 – REQUEST FOR CHANGE OF PRIVILEGES.....	20
7.1 Application for Change of Privileges	20
ARTICLE 8 – THE MEDICAL ADVISORY COMMITTEE AND BOARD PROCESS FOR..	20
UNSUCCESSFUL APPLICATIONS FOR APPOINTMENT, REAPPOINTMENT AND	
CHANGES IN PRIVILEGES	
ARTICLE 9 – LEAVE OF ABSENCE.....	22
ARTICLE 10 – HUMAN RESOURCE PLAN.....	22
ARTICLE 11 – DUTIES.....	23
11.1 Monitoring Practices and Transfer of Care	23
ARTICLE 12 – ADMINISTRATIVE ORGANIZATION	24
12.1 Professional Staff Departments/Divisions.....	24
12.2 Duties of the Professional Staff.....	25
12.3 Department and Division Meetings.....	26
12.4 Attendance at Department and Division Meetings.....	27
12.5 Chief of Staff	27
12.6 Duties of the Chief of Staff.....	27
12.7 Chief of Department	27
12.8 Duties of the Chief of Department	28
12.9 Deputy Chiefs of Departments	30
12.10 Divisions in a Department.....	30

12.11	Duties of Head of a Division	30
12.12	Monitoring Aberrant Practices	32
Article 13	– MEETINGS OF THE PROFESSIONAL STAFF ASSOCIATION.....	32
13.1	Meetings of the Professional Staff Association.....	32
13.2	Notice of Annual Meeting	32
13.3	Notice of Regular Meetings.....	32
13.4	Special Meetings.....	32
13.5	Quorum.....	33
13.6	Voting Members at Professional Staff Association Meetings.....	33
13.7	Order of Business.....	33
13.8	Attendance at Regular Staff Meetings.....	33
ARTICLE 14	– PROFESSIONAL STAFF EXECUTIVE ELECTIONS	33
14.1	Eligibility for Office	33
14.2	Election Procedure.....	34
14.3	Duties of the President of the Professional Staff Association	34
14.4	Duties of the Vice-President of the Professional Staff Association	35
14.5	Duties of the Secretary/Treasurer of the Professional Staff Association	36
14.6	Duties of the Past President.....	36
ARTICLE 15	– MEDICAL ADVISORY COMMITTEE.....	37
15.1	Membership of Medical Advisory Committee.....	37
15.2	Duties of the Medical Advisory Committee.....	37
15.3	Committee Reports	39
15.4	Executive Committee of the Medical Advisory Committee.....	39
ARTICLE 16	– COMMITTEES OF THE MEDICAL ADVISORY COMMITTEE	40
16.1	Establishment of Committees by the Medical Advisory Committee: M.A.C.	40
16.2	Committees established by the Medical Advisory Committee and the Board	40
16.3	Standing Committees Established by/with the Medical Advisory Committee	40
16.4	Appointment to Professional Staff Committees	41
16.5	Professional Staff Committee Duties	41
16.6	Professional Staff Committee Chair	41
16.7	Professional Staff Committee Chair Duties.....	41
ARTICLE 17	– MID-TERM ACTION.....	41
17.1	– NON-IMMEDIATE MID-TERM ACTION.....	42
17.1.1	Preliminary Steps in Mid-Term Review.....	42
17.2	Request to Medical Advisory Committee for Recommendation for Mid-Term...43	
	Action	
17.3	The Medical Advisory Committee Meeting (Non-Immediate Mid-Term Action)44	
ARTICLE 18	– IMMEDIATE MID-TERM ACTION IN AN EMERGENCY SITUATION.....	45
18.1	Immediate Steps	45
18.2	The Medical Advisory Committee Meeting (Immediate Mid-Term Action).....	46
ARTICLE 19	– THE BOARD HEARING	48
ARTICLE 20	– AMMENDMENTS TO THE BY-LAWS	50
ARTICLE 21	– REPEAL AND RESTATEMENT	50

**STEVENSON MEMORIAL HOSPITAL
PROFESSIONAL STAFF BY-LAW**

ARTICLE 1 - INTERPRETATION & DEFINITIONS

1.1 Interpretation

In this By-Law, unless the context otherwise requires, words importing the singular number shall include the plural number and vice versa, and reference to persons shall include firms and corporations and words importing one gender shall include the opposite.

1.2 Definitions

The following words and phrases shall have the following meanings, respectively:

- (a) **“Privileges”** or “privileges” means the privileges granted to members of the Professional Staff related to the admission of in-patients, registration of out-patients, and the diagnosis, assessment and treatment of in-patients and out-patients in the Hospital;
- (b) **“Board”** means the Board of Directors of the Corporation;
- (c) **“Certification”** means the holding of a certificate in a medical, surgical, dental, midwifery, extended nursing class specialty issued by any professional body recognized by the Board after consultation with the Medical Advisory Committee;
- (d) **“Chief Executive Officer”** means, in addition to ‘administrator’ as defined in the *Public Hospitals Act*, the President and Chief Executive Officer of the Corporation;
- (e) **“Chief Financial Officer”** means the senior employee employed by the Hospital who reports directly to the Chief Executive Officer and is responsible for the treasury and controllership functions in the Hospital;
- (f) **“Chief Nursing Officer”** means the senior nurse employed by the Hospital who reports directly to the Chief Executive Officer and is responsible for nursing services provided in the Hospital;
- (g) **“Chief of a Department”** means a member of the Professional Staff appointed by the Board to be responsible for the professional standards and quality of care rendered by the members of that department at the Hospital;
- (h) **“Chief of Staff”** means the Chief of the Professional Staff appointed by the Board pursuant to the process in section 11.2;

- (i) “**Corporation**” means Stevenson Memorial Hospital with head office at 200 Fletcher Crescent P.O. Box 4000, Alliston, ON L9R 1W7;
- (j) “**Credentials Committee**” means the committee established by the Medical Advisory Committee to review applications for appointment and reappointment to the Professional Staff and to make recommendations to the Medical Advisory Committee and if no such committee is established it shall mean the Medical Advisory Committee;
- (k) “**Dental Staff**” means those Dentists appointed by the Board to attend or perform dental services for patients;
- (l) “**Dentist**” means a dental practitioner in good standing with the Royal College of Dental Surgeons of Ontario;
- (m) “**Department**” or “**Division**” means an organizational unit of the Professional Staff to which members with a similar field of practice have been assigned;
- (n) “**Department Leadership**” consists of the Chief of Department, Chief of Staff and Manager of the Department;
- (o) “**Extended Class Nursing Staff**” mean those Registered Nurses in the Extended Class who are:
 - (i) Nurses that are employed by the Hospital and are authorized to admit, discharge, diagnose, prescribe for or treat patients in the Hospital; or
 - (ii) Nurses who are not employed by the Hospital and to whom the Board has granted privileges to admit, discharge, diagnose, prescribe for or treat patients in the Hospital;
- (p) “**Hospital**” means the Public Hospital owned by the Corporation;
- (q) “**Human Resources Plan**” means the plan developed for each Department/Division or the entire Professional Staff;
- (r) “**Medical Advisory Committee**” means the Medical Advisory Committee established by the Board as required by the *Public Hospitals Act*;
- (s) “**Medical Staff**” mean those Physicians who have been appointed to the Professional Staff by the Board;
- (t) “**Professional Staff Association**” means an organization composed of the Medical Staff, Dental Staff, Midwifery Staff and Extended Class Nursing Staff;

- (u) **“Manager of the Department”** means a Corporation employee designated to oversee the administration of the Department;
- (v) **“Medical Staff”** means those physicians who are appointed by the Board of the Hospital and who are granted privileges to practice medicine in the Hospital;
- (w) **“Midwife”** means a Midwife in good standing with the College of Midwives of Ontario;
- (x) **“Midwifery Staff”** means those Midwives who have been appointed by the Board to practice midwifery in the Hospital;
- (y) **“Patient”** or “patient” means, unless otherwise specified or the context otherwise requires, any in-patient or outpatient of the Corporation;
- (z) **“Physician”** means a medical practitioner in good standing with the College of Physicians and Surgeons of Ontario;
- (aa) **“Policies”** means the administrative, human resources, clinical and professional policies of the Hospital and includes policies and procedures adopted by the Board;
- (bb) **“Position Impact Analysis”** means a study to determine the impact upon the resources of the Corporation of the proposed appointment of an applicant to the Professional Staff or an application by a member of the Professional Staff for additional privileges;
- (cc) **“President of Professional Staff”** means a member of the Professional Staff elected by the Professional Staff to be the President of the Professional Staff Association
- (dd) **“Professional Staff”** means the Medical Staff, Dental Staff, Midwifery Staff and Extended Class Nursing Staff;
- (ee) **“Public Hospitals Act”** means the *Public Hospitals Act* (Ontario), and, where the context requires, includes the regulations made under it;
- (ff) **“Registered Nurse in the Extended Class”** means a member of the College of Nurses of Ontario who is a registered nurse and who holds an extended certificate of registration under the *Nursing Act, 1991*;
- (gg) **“Rules and Regulations”** means the Rules and Regulations governing the practice of the Professional Staff in the Hospital both generally and within a particular Department, and includes Rules and Regulations which have been approved by the Board after considering the recommendations of the Medical Advisory Committee;

- (hh) “**Supervisor**” means a member of the Professional Staff, as the case may be, who is assigned the responsibility to oversee the work of another Professional Staff member respectively, unless otherwise provided for in this By-Law.

1.3 Delegation of Duties

Where any of the Chief Executive Officer, Chief of Staff, Chief of the Department or Head of the Division shall be responsible for the duties assigned to them under this By-law, he or she may delegate to others the performance of any such duties.

1.4 Consultation with Professional Staff

For the purposes of this By-law, where the Board or the Medical Advisory Committee are required to consult with the Professional Staff, it shall be sufficient for the Board or the Medical Advisory Committee, as applicable, to receive and consider the input of the officers of the Professional Staff named in Article 14.

ARTICLE 2 - PURPOSE

The purpose of the Professional Staff By-Law is to provide a framework for the members of the Professional Staff to conduct themselves in accordance with the mission, the mandate and vision of the Hospital.

ARTICLE 3 - RULES & REGULATIONS AND POLICIES & PROCEDURES

- (1) The Board, after consulting with the Professional Staff Association and considering the recommendation of the Medical Advisory Committee, shall make Rules and Regulations as it deems necessary, including Rules and Regulations for patient care and safety and the conduct of the members of the Professional Staff.
- (2) The Board, after considering the recommendation of the Medical Advisory Committee, may adopt policies and procedures applicable to Professional Staff, including policies and procedures that are consistent with Rules and Regulations for patient care and safety and the conduct of the members of the Professional Staff adopted by the Board.
- (3) The Board may modify or revoke one or more Professional Staff Rules and Regulations.
- (4) The Medical Advisory Committee may make recommendations to the Board for the establishment of one or more Professional Staff Rules and Regulations to be applicable to a group or category of the Professional Staff, or to a specific department/division of the Professional Staff.

- (5) The Medical Advisory Committee shall ensure that, prior to making any recommendations to the Board with respect to a rule, the Professional Staff Association, or a specific department / division when appropriate, have an opportunity to comment on the proposed recommendations.
- (6) The President of the Professional Staff Association shall ensure that the Board is informed when a majority vote of the Professional Staff at any properly constituted meeting of the Professional Staff Association is opposed to a rule or rule change proposed by the Medical Advisory Committee.

3.1 Appointment and Revocation

- (1) The Board, after considering the recommendations of the Medical Advisory Committee, shall annually appoint the Professional Staff consisting of Medical, Dental, Midwifery and non-employed members of the Extended Class Nursing Staff and shall grant such privileges as it deems appropriate to each member of the Professional Staff so appointed.
- (2) It is the policy of the Corporation that unless there is a vacancy in the Professional Staff component or unless the Board deems it advisable to expand or start a particular medical service in the Corporation, and has the required resources for that particular service, there will be no new appointments to the Corporation's Professional Staff.
- (3) Notwithstanding the other requirements of this By-Law, a person who is not a health care professional may be honoured by appointment to the Honourary Staff.
- (4) The Board may, at any time, make, revoke or suspend any appointment to the Professional Staff or restrict the privileges of any member of the Professional Staff in accordance with the provisions of this By-Law and the *Public Hospitals Act*.

ARTICLE 4 – PROFESSIONAL STAFF CATEGORIES OF PRIVILEGES

4.1 Categories

The Professional Staff shall be divided into the following categories of privileges:

- (a) Active;
- (b) Associate;
- (c) Courtesy;
- (d) Regional Program;
- (e) Temporary;
- (f) Locum Tenens; and
- (g) Honourary

4.2 Active Staff

- (1) The Active Staff shall consist of those Physicians, Dentists and Midwives appointed to the Active Staff by the Board, following successful completion of a probationary period of at least one (1) year as Associate Staff or who the Board, on the recommendation of the Medical Advisory Committee, appoints directly to the Active Staff.
- (2) Except where approved by the Board, no Physician, Dentist or Midwife with an Active Staff appointment at another hospital, shall be appointed to the Active Staff. The Board will consider dual Active Staff status only if the following criteria are met:
 - (a) The applicant submits details of reasons for requiring Active status at another hospital, through a letter addressed to the Chair of the Medical Advisory Committee;
 - (b) The Medical Advisory Committee reviews and recommends approval to the Board;
 - (c) The applicant confirms in writing his/her agreement to comply with all Sections of the Hospital By-Laws and Professional Staff Rules and Regulations, including requirement for Active Staff on-call responsibilities; and
 - (d) The applicant agrees that if for any reason the Medical Advisory Committee and the Board are of the opinion that the dual Active status is not beneficial or is detrimental to Stevenson Memorial Hospital, then the applicant would be given 3 months written notice to resign his/her Active status at the other hospital or to change the Stevenson Memorial Hospital appointment to Courtesy status.
- (3) Each member of the Active Staff is responsible for ensuring that medical care is provided to his or her patients in the Corporation.
- (4) All Active Staff shall have admitting privileges unless otherwise specified in their appointment to the Professional Staff.
- (5) Each member of the Active Staff Shall:
 - (a) 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 the Department to which the Active Staff member has been assigned;
 - (b) Attend patients, and undertake treatment and operative procedures only in accordance with the kind and degree of privileges granted by the Board;
 - (c) Act as a Supervisor of other members of the Professional Staff when requested by either the Chief of Staff, Chief of Department or delegate to which they have been

assigned for the diagnosing, prescribing for or treating of out-patients as and when requested by the Chief of Staff or the Chief of Department;

- (d) Be responsible to the Chief of Staff, Chief of the Department or delegate to which they have been assigned for all aspects of patient care;
- (e) Fulfill on call requirements as may be established by each Department in accordance with the Professional Staff Human Resources Plan and the Rules and Regulations and comply with any letter of agreement, memorandum of understanding, service agreement or contract entered into with the Corporation;
- (f) Perform such other duties as may be prescribed by the Medical Advisory Committee or requested by the Chief of Staff or Chief of the relevant Department, from time to time;
- (g) If a Physician, be entitled to attend and vote at meetings of the Professional Staff Association and be eligible to be an elected or appointed officer of the Professional Staff; and
- (h) If a Dentist or Midwife, be entitled to attend meetings of the Professional Staff Association but shall not have a vote or be eligible to hold an elected or appointed office of the Professional Staff.

4.3 Associate Staff

Physicians, Dentists and Midwives who seek appointment to the Active Staff will be assigned to the Associate Staff for a probationary period of at least one (1) year unless the Board determines otherwise. In no event shall an appointment to the Associate Staff extend beyond twenty-four (24) months.

- (1) Each member of the Associate Staff shall have admitting privileges unless otherwise specified in the appointment.
- (2) An Associate Staff member shall work for a probationary period of at least one (1) year under the supervision of an Active Staff member named by the Chief of Staff on the recommendation of the Chief of the Department to which the Associate Staff member has been assigned.
- (3) A Supervisor shall carry out the duties in accordance with the Rules and Regulations of the Hospital.
- (4) At six (6) month intervals following the appointment of an Associate Staff member, or at any time if concerns are identified, the Active Staff member who is supervising, shall complete an interim performance review-and shall make a written report to the Chief of Staff or delegate, concerning;

- (a) The knowledge and skill that has been shown by the Associate Staff member;
 - (b) The nature and quality of the Associate Staff member's work in the Hospital; and
 - (c) His or her performance and compliance with the criteria set out in subsection 5.2 (2);
- (5) After the probationary period, the appointment of the Associate Staff shall be reviewed by the Credentials Committee, which shall report to the Medical Advisory Committee.
- (6) The Medical Advisory Committee may recommend that the physician be appointed to the Active Staff or may require the Associate Staff member to be subject to a further probationary period but not longer than an additional twelve (12) months.
- (7) The Chief of Department, upon the request of an Associate Staff member or a Supervisor, may assign the Associate Staff member to a different Supervisor for a further probationary period.
- (8) At any time, an unfavorable report may cause the Medical Advisory Committee to consider making a recommendation to the Board that the appointment of the Associate Staff member be terminated.
- (9) An Associate Staff member shall:
- (a) Attend patients and undertake treatment and operative procedures under supervision in accordance with the kind and degree of privileges granted by the Board on the recommendation of Medical Advisory Committee;
 - (b) 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 the Department or by the Manager of the Department to which the physician has been assigned;
 - (c) Perform such other duties as may be prescribed by the Medical Advisory Committee or requested by the Chief of Staff or Chief of the relevant Department or Department Manager from time to time; and
 - (d) Fulfill such on call requirements as may be established by each Department in accordance with the Human Resources Plan and Rules and Regulations and Policies and comply with any letter of agreement, memorandum of understanding, service agreement or contract entered into with the Corporation.
- (10) If a Physician, be entitled to attend and vote at Professional Staff Association meetings, but shall not be eligible to be an elected or appointed officer of the Professional Staff.
- (11) If a Dentist or Midwife, be entitled to attend Professional Staff Association meetings but shall not have a vote at Professional Staff meetings and shall not be eligible to hold an elected or appointed office to the Professional Staff.

4.4 Courtesy Staff

(1) Courtesy - Physicians, Dentists, Midwives and Extended Class Nurses Employed by the Corporation

The Courtesy Staff shall consist of Physicians, Dentists, Midwives and Extended Class Nurses appointed by the Board and meeting one or more of the following criteria:

- (a) The applicant has an Active Staff appointment at another hospital;
- (b) The applicant has a primary commitment to, or contractual relationship with, another community or medical organization (e.g. Public Health, Private Hospital, Mental Health Facility);
- (c) The applicant, having served as a member of the Active Staff of the Hospital for a period of 10 years or more, whose primary clinical practice or clinical commitment in the community has closed and who wishes to continue to provide supportive care to former patients and/or participate in surgical assists or other related work as may be specifically approved by the Medical Advisory Committee;
- (d) In special circumstances, where the appointment of a Physician, Dentist, Midwife and Extended Class Nurses is deemed to be of significant benefit or meets a specific service need of the Corporation; or
- (e) The Board deems it otherwise advisable and in the best interests of the Corporation.

(2) Courtesy Staff - Extended Class Nurses-Not Employees of the Corporation

The Board, having given consideration to the advice of the Medical Advisory Committee, will set out the privileges for each Extended Class Nurse who is not an employee of the Corporation.

Each member of the Courtesy Staff - Extended Class Nurses shall:

- (a) Register out-patients in the Corporation for purposes of diagnosing, prescribing for or treating patients in the Corporation;
- (b) Notify the Chief Nursing Officer or delegate of any changes in their class of registration from the College of Nurses of Ontario;
- (c) Provide such instruction as is required for the education of other members of the Courtesy Staff - Extended Class Nurses;
- (d) Abide by the Rules and Regulations of the Corporation, this By-Law and the *Public Hospitals Act*;

- (e) Be accountable to and recognize the authority of the Board through the;
 - (i) Chief of Staff and the Medical Advisory Committee
 - (ii) Chief of Department
 - (iii) Chief Executive Officer
- (f) Perform 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.

(3) Duties of the Courtesy Staff

Members of the Courtesy Staff shall:

- (a) Have limited privileges as granted by the Board on an individual basis;
- (b) Be granted privileges to admit patients only under specified circumstances (e.g. to provide on-call coverage to a service);
- (c) Attend patients and undertake treatment and procedures only in accordance with the kind and degree of privileges granted by the Board;
- (d) Be responsible to the Chief of the Department to which they have been assigned for all aspects of patient care;
- (e) Attend Professional Staff Association and Departmental meetings as non-voting members, but unless the Board so requires, shall not be subject to the attendance requirements and penalties as provided by this By-Law and the Professional Staff Rules and Regulations;
- (f) Not have the right to vote at Professional Staff Association or Departmental meetings;
- (g) Not hold an elected or appointed office of the Professional Staff Association; and
- (h) Be eligible for appointment to a Committee of the Professional Staff.

(4) Probationary Period

- (a) The Courtesy Staff, with the exception of 1(c) shall be appointed for an initial probationary period of one (1) year.
- (b) Prior to completion of the one (1) year probationary period, a performance evaluation for the Professional Staff shall be completed by the Chief of the Department, or delegate, concerning the knowledge and skill that has been shown

by the Professional Staff, the nature and quality of his or her work and his or her performance.

- (c) The performance report shall be forwarded to the Credentials Committee for review and recommendation to the Medical Advisory Committee, which in turn will make a recommendation to the Board to remove the probationary restriction of the Professional Staff as the conditions of the probation have been met.

4.5 Regional Program Staff

- (1) The Board may grant a physician an appointment to Regional Program Staff where the Corporation operates a program that requires the participation of physicians from across the Region or the LHIN, or a wider catchment area for specialized services.
- (2) Physicians from other hospitals must maintain their professional staff appointment at their local hospital in order to be appointed to the Regional Program Staff.
- (3) Physicians on the Regional Program Staff shall have such privileges as the Board deems advisable to meet the requirements of the Program.
- (4) An appointment to the Regional Program Staff will be subject to the Associate Staff appointment process as set out above.
- (5) Physicians appointed to a Regional Program will participate in a service agreement relevant to the program(s) in which they participate, where such is deemed necessary by the Corporation.
- (6) The Regional Program, including designated program medical leadership, will determine the appropriate Professional staffing plan and resource allocation required to fulfill the mandate of the Program.

4.6 Temporary Staff

- (1) A Temporary Staff appointment of a Professional Staff may be made for any reason including;
 - (a) To meet a specific singular requirement by providing a consultation and/or operative procedure; or
 - (b) To meet an urgent unexpected need for a Professional Staff service; or
 - (c) To Supervise or Preceptor the practice of Professional Staff members in a new technique or procedure.

- (2) A Temporary Staff member shall not have admitting privileges unless specific approval is granted at the time of the appointment.
- (3) 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:
 - (a) Grant a temporary appointment to a Professional Staff who is not a member of the Professional 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;
 - (b) Continue the temporary appointment on the recommendation of the Medical Advisory Committee until the next meeting of the Board;
 - (c) The Board may, after receiving the recommendation of the Medical Advisory Committee, continue the temporary appointment granted pursuant to subsections 4.5 (3) (a) and (b) for such period of time and on such terms as the Board determines;
 - (d) The temporary appointment shall specify the category of appointment and any limitations, restrictions or special requirements; and
 - (e) If the term of the temporary appointment has been completed before the next Board meeting, the appointment shall be reported to the Board.

4.7 Locum Tenens Staff

- (1) The Medical Advisory Committee may recommend to the Board the appointment of a Locum Tenens of a Professional Staff in order to meet specific clinical needs including a planned replacement physician for a defined period of time, to fill a vacancy for an approved position during the recruitment period or to provide occasional Professional Staff coverage.
- (2) The appointment of a Professional Staff as a member of the Locum Staff may be up to one (1) year subject to renewal for a further period of up to one (1) additional year. The Board, having considered the recommendation of the Medical Advisory Committee, may permit renewal beyond two (2) years in exceptional circumstances.
- (3) A Locum Tenens shall:
 - (a) Have admitting privileges unless otherwise specified in their appointment;
 - (b) Work under the supervision of a member of the Active Staff member who has been assigned this responsibility by the Chief of Department or his/her delegate;

- (c) Attend patients assigned to his or her care by the Active Staff member by whom he or she is supervised, and shall treat them within the privileges granted by the Board on the recommendation of the Medical Advisory Committee; and
 - (d) 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 the Department to which the physician has been assigned.
- (4) Locum Staff may attend but not vote at Professional Staff meetings or be elected or appointed to any office of the Professional Staff.

4.8 Honourary Staff

- (1) The Medical Advisory Committee may recommend to the Board that an individual be honoured by the Board by being designated as a member of the Honourary Staff of the Corporation, for such a term as the Board deems appropriate because he or she:
- (a) Is a former member of the Professional Staff who has retired from active practice and has provided 20 years of service to the Corporation; or
 - (b) Has contributed to the Corporation and has an outstanding reputation or made an extraordinary contribution to the Corporation.
- (2) Membership on the Honourary Staff is not restricted to physicians or to residents of the Corporation's immediate catchment area.
- (3) Members of the Honourary Staff:
- (a) Shall not have admitting or treatment privileges;
 - (b) Shall not have regularly assigned clinical, academic or administrative duties or responsibilities;
 - (c) May attend, but shall not vote at, Professional Staff meetings;
 - (d) Shall not be eligible to hold elected or appointed offices in the Professional Staff; and
 - (e) Shall not be bound by attendance requirements for Professional Staff meetings.

ARTICLE 5 – APPOINTMENT

5.1 Application for Appointment

- (1) An application for appointment to the Professional Staff shall be in the prescribed form as approved and amended by the Board from time to time, and shall be processed in accordance with the provisions of the *Public Hospitals Act*, and in accordance with the Regulations thereunder and this By-Law.
- (2) On request, the Chief Executive Officer or delegate shall supply a copy of, or provide information on how to access the application form and the mission, vision, values and strategic plan of the Corporation, the By-laws and the Rules and Regulations and appropriate Policies of the Corporation, to each Physician, Dentist, Midwife or Registered Nurse in the Extended Class who expresses in writing the intention to apply for appointment to the Professional Staff.
- (3) One (1) completed original application for appointment to the Professional Staff shall be submitted to the Chief Executive Officer or delegate.
- (4) All applicants for specialist Professional Staff shall provide proof of current general certificate in the Royal College of Physicians & Surgeons (Canada) or CPSO recognized Specialty status and in the area of their sub-specialty (if they are being appointed as a specialist in that area), or agree as a criterion for appointment, to obtain such sub-specialty membership within 18 months of appointment.
- (5) Prior to consideration of an application for appointment, each Associate Staff applicant shall visit the Hospital for an interview with appropriate members of the Professional Staff, the Chief of Staff and the Chief Executive Officer or his or her delegate.
- (6) The Chief Executive Officer, or delegate, shall retain a copy of the application and shall refer the original application immediately to the Medical Advisory Committee through its Chair who shall keep a record of each application received and then refer the original application forthwith to the Chair of the Credentials Committee.
- (7) The Credentials Committee shall:
 - (a) Review all material in the application;
 - (b) Receive the recommendation from the Chief of the relevant Department;
 - (c) Ensure all required information has been provided;
 - (d) Investigate the professional competence;
 - (e) Verify the qualifications of the applicant;
 - (f) Consider whether the qualifications and criteria required are met; and

- (g) Submit a report as to its assessment and recommendation to the Medical Advisory Committee at its next regularly scheduled meeting.
- (8) Each application shall be received, and considered by the Medical Advisory Committee with reference to the Professional Staff Human Resources Plan and Position Impact Analysis.
- (9) The Medical Advisory Committee shall send, within sixty (60) days of the date of receipt by the Chief Executive Officer, or delegate, of a completed application, notice of recommendation to the Board and the applicant, in accordance with the *Public Hospitals Act*.
- (10) Despite 5.1 (9) above, the Medical Advisory Committee may make its recommendation later than sixty (60) days after the date of application, if prior to the expiry of the sixty (60) day period, it indicates in writing to the Board and the applicant that a final recommendation cannot yet be made and gives written reasons therefore.
- (11) The Hospital and the Medical Advisory Committee shall deal with the application in accordance with the *Public Hospitals Act* and the procedure set out in subsections 4.2 and 5.1 of this By-Law.
- (12) Where the Medical Advisory Committee recommends appointment, it shall specify the category of appointment and the specific privileges it recommends the applicant be granted.
- (13) Where the Medical Advisory Committee does not recommend appointment or where the recommended appointment or privileges differ from those requested, the process set out in Article 8 shall apply.
- (14) The Board, in determining whether to make any appointment or reappointment to the Professional Staff or approve any request for a change in privilege, shall take into account the recommendations of Medical Advisory Committee and such other considerations it, in its discretion, considers relevant including, but not limited to, the Human Resources Plan, Position Impact Analyses, Strategic Plan and the Corporation's ability to operate within its resources.

5.2 Criteria for Appointment

- (1) Only applicants who meet the qualifications and satisfy the criteria set out in this By-Law are eligible to be a member of, and appointed to, the Professional Staff of the Corporation.
- (2) The applicant to the Professional Staff must have, or meet the following criteria:
 - (a) A Certificate of Registration with the applicable regulatory College of Ontario;

- (b) A current Certificate of Professional Conduct from the applicable regulatory College of Ontario or the equivalent certificate/letter of conduct from his or her most recent licensing body;
- (c) A demonstrated ability to provide patient care at an appropriate level of quality and efficiency;
- (d) A demonstrated ability to communicate with, and relate to all members of the Professional Staff and Corporation Staff in a cooperative, collegial, clear and professional manner;
- (e) A demonstrated ability to communicate with, and relate appropriately to patients and patients' relatives and/or substitute decision-makers;
- (f) A willingness to participate in the discharge of staff obligations, committee participation, teaching responsibilities and other duties as appropriate to the staff category in the department;
- (g) An appropriate standard of ethical conduct and behaviour;
- (h) Adequate training and experience for the privileges requested;
- (i) Evidence of professional practice liability coverage appropriate to the scope and nature of the intended practice;
- (j) Have maintained and documented the level of continuing professional education required by the applicable regulatory College;
- (k) Up-to-date evidence of inoculations, screenings and tests as may be required by the occupational health and safety policies and practices of the Hospital, the *Public Hospitals Act* or other legislation;
- (l) A report on the experience, competence and reputation of the applicant from the Chief of Staff, Chief of Department or other such persons as is appropriate to contact, in the hospitals, institutions and facilities in which the applicant trained or held an appointment;
- (m) In the case of a certified specialist, a report from the Chief of Department in which training was completed, and/or a report from the Chief of the Department in which he or she last practiced;
- (n) Such additional criteria as may be established by the Board from time to time after receiving the advice of the Medical Advisory Committee.

- (3) The applicant must agree to govern himself or herself in accordance with the requirements set out in this By-Law, the Rules and Regulations of the Corporation and the Corporation's policies.
- (4) The applicant must disclose to the Credentials Committee significant physical or behavioral impairment that affects skill, attitude or judgment that might impact negatively on patient care or the operations of the Corporation and the steps taken by the applicant to effectively mitigate these concerns.
- (5) There must be a demonstrated need for the services in the community.
- (6) Professional Staff appointments (excluding the exceptions below) will require a Position Impact Analysis to be conducted demonstrating that the Corporation has the adequate resources to accommodate the applicant and that the applicant meets the needs of the respective Department as described in the Professional Staff Human Resources Plan.
- (7) The following Professional Staff do not require a Position Impact Analysis to be conducted prior to initiating recruitment; Family Physicians, Hospitalists, Emergency Physicians, Anesthesiologist and Radiologists (unless these specialists intend to bring a new service to the Hospital) and Extended Class Nurses.
- (8) The Board may refuse to appoint any applicant to the Professional Staff if they do not meet the criteria set out in this By-law or on any of the following grounds:
 - (a) The appointment is not consistent with the need for service, as determined by the Board from time to time;
 - (b) The Professional Staff Human Resources Plan and/or the Position Impact Analysis of the Corporation and/or the Department does not demonstrate sufficient resources to accommodate the applicant; or
 - (c) The appointment is not consistent with the Strategic Plan and Mission of the Corporation.

5.3 Term of Appointment

Each appointment to the Professional Staff shall be for up to one (1) year, and shall continue until re-appointment is granted or not granted by the Board provided the staff member has applied for reappointment within the time prescribed by the Medical Advisory Committee.

ARTICLE 6 - RE-APPOINTMENT

6.1 Application for Re-Appointment and Performance Review

- (1) 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 Professional Staff.
- (2) Each year, each member of the Professional Staff seeking reappointment to the Professional Staff shall make an application for re-appointment in the prescribed form to the Professional Staff Office of the Corporation before the date specified by the Medical Advisory Committee.
- (3) Where a member of the Professional Staff has applied for re-appointment, the Chief of Department through and in consultation with the Manager of the Department, shall conduct a review of the applicant's performance for the past year in accordance with the prescribed process as established above, and shall report to the Medical Advisory Committee in respect of the applicant's performance for the past year.
- (4) The applications for re-appointment to the Professional Staff Office of the Corporation shall be processed in accordance in the same manner as set out in section 5.1.
- (5) Each application for reappointment to the Professional Staff shall contain the following information:
 - (a) Confirmation of the undertakings and acknowledgements requested as part of an application for appointment or as required by the Rules and Regulations from time to time;
 - (b) Declaration that all information on file at the Corporation from the applicant's most recent application is up-to-date, accurate and un-amended as of the date of the current application, or a description of all material changes to the information on file or any additional qualifications acquired since the previous application;
 - (c) Information regarding any pending or completed disciplinary or malpractice proceedings, restriction in privileges or suspensions during the past year;
 - (d) A report and recommendation from the Chief of the relevant Department or Departments in accordance with a performance evaluation process approved by the Board, with respect to reappointment with the Corporation;
 - (e) The category of appointment requested and a request for either the continuation of, or any change in existing privileges;

- (f) If requested, a current Certificate of Professional Conduct or equivalent from the appropriate college or licensing body; and
 - (g) Other information that the Board may require, respecting competence, capacity and conduct, having given consideration to the recommendation of the Medical Advisory Committee.
- (6) Requests for additional privileges are to follow the process in changes of privileges as identified in this By-Law.

6.2 Criteria for Re-Appointment

In order to be eligible for re-appointment, the applicant shall:

- (a) Continue to meet the criteria set out in section 5.2;
- (b) Have conducted himself or herself in compliance with this By-Law, the Corporation's Mission/Vision/Values, Rules and Regulations, and Policies and any letter of agreement, memorandum of understanding, service agreement or contract entered into with the Corporation; and
- (c) Have demonstrated an appropriate use of Corporation resources in accordance with the Human Resources Plan and the Rules and Regulations and Policies of the Corporation.

6.3 Refusal to Re-Appoint

- (1) Pursuant to the *Public Hospitals Act*, and in accordance with the Regulations thereunder, the Board may refuse to re-appoint a member of the Professional Staff;
- (2) Where a member of the Professional Staff has applied under section 6.1 for re-appointment, his or her appointment shall be deemed to continue;
 - (a) Until the re-appointment is granted; or
 - (b) Where he or she is served with notice that the Board refuses to grant the re-appointment, until the time for giving notice requiring a hearing by the Health Professions Appeal and Review Board has expired; or
 - (c) Where a hearing is required, until the decision of the Health Professions Appeal and Review Board has become final.
- (3) In the event there is a refusal to reappoint, Article 8 will apply.

ARTICLE 7 - REQUEST FOR CHANGE OF PRIVILEGES

7.1 Application for Change of Privileges

- (1) Where a member of the Professional Staff wishes to change his or her privileges, the member shall submit, in the prescribed form, to the Chief Executive Officer or delegate, a listing of the change of privileges being requested and shall submit evidence of appropriate training and competence in respect of the privileges being requested, and such other matters as the Board may require.
- (2) The request for change in privileges shall be referred to the Medical Advisory Committee through the Chief of Staff or delegate, who shall keep a copy of each request received and shall then refer the original to the Chair of the Credentials Committee and the Chief of the relevant Department.
- (3) The Credentials Committee shall:
 - (a) Review all the material in the request for change of privilege;
 - (b) Receive the recommendation for the change from the Chief of the relevant Department;
 - (c) Ensure all required information has been provided;
 - (d) Verify the qualifications of the applicant for the privileges being requested;
 - (e) Consider whether the qualifications and criteria required are met;
 - (f) Submit a report as to its assessment and recommendation to the Medical Advisory Committee at its next regularly scheduled meeting; and
 - (g) Submit a report containing a list of privileges, if any, that it recommends that the applicant be granted;
- (4) An application for a change in privileges made by a member of the Professional Staff shall be processed in the same manner as set out in section 5.1.

ARTICLE 8 - THE MEDICAL ADVISORY COMMITTEE AND BOARD PROCESS FOR UNSUCCESSFUL APPLICATIONS FOR APPOINTMENT, REAPPOINTMENT AND CHANGES IN PRIVILEGES

- (1) The Medical Advisory Committee shall, within sixty (60) days of receipt of the application for appointment pursuant to Article 5, application for re-appointment

pursuant to Article 6 or application for change of privileges pursuant to Article 7, give written notice to the Board and the applicant or member, as the case may be, of its recommendations.

In the case of midterm action, within fourteen (14) business days from the date of the Medical Advisory Committee meeting, the Medical Advisory Committee shall give written notice to the member of its recommendation.

- (2) The notice referred to in section 8(1) shall:
 - (a) Include the recommendation;
 - (b) Include notification that written reasons will be provided upon request;
 - (c) Where the application is not accepted, inform the applicant or member, as the case may be, that he or she is entitled to a hearing before the Board if a written request is received by the Board and the Medical Advisory Committee within seven (7) business days of receipt by the applicant or member, as the case may be, of the written reasons under clause 8(3)(a).
- (4) Where the applicant requests a hearing by the Board, it shall be dealt with in accordance with the applicable provisions of the *Public Hospitals Act* and this By-law.
- (5) The time period to provide written notice required in section 8(1) or 8(2) may be extended, if, prior to the expiry of the time period, the Medical Advisory Committee gives written notice to the Board and the applicant or member, as the case may be, that the final recommendation cannot yet be made and provides written reasons therefor.
- (6) Service of a notice to the applicant or member may be made personally or by registered mail addressed to the person to be served at his or her last known address and, where the notice is served by registered mail, it shall be deemed that the notice was served on the third day after the day of mailing unless the person to be served establishes that he or she did not, acting in good faith, through absence, accident, illness or other cause beyond his or her control receive it until a later date.
- (7) Where the applicant or member does not require a hearing by the Board, the Board may implement the recommendation of the Medical Advisory Committee.
- (8) Where the applicant or member requires a hearing by the Board, the Board shall appoint a place and a time for the hearing and the provisions of Article 19 shall apply.
- (9) Where the member continues in his or her duties at the Corporation and the Chief of Department believes the member's work should be scrutinized, the applicant or member's work shall be scrutinized in a manner determined by the Chief of the Department.

- (10) If at any time it becomes apparent that the member's conduct, performance or competence is such that it exposes, or is reasonably likely to expose any patient, health care provider, employee or any other person at the Corporation to harm or injury and immediate action must be taken to protect the patients, then the procedures under immediate measures in an emergency situation shall be invoked.

ARTICLE 9 - LEAVE OF ABSENCE

- (1) Upon request of a member of the Professional Staff to the Chief of his or her Department, a leave of absence of up to twelve (12) months may be granted by the Chief of Staff or delegate after receiving the recommendation of the Medical Advisory Committee:
 - (a) In the event of extended illness or disability of the member; or
 - (b) In other circumstances acceptable to the Board, upon recommendation of the Chief of Staff or delegate.
- (2) After returning from a leave of absence, the member of the Medical, Dental, Midwifery or Extended Class Nursing Staff:
 - (a) May be required to produce a medical certificate of fitness from a physician acceptable to the Chief of Staff or delegate;
 - (b) The Chief of Department may require assurance of continued competence, such assurance to be at the discretion of the Department Chief and Chief of Staff; and/or
 - (c) The Chief of Staff or delegate may impose the conditions above on the privileges granted to such member as appropriate.
- (3) Following a leave of absence of longer than twelve (12) months, a member of the Professional Staff shall be required, unless the Board decides otherwise, to make a new application for appointment in the manner and subject to the criteria set out in this By-Law.

ARTICLE 10 - HUMAN RESOURCES PLAN

Each Department shall develop a Human Resources Plan in accordance with the Corporation Strategic Plan. The Plan shall be developed by the Chief of the Department, after receiving and considering the input of the members of the Professional Staff in the Department and shall be submitted to the Chief of Staff for approval by the Medical Advisory Committee and the Board. Each Department's Plan shall include:

- (a) The required number and expertise of each member of the Professional Staff;
- (b) Reasonable on-call requirements for members of the Professional Staff of the Department;
- (c) A process for equitably distributing changes of resources to the members of the Professional Staff within the Department;
- (d) A process for making decisions with respect to changes in the Department resources;

ARTICLE 11 – DUTIES

11.1 Monitoring Practices and Transfer of Care

- (1) Any aspect of patient care of Professional Staff conduct being carried out in the Corporation may be reviewed without the approval of the member of the Professional Staff responsible for such care by the Chief of Staff/Chair of the Medical Advisory Committee or delegate or Chief of Department or delegate.
- (2) Where any member of the Professional Staff or Corporation staff reasonably believes that a member of the Professional Staff is incompetent, attempting to exceed his or her privileges, incapable of providing a service that he or she is about to undertake, or acting in a manner that exposes or is reasonably likely to expose any patient, health care provider, employee or any other person at the Hospital to harm or injury, such individual shall communicate that belief forthwith to one of the Chief of Staff/Chair of the Medical Advisory Committee (or delegate), so that appropriate action can be taken.
- (3) The Chief of a Department or delegate, on notice to the Chief of Staff/ Chair of the Medical Advisory Committee or delegate where he or she believes it to be in the best interest of the patient, shall have the authority to examine the condition and scrutinize the treatment of any patient in his or her Department and to make recommendations to the attending Professional Staff member or any consulting Professional Staff member involved in the patient's care and if necessary, to the Medical Advisory Committee. If it is not practical to give prior notice to the Chief of Staff/Chair of the Medical Advisory Committee, notice shall be given as soon as possible.
- (4) If the Chief of Staff/Chair of the Medical Advisory Committee or delegate or Chief of a Department or delegate becomes aware that, in his or her opinion a serious problem exists in the diagnosis, care or treatment of a patient, the officer shall forthwith discuss the condition, diagnosis, care and treatment of the patient

with the attending member of the Professional Staff. If changes in the diagnosis, care of treatment satisfactory to the Chief of Staff/Chair of the Medical Advisory Committee or delegate or the Chief of Department or delegate, as the case may be, are not made, he or she shall forthwith assume the duty of investigating, diagnosing, prescribing for and treating the patient.

- (5) Where the Chief of Staff/Chair of the Medical Advisory Committee or delegate or chief of a Department or delegate has cause to take over the care of a patient, the Chief Executive Officer, the Chief of Staff/Chair of the Medical Advisory Committee or the Chief of the Department, as the case may be, and one other member of the Medical Advisory Committee, the attending member of the Professional Staff, and the patient of the patient's substitute decision maker shall be notified in accordance with the *Public Hospital's Act*. The Chief of Staff/Chair of the Medical Advisory Committee or delegate of the Chief of Department or delegate shall file a written report with the Medical Advisory Committee within forty eight (48) hours of his or her action.
- (6) Where the Medical Advisory Committee concurs in the opinion of the Chair of the Medical Advisory Committee or delegate or Chief of Department or delegate who has taken action under subsection 5.1(4) that the action was necessary, the Medical Advisory Committee shall forthwith make a detailed written report to the Chief Executive Officer and the Board of the problem and the action taken.

ARTICLE 12 - ADMINISTRATIVE ORGANIZATION

12.1 Professional Staff Departments/Divisions

- (1) When warranted by the resources of the Professional Staff, the Board, on the advice of Medical Advisory Committee, may divide the Professional Staff into departments and programs, which may include
 - (a) Anesthesiology
 - (b) Diagnostic Imaging
 - (c) Emergency Medicine
 - (d) Hospital Medicine (includes Extended Class Nurse Practitioners)
 - (e) Laboratory Medicine
 - (f) Medicine
 - (g) Obstetrics & Gynecology (includes Midwifery)
 - (h) Paediatrics

- (i) Surgery (includes Dentistry);

Any Physician, Dentist, Midwife, Extended Class Nurse, Department or Program shall function in accordance with the Professional Staff Rules & Regulations.

- (2) When warranted by the resources of the department, and after considering recommendations of the Chief of the Department, the Board, on the advice of Medical Advisory Committee, may divide the departments into services or divisions.
- (3) Whenever a separate department or program is established, physicians and where appropriate, dentists and midwives and registered nurses in the extended class and patients related to such a department or program shall come under the jurisdiction of that department or program.
- (4) Each Professional Staff member will be appointed to a minimum of one (1) of the Departments. A member of a department may have extended privileges granted by the Board, after considering recommendations of the Medical Advisory Committee in one or more of the other departments according to training and experience.
- (5) In any department in which a Professional Staff member is granted privileges the Rules and Regulations of that department shall prevail.
- (6) The Board, after considering the advice of the Medical Advisory Committee may at any time establish or disband departments or programs of the Professional Staff.
- (7) When divisions are established under a department, the Board, after considering recommendations of the Chief of the Department and on the advice of Medical Advisory Committee shall appoint a head for each division who shall be responsible to the Chief of the Department for the quality of care rendered to patients in that division.

12.2 Duties of the Professional Staff

- (1) Each member of the Professional Staff is accountable to and shall recognize the authority of the Board through and with their Chief of Department, the Chief of Staff, and the Chief Executive Officer.
- (2) Each member of the Professional 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 applicable regulatory College of Ontario;

- (c) Forthwith advise the Chief of Staff of the beginning and completion of any College disciplinary proceedings, proceedings to restrict or suspend privileges at other hospitals, or malpractice actions;
 - (d) Give such instruction as is required for the education of other members of the Professional Staff and Corporation staff;
 - (e) Abide by the Rules and Regulations of the Professional Staff of the Corporation, this By-Law and Hospital policies, the *Public Hospitals Act* and the Regulations thereunder and all other legislated requirements;
 - (f) Abide by the conflict of interest guidelines as set out in the Professional Staff Rules and Regulations;
 - (g) Co-operate with and respect the authority of the:
 - (i) Board of Directors, Chief of Staff and the Medical Advisory Committee;
 - (ii) Chiefs of Departments; and
 - (iii) Chief Executive Officer;
 - (h) Notify patients and/or their families or other appropriate persons about their options with respect to tissue and organ transplantation;
 - (i) Enter in each patient's health record, within 36 hours, a description of every medical treatment, assessment, procedure and operation which he/she has performed or any changes to the same; and
 - (j) 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.
- (3) Attendance requirements at the Professional Staff, Departmental, Division and Committee meetings shall be specified in the Rules and Regulations of the Professional Staff.
- (4) Each member of the Professional Staff shall provide written communication to the Chief of Department and Chief of Staff of any restrictions to their Professional license that may impact on their Corporation privileges.

12.3 Department and Division Meetings

- (1) Professional Staff in each department/ division of the Corporation shall hold meetings at a frequency which is adequate and sufficient to address both the internal and external business of the department/ division and in accordance with the Medical Advisory Committee direction.
- (2) Minutes shall be kept of each departmental meeting and shall be forwarded to the Medical Advisory Committee within 30 days of the meeting date.

- (3) The minutes of the meeting shall be recorded, and made available to all members of the department.

12.4 Attendance at Department and Division Meetings

Attendance requirements at department/division meetings shall be set out in the Rules and Regulations of the Professional Staff.

12.5 Chief of Staff

The Board will appoint a member of the Active Staff to be the Chief of Staff after giving consideration to the recommendations of a Selection Committee, which will seek the advice of the Medical Advisory Committee. The Board may at any time revoke or suspend the appointment of the Chief of Staff.

12.6 Duties of the Chief of Staff

The Board delegates responsibility and authority to the Chief of Staff for the supervision and practice of medicine, dentistry, midwifery and non-employee extended class nurses in the Corporation.

The Chief of Staff is the Chair of the Medical Advisory Committee and is accountable to the Board. The Board provides direction to the Chief of Staff in accordance with policies established by the Board and subject to direction of the Board. The Board delegates responsibility and concomitant authority to the Chief of Staff for the general clinical organization of the Corporation and the supervision and practice of Medicine, Dentistry, Midwifery and Extended Class Nursing in the Hospital. (Refer to Board Policy II-8).

12.7 Chief of Department

- (1) The Board, after considering the recommendation of the Medical Advisory Committee, shall appoint as Chief of each department a physician from that department who is on the Active or Associate Staff. In the event that, within the Department, there is no available candidate or no candidate acceptable to the Medical Advisory Committee and the Board, the Medical Advisory Committee may recommend, and the Board may appoint, with consultation from the Department, any member of the Active Staff as Interim Chief of the Department.
- (2) The process as outlined in the Professional Staff Rules and Regulations will be followed for the appointment of Chief of Department.
- (3) The appointment of a Chief of Department will be for a five year term or as set by the Board subject to a satisfactory annual performance review.

- (4) The Chief of Department will continue to hold office until a successor is appointed.
- (5) In the event that no successor is appointed at the end of the 5 (five) year term or the term set by the Board, the current Chief of Department may be appointed for a second 5 (five) year term.
- (6) A Chief of Department shall serve a maximum of ten (10) consecutive years.
- (7) The Board may at any time revoke or suspend the appointment of a Chief of Department.

12.8 Duties of the Chief of Department

The Chief of Department shall:

- (a) Through and with the Chief of Staff , supervise the professional care provided by all members of the Professional Staff, with respect to diagnosing, prescribing for or treating in and out-patients in the Corporation in the Department;
- (b) Participate through and with the Manager of the Department in the orientation of new members of the Professional Staff appointed to the Department;
- (c) Participate and promote implementation of a quality assurance program in the Department, and cooperate with the Manager of the Department to ensure that it is integrated with program-wide quality assurance measures;
- (d) Meet within a reasonable period of time after appointment with the members of the Professional Staff assigned to the Department and direct the organization of such staff so as to give optimum care to all patients admitted to the Department;
- (e) Advise the Medical Advisory Committee through and with the Chief of Staff, and in communication with the Chief of the Department, Vice-President and Director of the Program with respect to the quality of care, diagnosis and treatment being provided by members of the Professional Staff to the inpatients and out-patients of the Department;
- (f) Advise the Chief of Staff and the Chief of the Department, Vice-President and Chief Nursing Officer and the Chief Executive Officer of any concern that a patient is not receiving appropriate treatment and care;
- (g) Be responsible to the Chief of Staff through and with the Chief Executive Officer for the appropriate utilization of the resources allocated to the Department;
- (h) Report to the Medical Advisory Committee and to the Department on activities of the Department including utilization of resources and quality assurance;

- (i) Make recommendations to the Medical Advisory Committee, through and with input from the Manager of the Program regarding the Professional Staff Human Resource needs of the Department in accordance with the Corporation's strategic plan following consultation with Professional Staff of the Department, the Chief of Staff and, where appropriate, Division Heads and Medical Directors;
- (j) Participate through and with the Manager of the Department, in the development of the Department's mission, objectives and strategic plan;
- (k) Participate through and with the Manager of the Department in Department resource allocation decisions;
- (l) Review or cause to be reviewed, the privileges granted members of the Department including members of the Professional Staff for the purpose of making recommendations for changes in the kind and degree of such privileges;
- (m) Review and make written recommendations regarding the performance evaluations of members of the Department in communication with the Chief of the Department including members of the Professional Staff annually and concerning re-appointments and these recommendations shall be forwarded to the Medical Advisory Committee;
- (n) Be a member of the Medical Advisory Committee;
- (o) Establish a process for continuing professional education related to the Department through and with the Program Leadership;
- (p) Advise the members of the Department, including members of the Professional Staff regarding current Corporation and Departmental policies, objectives, and Rules and Regulations
- (q) Hold regular meetings with the staff of the Department and where appropriate with the Heads of Divisions within the Department, and Program Leadership;
- (r) Notify the Chief of Staff and the Chief Executive Officer of his or her absence, and designate an alternate from within the Department;
- (s) Delegate appropriate responsibility within the Department, and in communication with the Program Leadership; and
- (t) Perform additional duties as may be outlined in the Chief of Department position description approved by the Board or as set out in the Rules and Regulations, or in any specific contract, letter of agreement, memorandum of understanding, or service agreement entered into with the Corporation, or as assigned by the Board, the Chief of Staff, the Medical Advisory Committee or Chief Executive Officer from time to time.

12.9 Deputy Chiefs of Departments

The Board may appoint a Deputy Chief of Department. The Deputy Chief of Department, if appointed, is the delegate of the Chief of Department. The Deputy Chief of Department has responsibilities and duties similar to those of the Chief of Department as determined by the Chief of Department.

12.10 Divisions in a Department

- (1) When warranted by the resources of the Department, the Board, on the advice of the Medical Advisory Committee, after considering the recommendation of the Chief of the Department, and the Program Leadership, may subdivide the Department into divisions.
 - (a) When divisions are established under a Department, the Board, after considering the recommendations of the Chief of the Department and the Program Leadership and on the advice of the Medical Advisory Committee shall appoint a Division Head for each division who shall be responsible to the Chief of the Department for the quality of care rendered to patients in that service. In the event that, within the Division, there is no available candidate or no candidate acceptable to the Medical Advisory Committee and the Board, the Chief of Department may recommend, and the Board may appoint any member of the Department as Interim Division Head.
 - (b) Members of the Division will follow the selection process as outlined in the Professional Staff Rules & Regulations for appointment of the Division Head.
- (2) The appointment of a Division Head will be for a five year term or as per contract date or on a specific date as set by the Board and annually with renewal dependent upon satisfactory performance;
- (3) The Division Head will continue to hold office until a successor is appointed.
- (4) In the event that no successor is appointed at the end of the 5 (five) year term, the current Division Head may be appointed for a second 5 (five) year term.
- (5) A Division Head shall serve a maximum of 10 (10) consecutive years.
- (6) The Board may at any time revoke or suspend the appointment of a Division Head.

12.11 Duties of Head of a Division

The Head of each Division shall:

- (a) Through and with the Chief of Department supervise the medical care provided by all Professional Staff members in the division;

- (b) Participate in the orientation of new members of the Professional Staff appointed to the division;
- (c) Meet within a reasonable period of time after appointment with the Professional Staff members assigned to the Department and direct the organization of such staff so as to give optimum care to all patients admitted or under the care of members of the Division;
- (d) Advise the Chief of Department with respect to the quality of diagnosis, care and treatment provided to the inpatients and outpatients of the Division;
- (e) Advise the Chief of Department of a concern that a patient is not receiving appropriate treatment and care;
- (f) Be responsible to the Chief of Department for the appropriate utilization of resources allocated to the Division;
- (g) Report to the Chief of Department on activities of the Division including utilization of resources and quality assurance;
- (h) Make recommendations to the Chief of Department regarding the Division's Human Resource needs in accordance with the Corporation's strategic plan following consultation with Professional Staff members of the Division;
- (i) Participate in the development of the Division's and the Department's mission, objectives and strategic plan;
- (j) Participate in divisional and departmental resource allocation decisions;
- (k) Review or cause to be reviewed with the Chief of Department the privileges granted to Professional Staff members of the division for the purpose of making recommendations for changes in the kind and degree of such privileges;
- (l) Establish a process for continuing Medical Education related to the Division;
- (m) Advise the Professional Staff members of the Division regarding the current Corporation and departmental policies, objectives, and Rules and Regulations;
- (n) Hold regular meetings with the staff of the Division, and also meet regularly with the Chief of Department and the Heads of other Division within that Department;
- (o) Notify the Chief of Department of his or her absence, and designate an alternate from within the Division;
- (p) Ensure that an appropriate and adequate call system, consistent with Corporation Rules and Regulations, legal requirements and any restrictions, is in place;

- (q) Ensure that minutes of meetings of the Division are kept and circulated to all Professional Staff members of the Division, the Chief of Department and to Medical Advisory Committee; and
- (r) Ensure that the position of Head Midwife is filled upon the recommendation of the Chief of Obstetrics and Gynecology and the Chief of Paediatrics. In the absence of the Chief of Paediatrics, the Chief of Staff may assist in making the recommendation. The Head Midwife shall supervise the care provided by all members of the Midwifery Staff and shall be responsible to the Chief of Obstetrics and the Chief of Paediatrics for the quality of care rendered to patients by members of the Midwifery Staff.

12.12 Monitoring Aberrant Practices

Where any member of the Professional Staff or Corporation Staff believes that a member of the Professional Staff is attempting to exceed his or her privileges or is temporarily incapable of providing a service that he or she is about to undertake, the belief shall be communicated immediately to the Chief of Department, the Chief of Staff, and to the Chief Executive Officer.

ARTICLE 13 - MEETINGS OF THE PROFESSIONAL STAFF ASSOCIATION

13.1 Meetings of the Professional Staff Association

The Professional Staff shall hold a minimum of four (4) meetings per fiscal year, one of which shall be the annual meeting.

13.2 Notice of Annual Meeting

A written notice of each annual meeting shall be posted in the Professional Staff areas and conspicuous Corporation locations and communicated electronically by the Secretary of the Professional Staff at least fourteen (14) days before meeting.

13.3 Notice of Regular Meetings

A written notice of each regular meeting shall be posted in the Professional Staff areas site and communicated electronically by the Secretary of the Professional Staff Association at least fourteen (14) days before the meeting.

13.4 Special Meetings

- (1) The President of the Professional Staff Association may call a special meeting.

- (2) Special meetings shall be called by the President of the Professional Staff Association upon receipt of a written request by a minimum of five members of the Active Staff or a Department.
- (3) Notice of such special meetings shall be as required for a regular meeting and shall state the nature of the business for which the special meeting is called.
- (4) The notice requirements of any special meeting shall be waived in cases of emergency, subject to ratification of this action by the majority of those members present and voting at the special meeting, as the first item of business at that meeting.

13.5 Quorum

The quorum for any general or special meeting of the Professional Staff shall be set out in the Rules and Regulations of the Professional Staff.

13.6 Voting Members at Professional Staff Association Meetings

- (1) Active and Associate members of the Professional Staff are eligible to vote.
- (2) Other members of the Professional Staff may attend Professional Staff Association meetings but are not eligible to vote.

13.7 Order of Business

The Order of Business at any meeting of the Professional Staff shall be as set out in the Rules & Regulations of the Professional Staff.

13.8 Attendance at Regular Staff Meetings

Attendance requirements at regular Professional Staff meetings shall be set out in the Rules & Regulations of the Professional Staff.

ARTICLE 14 - PROFESSIONAL STAFF EXECUTIVE ELECTIONS

Officers of the Professional Staff must satisfy the requirements of the *Public Hospitals Act*.

14.1 Eligibility for Office

- (1) Only Physician members of the Active Staff may be elected / appointed to the Professional Staff Executive

- (2) Only Physician members of the Active Staff or Associate Staff are entitled to vote at meetings of the professional Staff.
- (3) Notwithstanding subsection 14.1 (1), members of the Associate or Active Professional Staff may be appointed by the Board or the Medical Advisory Committee to administrative roles and responsibilities, following the selection/election process as outlined in the Corporation By-Laws and/or Rules and Regulations of the Professional Staff.

14.2 Election Procedure

- (1) At each annual meeting of the Professional staff, the voting members of the Professional staff shall,
 - (a) Fix a time and place for,
 - (i) The next annual meeting, and
 - (ii) The meetings of the professional staff before the next annual meeting; and
 - (b) Elect from among its members, a President, a Vice-President and a Secretary.
- (2) A Nominating Committee shall be appointed by the Professional Staff at each meeting prior to the annual meeting and shall consist of three (3) members of the Professional Staff.
- (3) At least 21 days before the annual meeting of the Professional Staff, its Nominating Committee shall circulate or post in the Professional Staff lounge and/or conspicuous locations, a list of the names of those who are nominated for the offices of the Professional Staff, which are to be filled by election in accordance with these By-Laws and the regulations under the *Public Hospitals Act*.
- (4) Any further nominations shall be made in writing to the Secretary of the Professional Staff up to seven (7) days before the annual meeting of the Professional Staff after the posting of the names referred to in section 14.2(2).
- (5) Further nominations referred to in section 14.2(3) shall be signed by two (2) members of the Professional Staff who are entitled to vote and the nominee shall have signified in writing on the nomination acceptance of the nomination. Such nominations shall then be posted alongside the current posted list.

14.3 Duties of the President of the Professional Staff Association

- (1) The President of the Professional Staff Association shall:

- (a) Be a non-voting member of the Board and as a Director, fulfill his or her fiduciary duties to the Corporation by making decisions in the best interest of the Corporation;
 - (b) Be a member of the Medical Advisory Committee;
 - (c) Report to the Medical Advisory Committee and the Board on any issues raised by the Professional Staff;
 - (d) Be accountable to the Professional Staff;
 - (e) Preside at all meetings of the Professional Staff;
 - (f) Call special meetings of the Professional Staff;
 - (g) Be a member of such other committees as may be deemed appropriate by the Board;
 - (h) Be a member of the Professional Staff By-Laws Committee; and
 - (i) Act as a liaison between the Professional Staff, the Chief Executive Officer, and the Board with respect to matters concerning the Professional Staff.
- (2) In the event the President of the Professional Staff Association becomes unable or unwilling to carry out his/her duties the Board may require the resignation of the President and call a special meeting of the Professional Staff to elect a new President in accordance with the procedure set out in these bylaws.

14.4 Duties of the Vice-President of the Professional Staff Association

The Vice-President of the Professional Staff Association shall:

- (a) Act in the place of the President of the Professional Staff Association, perform his/her duties and possess his/her powers, in the absence or disability of the President.
- (b) Perform such duties as the President of the Professional Staff Association may delegate to him or her;
- (c) Be a member of the Medical Advisory Committee;
- (d) Be a member of the Clinical Resource Utilization Committee (CRUC); and
- (e) Be a member of the Health Records Committee;

14.5 Duties of the Secretary/Treasurer of the Professional Staff Association

The Secretary/Treasurer of the Professional Staff Association shall:

- (a) Perform such duties as set out in these By-Laws and as the President of the Professional Staff Association may delegate;
- (b) Be a member of the Medical Advisory Committee;
- (c) Be a member of the Quality & Patient Safety Committee (QPSC);
- (d) Attend to the correspondence of the Professional Staff;
- (e) Give notice of Professional Staff meetings by posting and/or circulating a written notice of regular, annual and special meetings fourteen days (14) prior to the meeting;
- (f) Ensure that minutes are kept of Professional Staff Association meetings;
- (g) Perform the duties of the Treasurer, including:
 - (i) Maintain the funds and financial records of the Professional Staff Association and provide a financial report at the annual meeting of the Professional Staff Association; and
 - (ii) Disburse funds at the direction of the Professional Staff, as determined by a majority vote of the Professional Staff members entitled to vote who are present and vote at a Professional Staff Association meeting; and
 - (iii) Act in the place of the Vice-President of the Professional Staff Association, performing his/her duties and possessing his/her powers in the absence or disability of the Vice-President;
- (h) Ensure that a record of the attendance at each meeting of the Professional Staff Association is made;
- (i) Receive the record of attendance for each meeting of each department of the Professional Staff; and
- (j) Make the attendance records available to the Medical Advisory Committee

14.6 Duties of the Past President

The Immediate Past-President of the Professional Staff shall be an ex-officio member of the Professional Staff Executive and be a member of other committees as may be requested by the President.

ARTICLE 15 - MEDICAL ADVISORY COMMITTEE

15.1 Membership of Medical Advisory Committee

- (1) The Medical Advisory Committee shall consist of the following voting members:
 - (a) Chief of Staff, who shall be the Chair
 - (b) Chiefs of Departments
 - (c) President of the Professional Staff Association
 - (d) Vice-President of the Professional Staff Association
 - (e) Secretary/Treasurer of the Professional Staff Association
- (2) The following will be non-voting members of the Medical Advisory Committee:
 - (a) Chief Executive Officer
 - (b) Chief Nursing Officer
 - (c) Head Midwife
- (3) Non-voting members shall not attend any portion of a meeting where there is a consideration or a discussion of the privileges of the members of the Professional Staff.
- (4) Others may be invited to some or all of the Medical Advisory Committee meetings as requested through the Chair and approved by the Medical Advisory Committee.

15.2 Duties of the Medical Advisory Committee

- (1) The purpose of the Medical Advisory Committee is to act in an advisory capacity to the Board.
- (2) The Medical Advisory Committee shall:
 - (a) In association with the clinical departments and programs, ensure that the professionally recognized standards of medical care are maintained;
 - (b) Report and make recommendations to the Board concerning such matters as prescribed by the *Public Hospitals Act* and by the hospital management regulation;
 - (c) Supervise the practice of medicine, dentistry, midwifery and extended class nursing in the Corporation;

- (d) Receive and consider the reports of the Credentials Committee and, in the case of a recommendation for appointment, specify the privileges which it recommends the applicant be granted. In considering a recommendation for appointment, the Medical Advisory Committee shall review the need of the Corporation for such an appointment and the impact such an appointment would have on available Corporation and community resources;
- (e) Participate directly in the development of the Corporation's overall objectives and planning by making recommendations concerning medical human resource planning and utilization of Corporation resources;
- (f) Appoint the Professional Staff members of all committees established by the Board on the recommendation of the Medical Advisory Committee:
 - (i) Recommend to the Board the appointment of such committees as are required for the supervision, review and analysis of all the clinical work in the hospital.
 - (ii) Recommend to the Board the appointment of the Chair of each of the committees it appoints and ensure that each meets and functions as required and keeps minutes of its meetings; and
 - (iii) Receive, consider and act upon the report from each of its appointed committees.
- (g) Through the Chief of Staff, inform the Professional Staff at each regular meeting of the Professional Staff of any business transacted by the Medical Advisory Committee and refer to the Professional Staff such items as, in the opinion of the Medical Advisory Committee, require discussion and approval of the Professional Staff as a whole.
- (h) Advise and co-operate with the Board and the Chief Executive Officer in all the matters pertaining to professional, clinical, quality assurance and technical services provided by the Professional Staff.
- (i) Make recommendations to the Board concerning the By-Laws and Rules and Regulations respecting the Professional Staff.
- (j) Make recommendations to the Board on the revocation, suspension or restrictions of privileges of any member of the Professional Staff.
- (k) Make recommendations to the Board to address recurring quality of care issues to the Corporation's quality committee established under the *Excellent Care for All Act*; and

- (1) Advise the Board on any matters referred to it by the Board.
- (3) A quorum at any meeting of the Medical Advisory Committee shall be a majority of the voting members.
- (4) The Medical Advisory Committee shall meet at the call of the Chair and have at least 10 monthly meetings each year and keep minutes of these meetings, which shall be distributed to all members.
- (5) In the proceedings of this committee, if there is an equality/tie of votes among the members, then the motion is defeated.

15.3 Committee Reports

- (1) All Committees appointed by the Medical Advisory Committee shall meet as directed by the Medical Advisory Committee and as otherwise established in these By-Laws.
- (2) All Committees appointed by the Medical Advisory Committee shall present a written report including any recommendations of each meeting to the next meeting of the Medical Advisory Committee.
- (3) A Committee Chair may request a meeting with the Medical Advisory Committee or, at the request of the Medical Advisory Committee, shall be present to discuss all or part of any report of that Committee.

15.4 Executive Committee of the Medical Advisory Committee

- (1) In the event that a quorum of the Medical Advisory Committee is not available within an appropriate time frame, the Executive Committee of the Medical Advisory Committee shall meet. The Executive Committee shall consist of:
 - (a) Chief of Staff, who shall be chair
 - (b) President of the Professional Staff Association (or their designate)
 - (c) Not more than two other Chiefs of Department
- (2) The Chief Executive Officer and the Chief Nursing Officer shall be invited to attending meetings of the Executive Committee of the Medical Advisory Committee but shall not have a vote.
- (3) The Executive Committee of the Medical Advisory Committee shall perform the role of the Medical Advisory Committee in matters of administrative urgency, reporting its actions at the next meeting of the Medical Advisory Committee and the Board; and may perform such other duties as may be assigned by the Medical Advisory Committee.
- (4) Quorum is a majority of the voting members of the committee.

ARTICLE 16 - COMMITTEES OF THE MEDICAL ADVISORY COMMITTEE

16.1 Establishment of Committees of the Medical Advisory Committee:

- (1) The Board may, on the recommendation of the Medical Advisory Committee, establish such standing and special sub-committees of the Medical Advisory Committee as may be necessary or advisable from time to time for the Medical Advisory Committee to perform its duties.
- (2) The terms of reference and composition for any standing or special sub-committee of the Medical Advisory Committee may be set out in the Rules and Regulations or in a resolution of the Board, on recommendation of the Medical Advisory Committee.
- (3) A quorum for any meeting of the Medical Advisory Committee, or a sub-committee thereof, shall be a majority of the members entitled to vote.

16.2 Committees Established by the Medical Advisory Committee and the Board

- (1) By-Laws Committee
- (2) Credentials Committee
- (3) Clinical Resource Utilization Committee (CRUC)
- (4) Ethics Committee

16.3 Standing Committees Established by/with the Medical Advisory Committee

- (1) Emergency Services Committee
- (2) Medical/Surgical Committee
- (3) OBS Committee
- (4) Perioperative Committee
- (5) Quality & Patient Safety Committee (QPSC), includes reports from:
 - (a) Drugs & Therapeutics Committee
 - (b) Health Record Committee
 - (c) Infection Prevention and Control Committee
 - (d) Laboratory Services Committee
 - (e) Ethics Committee

16.4 Appointment to Professional Staff Committees

The Medical Advisory Committee shall appoint the Professional Staff members of all Professional Staff Committees provided for in this By-Law of the Corporation. Other members of Professional Staff Committees shall be appointed by the Board or in accordance with this By-Law.

16.5 Professional Staff Committee Duties

In addition to the specific duties of each Professional Staff Committee as determined by their individual Terms of Reference, all Professional Staff Committees shall:

- (1) Meet as directed by the Medical Advisory Committee; and
- (2) Present a written report including any recommendations from each meeting to the next meeting of the Medical Advisory Committee.

16.6 Professional Staff Committee Chair

On the recommendation of the President of the Professional Staff Association, the Medical Advisory Committee shall appoint the Chair of each Professional Staff Committee.

16.7 Professional Staff Committee Chair Duties

The Professional Staff Committee Chair shall,

- (a) Chair the Professional Staff committee meetings;
- (b) Call meetings of the Professional Staff committee;
- (c) At the request of the Medical Advisory Committee, be present to discuss all or part of any report of the committee, and
- (d) Carry out other duties as may be prescribed by the Medical Advisory Committee from time to time.

ARTICLE 17 - MID-TERM ACTION

- (1) Pursuant to the *Public Hospitals Act* and the Regulations thereunder and in accordance with this By-Law, the Board at any time may revoke or suspend any appointment of a member of the Professional Staff or dismiss, suspend, restrict or otherwise deal with, the privileges of the member.

17.1 NON-IMMEDIATE MID-TERM ACTION

17.1.1 Preliminary Steps in Mid-Term Review

(a) Criteria for Initiation:

- (1) Mid-term action may be initiated wherever the member of the Professional Staff is alleged to have engaged in, made or exhibited actions, statements, demeanor or professional conduct, either within or outside of the Corporation, that exposes or is reasonably likely to expose any patient, health care providers, employees or any other person at the Corporation to harm or injury; or is reasonably likely to be detrimental to patient safety, the delivery of quality patient care within the Corporation or Corporation operations; or is reasonably likely to constitute abuse; or the same results in the imposition of sanctions by the professional College; or the same is contrary to the By-Laws, Corporation policies, the Rules and Regulations, the *Public Hospitals Act* or the regulations made thereunder or any other relevant law or legislated requirement, or the member fails to meet or comply with the criteria for annual appointment.
- (2) Where information is provided to the Chief Executive Officer, Chief of Staff, Chief of Department or Manager of the Department which raises concerns about any of the matters in section 17.1.1(a)(1) above, the information shall be submitted in writing and shall be directed to the Chief Executive Officer, Chief of Staff, Chief of Department or Division Head.
- (3) If either of the Chief Executive Officer, Chief of Staff, Chief of Department or Division Head, receives information about the conduct, performance or competence of a member, he/she shall inform the other individuals immediately.

(b) Initial Interview

- (1) Upon receipt of information set out in section 17.1.1 (a)(1), the Chief Executive Officer, Chief of Staff, Chief of Department or Division Head shall arrange an interview with the member.
- (2) The member shall be advised of the information about his or her conduct, performance or competence and shall be given a reasonable opportunity to present relevant information on his or her own behalf.
- (3) A written record shall be maintained by the Department Chief or Chief of Staff reflecting the substance of the interview and copies shall be sent to the member, the Chief Executive Officer, the Chief of Staff and Chief of Department and to the Division Head (if applicable).
- (4) If the member fails or declines to participate in the interview after being given a reasonable opportunity, the appropriate action may be initiated.

(c) Investigation

- (1) The Chief of Staff, Chief of Department or Chief Executive Officer shall determine whether a further investigation is necessary.
- (2) The investigation may be assigned to an individual(s) within the Corporation, the Medical Advisory Committee, a body within the Corporation other than the Medical Advisory Committee or an external consultant.
- (3) Upon completion of the investigation, the individual or body who conducted the investigation shall forward a written report to the Chief Executive Officer, Chief of Staff and the Chief of Department. The member should be provided with a copy of the written report.
- (4) The Chief of Staff, Chief of Department and Chief Executive Officer shall review the report and determine whether any further action may be required.

17.2 Request to Medical Advisory Committee for Recommendation for Mid-Term Action

- (1) Where it is determined that further action may be required and the matter relates to the revocation, suspension or restriction of a member's Corporation privileges and/or the quality of medical care or dental care in the Corporation, the matter shall be referred to the Medical Advisory Committee who shall make a recommendation to the Board.
- (2) All requests for a recommendation for mid-term action must be submitted to the Medical Advisory Committee in writing and supported by reference to the specific activities or conduct which constitutes grounds for the request.
- (3) Where the matter is referred to the Medical Advisory Committee, a copy of any reports made by a body or consultant with respect to the matter shall be forwarded to the Medical Advisory Committee.
- (4) The Medical Advisory Committee may initiate further investigation itself, establish an Ad Hoc Committee to conduct the investigation, refer the matter to an external consultant, dismiss the matter for lack of merit or determine to have a meeting of the Medical Advisory Committee.
- (5) Where the Medical Advisory Committee establishes an Ad Hoc Committee to conduct the investigation or refers the matter to an external consultant, that individual or body shall forward a written report of the investigation to the Medical Advisory Committee as soon as practicable after the completion of the investigation.

- (6) Upon completion of its own investigation or upon receipt of the report by the body that conducted the investigation, as the case may be, the Medical Advisory Committee may either dismiss the matter for lack of merit or determine to have a meeting of the Medical Advisory Committee.
- (7) Within twenty-one (21) business days after receipt by the Medical Advisory Committee of the request for a recommendation for mid-term action, unless deferred, the Medical Advisory Committee shall determine whether a meeting of the Medical Advisory Committee is required to be held.
- (8) If additional time is needed for the investigative process, the Medical Advisory Committee may defer action on the request. The Medical Advisory Committee must act within thirty (30) days of the deferral or such additional time as reasonably required by the Medical Advisory Committee and approved by the Board to complete the investigation.
- (9) If the Medical Advisory Committee determines that there is merit to proceed to a Medical Advisory Committee meeting, then the member is entitled to attend the meeting.

17.3 The Medical Advisory Committee Meeting (Non-Immediate Mid-Term Action)

- (1) At least fourteen (14) business days prior to the Medical Advisory Committee meeting, the member and the Medical Advisory Committee shall be given written notice of the Medical Advisory Committee meeting. The notice shall include:
 - (a) The time and place of the meeting;
 - (b) The purpose of the meeting;
 - (c) A statement that the member will be provided with a statement of the matter to be considered by the Medical Advisory Committee together with any relevant documentation;
 - (d) A statement that the member is entitled to attend the Medical Advisory Committee meeting and to participate fully, to answer all matters considered by the Medical Advisory Committee and to present documents and witnesses;
 - (e) A statement that the parties are entitled to bring legal counsel to the meeting and consult with legal counsel, but that the legal counsel will not be entitled to participate in the meeting; and
 - (f) A statement that in the absence of the member, the meeting may proceed.
- (2) The Medical Advisory Committee secretary shall provide the member with a short but comprehensive statement of the matter to be considered by the Medical Advisory

Committee, together with any relevant documentation, including any reports and other documentation which will be reviewed at the meeting.

- (3) At the meeting of the Medical Advisory Committee, a record of the proceeding shall be kept in the minutes of the Medical Advisory Committee meeting.
- (4) The member involved shall be given full opportunity to answer each ground as well as to present documents and witnesses if so desired.
- (5) Where the Medical Advisory Committee determines that the matter has no merit, this shall be noted in the minutes of the Medical Advisory Committee.
- (6) If the Medical Advisory Committee recommends a restriction or suspension or a revocation of privileges or recommends a revocation of appointment and/or makes further recommendations concerning the matters considered at its meeting, the Medical Advisory Committee shall, within forty-eight (48) hours of the Medical Advisory Committee meeting, provide the member with written notice of the Medical Advisory Committee's recommendation.
- (7) The written notice shall inform the member that he or she is entitled to:
 - (i) written reasons for the recommendation if a request is received by the Medical Advisory Committee within seven (7) days of the member's receipt of the notice of the recommendation; and
 - (ii) a hearing before the Board if a written request is received by the Board and the Medical Advisory Committee within seven (7) days of the receipt by the member of the written reasons requested.
- (8) If the member requests written reasons for the recommendation, the Medical Advisory Committee shall provide the written reasons to the member within seven (7) business days.
- (9) Where a hearing before the Board is requested, the provisions of Article 19 shall apply.
- (10) Where no hearing is requested, the Board may implement the recommendation of the Medical Advisory Committee.

ARTICLE 18 - IMMEDIATE MID-TERM ACTION IN AN EMERGENCY SITUATION

18.1 Immediate Steps

- (1) The Chief Executive Officer, Chief of Staff, Chief of Department or their respective delegate may temporarily restrict or suspend the privileges of any member of the Professional Staff, in circumstances where in their opinion the member's conduct, performance or competence:

- (a) Exposes, or is reasonably likely to expose any patient, health care provider, employee or any other person at the Corporation, to harm or injury; or
 - (b) Is detrimental, or is reasonably likely to be detrimental to patient safety or to the delivery of quality patient care within the Hospital, and immediate action must be taken to protect patients, health care providers, employees and any other person at the Hospital from harm or injury.
- (2) Immediate notice of conduct described in 18.1(1) above must be provided to the Chief Executive Officer, or his or her delegate.
- (3) Before the Chief Executive Officer or Chief of Staff or Chief of Department or their respective delegate takes action to temporarily suspend privileges, they shall first consult with one of the other of them. If such consultation is not possible or practicable under the circumstances, the person who takes the action to suspend shall provide immediate notice to the others.
- (4) The person who takes the action specified in above shall immediately notify the member, the Medical Advisory Committee of his or her decision to suspend the member's privileges.
- (5) Arrangements, as necessary, shall be made by the Chief of Staff or Chief of Department with involvement of Division Head as appropriate for the assignment of a Most Responsible Physician to care for the patients of the suspended member.
- (6) Within 48 hours of the suspension, the individual who suspended the member shall provide the member and Medical Advisory Committee with written reasons for the suspension and copies of any relevant documents or records.

18.2 The Medical Advisory Committee Meeting (Immediate Mid-Term Action)

- (1) The Medical Advisory Committee Chair shall set a date for a meeting of the Medical Advisory Committee to be held not more than ten (10) business days from the date of the suspension to review the suspension and to make recommendations to the Board.
- (2) As soon as possible, and in any event, at least forty-eight (48) hours prior to the Medical Advisory Committee meeting, the Medical Advisory Committee shall provide the member with a written notice of:
 - (a) The time and place of the meeting;
 - (b) The purpose of the meeting;

- (c) A statement of the matter to be considered by the Medical Advisory Committee together with any relevant documentation;
 - (d) A statement that the member is entitled to attend the Medical Advisory Committee meeting and to participate fully, to answer all matters considered by the Medical Advisory Committee and to present documents and witnesses;
 - (e) A statement that the parties are entitled to bring to the meeting and consult with legal counsel, but that the legal counsel will not be entitled to participate in the meeting; and
 - (f) A statement that, in the absence of the member, the meeting may proceed.
- (3) That member or the Medical Advisory Committee may request a postponement of the Medical Advisory Committee meeting.
 - (4) At the meeting of the Medical Advisory Committee, a record of the proceeding shall be kept in the minutes of the Medical Advisory Committee meeting.
 - (5) The Professional Staff member shall be given full opportunity to answer each ground as well as to present documents and witnesses if so desired.
 - (6) Before deliberating on the recommendation to be made to the Hospital Board, the Chair shall require the member involved, and any other persons present who are not Medical Advisory Committee members, to retire. The Medical Advisory Committee shall not consider any matter or case to which they did not give the member a fair opportunity to answer.
 - (7) The Medical Advisory Committee shall provide to the member within twenty-four (24) hours of the Medical Advisory Committee meeting written notice of:
 - (a) The Medical Advisory Committee's recommendation;
 - (b) That written reasons for the recommendation are available upon request within seven (7) business days of the request.
 - (c) The member's entitlement to a hearing before the Hospital Board.
 - (8) The Medical Advisory Committee shall provide to the Hospital Board within twenty-four (24) hours of the Medical Advisory Committee meeting written notice of the Medical Advisory Committee's recommendation.
 - (9) If a hearing is requested by the member, the provisions of Article 19 shall apply.
 - (10) If no hearing is requested the Board may implement the recommendation of the Medical Advisory Committee.

ARTICLE 19 THE BOARD HEARING

A hearing by the Board shall be held when one of the following occurs:

- (a) The Medical Advisory Committee recommends to the Board that an application for appointment, reappointment or requested privileges not be granted and the applicant requests a hearing in accordance with the *Public Hospitals Act*; or
 - (b) The Medical Advisory Committee makes a recommendation to the Board that the privileges of a member of the Professional Staff be restricted, suspended or revoked or an appointment be revoked and the member requests a hearing.
- (1) The Board names a place and time for the hearing.
 - (2) In the case of immediate suspension or revocation of privileges, the Board hearing shall be held within seven (7) days of the date the applicant or members requests the hearing. In the case of non-immediate suspension or revocation of privileges, the Board hearing will be held as soon as practicable but not later than twenty eight (28) days after the Board receives the written notice from the member or applicant requesting the hearing.
 - (3) The Board may extend the time for the hearing date if it is considered appropriate.
 - (4) The Board shall provide written notice of the Board hearing to the member and to the Chair (or substitute) of the Medical Advisory Committee at the earliest possible opportunity and in any event, at least five (5) business days prior to the date of the hearing.
 - (5) The notice of the Board hearing shall include:
 - (a) The date, time and place of the hearing;
 - (b) The purpose of the hearing;
 - (c) A statement that the member and the Medical Advisory Committee shall be afforded an opportunity to examine prior to the hearing, any written or documentary evidence that will be produced or any report, the contents of which will be given in evidence at the hearing.
 - (d) A statement that the member may proceed in person or be represented by counsel, and that in his or her absence the Board may proceed with the hearing and that the member will not be entitled to any further notice of the proceeding;
 - (e) A statement that the member may call witnesses and tender documents in evidence in support of his or her case; and

- (f) The time for the hearing may be extended by the Board.
- (5) The parties to the Board hearing are the Member, the Medical Advisory Committee and such other persons as the Board may specify.
- (6) The member requiring a hearing before the Board shall be afforded an opportunity to examine, prior to the hearing, any written or documentary evidence that will be produced, or any report the contents of which will be given in evidence at the hearing.
- (7) Members of the Board holding the hearing shall not have taken part in any investigation or consideration of the subject matter of the hearing before the hearing and shall not communicate directly or indirectly in relation to the subject matter of the hearing with any person or with any party or his or her representative, except upon notice to and an opportunity for all parties to participate. Despite the foregoing, the Board may obtain independent legal advice.
- (8) The findings of fact of the Board pursuant to a hearing shall be based exclusively on evidence admissible or matters that may be noticed under sections 15 and 16 of the *Statutory Powers Procedure Act*.
- (9) The Board shall make a decision to follow, amend or not follow the recommendation of the Medical Advisory Committee. The Board, in determining whether to make any appointment or reappointment to the Professional Staff or approve any request for a change in privileges shall take into account the recommendation of the Medical Advisory Committee and such other considerations it, in its discretion, considers relevant.
- (10) No member of the Board shall participate in a decision of the Board pursuant to a hearing unless he or she was present throughout the hearing and heard the evidence and argument of the parties and, except with the consent of the parties, no decision of the Board shall be given unless all members so present participate in the decision.
- (11) The Board shall make a decision to either follow or not follow the recommendation of the Medical Advisory Committee.
- (12) A written copy of the decision of the Board and the written reasons for the decision shall be provided to the member and to the Medical Advisory Committee secretary.
- (13) Service of the notice of the decision and the written reasons to the member may be made personally or by registered mail addressed to the member at his or her last known address and, where the notice is served by registered mail, it shall be deemed that the notice was served on the third day after the day of mailing unless the person to be served establishes that he or she did not, acting in good faith, through absence, accident, illness or other cause beyond his or her control receive it until a later date.

ARTICLE 20 - AMENDMENTS TO THE BY-LAWS

Prior to submitting amendments to this By-Law to the approval processes applicable to the Corporation's By-Laws:

- (a) Notice specifying the proposed By-Law or amendments thereto shall be made available for review by the Professional Staff;
- (b) The Professional Staff shall be afforded an opportunity to comment on the proposed amendment(s); and
- (c) The Medical Advisory Committee may make recommendations to the Board concerning the proposed amendment.

ARTICLE 21 - REPEAL AND RESTATEMENT

This By-Law repeals and restates in its entirety the By-Laws of the Corporation previously enacted with respect to the Professional Staff.