



NORTHUMBERLAND HILLS
HOSPITAL

PROFESSIONAL STAFF BY-LAW

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NORTHUMBERLAND HILLS HOSPITAL

PROFESSIONAL STAFF BY-LAW

BE IT ENACTED as a by-law of the Corporation as follows:

ARTICLE 1. INTERPRETATION

1.01 Definitions

In this By-law, unless the context otherwise requires:

- (a) “**Active Staff**” describes a category of the Professional Staff, as is more particularly described in section 10.02;
- (b) “**Associate Staff**” describes a category of the Professional Staff, as is more particularly described in section 10.03;
- (c) “**Board**” means the board of directors of the Corporation;
- (d) “**business day**” means a day other than a Saturday, Sunday or a statutory holiday in Ontario;
- (e) “**By-law**” means this Professional Staff By-law, which deals with the Professional Staff of the Corporation;
- (f) “**Chief Executive Officer**” means, in addition to ‘administrator’ as defined in the *Public Hospitals Act*, the chief executive officer of the Corporation;
- (g) “**Chief Nursing Executive**” means the senior nursing employee responsible to the Chief Executive Officer for the nursing functions at the Hospital, including those of the Registered Nurses in the Extended Class who are employees of the Hospital;
- (h) “**Chief of Staff**” means the Medical Staff member appointed by the Board to be responsible for the professional standards of the Professional Staff, and the quality of professional care rendered at the Hospital;
- (i) “**College**” means, as the case may be, the College of Physicians and Surgeons of Ontario, the Royal College of Dental Surgeons of Ontario, the College of Midwives of Ontario and/or the College of Nurses of Ontario;
- (j) “**Corporate By-law**” means the corporate by-law of the Corporation, which deals with the administration of the activities and affairs of the Corporation;
- (k) “**Corporation**” means the Northumberland Hills Hospital;
- (l) “**Courtesy Staff**” describes a category of the Professional Staff, as is more particularly described in section 10.04;
- (m) “**Credentials Committee**” means the Medical Advisory Committee subcommittee tasked with reviewing applications for appointment and reappointment to the Professional Staff and requests for a change in Privileges and to make recommendations to the Medical Advisory Committee, and if no such committee is established it shall mean the Medical Advisory Committee;
- (n) “**day**”, unless otherwise specified as a business day, means a calendar day;

- (o) “**Dental Staff**” means the Dentists to whom the Board has granted Privileges to treat Patients;
- (p) “**Dentist**” means a member in good standing of the Royal College of Dental Surgeons of Ontario;
- (q) “**Department**” means an organizational unit of the Professional Staff to which Professional Staff members have been assigned;
- (r) “**Department Chief**” means the Medical Staff member appointed by the Board to be responsible for the professional standards and quality of care rendered by members of their Department at the Hospital;
- (s) “**Director**” means a member of the Board;
- (t) “**Disruptive Behaviour**” occurs when the use of inappropriate words, actions or inactions by a Professional Staff member interferes with their ability to function well with others to the extent that the behaviour interferes with, or is likely to interfere with, quality health care delivery and/or Patient or workplace safety and/or staff recruitment/retention and the cost of providing health care to Patients;
- (u) “**Ex-Officio**” means membership “by virtue of the office”, and includes all rights, responsibilities and power to vote except where otherwise specified;
- (v) “**Extended Class Nursing Staff**” means those Registered Nurses in the Extended Class, who are:
 - (i) employed by the Corporation and authorized to diagnose, prescribe for or treat Patients; and
 - (ii) not employed by the Corporation and to whom the Board has granted Privileges to diagnose, prescribe for or treat Patients;
- (w) “**Head of Service**” means the Medical Staff member appointed by the Board to be accountable to the Department Chief for the delivery of a particular Service within that Department;
- (x) “**Healthcare Practitioners**” means those regulated health professions recognized by the *Regulated Health Professions Act, 1991* and those unregulated health professions that may be designated by the Chief Executive Officer from time to time that are not included in the definition of Professional Staff. Without limiting the generality of the foregoing, the regulated and unregulated health professions may include nursing, psychology (as legislatively recognized in psychological assessment and clinical interaction), pharmacy, occupational therapy, physiotherapy, audiology and speech-language pathology, social work, stress management, addictions therapy, child and youth work, chaplaincy, recreation therapy, nutrition and laboratory and diagnostic services;
- (y) “**Hospital**” means the public hospital operated by the Corporation;
- (z) “**Hospital Management Regulation**” means Regulation 965 “Hospital Management” passed pursuant to the *Public Hospitals Act*;

- (aa) “**Impact Analysis**” means a study conducted by the Chief Executive Officer, in consultation with the Chief of Staff and Department Chiefs, to determine the impact upon the resources of the Corporation of the proposed or continued appointment of any individual to the Professional Staff or a change in their Privileges, including an application for additional Privileges or a change in membership category;
- (bb) “**Locum Tenens Staff**” describes a category of the Professional Staff, as is more particularly described in section 10.05;
- (cc) “**Medical Advisory Committee**” means the Medical Advisory Committee appointed under section 12.01;
- (dd) “**Medical Staff**” means the Physicians to whom the Board has granted Privileges to treat Patients and practice medicine in the Hospital;
- (ee) “**Medical Staff Association**” means the association of the Medical Staff members more particularly described in ARTICLE 13;
- (ff) “**Midwife**” means a member in good standing of the College of Midwives of Ontario;
- (gg) “**Midwifery Staff**” means the Midwives to whom the Board has granted Privileges to treat Patients;
- (hh) “**Most Responsible Physician**” means the Physician who is responsible for directing that Patient’s care, treatment and diagnosis until such responsibility is transferred to another Physician in accordance with section 8.04 or the Patient is discharged;
- (ii) “**Patient**” means any in-patient or out-patient of the Hospital;
- (jj) “**Physician**” means a member in good standing of the College of Physicians and Surgeons of Ontario;
- (kk) “**Privileges**” means those rights or entitlements conferred upon a Physician, Dentist, Midwife or Registered Nurse in the Extended Class at the time of appointment or re-appointment;
- (ll) “**Professional Human Resources Plan**” means the plan approved by the Board on the recommendation of the Medical Advisory Committee and developed by the Chief Executive Officer and the Chief of Staff, in consultation with the Department Chiefs, based on the mission and strategic plan of the Corporation and the resources of the Corporation, which plan provides information and future projections of this information with respect to the management and appointment of Professional Staff members;
- (mm) “**Professional Staff**” means those Physicians, Dentists, Midwives and Registered Nurses in the Extended Class who are appointed by the Board and who are granted specific Privileges to practice medicine, dentistry, midwifery or extended class nursing, respectively, in the Hospital;
- (nn) “**Public Hospitals Act**” means the *Public Hospitals Act* (Ontario) and, where the context requires, includes the regulations made under it and any statute that may be substituted for it, as amended from time to time;

- (oo) “**Registered Nurse in the Extended Class**” means a member in good standing 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* (Ontario);
- (pp) “**Service**” means an organizational unit of a Department; and
- (qq) “**Supervisor**” means a Physician, Dentist, Midwife or Registered Nurse in the Extended Class on the Active Staff who is assigned the responsibility to oversee the work of another Professional Staff member.

1.02 Interpretation

In this By-law, unless the context otherwise requires, words importing the singular number include the plural number and vice versa; and “including” or “include(s)” means “including (or include(s)) without limitation”. Where this By-law provides for a matter to be determined, prescribed, or requested by the Board, Medical Advisory Committee, Chief of Staff, Department Chief, or Head of Service, in all instances, the determination, prescription, or request may be made from time to time.

1.03 Delegation of Duties

Any of the Chief Executive Officer, Chief of Staff/chair of the Medical Advisory Committee, Department Chief and Head of Service shall be responsible for the duties assigned to them under this By-law, and they may delegate these duties to others.

1.04 Repeal of Previous By-laws

All previous by-laws relating to the Professional Staff are repealed and replaced with this By-law.

ARTICLE 2. PURPOSE OF PROFESSIONAL STAFF BY-LAW

2.01 Purpose of this By-law

Pursuant to the Board’s obligations under the *Public Hospitals Act* and the Hospital Management Regulation, the Board has set out in this By-law the following:

- (a) the structure of the Professional Staff organization that defines responsibility, authority and accountability of every component and that is designed to ensure that each Professional Staff member exercises responsibility and authority commensurate with the member’s contribution to Patient care and safety, treatment and diagnosis and fulfills like accountability obligations;
- (b) a mechanism for accountability to the Board and as appropriate for Patient care and workplace safety, and professional and ethical behaviours of each Professional Staff member;
- (c) the process for the selection of the Chief of Staff (as per Board policy), Department Chiefs and Heads of Service, and for the election of the Medical Staff Association officers;
- (d) a quality assurance system to monitor the professional care rendered to Patients by Professional Staff members; and

- (e) a Medical Staff Association structure that will advocate the interests of and support the rights and privileges of the Medical Staff as provided in this By-law.

ARTICLE 3. APPOINTMENT AND REAPPOINTMENT TO PROFESSIONAL STAFF

3.01 Appointment to the Professional Staff

- (a) An individual (also referred to as “Applicant”) who wishes to practise at the Corporation will participate in the appointment process set out in this By-law.
- (b) 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.
- (c) The Board, after considering the recommendation of the Medical Advisory Committee, shall appoint annually a Medical Staff, and may appoint a Dental Staff, Midwifery Staff and the non-employed members of the Extended Class Nursing Staff for the Corporation and shall grant such Privileges as it deems appropriate to each Professional Staff member so appointed.
- (d) All new appointments shall be contingent upon an Impact Analysis demonstrating that the Corporation has the resources to accommodate the Applicant and that the Applicant meets the needs of the respective Department as described in the Professional Human Resources Plan.
- (e) The Board may, at any time, make or revoke any appointment to the Professional Staff, refuse to reappoint a Professional Staff member, or restrict or suspend the Privileges of any Professional Staff member, in accordance with the provisions of this By-law and the *Public Hospitals Act*.
- (f) Any administrative or leadership appointment of the Professional Staff member shall automatically terminate upon the revocation of appointment or the restriction or suspension of Privileges, unless otherwise determined by the Board.
- (g) Subject to section 3.05(e), each appointment to the Professional Staff shall be for a term of up to one year.
- (h) The Board shall approve the prescribed form of application for appointment, re-appointment, and change in Privileges after receiving the recommendation of the Medical Advisory Committee.

3.02 Application for Appointment to the Professional Staff

- (a) (i) An application for appointment to the Professional Staff shall be processed in accordance with the provisions of the *Public Hospitals Act*, this By-law, and the Hospital and Professional Staff policies.
- (ii) For greater certainty, applications for Privileges relating to a service that the Hospital has ceased or ceases to provide pursuant to section 44 of the *Public Hospitals Act* shall not be considered and shall not be subject to the procedure for processing applications for Professional Staff appointments set out in section 3.04.

- (b) The Chief Executive Officer shall supply a copy of, or information on how to access, the prescribed application form, this By-law, the applicable Hospital and Professional Staff policies, the mission, vision, values and strategic plan of the Corporation and the *Public Hospitals Act* to each Applicant who expresses in writing an intention to apply for appointment to the Professional Staff.
- (c) Each Applicant shall submit on the prescribed forms a written application to the Chief Executive Officer together with such releases, consents and undertakings that will enable the Corporation to fully investigate the qualifications and suitability of the Applicant.
- (d) In addition to any other provisions of this By-law, the Board may refuse to appoint any Applicant to the Professional Staff on any of the following grounds:
 - (i) the appointment is not consistent with the need for service, as determined by the Board from time to time;
 - (ii) the Professional Human Resources Plan and/or Impact Analysis does not demonstrate sufficient resources to accommodate the Applicant;
 - (iii) the appointment is not consistent with the mission, vision, values and strategic plan of the Corporation;
 - (iv) the Applicant was not considered the best qualified Applicant for the position available; and
 - (v) the Applicant has not demonstrated an ability to fulfill all of the criteria for appointment as set out in section 3.03.
- (e) Each Applicant shall, where requested, visit the Corporation for an interview with the Department Chief and, where appropriate, other members of the Professional Staff, the Chief of Staff and the Chief Executive Officer.

3.03 Criteria for Appointment to the Professional Staff

- (a) Each Applicant must be a registrant in good standing of, and have a current Certificate of Professional Conduct from, the College.
- (b) Applicants practising in a specialty recognized by the Royal College must:
 - (i) have certification by the Royal College:
 - (A) by way of examination; or
 - (B) academic equivalency; or
 - (C) having successfully completed a non-Canadian, Royal College approved residency program, specialty examination and specialty certification, or
 - (ii) at the discretion of the Board, upon the advice of the Medical Advisory Committee and the recommendation of the Credentials Committee, an Applicant who has a restricted Certificate of Registration from the College of Physicians and Surgeons of Ontario issued under the College's restricted Certificates of Registration policy must have at all times complied and must

continue to comply with any terms, conditions, limitations or preconditions attached to that Certificate of Registration.

- (c) Each time a Professional Staff member writes their College exams, they shall report the outcome to the appropriate Department Chief. A copy of the results should be sent to the Credentials Committee to form part of the credentials file. If a Professional Staff member is not successful in passing the exam, whether or not they continue to be eligible to rewrite the exam, a review of their appointment shall be triggered, which may result in a recommendation that their appointment be revoked.
- (d) An Applicant who is expected to participate in Patient care shall have demonstrated the ability to provide Patient care at an appropriate level of quality and efficiency.
- (e) The Department Chief, Credentials Committee and the Medical Advisory Committee will judge an Applicant by:
 - (i) their training and experience for the Privileges requested;
 - (ii) their demonstrated ability to work and co-operate with and relate to others in a collegial and professional manner;
 - (iii) their demonstrated ability to communicate and relate appropriately with Patients and Patients' relatives and substitute decision-makers;
 - (iv) their willingness to participate in the discharge of staff, committee and other responsibilities and obligations appropriate to membership category;
 - (v) if applicable, their interest and aptitude towards clinical activities;
 - (vi) their ethical performance and/or behaviour; and
 - (vii) the Applicant's continuing education, which must be acceptable to the Credentials Committee.
- (f) The Applicant must indicate to the Credentials Committee adequate control of any significant physical or behavioural impairment that affects skill, attitude or judgement that might impact negatively on Patient care or the operations of the Corporation.
- (g) The Applicant must have up-to-date inoculations, screenings and tests as may be required by the occupational health and safety policies and practices of the Corporation, the *Public Hospitals Act* or other legislation.
- (h) The Applicant shall provide evidence of membership in the Canadian Medical Protective Association, or evidence of individual professional practice liability insurance coverage appropriate to the scope and nature of the intended practice.
- (i) The Department Chief, Credentials Committee and the Medical Advisory Committee may consider the Applicant's complete credentials file from initial application to the present in making their assessment of the Applicant.
- (j) All appointments shall be consistent with community need and the mission, vision and strategic plan of the Corporation.

- (k) Before forwarding an application to the Credentials Committee, all new appointments shall be contingent upon an Impact Analysis demonstrating that the Corporation has the resources to accommodate the Applicant and that the Applicant meets the needs of the respective Department as described in the Professional Human Resources Plan.

3.04 Procedure for Processing Applications for Professional Staff Appointments

- (a) Upon receipt of a completed application, the Chief Executive Officer shall retain a copy of the application and shall deliver each original application forthwith to the Medical Advisory Committee through the Chief of Staff, who shall keep a record of each application received and then refer the original application forthwith to the Chair of the Credentials Committee with a copy to the appropriate Department Chief.
- (b) The Credentials Committee shall assess each application together with the qualifications and experience of the Applicant and, where applicable, the Applicant's complete credentials file. The Credentials Committee shall make a written report to the Medical Advisory Committee, having given consideration to the recommendation of the appropriate Department Chiefs and Heads of Service. The Credentials Committee shall:
 - (i) review all materials in the application and ensure all required information has been provided;
 - (ii) investigate the qualifications, experience, professional reputation and competence of the Applicant and consider if the criteria required by this By-law are met;
 - (iii) receive the recommendation of the Department Chief(s);
 - (iv) include a recommendation to the Medical Advisory Committee to appoint, not appoint, or appoint the Applicant subject to specified conditions; and
 - (v) in the case of a recommendation for appointment, specify the category of appointment and the specific Privileges it recommends the Applicant be granted.
- (c)
 - (i) Subject to section 3.04(c)(ii) and section 3.04(f)(ii)(B), the Medical Advisory Committee shall receive and consider the application and report of the Credentials Committee and send its recommendation in writing to the Board and to the Applicant within 60 days of the date of receipt by the Chief Executive Officer of the completed application, as outlined in the *Public Hospitals Act*.
 - (ii) The Medical Advisory Committee may make its recommendation to the Board later than 60 days after the receipt of the completed application if, before the expiry of the 60-day period, it indicates in writing to the Board and the Applicant that a final recommendation cannot yet be made, includes written reasons for the delay, and specifies a date, stage or event, as applicable, by which it intends to make its final recommendation.

- (d) (iii) Upon notice of deferral under section 3.04(c)(ii), if no request is made for a hearing, the Applicant shall be deemed to have waived the 60-day response time.
- (e) If the recommendation of the Medical Advisory Committee is deferred, the Medical Advisory Committee is entitled to consider any additional information relevant to the Applicant's application that comes to its attention up to and including the date on which the Medical Advisory Committee's recommendation is made to the Board, provided the relevant documentation regarding such information is provided to the Applicant pursuant to section 6.01(d).
- (f) The Medical Advisory Committee shall give written notice to the Board of its recommendation.
 - (i) Where the Medical Advisory Committee recommends the appointment, it shall specify the category of appointment and the specific Privileges it recommends the Applicant be granted.
 - (ii) If the recommendation is prejudicial to the Applicant, the Applicant shall be given written notice that the Applicant is entitled to:
 - (A) written reasons for the recommendation, provided the request for such reasons is made within seven days of the receipt by the Applicant of the notice of the recommendation; and
 - (B) a Board hearing, provided the request for such a hearing is received by the Board and the Medical Advisory Committee within seven days of the receipt by the Applicant of the written reasons. The procedures to be followed at such a hearing are outlined in section 6.02 with necessary changes to points of detail.
- (g) Where the Medical Advisory Committee has concerns or concerns are raised about whether to recommend an appointment, the Medical Advisory Committee may, acting in its absolute sole discretion, provide the Applicant with written notice that the Applicant is entitled to attend a meeting of the Medical Advisory Committee to make a presentation to the Medical Advisory Committee. The procedures to be followed at such a meeting are outlined in sections 6.01 and 6.02.
- (h) Where the Applicant does not require a Board hearing, the Board may implement the recommendation of the Medical Advisory Committee. However, where the Medical Advisory Committee makes a recommendation with respect to an appointment and:
 - (i) the Applicant has not made any written or oral submissions to the Board, and concerns are raised that the Board believes the Applicant should have an opportunity to address, the Board may, acting in its absolute sole discretion, give the Applicant notice that the Applicant is entitled to a Board hearing and shall follow the process set out in section 6.02 with the necessary changes to points of detail; or
 - (ii) information that has not been considered by the Medical Advisory Committee has come to the attention of the Board that the Board believes

should be considered by the Medical Advisory Committee before the Board acting on the Medical Advisory Committee's recommendation, the Board may refer the new information back to the Medical Advisory Committee for consideration, with the Medical Advisory Committee to provide a reconsidered recommendation to the Board with respect to the appointment. The Applicant shall be given notice of the reconsidered recommendation as outlined in this section and that the Applicant is entitled to a meeting and the process set out in sections 6.01 and 6.02 with necessary changes to points of detail.

3.05 Reappointment to the Professional Staff

- (a) Each year, each Professional Staff member desiring reappointment to the Professional Staff shall submit an application in the prescribed form before the date specified by the Medical Advisory Committee.
- (b) In the case of any application for reappointment in which the Applicant requests additional Privileges, each application for reappointment shall identify any required professional qualifications and confirm that the Applicant holds such qualification.
- (c) The application for reappointment shall be processed in accordance with the *Public Hospitals Act* and section 3.04.
- (d) In order to be eligible for reappointment, the Applicant shall:
 - (i) continue to meet the qualifications and criteria set out in section 3.03;
 - (ii) have conducted themselves in compliance with this By-law and relevant Hospital and Professional Staff policies; and
 - (iii) demonstrate an appropriate use of the Corporation's resources.
- (e) Where a Professional Staff member has applied for reappointment within the time prescribed by the Medical Advisory Committee, the current appointment shall continue:
 - (i) unless section 3.05(e)(ii) applies, until the reappointment is granted or not granted by the Board; or
 - (ii) in the case of a Medical Staff member and where the reappointment is not granted by the Board and there is a right of appeal to the Health Professions Appeal and Review Board, until the time for giving notice of a hearing by the Health Professions Appeal and Review Board has expired or, where a hearing is required, until the decision of the Health Professions Appeal and Review Board has become final.

3.06 Application for Change of Privileges

- (a) Each Professional Staff member who wishes to change their Privileges shall submit in the prescribed form an application listing the change of Privileges requested, evidence of appropriate training and competence, and such other matters as the Board may require.

- (b) The application for change of Privileges shall be processed in accordance with the *Public Hospitals Act* and section 3.04.

3.07 Leave of Absence

- (a) Upon request of a Professional Staff member to the appropriate Department Chief, the Chief of Staff may grant a leave of absence for up to one year, after receiving the recommendation of the Medical Advisory Committee:
 - (i) in the event of extended illness or disability of the member; or
 - (ii) in other circumstances acceptable to the Board.
- (b) After returning from a leave of absence, the Professional Staff member may be required to produce a medical certificate of fitness from a physician acceptable to the Chair of the Medical Advisory Committee. The Chair of the Medical Advisory Committee may impose such conditions on the Privileges granted to such Professional Staff member as appropriate.
- (c) Leave of absence longer than one year shall require reapplication for a Professional Staff appointment in the manner and subject to the criteria set out in this By-law.

ARTICLE 4. NON-IMMEDIATE MID-TERM ACTION

4.01 Initiation of Non-Immediate Mid-Term Action

- (a) Mid-term action may be initiated wherever the Professional Staff member is alleged to have engaged in, made or exhibited acts, statements, demeanour, behaviours or professional conduct, either within or outside of the healthcare facilities, and the same:
 - (i) exposes, or is reasonably likely to expose Patients, employees or any other individuals in the Corporation to harm or injury; or
 - (ii) is, or is reasonably likely to be, detrimental to Patient safety or to the delivery of quality Patient care within the Corporation; or
 - (iii) is, or is reasonably likely to constitute Disruptive Behaviour; or
 - (iv) results in the imposition of sanctions by the College; or
 - (v) is contrary to the By-laws, Hospital and Professional Staff policies, the *Public Hospitals Act*, or any other applicable law of Canada or Ontario; or
 - (vi) creates, or is likely to create, damage to the reputation of the Hospital.
- (b) Where information is provided to any one of the Chief Executive Officer, Chief of Staff or Department Chief that raises concerns about any of the matters in section 4.01(a), the information shall be reduced to writing along with any supporting documentation and shall be directed to the Chief Executive Officer, Chief of Staff or Department Chief.
- (c) If any of the Chief Executive Officer, Chief of Staff or Department Chief receives any information that raises concerns about any of the matters in section 4.01(a), the recipient shall inform the other individual(s) and forthwith provide the individual(s)

with a written report of the information together with any supporting documentation.

- (d) An interview shall be arranged with the Professional Staff member and the Chief Executive Officer and/or Chief of Staff and/or Department Chief.
- (e) The Professional Staff member shall be advised of the information about their behaviour, performance or competence and shall be given a reasonable opportunity to present relevant information on their own behalf.
- (f) A written record shall be maintained reflecting the substance of the interview and copies shall be sent to the Professional Staff member, the Chief Executive Officer, Chief of Staff and Department Chief.
- (g) If the Professional Staff member fails or declines to participate in the interview after being given a reasonable opportunity, the appropriate action may be initiated.
- (h) The Chief of Staff and/or Department Chief and/or Chief Executive Officer shall, at their sole discretion, determine whether a further investigation is necessary.
- (i) 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.
- (j) 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 or Department Chief. The Professional Staff member shall also be provided with a copy of the written report.
- (k) The Chief Executive Officer and Chief of Staff or Department Chief shall review the report and determine whether any further action may be required including whether the matter should be dealt with as an immediate mid-term action pursuant to section 5.01 or referred to the Medical Advisory Committee for consideration pursuant to section 4.02.

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

- (a)
 - (i) 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 acts, statements, demeanour, behaviours or professional conduct that constitute grounds for the request and a copy of any reports with respect to the matter.
 - (ii) Within 21 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 special meeting of the Medical Advisory Committee is required to be held.
 - (iii) 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 30 days of the deferral.
- (b) Where it is determined that further action may be required and the matter relates to the dismissal, suspension or restriction of a Professional Staff member's Privileges

and/or the quality of care, diagnosis and treatment and/or Patient or workplace safety in the Corporation, the matter shall be referred to the Medical Advisory Committee, which may dismiss the matter for lack of merit or initiate further investigation, or determine to have a meeting of the Medical Advisory Committee.

- (c) (i) Where the Medical Advisory Committee initiates another investigation (through internal or external investigations), it shall ensure that the investigation is completed as soon as practical.
- (ii) Upon completion of the investigation contemplated in this section, the Medical Advisory Committee may either dismiss the matter for lack of merit or determine to have a special meeting of the Medical Advisory Committee.
- (d) Where the Medical Advisory Committee considers the matter at a special meeting, then the procedure set out at section 6.01 is to be followed.
- (e) Participation of any member of the Medical Advisory Committee in an investigation regarding an applicant does not preclude the member from chairing, participating or voting at a special meeting of the Medical Advisory Committee.

4.03 Addressing Issues of Competence during Mid-Term Action

At any time during mid-term action if it becomes apparent that the Professional Staff member is engaging in, making, or exhibiting any of the acts, statements, demeanour, behaviours or professional conduct, either within or outside of the healthcare facilities, and the same results in any of the outcomes described in section 4.014.01(a), and immediate action must be taken to address such acts, statements, demeanour, behaviours, professional conduct or outcomes, then the Chief Executive Officer, Chief of Staff and/or Department Chief may determine to invoke the procedures set out in ARTICLE 5.

ARTICLE 5. IMMEDIATE MID-TERM ACTION IN AN EMERGENCY SITUATION

5.01 Initiation of Immediate Mid-Term Action

- (a) Where the behaviour, performance or competence of a Professional Staff member exposes, or is reasonably likely to expose Patient(s), employees or any other individuals to harm or injury, either within or outside of the healthcare facilities, and immediate action must be taken to protect the Patients, employees or other individuals, and no less restrictive measure can be taken, the Chief Executive Officer (after consultation with one of the Chief of Staff or Department Chief), the Chief of Staff and/or Department Chief may immediately and temporarily suspend or restrict the Professional Staff member's Privileges.
- (b) (i) The Chief Executive Officer, Chief of Staff or Department Chief shall immediately notify the Professional Staff member and the Medical Advisory Committee of their decision to suspend the Professional Staff member's Privileges.
- (ii) The College reporting requirements set out in section 7.01 shall be applicable to the Chief Executive Officer, Chief of Staff or Department

Chief's respective decision to immediately suspend or restrict the Professional Staff member's Privileges.

- (c) Arrangements, as necessary, shall be made by the Chief of Staff or Department Chief for the assignment of a substitute to care for the Patients of the suspended or restricted Professional Staff member.
- (d) Participation of any Medical Advisory Committee member in the suspension or restriction of the Professional Staff member's Privileges does not preclude such Medical Advisory Committee member from chairing, participating or voting at the Medical Advisory Committee meeting.

ARTICLE 6. MEDICAL ADVISORY COMMITTEE SPECIAL MEETING AND BOARD HEARING

6.01 Special Meeting of the Medical Advisory Committee

- (a) The Medical Advisory Committee shall set a date for a meeting of the Medical Advisory Committee to be held within ten days from the date of the mid-term action to review the mid-term action and to make recommendations to the Board.
- (b) As soon as possible, and in any event, at least 14 days (in the event of non-immediate mid-term action) or four days (in the event of immediate mid-term action) before the Medical Advisory Committee meeting, the Medical Advisory Committee shall provide the Professional Staff member with a written notice of:
 - (i) the date, time and place of the meeting;
 - (ii) the purpose of the meeting;
 - (iii) a statement that the Professional Staff member will be provided with a statement of the matter to be considered by the Medical Advisory Committee together with any documentation or witnesses that will be considered by the Medical Advisory Committee as may be determined by the Chief of Staff.
 - (iv) a statement that the Professional Staff 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;
 - (v) a statement that the Professional Staff member's legal counsel may attend only to provide confidential legal advice to the Professional Staff member, but will not be entitled to make any submissions and/or participate directly in the meeting including examining any witnesses;
 - (vi) a statement that legal counsel to the Medical Advisory Committee may attend at Medical Advisory Committee meetings, including *in camera* deliberations, in order to provide advice to the members of the Medical Advisory Committee and to ensure compliance with applicable laws and due process requirements; and

- (vii) a statement that, in the absence of the Professional Staff member, the meeting may proceed.
- (c) The Professional Staff member may request and the Medical Advisory Committee may, after considering the reason cited and acting in its absolute sole discretion, grant a postponement of the Medical Advisory Committee meeting. The request for postponement of the meeting must be made in writing at least five days (in the event of non-immediate mid-term action) or 24 hours (in the event of immediate mid-term action) before the Medical Advisory Committee meeting and, subject to Medical Advisory Committee scheduling and extraordinary circumstances, may not be postponed by more than five business days.
- (d) In respect of non-immediate mid-term action, at least seven business days before the Medical Advisory Committee meeting, the Medical Advisory Committee shall provide the Professional Staff 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 that will be reviewed at the meeting and a list of witnesses with a brief synopsis of the purpose for which they are being called. For clarity, no other documentation or witnesses will be produced by the Medical Advisory Committee, unless new information subsequently comes to the attention of the Chief of Staff after the issuance of the comprehensive statement.
- (e) The Professional Staff member shall be given full opportunity to answer each ground as well as to present documents and witnesses if so desired, provided that the Professional Staff member provides the Medical Advisory Committee with:
 - (i) a list of witnesses with brief synopsis of purpose for which they are being called; and
 - (ii) a copy of all additional documentation in the possession, power or control of the Professional Staff member that has not been produced by the Medical Advisory Committee that the Professional Staff member will rely on at the special meeting,at least five business days (in the event of non-immediate mid-term action) or 48 hours (in the event of immediate mid-term action) before the meeting.
- (f) The Medical Advisory Committee shall keep minutes of the proceedings and shall provide the Professional Staff member with a copy of the approved minutes. Only the open portion of the proceeding shall be detailed, the *in camera* portion of the minutes shall record the Medical Advisory Committee's reasons and recommendations.
- (g) Where the Medical Advisory Committee determines that the matter has no merit, this shall be noted in the minutes of the proceedings. Where the Medical Advisory Committee determines that the matter has merit, the Medical Advisory Committee shall make a recommendation to the Board. Before deliberating on the recommendation, the chair of the Medical Advisory Committee shall require the Professional Staff member involved and any other individuals present, other than

legal counsel of the Medical Advisory Committee, who are not Medical Advisory Committee members to leave the meeting.

- (h) The Medical Advisory Committee shall provide to the Professional Staff member within two days of the Medical Advisory Committee meeting written notice of:
 - (i) the Medical Advisory Committee's recommendation; and
 - (ii) the Professional Staff member's entitlement to a hearing before the Board if a written request is received by the Board and the Medical Advisory Committee within seven days of the receipt by the Professional Staff member of the Medical Advisory Committee's written reasons.
- (i) Upon receipt of the recommendation, the Professional Staff member may, in writing, request written reasons for the recommendation, and if these are requested, they shall be provided to the Professional Staff member within 14 days of the date of the request.
- (j) The time period to provide the written notice required in section 6.01(h) may be extended if the Medical Advisory Committee, before the expiry of the 14 days, gives written notice to the Professional Staff member that the final recommendation cannot yet be made and provides the Professional Staff member with written reasons.
- (k) The Medical Advisory Committee shall provide to the Board within 14 days from the date of the Medical Advisory Committee meeting, or such later date where the time period is extended pursuant to section 6.01(j), written notice of:
 - (i) the Medical Advisory Committee's recommendation and the written reasons for the recommendation; and
 - (ii) where an extension was made pursuant to section 6.01(j), the written reasons for the extension.
- (l) Service of a notice to the Professional Staff member may be made personally or by registered mail addressed to the person to be served at their 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 they did not, acting in good faith, through absence, accident, illness or other cause beyond their control receive it until a later date. In the alternative, when the Professional Staff member is represented by legal counsel, the notice may be served on legal counsel.
- (m) Where the Professional Staff member does not require a hearing by the Board, the Board may implement the recommendation of the Medical Advisory Committee. However, where the Medical Advisory Committee makes a recommendation with respect to the revocation of appointment or the suspension or restriction of a Professional Staff member's Privileges and:
 - (i) the Professional Staff member has not made any written or oral submissions to the Board, and concerns are raised that the Board believes the Professional Staff member should have an opportunity to address, the Board

may give the Professional Staff member notice that they are entitled to a Board hearing and shall follow the process set out in section 6.02; or

- (ii) information that has not been considered by the Medical Advisory Committee has come to the attention of the Board that the Board believes should be considered by the Medical Advisory Committee before the Board acting on the Medical Advisory Committee's recommendation, the Board may refer the new information back to the Medical Advisory Committee for consideration, with the Medical Advisory Committee to provide a reconsidered recommendation to the Board with respect to the revocation of appointment or the suspension or restriction of a Professional Staff member's Privileges, as the case may be. The Professional Staff member shall be given notice of the reconsidered recommendation as outlined in this section and entitled to a meeting and the process set out in sections 6.01(a) to (l).

6.02 Board Hearing

- (a) Where an Applicant or Professional Staff member requires a Board hearing, the Board shall appoint a date, time and place for the hearing.
- (b) The Board hearing shall be held within 30 days (in the case of non-immediate mid-term action or in the case of a Medical Advisory Committee recommendation that is prejudicial to an Applicant) or 14 days (in the case of immediate mid-term action) of the Board receiving the notice from the Applicant or Professional Staff member requesting a hearing or at a later date on consent of the Applicant or Professional Staff member and the Medical Advisory Committee.
- (c) The Board shall give written notice of the hearing to the Applicant or Professional Staff member and to the chair of the Medical Advisory Committee at the earliest possible opportunity and, in any event, at least seven days before the hearing date. The notice of the Board hearing shall include:
 - (i) the date, time and place of the hearing;
 - (ii) the purpose of the hearing;
 - (iii) a statement that the Applicant or Professional Staff member and the Medical Advisory Committee shall be afforded an opportunity at least seven days (in the case of non-immediate mid-term action or in the case of a Medical Advisory Committee recommendation that is prejudicial to an Applicant) or 72 hours (in the case of immediate mid-term action) before the hearing to examine a list of the witnesses the Medical Advisory Committee intends to call to provide evidence and any written or documentary evidence that will be provided or any report, the contents of which will be given in evidence at the hearing;
 - (iv) a statement that the Applicant or Professional Staff member may proceed in person or be represented by legal counsel and that, in their absence, the Board may proceed with the hearing and that the Applicant or Professional Staff member will not be entitled to any further notice of the proceeding;

- (v) a statement that subject to section 6.02(d), the Applicant or Professional Staff member may call witnesses and tender documents in evidence in support of their case;
 - (vi) a copy of the Board-approved rules that will govern the hearing; and
 - (vii) a statement that the time for the hearing may be extended by the Board.
- (d) At least 72 hours before the hearing, the Applicant or Professional Staff member shall provide the Board and the Medical Advisory Committee with the following:
- (i) a list of witnesses with a brief synopsis of the purpose for which they are being called; and
 - (ii) a copy of all documentation in the possession, power or control of the Applicant or Professional Staff member that has not been produced by the Medical Advisory Committee that the Applicant or Professional Staff member will be relying on at the hearing.
- (e) The parties to the Board hearing are the Applicant or Professional Staff member, the Medical Advisory Committee and such other persons as the Board may specify. The Board may obtain legal advice. The Chief of Staff may attend the Board hearing to instruct legal counsel for the Board.
- (f) Subject to section 6.02(i) below, Directors 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 their representative, except upon notice to and an opportunity for all parties to participate.
- (g) No Director shall participate in a Board decision pursuant to a hearing unless they are present throughout the hearing and heard the evidence and argument of the parties and, except with the consent of the parties, no Board decision shall be given unless all Directors so present participate in the decision.
- (h) If the quorum requirements cannot be met, the parties may waive the requirement for a quorum.
- (i) A panel comprised of a subset of the Board or the Board chair shall have the authority to make determinations regarding pre-hearing matters at the Board's discretion.
- (j) 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 the *Statutory Powers Procedure Act* (Ontario).
- (k) The Board shall consider only the reasons of the Medical Advisory Committee that have been given to the Applicant or Professional Staff member in support of its recommendation. Where through error or inadvertence, certain reasons have been omitted in the statement delivered to the Applicant or Professional Staff member, the Board may consider those reasons only if those reasons are given by the Medical Advisory Committee in writing to both the Applicant or Professional Staff member

and the Board and the Applicant or Professional Staff member is given a reasonable time to review the reasons and to prepare a case to meet those additional reasons.

- (l) The Board shall, acting in its absolute sole discretion, make a decision to follow, not follow, or alter the recommendation of the Medical Advisory Committee.
- (m) A written copy of the decision of the Board shall be provided to the Applicant or Professional Staff member and to the Medical Advisory Committee within two days of the conclusion of the Board hearing.
- (n) Upon receipt of the decision, the Applicant or Professional Staff member may, in writing, request written reasons for the decision, and if these are requested, they shall be provided to the Applicant or Professional Staff member and to the Medical Advisory Committee within three weeks of the date of the request.
- (o) Service of the notice of the decision and the written reasons to the Applicant or Professional Staff member may be made personally or by registered mail addressed to the Applicant or Professional Staff member at their 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 they did not, acting in good faith, through absence, accident, illness or other cause beyond their control receive it until a later date.

ARTICLE 7. RELATED MATTERS

7.01 Notification of College and Partners

Notice of any revocation of appointment or suspension or restriction of Privileges by reason of incompetence, negligence, or misconduct, or resignation during the course of an investigation into a Professional Staff member's competence, negligence or misconduct, shall be given by the Chief Executive Officer to the Registrar of the College with which the member is registered no later than 30 days after the event, and shall be given to the Dean, or similarly named officer of any educational institution in which the member holds a cross appointment between that institution and the Corporation.

7.02 Ceasing to Provide a Service

For greater certainty, the process, obligations and rights contained in ARTICLE 3 shall not apply to a decision of the Board under section 44(2) of the *Public Hospitals Act*.

ARTICLE 8. PROFESSIONAL STAFF DUTIES

8.01 Duties, General

- (a) Each Professional Staff member is accountable to and shall recognize the authority of the Board through and with the Heads of Service, Department Chiefs, Chief of Staff, Chief Executive Officer and Chief Nursing Executive (if applicable).
- (b) Every Professional Staff member shall co-operate with:
 - (i) the Board;
 - (ii) the Chief of Staff and the Medical Advisory Committee;

- (iii) the Chief Executive Officer;
 - (iv) the Department Chief (and Head of Service, if applicable) to which the Professional Staff member has been assigned;
 - (v) the other Professional Staff members;
 - (vi) the Chief Nursing Executive (if applicable); and
 - (vii) the Healthcare Practitioners within the Department to which the Professional Staff member has been assigned.
- (c) Every Professional Staff member shall:
- (i) ensure a high professional standard of care, treatment and diagnosis is provided to Patients under their care that is consistent with sound healthcare resource utilization practices;
 - (ii) practise at the highest professional and ethical standards within the limits of the Privileges provided;
 - (iii) notify the Board in writing through the Chief Executive Officer of any additional professional degrees or qualifications obtained by the Professional Staff member or of any change in the licence to practice made by the College or change in professional liability insurance or increase in the Professional Staff member's scope of practice or a requirement for additional Privileges that will impact the Hospital's resources;
 - (iv) give such instruction as is required for the education of other Professional Staff members and Hospital staff;
 - (v) participate in continuous quality improvement and Patient and workplace safety initiatives, as appropriate;
 - (vi) immediately provide a recital and description to the Department Chief and Chief of Staff of any *in year* change to the information provided by the Professional Staff member in their most recent application for Privileges;
 - (vii) (A) file a prescribed report with the appropriate College if:
 - (1) the Professional Staff member has reasonable grounds, obtained in the course of practicing, to believe that another member of the same or different College has sexually abused a Patient; or
 - (2) the Professional Staff member has been found guilty of an offence or if there has been a finding of professional negligence or malpractice against the Professional Staff member; and(B) file a report with the Chief Executive Officer if the Professional Staff member has reasonable grounds to believe that another member of the same or different College is incompetent or incapacitated;
 - (viii) provide timely communication with all Patients' referring physicians;

- (ix) obtain consultations on Patients, where appropriate;
 - (x) when requested by a fellow Professional Staff member, provide timely consultations;
 - (xi) not undertake any conduct that would be prejudicial to the Hospital's reputation or standing in the community, including making prejudicial or adverse public statements with respect to the Hospital's operations;
 - (xii) abide by the *Public Hospitals Act*, the regulations made thereunder, all other applicable laws and the Hospital's By-laws, Hospital and Professional Staff policies, including the Professional Staff Respectful Workplace Policy;
 - (xiii) maintain involvement in continuing medical and interdisciplinary professional education;
 - (xiv) provide written notice of resignation to the Chief of Staff and Chief Executive Officer at least three months before the departure date;
 - (xv) perform such other duties as may be prescribed from time to time by or under the authority of the Board, the Medical Advisory Committee, the Chief of Staff or the appropriate Department Chief; and
 - (xvi) be subject to the College's age-based reviews that occur at age 70 and every five years thereafter;
- (d) If the Chief of Staff and/or Department Chief request(s) a meeting with a Professional Staff member for the purpose of interviewing that Professional Staff member about any matter, the member shall attend the interview at a mutually agreeable time but within 14 days of the request. If the Professional Staff member so requests, they may bring a representative with them to the meeting. The Chief of Staff and/or Department Chief may extend the date for attendance at the interview at their discretion. If requested by the Chief of Staff and/or Department Chief, the Professional Staff member attending the meeting shall produce any documents requested by the Chief of Staff and/or Department Chief for discussion at the meeting. If a criminal record check and/or vulnerable sector check is requested, the request shall be made at a meeting with the Professional Staff member where the Chief of Staff and Chief Executive Officer are both present.

8.02 Monitoring Aberrant Practices

Where any member of the Professional Staff or Corporation staff reasonably believes that a Professional Staff member is incompetent, or is attempting to exceed their Privileges, or is incapable of providing a service that the Professional Staff member is about to undertake, or is acting in a manner that exposes or is reasonably likely to expose any Patient, Professional Staff member, Healthcare Practitioner, employee or any other individual at the Corporation to harm or injury, the concern shall be communicated immediately to one of the Chief of Staff, Department Chief (or Head of Service, if applicable) and the Chief Executive Officer so that appropriate action can be taken. Where the communication relates to an Extended Class Nursing Staff member, it may also be communicated to the Chief Nursing Executive.

8.03 Monitoring Practices

- (a) Any aspect of Patient care or Professional Staff conduct being carried out in the Hospital may be reviewed without the permission of the Professional Staff member carrying out such conduct by:
 - (i) the Chief of Staff;
 - (ii) the Chief of the appropriate Department;
 - (iii) the Head of the appropriate Service, if applicable; or
 - (iv) the Chief Executive Officer.

Where the care or conduct involves an Extended Class Nursing Staff member, the Chief Nursing Executive may also review the care or conduct.

- (b) The Chief of Staff, Department Chief, Head of Service and/or Chief Executive Officer may at any time for any reason whatsoever appoint a Professional Staff member to monitor and/or supervise a Professional Staff member's clinical activities at the Hospital with or without the Professional Staff member's permission.
- (c) Any operation, procedure, or treatment performed in the Hospital by an Associate Staff member may also be viewed without their permission by the Professional Staff member to whom the Associate Staff member has been assigned.

8.04 Most Responsible Physician and Transfer of Responsibility

- (a) A Professional Staff member who has assumed responsibility for a Patient's care, treatment and diagnosis shall remain responsible for that Patient until the Patient's discharge from the Hospital or until the care, treatment and diagnosis of the Patient is transferred to another Professional Staff member.
- (b) Whenever the responsibility for the care, treatment and diagnosis of a Patient is transferred to another Professional Staff member, other than for weekend coverage, a written notation by the Professional Staff member who is transferring the care, treatment and diagnosis over to another shall be made and signed on the Patient's medical record, the name of the Professional Staff member assuming the responsibility shall be noted in the Patient's medical record and the Professional Staff member shall be notified immediately. In the case where the accepting Professional Staff member refuses to accept responsibility or cannot be notified for any reason, the responsibility for the Patient's care, treatment and diagnosis shall remain with the transferring Professional Staff member.
- (c) Pursuant to the *Public Hospitals Act*, where the Chief of Staff or the appropriate Department Chief (or Head of Service, if applicable) has cause to take over the care, treatment and diagnosis of a Patient, the Chief Executive Officer, the Chief of Staff, the Department Chief (or Head of Service, if applicable), the attending Professional Staff member and, if possible, the Patient or their substitute decision maker shall be notified immediately. The Chief of Staff or the Department Chief (or Head of Service, if applicable) shall file a written report with the Medical Advisory Committee within 48 hours of their action.

ARTICLE 9. CHIEF OF STAFF

9.01 Appointment of Chief of Staff

- (a) The Board shall appoint a Physician currently on the Medical Staff (or has the capacity to become a member of the Medical Staff) to be Chief of Staff for the Hospital after giving consideration to the recommendations of a Selection Committee, which shall seek the advice of the Medical Advisory Committee.
- (b) The Board chair shall appoint a Selection Committee and its chair.
- (c) The membership of a Selection Committee shall include:
 - i. Board chair or delegate;
 - ii. chair of the Quality and Safety Committee or delegate;
 - iii. a Director;
 - iv. two Physicians on the Active Staff nominated by the Medical Staff Association, at least one of whom is a member of the Medical Advisory Committee;
 - v. Chief Executive Officer;
 - vi. Chief Nursing Executive; and
 - vii. such other members as the Board deems advisable.

Any of the Physicians nominated for office are excluded from being on the Selection Committee.

- (d) The Selection Committee shall invite applications from qualified individuals.
- (e) The Selection Committee shall provide the name of the preferred candidate to the Board.
- (f) The Board shall act upon such recommendation or shall refer the recommendation back to the Selection Committee, giving reasons for not accepting the recommendation.
- (g) If the recommendation of the Selection Committee is not accepted by the Board; then the procedure, as set out in sections 9.01(d), (e) and (f) shall continue until the Board accepts and acts upon the recommendation of the Selection Committee.
- (h) Subject to the Chief of Staff's reappointment to the Medical Staff, an appointment made under section 9.01(a) shall be for a term of four years (or such lesser term as determined by the Board), but the Chief of Staff may hold office until a successor is appointed.
- (i) Subject to sections 9.01(j) and 9.01(k), the maximum number of terms under section 9.01(h) shall be two; provided, however, that following a break in the continuous service of at least one year; the same Physician may be reappointed.
- (j) In reappointing the Chief of Staff to a second four-year term, the Board shall give consideration to the performance evaluation of such individual.

- (k) The Board, after consultation with the Medical Advisory Committee, may extend the maximum number of terms of the Chief of Staff.
- (l) Where an incumbent Chief of Staff is being recommended for reappointment by the Board, the Board may, after consultation with the Medical Advisory Committee, waive the Selection Committee process.
- (m) The Board at any time may revoke or suspend the appointment of the Chief of Staff.
- (n) An annual performance evaluation of the Chief of Staff shall be conducted in keeping with Board policy.
- (o) The Board may appoint an individual on an acting or interim basis where there is a vacancy in the office of Chief of Staff or while the individual holding the office is absent or unable to act. If the term of office expires before a successor is appointed, the Board may extend the appointment of the incumbent.

9.02 Duties of the Chief of Staff

- (a) The Chief of Staff is accountable to the Board for two major responsibilities:
 - (i) supervising and overseeing, through and with the Medical Advisory Committee, the quality of clinical care, treatment and diagnosis and behaviour provided by all Professional Staff members in the Hospital; and
 - (ii) chairing the Medical Advisory Committee. In chairing, it is also the responsibility of the Chief of Staff to report regularly to the Board on the work and recommendations of the Medical Advisory Committee and its subcommittees, and similarly to the Medical Advisory Committee, and its subcommittees, on the decisions and policies of the Board.
- (b) In addition, the Chief of Staff has the following other specific duties:
 - (i) The Chief of Staff shall be Ex-Officio:
 - (A) a non-voting member of the Board;
 - (B) a voting member of the Medical Advisory Committee and its subcommittees.
 - (ii) The Chief of Staff shall, as required, participate in the management and operations of the Hospital as a member of the senior management committee, in support of the Chief Executive Officer. As a member of the senior management committee, it is also the responsibility of the Chief of Staff to report regularly to the Chief Executive Officer on issues raised by the Medical Advisory Committee and Departments, and similarly to the Medical Advisory Committee and Departments on the decisions made by the Chief Executive Officer.
 - (iii) As chair of the Medical Advisory Committee, the Chief of Staff shall:
 - (A) organize, set priorities and supervise the agenda of the Medical Advisory Committee;

- (B) ensure issues raised at the Medical Advisory Committee or to the Chief of Staff are directed to the appropriate Medical Advisory Committee subcommittees;
 - (C) ensure, assist and develop appropriate communication between the Medical Advisory Committee and its subcommittees and the Hospital's committees, Departments, Department Chiefs and Heads of Service; and
 - (D) continuously monitor functioning of the Medical Advisory Committee, including recommending on and reporting to the Medical Advisory Committee on changes to the Medical Advisory Committee subcommittee structures, functions, procedures and operations.
- (iv) Through and with the Department Chiefs, the Chief of Staff ensures adequate supervision of any Professional Staff member for any period of time when:
- (A) the Professional Staff member begins practice at the Hospital or is performing a new procedure; and
 - (B) concerns arise about the quality of care, treatment and diagnosis or behaviours of a specific Professional Staff member.
- (v) Through and with the Department Chiefs, the Chief of Staff shall supervise the care given to all Patients, by:
- (A) ensuring the adequate review of appointments recommended by the Medical Advisory Committee to the Board;
 - (B) ensuring that quality assurance reporting, accountability and assessment structures exist and operate so as to identify individual problems with Patient care, treatment and diagnosis;
 - (C) consulting and acting with Department Chiefs on any issue of individual Patient care, treatment and diagnosis and Patient and workplace safety; and
 - (D) investigating and acting, as appropriate, in consultation with the Department Chiefs and the Hospital's Management, on complaints involving Professional Staff.
- (vi) The Chief of Staff shall investigate and act, as appropriate, on matters of Patient care, treatment and diagnosis, Patient and workplace safety, or conflicts with the Hospital's employees and Professional Staff. This duty includes implementing procedures to monitor and ensure Professional Staff compliance with the By-laws, and Hospital and Professional Staff policies and procedures.
- (vii) Through the Department Chief, the Chief of Staff, when necessary, assumes or assigns to any other Professional Staff member responsibility for the direct care, treatment and diagnosis of any Patient under the authority of the

Public Hospitals Act, and notifies the responsible Professional Staff member, Chief Executive Officer and, if possible, the Patient of this reassignment of care, treatment and diagnosis.

- (viii) The Chief of Staff shall collaborate with the Department Chiefs in the development, periodic review and revision of Departmental Professional Human Resources Plan and clinical utilization management review activities.
- (ix) The Chief of Staff, working through Department Chiefs, shall encourage participation of Professional Staff in continuing education and professional development.
- (x) As described in section 11.08, the Chief of Staff shall carry out the performance evaluation of all Department Chiefs.
- (xi) The Chief of Staff shall liaise with chief of staffs of the Hospital's regional partners.
- (xii) The Chief of Staff shall designate an Active Staff member to act as an alternate during an absence or disability of the Chief of Staff in consultation with the Chief Executive Officer.

9.03 Chief of Staff Performance Evaluation

The Chief of Staff shall be evaluated by the Board annually in accordance with the Board-approved process.

ARTICLE 10. PROFESSIONAL STAFF CATEGORIES

10.01 Categories

The Professional Staff shall consist of the following categories:

- (a) Active Staff;
- (b) Associate Staff;
- (c) Courtesy Staff;
- (d) Locum Tenens Staff; and
- (e) such categories as may be determined by the Board from time to time having given consideration to the recommendation of the Medical Advisory Committee.

All new Professional Staff must be appointed to the Associate Staff category before being granted Privileges in the Active Staff category, unless the Board waives this condition.

10.02 Active Staff

- (a) The Active Staff shall consist of those Physicians, Dentists, Midwives and Registered Nurses in the Extended Class whom the Board has appointed to the Active Staff.

- (b) All Active Staff members are responsible for ensuring that appropriate medical, dental, midwifery or extended class nursing, as the case may be, care, treatment and diagnosis is provided to their Patients in the Hospital.
- (c) Each Active Staff member shall have admitting Privileges unless otherwise specified in their appointment.
- (d) The Physicians on the Active Staff shall be eligible to vote at Medical Staff Association meetings and Department staff meetings, to hold office in the Medical Staff Association, and to sit on the Medical Advisory Committee or any of its subcommittees.
- (e) Each Active Staff member shall:
 - (i) undertake such duties in respect of all Patients including those Patients classed as emergency cases and outpatients of Department clinics as may be specified by the Chief of Staff or by the Department Chief (or Head of Service, if applicable) to which the Professional Staff member has been assigned;
 - (ii) attend Patients and undertake treatment and procedures only in accordance with the kind and degree of Privileges granted by the Board;
 - (iii) act as a Supervisor of a Professional Staff member, when requested by the Chief of Staff or Department Chief;
 - (iv) participate in on-call duty rosters, unless otherwise exempt by the Department Chief and/or Chief of Staff in accordance with the on-call policy developed from time to time by the Department Chief which has been approved by the Chief of Staff and the Medical Advisory Committee;
 - (v) make themselves available for committee membership as set out in the Hospital and Professional Staff policies;
 - (vi) be a member in the Department most appropriate to their field of professional practice; and
 - (vii) may apply and be granted membership in other clinical Departments relevant to their professional practice.

10.03 Associate Staff

- (a) The Associate Staff shall consist of those Physicians, Dentists, Midwives and Registered Nurses in the Extended Class whom the Board has appointed to the Professional Staff for a probationary period.
- (b) Each Associate Staff member shall have admitting Privileges unless otherwise specified in their appointment.
- (c) An Associate Staff member shall work for a probationary period under the counsel and supervision of a Supervisor named by the Chief of Staff or Department Chief (or Head of Service, if applicable) to which the Associate Staff member has been assigned.

- (d) From time to time, and at least every six months while an Associate Staff member, the Department Chief (or Head of Service, if applicable) to which the Associate Staff member has been assigned or the Supervisor shall make a report to the Chief of Staff and the Medical Advisory Committee in writing, including an assessment of:
 - (i) the knowledge and skill that has been shown by the Associate Staff member;
 - (ii) the nature and quality of the Associate Staff member's work in the Hospital including participation in on-call duty roster and committee work;
 - (iii) the Associate Staff member's utilization of the Hospital's resources;
 - (iv) the Associate Staff member's ability to function in conjunction with the other members of the Hospital staff and Professional Staff;
 - (v) the Associate Staff member's professional conduct and behaviour; including review of complaints and concerns raised;
 - (vi) compliance with the Professional Staff members' general duties as more particularly set out in ARTICLE 8;
 - (vii) chart completion and compliance in relation to Hospital policy; and
 - (viii) any other matter relevant to their appointment.
- (e) Generally, after not more than one year, the appointment of a Professional Staff member to the Associate Staff shall be reviewed by the Credentials Committee having received a written report for the Associate Staff member, which shall report to the Medical Advisory Committee.
- (f) The Medical Advisory Committee may recommend that the Professional Staff member be appointed to the Active Staff or may require the individual to be subject to a further probationary period not longer than six months.
- (g) The Department Chief, 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.
- (h) At any time, receipt of an unfavourable report may cause the Medical Advisory Committee to consider making a recommendation to the Board that the appointment of the Associate Staff member be revoked.
- (i) No Professional Staff member shall be appointed to the Associate Staff for more than 18 consecutive months unless specifically exempted by the Board.
- (j) Each Associate Staff member shall:
 - (i) attend Patients, and undertake treatment and procedures under supervision in accordance with the kind and degree of Privileges granted by the Board;
 - (ii) undertake such duties in respect of those Patients classed as emergency cases and/or outpatients in Department clinics as may be specified by the Chief of Staff or Department Chief (or Head of Service, if applicable) to which the Professional Staff member has been assigned; and

- (iii) participate in on-call duty rosters, unless otherwise exempt by the Department Chief and/or Chief of Staff in accordance with the on-call policy developed by the Department Chief which has been approved by the Chief of Staff and the Medical Advisory Committee.
- (k) An Associate Staff member shall not vote at Medical Staff Association meetings, nor be elected a Medical Staff Association officer, but may be appointed to a Medical Advisory Committee subcommittee.

10.04 Courtesy Staff

- (a) Subject to section 10.04(b), the Board may grant a Physician, Dentist, Midwife or Registered Nurse in the Extended Class an appointment to the Courtesy Staff with appropriate Privileges as it deems advisable, in one or more of the following circumstances:
 - (i) the Applicant has an active staff commitment at another hospital or clinical setting;
 - (ii) the Applicant lives at such a remote distance from the Hospital that it limits full participation in Active Staff duties, but the Applicant wishes to maintain an affiliation with the Hospital;
 - (iii) the Applicant has a primary commitment to, or contractual relationship with, another community or organization;
 - (iv) the Applicant requests access to limited resources or out-patient programs or facilities of the Hospital; or
 - (v) where the Board, on the recommendation of the Medical Advisory Committee, deems it otherwise advisable.
- (b) The Board shall ensure that the appointment of Courtesy Staff members does not result in inequitable access to the Hospital's resources or prejudice the Hospital's ability to recruit Active Staff members.
- (c) The circumstances leading to an appointment under this section shall be specified by the Applicant on each application for reappointment.
- (d) Each Courtesy Staff member may attend Medical Staff Association and Department meetings but, unless the Board so requires, shall not be subject to the attendance requirements and penalties as provided by in the By-laws and the Hospital and Professional Staff policies.
- (e) A Courtesy Staff member shall not vote at Medical Staff Association or Department meetings, nor be elected a Medical Staff Association officer officer, but may be appointed to a Medical Advisory Committee subcommittee.

10.05 Locum Tenens Staff

- (a) The Medical Advisory Committee, upon the request of a Physician on the Active or Associate Staff, may recommend to the Board the appointment of a Locum Tenens as a planned replacement for that member for a specified period of time to be confirmed in a written agreement. Locum Tenens Staff may also be appointed

to fill a short and/or long term human resource service gap from time to time as deemed necessary by the Department Chief.

- (b) A Locum Tenens Staff member shall:
 - (i) have admitting Privileges, unless otherwise specified in their appointment;
 - (ii) work under the counsel and supervision of a Physician on the Active Staff within the Department to which the member has been assigned;
 - (iii) attend Patients assigned to their care by the Physician on the Active Staff for whom they are acting as a Locum Tenens, and shall treat them within the Privileges granted by the Board on the recommendation of the Medical Advisory Committee; and
 - (iv) undertake such duties in respect of those Patients in the emergency Department or outpatient Department clinics as may be specified by the Department Chief to which the member has been assigned.
- (c) Locum Tenens Staff members shall not have the right to vote at Medical Staff Association or Departmental meetings, nor to hold office.
- (d) A Physician, Dentist, Midwife or Registered Nurse in the Extended Class, resident in the community, may be appointed to the Active Staff after two consecutive and continuous six-month periods on the Locum Tenens Staff.

10.06 Temporary Appointment

- (a) A temporary appointment of a Physician, Dentist, Midwife or Registered Nurse in the Extended Class to the Professional Staff may be made for any reason, including for one of the following reasons:
 - (i) to meet a specific singular requirement by providing a consultation and/or operative procedure; or
 - (ii) to meet an urgent unexpected need for a professional service.
- (b) Notwithstanding any other provision in this By-law, the Chief Executive Officer, after consultation with the Chief of Staff may:
 - (i) grant a temporary appointment and temporary Privileges to a Physician, Dentist, Midwife or Registered Nurse in the Extended Class 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; and
 - (ii) continue the temporary appointment and temporary Privileges on the recommendation of the Medical Advisory Committee until the next Board meeting.
- (c) The Board may, after receiving the recommendation of the Medical Advisory Committee, continue a temporary appointment for such period of time and on such terms as the Board determines.
- (d) If the term of the temporary appointment has been completed before the next Board meeting, the appointment shall be reported to the Board.

- (e) The temporary appointment shall specify the category of appointment and any limitations, restrictions or special requirements. A temporary Professional Staff member shall not have Privileges to admit Patients unless granted by the Chief Executive Officer in consultation with the Chief of Staff.

ARTICLE 11. PROFESSIONAL STAFF DEPARTMENTS

11.01 Departments

- (a) The Professional Staff may be organized into such Departments as may be approved by the Board from time to time after considering the recommendation of the Medical Advisory Committee.
- (b) The Board may, from time to time, on the recommendation of the Medical Advisory Committee, increase, decrease or otherwise vary the number of Departments.
- (c) Each Professional Staff member shall be appointed to a minimum of one Department. Appointment may extend to one or more additional Departments. These cross-appointments are dependent on educational preparation, interest and working affiliation with members of other Departments and the Professional Human Resources Plan.

11.02 Appointment of Department Chief

- (a) The Board shall appoint a Physician who is on the Active Staff as Chief of each Department, after considering the recommendation of the Medical Advisory Committee.
- (b) Subject to annual confirmation by the Board, the appointment of a Department Chief shall generally be for a term of three years.
- (c) The Board may, at any time, revoke or suspend the appointment of a Department Chief.
- (d) The Board may appoint an individual on an acting or interim basis where there is a vacancy in the office of Department Chief or while the individual holding the office is absent or unable to act. If the term of office expires before a successor is appointed, the Board may extend the appointment of the incumbent.

11.03 Duties of Department Chief

The Department Chief shall jointly with the Chief of Staff (where applicable):

- (a) make recommendations to the Medical Advisory Committee regarding Professional Human Resources Plan needs of the Department in accordance with the Hospital's strategic plan, following consultation with the Professional Staff of the Department, the Chief of Staff and, where appropriate, the Heads of Services;
- (b) identify and resolve issues and risks specific to the Professional Staff within the Department;
- (c) monitor and address Professional Staff concerns, complaints and criticisms;
- (d) be responsible for developing Professional Staff on-call policies and schedules;
- (e) encourage continuing education related to the Department;

- (f) participate in the orientation of new Professional Staff members appointed to the Department;
- (g) advise the Chief Executive Officer and Chief of Staff wherever a Professional Staff member is alleged to have engaged in, made or exhibited acts, statements, demeanour, behaviours or professional conduct, either within or outside of the healthcare facilities, and the same:
 - (i) exposes, or is reasonably likely to expose Patients, employees or any other individuals in the Corporation to harm or injury; or
 - (ii) is, or is reasonably likely to be, detrimental to Patient safety or to the delivery of quality Patient care within the Corporation; or
 - (iii) is, or is reasonably likely to constitute Disruptive Behaviour; or
 - (iv) results in the imposition of sanctions by the College; or
 - (v) is contrary to the By-laws, Hospital and Professional Staff policies, the *Public Hospitals Act*, or any other applicable law of Canada or Ontario; or
 - (vi) creates or is likely to create, damage to the reputation of the Hospital.
- (h) at least annually, review or cause to be reviewed the Privileges granted to the Professional Staff members of the Department for the purpose of making recommendations for changes in the kind and degree of such Privileges;
- (i) be a voting member of the Medical Advisory Committee;
- (j) through and with the Chief of Staff supervise the professional care provided by all Professional Staff members in the Department;
- (k) advise the Medical Advisory Committee, through and with the Chief of Staff, with respect to the quality of care provided in the Hospital by all Professional Staff members in the Department;
- (l) advise the Chief of Staff and the Chief Executive Officer of any Patient who is not receiving appropriate treatment and care in the Department;
- (m) annually review and make written reports (or assign this duty to one or more delegates) regarding the performance evaluation of each member of the Department, the member's peers and Hospital staff as may be deemed appropriate, concerning re-appointments, and forward the recommendations to the Chief of Staff;
- (n) participate in Hospital committees and Medical Advisory Committee subcommittees as may be appropriate;
- (o) report to the Medical Advisory Committee, through and with the Chief Executive Officer, and to the Department on activities of the Department, including utilization of resources and quality improvement and Patient safety initiatives;
- (p) hold meetings with the staff of the Department at least quarterly and where appropriate with the Heads of Services within the Department;

- (q) notify the Chief of Staff and the Chief Executive Officer of the Department Chief's absence, and designate an alternate from within the Department;
- (r) delegate appropriate responsibility to the Heads of Service within the Department;
- (s) advise the members of the Department regarding current By-laws, and Hospital and Professional Staff policies; and
- (t) implement within the Department actions taken by the Medical Advisory Committee.

11.04 Services within a Department

When warranted by the professional resources of a Department, the Board on the advice of the Medical Advisory Committee, after considering the recommendation of the Department Chief, may divide the Department into Services.

11.05 Head of Service

- (a) When Services are established under a Department, the Board, on the advice of the Medical Advisory Committee, after considering the recommendation of the Credentials Committee and Department Chief, shall appoint a Head for each Service who shall be accountable to the Department Chief for the responsibilities of the Department and Chief with respect to the Service. The Head of each Service shall be a Physician on the Active Staff.
- (b) Subject to annual confirmation by the Board, the appointment of a Head of Service shall be for a term of three years, but the Head of Service shall continue to hold office until a successor is appointed.
- (c) The Board may, at any time, revoke or suspend the appointment of a Head of Service.
- (d) The Board may appoint an individual on an acting or interim basis where there is a vacancy in the office of Head of Service or while the individual holding the office is absent or unable to act. If the term of office expires before a successor is appointed, the Board may extend the appointment of the incumbent.

11.06 Duties of the Head of a Service

The Head of a Service shall exercise general supervision and be responsible for the professional care, treatment and diagnosis given by all Professional Staff members in their Service and through and with the Department Chief and the Chief of Staff, advise the Medical Advisory Committee with respect to the quality of medical care, treatment and diagnosis provided to the Patients of their Service.

11.07 Department Meetings

- (a) All Departments shall hold Departmental meetings at least quarterly.
- (b) Minutes shall be kept of each meeting. These shall be forwarded to the Medical Advisory Committee at the discretion of the Department Chief or if requested by the Medical Advisory Committee.

- (c) Subject to the policies that may be established by a Department, each Professional Staff member is expected to attend the meetings of each Department of which they are a member as follows:
 - (i) Active Staff members are expected to attend at least 70% of the Department meetings; and
 - (ii) all other Professional Staff members are expected to attend at least 50% of the Department meetings.

11.08 Performance Evaluation of Department Chiefs

- (a) Department Chiefs shall be subject to annual confirmation by the Board to coincide with the Department Chief's date of appointment. As part of the annual performance evaluation, the Chief of Staff shall review the previous mutually agreed-upon accountability statement related to:
 - (i) quality of medical care, treatment and diagnosis/quality assurance;
 - (ii) the Department's achievement of utilization benchmarks/objectives and productivity targets;
 - (iii) leadership/administrative skills development;
 - (iv) clinical resource planning; and
 - (v) Patient and workplace safety.
- (b) At the end of each three-year term, a review of the performance of each Department Chief shall be undertaken. This may be undertaken by the Chief of Staff or delegated to be undertaken by another member of the Medical Advisory Committee Executive.
- (c) The duties of Department Chiefs, section 11.03, and the specific duties, if any, as determined at the time of appointment, shall be used as the criteria against which the performance of the Department Chief shall be evaluated.
- (d) A review of the Department Chief's performance may be initiated at other times by the Chief of Staff on the basis of a request from:
 - (i) the Board; or
 - (ii) any of the Medical Advisory Committee subcommittees; or
 - (iii) the President of the Medical Staff Association; or
 - (iv) the Chief Executive Officer.
- (e) The review of a Department Chief shall be carried out by the Chief of Staff for the express purpose of recommending to the Board through the Medical Advisory Committee on the reappointment at the end of generally a three-year term or for information at the end of the second year of either three-year term.

ARTICLE 12. MEDICAL ADVISORY COMMITTEE AND ITS SUBCOMMITTEES

12.01 Medical Advisory Committee

- (a) The Medical Advisory Committee shall consist of the following individuals, each of whom shall have one vote:
 - (i) the Chief of Staff, who shall be chair;
 - (ii) all Department Chiefs;
 - (iii) the president of the Medical Staff Association;
 - (iv) the vice-president of the Medical Staff Association;
 - (v) the secretary of the Medical Staff Association;
 - (vi) the Chair of the Credentials Committee;
 - (vii) the Chair of the Pharmacy and Therapeutics Committee; and
 - (viii) such other Medical Staff members as may be appointed by the Board from time to time on the recommendation of the chair of the Medical Advisory Committee and/or the Chief Executive Officer.
- (b) The Chief Executive Officer, the Chief Nursing Executive, Clinical Program Directors and such others as may be determined from time to time by the Medical Advisory Committee or the Board shall attend meetings of the Medical Advisory Committee without the power to vote. At any meeting, by resolution of the Medical Advisory Committee, these non-voting individuals may be asked to withdraw for all or a portion of that meeting.
- (c) Every question at a meeting shall be decided by a majority of the voting members present. Where the Medical Advisory Committee is composed of an even number of members, in the case of a deadlock on any vote, the chair shall have a casting vote. With prior notice to the chair, a member may attend and vote by electronic means.
- (d) There shall be at least two clear days' notice in writing of a meeting. The chair may call a special meeting on 24 hours' notice by such means as the chair deems appropriate or, in the event of emergency, on such shorter notice as the chair deems appropriate.
- (e) A quorum at any meeting of the Medical Advisory Committee shall be a majority of the voting Medical Advisory Committee members.
- (f) The Medical Advisory Committee shall:
 - (i) meet at the call of the chair at least ten times per year and keep minutes of its meetings;
 - (ii) report in writing and make recommendations to the Board concerning:
 - (A) every application for appointment or re-appointment to the Professional Staff, and any request for a change in Privileges;
 - (B) the Privileges to be granted to each Professional Staff member;

- (C) this By-law;
 - (D) the revocation of appointment or the suspension or restriction of Privileges of any Professional Staff member;
 - (E) the quality of care provided in the Hospital by the Professional Staff; and
 - (F) the clinical and general policies respecting the Professional Staff, as may be necessary in the circumstances;
- (iii) supervise the practice of medicine, dentistry, midwifery and extended class nursing in the Hospital;
 - (iv) supervise the behaviours of the Professional Staff in the Hospital;;
 - (v) report to the Professional Staff at each regularly scheduled Medical Staff Association meeting;
 - (vi) through the Chief of Staff, report to the Board and advise the Board on:
 - (A) professional quality assurance;
 - (B) education;
 - (C) the clinical role of the Hospital; and
 - (D) the Hospital's Professional Human Resources Plan and strategic plan;
 - (vii) participate in the development of the Hospital's overall objectives and planning and make recommendations concerning allocation and utilization of Hospital resources;
 - (viii) appoint the members of all Medical Advisory Committee subcommittees;
 - (ix) name the chair of each Medical Advisory Committee subcommittee and ensure that each subcommittee meets and functions as required and keeps minutes of its meetings;
 - (x) receive, consider and act upon the reports of each of its appointed subcommittees;
 - (xi) maintain a process for:
 - (A) medical quality assurance; and
 - (B) planning and evaluation of medical education programs;
 - (xii) report and make recommendations to the Board concerning such matters as are from time to time prescribed by the *Public Hospitals Act*;
 - (xiii) where the Medical Advisory Committee identifies systemic or recurring quality of care issues in making its recommendations to the Board under section 12.01(f)(ii)(E), the Medical Advisory Committee shall make recommendations about those issues to the Hospital's Quality Committee; and

(xiv) advise the Board on any matters referred to it by the Board.

12.02 Medical Advisory Committee Subcommittees

- (a) The Medical Advisory Committee may establish subcommittees of the Medical Advisory Committee as may be necessary or advisable from time to time for the Medical Advisory Committee to perform its duties under the *Public Hospitals Act* or this By-law. The terms of reference and composition for any subcommittees of the Medical Advisory Committee may be set out by the Medical Advisory Committee.
- (b) Pursuant to the *Public Hospitals Act*, the Medical Advisory Committee shall appoint the Physician members of all Medical Advisory Committee subcommittees. Other members of the Medical Advisory Committee subcommittees may be appointed by the Board.
- (c) The Medical Advisory Committee shall appoint the chair of each Medical Advisory Committee subcommittee.
- (d) The chair of each Medical Advisory Committee subcommittee:
 - (i) shall call meetings of the subcommittee at least ten times per year (September to June);
 - (ii) shall chair each meeting of the subcommittee;
 - (iii) shall, at the request of the Medical Advisory Committee, be present at a meeting of the Medical Advisory Committee to discuss all or part of any report of the subcommittee; and
 - (iv) may request meetings with the Medical Advisory Committee.
- (e) In addition to the specific duties of each Medical Advisory Committee subcommittee, all Medical Advisory Committee subcommittee shall:
 - (i) meet as directed by the Medical Advisory Committee and as otherwise established in this By-law;
 - (ii) present a written report including any recommendations of each meeting to the next meeting of the Medical Advisory Committee; and
 - (iii) provide a written report at least quarterly highlighting core program quality initiatives.
- (f) A majority of the Medical Advisory Committee subcommittee members entitled to vote shall constitute a quorum at any meeting.
- (g) A Medical Advisory Committee or subcommittee meeting may be held by telephonic or electronic means. Where a meeting is held by telephonic or electronic means, a vote may be taken by show of hands, voice vote, or other electronic means of voting.

ARTICLE 13. MEDICAL STAFF ASSOCIATION

13.01 Role of the Medical Staff Association

The Medical Staff Association shall through its officers:

- (a) serve as a liaison between the Professional Staff, the Medical Advisory Committee, the Chief Executive Officer and the Board with respect to all matters not assigned to the Medical Advisory Committee;
- (b) report on issues raised by the Professional Staff to the Medical Advisory Committee and, at the request of the Board or at the request of the Medical Staff Association, to the Board with respect to such issues; and
- (c) be an advocate on behalf of the Professional Staff and advocate a fair process in the treatment of individual members of the Professional Staff.

13.02 Medical Staff Association Election Procedure

- (a) At least 30 days before the annual meeting of the Medical Staff Association, its Nominating Committee shall post in the Medical Staff lounge a list of the names of those who are nominated to stand for the offices of the Medical Staff Association, which are to be filled by election in accordance with the Hospital Management Regulation and this By-law.
- (b) Any further nominations shall be made in writing to the Secretary of the Medical Staff Association within 14 days after the posting of the names referred to in section 13.02(a).
- (c) Further nominations referred to in section 13.02(b) shall be signed by at least two Medical Staff members who are entitled to vote, and the nominee shall have signified in writing on the nomination their acceptance of it and such nominations shall then be posted alongside the list referred to in section 13.02(a).
- (d) Only Physicians on the Active Staff may be elected or appointed to any position or office of the Medical Staff Association.
- (e) The officers of the Medical Staff Association shall be elected annually for a term of one year.
- (f) The officers of the Medical Staff Association may be removed from office before the expiry of their term.
- (g) If the position of any elected Medical Staff officer becomes vacant during the term, the position may be filled at a regular or special meeting of the Medical Staff Association called for that purpose. The Medical Staff member so elected to office shall fill the office until the next annual meeting of the Medical Staff Association.

13.03 Nominating Committee

- (a) The Nominating Committee shall be appointed by the Medical Staff at each annual meeting and shall consist of three Medical Staff members. The Nominating Committee shall hold office until its successors are appointed or elected.
- (b) The Nominating Committee shall meet at the call of the president of the Medical Staff Association before the annual meeting of the Medical Staff Association. It

shall select from among the Medical Staff members one candidate for each of the following offices:

- (i) president;
 - (ii) vice-president; and
 - (iii) secretary/treasurer.
- (c) The Nominating Committee shall meet as required when any of the above offices become vacant to select a candidate for such office in a similar manner.

13.04 Duties of the President of the Medical Staff Association

The president of the Medical Staff Association shall:

- (a) preside at all meetings of the Medical Staff Association
- (b) call special meetings of the Medical Staff Association;
- (c) be Ex-Officio a member of the Medical Advisory Committee;
- (d) in all matters not assigned to the Medical Advisory Committee or to the Chief of Staff, act as liaison between the Professional Staff, the Chief Executive Officer and the Board;
- (e) be Ex-Officio a non-voting member of the Board and, as a Director, fulfil fiduciary duties to the Corporation by acting in the best interests of the Corporation;
- (f) be Ex-Officio a member of all Medical Advisory Committee subcommittees;
- (g) report to the Medical Advisory Committee and the Board on any issues raised by the Professional Staff;
- (h) be accountable to the Medical Staff Association and advocate fair process in the treatment of individual members of the Professional Staff;
- (i) be a member of the Quality and Safety Committee; and
- (j) be elected as of the date of the Hospital's annual meeting.

13.05 Duties of the Vice President of the Medical Staff Association

The vice-president of the Medical Staff Association shall:

- (a) act in the place of the president of the Medical Staff Association, perform their duties, and possess their powers, in the absence the president (other than as set out in section 13.04(e));
- (b) perform such duties as the president of the Medical Staff Association may delegate;
- (c) be Ex-Officio a member of the Medical Advisory Committee;
- (d) be Ex-Officio a non-voting member of the Board and, as a Director, fulfil fiduciary duties to the Corporation by acting in the best interests of the Corporation; and
- (e) be elected as of the date of the Hospital's annual meeting.

13.06 Duties of the Secretary of the Medical Staff Association

The secretary of the Medical Staff Association shall:

- (a) perform the duties of the Medical Staff Association secretary as set out in the Hospital Management Regulation;
- (b) perform duties as set out in this By-law;
- (c) be Ex-Officio a member of the Medical Advisory Committee;
- (d) ensure notice is given, and minutes and a record of attendance are kept of Medical Staff Association meetings;
- (e) act in the place of the vice-president of the Medical Staff Association, performing their duties and possessing their powers in the absence or disability of the vice-president (other than as set out in section 13.05(d));
- (f) perform the duties of the treasurer for Medical Staff Association funds and be accountable for them, when a treasurer of the Medical Staff Association has not been elected;
- (g) keep the funds of the Medical Staff Association in a safe manner and be accountable for them;
- (h) disburse Medical Staff Association funds at the direction of the Medical Staff Association as determined by a majority vote of the Medical Staff Association members present and entitled to vote at a Medical Staff Association meeting; and
- (i) be elected as of the date of the Hospital's annual meeting.

ARTICLE 14. MEETINGS - MEDICAL STAFF ASSOCIATION

14.01 Annual Meeting of the Medical Staff Association

- (a) The annual meeting of the Medical Staff Association shall be held in May of each year, at a time, date and place fixed by the Medical Staff Association officers. The date of the annual meeting of the Medical Staff Association shall be posted by the secretary in the Medical Staff lounge at least ten days before the meeting.
- (b) The order of business at the annual meeting of the Medical Staff Association shall include:
 - (i) minutes of the previous annual meeting;
 - (ii) business arising from the minutes;
 - (iii) communications received;
 - (iv) reports from the Medical Advisory Committee and its subcommittees;
 - (v) reports of the elected officers of the Medical Staff Association;
 - (vi) nominations for the Medical Staff Association elections;
 - (vii) elections of officers for the following year; and
 - (viii) new business.
- (c) Following the annual meeting, the Medical Staff Association shall receive for information only, from the Medical Advisory Committee, its recommendations

naming those staff members up for re-election who are considered to be most suitable to be Chief of each Department, Heads of Service, and Chief of Staff for the following year.

14.02 Regular Meetings of the Medical Staff Association

- (a) The Medical Staff Association shall meet at least four times a year, at a time, date and place fixed by the Medical Staff Association officers.
- (b) The president of the Medical Staff Association shall give five days' notice of a regular meeting to the members of the Medical Staff Association by having the secretary post a notice in the library and in the health records Department.

14.03 Special Meetings of the Medical Staff Association

- (a) In the case of emergency, the president of the Medical Staff Association may call a special meeting.
- (b) Special meetings shall be called by the president of the Medical Staff Association on the written request of any five Physicians on the Active Staff.
- (c) Notice of such special meetings shall be the same as that required for a regular meeting, except in cases of emergency, and shall state the nature of the business for which the special meeting is called. Only those matters for which the meeting has been called shall be dealt with at that meeting.
- (d) The usual period of time required for giving notice of any special meeting shall be waived in cases of emergency, subject to ratification of this action by the majority of those voting members present and voting at the special meeting, as the first item of business at the meeting, and subject to there being present at the meeting at least 50% of the Physicians on the Active Staff.

14.04 Quorum

- (a) A majority of the Medical Staff members entitled to vote shall constitute quorum at any meeting of the Medical Staff Association.
- (b) If a quorum of the Medical Staff Association has not arrived at the place specified in the notice for a duly called meeting within 30 minutes after the commencement time specified in the notice, those members of the Medical Staff Association present at that time shall be given credit for their attendance at the meeting for the purpose of the attendance requirements of this By-law. Under these circumstances, a new meeting shall be called in accordance with this By-law.

14.05 Procedures for Meetings

- (a) The procedures for Medical Staff Association meetings not provided for in this By-law shall be defined in the Hospital and Professional Staff policies.
- (b) The Medical Staff Association officers may determine that any Medical Staff Association meeting may be held by telephonic or electronic means. Where a Medical Staff Association meeting is held by telephonic or electronic means, a vote may be taken by show of hands, voice vote, or other electronic means of voting.

14.06 Attendance

- (a) The secretary of the Medical Staff Association shall:
 - (i) be responsible for maintaining a record of attendance at each meeting of the Medical Staff Association;
 - (ii) receive the record of attendance for each meeting of each Department; and
 - (iii) make such records available to the Medical Advisory Committee.

ARTICLE 15. PROFESSIONAL STAFF POLICY AND CONSULTATION

15.01 Professional Staff Policies

- (a) The Board, after considering the recommendation of the Medical Advisory Committee, may adopt policies applicable to the Professional Staff, including policies and procedures that are consistent with, and support the implementation of, the By-laws.
- (b) The Medical Advisory Committee shall ensure that, before making any recommendation to the Board on a Professional Staff policy, it first consults with the Medical Staff Association.
- (c) For the purposes of this By-law, where the Board or the Medical Advisory Committee is required to consult with the Medical Staff Association, it shall be sufficient for the Board or the Medical Advisory Committee to receive and consider the input of the Medical Staff Association officers.
- (d) The president of the Medical Staff Association shall ensure that the Board is informed when a majority vote of the Medical Staff Association at any properly constituted meeting is opposed to a Professional Staff policy change proposed to be recommended by the Medical Advisory Committee.
- (e) The Chief of a Department may adopt policies and procedures applicable to the Professional Staff of that Department, including policies and procedures that are consistent with, and support the implementation of, this By-law and the Professional Staff policies.

ARTICLE 16. DENTAL STAFF

16.01 Dental Service

The Dental Staff shall function as a Service within the Department of Surgery.

16.02 Head of Dental Service

- (a) Where the Board has appointed more than one Dentist to the Dental Staff, one of the members of the Dental Staff shall, subject to annual confirmation by the Board, be appointed by the Board annually for a term of three years to be the Head of Dental Service upon the recommendation of the Department Chief of Surgery.
- (b) The Board may, at any time, revoke or suspend the appointment of the Head of Dental Service.

16.03 Duties of the Head of Dental Service

The Head of Dental Service shall supervise the professional care, treatment and diagnosis given by all Dental Staff members and shall be responsible to the Department Chief of Surgery for the quality of care given to Patients by Dental Staff members, and shall report as needed to the Medical Advisory Committee.

16.04 Attendance by Dental Staff at Meetings

- (a) A Dental Staff member may attend Medical Staff Association meetings but shall not be eligible to vote nor to hold office other than Head of the Dental Service.
- (b) A Dental Staff member shall not be required to attend Medical Staff Association meetings.
- (c) When the case of a Patient, who has been examined by, operated on, or has received treatment from a Dental Staff member is to be presented at a general Medical Advisory Committee meeting, the Dentist who examined, operated on, or treated the Patient shall be given 48 hours' notice by a Medical Advisory Committee officer and shall attend such meeting prepared to present and discuss the dental aspects of the case. Failure of a Dental Staff member to appear and present the dental aspects of a case, for which they received notice, may result in disciplinary action being taken against them.

ARTICLE 17. MIDWIFERY STAFF

17.01 Midwifery Service

The Midwifery Staff shall function as a Service within the Maternal Child Service.

17.02 Attendance by Midwifery Staff at Medical Staff Association Meetings

A Midwifery Staff member may not attend Medical Staff Association meetings.

17.03 Eligibility to Hold Office

A Midwifery Staff member is not eligible to hold an office other than head Midwife. A Midwifery Staff member may be appointed to a Medical Advisory Committee subcommittee.

ARTICLE 18. EXTENDED CLASS NURSING STAFF

18.01 Senior Registered Nurse in the Extended Class

- (a) Where the Board has appointed more than one Registered Nurse in the Extended Class to the Extended Class Nursing Staff, one of the Extended Class Nursing Staff members shall, subject to annual confirmation by the Board, be appointed by the Board annually for a term of three years to be the senior Registered Nurse in the Extended Class upon the recommendation of the Chief of Staff.
- (b) The Board may, at any time, revoke or suspend the appointment of the senior Registered Nurse in the Extended Class.

- (c) The senior Registered Nurse in the Extended Class shall supervise the professional care given by all members of the Extended Class Nursing Staff and shall be responsible to the Chief of Staff for the quality of care rendered to Patients by Extended Class Nursing Staff members.

18.02 Attendance by Extended Class Nursing Staff at Meetings

- (a) An Extended Class Nursing Staff member may not attend Medical Staff Association meetings.
- (b) Each Registered Nurse in the Extended Class who is a member of the Active Staff or Associate Staff shall attend at least 50% of the appropriate Quality and Practice committee meetings.
- (c) When the case of a Patient, who has been examined by, or has received treatment from an Extended Class Nursing Staff member is to be presented at a general Medical Advisory Committee meeting, the Registered Nurse in the Extended Class who examined or treated the Patient shall be given 48 hours' notice by a Medical Advisory Committee officer and shall attend such meeting prepared to present and discuss the extended class nursing aspects of the case. Failure of an Extended Class Nursing Staff member to appear and present the extended class nursing aspects of a case, for which they received notice, may result in disciplinary action being taken against them.
- (d) An Extended Class Nursing Staff member is not eligible to hold an office other than senior Registered Nurse in the Extended Class. An Extended Class Nursing Staff member may be appointed to a Medical Advisory Committee subcommittee.

ARTICLE 19. AMENDMENTS

19.01 Amendments to Professional Staff By-laws

Amendments to this By-law shall be made in accordance with the process set out in the Corporate By-law. However, before submitting amendment(s) to this By-law to such process:

- (a) a notice shall be sent to all Professional Staff members advising them of the proposed amendment(s) at least 30 days before the matter is considered by the Board;
- (b) a copy of the proposed amendment(s) shall be posted in the Medical Staff rooms and shall be made available on request 14 days before the matter is considered by the Board;
- (c) the Professional Staff shall be afforded an opportunity to comment on the proposed amendment(s); and
- (d) the Medical Advisory Committee may make recommendations to the Board concerning the proposed amendment(s).