



**NORTH
YORK
GENERAL**

*Making a World
of Difference*

NORTH YORK GENERAL HOSPITAL

PROFESSIONAL STAFF BY-LAW

[Revised March 10, 2016]

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**PROFESSIONAL STAFF BY-LAW
OF
NORTH YORK GENERAL HOSPITAL**

(hereinafter referred to as the “Corporation”)

PREAMBLE

ARTICLE 1. DEFINITIONS AND INTERPRETATION

1.01 Definitions

In this By-Law, the following words and phrases shall have the following meanings, respectively:

- (a) “Academic Institution” means any university or college that the Hospital has an affiliation agreement with;
- (b) “Act” means the *Public Hospitals Act* (Ontario), and where the context Accountability requires, includes the Regulations made under it;
- (c) “Authorized Trainee” means a member of the Post-Graduate Trainee Staff who is licensed to practice medicine within the Hospital;
- (d) “Balanced Scorecard Indicators” means the performance metrics approved by the Board to measure key operational activities in the Corporation to ensure that the Corporation’s performance is aligned with the Corporation’s desired financial, quality and safety objectives in respect of achieving the Corporation’s vision and strategic objectives;
- (e) “Board” means the Board of Governors of the Corporation;
- (f) “By-Law” means any By-Law of the Corporation from time to time in effect;
- (g) “Chair of Medical Advisory Committee” means the Physician who is a member of the Active Staff and who chairs the Medical Advisory Committee; has chief of staff function and is appointed by and accountable to the Board of Governors;
- (h) “Chief Executive Officer” means, in addition to ‘administrator’ as defined in section 1 of the *Act*, the Chief Executive Officer of the Corporation;

- (i) “Chief Nursing Executive” means the senior nurse employed by the Hospital who reports to the Chief Executive Officer for the nursing and allied health staff functions in the Hospital;
- (j) “Corporation” means the North York General Hospital with the Head Office at 4001 Leslie Street, North York, Ontario, M2K 1E1, until the Head Office is determined otherwise by the Board;
- (k) “*Corporations Act*” means the *Corporations Act* (Ontario), and, where the context requires, includes the Regulations made under it;
- (l) “CPSO” means the College of Physicians and Surgeons of Ontario;
- (m) “Dental Staff” means those Dentists who are appointed by the Board and granted privileges to practice dentistry in the Hospital;
- (n) “Dentist” means a dental practitioner in good standing with the Royal College of Dental Surgeons of Ontario;
- (o) “Department” means an organizational unit of the Professional Staff to which members with a similar field of practice have been assigned;
- (p) “Department Chief” means a member of the Professional Staff appointed by the Board to be responsible for the professional standards and quality of clinical care rendered by the members of that Department at the Hospital;
- (q) “Governor” means a member of the Board;
- (r) “Disruptive Behaviour” occurs when the use of inappropriate words, actions or inactions by a Professional Staff member interferes with his/her ability to function well with others to the extent that the behaviour interferes with, or is likely to interfere with, quality healthcare delivery and/or patient or workplace safety and/or staff recruitment, retention or the cost of providing healthcare to patients;
- (s) “Division” means an organizational unit of a Department which is based on a sub-speciality area of clinical practice;
- (t) “Division Head” means a member of the Professional Staff appointed by the Chief of Department to be in charge of an organized division of a Department;
- (u) “ex-officio” means membership “by virtue of the office” and includes all rights, responsibilities, and power to vote unless otherwise specified;

- (v) "Extended Class Nursing Staff" means those Registered Nurses in the Extended Class in the Hospital, who are:
 - (i) employed by the Hospital and are authorized to diagnose, prescribe for or treat patients in the Hospital; and
 - (ii) not employed by the Hospital and to whom the Board has granted privileges to diagnose, prescribe for or treat patients in the Hospital;
- (w) "Family Physician" means a Physician who provides primary, continuing, comprehensive care to any or all members of a family;
- (x) "HSAA" means the Hospital Service Accountability Agreement entered into between the Corporation and the LHIN;
- (y) "Hospital" means the North York General Hospital;
- (z) "Impact Analysis" means a study conducted by the Chief Executive Officer, or his/her designate, in consultation with the Chair of Medical Advisory Committee, Department Chiefs, Division Heads, Credentials & Medical Advisory Committee Health Human Resources Planning Committee and operational Vice-President to determine the impact upon the resources of the Corporation of the proposed or continued appointment of any person to the Professional Staff;
- (aa) "Legislation" means relevant statutes and regulations that govern the provision of healthcare to patients of the Corporation, including without limitation the *Broader Public Sector Accountability Act, 2010*, *Broader Public Sector Executive Compensation Act, 2014* (Ontario), the *Child and Family Services Act* (Ontario), the *Corporations Act* (Ontario), the *Dentistry Act* (Ontario), the *Excellent Care for All Act* (Ontario), the *Freedom of Information and Protection of Privacy Act* (Ontario), the *Health Care Consent Act* (Ontario), the *Health Insurance Act* (Ontario), the *Local Health System Integration Act* (Ontario), the *Medicine Act* (Ontario), the *Mental Health Act* (Ontario), the *Midwifery Act* (Ontario), the *Not-for-Profit Corporations Act, 2010*, the *Nursing Act* (Ontario), the *Personal Health Information Protection Act* (Ontario), the *Public Hospitals Act* (Ontario), the *Quality of Care Information Protection Act, 2004* (Ontario), the *Occupational Health and Safety Act* (Ontario), the *Workplace Safety and Insurance Act* (Ontario), the *Regulated Health Professions Act* (Ontario), the *Statutory Powers Procedure Act* (Ontario), the *Substitute Decisions Act* (Ontario), and the *Commitment to the Future of Medicare Act*;
- (bb) "LHIN" means Local Health Integration Network;

- (cc) “Medical Human Resources Plan” means the plan developed by the Chief Executive Officer, or his/her designate, in consultation with the Chair of Medical Advisory Committee, Department Chiefs, Division Head, Credentials & Medical Advisory Committee Health Human Resources Planning Committee and operational Vice-Presidents based on the mission and strategic plan of the Corporation and on the needs of the community, which plan provides information and future projections of this information with respect to the management and appointment of Physicians, Dentists, Midwives, and Extended Class Nurses who are or may become members of the Professional Staff;
- (dd) “Medical Staff” means those Physicians who are appointed by the Board and who are granted privileges to practise medicine in the Hospital;
- (ee) “Medical Staff Association” means the Medical Staff association of the Hospital as contemplated by the *Act*;
- (ff) “Midwife” means a Midwife in good standing with the College of Midwives of Ontario;
- (gg) “Midwifery Staff” means those Midwives who are appointed by the Board and who are granted privileges to practise midwifery in the Hospital;
- (hh) “MOHLTC” means the Ministry of Health and Long-Term Care;
- (ii) “patient” means, unless otherwise specified, any “in-patient” or “out-patient” of the Corporation;
- (jj) “Patient Safety Indicators” means the patient safety indicators identified by the MOHLTC that hospitals are required to disclose publicly through their public web sites or such other means as the MOHLTC may direct;
- (kk) “Accountability Indicators” means the performance indicators set out in the HSAA;
- (ll) “Performance Metrics” means the Board approved organization performance metrics that provide an overview of the organization performance in achieving financial, quality, safety, and human resource targets including without limitation, the Accountability Indicators, Balanced Scorecard Indicators, Patient Safety Indicators, performance improvement targets, wait times indicators and such other performance metrics that the Board may approve from time to time;

- (mm) “Physician” means a medical practitioner in good standing with the College of Physicians and Surgeons of Ontario;
- (nn) “Policies” means the Board, administrative, medical and professional Policies of the Hospital as may be established or revised from time to time;
- (oo) “Practice Planning Report” means the practice planning report required to be submitted by the Professional Staff members to their Department Chief that provides an outline of their immediate and future practice plans so as to provide the Chief an opportunity to conduct succession planning in accordance with the Medical Human Resources Plan for the Department;
- (pp) “privileges” means the bundle of rights granted to members of the Professional Staff related to the admission of in-patients, registration of out-patients, and/or the diagnosis, assessment and treatment of the patients;
- (qq) “Professional Staff” means those Physicians, Dentists, Midwives and Extended Class Nurses who are appointed by the Board and who are granted specific privileges to practise medicine, dentistry, midwifery, respectively;
- (rr) “Professional Staff Appointment” means the appointment or assignment of a member of the Professional Staff to a Department or Division in the Hospital within the designated category;
- (ss) "Registered Nurse in the Extended Class" means a member of the College of Nurses of Ontario who is a registered nurse and who holds an extended certificate of registration under the *Nursing Act* (Ontario);
- (tt) “Regulatory 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, or the College of Nurses of Ontario or any other college or regulatory body from other jurisdictions that the applicant or member of the Professional Staff practises in;
- (uu) “Rules” means the rules, as may be established from time to time, governing the practice and expectations of the Professional Staff in the Hospital both generally and within a particular Department, such as codes of behaviours and conduct, which have been established respectively by the staff in general and the staff of the Department; and

- (vv) “Vice-President Medical & Academic Affairs (Chief Medical Executive)” means the Physician employed by the Hospital who reports to the Chief Executive Officer.

1.02 Interpretation

This By-Law shall be interpreted in accordance with the following unless the context otherwise specifies or requires:

- (a) All terms which are contained in this By-Law and which are defined in the *Act* or the *Corporations Act* shall have the meanings given to such terms in the *Act* or the *Corporations Act*.
- (b) The use of the singular number shall include the plural and vice versa and the use of any gender shall include the masculine and feminine genders.
- (c) Unless expressly indicated otherwise in this By-Law, the Chief Executive Officer may appoint a designate to perform any of his/her duties under this By-Law, but shall remain ultimately responsible for the performance of such duties.
- (d) The headings used in this By-Law are inserted for reference purposes only and are not to be considered or taken into account in construing the terms or provisions thereof or to be deemed in any way to clarify, modify or explain the effect of any such terms or provisions.
- (e) Any references herein to any law, by-law, rule, regulation, order or act of any government, governmental body or other regulatory body shall be construed as a reference thereto as amended or re-enacted from time to time or as a reference to any successor thereto.
- (f) The responsibilities of officers of the Corporation set out in this By-Law or the related Policies and Rules can be delegated by the officer.

ARTICLE 2. PURPOSES OF PROFESSIONAL STAFF BY-LAWS

2.01 Purposes of the Professional Staff By-Laws

The purposes of the Professional Staff By-Laws are to:

- (a) provide the process and criteria for granting (re)appointments to the Professional Staff members;
- (b) provide the process and criteria for the granting of privileges to the Professional Staff members;

- (c) outline clearly and succinctly the purposes and functions of the Professional Staff;
- (d) identify specific organizational units necessary to allocate the work of carrying out those functions;
- (e) identify the process for the selection of the Chair of Medical Advisory Committee, Department Chiefs, Division Heads, and for the election of the Medical Staff Association officers;
- (f) provide a Professional Staff structure 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 Professional Staff member's contribution to patient care and to the teaching and research needs of the Hospital, and fulfills like accountability obligations;
- (g) provide a mechanism for accountability to the Board and as appropriate for patient and workplace safety, patient care and for professional and ethical behaviours of each individual holding membership in the Professional Staff;
- (h) provide a framework for the oversight and development of programs of education provided by and/or for members of the Professional Staff; and
- (i) create a Medical Staff Association structure that will advocate the interests of and support the rights and privileges of the Professional Staff members as provided herein.

2.02 Purposes of the Medical Staff Association

The purpose of the Medical Staff Association, in addition to fulfilling the responsibilities established by the laws of the Province of Ontario and this By-Law, is to provide an organization whereby the members of the Professional Staff participate in the Hospital's planning, policy setting, and decision making through their elected officers.

2.03 Rules and Policies and Procedures

- (a) The Board, after considering the recommendation of the Medical Advisory Committee, may make Rules as it deems necessary, including rules and regulations for patient care and safety and the conduct of members of the Medical Staff, Dental Staff, Midwifery Staff and Extended Class Nursing Staff.

- (b) The Board, after considering the recommendation of the Medical Advisory Committee, may adopt policies and procedures applicable to the Medical Staff, Dental Staff, Midwifery Staff and Extended Class Nursing Staff, including policies and procedures that are consistent with Rules and support the implementation of Rules.

ARTICLE 3. APPOINTMENT AND REAPPOINTMENT TO PROFESSIONAL STAFF

3.01 Appointment to the Professional Staff

The Board, after consideration of the recommendation of the MAC, will appoint annually a Professional Staff for the Corporation. Unless revoked by the Board, appointments to the Professional Staff shall be for the period from July 1st or any date thereafter, of any year until June 30th of the following year or for such shorter period of time as the Board may determine.

3.02 Application for Appointment to the Professional Staff

- (a)
 - (i) An application for appointment to the Professional Staff will be processed in accordance with the provisions of the *Act*, this By-Law, Policies and Rules.
 - (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 *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) On request, the Chief Executive Officer or his/her designate will supply information on how to electronically access, the prescribed application, this By-Law, the Policies and Rules of the Corporation, the applicable Legislation to each applicant who expresses in writing an intention to apply for appointment to the Professional Staff.
- (c) Each applicant for membership to the Professional Staff will submit on the prescribed forms an electronic application to the Chief Executive Officer or his/her designate together with such releases, consents, and undertakings that will enable the Corporation to fully investigate the qualifications and suitability of the Applicant.
- (d) Each applicant must provide the following:

- (i) (A) confirmation by the applicant that the applicant has agreed to abide by the applicable Legislation, the Hospital's By-Laws, Policies and Rules; and
- (B) an undertaking to complete the application in a candid, honest, thorough and accurate manner;
- (ii) an undertaking that, if the applicant is appointed to the Professional Staff of the Hospital, the applicant will:
 - (A) provide the services to the Hospital as either stipulated in the application, including "on-call" responsibilities or agreed upon and will act in accordance with the applicable Legislation, the Hospital's By-Laws, Policies and Rules, and in accordance with ethical standards of the profession as established from time to time;
 - (B) participate in any orientation or continuing education offered by the Hospital for new members of the Professional Staff;
- (iii) an acknowledgement by the applicant that:
 - (A) the failure of the applicant to provide the services as stipulated in the application in accordance with the applicable Legislation, the Hospital's By-Laws, Policies and Rules will constitute a breach of the applicant's obligations to the Hospital, and the Hospital may, upon consideration of the individual circumstances, remove access by the applicant to any and all Hospital resources, or take such actions as are reasonable, in accordance with the applicable Legislation, the Hospital's By-Laws, Policies and Rules; and
 - (B) the failure of the applicant to comply with the undertakings set out in clause (ii) above may result in the applicant's privileges being restricted, suspended, revoked or the applicant being denied reappointment and may, depending on the circumstances, be a matter which is reportable to the Regulatory College. Any such actions by the Hospital will be in accordance with the applicable Legislation, the Hospital's By-Laws, Policies and Rules;
- (iv) evidence of professional liability insurance coverage or membership in the Canadian Medical Protective Association, or equivalent, satisfactory to the Board, including a record of the

applicant's past medical/legal claims history, including settlements, any of which may be subject to verification;

- (v) evidence of yearly maintenance of certification;
- (vi) a copy of the applicant's current certificate of registration or licence to practice in Ontario;
- (vii) a copy of the applicant's appropriate professional school certificate;
- (viii) an up-to-date Curriculum Vitae, including a record of the applicant's professional education, post-graduate training and a complete chronology of academic and professional career, organizational positions and committee memberships;
- (ix) evidence of compliance with the Hospital's occupational health guidelines as may be amended from time to time;
- (x) a current Certificate/Letter of Professional Conduct, Letter of Standing from the Regulatory College and a signed consent authorizing the Regulatory College to provide a detailed report on:
 - (A) any action taken by any committee of the Regulatory College or the Registrar;
 - (B) any report received pursuant to section 33 of the *Act* or sections 85.2 or 85.5 of the Health Professions Procedural Code, Schedule 2 to the *Regulated Health Professions Act*; and
 - (C) any other reports received from another hospital or healthcare facility;
- (xi) A recital and description of pending, ongoing or completed:
 - (A) Regulatory College:
 - a) proceedings before the Discipline Committee or Fitness to Practice Committee including any resolutions short of a hearing;
 - b) dispositions of a complaint or report by the Inquiries, Complaints and Reports Committee other than no further action or dismissal;

- c) investigations or inquiries, including a review by the Quality Assurance Committee (“QAC”) other than random peer reviews or age-triggered reviews and the status or outcome of such investigations or inquiries; and
- d) assessments by the QAC where the applicant’s knowledge, skill and/or judgment have been found to be unsatisfactory and have resulted in action by the QAC and the status or outcome of such investigations or inquiries,

at or by the Regulatory College or any other regulatory/governing body in any jurisdiction and its equivalent committees, including any matters that are being appealed; and

(B) Hospital/Facility:

- a) proceedings for professional misconduct, incompetence or incapacity;
- b) investigations and performance reviews;
- c) voluntary or involuntary restriction or resignation of privileges during the course of an investigation into competence, negligence or conduct; and
- d) privileges disputes or proceedings regarding appointment, reappointment, change of privileges, or mid-term suspension or revocation of privileges;

by or with another hospital or healthcare facility, including any matters that are being appealed;

- (xii) information regarding the applicant’s failure to obtain any professional license or certification, fellowship, or privileges at any other hospital or healthcare facility, including any reduction in classification or voluntary or involuntary resignation of privileges at any other hospital or healthcare facility;
- (xiii) information regarding the applicant’s health, including any impairments, medical conditions, diseases or illnesses that the applicant objectively believes may impact on the applicant’s ability

to practice, expose patients and/or employees to risk, as well as the date of the applicant's last examination, the name of the treating health professional and an authorization to the treating health professional to release relevant information to the Hospital. Any information provided by the applicant's treating physician to the Department Chief and Chair of Medical Advisory Committee will not become part of the applicant's credentialing file and will not be provided to the Credentials & Medical Advisory Committee Health Human Resources Planning Committee unless:

- (A) the Department Chief and Chair of Medical Advisory Committee and Vice-President of Academic Affairs reasonably believe that the information provided by the applicant's treating physician discloses a condition or situation that adversely impacts the applicant's ability to practise; and
 - (B) the applicant agrees to the release of the information to the Credentials & Medical Advisory Committee Health Human Resources Planning Committee. In the event that the applicant refuses to authorize the Department Chief and Vice-President Medical and Academic Affairs to release the information to the Credentials & Medical Advisory Committee Health Human Resources Planning Committee, the applicant will be deemed to have withdrawn the application for appointment;
- (xiv) information regarding any ongoing criminal investigations, proceedings or criminal charges or convictions involving the applicant which may impact on the safety of the Corporation's workplace or that may be relevant to the applicant's:
- (A) ability and/or suitability to practise medicine; or
 - (B) ability to comply with the Corporation's Rules,
- (xv) at the absolute sole discretion of the Credentials & Medical Advisory Committee Health Human Resources Planning Committee, information regarding any criminal investigations, charges or convictions and a copy of a Canadian Police Information Centre ("CPIC") criminal record check, including a vulnerable sector verifications, conducted within the last six (6) months;

- (xvi) information of any civil suit where there was a finding of professional negligence or battery, including any such suit settled by a payment;
- (xvii) the name of the Department, Division or clinical service to which the application is being made;
- (xviii) a list of the privileges which are requested;
- (xix) a release in favour of the Chief Executive Officer, Chair of Medical Advisory Committee and Chief of Department or their respective designates enabling any one of them to contact any professional licensing authorities, or any previous hospitals or health facilities or educational institutions or CMPA (or equivalent) where the applicant has provided services or received training for the purposes of conducting a reference check, such consent and release to authorize any medical licensing authority and/or administrator and/or person in a position of authority at any hospital, health facility or educational institution or insurer to provide any information relating to any of the above matters including any of the matters identified in clause 3.02(d)(xi) above.
- (xx) a signed authorization to any applicable hospital, healthcare facilities or regulatory body to the release of information relating to any of the above;
- (xxi) such additional information relating to the provision of medical services or professional conduct or Disruptive Behaviour as, from time to time, the Medical Advisory Committee may recommend and/or the Board approves; and
- (xxii) an undertaking, in writing, that:
 - (A) the applicant understands the requirements for accepting clinical, academic and administrative responsibilities as requested by the Board following consultation with the Vice-President Medical and Academic Affairs and/or Department Chief;
 - (B) if appointed, the applicant will act in accordance with the applicable Legislation, and abide by and be guided by the requirements set out in the Hospital's By-Laws, Policies and Rules and will act in accordance with ethical standards of the profession;

- (C) if appointed, the applicant may be asked to serve on committees or subcommittees to which he/she may be appointed by the Board or the Medical Advisory Committee or Department Chief;
 - (D) if appointed, the applicant acknowledges that neither the appointment to the Professional Staff nor the granting of privileges shall confer entitlement to unrestricted use of hospital programs and services or to hospital premises (Branson Site and/or General Site). Access to all resources shall be allocated to the Professional Staff in an equitable manner and shall be subject to their availability, budgeting considerations and the administrative allocation procedures and policies of the Department and of the Corporation;
 - (E) if appointed, the applicant agrees that he/she shall participate equitably and fairly in the on-call schedule applicable to his/her Department;
 - (F) if appointed, the applicant will abide by the Corporation's Policies as related to confidentiality of patient information and Corporation matters. No Professional Staff member will make statements on behalf of the Corporation to the news media or public without the express authority of the Chief Executive Officer or his/her designate; and
 - (G) if appointed, the applicant will use best efforts to provide the Hospital with three (3) months' prior written notice of the applicant's intention to resign or otherwise limit his/her exercise of privileges. The applicant may be exempted from the notice requirements if the Department Chief believes that there are reasonable or compassionate grounds to grant the exemption or after considering the Medical Human Resources Plan, that the notice is not required.
- (e) In addition to any other provisions of the By-Laws, the Board may refuse to appoint any applicant to the Professional Staff on any ground including but not limited to the following:
- (i) the applicant is unable to provide care at a level that is consistent with the standard of care expected of Physicians at the Hospital;
 - (ii) the appointment is not consistent with the need for service, as determined by the Board from time to time;

- (iii) the Medical Human Resources Plan of the Corporation and/or Department does not demonstrate sufficient resources to accommodate the applicant;
 - (iv) the appointment is not consistent with the strategic plan of the Corporation or, if applicable, the academic plan of the Department;
 - (v) the applicant was not considered the best qualified applicant for the position available; and/or
 - (vi) the applicant has not demonstrated an ability to fulfill all of the criteria for appointment as set out in section 3.03 below.
- (f) Each applicant shall visit, if requested, the Hospital for an interview with appropriate members of the Medical Staff and the Chief Executive Officer or his/her designate.
 - (g) Certain applicants may be requested to sign a Professional Staff letter of offer or contract of services as a condition of their appointment not inconsistent with the provisions of the Act.
 - (h) Each application by a post-graduate trainee shall be provided by the Academic Institution's post-graduate office to the Corporation and shall contain the information required in the Hospital's post-graduate trainee credentialing policy as may be amended from time to time.

3.03 Criteria for Appointment to the Professional Staff

Each applicant for appointment to the Professional Staff will meet the following qualifications:

- (a) The applicant must be a registrant in good standing of the appropriate Regulatory College.
- (b) In certain circumstances, an appointment to an Academic Institution shall be a pre-condition to the granting of an appointment to the Professional Staff. In all other circumstances while applicants are not required to hold an appointment in an Academic Institution's Faculty of Medicine, Dentistry or Nursing, whether the applicant is granted such an appointment may be considered by the Credentials & Medical Advisory Committee Health Human Resources Planning Committee in assessing the application and, all things being equal, preference may be given to applicants who have an Academic Institution appointment.

- (c) (i) Medical Staff members practising in a specialty must:
 - (A) hold certification by the appropriate Regulatory College:
 - (1) by way of examination; or
 - (2) academic equivalency; or
 - (3) having successfully completed a non-Canadian, Regulatory College approved residency program, specialty examination and specialty certification, or
 - (B) hold a restricted Certificate of Registration from the CPSO issued under the CPSO's restricted Certificates of Registration policy provided the applicant at all times complies with any terms, condition or preconditions attached to that Regulatory College Certificate of Registration.
- (ii) Each applicant practicing in the specialty or areas of special competence recognized by the College of Family Physicians should hold either:
 - (A) certification by the College of Family Physicians of Canada or equivalent, with equivalency to be determined by Department Chief; or
 - (B) certification by the College of Family Physicians and Certificate of Special Competence; or
 - (C) at the discretion of the Board upon the advice of the Medical Advisory Committee, a restricted Certificate of Registration from the CPSO:
 - (1) issued under the CPSO's restricted Certificates of Registration policy, provided the applicant is also eligible to take the certification examination of the College of Family Physicians of Canada on the basis of satisfactory completion of a College of Family Physicians of Canada-accredited residency program in Canada or a College of Family Physicians of Canada-recognized program outside Canada; or
 - (2) issued under the CPSO's restricted Certificates of Registration policy, provided the applicant is working

towards completing the requirements for Regulatory College certification.

- (iii) Applicants practising in the Department of Emergency Medicine must:
 - (A) hold either:
 - (1) certification by the Regulatory College a) by way of examination or b) academic equivalency or c) have successfully completed a non-Canadian, Regulatory College approved residency program, specialty examination and specialty certification , or
 - (2) certification in Emergency Medicine by the College of Family Physicians of Canada, or equivalent; or
 - (B) at the discretion of the Board upon the advice of the Medical Advisory Committee and hold a restricted Certificate of Registration from the CPSO:
 - (1) issued under the CPSO's restricted Certificates of Registration policy, and provided the applicant is also eligible to take the certification examination of the Royal College or College of Family Physicians of Canada on the basis of satisfactory completion of a Royal College or College of Family Physicians of Canada-accredited residency program in Canada or a Royal College or College of Family Physicians of Canada-recognized program outside Canada; or
 - (2) issued under the CPSO's restricted Certificates of Registration policy, provided the applicant is working towards completing the requirements for Regulatory College certification.
- (iv) Each time the member writes a college exam the member shall report the outcome to the Chief of the Department in which they are appointed. A copy of the results should be sent to the Credentials & Medical Advisory Committee Health Human Resources Planning Committee to form part of the Credentials file. At any time should a member not be successful in passing their exam, whether or not they continue to be eligible to rewrite their exams, a review of their

appointment will be triggered, which may result in a recommendation that their appointment be revoked.

- (v) Notwithstanding any other provision in this By-Law, existing members of the Professional Staff are grandfathered from the requirements of this paragraph 3.03(c).
- (d) An applicant is expected to participate in continuing medical education so as to meet the certification requirements of his/her applicable College. In the event that an applicant does not meet the requirements, the applicant will have to enter into an agreement with the Chief of Department, which will specify his/her continuing medical education program for the privileged year.
- (e) An applicant who is expected to participate in patient care will have demonstrated the ability to provide patient care at an appropriate level of quality and efficiency.
- (f) An applicant will be judged by:
 - (i) his/her demonstrated ability to work and co-operate with and relate to others in a collegial and professional manner;
 - (ii) his/her demonstrated ability to communicate and relate appropriately with patients and patients' relatives;
 - (iii) his/her willingness to participate in the discharge of staff, committee and, if applicable, teaching responsibilities and obligations appropriate to membership category;
 - (iv) if applicable, his/her interest and aptitude towards academic, clinical and research activities;
 - (v) whether he/she received adequate training and experience for the privileges requested;
 - (vi) his/her ethical performance and/or behaviour; and
 - (vii) if applicable, whether the applicant satisfactorily meets the Regulatory College's requirements for continuing medical education.
- (g) The applicant must demonstrate the ability to communicate satisfactorily in English both orally and in writing.

- (h) The applicant must agree in writing to accept the mission statement and philosophy of the Hospital and to abide by the applicable Legislation, the Hospital's By-Laws, Policies and Rules.
- (i) The applicant must indicate to the Credentials & Medical Advisory Committee Health Human Resources Planning Committee adequate control of any significant physical or behavioural impairment that affects skill, attitude or judgement and that, pursuant to clause 3.02(d)(xiii) was disclosed to the Credentials & Medical Advisory Committee Health Human Resources Planning Committee by the Department Chief.
- (j) All appointments will be consistent with community need defined by the strategic plan and mission of the Hospital.
- (k) All new appointments will be contingent upon an Impact Analysis demonstrating that the Hospital has the resources to accommodate the applicant and that the applicant meets the needs of the respective Department as described in the Medical Human Resources Plan.
- (l) The applicant will provide evidence of membership in the Canadian Medical Protective Association, or evidence of individual liability insurance coverage comparable to the above, any of which is subject to verification.
- (m) Subject to the information that may be excluded pursuant to paragraph 3.02(d)(xiii), the Department Chief, Credentials & Medical Advisory Committee Health Human Resources Planning 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.
- (n) The Corporation shall establish a Policy for recognizing retired members of the Medical Staff whose contributions to the Hospital and its patients is deserving of being recognized. Such members shall be granted honorary membership to the Medical Staff and such appointment shall not be with any privileges to practice medicine at the Hospital and therefore such appointment shall not be granted pursuant to this By-Law or the Act.

3.04 Procedure for Processing Applications and Reapplications for Professional Staff Appointments

- (a) The Chief Executive Officer or his/her designate, on receipt of a completed application on the prescribed forms, will refer the application to the Medical Advisory Committee care of the relevant Department Chief

who shall make a written recommendation to the Credentials & Medical Advisory Committee Health Human Resources Planning Committee.

- (b) The Credentials & Medical Advisory Committee Health Human Resources Planning Committee will assess each application together with the qualifications and experience of the applicant and, where applicable, the applicant's complete credentials file. The Credentials & Medical Advisory Committee Health Human Resources Planning Committee will make a written report to the Medical Advisory Committee, having given consideration to the recommendation of the relevant Department Chief. The Credentials & Medical Advisory Committee Health Human Resources Planning Committee will:
 - (i) review the application to ensure that it contains all the information required under section 3.02 of this By-Law;
 - (ii) take into consideration whether the criteria set out in section 3.03 of this By-Law have been complied with;
 - (iii) if applicable, take into consideration the impact, if any, that may result if the applicant does not hold an appointment in the Faculty of Medicine, Dentistry or Nursing at the Academic Institution;
 - (iv) include a recommendation to appoint, not appoint or appoint the applicant subject to specified conditions; and
 - (v) where applicable, include a list of the intended clinical and academic responsibilities to be carried out by the applicant in exchange for being granted the privileges. These responsibilities may change from time to time subject to the approval of the relevant Department Chief.
- (c) (i) Subject to clause (ii) below, the Medical Advisory Committee will receive and consider the application and report of the Credentials & Medical Advisory Committee Health Human Resources Planning Committee and send its recommendation in writing to the Board within sixty (60) days of the date of receipt by the Chief Executive Officer or his/her designate of the completed application, as outlined in the *Act*. The Medical Advisory Committee may make its recommendation to the Board later than sixty (60) days after the receipt of the completed application if, prior to the expiry of the sixty (60) day period, it indicates in writing to the Board and the applicant that a final recommendation cannot yet be made and includes

written reasons for the delay and specifies a date or event, as applicable, by which it intends to make its final recommendation.

- (ii) Upon notice of deferral under clause (i) above, if no request is made for a hearing, the applicant shall be deemed to have the sixty (60) day response time contained in clause (i) above.
- (d) In the event that 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 paragraph 5.03(c).
- (e) The Medical Advisory Committee shall give written notice to the applicant and the Board of its recommendation. In the event that the recommendation is prejudicial to the applicant, the applicant will be given written notice that the applicant is entitled to:
 - (i) written reasons for the recommendation, provided the request for such reasons is made within seven (7) days of the receipt by the applicant of the notice of the recommendation; and
 - (ii) a hearing before the Board, provided the request for such a hearing is received by the Board and the Medical Advisory Committee within seven (7) days of the receipt by the applicant of the written reasons. The procedures to be followed at such a hearing are outlined in section 5.04 of this By-Law with necessary changes to points of detail.
- (f) Where the Medical Advisory Committee has concerns or concerns are raised about whether to recommend an appointment, reappointment or requested privileges, the Medical Advisory Committee may provide the applicant with written notice that the applicant is entitled to attend a special meeting of the Medical Advisory Committee to make a presentation to the Medical Advisory Committee. The procedures to be followed at such a special meeting are outlined in section 5.03 of this By-Law.
- (g) Where the applicant 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 an appointment, reappointment or granting of requested privileges 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 give the applicant notice that he/she is entitled to a Board hearing and shall follow the process set out in section 5.04 of this By-Law 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 prior to 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 appointment, reappointment or granting of requested privileges, as the case may be, in accordance with section 5.03. The applicant shall be given notice of the reconsidered recommendation as outlined in this section and entitled to a hearing and the process set out in section 5.04 of this By-Law, with necessary changes to points of detail.

3.05 Reappointment to the Professional Staff

- (a)
 - (i) Paragraphs 3.02(a) and (b) shall apply to applications for reappointment with necessary changes to points of detail.
 - (ii) The Chief Executive Officer or his/her designate shall provide, or make available, to the applicant with any updates or amendments to the documentation listed in paragraph 3.02(b) implemented since the date of the applicant's most recent application.
 - (iii) The application for reappointment must be received by the Chief Executive Officer or his/her designate on or before specified date. In the event of a late submission, a late fee will be applied.
- (b) Each applicant for reappointment to the Professional Staff shall provide the following:
 - (i) evidence of professional liability insurance coverage or membership in the Canadian Medical Protective Association, or equivalent, satisfactory to the Board, including a record of the

applicant's past legal/medical claims history, including settlements, any of which may be subject to verification;

- (ii) evidence of compliance with:
 - (A) the Hospital's occupational health guidelines as may be amended from time to time to maintain compliance with current standards; and
 - (B) current Hospital required training and education programs;
- (iii) a restatement or confirmation of the undertakings, acknowledgements, authorization and releases requested as part of the application for appointment set out in this By-Law and/or the Rules;
- (iv) the name of the Department(s) to which the application is being made;
- (v) either:
 - (A) a declaration that all information relating to clauses 3.02(d)(iv), (x), (xi), (xii), (xiii), (xiv), (xv) and (xvi) on file at the Hospital from the applicant's most recent application is up-to-date, accurate and unamended as of the date of the current application; or
 - (B) a description of all material changes to the information requested in clause 3.05(b)(v)(A) above, on file at the Corporation since the applicant's most recent application;
- (vi) a current Certificate/Letter of Professional Conduct or Letter of Standing from the Regulatory College and a signed consent authorizing the Regulatory College to provide a detailed report on:
 - (A) any action taken by a committee of the Regulatory College or the Registrar;
 - (B) any report received pursuant to section 33 of the *Act* or sections 85.2 or 85.5 of the Health Professions Procedural Code, Schedule 2 to the *Regulated Health Professions Act*; and
 - (C) any other reports received from another hospital or healthcare facility;

- (vii) subject to paragraph 3.05(d), with respect to all Physicians on the Active Staff, a report from the Department Chief or designate, where the applicant has his/her primary affiliation, reviewing the applicant's performance for the past year (in regards to the Active Secondary, Courtesy and Clinical Associate Staff members of the Department, the report may be produced annually or as deemed appropriate by the Chief in consultation with the Chair of the Medical Advisory Committee) which report shall contain, if available and applicable, information and evidence relating to the applicant's:
- (A) satisfaction of the Regulatory College's requirements for continuing medical education using guidelines developed by the College of Family Physicians of Canada (Mainpro) and the Royal College of Physicians & Surgeons of Canada (Maincert) or other guidelines issued by these colleges, or College of Physicians & Surgeons of Ontario or if applicable, the applicants satisfaction of the continuing medical education program agreed to by the applicant and the Chief of Department pursuant to paragraph 3.03(d) of this By-Law;
 - (B) ability to communicate with patients and staff, together with information regarding patient or staff complaints regarding the applicant, if any;
 - (C) ability to work in a collegial manner with the Board, Chief Executive Officer, Vice-President Medical and Academic Affairs, Vice-Presidents, the Chief Nursing Executive, the Chair of Medical Advisory Committee, Department Chief, Division Heads, other members of the Medical Advisory Committee, other members of the Professional Staff, the nursing staff, other healthcare practitioners, learners within the Hospital and other employees of the Corporation;
 - (D) record of all documented patient and staff complaints during the past year relating to the applicant's quality of medical diagnosis, care and treatment and/or impact on workplace safety;
 - (E) compliance with reasonable "on-call" responsibilities, if any;
 - (F) teaching performance;

- (G) willingness to participate in the discharge of staff obligations and any committee obligations as appropriate to membership group;
 - (H) quality of medical diagnosis, care and treatment;
 - (I) discharge of responsibilities which may include but are not limited to clinical diagnosis, care and treatment, teaching and research;
 - (J) ability to supervise staff;
 - (K) monitoring of patients, together with evidence of appropriate, timely and complete clinical record documentation;
 - (L) resource utilization that demonstrates appropriate, effective, and efficient use of Hospital's resources;
 - (M) general compliance with the applicable Legislation, the Hospital's By-Laws, Policies and Rules;
 - (N) compliance with all requirements or expectations in, if applicable, the Professional Staff letter of offer or, if applicable, contract for service;
 - (O) changes to the applicant's affiliation with the Faculty of Medicine, Dentistry or Nursing at the Academic Institution, if any;
 - (P) adequate training and experience for the privileges requested on the applicant's application for reappointment;
 - (Q) evidence of professional practice protection coverage satisfactory to the Board; and
 - (R) such other information that the Board may require, from time to time, having given consideration to the recommendations of the Medical Advisory Committee.
- (c) The Department Chief or his/her designate shall, at least every third year, conduct a more comprehensive performance evaluation of the applicant by canvassing senior management, nursing staff, allied health staff and other Corporation staff regarding whether they have any concerns about the applicant's quality of care, behaviour, or ability to comply with the Corporation's Rules that may impact the reappointment of the applicant.

(d) Notwithstanding clause 3.05(b)(vii) above, the Chief of the Department of Family and Community Medicine may elect, in his/her discretion, to conduct performance reviews of the members within his/her Department, who are seventy (70) years old or younger, once every three (3) years.

(e) Any application for reappointment in which:

(i) the applicant requests a change to his/her Professional Staff category and/or privileges; and

(ii) the Department Chief believes that such a change is likely to increase demand on Hospital resources from the previous year.

shall be reviewed by the Credentials & Medical Advisory Committee Health Human Resources Planning Committee, which committee shall make a recommendation to the Medical Advisory Committee on the impact, if any, of the requested change.

(f) The applicant shall forward to the Chief Executive Officer or his/her designate, a copy of the application. The Chief Executive Officer or his/her designate shall refer the application to the Department Chief. Thereafter the procedure followed shall be the same procedure as set out in section 3.04 of this By-Law, with necessary changes to points of detail.

(g) Where the applicant holds a Academic Institution appointment, the Department Chief will review the clinical and academic responsibilities and performance of the applicant, and the Department Chief will make a recommendation on the appropriate division of the applicant's clinical and academic responsibilities to the Medical Advisory Committee, through the Credentials & Medical Advisory Committee Health Human Resources Planning Committee.

(h) If, in the view of the Department Chief, the applicant does not meet the previously agreed upon clinical and academic responsibilities, the Department Chief may review the applicant's continuing Professional Staff Appointment, and at the Department Chief's discretion, may make an appropriate recommendation to the Medical Advisory Committee, through the Credentials & Medical Advisory Committee Health Human Resources Planning Committee;

(i) The Board may, in accordance with the *Act*, Hospital's By-Laws, Policies and Rules,

(i) refuse to reappoint any applicant to the Professional Staff; or

- (ii) reduce, change or alter the applicant's privileges; and/or
- (iii) attach specific conditions to the applicant's privileges;

on any ground, including, but not limited to, the following:

- (A) the Department, based on its Medical Human Resources Plan, Impact Analysis and strategic plan have decided that the Hospital does not have sufficient resources; or
 - (B) the Department, based on its Impact Analysis and strategic plan have decided to reallocate resources to optimize patient access and/or care; or
 - (C) the Department Chief's recommendation contained in his/her report which reviews the applicant's performance for the previous year (clause 3.05(b)(vi));
 - (D) where the applicant's academic appointment was a condition of his/her privileges at the Hospital, the applicant's academic status has been lost or reduced; or
 - (E) the Hospital ceases to provide a service pursuant to section 44 of the *Act* and the Board considers it necessary or advisable.
- (j) Each application by a post-graduate trainee shall be provided by the Academic Institution's post-graduate office to the Corporation and shall contain the information required in the Hospital's post-graduate trainee credentialing policy as may be amended from time to time.

ARTICLE 4. CATEGORIES OF THE PROFESSIONAL STAFF

4.01 Categories

- (a) The responsibilities of the Corporation for patient care, teaching and research make it necessary and appropriate to divide the Professional Staff into several different categories and to determine certain limitations on eligibility for appointments and privileges. The categories established are:
- (i) Active;
 - (ii) Active-Secondary

- (iii) Courtesy;
 - (iv) Clinical Associate; and
 - (v) such other categories as may be determined by the Board from time to time, having given consideration to the recommendations of the Medical Advisory Committee.
- (b) Appointments to these categories will be consistent with the established Medical Human Resources Plan and will be subject to completion of an Impact Analysis.

4.02 Active Staff

- (a) Members of the Active Staff will:
- (i) consist of those applicants appointed by the Board who are responsible for ensuring that an acceptable standard of care is provided to patients under their care and in the Hospital. The Active Staff designation reflects the highest level of privileges, responsibilities and commitment to the Hospital's patients;
 - (ii) be expected to perform their primary clinical practices at the Hospital;
 - (iii) in the first year of their appointment to the Active Staff, be designated as a probationary Active Staff member. This designation will provide the Hospital with an opportunity to conduct a more fulsome evaluation of the Professional Staff member's qualifications, skill, expertise and collegiality, in order to determine whether the applicant should be reappointed as an Active Staff member with an expectation, subject to the Legislation and the By-Laws, of continued yearly appointments at the Hospital. The one-year probationary designation may be waived by the Board in accordance with guidelines approved by the Medical Advisory Committee;
 - (iv) undertake such continuing medical education programs and activities as may be required to satisfy the Regulatory College's requirements for continuing medical education using guidelines developed by the College of Family Physicians of Canada (Mainpro) and the Royal College of Physicians & Surgeons of Canada (Maincert) or other guidelines issued by these colleges, or College of Physicians & Surgeons of Ontario or if applicable, the

applicants satisfaction of the continuing medical education program agreed to by the applicant and the Chief of Department pursuant to paragraph 3.03(d) of this By-Law;

- (v) undertake such continuing medical education programs and activities as may be required to maintain his/her certification;
- (vi) undertake such clinical, academic and administrative duties and responsibilities as outlined in clauses 3.02(d)(ii), 3.02(d)(iii), 3.02(d)(xxi), 3.05(b)(iii) and 3.05(b)(iv);
- (vii) be granted privileges as approved by the Board, having given consideration to the recommendation of the Department Chief and Medical Advisory Committee;
- (viii)
 - (A) Subject to clause (B) below, will be granted in-patient and/or out-patient admitting privileges, unless otherwise specified in their appointment to the Professional Staff;
 - (B) Physicians in the Family and Community Medicine Department's admitting privileges will be restricted to pediatrics, obstetrics, emergency, short-term rehabilitation, progressive care, palliative care and any other areas with the approval of the Chief of Department.
 - (C)
 - (1) a Dentist in the Active Staff category who is an oral and maxillofacial surgeon will be granted in-patient and/or out-patient admitting privileges, unless otherwise specified in his/her appointment to the Professional Staff; and
 - (2) a Dentist in the Active Staff category will be granted in-patient and/or out-patient admitting privileges in association with a Physician who is a member of the Professional Staff with Active Staff privileges, unless otherwise specified in his/her appointment to the Professional Staff;
- (ix) be entitled to apply for annual reappointment as provided in this By-Law and be granted privileges subject to the results of the annual performance review and Hospital resources that are available to the Department(s)/Program(s) which shall be allocated by the Department Chief;

- (x) be eligible to attend and vote at Department, Division and Medical Staff Association meetings;
 - (xi) be eligible to be an officer of the Medical Staff Association or a committee chair;
 - (xii) be bound by the expectations for attendance, as established by the Medical Advisory Committee, at Medical Staff Association, Department and Division meetings;
 - (xiii) (A) subject to paragraph (B), attend seventy-five percent (75%) of his/her Department Staff rounds and committee meetings to which he/she is assigned;

(B) in respect of the members of the Department of Family and Community Medicine, attend the prescribed percentage, as recommended by the Department Chief and approved by the Medical Advisory Committee of his/her Department Staff rounds and committee meetings to which he/she is assigned;
 - (xiv) perform such other duties as may be prescribed by the Medical Advisory Committee from time to time; and
 - (xv) be designated as having a primary and, if applicable, a secondary affiliation to a specified Department.
- (b) Active Staff members may apply for privileges beyond the age of seventy (70) provided that:
- (i) the applicant continues to meet the criteria set out in section 3.03, the clinical standards expected at the Hospital and continues to perform and discharge all of the obligations and responsibilities of the other Active Staff members within his/her Department or Division;
 - (ii) the applicant complies with as may be applicable, his/her Department's or Division's enhanced peer review process or personalized enhanced peer review process; and
 - (iii) paragraph 4.02(c) below has been complied with;
- (c) Beginning in June of the year in which an applicant turns sixty-eight (68) and annually thereafter an applicant must prepare a Practice Planning

Report if he/she wishes to apply for Active Staff privileges following his/her seventy (70) birthday. The Practice Planning Report must be submitted to the Department Chief.

- (d) The Board's responsibility for putting in place a succession plan for members of its Professional Staff may require that, on an annual basis, a Professional Staff member's privileges which were granted pursuant to paragraph 4.02(b) above may, on re-applications, be reduced or not renewed in favour of granting privileges to recently graduated professional staff members whose participation at the Hospital is required in order that its Professional Staff remain apprised of emerging clinical practices and to maintain the standards expected of a Toronto community academic hospital.

4.03 Active-Secondary Staff

- (a) The Active-Secondary Staff shall consist of Physicians who are of recognized professional ability and who have signified willingness to accept an appointment to the Professional Staff to meet causal or part-time needs, and who may or may not have a separate active medical staff appointment at another hospital or clinical setting where they predominantly work.
- (b) Active-Secondary Staff members may or may not have admitting privileges.
- (c) The duties of a member of the Active-Secondary Staff shall include provision of service in the care of patients on request.
- (d) Each Physician on the Active-Secondary Staff may attend, without a vote, Medical Departmental, Division, Clinical Service, and Medical Staff Association meetings but shall not be subject to the attendance requirements and penalties as provided by the Hospital's By-Laws, Policies and Rules.
- (e) Members of the Active-Secondary Staff shall not hold office and shall not be eligible for appointment to a committee of the Medical Staff.
- (f) Members of the Active-Secondary Staff will be designated as having a primary and, if applicable, a secondary affiliation to a specified Department;
- (g) Members of the Active-Secondary Staff may attend patients undergoing treatment and do operative procedures only upon the request of an Active

Staff member or pursuant to any “on-call” responsibilities, in accordance with the kind and degree of privileges granted them individually by the Board.

- (h) Active-Secondary Staff members may apply for privileges beyond the age of seventy (70) provided that:
 - (i) the applicant continues to meet the criteria set out in section 3.03, the clinical standards expected at the Hospital and continues to perform and discharge all of the obligations and responsibilities of the other Active-Secondary Staff members within his/her Department or Division;
 - (ii) the applicant complies with as may be applicable, his/her Department’s or Division’s enhanced peer review process or personalized enhanced peer review process; and
 - (iii) paragraph 4.03(i) below has been complied with.
- (i) Beginning in March of the year in which an applicant turns sixty-eight (68) and annually thereafter an applicant must prepare a Practice Planning Report if he/she wishes to apply for Active-Secondary Staff privileges following his/her seventy (70) birthday. The Practice Planning Report must be submitted to the Department Chief.
- (j) The Active-Secondary Staff appointment is a discrete appointment which does not create entitlements which carry forward in the subsequent annual applications for reappointment to the Medical Staff.

4.04 Courtesy Staff

- (a) The Board may grant a Physician an appointment to the Courtesy Staff in one or more of the following circumstances:
 - (i) the applicant needs to facilitate access of care for their patient(s);
 - (ii) the applicant provides special but limited clinical services on a part-time basis; or
 - (iii) where the Board deems it otherwise advisable.
- (b) Courtesy Staff members shall not have admitting privileges.
- (c) Members of the Courtesy Staff will be designated as having a primary affiliation to a specified Department.

- (d) Each Physician on the Courtesy Staff may attend, without a vote, Medical Departmental, Division, Clinical Service, and Medical Staff Association meetings but shall not be subject to the attendance requirements and penalties as provided by the Hospital's By-Laws, Policies and the Rules.
- (e) Members of the Courtesy Staff shall not hold office and shall not be eligible for appointment to a committee of the Medical Staff.
- (f) The Courtesy Staff appointment is a discrete appointment which does not create entitlements which carry forward in the subsequent annual applications for reappointment to the Medical Staff.

4.05 Clinical Associate Staff

- (a) Such an appointment is made specifically to:
 - (i) enable a Physician to replace himself/herself for a clearly defined period of time, for instance, in the case of serious illness or extended vacations. The appointment ceases when the Physician for whom he/she is covering returns to active practice; or
 - (ii) meet a specific singular requirement by providing a consultation and/or operative procedure; or
 - (iii) meet an urgent unexpected need for a medical service;
 - (iv) enable a Physician to meet academic or clinical goal(s) and/or expectation(s) as deemed appropriate by the Chief of Department; or
 - (v) any other circumstances deemed appropriate by the Chair of Medical Advisory Committee.
- (b) The grant of privileges will terminate upon the sooner of either when the specified purpose has been served or, subject to paragraph 4.05(c) below, the aggregate period of the member's reappointment(s) exceeds twelve (12) months.
- (c) Notwithstanding paragraph 4.05(b), a Physician's term as a Clinical Associate member may be extended if the Physician is on a roster of Clinical Associate that the Hospital calls upon from time to time to, on an ongoing basis, fill unplanned or unexpected vacancies.
- (d) Clinical Associate Staff may be granted admitting privileges.

- (e) Each Physician on the Clinical Associate Staff may attend, without a vote, Medical Departmental, Division, Clinical Service, and Medical Staff Association meetings but shall not be subject to the attendance requirements and penalties as provided by the Hospital's By-Laws, Policies and Rules.
- (f) Members of the Clinical Associate Staff shall not hold office and shall not be eligible for appointment to a committee of the Medical Staff.
- (g) Members of the Clinical Associate Staff will be designated as having a primary affiliation to a specified Department.
- (h) Clinical Associate Staff members may apply for privileges beyond the age of seventy (70) provided that:
 - (i) the applicant continues to meet the criteria set out in section 3.03, the clinical standards expected at the Hospital and continues to perform and discharge all of the obligations and responsibilities of the other Clinical Associate Staff members within his/her Department or Division; and
 - (ii) the applicant complies with as may be applicable, his/her Department's or Division's enhanced peer review process or personalized enhance peer review process.
- (i) The Clinical Associate appointment is a discrete appointment which does not create entitlements which carry forward in the subsequent annual applications for reappointment to the Medical Staff.

4.06 Temporary Privileges

Notwithstanding any other provision in this By-Law, the Chief Executive Officer, after consultation with the Chair of Medical Advisory Committee or his/her designate, may:

- (a) grant a temporary appointment to a Physician who is not a member of the Medical Staff provided that:
 - (i) as soon as is practical, evidence is obtained that the applicant:
 - (A) is in good standing with the appropriate Regulatory College; and
 - (B) has appropriate professional liability coverage or membership in the Canadian Medical Protective Association;

- (ii) if applicable, a letter of recommendation is obtained from the applicant's Chief of Department; and
 - (iii) 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
- (b) continue the appointment on the recommendation of the Medical Advisory Committee until the next meeting of the Board.
 - (c) The Chief Executive Officer, Vice-President Medical & Academic Affairs, and Chair of Medical Advisory Committee may grant an extension of up to three (3) months.

4.07 Enhanced Professional Staff Privileging Process

Commencing on the thirtieth (30th) day of June following attaining the age of seventy-five (75), a member of the Professional Staff may only be appointed to a Professional Staff category with clinical activities if the member satisfies all of the following criteria:

- (a) provisions of paragraph 4.02(c) have been complied with;
- (b) the impact of the applicant's reputation on the Hospital is considered;
- (c) there is a need for the applicant's services as evidenced in the Medical Human Resources Plan;
- (d) the Hospital is unable to attract an applicant with like skills, training, and experiences and not reappointing the applicant would be prejudicial to the health and welfare of the Corporation's patients;
- (e) a human resources requirement exists within the Department, and the applicant's training, experience and qualifications fulfils the manpower requirement; and
- (f) if the applicant holds an academic appointment, he/she continues to do so if required for the fulfilment of the human resource requirement.

4.08 Probationary Status

The Medical Advisory Committee may recommend to the Board, in accordance with this By-Law and the *Act*, that a member of the Professional Staff be put on probationary status. Probationary status will include, amongst other things, increased supervision and an expectation that the concerns that led to the

imposition of probationary status will be remediated during the probationary period. In the event that the concerns are not satisfactorily addressed, the Medical Advisory Committee may make additional recommendations to the Board, including without limitation, restriction or revocation of privileges.

ARTICLE 5. SUSPENSION AND REVOCATION OF PRIVILEGES

5.01 Mid-Term Action Procedural Guidelines

- (a) Mid-term action may be initiated wherever a member of the Professional Staff is alleged to have engaged in, made or exhibited acts, statements, demeanour, behaviour or professional conduct and the same:
 - (i) exposes, or is reasonably likely to expose patients or employees or any other persons to harm or injury; or
 - (ii) is reasonably likely to be, detrimental to patient safety or to the delivery of quality patient care within the Hospital, or
 - (iii) is reasonably likely to be, detrimental to hospital operations and/or reputation; or
 - (iv) is reasonably likely to constitute Disruptive Behaviour; or
 - (v) is a breach of the responsibilities, accountabilities and/or expectations pursuant to this By-Law, the Policies, Rules, the Professional Staff members letter of offer (or any subsequent amendment) contract for services; or
 - (vi) include any health problem that significantly affects the Professional Staff member's ability to carry out his/her Professional Staff responsibilities; or
 - (vii) results in the imposition of sanctions by the Regulatory College; or
 - (viii) is contrary to the Hospital's By-Laws, Policies and Rules, the *Act*, or the regulations made thereunder or any other relevant law or legislated requirement.
- (b) Where information is provided to the Vice-President Medical and Academic Affairs, Chief of Department, Chief Executive Officer or Chair of Medical Advisory Committee which raises concerns about any of the matters in paragraph 5.01(a) above, the information shall be in writing, or recorded in writing, and shall be directed to the Vice-President Medical

and Academic Affairs, Chief of Department, Chief Executive Officer or Chair of Medical Advisory Committee.

- (c) If either of the Vice-President Medical and Academic Affairs, Chief of Department, Chief Executive Officer or Chair of Medical Advisory Committee receives information, which raises concerns about any of the matters in paragraph 5.01(a), he/she shall inform the other individuals 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 member.
- (e) The Professional Staff member shall be advised of the information about his/her behaviour, performance or competence and shall be given a reasonable opportunity to present relevant information on his/her 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 Vice-President Medical and Academic Affairs, Chief of Department, Chief Executive Officer and Chair of Medical Advisory Committee.
- (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 in accordance with the Hospital's By-Laws, Policies and Rules and the *Act*.
- (h) The Vice-President Medical and Academic Affairs, Chief of Department, Chief Executive Officer or Chair of Medical Advisory Committee may, at their sole discretion, determine whether a further investigation is necessary.
- (i) The investigation may be assigned to an individual(s) within the Hospital, the Medical Advisory Committee, a body within the Hospital 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 Vice-President Medical and Academic Affairs, Chief of Department, Chief Executive Officer and Chair of Medical Advisory Committee. The Professional Staff member shall also be provided with a copy of the written report.

- (k) The Vice-President Medical and Academic Affairs, Chief of Department, Chief Executive Officer and Chair of Medical Advisory Committee shall review the report and determine whether any further action may be required, including, without limitation, whether the matter should be dealt with as an immediate mid-term action pursuant to section 6.01 or referred to the Medical Advisory Committee for consideration pursuant to section 5.02.

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

- (a) 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 hospital privileges and/or the quality of medical diagnosis, care and treatment and/or patient or workplace safety in the Corporation in respect of the Professional Staff member, 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.
- (b)
 - (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 paragraph, 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.
- (c) All requests for a recommendation for mid-term action must be submitted to the Medical Advisory Committee in writing and supported by reference to the specific activities, conduct or concern which constitute grounds for the request and same must be given to the Professional Staff member contemporaneously with the request to the Medical Advisory Committee.
- (d) Where the matter is referred to the Medical Advisory Committee, a copy of any reports made by a body or consultant with respect to the matter shall be forwarded to the Medical Advisory Committee.
- (e) The Medical Advisory Committee may initiate further investigation itself, establish an Ad Hoc Committee to conduct the investigation, refer the matter to an external consultant, dismiss the matter for lack of merit or determine to have a section 5.03 meeting of the Medical Advisory Committee.

- (f) Where the Medical Advisory Committee establishes an Ad Hoc Committee to conduct the investigation or refers the matter to an external consultant, that individual or body shall forward a written report of the investigation to the Medical Advisory Committee as soon as practicable after the completion of the investigation.
- (g) Upon completion of its own investigation or upon receipt of the report by the body that conducted the investigation, as the case may be, the Medical Advisory Committee may either dismiss the matter for lack of merit or determine to have a section 5.03 meeting of the Medical Advisory Committee.
- (h) Within twenty-one (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 section 5.03 meeting of the Medical Advisory Committee is required to be held.
- (i) If additional time is needed for the investigative process, the Medical Advisory Committee may defer action on the request. The Medical Advisory Committee must act within thirty (30) days of the deferral.
- (j) If the Medical Advisory Committee determines that there is merit to proceed to a section 5.03 meeting of the Medical Advisory Committee, then the Professional Staff member is entitled to attend the meeting.
- (k) Where the Medical Advisory Committee considers the matter at an Medical Advisory Committee meeting for the purposes of potentially making a recommendation to the Board, then the procedure set out herein at section 5.03 is to be followed.

5.03 Medical Advisory Committee Meeting

- (a) At least fourteen (14) days prior to the Medical Advisory Committee meeting the Professional Staff member and the Medical Advisory Committee shall be given written notice of the Medical Advisory Committee meeting. The notice shall include:
 - (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 Chair of Medical Advisory Committee or his/her designate. For clarity, no other documentation will be produced by the Medical Advisory Committee;

- (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 counsel to the Medical Advisory Committee may attend at Medical Advisory Committee meetings, including, without limitation, in-camera deliberations, in order to provide advice to the members of the Medical Advisory Committee and to ensure compliance with applicable Legislation and due process requirements; and
 - (vii) a statement that, in the absence of the Professional Staff member, the meeting may proceed.
- (b) 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 (5) days prior to the Medical Advisory Committee meeting and subject to Medical Advisory Committee scheduling and extraordinary circumstances may not be postponed by more than five (5) business days.
- (c) At least seven (7) business days prior to 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 which 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 Chair of Medical Advisory Committee of Staff or his/her designate after the issuance of the comprehensive statement

- (d) The Professional Staff member involved 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 be relying on at the special meeting,

at least five (5) business days before the meeting.
- (e) 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 incamera portion of the minutes shall record the Medical Advisory Committee's reasons and recommendations.
- (f) Where the Medical Advisory Committee determines that the matter has no merit, this shall be noted in the minutes of the Medical Advisory Committee.
- (g) Before deliberating on the recommendation to be made to the Board, the Chair of Medical Advisory Committee shall require the Professional Staff member involved and any other persons present who are not Medical Advisory Committee members to retire.
- (h) The Medical Advisory Committee shall provide to the Professional Staff member within fourteen (14) days from the date of the Medical Advisory Committee meeting written notice of:
 - (i) the Medical Advisory Committee's recommendation and the written reasons for the 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 (7) days of the receipt by the

Professional Staff member of the Medical Advisory Committee's written reasons.

- (i) The time period to provide the written notice required in paragraph 5.03(h) above may be extended if the Medical Advisory Committee, prior to the expiry of the fourteen (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.
- (j) The Medical Advisory Committee shall provide to the Board within fourteen (14) days from the date of the Medical Advisory Committee meeting, or such later date where the time period is extended pursuant to paragraph 5.03(i) above, 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 paragraph 5.03(i) above, the written reasons for the extension.
- (k) 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 his/her last known address and, where the notice is served by registered mail, it shall be deemed that the notice was served on the third day after the day of mailing unless the person to be served establishes that he/she did not, acting in good faith, through absence, accident, illness or other cause beyond his/her control receive it until a later date. In the alternative, when the Professional Staff members is represented by legal counsel, the notice may be served on legal counsel.
- (l) 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 dismissal, suspension or restriction of a Professional Staff member's Hospital 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 he/she is entitled to a Board hearing and shall follow the process set out in section 6.03 of this By-Law; 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 prior to 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 dismissal, suspension or restriction of a Professional Staff member's Hospital 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 paragraphs 5.03(a) to (k) of this By-Law.
- (m) Participation of any member of the Medical Advisory Committee in an investigation regarding a member does not preclude such member from chairing, participating or voting at a special meeting of the Medical Advisory Committee.
- (n) Subject to the Act and the By-Law, the Medical Advisory Committee has the power to determine its own procedures and practices to manage the meeting in a manner that is just, expeditious and cost effective and may for that purpose, designate the Chair of the Medical Advisory Committee or delegate to:
 - (i) make decisions with respect to the procedures and practices that apply in any particular proceeding;
 - (ii) make such decisions or give such directions in proceedings before the Medical Advisory Committee as he or she considers proper to prevent abuse of its processes; and
 - (iii) reasonably limit proceedings where he or she is satisfied the Medical Advisory Committee has received sufficient information to make a recommendation, including without limitation by way of placing reasonable limits on documentation, submissions, questions, and deliberations,

provided that none of the above shall be construed to excuse or relieve the Medical Advisory Committee from the principals of procedural fairness.

5.04 Board Hearing

- (a) Where the Professional Staff member requires a hearing by the Board, the Board shall appoint date, time and place for the hearing.
- (b) The Board hearing shall be held within thirty (30) days of the Board receiving the notice from the Professional Staff member requesting a hearing or at a later date on consent of the Professional Staff member and the Medical Advisory Committee.
- (c) The Board shall give written notice of the hearing to the Professional Staff member and to the chair (or substitute) of the Medical Advisory Committee at the earliest possible opportunity and, in any event, at least seven (7) 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 Professional Staff member and the Medical Advisory Committee shall be afforded an opportunity at least seven (7) days before the hearing to examine prior to the hearing 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 Professional Staff member may proceed in person or be represented by counsel, and that in his/her absence the Board may proceed with the hearing and that the Professional Staff member will not be entitled to any further notice of the proceeding;
 - (v) a statement that subject to paragraph 5.04(d) the Professional Staff member may call witnesses and tender documents in evidence in support of his/her 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) The Professional Staff member involved shall be given an opportunity to respond to 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 be relying on at the special meeting,at least five (5) business days before the meeting.
- (e) The parties to the Board hearing are the Professional Staff member, the Medical Advisory Committee and such other persons as the Board may specify. The Chair of Medical Advisory Committee or his/her designate may attend at the hearing, represent the Medical Advisory Committee and to instruct counsel for the Medical Advisory Committee.
- (f)
 - (i) Subject to paragraph 5.04(g) below, Governors holding the hearing shall not have taken part in any investigation or consideration of the subject matter of the hearing before the hearing and shall not communicate directly or indirectly in relation to the subject matter of the hearing with any person or with any party or his/her representative, except upon notice to and an opportunity for all parties to participate.
 - (ii) No member of the Board shall participate in a decision of the Board pursuant to a hearing unless he/she was present throughout the hearing and heard the evidence and argument of the parties and, except with the consent of the parties, no decision of the Board shall be given unless all members so present participate in the decision.
 - (iii) In the event that the quorum requirements cannot be met, the Board may in its absolute discretion:
 - (A) delegate the responsibility for conducting the Board hearing to a committee of the Board comprised of at least three (3) voting Governors; or
 - (B) waive the requirement for a quorum; or

- (C) with the Professional Staff member's consent, proceed directly to the Health Professions Appeal and Review Board for consideration of the Medical Advisory Committee's recommendation.
- (g) 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.
- (h) The findings of fact of the Board pursuant to a hearing shall be based exclusively on evidence admissible or matters that may be noticed under sections 15 and 16 of the *Statutory Powers Procedure Act* (Ontario).
- (i) The Board shall consider only the reasons of the Medical Advisory Committee that have been given to the Professional Staff member in support of its recommendation. Where through error or inadvertence, certain reasons have been omitted in the statement delivered to the 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 Professional Staff member and the Board and the Professional Staff member is given a reasonable time to review the reasons and to prepare a case to meet those additional reasons.
- (j) The Board shall, acting in its absolute sole discretion, make a decision to either follow, not follow, change or alter the recommendation(s) of the Medical Advisory Committee.
- (k) A written copy of the decision of the Board and the written reasons for the decision shall be provided to the Professional Staff member and to the Medical Advisory Committee.
- (l) Service of the notice of the decision and the written reasons to the Professional Staff member may be made personally or by registered mail addressed to the Professional Staff member at his/her last known address and, where the notice is served by registered mail, it shall be deemed that the notice was served on the third day after the day of mailing unless the person to be served establishes that he/she did not, acting in good faith, through absence, accident, illness or other cause beyond his/her control receive it until a later date.

5.05 Notification of Regulatory College and Partners

Notice of any suspension, revocation or restriction of privileges shall be given by the Chief Executive Officer to the Registrar of the Regulatory College within

which the member is registered 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.

5.06 Addressing Issues of Competence during Mid-Term Action

At any time during mid-term action if it becomes apparent that the Professional Staff member's behaviour, performance or competence is such that it meets the criteria set out in section 6.01, then the Chair of Medical Advisory Committee, or Department Chief, or his/her designate may determine to invoke the procedures set out in Article 6.

5.07 Disposition of Records

All information obtained, reviewed, discussed and otherwise used or developed in any process related to this part of this By-Law, and that is not otherwise publicly known, publicly available, or part of the public domain, is considered to be privileged and strictly confidential information of the Corporation. It shall not be disclosed to anyone outside of the process related to this part of this By-Law except if agreed to, in writing by the Professional Staff member or where determined by the Chief Executive Officer as required by law or necessary to ensure public or patient safety. Records of the proceedings outlined in this section (e-mails, correspondence, reports, and notes) will be retained in a manner consistent with the Corporation's record retention policy and are not records that are accessible under *Freedom of Information and Protection of Privacy Act* (Ontario).

5.08 Ceasing to Provide a Service

For greater certainty, the process, obligations and rights contained in this Article 15 shall not apply to a decision of the Board under section 44(2) of the *Act*.

ARTICLE 6. IMMEDIATE MID-TERM ACTION IN AN EMERGENCY SITUATION

6.01 Initiation of Immediate Mid-Term Action

- (a) Where the behaviour, performance or competence of a Professional Staff member:
 - (i) exposes, or is reasonably likely to expose patient(s) or employees or other persons to harm or injury, and immediate action must be taken to protect the patients, staff or other persons; or

- (ii) has previously been sanctioned by the Medical Advisory Committee or the Board and, in the circumstances is deemed to be a continuation of such previously sanctioned behaviour, performance or competence;

the Chair of Medical Advisory Committee, or Department Chief, or his/her designate, may immediately and temporarily suspend the Professional Staff member's privileges, with immediate notice to the President of the Professional Staff Association, Chief Executive Officer or his/her designate, and pending an Medical Advisory Committee meeting and a hearing by the Board.

- (b)
 - (i) The Chair of Medical Advisory Committee or Department Chief shall immediately notify the Professional Staff member, the Medical Advisory Committee, and the Board of his/her decision to suspend the Professional Staff member's privileges.
 - (ii) The Regulatory reporting requirements set out in section 6.04 shall be applicable to the Chair of Medical Advisory Committee or Department Chief's respective decision to immediately suspend the Professional Staff member's privileges.
- (c) Arrangements, as necessary, shall be made by the Chair of Medical Advisory Committee or Department Chief for the assignment of a substitute to care for the patients of the suspended Professional Staff member.
- (d) Participation of any member of the Medical Advisory Committee in the suspension of the Professional Staff member's privileges does not preclude such member from chairing, participating or voting at the Medical Advisory Committee meeting.

6.02 The 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 (10) days from the date of the suspension to review the suspension and to make recommendations to the Board.
- (b) As soon as possible, and in any event, at least four (4) days prior to the Medical Advisory Committee meeting, the Medical Advisory Committee shall provide the Professional Staff member with a written notice of:
 - (i) the 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 Chair of Medical Advisory Committee or his/her designate. For clarity, no other documentation will be produced by the Medical Advisory Committee.
 - (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 counsel to the Medical Advisory Committee may attend at Medical Advisory Committee meetings, including, without limitation, in-camera deliberations, in order to provide advice to the members of the Medical Advisory Committee and to ensure compliance with applicable Legislation 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.
- (d) The request for postponement of the meeting must be made in writing at least twenty-four (24) hours prior to the Medical Advisory Committee meeting.
- (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 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 Professional Staff member will be relying on at the special meeting,

at least forty-eight (48) hours 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 incamera 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 merit, the Medical Advisory Committee shall make a recommendation to the Board. Before deliberating on the recommendation, the Chair of Medical Advisory Committee shall require the Professional Staff member involved and any other persons present, other than legal counsel, who are not Medical Advisory Committee members to retire.
 - (h) The Medical Advisory Committee shall provide to the Professional Staff member within fourteen (14) days of the Medical Advisory Committee meeting written notice of:
 - (i) the Medical Advisory Committee's recommendation and the written reasons for the 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 (7) days of the receipt by the Professional Staff member of the Medical Advisory Committee's written reasons.
 - (i) The time period to provide the written notice required in paragraph 5.03(g) above may be extended if the Medical Advisory Committee, prior to the expiry of the fourteen (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.
 - (j) The Medical Advisory Committee shall provide to the Board within fourteen (14) days from the date of the Medical Advisory Committee

meeting, or such later date where the time period is extended pursuant to paragraph 5.03(h) above, 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 paragraph 5.03(h) above, the written reasons for the extension.
 - (iii) 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 his/her last known address and, where the notice is served by registered mail, it shall be deemed that the notice was served on the third day after the day of mailing unless the person to be served establishes that he/she did not, acting in good faith, through absence, accident, illness or other cause beyond his/her control receive it until a later date. In the alternative, when the Professional Staff members is represented by legal counsel, the notice may be served on legal counsel.
- (k) Subject to the Act and the By-Law, the Medical Advisory Committee has the power to determine its own procedures and practices to manage the meeting in a manner that is just, expeditious and cost effective and may for that purpose, designate the Chair of the Medical Advisory Committee or delegate to:
- (i) make decisions with respect to the procedures and practices that apply in any particular proceeding;
 - (ii) make such decisions or give such directions in proceedings before the Medical Advisory Committee as he or she considers proper to prevent abuse of its processes; and
 - (iii) reasonably limit proceedings where he or she is satisfied the Medical Advisory Committee has received sufficient information to make a recommendation, including without limitation by way of placing reasonable limits on documentation, submissions, questions, and deliberations, provided that none of the above shall be construed to excuse or relieve the Chair of the Medical Advisory Committee or the delegate from the principals of procedural fairness.

6.03 The Board Hearing

- (a) Where the Professional Staff member requires a hearing by the Board, the Board shall appoint a date, time and place for the hearing.
- (b) The Board hearing shall be held within fourteen (14) days of the Board receiving the notice from the Professional Staff member requesting a hearing or at a later date on consent of the Professional Staff member and the Medical Advisory Committee.
- (c) The Board shall give written notice of the hearing to the Professional Staff member and to the chair (or substitute) of the Medical Advisory Committee at the earliest possible opportunity and in any event, at least seven (7) 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 Professional Staff member and the Medical Advisory Committee shall be afforded an opportunity at least seventy-two (72) hours 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 produced or any report, the contents of which will be given in evidence at the hearing;
 - (iv) a statement that the Professional Staff member may proceed in person or be represented by counsel, and that in his/her absence the Board may proceed with the hearing and that the Professional Staff member will not be entitled to any further notice of the proceeding;
 - (v) a statement that subject to paragraph 6.03(d) below the Professional Staff member may call witnesses and tender documents in evidence in support of his/her 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 twenty-four (24) hours before the hearing, the 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 Professional Staff member that has not been produced by the Medical Advisory Committee that the Professional Staff member will be relying on at the special meeting.
- (e) The parties to the Board hearing are the Professional Staff member, the Medical Advisory Committee and such other persons as the Board may specify. The Chair of Medical Advisory Committee or his/her designate may attend at the hearing to represent the Medical Advisory Committee and to instruct counsel for the Medical Advisory Committee.
- (f) The procedure outlined in paragraphs 5.04(e) and (f) through to (l) relating to the Board hearing process shall be followed.

6.04 Notification of Regulatory College and Partners

Section 5.05 with necessary changes to point of detail applies to this Article 6.

6.05 Disposition of Records

Section 5.07 applies to this Article 6.

6.06 Ceasing to Provide a Service

For greater certainty, the process, obligations and rights contained in this Article 6 shall not apply to a decision of the Board under section 44(2) of the *Act*.

ARTICLE 7. PROFESSIONAL STAFF DUTIES AND RESPONSIBILITIES

7.01 Collective Duties and Responsibilities

Collectively, the Professional Staff practising within the jurisdiction of the Corporation have responsibility and accountability to the Board for:

- (a) ensuring that care at the Hospital is appropriately directed to meeting patients' needs and is consistent with the Corporation's resource utilization practices;

- (b) participating in quality, error management, and patient and workplace safety initiatives by conducting all necessary and appropriate activities for assessing and improving the effectiveness and efficiency of care provided in the Hospital;
- (c) ensuring that ethical practice standards compatible with those of contemporary clinical practice are observed;
- (d) providing and maintaining undergraduate and postgraduate medical education and health professional education in accordance with the mission of the Corporation;
- (e) providing and maintaining the development of continuing medical education and continuing interdisciplinary health professional education;
- (f) providing, maintaining and participating in medical, clinical health services and outcomes research;
- (g) promoting evidence-based decision making;
- (h) ensuring appropriate, timely and comprehensive completion of health records by all Professional Staff including documentation of their respective role, the care provided, and relevant events during the patients interaction with the Corporation;
- (i) ensuring that any concerns relating to the operations of the Hospital are raised and considered through the proper channels of communication within the Hospital such as the Medical Staff Association or the Chair of Medical Advisory Committee, Vice-Presidents, Department Chiefs, Division Heads, Medical Advisory Committee and/or the Board;
- (j) complying with transfer of responsibility and care rules;
- (k) assisting to fulfill the mission of the Corporation through contributing to the strategic planning, community needs assessment, resource utilization management and quality management activities; and
- (l) contributing to the development and ensuring compliance with the applicable Legislation, and the Hospital's By-Laws, Policies, Rules and ethical guidelines.

7.02 Individual Duties and Responsibilities

Each member of the Professional Staff has an individual responsibility to the Corporation and the Board to:

- (a) ensure a high professional standard of care is provided to patients under his/her care that is consistent with the Corporation's resource utilization practices;
- (b) practise at the highest professional and ethical standards within the limits of the privileges provided;
- (c) perform only those acts, procedures, treatments and operations for which the Professional Staff member is competent;
- (d) maintain involvement in continuing medical and interdisciplinary professional education;
- (e) contribute to academic activities within the parameters of a mutual agreement as determined within the Department in which the Professional Staff member is appointed;
- (f) recognize the authority of the Department Chief as well as other physician, administration leaders and staff, and the Board;
- (g) comply with the applicable Legislation, the Hospital's By-Laws, Policies and Rules;
- (h) cooperate and participate in the performance evaluation process conducted by his/her Department Chief and, if applicable, any investigation into his/her practice conducted in accordance with the By-Law and/or Policies or Rules;
- (i) comply with transfer of responsibility and care rules;
- (j) participate in quality, complaint, error management, and patient and workplace safety initiatives, as appropriate;
- (k) ensure the appropriate, timely and comprehensive entry of records of health records in accordance with the Hospital's Policies as may be established from time to time, the Legislation and accepted industry standards;
- (l) provide the Professional Staff member's Department Chief with three (3) months' notice of the members' intention to resign or restrict the Professional Staff member's privileges;
- (m) work and cooperate with others in a manner consistent with the Hospital's mission, vision and values;

- (n) take appropriate action to protect themselves, staff and patients from known or suspected transmittable infections and conditions. Such action shall include compliance with basic infection control strategies, for every patient encounter. Additional precautions may be necessary for patients with pathogens transmitted by contact, droplet or airborne routes. As determined by an occupational health physician and/or a Medical Officer of Health, alteration and/or restriction of Professional Staff member duties or, when necessary, exclusion of the Professional Staff member from work may also be required as defined by the Professional Staff member's susceptibility to, and potential for transmission of, a communicable disease;
- (o) notify the Board in writing through the Chief Executive Officer or his/her designate of any additional professional degrees or qualifications obtained by the Professional Staff member or of any change in the licence to practice medicine made by the Regulatory College or change in professional liability insurance;
- (p) participate in activities that promote and support the effective and efficient use of the Corporation's resources;
- (q) immediately provide a recital and description to the Credentials & Medical Advisory Committee Health Human Resources Planning Committee of:
 - (i) any action taken by a Committee of the Regulatory College; and/or
 - (ii) if his/her privileges have been restricted or cancelled, voluntarily or involuntary, by another hospital or healthcare facility; or
 - (iii) any other material change to the information the Professional Staff member is required to provide the Hospital as part of the yearly credentialing process;
 - (iv) any changes during the credentialing year to the information provided by the Professional Staff member to the Corporation in his/her most recent application for appointment or reappointment including, without limitation, any changes to the information set out in paragraphs 3.02(d)(x), (xi), (xiii) and/or (xiv) or 3.05(b)(ii)(B) or 3.05(b)(v)(B), or (vi).
 - (v) file a prescribed report with the appropriate Regulatory College regulated under the *Regulated Health Professions Act (Ontario)* if:

- (A) the Professional Staff member has reasonable grounds, obtained in the course of practicing, to believe that another member of the same or different Regulatory College has sexually abused a patient; or
 - (B) 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
- (vi) file a report with the Chief Executive Officer or his/her designate if the Professional Staff member has reasonable grounds to believe that another member of the same or different Regulatory College is incompetent or incapacitated;
 - (r) comply with any specific conditions attached to the exercise of the member's privileges, including without limitation conditions, responsibilities or expectations that may be set out in a Professional Staff letter of offer or contact for service;
 - (s) obtain consultations on patients, where appropriate;
 - (t) serve as required on various Corporation and Medical Staff committees;
 - (u) provide at any time, when requested by the Chief of Department, Chair of Medical Advisory Committee or his/her designate, a direction to the Regulatory College to share the results of any ongoing investigation or peer assessment or concluded investigation, where there was an adverse finding, with the Credentials & Medical Advisory Committee Health Human Resources Planning Committee through the Chief of Department;
 - (v) notify the Board, in writing through the Chief Executive Officer or his/her designate of any change in status with any Academic Institution;
 - (w) provide timely communication with all patients' referring physicians;
 - (x) when requested by a fellow Professional Staff member, provide timely consultations;
 - (y) notify patients and/or their families or other appropriate persons about their options with respect to tissue and organ donation;
 - (z) in accordance with Hospital policy, obtain where appropriate from the next of kin of a deceased patient, or from another appropriate authority, a

written consent for the performance of a post-mortem examination on the body of a deceased patient;

- (aa) follow reasonable direction on matters pertaining to Professional Staff responsibilities and accountability pursuant to this By-Law and/or Rules issued by anyone having the authority to do so under this By-Law and/or the Rules;
- (bb) 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 which have not first been addressed through the proper communication channels identified above and such official channels have not satisfactorily resolved the Professional Staff member's concerns;
- (cc) in undertaking clinical research or clinical investigation, abide by the policies of the Corporation's Research Ethics Board;
- (dd) participate in a collegial and co-operative manner with the annual performance evaluation process; and
- (ee) to pay such Medical Staff dues as may be prescribed from time to time by resolution of the Medical Staff Association.

7.03 Monitoring Patient Care

Any aspect of patient care being carried out in the Corporation may be reviewed without the approval, but where possible with the knowledge, of the responsible Professional Staff member, by the Department Chief, or Division Head.

7.04 Monitoring Aberrant Practices

Where anyone believes that a member of the Professional Staff is attempting or has attempted to exceed the scope of that Professional Staff member's privileges or is otherwise incapable of providing a service that he/she is about to undertake, that belief shall be communicated immediately to the Division Head, Department Chief, Chair of Medical Advisory Committee and/or Chief Executive Officer.

7.05 Leave of Absence

- (a) Subject to paragraph (c) below, when a member of the Professional Staff temporarily ceases to practice in the community for a period of twelve (12) months or less, application for a leave of absence from the Professional Staff may be made for medical, parental leave, education, training or

sabbatical or other reasons. Such application, stating the effective dates and reasons, shall be made to the Chief Executive Officer or designate who in turn shall forward the application to the Medical Advisory Committee for consideration at its next regular meeting. The Medical Advisory Committee shall make its recommendation to the Board in respect of the leave that pertains to the balance of the member's current appointment. Any request for a leave of absence that extends beyond the current appointment must be requested in the Professional Staff member's reapplication.

- (b) If such leave of absence is granted, the Professional Staff member may make application for re-appointment to the Professional Staff upon his/her return in accordance with this By-Law and, in such event, the Board may waive the usual requirement that the applicant apply to the Associate Medical Staff, after considering the recommendations of the Medical Advisory Committee.
- (c) Notwithstanding other provisions contained in this By-Law, in the event the leave of absence is for any reason other than medical or parental leave, the granting of the leave is conditional upon,
 - (i) the Professional Staff member co-ordinating a Clinical Associate to cover his/her clinical responsibilities; and
 - (ii) the Chief of Department confirming in writing to the Chair of Medical Advisory Committee that the absence will not negatively impact the Department's ability to meet its on-call responsibilities.
- (d) Upon the Professional Staff member's return from a leave of absence, the Chair of Medical Advisory Committee and Professional Staff member shall be required to jointly sign an agreed upon transition plan that will be considered by the Credentials & Medical Advisory Committee Health Human Resources Planning Committee to ensure the member's clinical competencies were not prejudiced during his/her absence.

ARTICLE 8. DEPARTMENTS

8.01 Professional Staff Departments

- (a) When warranted by the professional resources of the Medical Staff, the Board on the advice of the Medical Advisory Committee, may divide the Medical Staff into Departments, which may include,
 - (i) Anesthesia;

- (ii) Emergency Medicine;
 - (iii) Family and Community Medicine;
 - (iv) Laboratory Medicine;
 - (v) Medical Imaging;
 - (vi) Medicine;
 - (vii) Obstetrics and Gynecology;
 - (viii) Pediatrics;
 - (ix) Psychiatry; and
 - (x) Surgery.
- (b) The Board, having given consideration to the recommendation of a search committee appointed pursuant to section 8.02 of this By-Law, will appoint a Chief of each Department.
- (c) Each Professional Staff member will be appointed to a minimum of one of the Departments in which the member is certified. Appointment may extend to one (1) or more additional Departments. These cross appointments are dependent on educational preparation, interest and working affiliation with members of other Departments and the Medical Human Resources Plans of the Departments.
- (d) The Board, having given consideration to the recommendation of the Chair of Medical Advisory Committee, following consultation with the Medical Advisory Committee, may at any time create new Departments, combine or disband or otherwise rearrange existing Departments or Divisions as may be determined appropriate by the Board.
- (e) Each Department shall hold a minimum of ten (10) meetings in each fiscal year and maintain a written record of such meetings together with a record of attendance.
- (f) Members of the Active Staff shall attend the specified number of meetings required by the Department that he/she is primarily affiliated with.
- (g) The primary purpose of the meetings will be to bring under regular and continuous review and assessment the effectiveness of all services being rendered by the Department, including an assessment of the quality of

care being provided by the Department and the appropriate utilization and allocation of departmental resources.

- (h) Department meetings of a clinical teaching type may not serve in lieu of the required regular meetings.

8.02 Divisions in a Department

- (a) At any time, a Department Chief may present to the Medical Advisory Committee for its approval a proposed departmental division structure to which members of the Professional Staff will be assigned.
- (b) Within the departmental leadership structure, the Department Chief may assign a member of the Active Staff to be the Division Head.
- (c) The Clinical Governor/Division Head will be responsible to the Department Chief(s) within which the Division operates.

8.03 Appointment of Department Chiefs

- (a)
 - (i) The Board shall, after giving consideration to the recommendations of a selection committee, appoint a Physician as Chief of Department.
 - (ii) A Midwife and Dentist may be appointed as Heads of their respective Divisions.
- (b) Subject to the results of the annual performance evaluations and their reappointment to the Professional Staff, Department Chiefs shall be appointed for a five (5) year term, which may following a formal review process be renewed for one additional five (5) year term.
- (c) Under exceptional and unavoidable circumstances, the Medical Advisory Committee may invite an incumbent Chief to apply for an extension beyond ten (10) years. The additional terms would be based on annual appointments which shall not extend beyond a total of five (5) consecutive annual terms.
- (d) Notwithstanding the above described lengths of tenure of position, a Department Chief may hold office until a successor is appointed. Under no circumstances shall a Chief be appointed for a term that extends beyond fifteen (15) years, that is, two (2) consecutive five (5) years terms and five (5) consecutive annual terms.

- (e) In the event of a pending vacancy in the office of a Department Chief, the Board will direct the Medical Advisory Executive Committee to establish a selection committee to undertake a search for the express purpose of recommending a candidate for the vacant position. For the purposes of this paragraph, "pending" means, in the event that the Department Chief: (i) is not pursuing a second term, twelve (12) months before the end of the first term; and (ii) is in his/her second term of office, twelve (12) months before the end of the second term. The selection committee will conduct the search and make a recommendation through the Medical Advisory Committee to the Board. The composition of the selection committee and its terms of reference shall be governed by the Hospital's Chief Selection Process Policy, as may be amended from time to time.
- (f) The Board may at any time revoke or suspend the appointment of a Chief of Department.

8.04 Interim Department Chief

- (a) The search committee, during their deliberations will ascertain whether a new Department Chief will be available at the retirement/resignation date of the current Department Chief.
- (b) The search committee will make a recommendation to the Medical Advisory Committee and Board regarding an Interim Department Chief, if one is needed.
- (c) The search committee will seek any additional input they need prior to making that recommendation.

8.05 Duties of Department Chiefs

- (a) The Department Chief shall,
 - (i) be responsible for provision of quality of clinical care, treatment and diagnosis provided in the Hospital by the Professional Staff within the Department;
 - (ii) participate in the orientation of new members of the Medical, Dental, Midwifery and Extended Class Nursing Staff appointed to the Department;
 - (iii) appoint members of the Department to Medical Advisory Committee subcommittees;

- (iv) be responsible for the organization and implementation of a quality assurance program;
- (v) participate in the organization and implementation of a patient and workplace safety program;
- (vi) be responsible to the Chair of Medical Advisory Committee, through and with the Vice-President Medical and Academic Affairs for:
 - (A) compliance with the Legislation, Hospital's By-Laws, Policies and Rules; and
 - (B) the appropriate utilization of the resources allocated to the Department;
- (vii) advise the Chief Executive Officer and Chair of Medical Advisory Committee wherever a Professional Staff member is alleged to have engaged in, made or exhibited acts, statements, demeanour, behaviours or professional conduct and the same:
 - (A) exposes, or is reasonably likely to expose patients, employees or other persons in the Corporation to harm or injury; or
 - (B) is, or is reasonably likely to be, detrimental to patient safety or to the delivery of quality patient care within the Corporation; or
 - (C) is, or is reasonably likely to be, detrimental to the Corporation's operations; or
 - (D) is, or is reasonably likely to constitute Disruptive Behaviour; or
 - (E) is a breach of the responsibilities, accountabilities and/or expectations pursuant to this By-Law, the Policies, Rules, the Professional Staff members letter of offer (or any subsequent amendment) contract for services; or
 - (F) any health problem that significantly affects the Professional Staff member's ability to carry out his/her Professional Staff responsibilities; or
 - (G) results in the imposition of sanctions by the Regulatory College; or

- (H) is contrary to the Hospital's By-Laws, Policies, Rules, the *Act*, or any other relevant law or legislative requirement.
- (viii) report to the Medical Advisory Committee and to the Department on activities of the Department;
- (ix) make recommendations to the Medical Advisory Committee regarding medical human resource and resource needs of the Department in accordance with the Hospital's strategic plan following consultation with Medical Staff of the Department, the Chair of Medical Advisory Committee and, where appropriate, Division Heads;
- (x) participate in the development of the Hospital's and Program's respective mission, objectives and strategic plan;
- (xi) participate in Department resource allocation decisions;
- (xii) following consultation with the members of the Department, develop, with the Vice-President Medical and Academic Affairs, and Division Heads the Department's goals, objectives and strategic plan including a Medical Human Resources Plan, for presentation to the Board through the Medical Advisory Committee;
- (xiii) review or cause to be reviewed, after consulting as may be appropriate, the privileges granted members of the Department for the purpose of making recommendations for changes in the kind and degree of such privileges;
- (xiv) review and make written recommendations regarding the performance evaluations of members of the Department whose primary affiliation is to the Department, in communication with, if applicable, any other Chief of Department where the Professional Staff member has privileges, annually and concerning reappointments and these recommendations shall be forwarded to the Medical Advisory Committee, through the Credentials & Medical Advisory Committee Health Human Resources Planning Committee;
- (xv) be a member of the Medical Advisory Committee;
- (xvi) establish a process for continuing education related to the Department;

- (xvii) advise the members of the Department, including members of the Dental, Midwifery and Extended Class Nursing Staff regarding current Hospital and departmental Policies, objectives and Rules;
- (xviii) notify the Chair of Medical Advisory Committee and the Vice-President Medical and Academic Affairs of his/her absence, and designate an alternate from within the Department;
- (xix) delegate appropriate responsibility to the Division Heads within the Department;
- (xx) recommend for approval by the Medical Advisory Committee the number of Department meetings and rounds and the required percentage of meetings Department members are expected to attend;
- (xxi) arrange each year the prescribed number of departmental meetings at which the lesser of either:
 - (A) forty percent (40%); or
 - (B) fifteen (15);of the voting Active Staff Department members shall constitute a quorum;
- (xxii) monitor the attendance of individual Active Staff members at Department meetings in order to determine whether they attend at least the prescribed percentage of such Department meetings;
- (xxiii) cause a record of the proceedings of such meetings to be made;
- (xxiv) oversee the recruitment of staff to assure the continuity, efficiency and evolution of clinical standards of the Department;
- (xxv) represent the Department on the Medical Advisory Committee;
- (xxvi) recommend through the Medical Advisory Committee, policies affecting medical care; and
- (xxvii) participate in the organization and implementation, with the Vice-President Medical and Academic Affairs and Division Heads, of clinical utilization management review within the Department.

(b) The Department Chief shall be responsible for:

- (i) promoting the conduct of research undertaken by members of the Department; and
 - (ii) approving any research conducted in the Department in accordance with the Corporation's Research Ethics Board's guidelines and policies.
- (c) The duties of the Department Chief will also include the responsibility for the oversight of Department members in regard to matters of patient care, Disruptive Behaviours, appropriate utilization of resources, academic responsibilities, co-operation with Hospital employees, documentation of care and the co-investigation of patient complaints about the performance of a Professional Staff member within the Department.
- (d) The Department Chief shall appoint an Acting Chief to act on his/her behalf during temporary absence or in situations where temporary assistance in the duties of the Chief is required.
- (e) The Department Chief has the authority to require any member of the Department to provide evidence of his/her competency with respect to a particular clinical act, procedure, treatment or operation being performed by the member of the Department in the Hospital.
- (f) The Department Chief shall also perform such other duties as are assigned by the Board or Medical Advisory Committee from time to time.

8.06 Evaluation of Department Chiefs

The annual performance evaluations and formal evaluations of Department Chiefs shall be conducted in accordance with the Chief Selection Process Policy.

ARTICLE 9. VICE-PRESIDENT MEDICAL AND ACADEMIC AFFAIRS

- (a) The Vice-President Medical and Academic Affairs shall be responsible to the Chief Executive Officer for the medical administration of the Hospital and for coordinating training programs in medical education.
- (b) The Vice-President Medical and Academic Affairs will assist and facilitate the functioning of the Medical Advisory Committee and the Professional Staff by:
 - (i) coordinating the activities of Department Chiefs and the Medical Advisory Committee in providing supervision over the clinical practice of the Professional Staff members in the Hospital and in

medical quality assurance, patient and workplace safety and utilization management activities;

- (ii) coordinating the activities of Department Chiefs and the Medical Advisory Committee in providing supervision and oversight of the Professional Staff members' behaviours;
- (iii) assisting the activities of the Medical Staff by providing liaison with the Chair of the Medical Advisory Committee, Department Chiefs, Clinical Governor, chairs of various Medical Staff committees and the President of the Medical Staff Association;
- (iv) ensuring that minutes and records are kept of all meetings of the Medical Advisory Committee and all standing and other committees of the Medical Advisory Committee;
- (v) assisting the Chair of Medical Advisory Committee in co-ordinating the evaluations of the Chiefs of Department;
- (vi) assisting the Medical Education Committee, being responsible for the administration, guidance and discipline of all medical students and residents who receive training in the Hospital; and monitoring the compliance of training programs with applicable educational accreditation standards; and
- (vii) representing the Hospital in matters of a medical/legal nature and ensuring compliance of medical activities with all applicable federal, provincial, municipal and the *Act*, the Hospital's By-Laws, Policies and Rules.

ARTICLE 10. MEDICAL ADVISORY COMMITTEE

10.01 Composition of Medical Advisory Committee

- (a) The Medical Advisory Committee shall consist of the following voting members:
 - (i) Chief of the Department of Anesthesia;
 - (ii) Chief of the Department of Emergency Medicine;
 - (iii) Chief of the Department of Family and Community Medicine;
 - (iv) Chief of the Department of Laboratory Medicine;

- (v) Chief of the Department of Medical Imaging;
 - (vi) Chief of the Department of Medicine;
 - (vii) Chief of the Department of Obstetrics and Gynecology;
 - (viii) Chief of the Department of Pediatrics;
 - (ix) Chief of the Department of Psychiatry;
 - (x) Chief of the Department of Surgery;
 - (xi) Chair of Medical Advisory Committee;
 - (xii) Vice-Chair of the Medical Advisory Committee;
 - (xiii) President of the Medical Staff Association;
 - (xiv) Vice-President of the Medical Staff Association;
 - (xv) Secretary/Treasurer of the Medical Staff Association;
 - (xvi) Vice-President Medical and Academic Affairs; and
 - (xvii) such other members of the Medical Staff as may be appointed by the Medical Advisory Committee from time to time.
- (b) The following shall be entitled to attend the meetings of the Medical Advisory Committee as non-voting members:
- (i) Chief Executive Officer;
 - (ii) Chief Nursing Executive; and
 - (iii) Medical Advisory Committee subcommittee chairs/co-chairs.
- (c) The Medical Advisory Executive Committee may invite such other person or persons as it may determine from time to time to attend any or all of its meetings or part of its meetings, but such invited person(s) shall not have voting privileges.
- (d) The non-voting members shall not be entitled to attend or participate in the portion of a meeting of the Medical Advisory Committee, where the portion of the meeting relates to the formulation of the recommendation(s) to the Medical Staff member and/or the Board relating to:

- (i) the suspension or revocation of a Medical Staff member; or
 - (ii) the restriction or imposition of conditions on a Medical Staff member's privileges; or
 - (iii) the denial of privileges that have been requested by a Medical Staff member.
- (e) The Vice-President Medical and Academic Affairs may serve as Secretary/Treasurer of the Medical Advisory Committee and is an ex-officio member of all standing and other committees of the Medical Advisory Committee.

10.02 Appointment of the Chair of Medical Advisory Committee

- (a) The Board shall, after giving consideration to the recommendations of a selection committee, appoint a Physician as Chair of Medical Advisory Committee.
- (b) Subject to the results of an annual performance evaluation and his/her reappointment to the Professional Staff, the Chair of Medical Advisory Committee shall be appointed for a three (3) year term that, under extenuating circumstances, may be renewed by the Board for one additional year.
- (c) In the event that the Physician appointed as the Chair of Medical Advisory Committee is a Chief of Department, the Chief may elect to be seconded from his/her position while he/she serves as Chair of Medical Advisory Committee. In the event of a secondment, the Board shall, after giving consideration to the recommendations of a selection committee, appoint an acting Chief of Department.
- (d) The Board may at any time revoke or suspend the appointment of a Chair of Medical Advisory Committee.

10.03 Duties of the Chair of Medical Advisory Committee

The Chair of Medical Advisory Committee shall:

- (a) be an ex-officio Governor and shall furnish liaison between the Medical Advisory Committee and the Board;
- (b) be responsible for coordinating the oversight by the Medical Advisory Committee of the clinical care provided in the Hospital; and

- (c) be responsible for concerns that arise about the quality of clinical diagnosis, care and treatment or behaviours or utilization practice of the Professional Staff members of the Hospital;
- (d) automatically be a member of all subcommittees appointed by the Medical Advisory Committee.

10.04 Appointment of Vice-Chair of Medical Advisory Committee

- (a) The Board shall, after giving consideration to the recommendations of a selection committee, appoint a Physician as Vice-Chair of the Medical Advisory Committee.
- (b) Subject to the results of an annual performance evaluation and his/her reappointment to the Professional Staff, the Vice-Chair of Medical Advisory Committee shall be appointed for a three (3) year term that, in particular circumstances, may be renewed by the Board for one additional year.

10.05 Duties of the Vice-Chair of Medical Advisory Committee

The Vice-Chair of the Medical Advisory Committee shall:

- (a) have all the powers and perform all the duties of the Chair of Medical Advisory Committee during the absence or disability of the Chair of Medical Advisory Committee; and
- (b) perform such other duties, if any, as may be from time to time assigned by the Medical Advisory Committee.

10.06 Accountability of Medical Advisory Committee

The Medical Advisory Committee is accountable to the Board, in accordance with the *Act*.

10.07 Medical Advisory Committee Duties and Responsibilities

The Medical Advisory Committee shall, in addition to those matters set out in subsections 34(7) and 35(2) and section 37 of the *Act*:

- (a) make recommendations to the Board concerning the following Professional Staff matters:
 - (i) every application for appointment or reappointment to the Professional Staff;

- (ii) the privileges to be granted to each member of the Professional Staff;
 - (iii) By-Laws respecting any Professional Staff;
 - (iv) the dismissal, suspension or restrictions of privileges of any member of the Professional Staff;
 - (v) the quality of medical diagnosis, care and treatment provided in the Hospital by the Professional Staff; and
 - (vi) the clinical and general rules regarding the Professional Staff;
- (b) supervise the practice and behaviours of the Professional Staff;
 - (c) appoint the Professional Staff members to all committees of the Medical Advisory Committee;
 - (d) receive reports of the committees of the Medical Advisory Committee;
 - (e) advise the Board on any matters referred to the Medical Advisory Committee by the Board;
 - (f) appoint one or more members of the Medical Staff to advise the Joint Occupational Health and Safety Committee (JOHSC) established under the *Occupational Health and Safety Act* where the Medical Advisory Committee is requested to do so by the JOHSC;
 - (g) develop, maintain and recommend to the Board a Medical Human Resources Plan that takes into account the services provided by all Professional Staff members;
 - (h) where in respect of the discharge of its duties under clause 10.07(a)(v), it identifies systemic or recurring quality of care issues, make recommendations to the Board's Quality Committee regarding quality improvement; and
 - (i) facilitate the development and maintenance of the Rules, Policies, ethical guidelines and procedures of the Professional Staff.

10.08 Medical Advisory Committee Meetings

- (a) The Medical Advisory Committee shall hold at least ten (10) meetings each year and keep minutes of such meetings.

- (b) The quorum for a meeting of the members of the Medical Advisory Committee is a majority of the members entitled to vote at the meeting.
- (c) Decisions of the Medical Advisory Committee shall be determined by a majority of votes. The Chair of Medical Advisory Committee shall be entitled to cast a second, or tie-breaking, vote in the event of a tie.
- (d) The Hospital shall provide administrative support for the Medical Advisory Committee.

10.09 Establishment of Committees of the Medical Advisory Committee

- (a) The Medical Advisory Committee shall establish a:
 - (i) Medical Advisory Executive Committee;
 - (ii) Credentials & Medical Advisory Committee Health Human Resources Planning Committee;
 - (iii) Medical Education Committee;
 - (iv) Pharmacy and Therapeutics Committee;
 - (v) Physician Electronic Records Committee;
 - (vi) Quality of Care Committee;
 - (vii) Infection Prevention and Control Committee;
 - (viii) Research Ethics Board; and
 - (ix) such other standing and special committees as may be necessary from time to time to comply with their duties under the *Act* or the By-Laws of the Hospital or as they may deem appropriate from time to time.
- (b) The terms of reference for the standing committees and special committees shall be approved annually by the Medical Advisory Committee.
- (c) The approval process for the changes to the “Medical Advisory Committee – Subcommittees – Terms of Reference” shall be the same as set out in Article 16, save and except that the changes will not have to be submitted for confirmation to the Members of the Corporation.

10.10 Composition of Medical Advisory Executive Committee

- (a) The Medical Advisory Executive Committee shall be comprised of the following voting members:
 - (i) Chair of Medical Advisory Committee;
 - (ii) Vice-Chair of the Medical Advisory Committee;
 - (iii) Immediate Past Chair of the Medical Advisory Committee;
 - (iv) President of the Medical Staff Association;
 - (v) Vice-President of the Medical Staff Association;
 - (vi) Chief of the Department of Family and Community Medicine; and
 - (vii) Vice-President Medical and Academic Affairs.
- (b) The Chief Executive Officer and Chief Nursing Executive shall be entitled to attend meetings of the Executive Committee of the Medical Advisory Committee as an ex-officio, non-voting member.
- (c) Membership shall be reviewed by the Medical Advisory Committee on an annual basis. The term of office for Physician members shall rotate according to office and/or election process. The term of office shall rotate so that no more than forty percent (40%) of Physician members change in any given year.
- (d) The Medical Advisory Executive Committee may invite such other person or persons as it may determine from time to time to attend any or all of its meetings, but such invited person(s) shall not have voting privileges.

10.11 The Medical Advisory Executive Committee Duties and Responsibilities

The Medical Advisory Executive Committee shall:

- (a) identify the Medical Advisory Committee's information needs and priorities, and plan its agenda so as to optimize committee members' time and skills;
- (b) facilitate communication between the Medical Staff and the Corporation;

- (c) perform the role of the Medical Advisory Committee in matters of administrative urgency, reporting their actions at the next meeting of the Medical Advisory Committee and the Board; and
- (d) perform such other duties as may be assigned by the Medical Advisory Committee.

ARTICLE 11. MEDICAL STAFF ASSOCIATION

11.01 Establishment

- (a) There shall be a Medical Staff Association comprised of all members of the Medical and Dental Staff.
- (b) The purpose of the Medical Staff Association is to consider matters of interest to members and, when appropriate, to bring these matters to the attention of the Medical Advisory Committee and the Board through its representatives who are members of the Medical Advisory Committee and the Board as hereinafter provided.
- (c) In this section "President" shall mean the President of the Medical Staff Association.

11.02 Elected Officers

- (a) The elected officers of the Medical Staff Association shall be the President, the Past President, the Vice-President and the Secretary/Treasurer. They shall be elected at the annual meeting of the Medical Staff Association, and shall form its Executive Committee.
- (b) Recommendations from the Medical Staff Association to the Medical Advisory Committee shall be made in writing.
- (c) At least one of each of the offices of President and Vice-President must be filled by one (1) member of the Active Specialist Staff and one (1) member of the Active Family and Community Medicine Staff.
- (d) In the event of a vacancy, the Medical Staff Association Executive Committee shall nominate a replacement to the next regular meeting of the Medical Staff Association.
- (e) A Department Chief shall not be eligible to hold office as a Medical Staff Association officer.

- (f) The officers of the Medical Staff Association may serve a maximum of two (2) consecutive years in office. An officer may be re-elected to the same position following a break in continuous service of at least one (1) year.

11.03 Duties of the President of the Medical Staff

- (a) The President of the Medical Staff shall,
 - (i) be an ex-officio non-voting Governor, and as a Governor, fulfil his/her fiduciary duties to the Hospital in the best interest of the Hospital;
 - (ii) be an ex-officio member of the Medical Advisory Committee;
 - (iii) report to the Medical Advisory Committee and the Board on any issues raised by the Medical Staff;
 - (iv) advocate fair process in the treatment of individual members of the Medical Staff;
 - (v) preside at all meetings of the Medical Staff;
 - (vi) call special meetings of the Medical Staff; and
 - (vii) be a member of such other committees as may be deemed appropriate by the Board.

11.04 Duties of the Vice-President of the Medical Staff

The Vice-President of the Medical Staff shall,

- (a) act in the place of the President of the Medical Staff, perform his/her duties and possess his/her powers, in the absence or disability of the President;
- (b) be an ex-officio member of the Medical Advisory Committee; and
- (c) perform such duties as the President of the Medical Staff may delegate.

11.05 Duties of the Secretary/Treasurer of the Medical Staff

- (a) The Secretary/Treasurer of the Medical Staff shall,
 - (i) be an ex-officio member of the Medical Advisory Committee;

- (ii) attend to the correspondence of the Medical Staff;
- (iii) ensure that notice of Medical Staff meetings is provided by posting a written notice thereof,
 - (A) in the case of a regular or special meeting of the Medical Staff at least five (5) days before the meeting; and
 - (B) in the case of an annual meeting of the Medical Staff, at least ten (10) days before the meeting;
- (iv) ensure that minutes are kept of all Medical Staff meetings;
- (v) ensure that a record of the attendance at each meeting of the Medical Staff is made;
- (vi) receive the record of attendance for each meeting of each Department of the Medical Staff;
- (vii) make the attendance records available to the Medical Advisory Committee;
- (viii) keep the funds of the Medical Staff in a safe manner and be accountable therefore;
- (ix) disburse Medical Staff funds in accordance with directions of the Medical Staff Association Executive; and
- (x) act in the place of the Vice-President of the Medical Staff, performing his/her duties and possessing his/her powers, other than the Board duties and powers, in the absence or disability of the Vice-President.

11.06 Election Procedure for Officers of the Medical Staff Association

- (a) A nominating committee shall be appointed by the Medical Staff Association Executive Committee at least sixty (60) days prior to the annual meeting. The Nominating Committee shall be comprised of up to three (3) past presidents, one of whom shall be the Chair.
- (b) At least thirty (30) days before the annual meeting of the Medical Staff Association, the nominating committee shall post in one or more places readily available to the members, the names of those who are nominated to stand for the offices of Vice-President and Secretary/Treasurer.

- (c) Further nominations, if any, shall be made in writing to the Secretary/Treasurer of the Medical Staff Association within seven (7) days after the posting of the names by the nominating committee. Such nominations shall be signed by at least two (2) members of the Active Staff and by the nominee to signify his/her acceptance of the nomination. The nominations shall be posted alongside the list referred to in paragraph (a) above.
- (d) Nominations from the floor shall not be accepted at the annual meeting.

11.07 Medical Staff Association Executive Committee Duties and Responsibilities

The Medical Staff Association Executive Committee shall:

- (a) arrange the program of the Medical Staff Association meetings;
- (b) be responsible, through the Secretary/Treasurer, for the acquisition, control and expenditure of the Medical Staff Association funds;
- (c) entertain recommendations from the Chiefs regarding members of their department that qualify for honorary status;
- (d) perform those duties placed upon it by the Medical Staff Association, and those duties as are usually required of an executive committee; and
- (e) ensure that the business of the Medical Staff Association is transacted in accordance with this By-Law and all relevant provincial Legislation.

11.08 Dues

- (a)
 - (i) Subject to clause (ii) below, to be an Active, Active-Secondary, or Courtesy member of the Medical Staff, prompt payment of annual Medical Staff Association dues is mandatory.
 - (ii) A member of the Medical Staff who has Active Staff privileges at a hospital that is participating in a regional program hosted by the Hospital who has Active, Active-Secondary or Courtesy privileges at the Hospital solely for the purposes of participating in the regional programs may elect to not pay the Medical Association dues. In the event of such an election, the member shall not be entitled to vote at a Medical Staff Association meeting or hold a Medical Staff Association office.
- (b) In the event that a Professional Staff member fails to pay the annual fee within six (6) months of being notified, the Medical Staff Association

Executive Committee may request the Medical Advisory Committee to recommend to the Board that the delinquent Professional Staff member's privileges be suspended or terminated.

ARTICLE 12. MEETING OF THE MEDICAL STAFF ASSOCIATION

12.01 Annual Meetings

- (a) The annual meetings of the Medical Staff Association shall be held in March of each year.
- (b) At the annual meeting, the retiring officers shall make, or request to be made, such reports on medical affairs of the Hospital as are deemed appropriate.

12.02 Regular Meeting

There shall be four (4) quarterly meetings of the Medical Staff Association in each Hospital Year at the call of the President including the annual meeting.

12.03 Special Meeting

- (a) Special meetings of the Medical Staff Association may be called:
 - (i) at any time by the President; or
 - (ii) at the request of the Medical Staff Association Executive; or
 - (iii) by written request of any twenty-five (25) members of the Active Medical Staff.
- (b) At any special meeting, no business shall be transacted except that stated in the notice calling the meeting.
- (c) Notice of any special meeting shall stipulate the nature of the business to be dealt with and must be posted on the bulletin board in the Physician's staff room at least seven (7) days before the time set out for the meeting.

12.04 Quorum

A quorum shall be twenty-five (25) members of the Active Staff, who are entitled to vote by virtue of having paid their respective Medical Staff Association dues.

12.05 Agendas

- (a) The agenda at regular meetings of the Medical Staff Association shall include:
 - (i) The item(s) of business for which the meeting was called:
 - (A) call to order;
 - (B) receiving the minutes of the last meeting;
 - (C) approval of the annual financial report;
 - (D) matters arising out of minutes;
 - (E) unfinished business; and
 - (F) communications.
- (b) The agenda at special meetings of the Medical Staff Association shall be limited to:
 - (i) reading of the notice calling the meeting; and
 - (ii) the item(s) of business for which the meeting was called.
- (c) Notwithstanding the above, at the discretion of the general membership, the Medical Staff Association Executive may assume responsibility for monthly business meetings and the above-mentioned agenda to allow for quarterly meetings to be more educationally and/or politically relevant to the membership at large.

ARTICLE 13. DENTAL STAFF

13.01 Application

For the purpose of clarification, the provisions of the Professional Staff By-Laws apply to the Dentists, unless exempted by the provisions in this Article 13.

13.02 Office

Dental Staff members are not eligible to be elected to the office of President or Vice-President of the Medical Staff Association.

ARTICLE 14. MIDWIFERY STAFF

14.01 Application

For the purpose of clarification, the provisions of the Professional Staff By-Laws apply to the Midwives, unless exempted by the provisions in this Article 14.

14.02 Midwifery Division

The Midwifery Staff will function within the Department of Obstetrics and Gynecology.

14.03 Meetings

(a) Medical Staff Association Meetings

A member of the Midwifery Staff is not eligible to attend Medical Staff Association meetings.

(b) Midwifery Staff Meetings

Midwifery Staff members are expected to attend seventy-five percent (75%) of the meetings of the Midwifery Division.

(c) Midwifery Staff shall not be entitled to vote at Department meetings.

(d) Departmental, Division, Clinical Service

A member of the Midwifery Staff shall be eligible to attend Departmental, Division and/or Clinical Service meetings but shall not be entitled to vote.

14.04 Office

Midwifery Staff members cannot hold office other than Governor of the Midwifery Staff.

14.05 Governor of the Midwifery Division

(a) The Chief of Obstetrics and Gynecology will appoint a Governor of the Midwifery Division, who is on the Active Staff or is eligible for appointment to the Active Staff.

(b) The Governor of the Midwifery Division will be eligible to serve two consecutive five year terms, subject to annual reappointment by the Board, having given consideration to a positive formal performance

evaluation at the end of the second year of both five year terms and at the end of the first five year term. However, the Governor of the Midwifery Division may hold office until a successor is appointed.

- (c) Such appointment may be revoked at any time or renewed by the Board.
- (d) The Governor of the Midwifery Division will report to the Chief of Obstetrics and Gynecology.

14.06 Duties Of Governor of the Midwifery Division

The Governor of the Midwifery Division will:

- (a) supervise the professional care provided by all members of the Midwifery Staff in the Division;
- (b) participate in the orientation of new members appointed to the Midwifery Staff;
- (c) undertake the organization and implementation of a quality improvement program for Midwifery;
- (d) advise the Chief of Obstetrics and Gynecology with respect to the quality of Midwifery care, and treatment provided to patients of the Division;
- (e) advise the Chief of Obstetrics and Gynecology of any patient who is not receiving appropriate treatment and care within the Division;
- (f) advise the Chief of Obstetrics and Gynecology regarding the appropriate utilization of resources;
- (g) make recommendations to the Chief of Obstetrics and Gynecology regarding Midwifery needs of the Division and of the Corporation;
- (h) participate in the development of the Division's mission, objectives and strategic plan;
- (i) notify the Chief of Obstetrics and Gynecology of their absence, and designate an alternate from within the Midwifery Staff;
- (j) ensure that a process is in place for continuing education related to the Midwifery Staff;

- (k) review and make recommendations annually regarding the performance of members of the Midwifery Staff and concerning reappointments and privileges; and
- (l) ensure consistent standards of Midwifery Division, teaching and research are applied across the Hospital.

ARTICLE 15. EXTENDED CLASS NURSES

15.01 Appointment

On an annual basis, the Board, having given consideration to the advice of the Medical Advisory Committee, may appoint one or more Extended Class Nurses to the Extended Class Nursing Staff of the Hospital and will delineate the privileges for each Extended Class Nurse in accordance with a policy to be developed by the Medical Advisory Committee.

15.02 Extended Class Nursing Staff Division

The Extended Class Nursing Staff will function within a Department designated by the Medical Advisory Committee.

15.03 Meetings

- (a) Medical Staff Association Meetings

A member of the Extended Class Nursing Staff is not eligible to attend Medical Staff Association meetings.

- (b) Extended Class Nursing Staff Meetings

Extended Class Nursing Staff members are expected to attend seventy-five percent (75%) of the meetings of the Extended Class Nursing Staff meetings.

- (c) Departmental, Division, Clinical Service

A member of the Extended Class Nursing Staff shall be eligible to attend Departmental, Division and/or Clinical Service meetings but shall not be entitled to vote.

15.04 Office

Extended Class Nursing Staff members cannot hold office other than Governor of the Extended Class Nursing Staff.

15.05 Employees

Extended Class Nurses who are employed by the Hospital are not privileged by the Medical Advisory Committee or appointed to the Extended Class Nursing Staff.

ARTICLE 16. AMENDMENTS

16.01 Amendments to Professional Staff By-Laws

The Professional By-Laws of the Corporation may only be repealed, added to, amended or substituted by the Board in accordance with the following procedure:

- (a) Amendments to the Professional Staff By-Laws will become effective only when approved by the Board.
- (b) Notice specifying the proposed Professional Staff part of the By-Law or amendment thereto shall be circulated to all members of the Professional Staff together with a notice of a regular or special Medical Staff Association meeting at which the proposed amendments will be discussed.
- (c) The Professional Staff shall be afforded a period of at least fourteen (14) days to comment on the proposed Professional Staff part of the By-Law or amendment thereto.
- (d) The Medical Advisory Committee, following consideration of the Professional Staff members' comments, shall make recommendations to the Board, concerning the proposed Professional Staff part of the By-Law or amendment thereto.

PASSED by the Board of Governors on April 19, 2016, CONFIRMED by the members of the Corporation on June 13, 2016, and EFFECTIVE July 1, 2016.



Secretary, Board of Governors



Chair, Board of Governors