



CAMBRIDGE MEMORIAL HOSPITAL
MEDICAL/PROFESSIONAL STAFF BY-LAW

October 28, 2020

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CAMBRIDGE MEMORIAL HOSPITAL

PURPOSE:

It is the purpose of Cambridge Memorial Hospital to serve its community. The objectives of Cambridge Memorial Hospital are:

- (1) to give care and treatment to the sick;
- (2) to provide education and maintain high educational standards;
- (3) to promote medical research;
- (4) to maintain and improve community health; and
- (5) to perform such lawful acts as are deemed necessary to promote attainment of these objectives.

The purpose of this By-law is to set out an organizational structure and to establish the criteria with respect to appointment and reappointment of members of the Medical/Professional Staff and their duties.

While fulfilling its responsibility under the *Public Hospitals Act* and Hospital Management Regulation, the Board of Cambridge Memorial Hospital shall organize the Medical Staff, Dental Staff, Midwifery Staff and Registered Nurses in the Extended Class into departments, committees and an association.

The Medical/Professional Staff shall provide a structure and process through its appointed and elected staff:

- (i) to ensure all Patients receive appropriate medical, dental, midwifery and extended class nursing care, while keeping with the mission, vision, values and strategic plan of the Hospital;
- (ii) to participate in the Hospital's planning, policy setting and decision making; and
- (iii) to serve through regular reviews for medical, dental, midwifery and extended class nursing care in order to ensure continuing improvement in the quality of care.

ARTICLE 1 - INTERPRETATION AND DEFINITION

1.1 Definitions

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

- (1) “**Active Staff**” describes a category of the Medical/Professional Staff, as is more particularly described in section 7.2 of this By-law;

- (2) “**Affiliate Staff**” describes a category of the Medical/Professional Staff, as is more particularly described in section 7.5 of this By-law;
- (3) “**Associate Staff**” describes a category of the Medical/Professional Staff, as is more particularly described in section 7.3 of this By-law;
- (4) “**Board**” means, the governing body and board of directors of the Cambridge Memorial Hospital;
- (5) “**By-law**” means this Medical/Professional Staff By-law, as amended from time to time;
- (6) “**Certificate of Professional Conduct**” means the form provided by the CPSO that verifies that a doctor is registered and his/her standing with the CPSO;
- (7) “**Chair of the Medical Advisory Committee**” is the Chief of Staff;
- (8) “**Charter(s)**” means the administrative, medical and professional policies and charters of the Corporation;
- (9) “**Chief Executive Officer**” means in addition to ‘administrator’ as defined in the *Public Hospitals Act*, the President and Chief Executive Officer of the Corporation;
- (10) “**Chief Nursing Executive**” means the senior nursing employee responsible to the Chief Executive Officer for the nursing services provided in the Hospital;
- (11) “**Chief of Department**” means the member of the Medical/Professional Staff appointed by the Board to be responsible for the professional standards of the Medical/Professional Staff, and the quality of care rendered by members of his/her department at the Hospital;
- (12) “**Chief of Staff**” means the member of the Medical/Professional Staff appointed by the Board to be responsible for the professional standards of the Medical/Professional Staff, and the quality of professional care rendered at the Hospital in accordance with the Hospital Management Regulation;
- (13) “**Clinical Human Resources Plan**” means the plan developed by the Chief Executive Officer in consultation with the Chief of Staff and Chiefs of Department and others based on the mission, vision, values and strategic plan of the Corporation and the resources of the Hospital, which plan provides information and future projections of this information with respect to the management and appointment of persons who are or may become members of the Medical/Professional Staff;
- (14) “**Credentials Committee**” means the committee established by the Medical Advisory Committee to review applications for appointment and reappointment to the Medical/Professional Staff and to make recommendations to the Medical Advisory Committee and if no such committee is established it means the Medical Advisory Committee;

- (15) “**College**” means, as the case may be, the CPSO, the Royal College of Dental Surgeons of Ontario, the College of Midwives of Ontario and/or the College of Nurses of Ontario;
- (16) “**CPSO**” means the College of Physicians and Surgeons of Ontario;
- (17) “**Corporation**” means the Cambridge Memorial Hospital;
- (18) “**Courtesy Staff**” describes a category of the Medical/Professional Staff, as is more particularly described in section 7.4 of this By-law;
- (19) “**day**” means a calendar day;
- (20) “**Dental Staff**” means the Dentists and Oral and Maxillofacial Surgeons to whom the Board has granted Privileges to treat Patients in the Hospital;
- (21) “**Dentist**” means a member in good standing with the Royal College of Dental Surgeons of Ontario, to whom Privileges have been granted;
- (22) “**Department**” or “**department**” means an organizational unit of the Medical/Professional Staff to which members with a similar field of practice have been assigned;
- (23) “**Director**” means a member of the Board;
- (24) “**Disruptive Behaviour**” occurs when the use of inappropriate words, actions or inactions by a Medical/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 health care delivery, Patient or workplace safety, staff recruitment/retention or the cost of providing health care to Patients;
- (25) “**Division**” or “**division**” means an organizational unit of a Department;
- (26) “**Ex-Officio**” means membership by virtue of the office and includes all rights, responsibilities and power to vote, except where otherwise stated;
- (27) “**Extended Class Nursing Staff**” means those Registered Nurses in the Extended Class who are not employed by the Hospital and to whom the Board has granted Privileges to diagnose, prescribe for or treat patients in the Hospital;
- (28) “**Head of Division**” means a Physician on the Active Staff who is appointed to be accountable to the Chief of Department for the delivery of a particular service within that department;
- (29) “**Hospital**” means the healthcare facility owned and operated by the Cambridge Memorial Hospital;
- (30) “**Hospital Management Regulation**” means Regulation 965 “Hospital Management” passed pursuant to the *Public Hospitals Act*;

- (31) **“Impact Analysis”** means a study conducted by the Chief Executive Officer or designate, in consultation with the Chief of Staff, Chiefs of Department and others to determine the impact upon the resources of the Corporation of the proposed or continued appointment of any person to the Medical/Professional Staff;
- (32) **“IMG”** means international medical graduate;
- (33) **“Locum Tenens Staff”** describes a category of the Medical/Professional Staff, as is more particularly described in section 7.6 of this By-law;
- (34) **“Medical Advisory Committee”** means the Medical Advisory Committee appointed pursuant to Article 12 of this By-law;
- (35) **“Medical/Professional Staff”** means those Physicians, Dentists, Midwives and non-employed Registered Nurses in the Extended Class who are appointed by the Board and who are granted specific Privileges to practice medicine, dentistry, midwifery or extended class nursing, respectively, in the Hospital;
- (36) **“Medical/Professional Staff Association Executive”** means the President, Vice-President, Secretary and Treasurer (if appointed) of the Medical/Professional Staff Association;
- (37) **“Medical Staff”** means those Physicians to whom the Board has granted Privileges to treat Patients and practice medicine in the Hospital;
- (38) **“Midwife”** means a member in good standing of the College of Midwives of Ontario to whom Privileges have been granted;
- (39) **“Midwifery Staff”** means those Midwives who are appointed by the Board and granted Privileges to practice midwifery in the Hospital;
- (40) **“Most Responsible Physician (MRP)”** means the Physician who is responsible for directing that Patient’s care, treatment and diagnosis until such responsibility is transferred to another Physician in accordance with section 5.1 of this By-law;
- (41) **“Officer of Medical/Professional Staff”** means Chief of Staff, Chief of Department or President or Vice President of the Medical/Professional Staff Association as per Section 34 of the *Public Hospitals Act*;
- (42) **“Oral and Maxillofacial Surgeon”** means a Dentist in good standing who holds a specialty certificate from the Royal College of Dental Surgeons of Ontario authorizing practice in oral and maxillofacial surgery;
- (43) **“Patient”** means, unless otherwise specified or the context requires, any in-patient or out-patient of the Hospital;
- (44) **“Physician”** means a member in good standing of the College of Physicians and Surgeons of Ontario, to whom Privileges have been granted;

- (45) “**Privileges**” means those rights or entitlements conferred upon a Medical/Professional Staff member at the time of appointment or reappointment;
- (46) “**Program**” means a collection of clinical services and health care practitioners to provide care and services to a group of Patients as defined by the Hospital;
- (47) “**Public Hospitals Act**” means the *Public Hospitals Act* (Ontario) and, where the context requires, includes the regulations made under it;
- (48) “**Registered Nurse in the Extended Class**” means a member of the College of Nurses of Ontario who is a registered nurse and who holds an extended certificate of registration under the *Nursing Act, 1991*;
- (49) “**Restricted Procedures**” means procedures that may be outside those usually considered within the standard basic competencies of a discipline or procedures that require additional training or certification or confirmation of competency;
- (50) “**Rules and Regulations**” means the provisions approved by the Board concerning the practice and professional conduct of the members of the Medical Staff, Dental Staff, Midwifery Staff and Extended Class Nursing Staff in the Hospital both generally and within a particular Department;
- (51) “**Temporary Staff**” describes a category of the Medical/Professional Staff, as is more particularly described in section 4.6 of this By-law.

1.2 Interpretation

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

1.3 Delegation of Duties

Any of the Chief Executive Officer, Chief of Staff, Chief of the Department or Head of the Division shall be responsible for the duties assigned to them under this By-law and he/she may delegate these duties to others.

1.4 Consultation with Medical/Professional Staff

For the purposes of this By-law, where the Board or the Medical Advisory Committee are required to consult with the Medical/Professional Staff, it shall be to receive and consider the input of the Officers of the Medical/Professional Staff.

ARTICLE 2 – RULES, REGULATIONS, POLICIES AND PROCEDURES

2.1 Rules, Regulations, Policies and Procedures

The Board, after consulting with the Medical/Professional Staff Association and considering the recommendation of the Medical Advisory Committee, may make Rules and Regulations 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.

ARTICLE 3 – HONOURARY STAFF DESIGNATION

3.1 Honourary Staff

- (1) An individual may be honoured by the Board by being designated as a member of the Honourary Staff of the Corporation, for such term as the Board deems appropriate, because he/she:
 - (a) is a former member of the Medical/Professional Staff who has retired from active practice; and/or
 - (b) has contributed to the Hospital and has an outstanding reputation or made an extraordinary accomplishment.
- (2) Members of the Honourary Staff shall:
 - (i) be non-voting members of the Medical/Professional Staff Association;
 - (ii) not hold Privileges or provide Patient care; and
 - (iii) not have regularly assigned clinical, academic or administrative duties or responsibilities, and not be bound by the attendance requirements of the Medical/Professional Staff.

ARTICLE 4 – APPOINTMENT AND REAPPOINTMENT TO PROFESSIONAL STAFF

4.1 Appointment, Revocation and Refusal to Appoint

- (1) The Board, after considering the recommendations of the Medical Advisory Committee, shall annually appoint Medical Staff and may appoint a Dental Staff, Midwifery Staff and the non-employed members of the Extended Class Nursing Staff and shall grant such Privileges as it deems appropriate to each member of the Medical/Professional Staff appointed.
- (2) The Board shall regularly establish criteria for appointment and reappointment to the Medical/Professional Staff after considering the advice of the Medical Advisory Committee in accordance with the provisions of this By-law and the *Public Hospitals Act*, as well as considering the Corporation's resources and whether there is a need for the applicant's services in the community.

- (3) The Board may, at any time, make or revoke any appointment to the Medical/Professional Staff or suspend or restrict the Privileges of any member of the Medical/Professional Staff in accordance with the provisions of this By-law and the *Public Hospitals Act*.

4.2 Term of Appointment

- (1) Subject to section 4.1(3), each appointment or reappointment to the Medical/Professional Staff shall be for a term of up to one (1) year.
- (2) Where a member of the Medical/Professional Staff has applied for reappointment within the time prescribed by the Medical Advisory Committee, the current appointment shall continue:
 - (a) unless section 4.2(2)(b) applies, until the reappointment is granted or not granted by the Board; or
 - (b) in the case of a member of the Medical/Professional Staff and where the reappointment is not granted by the Board and there is a right to appeal (pursuant to the *Public Hospitals Act* (R.S.O. 1990c, sec 41(1)) to the Health Professions Appeal and Review Board, until the time for giving notice of a hearing by the Health Professions Appeal and Review Board has expired or, where a hearing is required, until the decision of the Health Professions Appeal and Review Board has become final.

4.3 Qualifications and Criteria for Appointment to the Medical/Professional Staff

- (1) Only applicants who meet the qualifications and criteria set out in this By-law are eligible to be appointed to, and become a member of, the Medical/Professional Staff of the Hospital.
- (2) Applicants practicing in a specialty recognized by the respective College must:
 - (a) hold certification from the College:
 - (i) by way of examination; or
 - (ii) academic equivalency; or
 - (iii) having successfully completed a non-Canadian, College-approved residency program, specialty examination and specialty certification;

or

 - (b) at the discretion of the Board, upon the advice of the Medical Advisory Committee and the recommendation of the Credentials Committee, hold a restricted Certificate of Registration from the CPSO issued under the CPSO's restricted Certificates of Registration policy and at all times comply with any

terms, conditions or preconditions attached to that College Certificate of Registration.

- (3) Each time the member writes his/her College exams he/she shall report the outcome to the Chief of the Department in which he/she is appointed. A copy of the results must be sent to the Credentials Committee to form part of the credentials file. At any time should a member not be successful in passing his/her exam, whether or not he/she continues to be eligible to rewrite his/her exams, a review of his/her appointment will be triggered, which may result in a recommendation that his/her appointment be revoked.
- (4) The Chief of Department, Credentials Committee and the Medical Advisory Committee will assess an applicant by his/her:
 - (a) demonstrated ability to provide Patient care at an appropriate level of quality and efficiency;
 - (b) willingness to participate in the discharge of staff obligations appropriate to membership group, including without limitation, a demonstrated ability to communicate and work with, and relate to, members of the administrative staff, Medical/Professional Staff, Hospital staff, Patients and Patients' families and substitute decision-makers in a co-operative, collegial and professional manner;
 - (c) if applicable, interest and aptitude towards clinical activities;
 - (d) ethical conduct and/or behaviour;
 - (e) up-to-date curriculum vitae, including a record of the applicant's professional education, post-graduate training and continuing education, acceptable to the Credentials Committee;
 - (f) experience, competence and reputation as provided in a report of the applicant from the chief of staff or other responsible professional supervisor in the last hospital in which the applicant trained or held an appointment;
 - (g) demonstrated adequate training and experience for the Privileges requested;
 - (h) having a report from the supervising physician, dentist, midwife or extended class nurse in which training was completed, and/or a report from the supervising physician, dentist, midwife or extended class nurse with whom he/she last practiced; and
 - (i) being a registrant in good standing of the relevant College including a current Certificate/Letter of Professional Conduct, Letter of Standing from the relevant College and a signed consent authorizing the relevant College to provide a detailed report on:
 - (i) any action taken by any committee of the College or the College's Registrar;

- (ii) any report received pursuant to section 33 of the *Public Hospitals Act* or sections 85.2 or 85.5 of the Health Professions Procedural Code or Schedule 2 to the *Regulated Health Professions Act*; and
 - (iii) any other reports received from another hospital or healthcare facility.
- (5) The Chief of Department, Credentials Committee and the Medical Advisory Committee may consider the applicant's complete credentials file from initial application to the present in making their assessment of the applicant.
 - (6) The applicant must agree to govern himself/herself in accordance with the requirements set out in the *Public Hospitals Act*, the Hospital Management Regulation, the Hospital's mission, vision, values and strategic plan, this By-law, the Rules and Regulations and Hospital Charters.
 - (7) The applicant must indicate to the Credentials Committee adequate control of any significant physical or behavioural impairment that affects skill, attitude or judgment.
 - (8) The applicant must have up-to-date inoculations, screenings and test as may be required by the occupational health and safety policies and practices of the Hospital, the *Public Hospitals Act* or other legislation.
 - (9) An appropriate Impact Analysis must be completed which confirms the Hospital's ability to provide those resources to accommodate the applicant and that the applicant meets the needs of the respective department as described in the Clinical Human Resources Plan.
 - (10) The appointment must be consistent with the mission, vision, values and strategic plan of the Corporation.
 - (11) The applicant must provide evidence of membership in the Canadian Medical Protective Association, or evidence of individual professional practice liability coverage comparable to the above, appropriate to the scope and nature of the intended practice, any of which is subject to verification.
 - (12) If appointed, the applicant must use best efforts to provide the Corporation 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 Chief of Staff or Department Chief believes that there are reasonable or compassionate grounds to grant the exemption or after considering the Clinical Human Resources Plan that the notice is not required.

4.4 Application for Appointment to the Medical/Professional Staff

- (1) On request, the Chief Executive Officer shall supply a copy of, or information on how to access, an application form, the mission, vision, values and strategic plan of the Corporation, a copy of this By-law, the Rules and Regulations and the *Public Hospitals Act* to each applicant who expresses, in writing, the intention to apply for appointment to the Medical/Professional Staff.

- (2) An applicant for appointment to the Medical/Professional Staff shall submit to the Chief Executive Officer one (1) original application in the prescribed form together with signed consents to enable the Hospital to make inquiries of the applicable College and other hospitals, institutions and facilities where the applicant has previously provided professional services or received professional training to allow the Hospital to fully investigate the qualifications and suitability of the applicant.
- (3) An application for appointment to the Medical/Professional Staff shall be processed in accordance with the provisions of this By-law, the Rules and Regulations and the *Public Hospitals Act*.
- (4) Prior to the consideration of an applicant for appointment by the Medical Advisory Committee, each applicant shall be interviewed by any of the Chief of Staff, the Chief Executive Officer and other appropriate members of the Medical/Professional Staff.
- (5) In addition to any other provisions of this By-law, the Board may refuse to appoint any applicant to the Medical/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 Medical/Professional Staff at the Hospital;
 - (ii) The appointment is not consistent with the need for services, as determined by the Board from time to time;
 - (iii) The Clinical 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;
 - (v) The applicant was not considered to be 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 4.3.

4.5 Procedure for Processing Applications for Appointment to the Professional Staff

- (1) The Chief Executive Officer shall refer each original application immediately to the Chief of Staff who shall keep a record of each application received and then refer the original immediately to the chair of the Credentials Committee, and copy to the relevant Chief of the Department.
- (2) The Chief of Department, after review with the appropriate management staff, shall review and make recommendations concerning each application for appointment within his/her respective department to the Credentials Committee.

- (3) The Credentials 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 Committee will make a written report to the Medical Advisory Committee, having given consideration to the recommendation of the relevant Chief of Department. The Credentials Committee will review the application to ensure it is complete and include a recommendation to the Medical Advisory Committee to appoint, not appoint, or appoint under specified conditions.
- (4) The Medical Advisory Committee will receive and consider the application and report of the Credentials Committee, review the application with reference to the Clinical Human Resources Plan and Impact Analysis, and send notice of its recommendation in writing to the Board and the applicant within sixty (60) days of the date of receipt by the Chief Executive Officer of the completed application, as outlined in the *Public Hospitals Act*. The Medical Advisory Committee may make its recommendation to the Board later than sixty (60) days after the receipt of the 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, stage or event, as applicable, by which it intends to make its final recommendation.
- (5) 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.
- (6) Where the Medical Advisory Committee has concerns or concerns are raised about whether to recommend an appointment, the Medical Advisory Committee shall provide the applicant with written notice that the applicant is entitled to attend a meeting of the Medical Advisory Committee to make a presentation to the Medical Advisory Committee.
- (7) The Medical Advisory Committee shall give written notice to the Board of its recommendation. Where the Medical Advisory Committee recommends the appointment, it shall specify the category of appointment and the specific privileges it recommends the applicant be granted. In the event that the recommendation is to not appoint the applicant, or where the recommended Privileges differ from those requested, the applicant will be given written notice that the applicant is entitled to written reasons for the recommendation and a hearing before the Board, as outlined in Article 6. This request must be made within seven (7) days of the receipt by the applicant of the notice of the entitlement to written reasons for the recommendation to the Board.
- (8) The Board shall consider the Medical Advisory Committee's recommendations within the time frame specified by the *Public Hospitals Act*.

4.6 Temporary Appointment

- (1) Temporary appointments and temporary privileges may be granted by the Chief Executive Officer, after consultation with the Chief of Staff provided that, at a minimum, the applicant's Certificate of Professional Conduct or equivalent from the appropriate College or licensing body has been verified and it does not contain any information that causes any concerns regarding the applicant's competency, capacity, clinical knowledge or skills.
- (2) Temporary appointments shall not extend beyond the date of the next meeting of the Medical Advisory Committee at which time the action taken shall be reported to the Medical Advisory Committee for its consideration and recommendation to the next meeting of the Board on the matter. Notwithstanding the foregoing, the Chief Executive Officer may continue the temporary appointment and temporary privileges on the recommendation of the Medical Advisory Committee until the next Board meeting.
- (3) The Board, upon the recommendation of the Medical Advisory Committee, may grant or continue a temporary appointment for such period of time and or such terms as the Board determines. If the term of the temporary appointment has been completed before the Board meeting, the appointment shall be reported to the Board at the Board meeting.
- (4) Each Temporary Staff member who is a Physician, Dentist or Midwife shall hold the following Privileges and responsibilities, unless otherwise specified in the appointment:
 - (a) if a Physician, admit Patients to the Hospital;
 - (b) provide legible, accurate and timely records of Patient care activities;
 - (c) see, assess and treat Patients with the best possible care, while utilizing Hospital services;
 - (d) participate in Hospital educational events;
 - (e) act as Most Responsible Physician (MRP) as described in the MRP policy of the Hospital;
 - (f) participate in a discipline-specific "on-call" coverage system, which is acceptable to the Chief of Staff, Medical Advisory Committee and the Board, and may include call outside the Hospital (regional call);
 - (g) respond promptly to all consultation requests for Emergency Department and Hospital Patients when "on-call";
 - (h) serve on Hospital committees as assigned by Chief of Staff; and
 - (i) attend department and Medical/Professional Staff meetings as required by the By-laws and Rules and Regulations.

- (5) A Temporary Staff member may not vote at Medical/Professional Staff meetings nor hold elected office.
- (6) An applicant may be temporarily appointed to the Medical/Professional Staff:
 - (a) to meet a specific requirement for consultative and/or operative skill over a short period of time; or
 - (b) to meet an urgent, unexpected need for a clinical service.
- (7) After six (6) months as a temporary staff member the practitioner must undergo full credentialing as outlined in this Article, including annual reappointment as required.

4.7 Application for Reappointment to the Professional Staff

- (1) Each year, the Board shall require each member of the Medical/Professional Staff desiring reappointment to the Medical/Professional Staff to make written application for reappointment to the Medical/Professional Staff on the prescribed form to the Chief Executive Officer of the Corporation before the date specified by the Medical Advisory Committee.
- (2) Each application for reappointment to the Medical/Professional Staff shall contain the following information:
 - (a) a restatement or confirmation of the undertakings, acknowledgments, authorizations and releases requested as part of the application for appointment set out in this By-law and/or the Rules and Regulations;
 - (b) either:
 - (i) a declaration that all information on file at the Corporation from the Medical/Professional Staff member's most recent application is up-to-date, accurate and unamended as of the date of the current application; or
 - (ii) a description of all material changes to the information on file at the Corporation since the Medical/Professional Staff member's most recent application, including without limitation: an updated curriculum vitae including any additional professional qualifications acquired by the applicant since the previous application and information regarding any completed disciplinary or malpractice proceedings, restriction in Privileges or suspensions during the past year.
 - (c) a report from the relevant Chief of Department, as the case may be, in accordance with a performance evaluation process approved by the Board from time to time, which report shall include the Chief of Department's recommendation with respect to reappointment with the Hospital;

- (d) the category of appointment requested and a request for either the continuation of, or any change in, existing Privileges;
 - (e) if requested, a current Certificate of Professional Conduct or equivalent from the appropriate College or licensing body;
 - (f) confirmation that the member has performed the duties outlined in section 4.8;
 - (g) confirmation that the member has paid the fees prescribed by the Medical/Professional Staff Association; and
 - (h) such other information that the Board may require, respecting competence, capacity and conduct, having given consideration to the recommendation of the Medical Advisory Committee.
- (3) In the case of any application for reappointment in which the applicant requests additional Privileges, the application for reappointment shall identify any required professional qualifications and confirm that the applicant holds such qualifications.
- (4) Applications for reappointment shall be dealt with in accordance with the *Public Hospitals Act* and this By-law.
- (5) The Board may:
- (a) refuse to reappoint any applicant to the Medical/Professional Staff; or
 - (b) reduce, change or alter the applicant's Privileges; and/or
 - (c) attach specific conditions to the applicant's Privileges on any grounds, including, but not limited to, the following:
 - (i) The Department, based on its Clinical Human Resources Plan, Impact Analysis and strategic plan, has decided that the Hospital does not have sufficient resources; or
 - (ii) The Department, based on its Impact Analysis and strategic plan, has decided to reallocate resources to optimize Patient access and/or care; or
 - (iii) The Department Chief's recommendation at the time of reappointment; or
 - (iv) The Hospital ceases to provide a service pursuant to section 44 of the *Public Hospitals Act* and the Board considers it necessary and advisable.

4.8 Qualifications and Criteria for Reappointment to the Professional Staff

- (1) To be eligible for reappointment the applicant must:
- (a) continue to meet the criteria set out at sections 4.3 and 4.7;

- (b) demonstrate an appropriate use of the Corporation's resources; and
- (c) demonstrate that he/she adheres to this By-law and the Rules and Regulations.

4.9 Application for Change of Privileges or Restricted Procedures

- (1) Where a Medical/Professional Staff member wishes to change his/her Privileges or Restricted Procedures, the applicant shall submit one (1) original application and one (1) copy of the application on the prescribed form to the Chief Executive Officer listing the change of Privileges or Restricted Procedures that is requested and evidence of appropriate training and competence.
- (2) The Chief Executive Officer shall retain the copy and shall refer the original application immediately to the Chief of Staff and the Chief of Department of the appropriate department, who shall keep a record of each application received and then refer the original application immediately to the chair of the Credentials Committee.
- (3) The Credential Committee shall investigate the professional competence, verify the qualifications of the applicant for the Privileges requested, receive the report of the Chief of Department, and shall submit a report of its findings to the Medical Advisory Committee at its next regular meeting. The report shall contain a list of Privileges, if any, that it recommends that the applicant be granted.
- (4) The application shall be processed in accordance with the provisions of the *Public Hospitals Act*, this By-law and the Rules and Regulations, and taking into consideration the impact on Hospital resources of the requested change in status and the quality and safety of the services which shall be provided.

4.10 Leave of Absence

- (1) A member of the Medical/Professional Staff may request a leave of absence of up to twelve (12) months subject to the following:
 - (a) all requests shall be submitted, in writing, to the relevant Chief of Department, which shall include the reason for the request; and
 - (b) the Chief of Department shall forward the request along with his/her recommendation to the Chief of Staff and Medical Advisory Committee;
 - (c) in the event of a request related to an extended illness or disability of the member, the Chief of Staff shall approve the request upon recommendation of the Medical Advisory Committee; or
 - (d) in other circumstances the recommendation of the Medical Advisory Committee and the Chief of Staff shall be forwarded to the Board for review and approval, if appropriate.

- (2) Prior to returning from a leave of absence, the member of the Medical/Professional Staff may be required, by the Chief of Staff, to produce a medical certificate of fitness from a Physician acceptable to the Chief of Staff. The Chief of Staff shall consult with the relevant Chief of Department in determining an acceptable physician to issue the medical certificate of fitness to practice. The Chief of Staff may impose such conditions on the Privileges granted to such member as appropriate.
- (3) A member on a leave of absence may request an extension of the leave of absence, so long as the total leave of absence shall not be greater than twelve (12) months. An application for extension shall be made at least thirty (30) days prior to the end of the leave of absence.
- (4) Leaves of absence longer than one (1) year will require re-application for appointment to the Medical/Professional Staff in the manner and subject to the criteria set out in this By-law.

ARTICLE 5 - MONITORING, SUSPENSION AND REVOCATION

5.1 Monitoring Practices and Transfer of Care

- (1) Any aspect of Patient care or Medical/Professional Staff conduct, including any surgical, obstetrical, anaesthetic or other procedure performed in the Hospital, may be reviewed without the permission of the member of the Medical/Professional Staff performing the procedure by:
 - (a) the Chief of Staff or delegates who have the skill and experience with respect to the procedures to be viewed; and
 - (b) the Chief of Department or delegate.
- (2) Each member of the Medical/Professional Staff must ensure that at all times he/she has made adequate arrangements for the continuance of professional care for his/her Patients in the Hospital.
- (3) If a member of the Medical/Professional Staff is to be unavailable to provide care for any Patient in the Hospital, prior to his/her being unavailable, the member shall write or cause to be written in the Patient's medical record who shall be responsible for the care of the Patient during the member's absence.
- (4) If, under the authority provided in the *Public Hospitals Act*, an Officer of the Medical/Professional Staff assumes the responsibility for the care of any Patient from the attending Physician, the Officer of the Medical/Professional Staff shall immediately notify the attending Physician, the Chief Executive Officer, the member of the Medical/Professional Staff to whom responsibility for the Patient is transferred, if required and, if possible, the Patient, that such a transfer of responsibility has been made, and shall write or cause to be written in the Patient's medical record a signed notation that such a transfer of responsibility has been made.

- (5) Where any member of the Medical/Professional Staff or Corporation staff reasonably believes that a member of the Medical/Professional Staff is incompetent, attempting to exceed his/her Privileges, incapable of providing a service that he/she is about to undertake, or acting in a manner that exposes or is reasonably likely to expose any Patient, health care provider, employee or any other person at the Hospital to harm or injury, such individual shall communicate that belief immediately to one of the Chief of Staff, the relevant Chief of Department and the Chief Executive Officer, so that appropriate action can be taken.
- (6) The Chief of a Department, on notice to the Chief of Staff where he/she believes it to be in the best interest of the Patient, shall have the authority to examine the condition and scrutinize the treatment of any Patient in his/her Department and to make recommendations to the attending Medical/Professional Staff member or any Medical/Professional Staff member involved in the Patient's care and, if necessary, to the Medical Advisory Committee. If it is not practical to give prior notice to the Chief of Staff, notice shall be given as soon as possible.
- (7) If the Chief of Staff or Chief of a Department, in his/her opinion, believes a serious problem exists in the diagnosis, care or treatment of a Patient, then he/she shall immediately discuss the condition, diagnosis, care and treatment of the Patient with the attending member of the Medical/Professional Staff. If changes in the diagnosis, care or treatment, satisfactory to the Chief of Staff or the Chief of Department, as the case may be, are not made, he/she shall immediately assume the duty of investigating, diagnosing, prescribing for and treating the Patient, in which case:
 - (i) the Chief Executive Officer, the Chief of Staff or the Chief of the Department, as the case may be, and one other member of the Medical Advisory Committee, the attending member of the Medical/Professional Staff, and the Patient or the Patient's substitute decision maker shall be notified in accordance with the *Public Hospitals Act*. The Chief of Staff or the Chief of Department shall file a written report with the Medical Advisory Committee within forty eight (48) hours of his/her action; and
 - (ii) Where the Medical Advisory Committee concurs in the opinion of the Chief of Staff or Chief of Department who has taken action under section 5.1(4) and 5.1(7) that the action was necessary, the Medical Advisory Committee shall immediately make a detailed written report to the Chief Executive Officer and the Board of the problem and the action taken.

5.2 Suspension, Restriction, Revocation of Privileges

- (1) The Board may, at any time in a manner consistent with the *Public Hospitals Act* and this By-law, revoke any appointment of a member of the Medical/Professional Staff or suspend, restrict or otherwise deal with the Privileges of a member of the Medical/Professional Staff.

- (2) Notice of any denial of appointment or reappointment, revocation of appointment or any suspension or restriction of Privileges by reason of incompetence, negligence or misconduct, or of any resignation from the Medical/Professional Staff during the course of an investigation into his/her competence, negligence or misconduct shall be given by the Chief Executive Officer to the Registrar of the College within which the member is registered in accordance with the College's requirements, and will 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, as soon as possible and not later than thirty (30) days.
- (3) Any administrative or leadership appointment of the member of the Medical/Professional Staff will automatically terminate upon the restriction or suspension of Privileges or the revocation of appointment, unless otherwise determined by the Board.

5.3 Immediate Mid-Term Action in an Emergency Situation

- (1) At any time, if it becomes apparent that the behaviour, performance or competence of a Medical/Professional Staff member exposes, or is reasonably likely to expose Patient(s), health care providers, employees or other persons to harm or injury, either within or outside of the Hospital, and immediate action must be taken to protect the Patients, employees, health care providers or other persons, or is or is reasonably likely to be detrimental to Patient safety or to the delivery of quality Patient care within the Hospital, and no less restrictive measure can be taken, the Chief Executive Officer, the Chief of Staff, or Chief of Department may immediately and temporarily suspend or restrict the Medical/Professional Staff member's Privileges, with immediate notice to the President of the Medical/Professional Staff Association, Chief Executive Officer, and pending a Medical Advisory Committee meeting and a hearing by the Board.
- (2) The Chief of Staff or Chief of Department shall immediately notify the Medical/Professional Staff member, the Medical Advisory Committee, Chief Executive Officer and the Board of his/her decision to suspend or restrict the Medical/Professional Staff member's Privileges. Thereafter, such person shall immediately submit a written report on the action taken with all relevant materials and/or information to the Medical Advisory Committee.
- (3) Arrangements, as necessary, shall be made by the Chief of Staff or Chief of Department for the assignment of a substitute to care for the Patients of the suspended or restricted Medical/Professional Staff member.
- (4) Participation of any member of the Medical Advisory Committee in the suspension or restriction of the Medical/Professional Staff member's Privileges does not preclude such member from chairing, participating or voting at the Medical Advisory Committee meeting.

5.4 Special Meeting of the Medical Advisory Committee for Immediate Mid-Term Action

- (1) 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 or restriction to review the suspension or restriction and to make recommendations to the Board.
- (2) 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 Medical/Professional Staff member with a written notice containing the following:
 - (a) the time and place of the meeting;
 - (b) the purpose of the meeting;
 - (c) a statement that, at least forty-eight (48) hours before the meeting, the Medical/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 the Medical Advisory Committee. For clarity, no other documentation will be produced by the Medical Advisory Committee.
 - (d) a statement that the Medical/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;
 - (e) a statement that the Medical/Professional Staff member's legal counsel may attend only to provide confidential legal advice to the Medical/Professional Staff member, but will not be entitled to make any submissions and/or participate directly in the meeting including examining any witnesses;
 - (f) a statement that counsel to the Medical Advisory Committee may attend Medical Advisory Committee meetings, including, without limitation, in camera deliberations, in order to provide advice to the Medical Advisory Committee and to ensure compliance with applicable legislation and due process requirements; and
 - (g) a statement that, in the absence of the Medical/Professional Staff member, the meeting may proceed.
- (3) The Medical/Professional Staff member may request a postponement of the Medical Advisory Committee meeting. The Medical Advisory Committee may, after considering the reasons cited by such member, and acting in its absolute sole discretion, grant a postponement of the Medical Advisory Committee meeting.

- (4) 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.
- (5) The Medical/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 Medical/Professional Staff member provides the Medical Advisory Committee with:
 - (a) a list of witnesses with brief synopsis of purpose for which they are being called; and
 - (b) a copy of all documentation in the possession or control of the Medical/Professional Staff member that has not been produced by the Medical Advisory Committee that the Medical/Professional Staff member will be relying on at the special meeting, at least forty-eight (48) hours before the meeting.
- (6) The Medical Advisory Committee shall keep minutes of the proceedings and shall provide the Medical/Professional Staff member with a copy of the approved minutes. Only the open portion of the proceeding shall be detailed and the in camera portion of the minutes shall record the Medical Advisory Committee's reasons and recommendations.
- (7) Before deliberating on the recommendation, the Chair of the Medical Advisory Committee shall require the Medical/Professional Staff member involved and any other persons present, other than legal counsel of the Medical Advisory Committee and/or of the Hospital, who are not Medical Advisory Committee voting members to retire. Where the Medical Advisory Committee determines that the matter has merit, the Medical Advisory Committee shall make a recommendation to the Board.
- (8) The Medical Advisory Committee shall provide to the Medical/Professional Staff member within fourteen (14) days following the Medical Advisory Committee meeting or such later date where the time period is extended pursuant to section 5.4(9), written notice indicating:
 - (a) the Medical Advisory Committee's recommendation and the written reasons for the recommendation; and
 - (b) the Medical/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 Medical/Professional Staff member of the Medical Advisory Committee's written reasons.
- (9) The time period to provide the written notice required in section 5.4 (8) may be extended if the Medical Advisory Committee, prior to the expiry of the fourteen (14) days, gives written notice to the Medical/Professional Staff member that the final recommendation cannot yet be made and provides the Medical/Professional Staff member with written reasons.

- (10) 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 section 5.4(8), written notice of:
 - (a) the Medical Advisory Committee's recommendation and the written reasons for the recommendation; and
 - (b) where an extension was made pursuant to section 5.4(9), the written reasons for the extension.
- (11) Service of a notice to the Medical/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 Medical/Professional Staff member is represented by legal counsel, the notice may be served on legal counsel.

5.5 Non-Immediate Mid-Term Action

- (1) Non-immediate action may be initiated whenever a Medical/Professional Staff member is alleged to have engaged in, made or exhibited acts, statements, demeanour, behaviour, conduct, performance or competence, either within or outside of the Hospital, and the same:
 - (a) exposes, or is reasonably likely to expose Patients or employees or any 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 constitute Disruptive Behaviour; or
 - (d) results in the imposition of sanctions by the College; or
 - (e) is contrary to the By-law, Rules and Regulations, the *Public Hospitals Act*, or any other relevant law of Canada or Ontario.
- (2) Where information is provided to any one of the Chief Executive Officer, Chief of Staff, or Chief of Department which raises concerns about any of the matters in section 5.5(1), the information shall be recorded in writing along with any supporting documentation and shall be directed to the Chief Executive Officer, Chief of Staff or Chief of Department.
- (3) If any of the Chief Executive Officer, Chief of Staff or Chief of Department receives any information which raises concerns about any of the matters in section 5.5(1), the recipient

shall inform the other individual(s) and immediately provide the individual(s) with a written report of the information together with any supporting documentation.

- (4) An interview shall be arranged with the Medical/Professional Staff member and the Chief Executive Officer and/or Chief of Staff and/or Chief of Department.
- (5) The Medical/Professional Staff member shall be advised of the information about his/her acts, statements, demeanour, behaviour, conduct, performance or competence and shall be given a reasonable opportunity to present relevant information on his/her own behalf.
- (6) A written record shall be maintained reflecting the substance of the interview and copies shall be sent to the Medical/Professional Staff member, the Chief Executive Officer, Chief of Staff or Chief of Department.
- (7) If the Medical/Professional Staff member fails or declines to participate in the interview after being given a reasonable opportunity, the investigation shall proceed without further involvement of the Medical/Professional Staff member.
- (8) The Chief of Staff and/or Chief of Department and/or Chief Executive Officer shall, at their sole discretion, determine whether a further investigation is necessary.
- (9) The investigation may be assigned to an individual(s) within the Corporation, the Medical Advisory Committee, a body within the Corporation other than the Medical Advisory Committee or an external consultant.
- (10) Upon completion of the investigation, the individual or body who conducted the investigation shall forward a written report to the Chief Executive Officer, Chief of Staff or Chief of Department. The Medical/Professional Staff member shall also be provided with a copy of the written report.
- (11) The Chief Executive Officer and Chief of Staff 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 action pursuant to section 5.3.

5.6 Referral to Medical Advisory Committee for Recommendations

- (1) All requests for a recommendation for non-immediate action must be submitted to the Medical Advisory Committee in writing and supported by reference to the specific activities or behaviour(s) which constitute grounds for the request and a copy of any reports with respect to the matter.
 - (i) Within twenty-one (21) days after receipt by the Medical Advisory Committee of the request for a recommendation for action, unless deferred, the Medical Advisory Committee shall determine whether to dismiss the matter for lack of merit, initiate further investigation or determine the date for a subsequent meeting of the Medical Advisory Committee.

- (ii) 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.
- (2) Where the Medical Advisory Committee determines it is necessary to initiate its own internal or external investigation, it shall ensure that the investigation is completed as soon as practical.
- (3) Upon completion of the investigation contemplated in this section, the Medical Advisory Committee may either dismiss the matter for lack of merit or determine to have a special meeting of the Medical Advisory Committee for non-immediate mid-term action as outlined in section 5.7.
- (4) Participation of any member of the Medical Advisory Committee in an investigation regarding an applicant does not preclude such member from chairing, participating or voting at a special meeting of the Medical Advisory Committee.

5.7 Special Meeting of the Medical Advisory Committee for Non-Immediate Mid-Term Action

- (1) At least fourteen (14) days prior to the Medical Advisory Committee meeting the Medical/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 time and place of the meeting;
 - (ii) the purpose of the meeting;
 - (iii) a statement that the Medical/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 the 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 Medical/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 Medical/Professional Staff member's legal counsel may attend only to provide confidential legal advice to the Medical/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 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 Medical/Professional Staff member, the meeting may proceed.
- (2) At least seven (7) business days prior to the Medical Advisory Committee meeting, the Medical Advisory Committee shall provide the Medical/Professional Staff member with a 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 after the issuance of the comprehensive statement.
- (3) The Medical/Professional Staff member may request a postponement of the Medical Advisory Committee meeting. The Medical Advisory Committee may, after considering the reason cited by such member, and acting in its absolute sole discretion, grant a postponement of the Medical Advisory Committee meeting.
- (4) 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 the Medical Advisory Committee scheduling and extraordinary circumstances may not be postponed by more than five (5) business days.
- (5) The Medical/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 Medical/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 or control of the applicant or Medical/Professional Staff member that has not been produced by the Medical Advisory Committee that the Medical/Professional Staff member will be relying on at the special meeting, at least five (5) days before the meeting.
- (6) The Medical Advisory Committee shall keep minutes of the proceedings and shall provide the Medical/Professional Staff member with a copy of the approved minutes. Only the open portion of the proceeding shall be detailed and the in camera portion of the minutes shall record the Medical Advisory Committee's reasons and recommendations.

- (7) Before deliberating on the recommendation, the Chair of the Medical Advisory Committee shall require the Medical/Professional Staff member involved and any other persons present, other than legal counsel, who are not Medical Advisory Committee voting members to retire. Where the Medical Advisory Committee determines that the matter has merit, the Medical Advisory Committee shall make a recommendation to the Board.
- (8) The Medical Advisory Committee shall provide to the Medical/Professional Staff member within fourteen (14) days following the Medical Advisory Committee meeting, or such later date where the time period is extended pursuant to section 5.7(9), written notice indicating:
 - (i) the Medical Advisory Committee's recommendation and the written reasons for the recommendation; and
 - (ii) the Medical/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 Medical/Professional Staff member of the Medical Advisory Committee's written reasons.
- (9) The time period to provide the written notice required in section 5.7(8) may be extended if the Medical Advisory Committee, prior to the expiry of the fourteen (14) days, gives written notice to the Medical/Professional Staff member that the final recommendation cannot yet be made and provides the Medical/Professional Staff member with written reasons.
- (10) 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 section 5.7(9), written notice of:
 - (i) the Medical Advisory Committee's recommendation and the written reasons for the recommendation; and
 - (ii) where an extension was made pursuant to section 5.7(9), the written reasons for the extension.
- (11) Service of a notice to the Medical/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 Medical/Professional Staff member is represented by legal counsel, the notice may be served on legal counsel.
- (12) Where the Medical/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 Medical/Professional Staff member's revocation of appointment or suspension or restriction of Privileges and:

- (i) the Medical/Professional Staff member has not made any written or oral submissions to the Board, and concerns are raised that the Board believes the Medical/Professional Staff member should have an opportunity to address, the Board may give the Medical/Professional Staff member notice that he/she is entitled to a Board hearing and shall follow the process set out in Article 6 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 to provide a reconsidered recommendation to the Board with respect to the Medical/Professional Staff member's revocation of appointment or suspension or restriction of Privileges, as the case may be. The Medical/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 section 5.7(1 to 11) in this By-law.

5.8 Addressing Issues of Competency during Non-Immediate Mid-Term Action

- (1) At any time during non-immediate mid-term action if it becomes apparent that the Medical/Professional Staff member's behaviour, performance or competence is such that it exposes, or is reasonably likely to expose Patient(s), employees or other persons in the Corporation to harm or injury and immediate action must be taken to protect such persons, then the Chair of Medical Advisory Committee, or Department Chief may determine to invoke the procedures set out in section 5.3.

ARTICLE 6 – BOARD HEARING

6.1 Board Hearing

- (1) A hearing by the Board shall be held when one of the following occurs:
 - (a) the Medical Advisory Committee recommends to the Board that an application for appointment, reappointment or requested Privileges not be granted and the applicant requests a hearing in accordance with the *Public Hospitals Act*; or
 - (b) the Medical Advisory Committee makes a recommendation to the Board that the Privileges of a member of the Medical/Professional Staff be restricted or suspended or that an appointment be revoked and the member requests a hearing.
- (2) The Board will determine a date, time and place for the hearing.

- (3) In the case of immediate action, the Board hearing shall be held within fourteen (14) days of the Board receiving the notice from the Medical/Professional Staff member requesting the hearing. In the case of non-immediate action, the Board hearing shall be within thirty (30) days of the Board receiving the notice from the Medical/Professional Staff member requesting a hearing.
- (4) The Board may extend the time for the hearing date if it is considered appropriate but the reasons for doing so must be provided in writing to the applicant or member.
- (5) The Board shall give written notice of the hearing to the applicant or Medical/Professional Staff member and to the Medical Advisory Committee at least seven (7) days before the hearing date.
- (6) The notice of the Board hearing will include:
 - (a) the date, place and time of the hearing;
 - (b) the purpose of the hearing;
 - (c) a statement that the applicant or member and the Medical Advisory Committee will be given an opportunity to examine at least five (5) days prior to the hearing, any written or documentary evidence that will be produced, or any reports and content that will be used as evidence at the hearing;
 - (d) a statement that the applicant or member may proceed in person or be represented by counsel, call witnesses and tender documents in evidence to support his/her case;
 - (e) a statement that the time for the hearing may be extended by the Board on an application from any party; and
 - (f) a statement that if the applicant or member does not attend the meeting, the Board may proceed regardless, and the applicant or member will not be entitled to any further notice in the hearing.
- (7) The parties involved in the Board hearing are the applicant or member, the Medical Advisory Committee and such other persons as the Board may specify.
- (8) The applicant or member requiring a hearing and the Medical Advisory Committee shall be afforded an opportunity to examine, prior to the hearing, any written or documentary evidence that will be produced, or any reports the contents of which will be used in evidence.
- (9) 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.
- (10) Board members 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 providing an opportunity for all parties to participate. The Board may obtain legal advice.

- (11) 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).
- (12) 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.
- (13) In the event that the quorum requirements for the Board hearing cannot be met, the Board may in its absolute discretion:
 - (i) delegate the responsibility for conducting the Board hearing to a committee of the Board comprised of at least three (3) voting Directors; or
 - (ii) waive the requirement for a quorum; or
 - (iii) with the Medical/Professional Staff member's consent, proceed directly to the Health Professions Appeal and Review Board for consideration of the Medical Advisory Committee's recommendation.
- (14) The Board shall make a decision to follow, amend or not follow the recommendation of the Medical Advisory Committee. The Board, in determining whether to make an appointment or reappointment to the Medical/Professional Staff or approve any request for a change in Privileges shall take into account the recommendation of the Medical Advisory Committee and such other considerations, in its discretion, it considers relevant, including but not limited to section 4.9.
- (15) Within three (3) business days, the Board shall provide a written copy of its decision to the applicant or member and to the Medical Advisory Committee.
- (16) Service of notices under this Article 6 to an applicant or member may be made personally or by registered mail addressed to the person 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.

6.2 Notification to College and Partners

Notice of any suspension, revocation or restriction of Privileges shall be given by the Chief Executive Officer or designate or Chief of Staff or designate on behalf of the Board to the Registrar of the College with whom the member is registered. Notice shall also 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.

ARTICLE 7 - MEDICAL/PROFESSIONAL STAFF CATEGORIES

7.1 Medical/Professional Staff Categories

The Medical Staff, Dental Staff, Midwifery Staff and Extended Class Nursing Staff shall be divided into the following categories:

- (i) Medical/Dental/Midwifery Staff Categories:
 - 1. Active;
 - 2. Associate;
 - 3. Courtesy;
 - 4. Affiliate;
 - 5. Locum Tenens;
 - 6. Senior Emeritus, and
 - 7. Such other categories as may be determined by the Board from time to time having given consideration to the recommendation of the Medical Advisory Committee.
- (ii) Extended Class Nursing Staff may be divided into such categories as the Board may from time to time determine having given consideration to the recommendation of the Medical Advisory Committee.

7.2 Active Staff

- (1) The Board, upon the recommendation of the Medical Advisory Committee, may grant Active Staff Privileges and responsibilities to applicants.
- (2) The Active Staff shall consist of those Physicians, Dentists and Midwives appointed by the Board to be responsible for assuring that medical care is provided to all Patients in the Hospital.
- (3) Applicants must have completed satisfactory service as Associate Staff for at least one (1) year unless the Medical Advisory Committee recommends the applicant be appointed directly to the Active Staff.
- (4) Except where approved by the Board, no Physician, Dentist or Midwife with an Active Staff appointment at another hospital shall be appointed to the Active Staff.

- (5) Each Active Staff member who is a Physician, Dentist or Midwife shall hold the following Privileges and responsibilities, unless otherwise specified in the appointment, and shall exercise them within his/her scope of practice:
- (a) admit Patients to the Hospital;
 - (b) may see and assess Patients in Hospital facilities and undertake the treatment and operation procedures only in accordance with the scope and degree of Privileges granted by the Board, while using Hospital services;
 - (c) participate in Hospital educational events;
 - (d) act as Most Responsible Physician (MRP) as described in the MRP policy of the Hospital;
 - (e) assure that all Patients with conditions within his/her scope of practice in the Hospital receive the best possible medical care and be responsible to the Chief of Department to which he/she has been assigned for all aspects of Patient care;
 - (f) participate in a discipline-specific “on-call” coverage system which is acceptable to the Chief of Staff, Medical Advisory Committee and the Board, and may include call for multiple hospitals;
 - (g) respond promptly to all consultation requests for Emergency Department and Hospital Patients when “on-call”;
 - (h) provide legible, accurate and timely records of Patient care activities;
 - (i) acknowledge and accept the team approach to Patient care and participate actively as a team member in the best interest of the Patient;
 - (j) serve on Hospital committees as assigned by Chief of Staff and Medical Advisory Committee;
 - (k) attend and vote at Medical/Professional Staff Association meetings as required by this By-law and Rules and Regulations and may be elected as an Officer;
 - (l) participate in the annual reappointment review process;
 - (m) act as a supervisor of other members of the Medical Staff, Dental Staff, Midwifery Staff or Extended Class Nursing Staff when requested by the Chief of Staff of the Medical Advisory Committee or delegate or the Chief of the Department to which they have been assigned; and
 - (n) perform such other duties as may be prescribed by the Medical Advisory Committee or requested by the Chief of Staff or Chief of the relevant Department from time to time.

7.3 Associate Staff

- (1) Physicians, Dentists and Midwives who are applying for appointment to the Active Staff, subject otherwise to the determination of the Board, will be assigned to the Associate Staff. In no event shall an appointment to the Associate Staff extend beyond two (2) years.
- (2) Each member of the Associate Staff shall:
 - (a) admit Patients to the Hospital unless otherwise specified in their appointment;
 - (b) work under the counsel and supervision of the Chief of Department or of an Active Staff member named by the Chief of Department to which the Associate Staff member had been assigned by the Medical Advisory Committee;
 - (c) undertake such duties in respect of Patients as may be specified by Chief of Staff, and, if appropriate, by the Chief of Department to which they have been assigned;
 - (d) fulfil such on call requirements as may be established by each department or division in accordance with the Human Clinical Resources Plan and the Rules and Regulations;
 - (e) perform such other duties as may be prescribed by the Medical Advisory Committee or requested by the Chief of Staff or Chief of Department from time to time; and
 - (f) be entitled to attend and vote at Medical/Professional Staff Association, department and committee meetings but shall not be eligible to be an elected or appointed as an Officer of the Medical/Professional Staff Association.
- (3)
 - (a) At six (6) month intervals after appointment as an Associate Staff member, the Chief of Department and the Active Staff member by whom the member has been supervised shall make a written report to the Chief of Staff and the report shall include:
 - (i) the knowledge and skill that has been shown by the Associate Staff member;
 - (ii) the nature and quality of the member's work in the Hospital; and
 - (iii) his/her compliance and performance with respect to criteria set out during appointment. The Chief of Staff shall forward such report to the Credentials Committee.
 - (b) After one year, the appointment of the member of the Associate Staff shall be reviewed by the Credentials Committee which shall report to the Medical Advisory Committee.

- (c) IMGs will retain their Associate Staff status until all education or certification requirements for independent practice have been met.
- (d) If any report made at any time under this section is not favourable to the Associate Staff member, the member may request reassignment or the Chief of Department may assign him/her to the supervision of a different staff member for a further period of up to six (6) months.
- (e) At any time, an unfavourable report may cause the Medical Advisory Committee to make a recommendation that the appointment of the Associate Staff member shall be revoked.

7.4 Courtesy Staff

- (1) (a) The Courtesy Staff shall consist of those Physicians, Dentists and Midwives appointed by the Board to the Courtesy Staff in one or more of the following circumstances:
 - (i) the applicant meets a specific service need of the Hospital; or
 - (ii) where the Board deems it otherwise advisable and in the best interests of the Hospital.
- (2) Members of the Courtesy Staff shall:
 - (a) have such limited Privileges as may be granted by the Board on an individual basis;
 - (b) attend Patients and undertake treatment and operative procedures only in accordance with the kind and degree of Privileges granted by the Board;
 - (c) be responsible to the Chief of Department to which they have been assigned for all aspects of Patient care;
 - (d) be entitled to attend Medical/Professional Staff Association meetings but shall not have a vote at Medical/Professional Staff meetings and shall not be eligible to be an elected or appointed Officer of the Medical/Professional Staff Association; and
 - (e) be eligible to be appointed to committees other than the standing committees of the Medical Advisory Committee.

7.5 Affiliate Staff

- (1) The Board, upon the recommendation of the Medical Advisory Committee, may grant Affiliate Staff Privileges and responsibilities to applicants.
- (2) Each Affiliate Staff member who is a Physician, Dentist, Midwife or Registered Nurse in the Extended Class shall hold the following Privileges and responsibilities, unless

otherwise specified in the appointment, and shall exercise them within his/her scope of practice:

- (a) may visit his/her own Patients in the Hospital and write progress notes;
 - (b) may write orders for out-Patients only;
 - (c) may see Patients on Hospital premises “in consultation” when asked by another Physician with Active, Associate or Courtesy Staff Privileges at the Hospital;
 - (d) may assist in the operating room;
 - (e) may utilize the following Hospital services:
 - (i) Diagnostic Imaging;
 - (ii) Pathology;
 - (iii) Laboratory;
 - (iv) Surgical Day Care;
 - (v) Library;
 - (vi) Outpatient Ambulatory Services; and
 - (vii) such other services as specified in the appointment;
 - (f) may participate in Hospital educational events;
 - (g) may join a Hospital committee at the discretion of the Chief of Staff or Chief Executive Officer;
 - (h) shall provide a legible, accurate and timely consultation report and record of Patient care activities;
 - (i) shall attend and may vote at department and Medical/Professional Staff Association meetings as required by the By-laws and Rules and Regulations, and may be an elected or appointed as an Officer of the Medical/Professional Staff Association;
 - (j) participate, where appropriate, in a discipline-specific “on-call” coverage system for out-patients only which is acceptable to the Chief of Staff, Medical Advisory Committee and the Board, and may include call outside the Hospital; and
 - (k) act as MRP for out-patients, as described in the MRP policy of the Hospital.
- (3) Affiliate Staff members may not admit Patients directly to the Hospital.

- (4) The first twelve (12) months of Affiliate Staff status shall be considered probationary.

7.6 Locum Tenens Staff

- (1) The Board, upon the recommendation of the Medical Advisory Committee, may grant Locum Tenens Staff Privileges and responsibilities to applicants. Locum Tenens Staff consist of those members of the Medical/Professional Staff who meet a specific clinical need for the replacement of a member of the Medical/Professional Staff for a defined period of time.
- (2) A Locum Tenens Staff member shall:
 - (a) be granted general or restricted general practice or specialty Privileges in accordance with his/her qualifications;
 - (b) be responsible to the member for whom he/she is acting as Locum Tenens, to provide care for the Patients whom that member would normally attend at the Hospital; and
 - (c) upon completion of the locum, the member, who arranged the locum, shall ensure appropriate completion of all outstanding medical records.
- (3) The appointment of an applicant as a member of the Locum Tenens Staff may be for up to one (1) year subject to renewal for a further period of up to one (1) additional year. The Board, having considered the recommendation of the Medical Advisory Committee, may permit renewal beyond two (2) years in exceptional circumstances.

7.7 Senior Emeritus Staff

- (1) The Board, upon the recommendation of the Medical Advisory Committee, may grant Senior Emeritus Privileges and responsibilities to applicants.
- (2) Senior Emeritus Staff are former members of the Active Staff of the Hospital who have retired from the active practice of medicine and shall:
 - (a) be non-voting members at meetings;
 - (b) not hold admitting or treating Privileges; and
 - (c) may provide consulting services to members of the Active or Associate Staff at the Hospital.

7.8 Extended Class Nursing Staff

- (1) The Board, having given consideration to the advice of the Medical Advisory Committee, will delineate the Privileges for each member of the Extended Class Nursing Staff who is not an employee of the Corporation.

- (2)
 - (a) Each new applicant for appointment to the Extended Class Nursing Staff shall be appointed for an initial probationary period of one (1) year.
 - (b) Prior to completion of the one (1) year probationary period, a performance evaluation for a member of the Extended Class Nursing Staff shall be completed by the Chief of Department, or delegate, concerning the knowledge and skill that has been shown by the Extended Class Nursing Staff member, the nature and quality of his/her work and his/her performance and compliance with the criteria set out in section 4.3(2) and such report shall be forwarded to the Credentials Committee.
 - (c) The Credential Committee shall review the report referred to in section 7.8(2)(b) and shall make a recommendation to the Medical Advisory Committee which shall in turn make a recommendation to the Board.
- (3) A member of the Extended Class Nursing Staff shall be entitled to attend and vote at Medical/Professional Staff Association meetings but shall not be eligible to be an elected Officer of the Medical/Professional Staff Association.

7.9 Duties of Professional Staff

Each member of the Professional Staff:

- (a) is accountable to and shall recognize the authority of the Board by co-operating and showing respect to the Board through and with the Chief of Staff, Chief of Department and Chief Executive Officer;
- (b) shall abide by the Rules and Regulations, this By-law, the Corporation's mission and objectives, the *Public Hospitals Act* and the regulations made under all other legislated requirements;
- (c) shall practice with the highest professional, efficient and ethical practice standards within the limits of the Privileges;
- (d) shall attend Medical/Professional Staff Association and department meetings as specified in this By-law;
- (e) shall work and co-operate with others in a manner consistent with the Corporation's mission;
- (f) shall participate in quality, complaint and Patient and workplace safety initiatives, by filing a report for any abuse, malpractice, negligence or misconduct;
- (g) shall immediately advise the Chief of Staff of the commencement of any College disciplinary proceeding, proceedings to restrict or suspend privileges at other hospitals, settled claims, or malpractice actions, or any pending claim related to a criminal or patient care or other issue that might impact the reputation of the Hospital or the quality of care provided by the Hospital; and

- (h) shall provide the Chief of Staff with three (3) months prior written notice of the Medical/Professional Staff member's intention to resign or six (6) months prior written notice of his/her intention to reduce his/her Privileges. Such notice shall be given to his/her Chief of Department. The notice requirements may be waived:
 - (i) if the Chief of Staff believes, after considering the Clinical Human Resources Plan, that the notice is not required or
 - (ii) if the Chief of Staff believes that there are reasonable or compassionate grounds to waive the requirement.

ARTICLE 8 – DENTAL STAFF

8.1 Dental Staff

- (1) The Dental Staff shall function within the Department of Surgery under the responsibility of the Chief of Surgery. One of the members of the Dental Staff shall be annually appointed by the Board, on the recommendation of the Chief of Surgery, for a term of one (1) year to be the Head of the Dental Staff.
- (2) The Board may, at any time, revoke or suspend the appointment of the Head of the Dental Staff.
- (3) The Head of the Dental Staff shall supervise the professional care given by all members of the Dental Staff and shall be responsible to the Chief of Surgery for the quality of care given to Patients by members of the Dental Staff.
- (4) Where the member is a Dentist, who does not have a Specialist Certificate of Registration, he/she will be granted co-admitting and co-procedural Privileges with an appropriate member of the Medical/Professional Staff as approved by the Board having given consideration to the recommendation of the Chief of the Department and Medical Advisory Committee.

8.2 Dental Records

- (1) Within thirty-six (36) hours after the admission of a Patient for treatment by a member of the Dental Staff, the attending Dentist shall prepare or cause to be prepared a dental history relative to the cause of admission, the findings of a dental and oral examination, a provisional diagnosis for the Patient's dental condition, and a proposed course of dental treatment. If a Patient is to receive dental surgery, those records shall be prepared before the dental operation is begun.
- (2) For every Patient who has been attended by him/her in the Hospital the attending Dentist shall complete the dental records for the Patient prescribed by the regulations under the *Public Hospitals Act* and the By-law, within the time limit prescribed by the Board.
- (3) Each Patient in the Hospital for dental treatment or operation shall be attended by a member of the Medical/Professional Staff or duly credentialed Oral and Maxillofacial Surgeon who shall be responsible for the medical care of the Patient and who shall meet the requirements for medical records established under the *Public Hospitals Act* and the By-law.

8.3 Dental Consultations

Consultations shall be held on a dental Patient in accordance with the requirements established for any other Patient in the Hospital in respect to medical care.

ARTICLE 9 - MIDWIFERY STAFF

9.1 Midwifery Staff

The Midwifery Staff shall be primarily affiliated with the Women's and Children's Health Program.

9.2 Chief of Midwifery

Where the Board has appointed more than one Midwife to the Medical/Professional Staff, one of the members of the Midwifery Staff shall, subject to annual confirmation by the Board, be appointed as Chief of Midwifery by the Board.

9.3 Duties of the Chief of Midwifery

The Chief of Midwifery shall supervise the professional care given by all members of the Midwifery Staff and shall be responsible to the Chief of Staff and the Medical Advisory Committee for the quality of care rendered to Patients by members of the Midwifery Staff.

ARTICLE 10 - DEPARTMENTS AND DIVISIONS

10.1 Departments

The Medical/Professional Staff shall be organized into such Departments as may be approved by the Board from time to time after considering the recommendation of the Medical Advisory Committee.

10.2 Departments and Divisions within a Department

A department may be divided into such divisions as may be approved by the Board from time to time. The Board may, at any time, after consultation with the Medical Advisory Committee and the Chief Executive Officer, create new departments or divisions, or amalgamate, divide or disband any departments or divisions.

10.3 Clinical Staff Human Resources Plan

Each department shall develop a draft Clinical Staff Human Resources Plan in accordance with the strategic plan of the Corporation. The Plan shall be developed by the Chief of the Department, after receiving and considering the input of the members of the Medical/Professional Staff in the department. The plan shall be submitted to the Chief Executive Officer and Chief of Staff for review and modification, as necessary. The Chief Executive Officer and Chief of Staff shall submit a plan to the Board for approval.

10.4 Department Responsibilities

- (1) Each department shall function in accordance with this By-law, the Hospital's Charters and Rules and Regulations.
- (2) In collaboration with management, each department shall develop medical directives where appropriate.
- (3) The Medical/Professional Staff members affiliated with a department shall come under the jurisdiction of the Chief of the Department.
- (4) The Chiefs of Department shall convene at least four (4) department meetings per year of the department members. The membership of the department meetings shall include Chiefs of Department(s), Medical/Professional Staff aligned with that department and administrative leader(s) aligned with that department.

ARTICLE 11 - LEADERSHIP POSITIONS

11.1 Medical/Professional Staff Leadership Positions

- (1) i) The following positions shall be appointed in accordance with this By-law:
 - (a) Chief of Staff;
 - (b) Chiefs of Department;ii) The following positions may be appointed in accordance with this By-law:
 - (a) Deputy Chief of Staff;
 - (b) Deputy Chiefs of Department; and
 - (c) Heads of Division.
- (2) All appointed leaders listed in section 11.1(1) shall be subject to an annual performance evaluation process as set out in Rules and Regulations or Board policy.
- (3) If the term of office of any appointed leader shall expire before a successor is appointed, the Board may extend the appointment of the incumbent.
- (4) The Board may appoint a person on an acting or interim basis where there is a vacancy in any office referred to in this section or while the person holding any such office is absent or unable to act.
- (5) Where this By-law contemplates a search committee process to identify a candidate for appointment, such process may be dispensed with, at the discretion of the Board, where the incumbent or an acting or interim appointee is being considered for appointment or reappointment, provided the Board is satisfied an appropriate selection process was followed in connection with the acting or interim appointment.

11.2 Appointment of Chair of the Medical Advisory Committee

The Chief of Staff shall be the Chair of the Medical Advisory Committee.

11.3 Appointment of Chief of Staff

- (1) The Board shall appoint a Physician who is or who shall apply to become a member of the Active Staff as the Chief of Staff. The process of selection will be in accordance with the Board's policy. The Selection Committee shall be comprised of members of the Board, members of the Medical Advisory Committee, the Chief Executive Officer and members of the Corporation's management team, who will develop and initiate a process to recruit and hire the Chief of Staff.
- (2) The appointment of a member of the Active Staff as Chief of Staff shall not be considered as part of that individual's annual appointment and granting of Privileges by the Board.
- (3) The Board may revoke or suspend the appointment of the Chief of Staff at any time.

11.4 Responsibilities and Duties of Chief of Staff

- (1) The Chief of Staff shall:
 - (a) be responsible for establishing and monitoring the credentialing and disciplining processes for the Medical/Professional Staff and ensure credentialing is done in a fair and timely manner;
 - (b) be responsible for the mediation or disciplinary action of the Medical/Professional Staff in conjunction with the Chiefs of Department;
 - (c) be responsible for ensuring compliance with the *Public Hospitals Act*, Rules and Regulations, and By-laws of the Hospital with respect to Medical/Professional Staff;
 - (d) be responsible to the Board for the supervision and quality of all the medical, dental, midwifery and privileged extended class nursing diagnosis, care and treatment given to Patients within the Hospital according to the Charters established by the Board;
 - (e) assist in ensuring appropriate cost-effective use of Hospital resources;
 - (f) with the Chiefs of Department, advise the Medical Advisory Committee and the Board with respect to the quality of diagnosis, care and treatment provided to the Patients of the Hospital;
 - (g) act as an *ex-officio* member of all committees of the Medical Advisory Committee, Board and Board committees;

- (h) work with the Chiefs of Department and management to ensure that the annual evaluation and appointment process of the Medical/Professional Staff is completed;
 - (i) assign, or delegate the assignment of, a member of the Medical/Professional Staff to supervise the practice of medicine, dentistry, midwifery, extended class nursing or other professional activities of any other member of the Medical/Professional Staff for any period of time;
 - (j) with the Chiefs of Department, supervise the medical care given to all Patients of the Hospital;
 - (k) investigate and act, as appropriate, on matters of Patient care, Patient and workplace safety, academic responsibilities or conflicts with the Corporation's employees and Medical/Professional Staff. This duty includes implementing procedures to monitor and ensure Medical/Professional Staff compliance with the By-law, Rules and Regulations and procedures;
 - (l) collaborate with the Chiefs of Department in the development, periodic review and revision of departmental Clinical Human Resources Plans and clinical utilization management review activities;
 - (m) supervise and evaluate Chiefs of Department with respect to expected role with input from the Department Manager. Under extraordinary conditions, the Chief of Staff may suspend the Chief of Department from the role of Chief of Department and, pending review, appoint an acting Chief of Department;
 - (n) act as Professional Practice Representative for Medical/Professional Staff; and
 - (o) investigate and report serious incidents.
- (2) When necessary, the Chief of Staff shall:
- (a) assume, or assign to any other member of the Medical/Professional Staff, responsibility for the direct care and treatment of any Patient in the Hospital under the authority of the *Public Hospitals Act* and notify the attending Medical/Professional Staff member, the Chief Executive Officer and the Patient, Patient's guardian or power of attorney;
 - (b) report regularly to the Board and to the Medical/Professional Staff, Chief Executive Officer and senior administrative leadership about any other matters of which they should have knowledge; and
 - (c) recommend to the Chief Executive Officer on the appointment, by the Chief Executive Officer, of a member of the Medical/Professional Staff to act for him/her during his/her absence or inability to act.

11.5 Appointment of Chiefs of Department

- (1) The Board shall appoint a Physician who is or who shall apply to become a member of the Active Staff as the Chief of Department after giving consideration to the recommendation of the search committee. The Chief of Staff is responsible for recommending to the Board the composition of the search committee. The search committee is chaired by the Chief of Staff and may include elected Directors, members of the Medical Advisory Committee, members of the appropriate department(s), the Chief Executive Officer or designate and others as recommended by the Chief of Staff or the Board. The search committee will develop and initiate a process to recruit and recommend the Chief of Department.
- (2) The Chiefs of Department shall be voting members of the Medical Advisory Committee.
- (3) The appointment of a Chief of Department shall be for a term of up to three (3) years. Thereafter, the Chief of Staff may initiate a selection process. The incumbent may reapply.
- (4) The Board, in consultation with the Chief of Staff, may revoke or suspend the appointment of the Chief of Department at any time.

11.6 Duties of Chiefs of Department

- (1) A Chief of Department shall:
 - (a) be a member of the Medical Advisory Committee;
 - (b) make recommendations to the Medical Advisory Committee regarding appointment, reappointment, change in Privileges and any disciplinary action to which members of the department should be subject;
 - (c) advise the Medical Advisory Committee with respect to the quality of care provided by the Medical, Dental, Midwifery and Extended Class Nursing Staff members of the department;
 - (d) conduct a performance evaluation of all members of the department on an annual basis as part of the reappointment process and conduct an enhanced performance evaluation on a periodic basis;
 - (e) hold regular meetings of the department;
 - (f) delegate responsibility to appropriate members of the department;
 - (g) report to the Medical Advisory Committee and to the department on the activities of the department;
 - (h) perform such additional duties as may be outlined in the Chief of Department position description approved by the Board or as set out in the Rules and

Regulations or as assigned by the Board, the Chief of Staff or the Medical Advisory Committee or Chief Executive Officer from time to time; and

- (i) in consultation with the Chief of Staff, designate an alternative to act during the absence of both the Chief of Department and the Deputy Chief of Department, if any.

11.7 Performance Evaluation of Chiefs of Department

- (1) Chiefs of Department will be subject to annual confirmation by the Board to coincide with the Chief of Department's date of appointment. As part of the annual performance evaluation, the Chief of Staff and the Chief of the Department will review the previous mutually agreed upon accountability statement related to:
 - (a) quality of medical care, diagnosis and treatment/quality assurance;
 - (b) the department's achievement of utilization benchmarks/objectives and productivity targets;
 - (c) leadership/administrative skills development;
 - (d) clinical resource planning; and
 - (e) Patient and workplace safety.
- (2) At the end of each three-year term, a review of the performance of each Chief of Department will be undertaken by the Chief of Staff.
- (3) A review committee of a Chief of Department's performance may be initiated at any time by the Chief of Staff on the basis of a request from:
 - (a) the Board; or
 - (b) any of the standing subcommittees of the Medical Advisory Committee; or
 - (c) the President of the Medical/Professional Staff Association; or
 - (d) the Chief Executive Officer or designate.
- (4) The review committee will be chaired by the Chief of Staff or delegate. The committee's membership will be subject to the approval of the Medical Advisory Committee and include:
 - (a) a Physician representative of the department of the Chief of Department being reviewed;
 - (b) a representative of management appointed by the Chief Executive Officer;

- (c) a representative of the Board appointed by the Board at the discretion of the Board;
 - (d) a non-Physician professional who has worked closely with the Chief of Department;
 - (e) Physician representatives from a minimum of three (3) departments who have worked closely with the Chief of Department; and
 - (f) the Chief Nursing Executive or designate.
- (5) The review committee will seek the advice of members of the Medical/Professional Staff or of other health professionals in whatever way is chosen by the committee to do so.
- (6) At the conclusion of each performance review the committee shall:
- (a) report to the Chief of Department being reviewed; and
 - (b) present its formal report through the Medical Advisory Committee to the Board.

11.8 Appointment and Duties of Deputy Chief of Staff

A Deputy Chief of Staff may be appointed by the Board. The Deputy Chief of Staff, if appointed, shall be a member of the Medical Advisory Committee and shall act in the place of the Chief of Staff if the Chief of Staff is absent or unable to act, and shall perform such duties as assigned from time to time by the Chief of Staff. The Deputy Chief of Staff shall not be a Board Director unless appointed as Chief of Staff on an acting or interim basis.

11.9 Appointment and Duties of Deputy Chief of Department

The Board may appoint a Deputy Chief of Department. The Deputy Chief of Department, if appointed, is the delegate of the Chief of Department. The Deputy Chief of Department shall perform such duties as assigned by the Chief of Department.

11.10 Appointment and Duties of Heads of Division

The Board may appoint a Head of Division or may delegate to the Medical Advisory Committee the authority to appoint one or more Heads of Division. The Head of Division, if appointed, is the delegate of the Chief of the Department. The Head of Division has responsibilities and duties similar to those of the Chief of the Department as determined by the Chief of the Department.

ARTICLE 12 - MEDICAL ADVISORY COMMITTEE

12.1 Composition of Medical Advisory Committee

- (1) The Medical Advisory Committee shall consist of:
 - (i) the Chief of Staff, who shall be the Chair of the Medical Advisory Committee;
 - (ii) the Deputy Chief of Staff;
 - (iii) the President, Vice-President, Secretary and Treasurer (if any) of the Medical/Professional Staff Association;
 - (iv) Chiefs of Departments;
 - (v) Medical Director of ICU;
 - (vi) Medical Director of Laboratory; and
 - (vii) any non-voting member that the Medical Advisory Committee sees fit to invite on a temporary or an on-going basis.
- (2) The Chief Executive Officer and Chief Nursing Executive or respective delegates shall attend meetings of the Medical Advisory Committee without the power to vote.
- (3) The Board from time to time may appoint an elected Director to attend the meeting of the Medical Advisory Committee without the power to vote.
- (4) The Medical Advisory Committee shall meet at the call of the Chair of the Medical Advisory Committee and shall have at least ten (10) meetings each year and keep minutes of these meetings.

12.2 Medical Advisory Committee Duties and Responsibilities

- (1) The Medical Advisory Committee shall:
 - (a) report and make recommendations to the Board in writing on matters concerning:
 - (i) every application for appointment or reappointment to the Medical/Professional Staff and any request or a change in privileges;
 - (ii) the privileges to be granted to each member of the Medical/Professional Staff;
 - (iii) the By-laws and Rules and Regulations respecting the Medical Staff, Dental Staff, Midwifery Staff and Extended Class Nursing Staff;

- (iv) the revocation, suspension or restriction of privileges of any member of the Medical/Professional Staff;
- (v) the quality of care provided in the Hospital by the Medical Staff, Dental Staff, Midwifery Staff and Extended Class Nursing Staff, in relation to the professionally recognized standards of Hospital professional care, including quality assurance, peer review, resource utilization and Disruptive Behaviour;
- (b) consider, make recommendations and report to the Board concerning such matters as are prescribed by the *Public Hospitals Act*, by the Hospital Management Regulation, including matters involving competence, conduct or physical or mental ability or capacity of a member of the Medical/Professional Staff;
- (c) through the Chiefs of Department provide supervision over the practice of medicine, dentistry, midwifery, and extended class nursing in the Hospital;
- (d) participate in the development of the Hospital's overall objectives and planning, and make recommendations considering allocation and utilization of Hospital resources;
- (e)
 - (i) appoint such committees as are required for the supervision, review and analysis of all the clinical work in the Hospital;
 - (ii) name the Chair of each of the committees it appoints and ensure that each meets and functions as required, and is keeping minutes of its meetings; and
 - (iii) receive, consider and act upon the report from each of its appointed committees;
- (f) inform the Medical/Professional Staff at each regular meeting of the Medical/Professional Staff Association of any business transacted by the Medical Advisory Committee and refer to the Medical/Professional Staff Association such items as, in the opinion of the Medical Advisory Committee, require discussion and approval of the Medical/Professional Staff Association as a whole;
- (g) advise and co-operate with the Board and the Chief Executive Officer in all matters relating to the professional, clinical and technical services;
- (h) recommend to the Board clinical and general rules respecting the Medical/Professional Staff as may be necessary under the circumstances; and
- (i) advise the Board on any matters referred to the Medical Advisory Committee by the Board.

Where the Medical Advisory Committee identifies systemic or recurring quality of care issues in making its recommendations to the Board under section 2(a)(v) of the Hospital

Management Regulation, the Medical Advisory Committee shall make recommendations about those issues to the Hospital's quality committee established under section 3(1) of the *Excellent Care for All Act*.

12.3 Establishment of Committees of the Medical Advisory Committee

- (1) The Board may, on the recommendation of the Medical Advisory Committee, establish such standing and special subcommittees of the Medical Advisory Committee as may be necessary or advisable from time to time for the Medical Advisory Committee to perform its duties under the *Public Hospitals Act* or this By-law.
- (2) The terms of reference and composition for any standing or special subcommittees of the Medical Advisory Committee may be set out in the Rules and Regulations or in a Board resolution, on the recommendation of the Medical Advisory Committee. The Medical Staff members of any such subcommittee of the Medical Advisory Committee shall be appointed by the Medical Advisory Committee and other subcommittee members may be appointed by the Board.
- (3) All subcommittees appointed shall:
 - (i) meet as directed by the Medical Advisory Committee or as otherwise established in this By-law and the Rules; and
 - (ii) present a written report, including any recommendations of each meeting, to the next meeting of the Medical Advisory Committee.

12.4 Quorum for Medical Advisory Committee Meeting and Subcommittee Meetings

- (1) A quorum at any meeting shall be a majority of the voting members.
- (2) The procedures to be followed at all meetings of the Medical Advisory Committee and its subcommittees shall be the same as those that are provided for in the Hospital's corporate By-laws.
- (3) Notice of general meetings shall be given in writing by the Chief of Staff fourteen (14) days in advance of the meeting. Notice of the special meetings may be given by telephone or email by the Chief of Staff not less than forty-eight (48) hours in advance of the special meeting. The notice of the special meeting shall state the purpose for which the meeting is called, and at such meeting the giving of the notice shall be reported by the Secretary and the meeting, subject to the quorum requirement, shall be declared to be properly constituted.
- (4) Every member of the Medical Advisory Committee shall respect the confidentiality of matters brought before the Medical Advisory Committee or any subcommittees of Medical Advisory Committee, or of any matter dealt with in the course of the Medical/Professional Staff member's activities in the Hospital.

**ARTICLE 13 - MEDICAL/PROFESSIONAL STAFF ASSOCIATION - MEMBERSHIP,
MEETINGS AND DUES**

13.1 Membership

- (1) All members of the Medical/Professional Staff shall be members of the Medical/Professional Staff Association.

13.2 Meeting Procedures

- (1) Business arising at any meeting of the Medical/Professional Staff Association or any committee thereof established pursuant to this By-law shall be decided by a majority of votes unless otherwise required by statute, this By-law or by the rules of procedure selected by the Board for such meetings.
- (2) Voting shall take place as follows:
 - (a) Except as provided in this By-law, each voting member shall be entitled to one (1) vote at any meeting of the Medical/Professional Staff Association.
 - (b) No member of the Medical/Professional Staff shall be entitled to vote by proxy at a meeting of the Medical/Professional Staff Association; all members must attend such meetings in person in order to be eligible to vote.
 - (c) The chair of any meeting shall have an initial vote and, in case of an equality of votes, either upon a show of hands or upon a poll, the chair of a meeting shall be entitled to an additional or casting vote.
 - (d) After a show of hands has been taken on any question, the chair of the meeting may require, or any person entitled to vote on the question may demand, a poll thereon. A poll so required or demanded shall be taken in such manner as the chair of the meeting shall direct. A demand for a poll may be withdrawn at any time prior to the taking of the poll. Upon a poll, each individual present in person and entitled to vote at such meeting shall have one (1) vote and the result of the poll shall be the decision of the Medical/Professional Staff Association.
 - (e) Whenever a vote by show of hands shall have been taken on a question, unless a poll is required or demanded, a declaration by the chair of the meeting that a resolution, vote or motion has been carried and an entry to that effect in the minutes shall be admissible in evidence as prima facie proof of the fact without proof of the number or proportion of the votes recorded in favour of or against such resolution, vote or motion.
- (3) Minutes shall be kept for all meetings of the Medical/Professional Staff Association, and shall be approved at the next meeting of the Medical/Professional Staff Association.

- (4) The declaration of the Secretary or chair of the meeting that notice has been given pursuant to this By-law shall be sufficient and conclusive evidence of giving of such notice.
- (5) No error or omission in giving notice for a meeting of the Medical/Professional Staff Association or any committee thereof shall invalidate such meeting or invalidate or make void any proceedings taken or had at such meeting, and any member of the Medical/Professional Staff Association may at any time waive notice of any such meeting and may ratify and approve any or all proceedings taken or had thereat.
- (6) Any questions of procedure at or for any meetings of the Medical/Professional Staff Association that have not been provided for in this By-law or by the *Public Hospitals Act* shall be determined by the chair of the meeting in accordance with rules of procedure adopted by policy or resolution of the Board from time to time.
- (7) The Medical/Professional Staff Association Executive may determine that any meeting of the Medical/Professional Staff may be held by telephonic or electronic means. Where a meeting of the Medical/Professional Staff is held by telephonic or electronic means, the words “in person” in Article 13 and Article 14 shall mean present physically or by telephonic or electronic means, and the words “show of hands” shall mean show of hands, voice vote, or other electronic means of voting.

13.3 Regular, Annual and Special Meetings of the Medical/Professional Staff Association

- (1) At least four (4) meetings of the Medical/Professional Staff Association will be held each year, one of which shall be the annual meeting.
- (2) The President of the Medical/Professional Staff Association may call a special meeting of the Medical/Professional Staff Association. Special meetings of the Medical/Professional Staff Association shall be called by the President of the Medical/Professional Staff Association on the written request of any ten (10) members of the Active Staff entitled to vote.
- (3) A written notice of each meeting shall be posted in the most appropriate area and distributed electronically by the Secretary of the Medical/Professional Staff Association as required by this By-law.
- (4) The usual period of time required for giving notice of any special meeting shall be waived in cases of emergency, subject to ratification of this action by the majority of those members present and entitled to vote at the special meeting, as the first item of business at the meeting.

13.4 Order of Business of Medical/Professional Staff Association

- (1) Annual:
 - (a) minutes of the previous annual meeting;
 - (b) report from the President of the Medical/Professional Staff Association;
 - (c) report from the Treasurer and approval of budget and annual dues;

- (d) report of the Medical Advisory Committee, with recommendations for improvement of the professional work of the Hospital based on the work done and results obtained during the past year;

- (e) reports, nominations and election of the elected Officers of the Medical/Professional Staff Association;
 - (f) report from the Chief Executive Officer, Chief Nursing Executive and Chief of Staff.
- (2) Regular:
- (a) minutes from the previous meeting;
 - (b) business arising from the minutes, and unfinished business;
 - (c) report from the President, followed by the Secretary and then Treasurer of the Medical/Professional Staff Association;
 - (d) relevant reports from committees and departments;
 - (e) report from the Chief Executive Officer, Chief Nursing Executive and Chief of Staff;
 - (f) report of the Medical Advisory Committee which shall include recommendations for the improvement of the professional work of the Hospital and which may include reports from any standing or special committees; and
 - (g) conclude with any other business that has arisen.
- (3) Special Meeting:
- (a) reading of the notice calling the meeting and in emergency situations waiving of the notice of the meeting by the majority of members present and voting at the meeting; and
 - (b) the business for which the meeting was called.

13.5 Quorum

The lesser of 25% or 30 members of the Medical/Professional Staff Association entitled to vote and present in person shall constitute a quorum at any meeting of the Medical/Professional Staff Association.

13.6 Medical/Professional Staff Association Meetings and Attendance

- (1) Meetings of the Medical/Professional Staff Association shall be held in accordance with this Article and the requirements of the *Public Hospitals Act*.
- (2) Each member of the Associate and Active Staff groups shall be expected to attend at least fifty (50) percent of the Medical/Professional Staff Association meetings and at least seventy-five (75) percent of the meetings for the medical department that he/she is

affiliated with. Attendance will be considered as part of the annual performance evaluation.

13.7 Dues

Each Medical/Professional Staff member shall pay fees to the Medical/Professional Staff Association annually, as determined by the Medical/Professional Staff Association Executive. The Medical/Professional Staff Association Executive shall determine the use for the fees and all fees shall be paid at the time of (re)appointment to the Hospital.

ARTICLE 14 - OFFICERS OF THE MEDICAL/PROFESSIONAL STAFF ASSOCIATION

14.1 Medical/Professional Staff Association Officers

- (1) The Officers of the Medical/Professional Staff Association will be:
 - (a) the President;
 - (b) the Vice-President;
 - (c) the Secretary;
 - (d) the Treasurer (if so decided);
 - (e) the Past President (*ex-officio*); and
 - (f) such other officers as the Medical/Professional Staff may choose.
- (2) The Officers of the Medical/Professional Staff Association may not hold any of the Medical/Professional Staff leadership positions named in section 11.1 of this By-law.
- (3) The Officers of the Medical/Professional Staff Association shall be elected annually for a term of one (1) year by a majority vote by the voting members of the Medical/Professional Staff Association at a meeting of the Medical/Professional Staff Association.
- (4) No person may serve as President, Vice-President, Secretary or Treasurer for more than six (6) consecutive annual terms in the one (1) office provided, however, that following a break in continuous service in that office of at least one (1) annual term, the same person may be re-elected or reappointed to that office.
- (5) Any Officer of the Medical/Professional Staff Association who was elected to that office by the Medical/Professional Staff Association shall cease to hold that office upon resolution by a majority vote of the voting members of the Medical/Professional Staff Association present at the meeting called for that purpose.
- (6) If the position of any elected Officer of the Medical/Professional Staff becomes vacant during the term, it may be filled by a vote of the majority of the members of the

Medical/Professional Staff Association present and voting at a regular meeting of the Medical/Professional Staff Association or at a special meeting of the Medical/Professional Staff Association called for that purpose. The Medical/Professional Staff Association member so elected to office shall fill the office until the next annual meeting of the Medical/Professional Staff Association.

14.2 Eligibility for Office

Only Physicians who are members of the Active Staff may be elected or appointed to any position or office of the Medical/Professional Staff Association.

14.3 Nominations and Election Process

- (1) The Medical/Professional Staff Association Executive shall be constituted as a nominating committee.
- (2) At least thirty (30) days before the annual meeting of the Medical/Professional Staff Association, the Secretary of the Medical/Professional Staff Association shall post in the most appropriate area and distribute electronically a list of the names of those who are to be nominated by the Medical/Professional Staff Association Executive to stand for the offices of the Medical/Professional Staff Association which are to be filled by an election, in accordance with the *Public Hospitals Act* and this By-law.
- (3) Any further nominations shall be made in writing to the Secretary of the Medical/Professional Staff Association up to twenty-one (21) days prior to the annual meeting of the Medical/Professional Staff Association.
- (4) Eligible members of the Medical/Professional Staff Association may vote in person at the annual meeting, or by ballot in advance of the annual meeting for five consecutive business days at a time and location agreed to by the Medical/Professional Staff Association Executive and the Hospital administration. Eligible members of the Medical/Professional Staff Association may also vote through an electronic means as agreed to by the Medical/Professional Staff Association Executive and the Chief Executive Officer
- (5) If there are no candidates for one or more of the Medical/Professional Staff Association Executive positions when nominations close, as described in Article 14.3 (3), no advance poll will be conducted. Instead, nominations can be received at the annual meeting and, if received, will be voted upon by show of hand by those eligible members of the Medical Professional Staff Association present at the meeting.

14.4 President of the Medical/Professional Staff Association

- (1) The President of the Medical/Professional Staff Association shall:
 - (a) preside at all meetings of the Medical/Professional Staff Association;
 - (b) act as a liaison between the Medical/Professional Staff, the Chief of Staff, the Chief Executive Officer and the Board with respect to matters concerning the Medical/Professional Staff not assigned to the Medical Advisory Committee;
 - (c) support and promote the values and strategic plan of the Corporation;

- (d) be a member of the Medical Advisory Committee; and
- (e) be an *ex-officio* Director of the Board.

14.5 Vice-President of the Medical/Professional Staff Association

- (1) The Vice-President of the Medical/Professional Staff Association shall:
 - (a) in the absence or disability of the President of the Medical/Professional Staff Association, act in the place of the President, perform his/her duties and possess his/her powers;
 - (b) perform such duties as the President of the Medical/Professional Staff Association may delegate to him/her;
 - (c) support and promote the values and strategic plan of the Corporation;
 - (d) be a member of the Medical Advisory Committee; and
 - (e) be an *ex-officio* Director of the Board.

14.6 Secretary of the Medical/Professional Staff Association

- (1) The Secretary of the Medical/Professional Staff Association shall:
 - (a) attend to the correspondence of the Medical/Professional Staff Association;
 - (b) ensure notice is given and minutes are kept at all Medical/Professional Staff Association meetings;
 - (c) maintain a record of attendance at each Medical/Professional Staff Association meeting;
 - (d) be a member of the Medical Advisory Committee;
 - (e) perform the duties of the Treasurer if it is decided not to have a Treasurer; and
 - (f) in the absence of the Vice-President of the Medical/Professional Staff Association, perform the duties and possess the powers of the Vice President (except for those listed in section 14.5(1)(e)).

14.7 Treasurer

- (1) The Treasurer of the Medical/Professional Staff Association shall:
 - (a) keep the funds and financial records for the Medical/Professional Staff Association in a safe manner and be accountable for them;
 - (b) disburse Medical/Professional Staff Association funds at the discretion of the Medical/Professional Staff Association Executive; and
 - (c) be a member of the Medical Advisory Committee.

14.8 Past President

The Past President of the Medical/Professional Staff Association shall be a member of the Medical Advisory Committee and shall be responsible for performing duties as required by the Medical Advisory Committee from time to time.

14.9 Other Officers

The duties of any other Officers of the Medical/Professional Staff Association shall be determined by the Medical/Professional Staff Association Executive.

ARTICLE 15 – AMENDMENTS

15.1 Amendments to Medical/Professional Staff By-law

Prior to submitting amendments to this By-law to the approval processes applicable to the Corporation's By-laws, the following procedures shall be followed:

- (a) a notice specifying the proposed By-law or amendments shall be made available for review by the Medical/Professional Staff;
- (b) the Medical/Professional Staff shall be given the opportunity of not less than thirty (30) days to comment on the proposed amendment(s); and
- (c) the Medical Advisory Committee may make recommendations to the Board concerning the proposed amendment.

15.2 Repeal and Restatement

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