
Professional Staff By-law
Southlake Regional Health Centre

June 2019

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Professional Staff By-law**Southlake Regional Health Centre**

A By-law relating to the transaction of the business and affairs of Southlake Regional Health Centre Professional Staff.

Be it enacted as a By-law of the Corporation as follows:

Article 1 – Interpretation**1.1 Definitions**

In this By-law and all other By-laws of the Corporation, unless the context otherwise requires:

- (a) “**Admitting Privileges**” means the privileges granted to members of the Professional Staff related to the admission of in-patients, registration of out-patients, and the diagnosis, assessment and treatment of in-patients in the Hospital.
- (b) “**Board**” means the Board of Directors of the Corporation.
- (c) “**Board Policy Manual**” means the written policies and procedures adopted by the Board concerning Board governance of the Corporation, as amended from time to time.
- (d) “**Certification**” means the holding of a certificate in a medical, surgical, dental, midwifery, extended nursing class specialty issued by a professional body recognized by the Board after consultation with the Medical Advisory Committee.
- (e) “**Chair**” means the Chair of the Board.
- (f) “**Chair of the Medical Advisory Committee**” means a physician member of the Professional Staff appointed to serve as Chair of the Medical Advisory Committee.
- (g) “**Chief Executive Officer**” means the President and Chief Executive Officer of the Corporation, and the administrator of the Hospital for the purposes of the *Public Hospitals Act*.
- (h) “**Chief of Department**” means a member of the Professional Staff appointed by the Board to be responsible for the professional standards and quality of care rendered by the members of that department at the Hospital.
- (i) “**Chief Nursing Officer**” means the senior nurse employed by the Hospital who reports directly to the Chief Executive Officer and is responsible for nursing services provided in the Hospital.
- (j) “**Chief of Staff**” means a physician member of the Professional Staff appointed by

the Board to serve as Chief of Staff in accordance with the regulations under the *Public Hospitals Act*.

- (k) “**Corporation**” means Southlake Regional Health Centre.
- (l) “**Credentials Committee**” means the committee established by the Medical Advisory Committee to review applications for appointment and reappointment to the Professional Staff and to make recommendations to the Medical Advisory Committee and if no such committee is established, it shall mean the Medical Advisory Committee;
- (m) “**Dental Staff**” means those Dentists appointed by the Board to attend or perform dental services for patients in the Hospital.
- (n) “**Dentist**” means a dental practitioner in good standing with the Royal College of Dental Surgeons of Ontario.
- (o) “**Department**” or “**department**” means an organizational unit of the Medical Staff to which members with a similar field of practice have been assigned.
- (p) “**Director**” means a member of the Board.
- (q) “**Division**” or “**division**” means an organizational unit of a Department.
- (r) “*Ex officio*” means membership “by virtue of office” and includes all rights, responsibilities and power to vote, unless otherwise specified.
- (s) “**Extended Class Nursing Staff**” means those Registered Nurses in the Extended Class who are:
 - (i) nurses that are employed by the Hospital and are authorized to diagnose, prescribe for or treat out-patients in the Hospital (not applicable to this By-law); and
 - (ii) nurses who are not employed by the Hospital and to whom the Board has granted privileges to diagnose, prescribe for or treat out-patients in the Hospital (incorporated into this By-law as members of the Professional Staff).
- (t) “**Head of a Division**” means the member of the Professional Staff appointed to be in charge of one of the organized divisions of a Department.
- (u) “**Hospital**” means the public hospital (Southlake Regional Health Centre) operated by the Corporation.
- (v) “**Medical Advisory Committee**” means the Medical Advisory Committee established by the Board as required by the *Public Hospitals Act*.

- (w) “**Medical Staff**” means those Physicians to whom the Board has granted Privileges to treat patients in the Hospital.
- (x) “**Midwife**” means a midwife in good standing with the College of Midwives of Ontario.
- (y) “**Midwifery Staff**” means those Midwives to whom the Board has granted privileges to practice Midwifery in the Hospital.
- (z) “**Patient**” means any in-patient or out-patient of the Hospital.
- (aa) “**Physician**” means a medical practitioner in good standing with the College of Physicians and Surgeons of Ontario.
- (bb) “**Policies**” means any administrative, human resources, clinical and professional policies of the Hospital and includes policies and procedures adopted by the Board from time to time including those policies adopted by the Board.
- (cc) “**Position Impact Analysis**” means a study to determine the impact upon the resources of the Corporation of the proposed appointment of an applicant for appointment to the Professional Staff or an application by a member of the Professional Staff or additional privileges.
- (dd) “**Privileges**” means those rights or entitlements conferred upon a Physician, Dentist, Midwife or Extended Class Nurse at the time of appointment or re-appointment to the Professional Staff of the Hospital.
- (ee) “**Professional Staff**” means Physician, Dentist, Midwife and Extended Class Nursing Staff appointed by the Board and who are granted privileges to practice in the Hospital.
- (ff) “**Professional Staff Human Resources Plan**” means the plan developed for each Department and Division.
- (gg) “**Professional Staff By-law**” means this By-law.
- (hh) “**Program Leadership**” consists of the Vice-President of the Program, Chief of Staff, Physician Leader and Director of the Program.
- (ii) “**Public Hospitals Act**” means the Public Hospitals Act (Ontario), and, where the context requires, includes the regulations made under it and any statute that may be substituted therefore, as amended from time to time.
- (jj) “**Registered Nurse in the Extended Class**” means a member in good standing of the College of Nurses of Ontario who is a registered nurse and holds an extended certificate of registration under the *Nursing Act, 1991*.

- (kk) “**Professional Staff Rules and Regulations**” means the rules and regulations governing the practice of the Professional Staff in the Hospital both generally and within a particular Department, and includes rules and regulations which have been approved by the Board after considering the recommendation of the Medical Advisory Committee.
- (ll) “**Supervisor**” means a physician, dentist, midwife, or registered nurse in the extended class, as the case may be, who is assigned the responsibility to oversee the work of another physician, dentist, midwife or registered nurse in the extended class respectively, unless otherwise provide for in this By-law.

1.2 Interpretation

In this By-law and in all other By-laws of the Corporation, unless the context otherwise requires, words importing the singular number include the plural number and vice versa; and words importing one gender include all genders.

1.3 Repeal and Replacement of By-laws

This By-law repeals and replaces in its entirety the By-laws of the Professional Staff previously enacted with respect to the Professional Staff.

Article 2 – Professional Staff

2.1 Purpose of the Organization

The purpose of the Professional Staff organization, in addition to fulfilling the responsibilities established by the laws of Ontario and this By-law, is:

- (a) to provide a structure whereby the members of the Professional Staff participate in the Hospital’s planning, policy setting, and decision making;
- (b) to serve as a quality assurance system for medical care rendered to patients by the Hospital’s Professional Staff and to ensure the continuing improvement of the quality of medical care; and
- (c) to provide a structure and process to ensure that all patients receive medical care.

2.2 Appointment and Revocation

- (a) The Board, after considering the recommendations of the Medical Advisory Committee, shall appoint a Professional Staff annually consisting of Medical, Dental, Midwifery, and non-employed members of the Extended Class Nursing Staff and shall grant such privileges as is deemed appropriate to each member of the Professional Staff so appointed.
- (b) It is the policy of the Hospital that unless there is a vacancy in the Professional

Staff component, or unless the Board deems it advisable to expand a particular medical service in the Hospital, and has the required resources for that particular service, there will be no further appointments to the Hospital's Professional Staff.

- (c) The Board shall establish from time to time criteria for appointment of the Professional Staff after considering the advice of the Medical Advisory Committee.
- (d) Notwithstanding the other requirements of this By-law, a person who is not a health care professional may be honoured by appointment to the Honourary Staff.
- (e) The Board may, at any time, make, revoke or suspend any appointment to the Professional Staff or restrict the privileges of any member of the Professional Staff in accordance with the provisions of this By-Law and the *Public Hospitals Act*.

2.3 Application for Appointment

- (a) An application for appointment to the Professional Staff shall be processed in accordance with the provisions of the Public Hospitals Act, and in accordance with the Regulations thereunder and this By-law.
- (b) On request, the Chief Executive Officer or delegate shall supply a copy of, or provide information on how to access a form of the application and strategic plan of the Corporation, the By-Laws, and the Staff Rules and Regulations and appropriate Policies and Rules of the Hospital, to each Physician, Dentist, Midwife or Registered Nurse in the Extended Class who expresses in writing the intention to apply for appointment to the Professional Staff.
- (c) A completed application for appointment to the Professional Staff shall be submitted to the Chief Executive Officer or delegate, one (1) original publication in the prescribed form.
- (d) Each Professional Staff completed application shall contain:
 - (i) signed consents to enable the Hospital to make inquiries of the applicable regulatory college, other hospitals, institutions, and facilities where the applicant has previously provided services or received medical training to allow the Hospital to:
 - (A) fully investigate the qualifications and suitability of the applicant;
 - (B) know of any action taken by a disciplinary or fitness to practice committee; and
 - (C) investigate if privileges have been curtailed or cancelled by any medical regulatory body or by another hospital because of incompetence, negligence, incapacity, or any act of professional

misconduct.

- (ii) a statement by the applicant that he or she has read the Public Hospitals Act and the Hospital Management Regulation thereunder and the By-laws and Professional Staff Rules and Regulations of the Hospital;
- (iii) an undertaking that, if he or she is appointed to the Professional Staff of the Hospital, he or she will govern himself or herself in accordance with the requirements set out in the By-laws and Professional Staff Rules and Regulations of the Hospital;
- (iv) evidence of appropriate Professional Practice Liability insurance protection coverage appropriate to the privileges being requested and satisfactory to the Board;
- (v) a list of the privileges which are requested;
- (vi) an up-to-date curriculum vitae;
- (vii) a list and contact information of three (3) appropriate referees, to include:
 - (A) The Chief of the Department of the last institution in which the applicant held an appointment or here trained within the past three (3) years;
 - (B) if enrolled in a graduate training program, the service director or head of the training program; and
 - (C) in the case of a certified specialist, a reference from the Chief of the Department in which training was completed;
- (viii) a current passport-size photograph;
- (ix) information of any previous disciplinary proceeding where there was an adverse finding;
- (x) information of a civil suit where there was a finding of negligence or battery;
- (xi) a current certificate of Professional Conduct or equivalent from the applicable regulatory College of Ontario and consent to the release of information from the Registrar of the College;
- (xii) a current Certificate of Professional Conduct or equivalent from the applicable college of the province in which the candidate has most recently practiced, if outside Ontario;

- (xiii) for Extended Class Nursing Staff, in place of a Certificate of Professional Conduct:
- (A) the applicant must hold a current, valid Annual Registration Payment Card as a registered nurse in the extended class with the College of Nurses of Ontario (CNO); and
 - (B) have a letter of good standing from the College of Nurses of Ontario or their most recent licensing body.
- (e) Prior to consideration of an application for appointment, each Associate Staff applicant shall visit the Hospital for an interview with appropriate members of the Professional Staff, the Chief of Staff and/or the Chief Executive Officer or his or her delegate. Members requesting Associate Staff privileges in the Department of Family and Community Medicine are not required to visit the Hospital for an interview.
- (f) The Chief Executive Officer or delegate shall retain a copy of the application and shall refer the original application immediately to the Medical Advisory Committee through its Chair who shall keep a record of each application received and then refer the original application forthwith to the Chair of the Credentials Committee.
- (g) All applicants for specialist medical staff shall provide proof of current general certificate in the Royal College of Physicians & Surgeons (Canada) and in the area of their sub-specialty (if they are being appointed as a specialist in that area), or agree as a criterion for appointment, to obtain such sub-specialty membership within eighteen (18) months of appointment.
- (h) The Credentials Committee shall:
- (i) review all material in the application;
 - (ii) receive the recommendation from the Chief of the relevant Department;
 - (iii) ensure all required information has been provided;
 - (iv) investigate the professional competence;
 - (v) verify the qualifications of the applicant;
 - (vi) consider whether the qualifications and criteria required are met; and
 - (vii) submit a report as to its assessment and recommendation to the Medical Advisory Committee at its next regularly scheduled meeting;
 - (viii) the Credentials Committee may delegate the responsibilities above to the

Medical Advisory Committee.

- (i) Each application shall be received, reviewed and considered by the Medical Advisory Committee with reference to the Professional Staff Human Resources Plan and Position Impact Analysis.
- (j) The Medical Advisory Committee shall send, within sixty (60) days of the date of receipt by the Chief Executive Officer, or delegate, of a completed application, notice of recommendation to the Board and the applicant, in accordance with the *Public Hospitals Act*.
- (k) Despite section 2.3(j) above, the Medical Advisory Committee may make its recommendation later than sixty (60) days after the date of application, if prior to the expiry of the sixty (60) day period, it indicates in writing to the Board and the applicant that a final recommendation cannot yet be made and gives written reasons therefore.
- (l) The Hospital and the Medical Advisory Committee shall deal with the application in accordance with the Public Hospitals Act and the procedure set out in Article 9 of this By-law.
- (m) Where the Medical Advisory Committee recommends appointment, it shall specify the category of appointment and the specific privileges it recommends the applicant be granted.
- (n) Where the Medical Advisory committee does not recommend appointment or where the recommended appointment or privileges differ from those requested, the Medical Advisory Committee shall inform the applicant that he or she is entitled to:
 - (i) written reasons for the recommendation if a request is received by the Medical Advisory Committee within seven (7) days of the receipt by the applicant of notice of the recommendation; and
 - (ii) a hearing before the Board if a written request is received by the Board and the Medical Advisory Committee within seven (7) days of receipt by the applicant of the written reasons referred to above.
- (o) Where the applicant does not request a hearing by the Board, the Board may implement the recommendation of the Medical Advisory Committee.
- (p) Where the applicant requests a hearing by the Board, the Board may implement the recommendation of the Medical Advisory Committee.
- (q) The Board shall consider the Medical Advisory Committee recommendation within the time frame specified by the *Public Hospitals Act*.

- (r) The Board, in determining whether to make any appointment or reappointment to the Professional Staff or approve any request for a change in privilege shall take into account the recommendations of Medical Advisory Committee and such other considerations, it, in its discretion, considers relevant including, but not limited to, the Professional Staff Human Resources Plan, Impact Analyses, strategic plan and the Corporation's ability to operate within its resources.

2.4 Criteria for Appointment

- (a) Only applicants who meet the qualifications and satisfy the criteria set out in this By-Law are eligible to be a member of, and appointed to, the Professional Staff of the Corporation.
- (b) The applicant to the Professional Staff must meet the following criteria:
 - (i) hold a Certificate of Registration with the applicable regulatory College of Ontario;
 - (ii) a current Certificate of Professional Conduct from the applicable regulatory College of Ontario or the equivalent certificate/letter of conduct from his or her most recent licensing body;
 - (iii) demonstrated ability to provide patient care at an appropriate level of quality and efficiency;
 - (iv) a demonstrated ability to communicate with, and relate to, all members of the Professional Staff and Hospital Staff in a cooperative, collegial and professional manner;
 - (v) a demonstrated ability to communicate with, and relate appropriate to, patients and patients' relatives and/or substitute decision-makers;
 - (vi) a willingness to participate in the discharge of staff obligations, committee participation, teaching responsibilities and other duties as appropriate to the staff category in the department;
 - (vii) meet an appropriate standard of ethical conduct and behavior;
 - (viii) adequate training and experience for the privileges requested;
 - (ix) evidence of professional practice liability coverage appropriate to the scope and nature of the intended practice;
 - (x) have maintained the level of continuing professional education required by the applicable regulatory College;
 - (xi) have up-to-date evidence of inoculations, screenings and tests as may be

- required by the occupational health and safety policies and practices of the Hospital, the *Public Hospitals Act* or other legislation;
- (xii) a report on, among other things, the experience, competence and reputation of the applicant from the Chief of Staff, Chief of Department, or other such persons as is appropriate to contact, in the hospitals, institutions and facilities in which the applicant trained or held an appointment; and
 - (xiii) in the case of a certified specialist, a report from the Chief of Department in which training was completed, and/or a report from the Chief of the Department in which he or she last practiced.
- (c) The applicant must agree to govern himself or herself in accordance with the requirements set out in this By-Law, the Professional Staff Rules and Regulations of the Hospital and the Hospital policies.
 - (d) The applicant must indicate to the Credentials Committee adequate control of any significant physical or behavioural impairment that affects skill, attitude or judgment that might impact negatively on patient care or the operations of the Corporation.
 - (e) There is a demonstrated need for the services in the community.
 - (f) All Professional Staff appointments (excluding the exceptions below) will require a Position Impact Analysis to be conducted demonstrating that the hospital has the adequate resources to accommodate the applicant and that the applicant meets the needs of the respective Department as described in the Professional Staff Human Resources Plan.
 - (g) The following Professional Staff do not require a Position Impact Analysis to be conducted prior to initiating recruitment; Family Physicians, Emergency Physicians, Anesthesiologists and Radiologists (unless these specialists intend to bring a new service to the Hospital) and Extended Class Nurses.
 - (h) In addition to any other provisions of the By-law, the Board may refuse to appoint any applicant to the Professional Staff on any of the following grounds:
 - (i) The appointment is not consistent with the need for service, as determined by the Board from time to time;
 - (ii) The Professional Staff Human Resources plan and/or the Position Impact Analysis of the Corporation and/or the department does not demonstrate sufficient resources to accommodate the applicant; or
 - (iii) The appointment is not consistent with the strategic plan of the Corporation.

2.5 Term of Appointment

Each appointment to the Professional Staff shall be for one (1) year, but shall continue in effect until the Board has made appointments for the ensuing year.

2.6 Application for Re-Appointment and Performance Review

- (a) Upon recommendation by the Medical Advisory Committee, the Board shall establish and approve a process for the annual performance review of each member of the Professional Staff.
- (b) Each year, each member of the Professional Staff desiring re-appointment to the Professional Staff shall make an application for re-appointment in the prescribed format to a group of the Professional Staff of the Hospital before the date specified by the Medical Advisory Committee.
- (c) Where a member of the Professional Staff has applied for re-appointment, the Chief of Department through and in consultation with the Division Head, shall conduct a review of the applicant's performance for the past year in accordance with the prescribed process as established in section 2.6 (a), and shall report to the Medical Advisory Committee in respect of the applicant's performance for the past year.
- (d) The applicants for re-appointment to a group of the Professional Staff of the Hospital shall be processed in accordance in the same manner as set out in Section 2.4.
- (e) Each application for re-appointment to the Professional Staff shall contain the following information:
 - (i) confirmation of the undertakings and acknowledgements requested as part of an application for appointment or as required by the Professional Staff Rules and Regulations from time to time;
 - (ii) declaration that all information on file at the Hospital from the applicant's most recent application is up to date, accurate and unamended as of the date of the current application, or a description of all material changes to the information on file or any additional qualifications acquired since the previous application;
 - (iii) information regarding any completed disciplinary or malpractice proceedings, restriction in privileges or suspensions during the past year;
 - (iv) a report from the Chief of the relevant Department or Departments in accordance with a performance evaluation process approved by the Board, the Chief's recommendation with respect to re-appointment with the Hospital;

- (v) the category of appointment requested and a request for either the continuation of, or any change in existing privileges;
- (vi) if requested, a current Certificate of Professional Conduct or equivalent from the appropriate college or licensing body;
- (vii) Other information that the Board may require, respecting competence, capacity and conduct, having given consideration to the recommendation of the Medical Advisory Committee; and
- (viii) Requests for additional privileges are to follow the process in changes of privileges as identified in this By-Law.

2.7 Criteria for Re-Appointment

- (a) In order to be eligible for re-appointment, the applicant shall:
 - (i) continue to meet the criteria set out in Section 2.4;
 - (ii) have conducted himself or herself in compliance with this By- Law, the Hospital's values, Professional Staff Rules and Regulations, and Policies; and
 - (iii) have demonstrated an appropriate use of Hospital resources in accordance with the Professional Staff Human Resources Plan and the Professional Staff Rules and Regulations and Policies of the Corporation.

2.8 Refusal to Re-Appoint

- (a) Pursuant to the *Public Hospitals Act* and in accordance with the Regulations thereunder, the Board may refuse to re-appoint a member of the Professional Staff.
- (b) Where a member has applied under Section 2.6 for re- appointment, his or her appointment shall be deemed to continue,
 - (i) until the re-appointment is granted; or
 - (ii) where he or she is served with notice that the Board refuses to grant the re-appointment, until the time for giving notice requiring a hearing by the Health Professions Appeal and review Board has expired and, where a hearing is required, until the decision of the Health Professions Appeal and Review Board has become final.

2.9 Application for Change of Privileges

- (a) Where a member of the Professional Staff wishes to change his or her privileges, the member shall submit, in the prescribed form, to the Chief Executive Officer or delegate, a listing of the change of privileges being requested and shall submit evidence of appropriate training and competence in respect of the privileges being requested, and such other matters as the Board may require.
- (b) The request for change in privileges shall be referred to the Medical Advisory Committee through the Chief of Staff or delegate, who shall keep a copy of each request received and shall then refer the original to the Chair of the Credentials Committee and the Chief of the relevant Department.
- (c) The Credentials Committee shall:
 - (i) review all the material in the request for change of privilege;
 - (ii) receive the recommendation for the change from the Chief of the relevant Department.
 - (iii) ensure all required information has been provided;
 - (iv) investigate the professional competence;
 - (v) verify the qualifications of the applicant for the privileges being requested;
 - (vi) consider whether the qualifications and criteria required are met;
 - (vii) submit a report as to its assessment and recommendation to the Medical Advisory Committee at its next regularly scheduled meeting; and
 - (viii) submit a report containing a list of privileges, if any, that it recommends that the applicant be granted;
 - (ix) the Credentials Committee may delegate the responsibility above to the Medical Advisory Committee.
- (d) An application for a change in privileges made by a member of Professional Staff shall be processed in the same manner as set out in Section 2.3.

2.10 Mid-Term Action

- (a) Pursuant to the *Public Hospitals Act* and the Regulations thereunder and in accordance with this By-Law, the Board at any time may revoke or suspend any appointment of a member of the Professional Staff or dismiss, suspend, restrict or otherwise deal with, the privileges of the member.
- (b) Mid-term action in respect of the Professional Staff, shall be processed in accordance with, and in the same manner provided in section 9.2 of this By-law.

Article 3 – Professional Staff Categories

3.1 Groups

The Professional Staff shall be divided into the following groups:

- (a) Active;
- (b) Associate;
- (c) Community;
- (d) Courtesy;
 - (i) Physicians, Dentists, and Midwives
 - (ii) Extended Class Nurses
- (e) Temporary;
- (f) Locum Tenens;
- (g) Honourary; and
- (h) Legacy

3.2 Active Staff

- (a) The Active Staff shall consist of those Physicians, Dentists, and Midwives appointed to the Active Staff by the Board, following successful completion of a probationary period of at least one (1) year or who the Board, on the recommendation of the Medical Advisory Committee, appoints directly to the Active Staff.
- (b) A physician, dentist, or midwife with an Active Staff appointment at another hospital, may be appointed to the Associate or Active Staff at Southlake if the following criteria are met:
 - (i) the applicant is compliant with the Hospital's By-laws for Active/Associate Staff appointments at Southlake
 - (ii) the applicant is compliant with the Professional Staff Rules and Regulations for the requirements of Active or Associate Staff at Southlake
 - (iii) the applicant is compliant with the responsibilities of the Department-

- specific and or Division-specific Rules and Regulations including call responsibilities of Associate and Active Staff members at Southlake
- (iv) the dual appointment is considered to be beneficial to the Hospital and to the applicant
 - (v) the applicant agrees that if for any reason the Medical Advisory Committee and the Board are of the opinion that the dual Active/Associate status is not beneficial or is detrimental to the Hospital, then the member would be given three (3) months written notice to resign his/her Active/Associate status at the other hospital or to change the Hospital appointment to Courtesy status.
 - (c) Each member of the Active Staff is responsible for ensuring that medical care is provided to his or her patients in the Hospital.
 - (d) All Active Staff shall have admitting privileges unless otherwise specified in their appointment to the Professional Staff.
 - (e) Each member of the Active Staff shall:
 - (i) undertake such duties in respect of those patients classed as emergency cases as may be specified by the Chief of Staff or by the Chief of the Department or by the Division Head to which the member has been assigned;
 - (ii) attend patients, and undertake treatment and operative procedures only in accordance with the kind and degree of privileges granted by the Board;
 - (iii) act as a supervisor of other members of the Professional Staff when requested by either the Chief of Staff, Chief of Department/Division Head or delegate to which they have been assigned, for the diagnosing, prescribing for or treating out-patients, as and when requested by the Chief of Staff or the Chief of Department;
 - (iv) be responsible to the Chief of the Department or Division Head to which they have been assigned for all aspects of patient care;
 - (v) fulfill on-call requirements as may be established by each Department or Division in accordance with the Professional Staff Human Resources Plan and the Professional Staff Rules and Regulations;
 - (vi) if a Physician, be entitled to attend and vote at meetings of the Medical Staff and be eligible to be an elected or appointed officer of the Medical Staff; and
 - (vii) if a Dentist or Midwife, be entitled to attend meetings of the Medical Staff but shall not have a vote or be eligible to hold an elected or appointed office of the Medical Staff.

3.3 Associate Staff

- (a) 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.
- (b) Each member of the Associate Staff shall have admitting privileges unless otherwise specified in the appointment.
- (c) An Associate Staff member shall work for a probationary period under the supervision of an Active Staff member named by the Chief of Staff on the recommendation of the Chief of the Department to which the Associate Staff member has been assigned.
- (d) A supervisor shall carry out the duties in accordance with the Professional Staff Rules and Regulations of the Hospital.
- (e) At six (6) month intervals following the appointment of an Associate Staff member, the Active Staff member by whom the Associate Staff member has been supervised shall complete an interim review of performance and shall make a written report to the Chief of Staff or delegate, concerning:
 - (i) the knowledge and skill that has been shown by the Associate Staff member;
 - (ii) the nature and quality of his or her work in the Corporation; and
 - (iii) his or her performance and compliance with criteria set out in the above criteria in section 2.4 for Professional Staff appointments.
- (f) After a minimum of one (1) year, the appointment of the Associate Staff shall be reviewed by the Credentials Committee who shall report to the Medical Advisory Committee.
- (g) The Medical Advisory Committee may recommend that the physician be appointed to the Active Staff or may require the Associate Staff member to be subject to a further probationary period but not longer than an additional twelve (12) months.
- (h) The Chief of Department, upon the request of an Associate staff member or a supervisor, may assign the Associate staff member to a different supervisor for a further probationary period.
- (i) At any time an unfavourable report may cause the Medical Advisory Committee to consider making a recommendation to the Board that the appointment of the Associate Staff member be terminated.

- (j) No member of the Associate Staff shall be appointed to the Associate Staff for more than twenty-four (24) consecutive months unless with special Medical Advisory Committee and Board approval.
- (k) An Associate Staff member shall:
 - (i) attend patients and undertake treatment and operative procedures under supervision in accordance with the kind and degree of privileges granted by the Board on the recommendation of Medical Advisory Committee;
 - (ii) undertake such duties in respect of those patient classed as emergency cases as may be specified by the Chief of Staff or by the Chief of the Department or by the Division head to which the physician has been assigned; and
 - (iii) fulfill such on-call requirements as may be established by each Department or Division in accordance with the Medical Staff Human Resources Plan and the Staff Rules and Regulations and Policies.
- (l) If a Physician, be entitled to attend and vote at Medical Staff Meetings but shall not be eligible to be an elected or appointed officer of the Medical Staff.
- (m) If a Dentist or Midwife, be entitled to attend Medical Staff meetings but shall not have a vote at Medical Staff meetings and shall not be eligible to hold an elected or appointed office to the Medical Staff.

3.4 Community Staff

- (a) The Board may grant a physician an appointment to the Community Staff category of the Hospital to physicians in the catchment area who wish to have access to select Hospital services, but who do not wish to have an active involvement with in-patient care.
- (b) Each member of the Community Staff shall:
 - (i) provide appropriate and timely information on their patients referred to the Hospital and to the Medical Staff;
 - (ii) practice in accordance with all applicable rules and regulations, Hospital By-laws, policies and procedures; and
 - (iii) pay annual dues to the Medical Staff Association at a rate set by the Association.
- (c) Each member of the Community Staff may:
 - (i) visit their patients in the Hospital;

- (ii) view their patients' health records while in the Hospital;
- (iii) note their visit in the patient record to document their involvement, and make any suggestions to the treating team based on their knowledge of the patient;
- (iv) attend Medical Staff Association meetings and functions;
- (v) have access to electronic medical records;
- (vi) attend Continuing Medical Education activities;
- (vii) be members of committees other than the standing committees of the Medical Advisory Committee; and
- (viii) not hold a position on the Medical Staff Association Executive.

3.5 Courtesy Staff

(a) Courtesy – Physicians, Dentists, and Midwives

The Courtesy Staff shall consist of Physicians, Dentists, and Midwives appointed by the Board to the Courtesy Staff if one of the following criteria is met:

- (i) the applicant has an Active Staff appointment at another hospital;
 - (ii) the applicant has a primary commitment to, or contractual relationship with another community or medical organization (e.g., Public Health, Private Hospital, Mental Health Facility);
 - (iii) the applicant, having served as a member of the Active Staff of Southlake for a period of ten (10) years or more, whose primary clinical practice or clinical commitment in the community has closed and who wishes to continue to provide supportive care to former patients and/or participate in surgical assists or other related work as may be specifically approved by the Medical Advisory Committee;
 - (iv) in special circumstances, where the appointment of a physician, dentist, or midwife is deemed to be of significant benefit or meets a specific service need of the Hospital; or
 - (v) the Board deems it otherwise advisable and in the best interests of the Corporation.
- (b) Members of the Courtesy Staff under section 3.5(a) shall:
- (i) have limited privileges as granted by the Board on an individual basis;

- (ii) privileges to admit patients shall only be granted under specified circumstances (i.e., to provide on-call coverage to a service);
- (iii) attend patients and undertake treatment and procedures only in accordance with the kind and degree of privileges granted by the Board;
- (iv) be responsible to the Division Head and Chief of the Department to which they have been assigned for all aspects of patient care;
- (v) attend Medical Staff Association and Departmental meetings as non-voting members, but unless the Board so requires, shall not be subject to the attendance requirements and penalties as provided by this By-law and the Professional Staff Rules and Regulations;
- (vi) not have the right to vote at Medical Staff Association, Departmental, or Divisional meetings;
- (vii) not hold an elected or appointed office of the Medical Staff; and
- (viii) be eligible for appointment to a Committee of the Medical Staff.

(c) Courtesy Staff – Extended Class Nurses

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

- (d) Each member of the Courtesy Staff – Extended Class Nurses shall:
- (i) register out-patients in the Hospital for purposes of diagnosing, prescribing for or treating out-patients in the Hospital;
 - (ii) notify the Chief Executive Officer or delegate of any changes in the class of registration from the College of Nurses of Ontario;
 - (iii) provide such instruction as is required for the education of other members of the Courtesy Staff – Extended Class Nurses;
 - (iv) abide by the Staff Rules and Regulations of the hospital, this By-law, the *Public Hospitals Act*;
 - (v) be accountable to and recognize the authority of the Board through the:
 - (A) Chief of Staff and the Medical Advisory Committee;
 - (B) Chief of Family & Community Medicine;

- (C) Program Medical Director; and
- (D) Chief Executive Officer; and
- (vi) perform duties as may be prescribed from time to time by, or under the authority of the Board, the Medical Advisory Committee; or the Chief of Staff.
- (e) Each new Extended Class Nurse shall be appointed for an initial probationary period of one (1) year.
- (f) Prior to completion of the one (1) year probationary period, a performance evaluation for the Extended Class Nurse shall be completed by the Chief of the Department, or delegate, concerning the knowledge and skill that has been shown by the Extended Class Nurse, the nature and quality of his or her work and his or her performance.
- (g) The performance report shall be forwarded to the Credentials Committee for review and recommendation to the medical Advisory Committee, which, in turn, will make a recommendation to the Board to remove the probationary restriction of the Extended Class Nurse as the conditions of the probation have been met.
- (h) Extended Class Nurses may attend Medical Staff Association and Departmental meetings as non-voting members, but shall not be subject to the attendance requirements and penalties as provided by this By-law and the Professional Staff Rules and Regulations.
- (i) Extended Class Nurses shall not hold an elected or appointed office of the Medical Staff.
- (j) Extended Class Nurses shall be eligible for appointment as a member of a Committee of the Medical Staff.

3.6 Temporary Staff

- (a) A Temporary Staff appointment of a physician, dentist, midwife, or extended class nurse may be made for any reason including:
 - (i) to meet a specific singular requirement by providing a consultation and/or operative procedure;
 - (ii) to meet an urgent unexpected need for a Professional Staff service; or
 - (iii) to supervise or preceptor the practice of Professional Staff members in a new technique or procedure.
- (b) A Temporary Staff member shall not have admitting privileges unless specific

approval is granted at the time of the appointment.

- (c) Notwithstanding any other provision in this By-law, the Chief Executive Officer, after consultation with the Chief of Staff or his or her delegate, may:
 - (i) grant a temporary appointment to a physician, dentist, midwife, or extended class nurse who is not a member of the Professional Staff provided that such appointment shall not extend beyond the date of the next meeting of the Medical Advisory Committee at which time the action taken shall be reported;
 - (ii) continue the temporary appointment on the recommendation of the Medical Advisory Committee until the next meeting of the Board;
 - (iii) the temporary appointment shall specify the category of appointment and any limitations, restrictions, or special requirements; and
 - (iv) if the term of the temporary appointment has been completed before the next Board meeting, the appointment shall be reported to the Board.

3.7 Locum Tenens Staff

- (a) The Medical Advisory Committee may recommend to the Board the appointment of a Locum Tenens of a physician, dentist, or midwife in order to meet specific clinical needs including a planned replacement for a defined period of time, to fill a vacancy for an approved position during the recruitment period; or to provide occasional coverage to our Professional Staff.
- (b) The appointment of a physician, dentist, or midwife as a member of the Locum Staff may be up to one (1) year subject to renewal for a further period of up to one (1) additional year. The Board, having considered the recommendation of the Medical Advisory Committee, may permit renewal beyond two (2) years in exceptional circumstances.
- (c) A Locum Tenens shall:
 - (i) have admitting privileges unless otherwise specified in their appointment;
 - (ii) work under the supervision of a member of the Active Staff member who has been assigned this responsibility by the Chief of Department and/or Division Head or his/her delegate;
 - (iii) attend patients assigned to his or her care by the Active Staff member by whom he or she is supervised, and shall treat them within the privileges granted by the Board on the recommendation of the Medical Advisory Committee; and

- (iv) undertake such duties in respect of those patients classed as emergency cases as may be specified by the Chief of Staff or by the Chief of the Department or by the Division Head to which the physician has been assigned.
- (d) Locum Staff may attend but not vote at Medical Staff Association meetings or be elected or appointed to any office of the Medical Staff.
- (e) Locum Staff may not be appointed to an administrative or clinical leadership position at the Hospital
- (f) Locum Staff may attend divisional and department meetings but are not eligible to vote.

3.8 Honourary Staff

- (a) An individual may be honoured by the Board by being designated as a member of the Honourary Staff of the Corporation, for such a term as the Board deems appropriate because he or she:
 - (i) is a former member of the Professional Staff who has retired from Active practice or has provided 20 years of service to the Corporation; and
 - (ii) has contributed to the hospital and has an outstanding reputation of made an extraordinary contribution to the hospital.
- (b) Each member of the Honourary Staff shall be appointed by the Board on the recommendation of Medical Advisory Committee.
- (c) Membership on the Honourary Staff is not restricted to physicians or to residents of the Hospital's immediate catchment area.
- (d) Members of the Honourary Staff:
 - (i) shall not have admitting or treatment privileges;
 - (ii) shall not have regularly assigned clinical, academic, or administrative dues or responsibilities;
 - (iii) may attend, but shall not vote at Medical Staff meeting;
 - (iv) shall not be eligible to hold elected or appointed offices in the Medical Staff; and
 - (v) shall not be bound by attendance requirements for Medical Staff meetings.

3.9 Legacy Staff

- (1) A member of the Professional Staff may be appointed to the Legacy Staff by the Board when:
 - a. The member of the Professional Staff has retired from Active Practice and has been a long-standing member of the Professional Staff for 30 years.
 - b. The member requests to maintain an affiliation with the Hospital after dedicating his/her career to providing care to the local community
- (2) Members of the Legacy Staff:
 - a. Shall not have admitting or treatment privileges;
 - b. Shall not have assigned clinical, academic or administrative duties or responsibilities;
 - c. May attend, but shall not vote at Medical Staff Association meetings
 - d. Shall not be eligible to hold elected or appointed offices in the Medical Staff; and
 - e. Shall not be bound by attendance requirements for Medical Staff meetings.

3.10 Leave of Absence

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

in this By-Law.

3.11 Professional Staff Human Resources Plan

- (a) Each Department shall develop a Professional Staff Human Resources Plan in accordance with the Hospital Strategic Plan. The Plan shall be developed by the Chief of the Department, after receiving and considering the input of the members of the Professional Staff in the Department and shall be approved by the Board. Each Department's Plan shall include:
 - (i) the required number and expertise of the Professional Staff;
 - (ii) reasonable on-call requirements for members of the Professional Staff of the Department;
 - (iii) a process for equitably distributing changes of resources to the members of the Professional Staff within the Department;
 - (iv) a process for making decisions with respect to changes in the Department and/or Division resources; and
 - (v) a dispute resolution process regarding decisions made under subsection above.

Article 4 – Professional Staff Duties

4.1 Duties of the Professional Staff

- (a) Each member of the Professional Staff is accountable to and shall recognize the authority of the Board through and with their Chief of Department, the Chief of Staff, the Program Physician Leader, and the Chief Executive Officer.
- (b) Each member of the Professional Staff shall:
 - (i) attend and treat patients within the limits of the privileges granted by the Board, unless the privileges are otherwise restricted;
 - (ii) notify the Chief Executive Officer of any change in the Certificate of Registration with the applicable regulatory College of Ontario;
 - (iii) forthwith advise the Chief of Staff of the completion of any College disciplinary proceedings, proceedings to restrict or suspend privileges at other hospitals, or malpractice actions;
 - (iv) give such instruction as is required for the education of other members of the Professional Staff and Hospital staff;

- (v) abide by the Professional Staff Rules and Regulations, this By-law, the *Public Hospitals Act* and the Regulations thereunder and all other legislated requirements;
 - (vi) abide by the conflict of interest guidelines as set out in the Professional Staff Rules and Regulations; and
 - (vii) co-operate with and respect the authority of the:
 - (A) Chief of Staff and the Medical Advisory Committee;
 - (B) Chiefs of Department;
 - (C) Division Heads (as applicable);
 - (D) Chief Executive Officer;
 - (E) Physician Leader; and
 - (F) Medical Director or Lead (as applicable);
 - (viii) perform such other duties as may be prescribed from time to time by, or under the authority of the Board, the Medical Advisory Committee, or the Chief of Staff; and
 - (ix) enter in each patient's health record, within thirty-six (36) hours, a description of every medical treatment, assessment, procedure, and operation which he/she has performed.
- (c) Attendance requirements at the Professional Staff, Departmental, Division, and Committee meetings shall be specified in the Professional Staff Rules and Regulations.
- (d) Each member of the Professional Staff shall provide written communication to the Division Head and/or Chief of Department and Chief of Staff of any restrictions to their Professional license that may impact on their Hospital privileges.

4.2 Chief of Staff

- (a) The Board will ensure that provision is made for continuity of leadership for the Corporation.
- (b) Membership of the Selection Committee shall include:
 - (i) Chair of Board or his/her delegate who shall be chair;

- (ii) three members of the Medical Advisory Committee, one of whom will be the President of Medical Staff Association or his/her delegate from the Medical Staff Executive;
 - (iii) Chief Nursing Officer;
 - (iv) the Chief Executive Officer or his/her delegate from Senior Administration;
 - (v) one other Physician member of the Active Staff as the Chair deems advisable; and
 - (vi) other members of the Board as the Chair deems advisable;
- (c) The Selection Committee may, at its discretion, select a search firm to assist with the process.
 - (d) The Selection Committee will interview a short list of candidates and recommend to the Board its' candidate of choice.
 - (e) Subject to annual confirmation by the Board, an appointment made under subsection 4.2(a) shall be for a term of five (5) years; however, the Chief of Staff shall hold office until a successor is appointed.
 - (f) The maximum number of terms under subsection 4.2(e) shall be two, provided, however, that following a break in the continuous service of at least one (1) year, the same person may be re-appointed.
 - (g) The Board, at any time, may revoke or suspend the appointment of the Chief of Staff.
 - (h) If a new Chief of Staff has not been appointed before the departure of the current Chief of Staff, the current Chief of Staff may hold office until a successor is appointed or an interim appointment may be made at the discretion of the Board.

4.3 Chief of Staff Unexpected Sudden Vacancy

The Chief of Staff will identify to the Medical Advisory Committee and to the Board in writing at the beginning of each fiscal year which member of the Medical Staff is recommended to fill the role of interim Chief of Staff, if a sudden vacancy occurs. The appointment of an interim Chief of Staff will be subject to Board approval.

4.4 Duties of Chief of Staff

The Board delegates responsibility and authority to the Chief of Staff for the supervision and

practice of medicine, dentistry, midwifery, and non-employee extended class nurses in the Corporation.

The Chief of Staff shall:

- (a) be accountable to the Board;
- (b) organize the Professional Staff to ensure that the quality of the medical, dental, midwifery, and extended class nursing care given to all patients of the Hospital is in accordance with policies established by the Board;
- (c) chair the Medical Advisory Committee;
- (d) advise the Medical Advisory Committee and the Board with respect to the quality of medical, dental, midwifery, and extended class nursing diagnosis, care and treatment provided to the patients of the Hospital;
- (e) report regularly to the Board and Medical Staff about the activities, recommendations, and actions of the Medical Advisory Committee and any other matters about which they should have knowledge;
- (f) assign, or delegate the assignment of a member of the medical, dental, midwifery, or extended class nursing staff to:
 - (i) supervise the practice of medicine of any other member of the Professional Staff, as appropriate, for any period of time; and
 - (ii) make a written report to the Chief of the appropriate department;
- (g) assign, or delegate the assignment of a member of the Professional Staff to discuss in detail with any other member of the Professional Staff, as appropriate, any matter which is of concern to the Chief of Staff and to report the discussion to the Chief of the appropriate department;
- (h) in consultation with the Chief Executive Office, designate an alternate to act during an absence;
- (i) supervise the professional care provided by all members of the Professional Staff;
- (j) be responsible to the Board through and with the Chief Executive Officer for the appropriate utilization of resources by all members and departments;
- (k) report to the Medical Advisory Committee on activities of the Hospital including the utilization of resources and quality assurance;
- (l) participate in the development of the Hospital's strategic plan;

- (m) work with the Medical Advisory Committee to plan the Professional Staff Human Resource needs of the Hospital in accordance with the Hospital's strategic plan;
- (n) participate in Hospital resource allocation decisions;
- (o) ensure a process for the regular review of the performance of the Chiefs of Department;
- (p) assure there is a process for participation in continuing professional education;
- (q) receive and review recommendations from Chiefs of Department regarding changes in privileges;
- (r) receive and make written recommendations regarding the performance evaluations of the Chiefs of Department concerning their own annual re-appointments. Ensure that the evaluations and recommendations are forwarded to the Credentials Committee. The Credentials Committee shall review and make written recommendations to the medical Advisory Committee;
- (s) advise the Professional Staff on current Hospital policies, objectives, and Staff Rules and Regulations; and
- (t) delegate appropriate responsibility to the Chiefs of Department.

4.5 Chief of Staff Performance Management and Evaluation

The Chief of Staff is subject to annual re-appointment by the Board. As such, any consideration of re-appointment will be subject to a performance evaluation in accordance with the Board Policy Manual.

4.6 Chief of Staff Compensation

The Board is responsible for establishing a fair compensation package for the position of Chief of Staff in accordance with the Board Policy Manual.

4.7 Monitoring Aberrant Practices

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

4.8 Viewing Therapeutic Actions, Operations, or Procedures

Any therapeutic action, operation or procedure performed in the Hospital may be viewed without

the permission of the physician by:

- (a) the Chief of Staff or delegate;
- (b) the Chief of the Department or delegate;
- (c) the Program Physician Leader; or
- (d) as applicable, the Head of Division of Dentistry, Head Midwife, or supervisor of the Extended Class Nursing members of any department.

4.9 Transfer of Responsibility

- (a) Pursuant to the Hospital Management Regulation, whenever the responsibility for the care of a patient of a member of the Professional Staff is transferred to another member of the Professional Staff, a written notation by the Professional Staff member who is transferring the care over to another shall be made and signed on the patient's medical record and the name of the Professional Staff member assuming the responsibility shall be noted in the patient's medical record and the Professional Staff member assuming the responsibility shall be notified immediately. This rule does not refer to on-call coverage. In exceptional circumstances such as an acute illness of the attending member, a verbal order for transfer of care will be accepted with the understanding that such order will be signed at the earliest possible opportunity.
- (b) Pursuant to the *Public Hospitals Act*, where the Chief of Staff or the Chief of a Department or Division Head has cause to take over the care of a patient, the Chief Executive Officer, the attending member, the Program Physician Leader, and the patient shall be notified as soon as possible or, in the case where the patient is mentally incompetent, the patient's substitute decision maker, shall be notified as soon as possible.

4.10 Consultations

The Medical Advisory Committee and the Chief of Staff shall ensure that Professional Staff Rules and Regulations to govern consultations are established.

Article 5 – Administrative Organization

5.1 Professional Staff Departments and Division

- (a) When warranted by the resources of the Professional Staff, the Board, on the advice of Medical Advisory Committee may divide the Professional Staff into departments and programs, which shall include:

- (i) Anaesthesiology;
- (ii) Complex Medical Rehabilitation;
- (iii) Diagnostic Imaging;
- (iv) Emergency Medicine;
- (v) Family & Community Medicine (includes Extended Class Nurse Practitioners);
- (vi) Laboratory Medicine;
- (vii) Medicine;
- (viii) Obstetrics & Gynaecology (includes Midwifery);
- (ix) Paediatrics;
- (x) Psychiatry;
- (xi) Surgery (includes Dentistry); and

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

- (b) When warranted by the resources of the department, and after considering recommendations of the Chief of the Department, the Board, on the advice of Medical Advisory Committee may divide the departments into divisions.
- (c) Whenever a separate department or program is established, physicians and where appropriate, dentists and midwives and registered nurses in the extended class and patients related to such a department or program shall come under the jurisdiction of that department or program.
- (d) Each Professional Staff member will be appointed to a minimum of one (1) of the Departments. A member of a department may have extended privileges granted by the Board, after considering recommendations of the Medical Advisory Committee in one or more of the other departments according to training and experience.
- (e) In any department in which a member is granted privileges the Professional Staff Rules and Regulations of that department shall prevail.
- (f) The Board, after considering the advice of the Medical Advisory Committee, may at any time establish or disband departments or programs of the Professional Staff.

- (g) When divisions are established under a department, the Board, after considering recommendations of the Chief of the Department and on the advice of Medical Advisory Committee, shall appoint a head for each division who shall be responsible to the Chief of the Department for the quality of medical care rendered to patients in that division.

5.2 Department Chief

- (a) The Board, after considering the recommendation of the Professional Staff, shall appoint as Chief of each department a physician from that department who is on the Active Staff. Where the Department Chief has been recruited as a new member of the Professional Staff, the Department Chief can be a member of the Associate Staff. In the event that, within the Department, there is no available candidate or no candidate acceptable to the Medical Advisory Committee and the Board, the Medical Advisory Committee may recommend, and the Board may appoint, with consultation from the Department, any member of the Active Staff as Interim Department Chief.
- (b) Process as outlined in the Professional Staff Rules and Regulations will be followed for the appointment of Chief of Department.
- (c) The appointment of a Department Chief will be:
 - (i) for the academic year (July 1 – June 30);
 - (ii) appointed annually and renewal will be dependent upon satisfactory performance;
 - (iii) for a term of five (5) years;
 - (iv) continue to hold office until a successor is appointed;
 - (v) in the event that no successor is identified at the 5-year term, the current Department Chief may be appointed for a second 5-year term; and
 - (vi) for a maximum of ten (10) consecutive years.

5.3 Duties of the Chief of Department

The Chief of Department shall:

- (a) through and with the Chief of Staff and in communication with the Physician Leader, supervise the professional care provided by all members of the Professional Staff, with respect to diagnosing, prescribing for or treating in and out-patients in the Hospital in the department;
- (b) participate through and with the Physician Leader, Vice- President, Director, and

Manager of the Program in the orientation of new members of the Professional Staff appointed to the department;

- (c) participate and promote implementation of a Quality Assurance Program in the department, and cooperate with the Physician Leader, Vice-President, Director, and Manager of the program to ensure that it is integrated with program-wide quality assurance measures;
- (d) meet within a reasonable period of time after appointment with the members of the Professional Staff assigned to the department and direct the organization of such staff so as to give optimum care to all patients admitted to the department;
- (e) advise the Medical Advisory Committee through and with the Chief of Staff, and in communication with the Physician Leader, Vice-President, and Director of the program with respect to the quality of care, diagnosis and treatment being provided by members of the Professional Staff to the in-patients and out-patients of the department;
- (f) advise the Chief of Staff and the Physician Leader, Vice- President, and the Chief Executive Officer of any patient who is not receiving appropriate treatment and care;
- (g) be responsible to the Chief of Staff through and with the Chief Executive Officer for the appropriate utilization of the resources allocated to the department;
- (h) report to the Medical Advisory Committee, in cooperation with the Program Physician Leader and to the department on activities of the department including utilization of resources and quality assurance;
- (i) make recommendations to the Medical Advisory Committee, through and with input from the Physician Leader, Vice- President, and Director of the program regarding the Professional Staff Human Resource needs of the department in accordance with the Hospital's strategic plan following consultation with Professional Staff of the department, the Chief of Staff and, where appropriate, Division Heads and Medical Directors;
- (j) participate through and with the Physician Leader, Vice- President, and Director of the program, in the development of the department's strategic plan;
- (k) participate through and with the Physician Leader, Vice- President, and Director of the program in department resource allocation decisions;
- (l) review or cause to be reviewed in communication with the Physician Leader the privileges granted members of the department including members of the Professional Staff for the purpose of making recommendations for changes in the kind and degree of such privileges;

- (m) review and make written recommendations regarding the performance evaluations of members of the department in communication with the Physician Leader, including members of the Professional Staff annually and concerning re-appointments and these recommendations shall be forwarded to the Medical Advisory Committee;
- (n) be a member of the Medical Advisory Committee;
- (o) establish a process for continuing professional education related to the department through and with the Program Leadership;
- (p) advise the members of the department, including members of the dental, midwifery, and extended class nursing staff regarding current Hospital and departmental policies, objectives, and Professional Staff Rules and Regulations.
- (q) hold regular meetings with the staff of the department and, where appropriate, with the Heads of Divisions within the department, and Program Leadership;
- (r) notify the Chief of Staff and the Chief Executive Officer of his or her absence, and designate an alternate from within the department; and
- (s) delegate appropriate responsibility to the Heads of the Division within the department, and in communication with the Program Leadership; and
- (t) perform additional duties as may be outlined in the Chief of Department position description approved by the Board or as set out in the Professional Staff Rules and Regulations or as assigned by the Board, the Chief of Staff, the Medical Advisory Committee, or Chief Executive Officer from time to time.

5.4 Deputy Chiefs of Departments

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

5.5 Divisions in a Department

- (a) When warranted by the resources of the department, the Board, on the advice of the Medical Advisory Committee, after considering the recommendation of the Chief of Department, and the Program Leadership, may subdivide the department into divisions.
- (b) When divisions are established under a Department, the Board, after considering the recommendations of the Department and on the advice of the Medical

Advisory Committee, after considering the recommendation of the Chief of the Department, and the Program Leadership, shall appoint a Division Head for each Division who shall be responsible to the Chief of the Department for the quality of Professional care, rendered to patients in that Division . In the event that, within the Division, there is no available candidate or no candidate acceptable to the Medical Advisory Committee and the Board, the Chief of Department may recommend, and the Board may appoint, with consultation from the Division, any member of the Department as Interim Division Head.

- (c) Members of the Division will follow the selection process as outlined in the Professional Staff Rules & Regulations for appointment of the Division Head.
- (d) The appointment of a Division Head will be:
 - (i) for the academic year (July 1 – June 30);
 - (ii) appointed annually with renewal dependent upon satisfactory performance;
 - (iii) for a term of five (5) years;
 - (iv) continue to hold office until a successor is appointed;
 - (v) in the event that no successor is identified at the end of the five (5) year term, the current Division Head may be appointed for a second 5-year term; and
 - (vi) for a maximum of ten (10) consecutive years.

5.6 Duties of Head of a Division

The Head of each Division shall:

- (a) through and with the Chief of Department supervise the medical care provided by all members in the Division;
- (b) participate in the orientation of new members of the Professional Staff appointed to the Division;
- (c) meet within a reasonable period of time after appointment with the members assigned to the department and direct the organization of such staff so as to give optimum care to all patients admitted or under the care of members of the Division;
- (d) advise the Chief of Department with respect to the quality of diagnosis, care and treatment provided to the in-patients and out-patients of the Division;
- (e) advise the Chief of Department of any patient who is not receiving appropriate

- treatment and care;
- (f) be responsible to the Chief of Department for the appropriate utilization of resources allocated to the Division;
 - (g) report to the Chief of Department on activities of the Division including utilization of resources and quality assurance;
 - (h) make recommendations to the Chief of Department regarding the Division's Human Resources needs in accordance with the Hospital's strategic plan following consultation with members of the Division;
 - (i) participate in the development of the Division's and the Department's strategic plan;
 - (j) participate in divisional and departmental resource allocation decisions;
 - (k) review or caused to be reviewed with the Chief of Department the privileges granted members of the division for the purpose of making recommendations for changes in the kind and degree of such privileges;
 - (l) establish a process for continuing Medical Education related to the Division;
 - (m) advise the members of the Division regarding the current Hospital and departmental policies, objectives, and Professional Staff Rules and Regulations;
 - (n) hold regular meetings with the staff of the Division, and also meet regularly with the Chief of Department and the Heads of other Divisions within that Department;
 - (o) notify the Chief of Department of his or her absence, designate an alternate from within the Division;
 - (p) ensure that an appropriate and adequate call system, consistent with Hospital rules and regulations, legal requirements and any restrictions, is in place;
 - (q) ensure that minutes of meetings of the Division are kept and circulated to all members of the Division and the Chief of Department and
 - (r) the position of Head Midwife is appointed upon the recommendation of the Chief of Obstetrics and Gynaecology and the Chief of Paediatrics, shall supervise the care provided by all members of the Midwifery Staff and shall be responsible to the Chief of Obstetrics and the Chief of Paediatrics for the quality of care rendered to patients by members of the Midwifery Staff.

5.7 Physician Leaders of Programs

- (a) Physician Leaders (Physician Directors for Programs, Clinical Services, and Non-Clinical Services) are appointed by Hospital Administration, consistent with the selection process as outlined under the Professional Staff Rules and Regulations.
- (b) The appointment for Physician Leaders will be for a term of five (5) years (renewable yearly based on satisfactory performance). Additional renewals are limited to one 5-year term. The maximum number of consecutive years a Physician Leader can hold office will be ten (10) years.

5.8 Duties of Physician Leaders

The responsibilities and expectations of Physician Leaders are outlined in the Position Guide, in the appropriate section of the Professional Staff Rules and Regulations.

5.9 Medical Directors

Medical Directors are physicians appointed to direct and be responsible for the management of a clinical service within the program. The Medical Director will be accountable to the Physician Leader and through the Physician Leader, accountable to the Vice-President of the Program.

Article 6 – Meetings

6.1 Meetings of the Medical Staff Association

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

6.2 Notice of Annual Meeting

An electronic notice of each annual meeting shall be distributed by the Secretary of the Medical Staff Association at least fourteen (14) days before meeting.

6.3 Notice of Regular Meetings

An electronic notice of each regular meeting shall be distributed by the Secretary of the Medical Staff Association at least fourteen (14) days before the meeting.

6.4 Special Meetings

- (a) The President of the Medical Staff Association may call a special meeting.
- (b) Special meetings shall be called by the President of the Medical Staff Association on the written or electronic request of any twenty (20) members of the Active Staff or a Department.

- (c) Notice of such special meetings shall be as required for a regular meeting, except in cases of emergency, and shall state the nature of the business for which the special meeting is called.
- (d) The usual period of time required for giving notice of any special meeting shall be waived in cases of emergency, subject to ratification of this action by the majority of those members present and voting at the special meeting, as the first item of business at that meeting.
- (e) Notices of special meetings shall state the nature of the business for which the special meeting is called.

6.5 Quorum

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

6.6 Voting Members at Medical Staff Association Meetings

- (a) Active and Associate physician members of the Professional Staff are eligible to vote.
- (b) Members of the dental, midwifery, and extended class nurses may attend Medical Staff Association meetings but are not eligible to vote.

6.7 Order of Business

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

6.8 Attendance at Regular Staff Meetings

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

6.9 Department and Division Meetings

- (a) Professional Staff in each department and division of the Hospital shall hold meetings at a frequency which is adequate and sufficient to address both the internal and external business of the department and/or division and in accordance with the Medical Advisory Committee direction.
- (b) Minutes shall be kept of each departmental meeting and shall be forwarded to the Medical Advisory Committee within thirty (30) days of the meeting date.
- (c) The minute of the meeting shall be recorded, and distributed to all members.

6.10 Attendance at Department and Division Meetings

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

Article 7 – Medical Staff Executive Elections

Officers of the Medical Staff Executive shall be deemed to satisfy the requirements of the *Public Hospitals Act* with respect to officers of the Medical Staff. For greater certainty, the President, Vice-President, and Secretary of the Medical Staff Association shall be deemed to the President, Vice-President, and Secretary of the Medical Staff.

7.1 Eligibility for Office

- (a) Only Physician members of the Active staff may be elected/appointed to the Medical Staff Executive.
- (b) Notwithstanding subsection 7.1(a), members of the Associate or Active Medical Staff may be appointed by the Board/Hospital Administration or the Medical Advisory Committee to administrative roles and responsibilities, following the selection/election process as outlined in this By-law and/or Professional Staff Rules and Regulations.

7.2 Election Procedure

- (a) A Nominating Committee shall be appointed by the Medical Staff Association at each annual meeting and shall consist of three (3) members of the Medical Staff.
- (b) At least twenty (21) days before the annual meeting of the Medical Staff, its Nominating Committee shall circulate electronically or post in the Medical Staff lounge or and/or conspicuous locations, a list of the names of those who are nominated for the offices of the Medical Staff Executive, which are to be filled by election in accordance with this By-law and the regulations under the *Public Hospitals Act*.
- (c) Any further nominations shall be made in writing to the secretary of the Medical Staff Executive up to seven (7) days before the annual meeting of the Medical Staff Association after the posting of the names referred to in subsection 7.2(b).
- (d) Further nominations referred to in subsection 7.2(c) shall be signed by two (2) members of the Medical Staff who are entitled to vote and the nominee shall have signified in writing on the nomination acceptance of the nomination. Such nominations shall then be posted alongside the current posted list.

7.3 Duties of the President of the Medical Staff Association

The President of the Medical Staff Association shall:

- (a) be a non-voting member of the Board as a Director, fulfill his or her fiduciary duties to the Hospital by making decisions in the best interest of the Hospital;
- (b) be a member of the Medical Advisory Committee;
- (c) report to the Medical Advisory Committee and the Board on any issues raised by the Medical Staff;
- (d) be accountable to the Professional Staff and advocate fair process in the treatment of individual members of the Professional Staff;
- (e) preside at all meetings of the Medical Staff Association;
- (f) call special meetings of the Medical Staff Association;
- (g) be a member of such other committee as may be deemed appropriate by the Board;
- (h) chair the Credentials Committee;
- (i) be a member of the Board Committee on Quality (BCQ);
- (j) be a member of the Professional Staff By-laws Committee; and
- (k) act as a liaison between the Professional Staff, the Chief Executive Officer and the Board with respect to matters concerning the Professional Staff.

7.4 Duties of the Vice-President of the Medical Staff Association

The Vice-President of the Medical Staff Association shall:

- (a) act in the place of the President of the Medical Staff Association, perform his/her duties and possess his/her powers, in the absence or disability of the President of the Medical Staff Association;
- (b) perform such duties as the President of the Medical Staff Association may delegate to him or her;
- (c) be a member of the Medical Advisory Committee;
- (d) be a member of the Health Records Committee;
- (e) be a non-voting member of the Board and as a Director, fulfill his or her fiduciary duties to the Hospital by making decisions in the best interest of the Hospital; and

- (f) be an ex officio member of the Finance Committee of the Board.

7.5 Duties of the Secretary of the Medical Staff Association

The Secretary of the Medical Staff Association shall:

- (a) perform the duties of the Medical Staff Association Secretary as set out in the Hospital management regulations under the *Public Hospitals Act*;
- (b) perform such duties as set out in these Professional Staff By-laws and as the President of the Medical Staff may delegate;
- (c) be a member of the Medical Advisory Committee;
- (d) be a member of the Quality Utilization Review Committee (QURM)
- (e) attend to the correspondence of the Medical Staff;
- (f) give notice of Medical Staff Association meetings by posting and/or electronically circulating a written notice of regular, annual, and special meetings fourteen (14) days prior to the meeting;
- (g) ensure that minutes are kept of Medical Staff Association meetings;
- (h) perform the duties of the Treasurer for Medical Staff Association funds and be accountable, therefore, when a Treasurer of the Medical Staff Association has not been elected;
- (i) when acting as Treasurer, maintain the funds and financial records of the Medical Staff Association and provide a financial report at the annual meeting of the Medical Staff Association;
- (j) when acting as Treasurer, disburse funds at the direction of the Medical Staff, as determined by a majority vote of the Medical Staff members entitled to vote who are present and vote at a Medical Staff Association meeting;
- (k) act in the place of the Vice-President of the Medical Staff Association, performing his/her duties and possessing his/her powers in the absence or disability of the Vice-President;
- (l) ensure that a record of the attendance at each meeting of the Medical Staff Association is made;
- (m) receive the record of attendance for each meeting of each department of the Medical Staff; and
- (n) make the attendance records available to the Medical Advisory Committee.

7.6 Duties of the Treasurer of the Medical Staff Association

- (a) The Medical Staff may elect annually a Treasurer who shall keep the funds of the Medical Staff in a safe manner and be accountable therefore.
- (b) The Treasurer shall disburse Medical Staff Association funds at the direction of the Medical Staff as determined by a majority vote of the Medical Staff members present and entitled to vote at a Medical Staff Association meeting.

7.7 Duties of the Past President

The Immediate Past President of the Medical Staff Association shall be an ex officio member of the Medical Staff Executive, Chair the Professional Staff By-laws Committee, and be a member of other committees as may be requested by the President of the Medical Staff Association.

Article 8 – Medical Advisory Committee

8.1 Membership of Medical Advisory Committee

- (a) The Medical Advisory Committee shall consist of the following voting members:
 - (i) Chief of Staff, who shall be the Chair;
 - (ii) Chiefs of Departments;
 - (iii) Physician Leaders (Clinical & Non-Clinical Programs);
 - (iv) President of the Medical Staff Association;
 - (v) Vice-President of the Medical Staff Association; and
 - (vi) Secretary/Treasurer of the Medical Staff Association.
- (b) The following will be non-voting members of the Medical Advisory Committee:
 - (i) Chief Executive Officer;
 - (ii) Chief Operating Officer;
 - (iii) Chief Nursing Officer;
 - (iv) Vice-President(s) of Clinical Programs;

- (v) Chair, Medical Education Council; and
- (vi) Executive Assistant to the Chief of Staff who shall record the minutes.
- (c) The Head of Dentistry and Head Midwife are entitled to attend but not vote at meetings of the Medical Advisory Committee.
- (d) Division Heads (excluding Dentistry), Medical Directors, and Extended Class Nurse Practitioners will not attend meetings of the Medical Advisory Committee but will report through their respective Department Chief and/or Physician Leader to the Medical Advisory Committee.
- (e) Other members may be invited to some or all of the Medical Advisory Committee meetings as requested through the Chair and approved by the Medical Advisory Committee.

8.2 Duties of the Medical Advisory Committee

- (a) The purpose of the Medical Advisory Committee is to act in an advisory capacity to the Board.
- (b) The Medical Advisory Committee shall:
 - (i) in association with the clinical Departments and Programs, ensure that the professionally recognized standards of medical care are maintained;
 - (ii) report and make recommendations to the Board concerning such matters as prescribed by the *Public Hospitals Act* and by the Hospital management regulation;
 - (iii) provide supervision and decide direction of practice of medicine, dentistry and midwifery in the Hospital;
 - (iv) receive and consider the reports of the Credentials Committee and, in the case of a recommendation for appointment, specify the privileges which it recommends the applicant be granted. In considering a recommendation for appointment, the Medical Advisory Committee shall review the need of the Hospital for such an appointment and the impact such an appointment would have on available Hospital and community resources;
 - (v) participate directly in the development of the Hospital's overall objectives and planning by making recommendations concerning Professional Staff manpower planning and utilization of Hospital resources;
 - (vi) appoint the Professional Staff members of all committees established by the Medical Advisory Committee:

- (A) appoint such committees as are required for the supervision, review and analysis of all the clinical work in the Hospital;
 - (B) upon recommendation of the President of Medical Staff Association, name the Chair of each of the committees it appoints and ensure that each meets and functions as required and keeps minutes of its meetings; and
 - (C) receive, consider and act upon the report from each of its appointed committees.
- (vii) through the Chief of Staff, inform the Professional Staff at each regular meeting of the Medical Staff Association of any business transacted by the Medical Advisory Committee and refer to the medical staff such items as, in the opinion of the Medical Advisory Committee, require discussion and approval of the medical staff as a whole;
 - (viii) advise and cooperate with the Board and the Chief Executive Officer in all the matters pertaining to professional, clinical, quality assurance, and technical services provided by the Professional Staff;
 - (ix) make recommendations to the Board concerning the Professional Staff By-laws and Professional Staff Rules and Regulations;
 - (x) make recommendations to the Board on the revocation, suspension or restrictions of privileges of any member of the Professional Staff;
 - (xi) where the Medical Advisory Committee identifies system or recurring quality of care issues in making its recommendations to the Board, make recommendations about those issues to the Hospital's quality committee established under the *Excellent Care for All Act*; and
 - (xii) advise the Board on any matters referred to it by the Board.
- (c) A quorum at any meeting of the Medical Advisory Committee shall be a majority of the voting members.
 - (d) The Medical Advisory Committee shall meet at the call of the Chair and have at least ten (10) monthly meetings each year and keep minutes of these meetings, which shall be distributed to all members.
 - (e) In the proceeding of this committee, if there is an equality/tie of votes among the members, then the motion is defeated.

8.3 Rules & Regulations and Policies & Procedures

- (a) The Board, after consulting with the Medical Staff 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 the members of the Professional Staff.

- (b) The Board, after considering the recommendation of the Medical Advisory Committee, may adopt policies and procedures applicable to Professional Staff, including policies and procedures that are consistent with Professional Staff Rules and Regulations and support the implementation of Professional Staff Rules and Regulations.
- (c) The Board may establish, modify, or revoke one or more Staff Rules and Regulations.
- (d) The Medical Advisory Committee may make recommendations to the Board for the establishment of one or more Professional Staff Rules and Regulations to be applicable to a group or category of the Professional Staff; to a specific department/division of the Professional Staff.
- (e) The Medical Advisory Committee shall ensure that, prior to making any recommendations to the Board with respect to a rule, the members of the Professional Staff, or a specific department/division, when appropriate, have an opportunity to comment on the proposed recommendations.
- (f) The President of the Medical Staff Association shall ensure that the Board is informed when a majority vote of the Medical Staff at any properly constituted meeting of the Medical Staff Association is opposed to a rule or rule change proposed by the Medical Advisory Committee.

8.4 Committee Reports

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

8.5 Executive Committee of the Medical Advisory Committee

- (a) In the event that a quorum of the Medical Advisory Committee is not available within an appropriate time frame, the Executive Committee of the Medical

Advisory Committee shall meet. The Executive Committee shall consist of:

- (i) Chief of Staff, who shall be chair;
 - (ii) President of the Medical Staff Association;
 - (iii) Chief of the Department of Medicine;
 - (iv) Chief of the Department of Surgery; and
 - (v) not more than two other Chiefs of Department.
- (b) The Chief Executive Officer and the Chief Nursing Officer shall be invited to attend meetings of the Executive Committee of the Medical Advisory Committee, but shall not have a vote.

8.6 Committees of the Medical Advisory Committee

Establishment of Committees of the Medical Advisory Committee:

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

8.7 Committees Established by the Medical Advisory Committee and the Board

- (a) Professional Staff By-laws Committee;
- (b) Credentials Committee;
- (c) Quality Utilization Review Committee (QURM)
 - (i) Drugs & Therapeutics Committee;
 - (ii) Health Record Committee;
 - (iii) Infection Prevention and Control Committee; and

- (iv) Laboratory Services Committee.

8.8 Standing Committees Established by/with Medical Advisory Committee

- (a) Ambulatory Procedures Unit;
- (b) Emergency Services Committee;
- (c) Critical Care Committee (once established);
- (d) Medical Education Council;
- (e) Psychiatric Services Committee;
- (f) Research Ethics Board;
- (g) Surgical Services Management Committee (includes reports from):
 - (i) OR Resources Utilization Management; and
 - (ii) Surgical Quality of Care Committee (SQCC);
- (h) Program Committees (MAC reviews reports from):
 - (i) Cancer Care Program;
 - (ii) Cardiac Care Program;
 - (iii) Child & Adolescent Mental Health Program;
 - (iv) Emergency Medicine Program;
 - (v) Maternal Child Program.

8.9 Appointment to Medical Staff Committees

Pursuant to the Hospital Management Regulation, the Medical Advisory Committee shall appoint the members of all Medical Staff Committees provided for in this By-law. Other members of Medical Staff Committees shall be appointed by the Board or in accordance with this By-law.

8.10 Medical Staff Committee Duties

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

- (a) meet as directed by the Medical Advisory Committee; and

- (b) present a written report including any recommendations from each meeting to the next meeting of the Medical Advisory Committee.

8.11 Medical Staff Committee Chair

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

8.12 Medical Staff Committee Chair Duties

A Medical Staff Committee Chair shall:

- (a) chair the Medical Staff committee meetings;
- (b) call meetings of the Medical Staff committee;
- (c) at the request of the Medical Advisory Committee, be present to discuss all or part of any report of the committee, and
- (d) carry out such further and other duties as may be prescribed by the Medical Advisory Committee from time to time.

Article 9 – Medical Advisory Committee and Board Process for Applications, Re- applications, Changes in Privileges and Mid-Term Action

9.1 The Medical Advisory Committee Meeting

- (a) In the case of an application for appointment, re-appointment or change in privileges, within sixty (60) days from the date of the application, the Medical Advisory Committee shall give written notice to the Board and the applicant or member, as the case may be, of its recommendations.
- (b) In the case of midterm action, within fourteen (14) business days from the date of the Medical Advisory Committee, the Medical Advisory Committee shall give written notice to the Board and the member of its recommendation.
- (c) The notice referred to in subsection 9.1(a) and (b)(1) shall:
 - (i) include the written reasons for the recommendation; and
 - (ii) inform the applicant or member, as the case may be, that he or she is entitled to a hearing before the Board if a written request is received by the Board and the Medical Advisory Committee within seven (7) business days of receipt by the applicant or member, as the case may be, of the

written reasons under clause (i).

- (d) The time period to provide written notice required in subsections 9.1(a) or (b) may be extended, if prior to the expiry of the time period, the Medical Advisory Committee gives written notice to the Board and the applicant or member, as the case may be, that the final recommendation cannot yet be made and provides written reasons therefore.
- (e) Service of a notice to the applicant or member may be made personally or by registered mail addressed to the person to be served at his or last known address and, where the notice is served by registered mail, it shall be deemed that that the notice was served on the third day after the day of mailing unless the person to be served establishes that he or she did not, acting in good faith, through absence, accident, illness, or other cause beyond his or her control receive it until a later date.
- (f) Where the applicant or member does not require a hearing by the hospital Board, the Hospital Board may implement the recommendations of the Medical Advisory Committee.
- (g) Where the applicant or member requires a hearing by the Hospital Board, the Hospital Board shall appoint a place and a time for the hearing.
- (h) Where the member continues in his or her duties at the hospital and the Chief of Department believes the member's work should be scrutinized, the applicant or member's work shall be scrutinized in a manner determined by the Chief of the Department.
- (i) If at any time it becomes apparent that the member's conduct, performance or competence is such that it exposes, or is reasonably likely to expose any patient, health care provider, employee or any other person at the Hospital to harm or injury and immediate action must be taken to protect the patients, then the procedures under immediate measures in an emergency situation shall be invoked.
- (j) Where any member of the Professional Staff believes that a member of the Professional Staff is attempting to exceed his or her privileges or is temporarily incapable of providing a service that he or she is about to undertake, the belief shall be communicated immediately to the Chief of Department, Chief of Staff and to the Chief Executive Officer.

9.2 Mid-Term Action

- (a) Preliminary Steps in Mid-Term Review

Criteria for Initiation

- (i) Mid-term action may be initiated wherever the member of the

Professional Staff is alleged to have engaged in, made or exhibited actions, statements, demeanour or professional conduct, either with or outside of the Hospital, and the same exposes, or is reasonably likely to expose patients, health care provider, employee or any other person to harm or injury, or the same is, or is reasonably likely to be, detrimental to patient safety or to the delivery of quality patient care within the Hospital, or the same is, or is reasonable likely to be, detrimental to Hospital operations; or the same is, or is reasonably likely to be, detrimental to Hospital operations; or the same is, or is reasonably likely to constitute abuse; or the same results in the imposition of sanctions by the professional College; or the same is contrary to the By-laws, Policies, Rules, the Professional Staff Rules and Regulations, the *Public Hospitals Act* or the regulations made thereunder or any other relevant law or legislated requirement.

Initiation

- (ii) Where information is provided to the Chief Executive Officer, Chief of Staff, Chief of Department or Division Head which rises concerns about any of the matters in paragraph (i) above, the information shall be submitted in writing and shall be directed to the Chief Executive Officer, Chief of Staff, Chief of Department or Division Head.
- (iii) If either of the Chief Executive Officer, Chief of Staff, Chief of Department or Division Head, receives information about the conduct, performance or competence of a member, he/she shall inform the other individuals immediately.

Initial Interview

- (iv) An interview shall be arranged with the member.
- (v) The member shall be advised of the information about his or her conduct, performance or competence and shall be given a reasonable opportunity to present relevant information on his or her own behalf.
- (vi) A written record shall be maintained reflecting the substance of the interview and copies shall be sent to the member, the Chief Executive Officer, the Chief of Staff and Chief of Department and to the Division Head (if applicable).
- (vii) If the member fails or declines to participate in the interview after being given a reasonable opportunity, the appropriate action may be initiated.

Investigation

- (viii) The Chief of Staff, Chief of Department or Chief Executive Officer shall determine whether a further investigation is necessary.

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

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

- (a) Where it is determined that further action may be required and the matter relates to the dismissal, suspension or restriction of a member's Hospital privileges and/or the quality of medical, dental or midwifery care in the Hospital, the matter shall be referred to the Medical Advisory Committee who shall make a recommendation to the Board.
- (b) All requests for a recommendation for mid-term action must be submitted to the Medical Advisory Committee in writing and supported by reference to the specific activities or conduct which constitutes grounds for the request.
- (c) Where the matter is referred to the Medical Advisory Committee, a copy of any reports made by a body of consultant with respect to the matter shall be forwarded to the Medical Advisory Committee.
- (d) The Medical Advisory Committee may initiate further investigation itself, establish an Ad Hoc Committee to conduct the investigation, refer the matter to an external consultant, dismiss the matter for lack of merit or determine to have a meeting of the Medical Advisory Committee.
- (e) Where the Medical Advisory Committee establishes an Ad Hoc Committee to conduct the investigation or refers the matter to an external consultant, that individual or body shall forward a written report of the investigation to the Medical Advisory Committee as soon as practicable after the completion of the investigation.
- (f) Upon completion of its own investigation or upon receipt of the report by the body that conducted the investigation, as the case may be, the Medical Advisory Committee may either dismiss the matter for lack of merit or determine to have a meeting of the Medical Advisory Committee.
- (g) Within twenty-one (21) business days after receipt by the Medical Advisory

Committee of the request for a recommendation for mid- term action, unless deferred, the Medical Advisory Committee shall determine whether a meeting of the Medical Advisory Committee is required to be held.

- (h) 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.
- (i) If the Medical Advisory Committee determines that there is merit to proceed to a Medical Advisory Committee meeting, then the member is entitled to attend the meeting.

9.4 Non-Immediate Mid- Term Action

- (a) At least fourteen (14) business days prior to the Medical Advisory Committee meeting, the member and the Medical Advisory Committee shall be given written notice of the Medical Advisory Committee meeting. The notice shall include:
 - (i) the time and place of the meeting;
 - (ii) the purpose of the meeting;
 - (iii) a statement that the member will be provided with a statement of the matter to be considered by the Medical Advisory Committee together with any relevant documentation;
 - (iv) a statement that the member is entitled to attend the Medical Advisory Committee meeting and to participate fully, to answer all matters considered by the Medical Advisory Committee and to present documents and witnesses;
 - (v) a statement that the parties are entitled to bring legal counsel to the meeting and consult with legal counsel, but that the legal counsel will not be entitled to participate in the meeting; and
 - (vi) a statement that, in the absence of the member, the meeting may proceed.
- (b) The Medical Advisory Committee secretary shall provide the member with a short but comprehensive statement of the matter to be considered by the Medical Advisory Committee, together with any relevant documentation, including any reports and other documentation which will be reviewed at the meeting.
- (c) At the meeting of the Medical Advisory Committee, a record of the proceeding shall be kept in the minutes of the Medical advisory Committee meeting.
- (d) The member involved shall be given full opportunity to answer each ground as well as to present documents and witnesses if so desired.

- (e) Where the Medical Advisory Committee determines that the matter has no merit, this shall be noted in the minutes of the Medical Advisory Committee.
- (f) Where the Medical Advisory Committee determines that the matter has merit, the Medical Advisory Committee shall make a recommendation to the Hospital Board.
- (g) Where the Medical Advisory Committee considers the matter at a Medical Advisory Committee meeting, then the procedures set out herein at Article 9 of this By-law are to be followed.

9.5 Immediate Mid-Term Action in an Emergency Situation

(a) Immediate Steps

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

- (A) exposes, or is reasonably like to expose any patient, health care provider, employee or any other person at the Hospital, to harm or injury;
- (B) or is reasonably likely to be detrimental to patient safety or to the delivery of quality patient care within the Hospital;

and immediate action must be taken to protect patients, health care providers, employees and other person at the Hospital from harm or injury. Immediate notice must be provided to the Chief Executive Officer, or his or her delegate, and pending a Medical Advisory Committee meeting and a hearing by the Hospital Board.

- (ii) Before the Chief Executive Officer or Chief of Staff or Chief of Department or their respective delegate takes action to temporarily suspend privileges, they shall first consult with one of the other of them. If such consultation is not possible or practicable under the circumstances, the person who takes the action to suspend shall provide immediate notice to the others.
- (iii) The person who takes the action specified in section 9.5(a)(ii) above shall immediately notify the member, the Medical Advisory Committee, and the Board of his or her decision to suspend the member's privileges.
- (iv) Arrangements, as necessary, shall be made by the Chief of Staff or Chief of Department with involvement of Division Head as appropriate for the assignment of a substitute physician to care for the patients of the

suspended member.

- (v) Within forty-eight (48) hours of the suspension, the individual who suspended the member shall provide the member and Medical Advisory Committee with written reasons for the suspension and copies of any relevant documents or records.
- (b) The Medical Advisory Committee Meeting
- (i) The Medical Advisory Committee shall set a date for a meeting of the Medical Advisory Committee to be held not more than ten (10) business days from the date of the suspension to review the suspension and to make recommendations to the Hospital Board.
 - (ii) As soon as possible, and in any event, at least forty-eight (48) hours prior to the Medical Advisory Committee meeting, the Medical Advisory Committee shall provide the member with a written notice of:
 - (A) the time and place of the meeting;
 - (B) the purpose of the meeting;
 - (C) a statement of the matter to be considered by the Medical Advisory Committee together with any relevant documentation;
 - (D) a statement that the member is entitled to attend the Medical Advisory Committee meeting and to participate fully, to answer all matters considered by the Medical Advisory Committee and to present documents and witnesses;
 - (E) a statement that the parties are entitled to bring to the meeting and consult with legal counsel, but that the legal counsel will not be entitled to participate in the meeting; and
 - (F) a statement that, in the absence of the member, the meeting may proceed.
 - (iii) That member may request and the Medical Advisory Committee may grant a postponement of the Medical Advisory Committee meeting.
 - (iv) At the meeting of the Medical Advisory Committee, a record of the proceeding shall be kept in the minutes of the Medical Advisory Committee meeting.
 - (v) The staff member shall be given full opportunity to answer each ground as well as to present documents and witnesses if so desired.

- (vi) Before deliberating on the recommendation to be made to the Hospital Board, the Chair shall require the member involved, and any other persons present who are not Medical Advisory Committee members, to retire. The Medical Advisory Committee shall not consider any matter or case to which they did not give the member a fair opportunity to answer.
- (vii) The Medical Advisory Committee shall provide to the member within twenty-four (24) hours of the Medical Advisory Committee meeting written notice of:
 - (A) the Medical Advisory Committee's recommendation and the written reasons for the recommendation; and
 - (B) the member's entitlement to a hearing before the Hospital Board.
- (viii) The Medical Advisory Committee shall provide to the Hospital Board within twenty-four (24) hours of the Medical Advisory Committee meeting written notice of the Medical Advisory Committee's recommendation.

9.6 The Board Hearing

- (a) The Hospital Board names a place and time for the hearing.
- (b) The Hospital Board hearing shall be held within seven (7) business days of the date of receipt by member of the Medical Advisory Committee's recommendation and written reasons.
- (c) The Hospital Board shall provide written notice of the Hospital Board hearing to the member and to the Chair (or substitute) of the Medical Advisory Committee at the earliest possible opportunity and, in any event, at least five (5) business days prior to the date of the hearing.
- (d) The notice of the Hospital Board hearing shall include:
 - (i) the date, time, and place of the hearing;
 - (ii) the purpose of the hearing;
 - (iii) a statement that the member and the Medical Advisory Committee shall be afforded an opportunity to examine prior to the hearing, any written or documentary evidence that will be produced or any report, the contents of which will be given in evidence at the hearing;
 - (iv) a statement that the member may proceed in person or be represented by counsel, and that in his or her absence, the Hospital Board may proceed with the hearing and that the member will not be entitled to any further

- notice of the proceeding;
- (v) a statement that the member may call witnesses and tender documents in evidence in support of his or her case; and
 - (vi) the time for the hearing may be extended by the Hospital Board.
- (e) The parties to the Hospital Board hearing are the member, the Medical Advisory Committee and such other persons as the Hospital Board may specify.
 - (f) The member requiring a hearing before the Hospital Board shall be afforded an opportunity to examine, prior to the hearing, any written or documentary evidence that will be produced, or any report, the contents of which will be given in evidence at the hearing.
 - (g) Members of the Hospital Board holding the hearing shall not have taken part in any investigation or consideration of the subject matter of the hearing before the hearing and shall not communicate directly or indirectly in relation to the subject matter of the hearing with any person or with any party or his or her representative, except upon notice to and an opportunity for all parties to participate.
 - (h) The findings of fact of the Hospital 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*.
 - (i) The Hospital Board shall consider only the reasons of the Medical Advisory Committee that have been given to the member in support of its recommendation. Where through error or inadvertence, certain reasons have been omitted in the statement delivered to the member, the Hospital Board may consider those reasons only if those reasons are given by the Medical Advisory Committee in writing to both the applicant and the Hospital Board and the member is given a reasonable time to review the reasons and to prepare a case to meet those additional reasons.
 - (j) No member of the Hospital Board shall participate in a decision of the Hospital Board pursuant to a hearing unless he or she was present throughout the hearing and heard the evidence and argument of the parties and, except with the consent of the parties, no decision of the Hospital Board shall be given unless all members so present participate in the decision.
 - (k) The Hospital Board shall make a decision to either follow or not follow the recommendation of the Medical Advisory Committee.
 - (l) A written copy of the decision of the Hospital Board and the written reasons for the decision shall be provided to the member and to the Medical Advisory Committee secretary.
 - (m) Service of the notice of the decision and the written reasons to the member may be

made personally or by registered mail addressed to the member at this or her last known address and, where the notice is served by registered mail, it shall be deemed that the notice was served on the third day after the day of mailing unless the person to be served establishes that he or she did not, acting in good faith, through absence, accident, illness, or other cause beyond his or her control, receive it until a later date.

Article 10 – Amendment of By-laws

10.1 Amendment to the Professional Staff By-laws

Prior to submitting amendments to the Professional Staff By-law, and portions of the Corporate By-law, to the approval processes applicable to the amendment of the Corporation's By-laws, the Corporation shall:

- (a) provide notice to the Professional Staff specifying the proposed amendments;
- (b) make the proposed amendments available for review of by the Professional Staff;
- (c) provide the Professional Staff an opportunity to comment on the proposed amendments; and
- (d) allow the Medical Advisory Committee to make recommendations to the Board concerning the proposed amendments.

ENACTED this 19 day of June, 2019
