



**BY-LAW 2022-2**

**Approved by the Board of Directors: October, 2022**

**Approved by the Members of the Corporation: June, 2023**

# TABLE OF CONTENTS

## Contents

Article 1 – Definitions, Interpretation and Delegation of Duties.....	4
1.1 Definitions.....	4
1.2 Interpretation.....	6
1.3 Delegation of Duties.....	6
Article 2 – Professional Staff.....	7
2.1 Purpose of the Professional Staff.....	7
2.2 Consultation with Professional Staff.....	7
Article 3 – Rules and Policies.....	7
3.1 Rules and Policies.....	7
Article 4 – Appointment and Reappointment to Professional Staff.....	8
4.1 Appointment and Revocation.....	8
4.2 Term of Appointment.....	8
4.3 Qualifications and Criteria for Appointment.....	8
4.4 Application for Appointment.....	9
4.5 Procedure for Processing Applications for Appointment.....	10
4.6 Temporary Appointment.....	11
4.7 Reappointment.....	12
4.8 Qualifications and Criteria for Reappointment.....	13
4.9 Application for Change of Privileges.....	13
4.10 Leave of Absence.....	13
4.11 Resignation.....	14
Article 5 – Monitoring, Suspension, and Revocation.....	14
5.1 Monitoring Practices and Transfer of Care.....	14
5.2 Revocation of Appointment or Restriction or Suspension of Privileges.....	15
5.3 Immediate Action.....	15
5.4 Non-Immediate Action.....	16
5.5 Referral to Medical Advisory Committee for Recommendations.....	16
Article 6 – Board Hearing.....	18

6.1 Board Hearing .....	18
Article 7 – Professional Staff Categories and Duties.....	20
7.1 Professional Staff Categories .....	20
7.2 Active Staff .....	20
7.3 Associate Staff.....	21
7.4 Courtesy Staff.....	21
7.5 Consulting Staff .....	22
7.6 Locum Tenens Staff.....	22
7.7 Temporary Staff .....	23
7.8 Extended Class Nursing Staff .....	23
7.9 Duties of Professional Staff.....	24
Article 8 – Departments and Divisions.....	25
8.1 Departments .....	25
8.2 Divisions .....	25
8.3 Changes to Departments and Divisions .....	25
8.4 Department Meetings.....	25
Article 9 – Leadership Positions.....	25
9.1 General.....	25
9.2 Chief of Staff.....	26
9.3 Chiefs of Department.....	27
9.4 Deputy Chiefs of Departments.....	27
9.5 Heads of Division.....	27
Article 10 – Medical Advisory Committee .....	28
10.1 Composition .....	28
10.2 Recommendations .....	28
10.3 Duties and Responsibilities .....	28
10.4 Subcommittees .....	29
10.5 Quorum .....	29
10.6 Meetings .....	30
Article 11 – Rules of the Professional Staff.....	30
11.1 Establishment of and changes to Rules of the Professional Staff.....	30
Article 12 – Professional Staff Meetings.....	30

12.1 Annual, Regular, and Special Meetings.....	30
12.2 Quorum .....	31
12.3 Rules of Order .....	31
12.4 Medical Staff Meetings .....	31
Article 13 – Professional Staff Officers .....	31
13.1 Professional Staff Officers.....	31
13.2 Attendance, Voting, and Holding Office .....	32
13.3 Nominations and Election Process.....	32
13.4 President of the Professional Staff .....	32
13.5 Vice President of the Professional Staff.....	33
13.6 Secretary of the Professional Staff.....	33
13.7 Other Officers.....	33
Article 14 – Amendments .....	33
14.1 Amendments to this By-law.....	33
14.2 Repeal and Restatement.....	34
Schedule A.....	35
1.1 Each Application must contain: .....	35

## Professional Staff By-Law of Campbellford Memorial Hospital

Be it enacted that By-law 2021-1 be cancelled and revoked without prejudice to actions taken thereunder, and that the following By-law be substituted in lieu of the sections of By-law 2021-1 that comprised the Professional Staff By-law of the Corporation:

### Article 1 – Definitions, Interpretation and Delegation of Duties

#### 1.1 Definitions

In this By-law:

- (a) “**Board**” means the board of directors of the Corporation;
- (b) “**By-law**” means this Professional Staff By-law;
- (c) “**business day**” means a day other than a Saturday, Sunday, or a statutory holiday in Ontario;
- (d) “**Chief Executive Officer**” means the president and chief executive officer of the Corporation, who is the ‘administrator’ for the purposes of the *Public Hospitals Act*, and the ‘officer in charge’ for the purposes of the *Mental Health Act*;
- (e) “**Chief Nursing Executive**” means the senior nurse employed by the Corporation, who reports directly to the Chief Executive Officer and is responsible for nursing services provided in the Hospital; the Chief Nursing Officer shall act as the Chief Nursing Executive.
- (f) “**Chief of Department**” means the Professional Staff member appointed by the Board to serve as such in accordance with this By-law;
- (g) “**Chief of Staff**” means the Medical Staff member appointed by the Board to serve as such in accordance with the *Public Hospitals Act* and this By-law;
- (h) “**College**” means, as the case may be, the College of Physicians and Surgeons of Ontario, the Royal College of Dental Surgeons of Ontario, the College of Midwives of Ontario, and/or the College of Nurses of Ontario;
- (i) “**Corporation**” means the Campbellford Memorial Hospital;
- (j) “**Credentials Committee**” means a subcommittee of the Medical Advisory Committee established by the Medical Advisory Committee and tasked with reviewing applications for appointment and reappointment to the Professional Staff, and applications for a change in privileges, and making recommendations to the Medical Advisory Committee on these matters, and if no such subcommittee is established it means the Medical Advisory Committee;
- (k) “**day**”, unless otherwise specified as a business day, means a calendar day;
- (l) “**Dental Staff**” means:
  - (i) oral and maxillofacial surgeons to whom the Board has granted the privilege of diagnosing, prescribing for, or treating Patients in the Hospital; and
  - (ii) Dentists to whom the Board has granted the privilege of attending to Patients in the Hospital.

- (m) “**Dentist**” means a dental practitioner in good standing with the Royal College of Dental Surgeons of Ontario;
- (n) “**Department**” means an organizational unit of the Professional Staff to which members with a similar field of practice have been assigned;
- (o) “**Director**” means a member of the Board.
- (p) “**Division**” means an organizational unit of a Department;
- (q) “**Excellent Care for All Act**” means the *Excellent Care for All Act, 2010* (Ontario) and, where the context requires, includes the regulations made under it, and any statute that may be substituted for it, as amended from time to time;
- (r) “**ex officio**” means membership “by virtue of the office” and includes all rights, responsibilities, and powers to vote, unless otherwise specified;
- (s) “**Extended Class Nursing Staff**” means those Registered Nurses in the Extended Class who are:
- (i) employed by the Corporation and authorized to diagnose, prescribe for, or treat Patients in the Hospital; and
  - (ii) not employed by the Corporation and to whom the Board has granted privileges to diagnose, prescribe for, or treat Patients in the Hospital;
- (t) “**Head of Division**” means the Professional Staff member appointed to be in charge of a Division;
- (u) “**Hospital**” means the public hospital operated by the Corporation;
- (v) “**Impact Analysis**” means a study conducted by the Chief Executive Officer in consultation with the Chief of Staff and the affected Chief(s) of Department to determine the impact upon the resources of the Corporation, including the impact upon the resources of a Department, of a proposed appointment of an applicant to the Professional Staff or an application by a Professional Staff member for additional privileges or a change in membership category;
- (w) “**Medical Advisory Committee**” means the committee established under Article 10;
- (x) “**Medical Staff**” means those Physicians appointed by the Board and granted privileges to practice medicine in the Hospital;
- (y) “**Midwife**” means a midwife in good standing with the College of Midwives of Ontario;
- (z) “**Midwifery Staff**” means those Midwives appointed by the Board and granted privileges to practice midwifery in the Hospital;
- (aa) “**Patient**” means any in-patient or outpatient of the Corporation;
- (bb) “**Physician**” means a medical practitioner in good standing with the College of Physicians and Surgeons of Ontario;
- (cc) “**Policies**” means the administrative, human resources, clinical and professional policies adopted by the Board, the Medical Advisory Committee, or the Chief of Department under Article 2;

(dd) “**Professional Staff**” means those Physicians, Dentists, Midwives, and Registered Nurses in the Extended Class, who are appointed by the Board and granted privileges to practice their profession in the Hospital;

(ee) “**Professional Staff Human Resources Plan**” means the plan developed for each Department that provides information and future projections on the management and appointment of the Professional Staff based on the mission and strategic plan of the Corporation;

(ff) “**Public Hospitals Act**” means the *Public Hospitals Act* (Ontario) and, where the context requires, includes the regulations made under it, and any statute that may be substituted for it, as amended from time to time;

(gg) “**Registered Nurse in the Extended Class**” means a member in good standing with the College of Nurses of Ontario, who is a registered nurse and holds an extended certificate of registration under the *Nursing Act, 1991*; and

(hh) “**Rules**” means the rules adopted by the Board under Article 2.

## 1.2 Interpretation

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

(b) Headings used in this By-law are for reference purposes only and are not to be taken into account in construing the terms or provisions of this By-law, or to be deemed in any way to clarify, modify or explain the effect of such terms or provisions.

## 1.3 Delegation of Duties

(a) Each of the Chief Executive Officer, Chief of Staff, Chief of a Department, or Head of a Division may delegate the performance of any of the duties assigned to them under this By-law to others; however, they shall each remain responsible for the performance of their respective duties.

## Article 2 – Professional Staff

### 2.1 Purpose of the Professional Staff

- (a) The purposes of the Professional Staff organization, in addition to fulfilling the responsibilities established by the laws of the Province of Ontario and these By-Laws, are:
- (i) To ensure the quality of professional care rendered to patients by the Hospital's Professional Staff;
  - (ii) To advise the Board on the processes of maintaining a satisfactory quality of professional care, and wherever possible, improving the quality of professional care, with consideration for the most effective and efficient application and utilization of the available resources;
  - (iii) To encourage and support each member of the Professional Staff in the discharge of their responsibilities;
  - (iv) To provide a mechanism for physician input into the senior levels of decision and policy setting within the Hospital; and
  - (v) To fulfil the responsibilities of the Professional Staff organization as established by the Hospital By-Laws and Rules of the Professional Staff.

### 2.2 Consultation with Professional Staff

- (a) Where the Board or Medical Advisory Committee is required to consult with the Professional Staff under this By-law, it shall be sufficient for the Board or Medical Advisory Committee to receive and consider the input of the Professional Staff officers named in section 13.1(b)).

## Article 3 – Rules and Policies

### 3.1 Rules and Policies

- (a) The Board, after consulting with the Professional Staff and considering the recommendation of the Medical Advisory Committee, may make Rules as it deems necessary, including Rules for Patient care and safety and the conduct of members of the Medical Staff, Dental Staff, Midwifery Staff, and Extended Class Nursing Staff.
- (b) The Board, after consulting with the Professional Staff and considering the recommendation of the Medical Advisory Committee, may adopt Policies applicable to the Medical Staff, Dental Staff, Midwifery Staff, and Extended Class Nursing Staff that are consistent with, and that support the implementation of, the Rules.
- (c) The Medical Advisory Committee, after consulting with the Professional Staff, may make Policies applicable to the Medical Staff, Dental Staff, Midwifery Staff, and Extended Class Nursing Staff that are consistent with this By-law, the Rules, and the Board-approved Policies.
- (d) The Chief of Department, after consulting with the Professional Staff of the Department, may adopt policies and procedures applicable to the Professional Staff of the Department, including policies and procedures that are consistent with, and support the implementation of, the Rules and Policies.

## Article 4 – Appointment and Reappointment to Professional Staff

### 4.1 Appointment and Revocation

- (a) The Board, after considering the recommendations of the Medical Advisory Committee, shall appoint annually a Medical Staff, and may appoint a Dental Staff, Midwifery Staff, and the non-employed members of the Extended Class Nursing Staff, and shall grant such privileges as it deems appropriate to each Professional Staff member so appointed.
- (b) All applications for appointment and reappointment to the Professional Staff shall be processed in accordance with the provisions of this By-law and the *Public Hospitals Act*.
- (c) The Board may, at any time, make or revoke any appointment to the Professional Staff, refuse to reappoint a Professional Staff member, or restrict or suspend the privileges of any Professional Staff member, in accordance with the provisions of this By-law and the *Public Hospitals Act*.
- (d) The Board may develop processes for administrative suspensions for managing time-limited suspensions arising from the failure of a member to meet requirements such as health records completion and mandatory training.
- (e) Notwithstanding any other provision of this By-law, the Board agrees to consider applications for appointment or reappointment to the Professional Staff submitted under the Board approved Common Credentialing Policy for Professional Staff whose primary hospital is elsewhere in the region.
- (f) The Board does not require the credentialing process to be completed for telemedicine physicians who utilize the Ontario Telehealth Network service of CMH as those physicians are validated through the Ontario Telehealth Network.

### 4.2 Term of Appointment

- (a) Subject to section 4.2(b), each appointment to the Professional Staff shall be for a term of up to one year.
- (b) Where a Professional Staff member has applied for reappointment within the time prescribed by the Medical Advisory Committee, the current appointment shall continue:
  - (i) unless section 4.2(b)(ii) applies, until the Board grants or does not grant the reappointment; or
  - (ii) in the case of a Medical Staff member and where the Board does not grant the reappointment and there is a right of appeal to the Health Professions Appeal and Review Board, until the time for giving notice of a hearing by the Health Professions Appeal and Review Board has expired or, where a hearing is required, until the decision of the Health Professions Appeal and Review Board has become final.

### 4.3 Qualifications and Criteria for Appointment

- (a) Only an applicant who meets the qualifications and satisfies the criteria set out in this By-law and who is licensed pursuant to the laws of Ontario is eligible to be a member of and appointed to the Professional Staff.
- (b) The applicant shall have:
  - (i) a certificate of registration, and a certificate of professional conduct or letter of good standing from the relevant College, or the equivalent certificate(s), from their most recent licensing body;

- (ii) current membership in the Canadian Medical Protective Association or professional practice liability coverage appropriate to the scope and nature of the intended practice;
  - (iii) adequate training and experience for the privileges requested, including (if practicing in a specialty recognized by the Royal College of Physicians and Surgeons of Canada) a Royal College certificate;
  - (iv) maintained the level of continuing professional education required by the relevant College;
  - (v) up-to-date inoculations, screenings, and tests as may be required by the occupational health and safety policies and practices of the Corporation, the *Public Hospitals Act*, or other legislation;
  - (vi) a demonstrated ability to:
    - I. provide patient care at an appropriate level of quality and efficiency;
    - II. meet an appropriate standard of ethical conduct and behaviour;
    - III. work and communicate with, and relate to, others in a co-operative, collegial, and professional manner;
    - IV. communicate with, and relate appropriately to, patients and patients' relatives and/or substitute decision makers;
  - (vii) demonstrated adequate control of any significant physical or behavioural impairment affecting skill, attitude, or judgment that might impact negatively on patient care or the operations of the Corporation;
  - (viii) a willingness to participate in the discharge of staff, committee, and, if applicable, teaching responsibilities, and other duties appropriate to staff category; and
  - (ix) a willingness to provide on-call coverage as required by relevant roster or schedule.
- (c) All applicants must agree to govern themselves in accordance with the requirements set out in this By-law, the Corporation's mission, vision, and values, Rules, and Policies.
- (d) All new appointments shall be contingent upon an Impact Analysis which confirms that the Corporation has the resources to accommodate the applicant and that the applicant meets the needs of the respective Department as described in the Professional Staff Human Resources Plan.
- (e) In addition to any other provisions of the By-law, including the qualifications set out in sections 4.3(b), 4.3(c), and 4.3(d), 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;
  - (ii) the Professional Staff Human Resources Plan and/or the Impact Analysis does not demonstrate sufficient resources to accommodate the applicant; or
  - (iii) the appointment is not consistent with the mission and strategic plan of the Corporation.

#### 4.4 Application for Appointment

- (a) The Chief Executive Officer shall supply a copy of, or information on how to access, a form of the application, and the mission, vision, values, and strategic plan of the Corporation, the By-law and the

Rules and appropriate Policies, to each Physician, Dentist, Midwife, or Registered Nurse in the Extended Class, who expresses in writing an intention to apply for appointment to the Professional Staff.

- (b) An applicant for appointment to the Professional Staff shall submit to the Chief Executive Officer one original application in the prescribed form, meeting all of the requirements listed in Schedule A, together with prescribed undertakings and signed consents, to enable the Corporation to make inquiries of the relevant College and other hospitals, institutions, and facilities where the applicant has previously provided professional services or received professional training to allow the Corporation to fully investigate the qualifications and suitability of the applicant.
- (c) An applicant may be required to visit the Corporation for an interview with appropriate Professional Staff members and the Chief Executive Officer.
- (d) The Board shall approve the prescribed form of application for appointment, re-appointment, and change in privileges after receiving the recommendation of the Medical Advisory Committee.

#### 4.5 Procedure for Processing Applications for Appointment

- (a) Upon receipt of a completed application, the Chief Executive Officer shall retain a copy of the application and shall refer the original application forthwith to the Medical Advisory Committee through the Chief of Staff, who shall keep a record of each application received and then refer the original application forthwith to the chair of the Credentials Committee, with a copy to the relevant Chief of Department.
- (b) The Credentials Committee shall:
  - (i) review all materials in the application and ensure all required information has been provided;
  - (ii) investigate the qualifications, experience, professional reputation, and competence of the applicant, and consider if the criteria required by this By-law are met;
  - (iii) receive the recommendation of the relevant Chief(s) of Department; and
  - (iv) submit a report of its assessment and recommendations to the Medical Advisory Committee at its next regular meeting, together with a recommendation that the application is acceptable, not acceptable, or is deferred for further investigation. In the case of a recommendation for acceptance, the Credentials Committee shall indicate the privileges that it recommends the applicant be granted.
- (c) The Medical Advisory Committee shall:
  - (i) receive and consider the report and recommendations of the Credentials Committee;
  - (ii) review the application with reference to the Professional Staff Human Resources Plan and Impact Analysis; and
  - (iii) send, within 60 days of the date of receipt by the Chief Executive Officer of a completed application, written notice of its recommendation to the Board and to the applicant, in accordance with the *Public Hospitals Act*.
- (d) If desired, the Medical Advisory Committee may:
  - (i) initiate further investigation by referring the matter back to the Credentials Committee with direction or to an external consultant; and/or

- (ii) determine that there shall be a special meeting of the Medical Advisory Committee which the member shall be entitled to attend.
- (e) The Medical Advisory Committee may make its recommendation to the Board later than 60 days after receipt of a completed application, provided that, within the 60-day period, it advises the applicant and the Board in writing that a final recommendation cannot be made within the 60-day period and gives written reasons for it.
- (f) Where the Medical Advisory Committee recommends the appointment, it shall specify the category of appointment and the specific privileges it recommends the applicant be granted.
- (g) 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 they are entitled to:
  - (i) written reasons for the recommendation, if the Medical Advisory Committee receives a written request for the reasons from the applicant within seven (7) days of the applicant's receipt of notice of the recommendation; and
  - (ii) a Board hearing, if the Board and the Medical Advisory Committee receive a written request for a Board hearing from the applicant within seven (7) days of the applicant's receipt of the written reasons referred to in section 4.5(g)(i).
- (h) Where the applicant does not request a Board hearing, the Board may implement the recommendation of the Medical Advisory Committee.
- (i) Where the applicant requests a Board hearing, it shall be dealt with in accordance with the applicable provisions of the *Public Hospitals Act* and Article 6.
- (j) The Board shall consider the Medical Advisory Committee recommendations within the timeframe specified by the *Public Hospitals Act*.
- (k) The Board, in determining whether to make any appointment or reappointment to the Professional Staff or approve any request for a change in privileges, shall take into account the recommendation of the Medical Advisory Committee and such other considerations it, in its discretion, considers relevant, including the Professional Staff Human Resources Plan, Impact Analysis, strategic plan, and the Corporation's ability to operate within its resources.

#### 4.6 Temporary Appointment

- (a) Notwithstanding any other provision of this By-law, the Chief Executive Officer, after consulting with the Chief of Staff, may:
  - (i) grant a temporary appointment and temporary privileges to a Physician, Dentist, Midwife, or Registered Nurse in the Extended Class, provided that the appointment shall not extend beyond the date of the next Medical Advisory Committee meeting at which time the action taken shall be reported; and
  - (ii) continue a temporary appointment and temporary privileges on the recommendation of the Medical Advisory Committee until the next Board meeting.

- (b) A temporary appointment may be made for any reason, including:
  - (i) to meet a specific singular requirement by providing a consultation and/or operative procedure; or
  - (ii) to meet an urgent unexpected need for a medical, dental, midwifery, or extended class nursing service.
- (c) The Board may, after receiving the recommendation of the Medical Advisory Committee, continue a temporary appointment granted under section 4.6(a) for such period of time and on such terms as the Board determines.
- (d) If the term of the temporary appointment has been completed before the next Board meeting, the appointment shall be reported to the Board.
- (e) The temporary appointment shall specify the category of appointment and any limitations, restrictions, or special requirements.

#### 4.7 Reappointment

- (a) Each year, each Professional Staff member desiring reappointment to the Professional Staff shall make a written application for reappointment on the prescribed form through the Chief Executive Officer to the Board before the date specified by the Medical Advisory Committee.
- (b) Each application for reappointment to the Professional Staff shall contain the following information:
  - (i) a restatement or confirmation of the undertakings, information and acknowledgements requested as part of an application for appointment (as articulated in Schedule A) or as required by the Rules;
  - (ii) either:
    - I. a declaration that all information on file at the Corporation from the applicant's most recent application is up-to-date, accurate, and unamended as of the date of the current application; or
    - II. a description of all material changes to the information on file at the Corporation since the applicant's most recent application, including: an updated curriculum vitae with any additional professional qualifications acquired by the applicant since the previous application and information on any completed or pending disciplinary or malpractice proceedings, restriction in privileges, or suspensions during the past year;
  - (iii) the category of appointment requested and a request for either the continuation of, or any change in, existing privileges;
  - (iv) if requested, a current Certificate of Professional Conduct or equivalent from the relevant College;
  - (v) confirmation that the member has complied with the disclosure duties set out in section 7.9(a)(iv); and
  - (vi) such other information that the Board may require respecting competence, capacity, and conduct, after considering the recommendation of the Medical Advisory Committee.

- (c) The relevant Chief(s) of Department shall review and make recommendations concerning each application for reappointment within that Department to the Medical Advisory Committee in accordance with a Board-approved performance evaluation process.
- (d) In the case of any application for reappointment in which the applicant requests additional privileges, each application for reappointment shall identify any required professional qualifications and confirm that the applicant holds such qualifications.
- (e) Applications for reappointment shall be dealt with in accordance with the *Public Hospitals Act* and the procedure described in section 4.5 of this By-law.

#### 4.8 Qualifications and Criteria for Reappointment

- (a) To be eligible for reappointment, the applicant shall:
  - (i) continue to meet the qualifications and criteria set out in section 4.3;
  - (ii) have conducted themselves in compliance with this By-law, and the Corporation's values, Rules, and Policies; and
  - (iii) have demonstrated appropriate use of Hospital resources in accordance with the Professional Staff Human Resources Plan and the Rules and Policies.

#### 4.9 Application for Change of Privileges

- (a) Each Professional Staff member who wishes to change their privileges shall submit to the Chief Executive Officer an application on the prescribed form listing the change of privileges requested, and provide evidence of appropriate training and competence, and such other matters as the Board may require.
- (b) The Chief Executive Officer shall retain a copy of each application received and shall refer the original application forthwith to the Medical Advisory Committee, through the Chief of Staff, who shall then refer the original application forthwith to the chair of the Credentials Committee, with a copy to the relevant Chief of Department.
- (c) The Credentials Committee shall investigate the applicant's professional competence, verify their qualifications for the privileges requested, receive the report of the Chief of Department, and prepare and submit a report of its findings to the Medical Advisory Committee at its next regular meeting. The report shall contain a list of privileges, if any, that it recommends that the applicant be granted.
- (d) The application shall be processed by the Medical Advisory Committee in accordance with the requirements of sections 4.8 and sections 4.5(c) to 4.5(k) of this By-law.

#### 4.10 Leave of Absence

- (a) Upon request of a Professional Staff member to the relevant Chief of Department, the Chief of Staff may grant a leave of absence of up to twelve (12) months, after receiving the recommendation of the Medical Advisory Committee:
  - (i) in the event of extended illness or disability of the member, or
  - (ii) in other circumstances acceptable to the Board, upon recommendation of the Chief of Staff.
- (b) After returning from a leave of absence granted in accordance with section 4.10(a), the Professional Staff member may be required to produce a medical certificate of fitness from a physician acceptable

to the Chief of Staff. The Chief of Staff may impose such conditions on the privileges granted to the member as appropriate.

- (c) Following a leave of absence of longer than twelve (12) months, a Professional Staff member shall be required to make a new application for appointment to the Professional Staff in the manner and subject to the criteria set out in this By-law.

#### 4.11 Resignation

- (a) A Professional Staff member wishing to resign or retire from active practice shall, no less than 90 days before the effective date of resignation or retirement, submit a written notice to the Chief Executive Officer, who shall notify the Chief of Staff, Chief of the relevant Department(s), and the chair of the Credentials Committee. The Board and Medical Advisory Committee shall subsequently be notified.
- (b) The Board may develop processes for retirements to allow for a staged reduction in duties, privileges and resources on agreement with the Professional Staff member.

### Article 5 – Monitoring, Suspension, and Revocation

#### 5.1 Monitoring Practices and Transfer of Care

- (a) The Chief of Staff or relevant Chief of Department may review any aspect of Patient care or Professional Staff conduct in the Corporation without the consent of the Professional Staff member responsible for the care or conduct. Where the care or conduct involves an Extended Class Nursing Staff member, the Chief Nursing Executive may also review the care or conduct.
- (b) Where any Professional Staff member or Corporation staff reasonably believes that a Professional Staff member is incompetent, attempting to exceed their privileges, incapable of providing a service that they are about to undertake, or acting in a manner that exposes or is reasonably likely to expose any Patient, healthcare provider, employee, or any other individual at the Corporation, to harm or injury, the individual shall immediately communicate that belief to the Chief of Staff, relevant Chief of Department, or Chief Executive Officer, so that appropriate action can be taken. Where the communication relates to an Extended Class Nursing Staff member, it may also be communicated to the Chief Nursing Executive.
- (c) The Chief of a Department, on notice to the Chief of Staff, where they believe it to be in the Patient's best interests, shall have the authority to examine the condition and scrutinize the treatment of any Patient in their Department and to make recommendations to the attending Professional Staff member or any consulting Professional Staff member involved in the Patient's care and, if necessary, to the Medical Advisory Committee. If it is not practical to give prior notice to the Chief of Staff, notice shall be given as soon as possible.
- (d) If the Chief of Staff or Chief of Department becomes aware that, in their opinion a serious problem exists in the diagnosis, care, or treatment of a Patient, the officer shall immediately discuss the condition, diagnosis, care, and treatment of the Patient with the attending Professional Staff member. If changes in the diagnosis, care, or treatment satisfactory to the Chief of Staff or Chief of Department are not made, they shall immediately assume the duty of investigating, diagnosing, prescribing for, and treating the Patient.
- (e) Where the Chief of Staff or Chief of Department has cause to take over the care of a Patient, the Chief Executive Officer, Chief of Staff, or Chief of Department, and one other Medical Advisory Committee member, the attending Professional Staff member, and the Patient or the Patient's substitute decision maker shall be notified in accordance with the *Public Hospitals Act*. The Chief of Staff or Chief of Department shall file a written report with the Medical Advisory Committee within 48 hours of their action.

- (f) Where the Medical Advisory Committee concurs in the opinion of the Chief of Staff or Chief of Department who has taken action under section 5.1(d) that the action was necessary, the Medical Advisory Committee shall forthwith make a detailed written report to the Chief Executive Officer and the Board of the problem and the action taken.

## 5.2 Revocation of Appointment or Restriction or Suspension of Privileges

- (a) The Board may, at any time, in a manner consistent with the *Public Hospitals Act* and this By-law, revoke any appointment of a Professional Staff member, or restrict or suspend the privileges of a Professional Staff member.
- (b) Any administrative or leadership appointment of the Professional Staff member shall automatically terminate upon the revocation of appointment, or restriction or suspension of privileges, unless otherwise determined by the Board.
- (c) The Chief Executive Officer shall prepare and forward a detailed written report to the relevant College as soon as possible and no later than thirty (30) days after the event, where by reason of incompetence, negligence, or misconduct, a Professional Staff member's:
  - (i) application for appointment or reappointment is denied;
  - (ii) appointment is revoked; or
  - (iii) privileges are restricted or suspended; or
  - (iv) a Professional Staff member resigns from the Professional Staff during the course of an investigation into their competence, negligence, or misconduct.

## 5.3 Immediate Action

- (a) The Chief Executive Officer, Chief of Staff, or Chief of Department may temporarily restrict or suspend the privileges of any Professional Staff member, in circumstances where in their opinion the member's conduct, performance, or competence:
  - (i) exposes or is reasonably likely to expose any Patient, healthcare provider, employee, or any other individual at the Corporation to harm or injury; or
  - (ii) is or is reasonably likely to be detrimental to the safety of Patients, staff or others or to the delivery of quality Patient care within the Corporation,and immediate action must be taken to protect Patients, healthcare providers, employees, and any other individuals at the Corporation from harm or injury.
- (b) Before the Chief Executive Officer, Chief of Staff, or Chief of Department takes action authorized in section 5.3(a), they shall first consult with one of the other of them. If prior consultation is not possible or practicable under the circumstances, the individual who takes the action shall immediately provide notice to the others. The individual who takes the action shall forthwith submit a written report on the action taken with all relevant materials and information to the Medical Advisory Committee, President and Chief Executive Officer, President of the Medical Staff and the Board.
- (c) If appropriate, the procedures in article 5.1(e) regarding substituted care of Patient(s) of the suspended member shall be followed.

- (d) The immediate suspension shall be considered by the Medical Advisory Committee in accordance with the procedure described in section 5.5

#### 5.4 Non-Immediate Action

- (a) The Chief Executive Officer, Chief of Staff, or Chief of Department may recommend to the Medical Advisory Committee that the appointment of any Professional Staff member be revoked or that their privileges be restricted or suspended in any circumstances where in their opinion the Professional Staff member's conduct, performance, or competence:
  - (i) fails to meet or comply with the criteria for annual reappointment;
  - (ii) exposes or is reasonably likely to expose any Patient, healthcare provider, employee, or any other individual at the Corporation to harm or injury;
  - (iii) is or is reasonably likely to be detrimental to Patient safety or to the delivery of quality Patient care within the Corporation or impact negatively on the operations of the Corporation; or
  - (iv) fails to comply with the Corporation's by-laws, Rules, or Policies, the *Public Hospitals Act*, or any other relevant law.
- (b) The Chief Executive Officer, Chief of Staff or Chief of Department shall provide to the Medical Advisory Committee any available information and information to support the recommendation.
- (c) Before making a recommendation under section 4.4(1), an investigation may be conducted. Such investigation shall include the collection of information and documentation from the individual making the recommendation and an interview with the member. Where the member fails or declines to participate in an interview after being given a reasonable opportunity to do so, action may be taken to further the procedure outlined in this section. A written record of the investigation shall be maintained.
- (d) If, following the collection of information from the individual making the recommendation and the interview with the member, further investigation is required, it may be assigned to an external consultant or an individual or committee within the Corporation other than the Medical Advisory Committee.
- (e) Upon the completion of the investigation contemplated above, the individual or body who conducted the investigation will forward a written report to the President and Chief Executive Officer, Chief of Staff and Chief of Department. The member will be provided with a copy of the written report.
- (f) The Chief of Staff, Chief of Department and President and Chief Executive Officer, upon further review of the matter and any report received, will determine whether further action may be required.
- (g) Where it is determined that further action in respect of the matter may be required, the matter shall be referred to the Medical Advisory Committee along with a proposed recommendation with respect to mid-term action in writing and supported by references to specific activities or conduct along with any reports which constitute grounds for the proposed recommendation, as is contemplated in article 4.5(1)(a).

#### 5.5 Referral to Medical Advisory Committee for Recommendations

- (a) Following the temporary restriction or suspension of privileges under section 5.3, or the recommendation to the Medical Advisory Committee for the restriction or suspension of privileges or the revocation of an appointment of a Professional Staff member under section 5.4, the following process shall be followed:

- (i) the Chief of Department of which the individual is a member or an appropriate alternate designated by the Chief of Staff or Chief Executive Officer shall forthwith submit to the Medical Advisory Committee a written report on the action taken, or recommendation made, as the case may be, with all relevant materials and information;
- (ii) a date for consideration of the matter shall be set not more than ten (10) business days from the time the written report is received by the Medical Advisory Committee;
- (iii) as soon as possible and in any event at least three (3) business days before the Medical Advisory Committee meeting, the Medical Advisory Committee shall provide the member with a written notice of:
  - I. the time, date, and place of the meeting;
  - II. the purpose of the meeting;
  - III. 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 in all matters under consideration by the Medical Advisory Committee;
  - V. a statement that the parties are entitled to bring legal counsel to the meeting and consult with legal counsel, but that legal counsel shall not be entitled to participate in the meeting, save and except in respect of making representation on behalf of the party;
  - VI. a statement that in the absence of the member, the meeting may proceed.
- (b) If the Medical Advisory Committee considers it necessary to do so, the date for the Medical Advisory Committee to consider the matter under section 5.5(a)(ii) may be extended by:
  - (i) an additional five (5) business days in the case of a referral under section 5.3; or
  - (ii) any number of days in the case of a referral under section 5.4.
- (c) The member may request a postponement of the meeting to a fixed date, which the Medical Advisory Committee may grant.
- (d) Before deliberating on the matter or the recommendation to be made to the Board, the Chair of the Medical Advisory Committee will require the member involved and any other members present who are not Medical Advisory Committee members to retire for the duration of the discussion. The Medical Advisory Committee will not consider any matter, fact or documentation to which it did not give the member an opportunity to respond.
- (e) No member of the Medical Advisory Committee will participate in a decision unless such member was present throughout meeting, except with the consent of the parties. Where the Medical Advisory Committee determines that the matter is without merit and as such no decision of the Medical Advisory Committee is necessary, such determination will be noted in the Minutes of the meeting.
- (f) The Medical Advisory Committee may:
  - (i) set aside the restriction or suspension of privileges; or

- (ii) recommend to the Board a revocation of the appointment, or a restriction or suspension of privileges, on such terms as it deems appropriate. Notwithstanding the above, the Medical Advisory Committee may also refer the matter to a subcommittee of the Medical Advisory Committee.
- (g) If the Medical Advisory Committee recommends the continuation of the restriction or suspension of privileges or a revocation of appointment and/or makes further recommendations on the matters considered at its meeting, the Medical Advisory Committee shall, within twenty-four (24) hours of the Medical Advisory Committee meeting, provide the member with written notice of the Medical Advisory Committee's recommendation.
- (h) The written notice shall inform the member that they are entitled to:
  - (i) written reasons for the recommendation if a request is received by the Medical Advisory Committee within seven (7) days of the member's receipt of the notice of the recommendation; and
  - (ii) a Board hearing if a written request is received by the Board and the Medical Advisory Committee within seven (7) days of the member's receipt of the written reasons requested.
- (i) If the member requests written reasons for the recommendation under section 5.5(h)(i), the Medical Advisory Committee shall provide the written reasons to the member as soon as practicable but in any event within seven (7) days of receipt of the request.

## Article 6 – Board Hearing

### 6.1 Board Hearing

- (a) A Board hearing shall be held when one of the following occurs:
  - (i) the Medical Advisory Committee recommends to the Board that an application for appointment, reappointment, or requested privileges not be granted and the applicant requests a hearing in accordance with the *Public Hospitals Act*, or
  - (ii) the Medical Advisory Committee makes a recommendation to the Board that the privileges of a Professional Staff member be restricted or suspended, or an appointment be revoked, and the member requests a hearing.
- (b) The Board shall name a time, date, and place for the hearing.
- (c) The Board hearing shall be held:
  - (i) in the case of immediate restriction or suspension of privileges, within seven (7) days of the date the member requests the hearing under section 6.1(a);
  - (ii) in the case of non-immediate restriction or suspension of privileges, subject to section 6.1(d), as soon as practicable but not later than twenty-eight (28) days after the Board receives the written notice from the member requesting the hearing.
- (d) The Board may extend the time for the hearing date if it considers an extension appropriate.
- (e) The Board shall give written notice of the hearing to the applicant or member and to the Medical Advisory Committee at least five days before the hearing date.
- (f) The notice of the Board hearing shall include:

- (i) the time, date, and place of the hearing;
  - (ii) the purpose of the hearing;
  - (iii) a statement that the applicant or member and Medical Advisory Committee shall be afforded an opportunity to examine, before the hearing, any written or documentary evidence that will be produced, or any reports the contents of which will be given in evidence at the hearing;
  - (iv) a statement that the applicant or member may proceed in person or be represented by counsel, call witnesses, and tender documents in evidence in support of their case;
  - (v) a statement that the Board may extend the time for the hearing on the application of any party; and
  - (vi) a statement that if the applicant or member does not attend the hearing, the Board may proceed in the absence of the applicant or member, and the applicant or member shall not be entitled to any further notice in the hearing.
- (g) The parties to the Board hearing are the applicant or member, the Medical Advisory Committee, and such other persons as the Board may specify.
- (h) The applicant or member requiring a hearing and the Medical Advisory Committee shall be afforded an opportunity to examine, before the hearing, any written or documentary evidence that will be produced, or any reports the contents of which will be used in evidence.
- (i) Members of the Board holding the hearing shall not have taken part in any investigation or consideration of the subject matter of the hearing and shall not communicate directly or indirectly in relation to the subject matter of the hearing with any person or with any party or their representative, except upon notice to and an opportunity for all parties to participate. Despite the foregoing, the Board may obtain legal advice.
- (j) The findings of fact of the Board pursuant to a hearing shall be based exclusively on evidence admissible or matters that may be noticed under the *Statutory Powers Procedure Act*.
- (k) No member of the Board shall participate in a Board decision pursuant to a hearing unless they are present throughout the hearing and heard the evidence and argument of the parties and, except with the consent of the parties, no Board decision shall be given unless all members so present participate in the decision.
- (l) The Board shall make a decision to follow, amend, or not follow the recommendation of the Medical Advisory Committee. The Board, in determining whether to make any appointment or reappointment to the Professional Staff or approve any request for a change in privileges shall take into account the recommendation of the Medical Advisory Committee and such other considerations it, in its discretion, considers relevant, including the considerations set out in sections 4.3, 4.8, and 4.9 respectively.
- (m) A written copy of the Board decision shall be provided to the applicant or member and to the Medical Advisory Committee.
- (n) Service of a notice to the parties may be made personally or by registered mail addressed to the person to be served at their last known address and, where notice is served by registered mail, it will be deemed that the notice was served on the third day after the day of mailing unless the person to be served establishes that they did not, acting in good faith, through absence, accident, illness, or other causes beyond their control, receive it until a later date.

## Article 7 – Professional Staff Categories and Duties

### 7.1 Professional Staff Categories

- (a) The Medical Staff, Dental Staff, and Midwifery Staff shall be divided into the following categories:
- (i) Active
  - (ii) Associate
  - (iii) Courtesy;
  - (iv) Consulting;
  - (v) Locum Tenens;
  - (vi) Temporary; and
  - (vii) such other categories as the Board may determine after considering the recommendation of the Medical Advisory Committee.
- (b) The Extended Class Nursing Staff may be divided into such categories as the Board may determine after considering the recommendation of the Medical Advisory Committee.

### 7.2 Active Staff

- (a) The Active Staff shall consist of those Physicians, Dentists, and Midwives whom the Board appoints to the Active Staff and who have completed satisfactory service as Associate Staff for at least one year, or who the Board, on the recommendation of the Medical Advisory Committee, appoints directly to the Active Staff.
- (b) Each Active Staff member shall:
- (i) have admitting privileges unless otherwise specified in their appointment;
  - (ii) attend Patients and undertake treatment and operative procedures only in accordance with the kind and degree of privileges granted by the Board;
  - (iii) be responsible to the Chief of Department to which they have been assigned for all aspects of Patient care;
  - (iv) act as a supervisor of other Medical Staff, Dental Staff, Midwifery Staff, or Extended Class Nursing Staff when requested by the Chief of Staff or the Chief of the Department to which they have been assigned;
  - (v) fulfil such on-call requirements as may be established for each Department or Division in accordance with the Professional Staff Human Resource Plan and the Rules and Policies; and
  - (vi) perform such other duties as may be prescribed by the Medical Advisory Committee or requested by the Chief of Staff or Chief of the relevant Department.
- (c) Active Staff members shall be eligible to vote at Professional Staff meetings, to hold office and to sit on any committee requiring Professional Staff.

### 7.3 Associate Staff

- (a) Physicians, Dentists, or 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 for a period of at least one year but no more than two years.
- (b) Each Associate Staff member shall:
  - (i) have admitting privileges unless otherwise specified in their appointment;
  - (ii) work under the supervision of an Active Staff member named by the Chief of Staff or Chief of the Department to which they have been assigned;
  - (iii) undertake such duties in respect of Patients as may be specified by the Chief of Staff and, if appropriate, by the Chief of the Department to which they have been assigned;
  - (iv) fulfil such on call requirements as may be established for each Department or Division in accordance with the Professional Staff Human Resources Plan and the Rules and Policies; and
  - (v) perform such other duties as may be prescribed by the Medical Advisory Committee or requested by the Chief of Staff or Chief of the relevant Department.
- (c) At six (6) month intervals following the appointment of an Associate Staff member to the Professional Staff, the Active Staff member by whom the Associate Staff member has been supervised shall complete a performance evaluation and shall make a written report to the Chief of Staff on:
  - (i) the knowledge and skill that has been shown by the Associate Staff member;
  - (ii) the nature and quality of their work in the Corporation; and
  - (iii) their performance and compliance with the criteria set out in section 4.3(b).
- (d) The Chief of Staff shall forward such report to the Credentials Committee.
  - (i) Upon receipt of the report, the Credentials Committee shall review the appointment of the Associate Staff member and make a recommendation to the Medical Advisory Committee.
  - (ii) If any report is not favourable to the Associate Staff member, the Medical Advisory Committee may recommend that their appointment be terminated.
  - (iii) No Associate Staff member shall be recommended for appointment to the Active Staff unless they have been an Associate Staff member for at least one year.
  - (iv) In no event shall an appointment to the Associate Staff be continued for more than two years.
- (e) Associate Staff shall not vote at Professional Staff meetings or be elected a Professional Staff officer. Associate Staff may be appointed to a committee of the Professional Staff.

### 7.4 Courtesy Staff

- (a) The Courtesy Staff shall consist of those Physicians, Dentists, and Midwives whom the Board appoints to the Courtesy Staff in one or more of the following circumstances:
  - (i) the applicant meets a specific service need of the Corporation; or

- (ii) where the Board deems it advisable and in the best interests of the Corporation.
- (b) Courtesy Staff members shall:
- (i) have such limited privileges as may be granted by the Board on an individual basis;
  - (ii) be eligible for admitting privileges, where the Board deems it advisable based on the criteria in subsection (a) above;
  - (iii) attend Patients and undertake treatment and operative procedures only in accordance with the kind and degree of privileges granted by the Board; and
  - (iv) be responsible to the Chief of Department to which they have been assigned for all aspects of Patient care.
- (c) Courtesy Staff are not required to attend Professional Staff meetings but may do so. Courtesy Staff shall not have the right to vote at Professional Staff meetings or to hold office, but may participate on committees.

## 7.5 Consulting Staff

- (a) The Consulting Staff shall consist of those Physicians, Dentists, and Midwives whom the Board appoints to the Consulting Staff in the following circumstances:
- (i) The Consulting Staff is a specialist with a fellowship or certification in their specialty or specialties, who is not an Active Staff member; and
  - (ii) The Consulting Staff primarily provides services elsewhere, but either the Consulting Staff or their organization has a relationship with the hospital and wishes to provide consultation services.
- (b) Consulting Staff shall not have in-patient admitting privileges.
- (c) Consulting Staff may:
- (i) provide consultative services for both in-patients and out-patients;
  - (ii) undertake procedures as permitted by the Board, including operations;
  - (iii) have access to out-patient Hospital resources, programs and facilities;
  - (iv) admit to out-patient hospital resources (e.g. out-patient surgery).
- (d) Consulting Staff members are not required to attend Professional Staff meetings, but may do so and may participate on committees. Consulting Staff shall not have the right to vote at Professional Staff meetings or to hold office.

## 7.6 Locum Tenens Staff

- (a) The Locum Tenens Staff shall consist of those Physicians, Dentists, and Midwives whom the Board appoints to the Locum Tenens Staff in order to meet specific clinical needs for a defined period of time in one or more of the following circumstances:

- (i) to be a planned replacement for a Physician, Dentist, or Midwife for a specified period of time; or
  - (ii) to provide episodic or limited surgical or consulting services.
- (b) The period of appointment shall be for a term of up to twelve (12) months and may be subject to renewal.
- (c) A Locum Tenens Staff member shall:
  - (i) have admitting privileges unless otherwise specified in their appointment;
  - (ii) work under the supervision of an Active Staff member assigned by the Chief of Staff; and
  - (iii) attend Patients and undertake treatment and operative procedures only in accordance with the kind and degree of privileges granted by the Board.

## 7.7 Temporary Staff

- (a) The Chief Executive Officer may grant temporary privileges to a physician, dentist, midwife or registered nurse in the extended class who is not a member of the Professional Staff to meet an urgent for a consultation or operative procedure or to meet an urgent, unexpected need for a medical, dental, midwifery or extended class nursing service.
- (b) Before granting temporary privileges, the Chief Executive Officer must:
  - (i) consult with the Chief of Staff; and
  - (ii) confirm that the circumstances are such that the appointment is required before the next meeting of the Medical Advisory Committee.
- (c) Temporary privileges may only remain in place until the next meeting of the Medical Advisory Committee, at which time the temporary appointment shall be reported and the Medical Advisory Committee shall determine whether to:
  - (i) acknowledge the expiry of the temporary appointment and report it to the Board;
  - (ii) recommend to the Board that the temporary privileges continue for a specified period of time; or
  - (iii) recommend to the Board that the individual be appointed into one of the other professional staff categories, as appropriate, the preference being that appointees remain in the temporary privileges category for as little time as possible.
- (d) If the Medical Advisory Committee makes a recommendation to the Board in respect of continued privileging, the temporary appointment shall continue until the next meeting of the Board.

## 7.8 Extended Class Nursing Staff

- (a) The Board, after considering the advice of the Medical Advisory Committee, will delineate the privileges for each Extended Class Nursing member who is not an employee of the Corporation.
- (b) Each new applicant for appointment to the Extended Class Nursing Staff shall be appointed for an initial probationary period of one (1) year.

- (c) Before completion of the one-year probationary period, the Chief of Department, in consultation with the Chief Nursing Executive, shall complete a performance evaluation for an Extended Class Nursing Staff member on the knowledge and skill that has been shown by the Extended Class Nursing Staff member, the nature and quality of their work, their performance and compliance with the criteria set out in section 4.3(b), and such report shall be forwarded to the Credentials Committee.
- (d) The Credentials Committee shall review the report and shall make a recommendation to the Medical Advisory Committee, which shall, in turn, make a recommendation to the Board.

## 7.9 Duties of Professional Staff

- (a) Each Professional Staff member:
  - (i) is accountable to and shall recognize the authority of the Board through and with the Chief of Staff, Chief of Department, and Chief Executive Officer;
  - (ii) shall co-operate with and respect the authority of:
    - I. the Chief of Staff and the Medical Advisory Committee;
    - II. the Chiefs of Department;
    - III. the Heads of Division; and
    - IV. the Chief Executive Officer;
  - (iii) shall perform the duties, undertake the responsibilities, and comply with the provisions set out in this By-law and the Rules and Policies;
  - (iv) shall immediately advise the Chief of Staff and Chief Executive Officer of:
    - I. the commencement of any investigation or proceeding that would be required to be disclosed by this By-law, the credentialing policy and/or reapplication process;
    - II. any change in the member's licence to practise made by the relevant College or any change in professional practice liability coverage; and
  - (v) perform such other duties as may be prescribed from time to time by, or under the authority of, the Board, the Medical Advisory Committee, the Chief of Staff, or Chief of Department.
  - (vi) shall attend a minimum of sixty percent (60%) of the regular Professional Staff meetings, and a minimum of sixty percent (60%) of the Medical Advisory Committee meetings.
  - (vii) shall attend and treat patients within the limits of the privileges and procedures granted by the Board, unless the privileges are otherwise restricted.
  - (viii) shall abide by applicable legislation, the guidelines, policies and procedures of the Hospital, the Hospital By-Laws and the Rules of the Professional Staff.
  - (ix) shall notify the Chief of Staff of any civil suit in which there was a finding of negligence or battery against the Professional Staff member.
  - (x) notify the Chief of Staff of any medical, psychiatric or behavioural conditions which affects their ability to deliver quality care to the patients of the hospital.
  - (xi) give such instruction as is required for the education of other members of the professional and hospital staff.

- (b) If the Chief of Staff and/or Chief of Department request(s) a meeting with a Professional Staff member for the purpose of interviewing that Professional Staff member about any matter, the Professional Staff member shall attend the interview at a mutually agreeable time but within fourteen (14) days of the request. If the Professional Staff member so requests, they may bring a representative with them to the meeting. The Chief of Staff and/or Chief of Department may extend the date for attendance at the interview at their discretion. If requested by the Chief of Staff and/or Chief of Department, the Professional Staff member attending the meeting shall produce any documents requested by the Chief of Staff and/or Chief of Department for discussion at the meeting. If a criminal record check and/or vulnerable sector check is requested, the request shall be made at a meeting with the Professional Staff member where the Chief of Staff and Chief Executive Officer are both present.

## Article 8 – Departments and Divisions

### 8.1 Departments

- (a) The Board may organize the Professional Staff into Departments after considering the recommendation of the Medical Advisory Committee.
- (b) The Board shall appoint each Professional Staff member to a minimum of one of the Departments. Appointment may extend to one or more additional Departments.

### 8.2 Divisions

- (a) The Board may divide a Department into Divisions after considering the recommendation of the Medical Advisory Committee.

### 8.3 Changes to Departments and Divisions

- (a) The Board may, at any time, after consulting with the Medical Advisory Committee, create such additional Departments or Divisions, amalgamate Departments or Divisions, or disband Departments or Divisions.

### 8.4 Department Meetings

- (a) Each Department and Division shall function in accordance with the Rules and Policies.
- (b) Department meetings shall be held in accordance with the Rules and Policies.

## Article 9 – Leadership Positions

### 9.1 General

- (a) The Board may appoint an individual on an acting or interim basis where there is a vacancy in any office referred to in this Article or while the individual holding any such office is absent or unable to act.
- (b) If the term of office of any medical leader expires before a successor is appointed, the Board may extend the appointment of the incumbent.
- (c) Subject to annual confirmation by the Board, the appointment of a medical leader shall be for a term of up to five (5) years.
- (d) The maximum number of consecutive years of service of a medical leader shall be ten years provided, however, that following a break in the continuous service of at least one (1) year, the same person may

be

reappointed.

- (e) The Board shall receive and consider the input of the appropriate Professional Staff members before it makes an appointment to a Professional Staff leadership position.
- (f) The Board may revoke any appointment to any position referred to in this Article at any time.

## 9.2 Chief of Staff

- (a) The Board shall appoint a Chief of Staff after considering the recommendation of the Medical Advisory Committee.
- (b) An appointment made under section 9.2(a) shall be for a term of two (2) years, subject to annual confirmation by the Board, but in any event, until a successor is appointed.
- (c) The maximum number of consecutive terms that a Chief of Staff may be appointed is three (3). However, this may be extended by a further two (2) year term if deemed necessary by the Board.
- (d) The Chief of Staff shall:
  - (i) be an *ex officio* Director and as a Director, fulfill fiduciary duties to the Corporation;
  - (ii) be the *ex officio* Chair of the Medical Advisory Committee, though the Chair function may be delegated to another member of the Professional Staff, upon the approval of the Board;
  - (iii) be an *ex-officio* member of all Medical Advisory Committee sub-committees;
  - (iv) report regularly to the Board on the work and recommendations of the Medical Advisory Committee;
  - (v) perform such additional duties as may be outlined in the Board-approved Chief of Staff position description, or as set out in the Rules, or as assigned by the Board;
  - (vi) be responsible for the assignment (or delegating the assignment) of members of the Professional Staff to supervise other members of the Professional Staff;
  - (vii) when necessary, assume or assign to another member of the Professional Staff, responsibility for the direct care and treatment of any patient whose care is transferred away from a Professional Staff member in accordance with article 4 of this By-law;
  - (viii) be an *ex officio* member of the Executive Committee of the Board in accordance with the Corporation's By-laws; and
  - (ix) report to and advise the Board on the quality of clinical care, quantity and quality of education and research performed at the Hospital and/or by the Professional Staff.
- (e) The Chief of Staff shall, in consultation with the Chief Executive Officer, designate an alternate to act during their absence.
- (f) The Board may, at its sole discretion, revoke or suspend the appointment of the Chief of Staff if the Chief of Staff is ill for an extended period of time, incapacitated, if the College of Physicians and Surgeons of Ontario has disciplined the Chief of Staff in a manner that would bring disrepute to the Hospital or if the Chief of Staff materially fails to fulfill the requirements of the position.

### 9.3 Chiefs of Department

- (a) The Board shall appoint a Chief of each Department.
- (b) A Chief of Department shall:
  - (i) be an *ex officio* member of the Medical Advisory Committee;
  - (ii) make recommendations to the Medical Advisory Committee on appointment, reappointment, change in privileges, and any disciplinary action to which Department members should be subject;
  - (iii) advise the Medical Advisory Committee through and with the Chief of Staff on the quality of care provided to Patients of the Department;
  - (iv) review and make recommendations to the Medical Advisory Committee on the performance evaluations of Department members annually as part of the reappointment process and conduct an enhanced performance evaluation on a periodic basis;
  - (v) hold regular Department meetings;
  - (vi) delegate responsibility to appropriate Department members;
  - (vii) report to the Medical Advisory Committee and to the Department on the activities of the Department;
  - (viii) perform such additional duties as may be outlined in the Board-approved Chief of Department position description, or as set out in the Rules, or as assigned by the Board, Chief of Staff, Medical Advisory Committee, or Chief Executive Officer; and
  - (ix) in consultation with the Chief of Staff, designate an alternate to act during their absence.

### 9.4 Deputy Chiefs of Departments

- (a) 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.

### 9.5 Heads of Division

- (a) The Board may appoint a Head of Division or may delegate to the Medical Advisory Committee the authority to appoint one or more Heads of Division.
- (b) The Head of Division shall:
  - (i) be responsible to the Board through the Chief of the Department and Chief of Staff for the quality of care rendered to Patients in their Division; and
  - (ii) perform all of the duties as may be assigned by the Board, Chief of Staff, or Chief of Department, or as set out in a Board-approved position description.

## Article 10 – Medical Advisory Committee

### 10.1 Composition

- (a) The Medical Advisory Committee shall consist of the following members, each of whom shall have one vote:
  - (i) the Chief of Staff (or designate), who shall be the Chair;
  - (ii) the Chiefs of Department;
  - (iii) the President, Vice President, and Secretary of the Professional Staff; and
  - (iv) such other Medical Staff members as the Board may appoint on the recommendation of the Chief of Staff and/or Chief Executive Officer.
- (b) In addition, the following individuals shall be entitled to attend Medical Advisory Committee meetings without a vote:
  - (i) the Head of the Midwifery Division;
  - (ii) the Head of the Dental Division;
  - (iii) the Chief Executive Officer;
  - (iv) the Chief Nursing Executive; and
  - (v) any Vice President of the Corporation.
- (c) The Secretary of the Professional Staff shall be the Secretary of the Medical Advisory Committee.
- (d) The following individuals are invited and encouraged to attend Medical Advisory Committee meetings as observers:
  - (i) Hospital Board members; and
  - (ii) Professional students, interns and residents.

### 10.2 Recommendations

- (a) The Medical Advisory Committee shall consider and make recommendations and report to the Board in accordance with the *Public Hospitals Act*.

### 10.3 Duties and Responsibilities

- (a) The Medical Advisory Committee shall perform the duties and undertake the responsibilities set out in the *Public Hospitals Act* and this By-law, including:

- (i) Creating and recommending to the Board an annual Professional Staff Resource Plan which has been prepared after soliciting the advice of hospital administration, ensuring consistency with the strategic directions of the Hospital as established by the Board, and considering Section 44(2) of the *Public Hospitals Act* regarding cessation of services;
- (ii) make recommendations to the Board on the following matters:
  - I. every application for appointment or reappointment to the Professional Staff, and any request for a change in privileges;
  - II. the privileges to be granted to each Professional Staff member;
  - III. this By-law and the Rules and Policies;
  - IV. the revocation of appointment or the suspension or restriction of privileges of any Professional Staff member; and
  - V. the quality of care provided in the Hospital by the Medical Staff, Dental Staff, Midwifery Staff, and Extended Class Nursing Staff;
- (iii) supervise the practice and behaviours of the Professional Staff in the Hospital;
- (iv) appoint the Medical Staff members of all Medical Advisory Committee sub-committees;
- (v) receive reports of the Medical Advisory Committee sub-committees;
- (vi) advise the Board on any matters that it refers to the Medical Advisory Committee; and
- (vii) where the Medical Advisory Committee identifies systemic or recurring quality of care issues in making its recommendations to the Board under section 2(a)(v) of the Hospital Management Regulation under the *Public Hospitals Act*, make recommendations about those issues to the Hospital's quality committee established under the *Excellent Care for All Act*.

#### 10.4 Subcommittees

- (a) The Board may, on the recommendation of the Medical Advisory Committee, establish such standing and special subcommittees of the Medical Advisory Committee as may be necessary or advisable for the Medical Advisory Committee to perform its duties under the *Public Hospitals Act* or this By-law.
- (b) The terms of reference and composition for any standing or special subcommittees of the Medical Advisory Committee may be set out in the Rules or in a Board resolution, on the recommendation of the Medical Advisory Committee. The Medical Advisory Committee shall appoint the Medical Staff members of any Medical Advisory Committee subcommittee and the Board may appoint other subcommittee members.
- (c) The Medical Advisory Committee shall receive written reports from the sub-committees at regular meetings.
- (d) A committee chair may request a meeting with the Medical Advisory Committee, or, at the request of the Medical Advisory Committee, shall be available to discuss all or part of any report of that committee.

#### 10.5 Quorum

- (a) A quorum for any Medical Advisory Committee meeting or subcommittee meeting shall be a majority of the members entitled to vote.

## 10.6 Meetings

- (a) The Medical Advisory Committee shall hold at least ten meetings each year.
- (b) Unless otherwise required by applicable law, motions arising at any Medical Advisory Committee meeting or subcommittee meeting shall be decided by consensus of the voting members present. Consensus will be considered to have been reached when no voting member objects to the subject matter of the motion before the meeting. If the chair of the meeting determines that the sense of the meeting is that consensus will not be reached, then the motion shall be decided by a majority of the votes cast. In the event of a tie, the vote will be lost. A member may attend and vote by electronic means.
- (c) A Medical Advisory Committee or subcommittee meeting may be held by telephonic or electronic means. Where a meeting is held by telephonic or electronic means, a vote may be taken by show of hands, voice vote, or other electronic means of voting.

## Article 11 – Rules of the Professional Staff

### 11.1 Establishment of and changes to Rules of the Professional Staff

- (a) The Board shall require that appropriate Rules of the Professional Staff are formulated and submitted to the Board for approval.
- (b) After considering the recommendations of the Medical Advisory Committee, the Board may establish, modify, or revoke one or more of the Rules of the Professional Staff.
- (c) The Medical Advisory Committee may make recommendations to the Board for establishment of one or more Rules of the Professional Staff to be applicable to a group or category of physicians, or to a department of the Professional Staff, or to all physicians or dentists of the Professional Staff.
- (d) The Medical Advisory Committee shall ensure that, prior to making any recommendation to the Board with respect to a rule, the members of the active Professional Staff, or a specific department when appropriate, have an opportunity to comment on the proposed recommendation.
- (e) The President of the Medical Staff shall ensure that the Board is informed when a significant number of the Professional Staff at any properly constituted meeting of the Professional Staff is opposed to a rule or rule change proposed by the Medical Advisory Committee.

## Article 12 – Professional Staff Meetings

### 12.1 Annual, Regular, and Special Meetings

- (a) The Professional Staff shall hold at least four (4) regular meetings in each fiscal year of the Corporation, one of which shall be the annual meeting, at a time and place fixed by the Professional Staff officers.
- (b) The President of the Professional Staff shall be elected at the annual meeting.
- (c) The President of the Professional Staff may call a special meeting. The President of the Professional Staff shall call a special meeting on the written request of any Active Staff members entitled to vote.
- (d) The Chief Executive Officer will designate human resources for the administrative functions of the Professional staff, including but not limited to giving written notice of each Professional Staff meeting (including the annual meeting or any special meeting) to the Professional Staff and taking minutes at Professional Staff Meetings.

- (e) Notice of a Meeting must be given at least fourteen (14) days before the meeting by posting a notice of the meeting in a conspicuous place in the Hospital or by emailing or sending it through an internal mail distribution system to each Professional Staff member.
- (f) Notice of a special meeting shall state the nature of the business for which the meeting is called.
- (g) The period of time required for giving notice of any special meeting may be waived in exceptional circumstances by a majority of those Professional Staff members present and entitled to vote at the special meeting, as the first item of business of the meeting.
- (h) The Professional Staff officers may determine that any Professional Staff meeting may be held by telephonic or electronic means. Where a Professional Staff meeting is held by telephonic or electronic means, the word “present” in Article 12 shall mean present physically or by telephonic or electronic means, and a vote may be taken by show of hands, voice vote, or other electronic means of voting.

## 12.2 Quorum

- (a) 50% of Professional Staff members entitled to vote and present shall constitute a quorum at any Professional Staff meeting.

## 12.3 Rules of Order

- (a) The procedures for Professional Staff meetings not provided for in this By-law or the Rules or Policies shall be governed by the rules of order adopted by the Board and in conformity with the Hospital Management Regulation under the *Public Hospitals Act*.

## 12.4 Medical Staff Meetings

- (a) Professional Staff meetings held in accordance with this Article shall be deemed to meet the requirement to hold Medical Staff meetings under the *Public Hospitals Act*.

# Article 13 – Professional Staff Officers

## 13.1 Professional Staff Officers

- (a) The provisions of this Article 13 shall be deemed to satisfy the requirements of the *Public Hospitals Act* for Medical Staff officers.
- (b) The Professional Staff officers may include:
  - (i) a President;
  - (ii) a Vice President;
  - (iii) a Secretary; and
  - (iv) such other officers as the Professional Staff may determine.
- (c) The Professional Staff officers shall be elected annually for a two (2) year term by a majority vote of the Professional Staff members present and voting at a Professional Staff meeting.
- (d) The Professional Staff officers may serve a maximum of six (6) consecutive years in one office. An officer may be re-elected to the same position following a break in continuous service of at least one year.

- (e) The Professional Staff officers may be removed from office before the expiry of their term by a majority vote of the Professional Staff members present and voting at a Professional Staff meeting called for that purpose.
- (f) If any office of the Professional Staff becomes vacant, and it is deemed expedient to fill the office before the next annual meeting of the Professional Staff, the vacancy may be filled by a majority vote of the Professional Staff members present and voting at a regular or special Professional Staff meeting. The election of the Professional Staff member shall follow the process in section 13.3. The Professional Staff member so elected to office shall fill the office until the next annual meeting of the Professional Staff.

### 13.2 Attendance, Voting, and Holding Office

- (a) All Professional Staff members are entitled to attend Professional Staff meetings.
- (b) Only Active Staff members are entitled to vote at Professional Staff meetings.
- (c) Only Active Staff members may hold any Professional Staff office.

### 13.3 Nominations and Election Process

- (a) A nominating committee shall be constituted through a process approved by the Professional Staff on the recommendation of the Professional Staff officers.
- (b) At least twenty-one (21) days before the annual meeting of the Professional Staff, the nominating committee shall circulate or post in a conspicuous place at each site of the Hospital a list of the names of those who are nominated to stand for the offices of the Professional Staff that are to be filled by election in accordance with the *Public Hospitals Act* and this By-law.
- (c) Any further nominations shall be made in writing to the Secretary of the Professional Staff up to seven days before the annual meeting of the Professional Staff.

### 13.4 President of the Professional Staff

- (a) The President of the Professional Staff shall:
  - (i) preside as the Chair of all Professional Staff meetings;
  - (ii) Call special meetings of the Professional Staff as needed;
  - (iii) act as a liaison between the Professional Staff, the Chief Executive Officer, and the Board on matters concerning the Professional Staff;
  - (iv) support and promote the values and strategic plan of the Corporation;
  - (v) be an *ex-officio* member of the Medical Advisory Committee;
  - (vi) be an *ex-officio* non-voting Director and, as a Director, fulfill fiduciary duties to the Corporation by making decisions in the best interest of the Corporation;
  - (vii) in conjunction with the Chief of Staff, be a member of other Hospital Board committees, as outlined in Hospital bylaws and/or the Rules of the Professional Staff;
  - (viii) be a member of the Joint Conference Committee;
  - (ix) be an *ex-officio* member of all committees which report to the Professional Staff;

- (x) in the absence or disability of the Chief of Staff, perform the duties of that office.

### 13.5 Vice President of the Professional Staff

(a) The Vice President of the Professional Staff shall:

- (i) in the absence or disability of the President of the Professional Staff, act in place of the President, and perform their duties and possess their powers as set out in section 13.4 (other than as set out in Section 13.4(vi));
- (ii) perform such duties as the President of the Professional Staff may delegate to them;
- (iii) be an *ex-officio* member of the Medical Advisory Committee; and
- (iv) be a member of the Joint Conference Committee.

### 13.6 Secretary of the Professional Staff

(a) The Secretary of the Professional Staff shall:

- (i) attend to the correspondence of the Professional Staff;
- (ii) ensure notice of meetings is given (at least ten (10) days before the meeting in the case of an annual meeting of the Professional Staff) and ensure that minutes are kept of Professional Staff meetings;
- (iii) maintain the funds and financial records of the Professional Staff and provide a financial report at the annual meeting of the Professional Staff;
- (iv) disburse funds at the direction of the Professional Staff, as determined by a majority vote of the Professional Staff members present and voting at a Professional Staff meeting;
- (v) be an *ex-officio* member of the Medical Advisory Committee;
- (vi) be a member of the Joint Conference Committee;
- (vii) perform the duties of the Professional Staff Secretary as set out in the Hospital Management Regulation under the *Public Hospitals Act*; and
- (viii) in the absence or disability of the Vice President of the Professional Staff, perform the duties and possess the powers of the Vice President as set out in section 13.5.

### 13.7 Other Officers

(a) The duties of any other Professional Staff officers shall be determined by the Professional Staff.

## Article 14 – Amendments

### 14.1 Amendments to this By-law

(a) Prior to submitting any amendment(s) to this By-law to the Corporation's by-law approval processes:

- (i) the Corporation shall provide notice specifying the proposed amendment(s) to the Professional Staff;

- (ii) the Professional Staff shall be afforded an opportunity to comment on the proposed amendment(s);
- (iii) the Medical Advisory Committee may make recommendations to the Board on the proposed amendment(s); and
- (iv) The Board shall consider the Professional Staff's comments and the Medical Advisory Committee's recommendations and shall thereafter, at its discretion, finalize the By-law.

## 14.2 Repeal and Restatement

- (a) This By-law repeals and restates in its entirety the by-laws of the Corporation previously enacted concerning the Professional Staff.

## Schedule A

### Application Requirements

#### 1.1 Each Application must contain:

- (a) a statement by the applicant that they have read the Public Hospitals Act and its regulations, these By-Laws and the Rules and Regulations of the Professional Staff of the Hospital;
- (b) an undertaking that, if the applicant is appointed to the Professional Staff, the applicant will provide the agreed upon services to the Hospital and will act in accordance with the Public Hospitals Act, the regulations thereunder, the By-Laws, Rules and Regulations and policies of the Hospital;
- (c) a current, certificate of Professional Conduct (physicians), certificate of registration (dentists and midwives) or annual registration payment card as a registered nurse in the extended class and a signed consent which shall include but not limited to authorizing any college to provide:
  - (i) a report on any action taken by its disciplinary or fitness to practice committee;
  - (ii) a report on whether the applicant's privileges have been curtailed or cancelled by the college or by another hospital because of incompetence, negligence or any act of professional misconduct;
- (d) reports on experience, and competence including:
  - (i) a report from the Chief of Staff or Chief of Department in the last hospital in which the applicant held an appointment; or
  - (ii) if the applicant has completed training within the past five years, a report from a supervisor or head of the program in which the applicant has completed training;
- (e) a list of three (3) current appropriate references, unless otherwise instructed by the Credentials Committee;
- (f) a list of procedural privileges requested;
- (g) an up to date curriculum vitae, including a record of the applicant's professional education, post-graduate training, history of academic and professional career, and continuing medical education;
- (h) evidence of medical practice liability insurance coverage satisfactory to the Board and appropriate to the scope and nature of the intended practice;
- (i) where there has been an adverse finding or the applicant did voluntarily or involuntarily resign or restrict their privileges, the applicant shall provide a recital and description of disciplinary actions, voluntary restriction of privileges, competency investigations, performance reviews and details with respect to prior privileges disputes with other hospitals regarding appointment, re-appointment, change in privileges, or mid-term suspension or revocation of privileges;
- (j) information of any civil suit related to professional practice where there was a finding of negligence or battery, including any suit settled by a payment;
- (k) information regarding any criminal proceedings or convictions involving the applicant which may impact the applicant's ability to practice;

- (l) information regarding the applicant's health, including any impairments, medical conditions, diseases or illnesses that may impact on the applicant's ability to practice, along with an authorization for the treating health professional to release relevant information to the Hospital, such information as released by a treating health professional to not form part of the applicant's credentialing file;
- (m) an undertaking, in writing, that if appointed, the applicant will act in accordance with the Laws of the Province of Ontario relating to hospital practice, and abide by and guided by the requirements set out in the By- Laws and the Rules and Regulations of the Professional Staff and policies of the Hospital and will act in accordance with ethical standards of the profession;
- (n) an undertaking, in writing, that if appointed, the applicant will abide the Hospitals policies as related to confidentiality of patient information and Hospital matters. No member will make statements on behalf of the Hospital to the news media or public without the express authority of the President and Chief Executive Officer or delegate.