

## **PART V - PROFESSIONAL STAFF**

### **Article 32 - Purpose of the Professional Staff By-Law**

Pursuant to the Board's obligations under the *Public Hospitals Act*, the Board has set out in the Professional Staff By-Law (being Articles 32 through 99 of this By-Law) the following:

- 1) the structure and organization of the Professional Staff;
- 2) the duties and responsibilities of the members of the Professional Staff;
- 3) the procedures with respect to the election of the Medical Staff Association officers;
- 4) a quality assurance system to monitor the professional care rendered to patients by the members of the Professional Staff;
- 5) a system to ensure the continuing improvement of the quality of professional care provided to the patients; and
- 6) a mechanism for accountability to the Board and as appropriate for patient care, workplace safety and professional and ethical behaviours of each individual member of the Professional Staff.

### **Article 33 - Appointment to the Professional Staff**

33.1 The Board shall appoint annually a Medical, Dental, Midwifery and Extended Class Nursing Staff for the Hospital.

33.2 Notwithstanding the other requirements of this By-Law, a person who is not a Physician may be honoured by appointment to the honorary staff.

### **Article 34 - Term**

Each appointment to the Professional Staff shall be for the calendar year but shall continue in effect until the Board has made appointments for the ensuing calendar year.

### **Article 35 - Application for Appointment to the Professional Staff**

35.1 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 this By-Law and the policies and procedures of the Hospital.

35.2 On request, the Chief Executive Officer shall either provide each applicant with a copy of, or advise each applicant of how they may access, the By-Laws, Professional Staff Rules and other rules of the Hospital, the *Public Hospitals Act* and the Regulations

thereunder to each applicant who expresses in writing the intention to apply for appointment to the Professional Staff.

35.3 An applicant for membership on the Professional Staff shall submit a written application on the prescribed form to the Chief Executive Officer.

35.4 Each application shall contain:

- (a) a statement by the applicant that he/she has read and will abide by the Public Hospitals Act and the Regulations thereunder and the By-Laws, mission, vision, values, policies, Professional Staff Rules and other rules of the Hospital, and a signed copy of any policies or procedures that the Hospital may require to indicate the applicant's awareness of such policies or procedures;
- (b) an acknowledgement by the applicant that:
  - (i) the failure of the applicant to provide the agreed upon services as stipulated in the application in accordance with the *Public Hospitals Act*, the By-Laws, the Hospital's mission, vision, values, policies, Professional Staff Rules and other rules of the Hospital, and any code of ethics applicable to the applicant's profession will constitute a breach of the applicant's obligations to the Hospital, and the Hospital may, upon consideration of the individual circumstances, remove access by the Professional Staff member to any and all Hospital resources, or take such actions as are reasonable, in accordance with the *Public Hospitals Act*, the By-Laws, policies, Professional Staff Rules and other rules of the Hospital; and
  - (ii) the failure of the applicant to comply with the undertaking set out in clause (i) above may result in the applicant's privileges being restricted, suspended, or revoked or the applicant being denied re-appointment and may, depending on the circumstances, be a matter which is reportable to the College. Any such actions by the Hospital will be in accordance with the Public Hospitals Act, the By-Laws, policies, Professional Staff Rules and other rules of the Hospital;
- (c) evidence of either current membership in the Canadian Medical Protective Association, or evidence of individual liability insurance coverage for privileges applied for satisfactory to the Board, together with a record of the applicant's past claims history, including settlements, any of which is subject to verification;
- (d) a list of the procedures requested;
- (e) an up-to-date curriculum vitae including a record of the applicant's professional education, post-graduate training, and continuing medical education acceptable to the Credentials Committee and a chronology of academic and professional career, organizational positions and committee memberships;

- (f) a copy of the applicant's current registration or licence to practice in Ontario;
- (g) evidence of maintenance of Certification, if applicable;
- (h) to the best of the applicant's ability, documentation of the applicant's immunization status in reference to the Communicable Disease Surveillance Protocols jointly published by the Ontario Hospital Association and the Ontario Medical Association, as may be amended from time to time;
- (i) a current, as may be applicable, Certificate of Professional Conduct (Physicians), Certificate of Registration (Dentists), Certificate of Professional Conduct (Midwives), or Annual Registration Payment Card as a Registered Nurse in the Extended Class from the College and a signed consent authorizing the College to provide:
  - (i) a report on any action taken by a committee of the College (specifically, for Physicians, any action taken by the CPSO Discipline Committee, Fitness to Practice Committee or Quality Assurance Committee following a referral to that committee); and/or
  - (ii) a report on whether the applicant's privileges have been restricted or cancelled by another hospital or health care institution because of incompetence, negligence, incapacity, or any act of professional misconduct; and/or
  - (iii) a letter of standing;
- (j)
  - (i) subject to clause (ii) below, a recital and description of "Pending" or completed proceedings for professional misconduct, incompetence or incapacity, competency investigations, performance reviews at the College or another jurisdiction or by another hospital or healthcare institution, voluntary restriction or resignation of privileges during the course of an investigation into competence, negligence or conduct, and details with respect to prior privileges or employment disputes with another hospital or healthcare institution, including regarding appointment, re-appointment, change of privileges, mid-term suspension or revocation of privileges or termination of employment;
  - (ii) the applicant will not have to provide any recital or description where there was no adverse finding relating to the above in the context of a College or another jurisdiction, provided that the applicant did not voluntarily or involuntarily restrict his/her certificate of registration, and in the context of a hospital or healthcare institution, provided the applicant did not voluntarily or involuntarily resign or restrict the applicant's privileges or employment or provide an undertaking of any kind while under review or in anticipation of an investigation or performance review; and

- (i) “Pending” with respect to any disciplinary action, competency investigation, or performance review at the College means a referral to the equivalent of the CPSO Discipline Committee, Fitness to Practice Committee or Quality Assurance Committee. “Pending” with respect to matters at a hospital or healthcare institution means that the matter has been considered by the other institution’s medical or administrative leaders and has been referred to the other institution’s medical advisory committee (or equivalent medical advisory body) for further investigation;
- (k) information regarding the applicant’s failure to obtain any professional license or Certification, fellowship, professional academic appointment or privileges at any other hospital or health care institution;
- (l) information regarding the applicant’s health, including any current impairments, medical conditions, diseases or illnesses that the applicant objectively believes may impact on the applicant’s ability to practice and current treatments therefor, as well as the date of the applicant’s last examination, the name of the treating health professional and an authorization to the treating health professional to release relevant information to the Hospital. Any information provided by the applicant’s treating physician to the Chief of Staff (or designate) will not become part of the applicant’s credentialing file and will not be provided to the Medical Advisory Committee unless:
  - (i) in the sole discretion of the Chief of Staff, the Chief of Staff reasonably believes that the information provided by the applicant’s treating physician discloses a condition or situation that adversely impacts the applicant’s ability to practise or the safety of the Hospital’s workplace; and
  - (ii) the applicant agrees to the release of the information to the Medical Advisory Committee. In the event that the applicant refuses to authorize the Chief of Staff to release the information to the Medical Advisory Committee, the applicant will be deemed to have withdrawn the application for appointment;
- (m) information regarding any convictions or ongoing criminal proceedings that may be relevant to the applicant’s ability and/or suitability to practise, the safety of the Hospital’s workplace, or the applicant’s ability to comply with the Professional Staff Rules or other rules of the Hospital, and a consent in a form prescribed by the Hospital authorizing the Hospital to conduct a criminal record check;
- (n) information regarding any civil suit where there was a finding of negligence or battery including any such action settled by a payment on behalf of the applicant;
- (o) an undertaking, in writing, that if appointed the applicant will:
  - (i) serve on committees or subcommittees to which he/she is appointed by the Board or the Medical Advisory Committee;

- (ii) not make statements on behalf of the Hospital to the news media or public without the express authority of the Chief Executive Officer or designate;
- (iii) use best efforts to provide the Hospital with at least three (3) months' prior written notice of the applicant's intention to resign or otherwise limit his/her exercise of privileges. The applicant may be exempted from the notice requirements if the Chief of Staff believes that the notice is not required or if the Chief of Staff believes that there are reasonable or compassionate grounds to grant the exemption; and
- (iv) participate in any orientation offered by the Hospital for new members of the Professional Staff;
- (p) a direction to the Chief Executive Officer and Chief of Staff authorizing either one of them to contact any previous hospitals where the applicant has provided services for the purposes of conducting a reference check, such direction to include names and addresses of at least three (3) appropriate references including:
  - (A) the chief executive officer and chief of staff of the last hospital, health care centre or independent health facility where the applicant held privileges or received training;
  - (B) the service director or head of training program if enrolled in a graduate training program within the past three (3) years; and
  - (C) the dean of medicine of the last educational institution in which the applicant held an appointment or was trained if such appointment or training was within the past three (3) years;
- (q) a signed authorization to any applicable hospital, health care institution or regulatory body to the release of information relating to any of the items listed above; and
- (r) any other requirements which shall from time to time be determined by the Board after considering advice from the Medical Advisory Committee.

35.5 Each new applicant may be asked to visit the Hospital for an interview with appropriate members of the Professional Staff and the Chief Executive Officer or his/her delegate.

## **Article 36 - Processing of Applications to the Professional Staff**

36.1 The Chief Executive Officer shall retain the original application and shall refer a copy of the application immediately to the Medical Advisory Committee through its Chair who shall keep a record of each application and then refer a copy of the application forthwith to the Chair of the Credentials Committee. The Chief Executive Officer shall ensure that the Hospital has in place and enforces a policy (i) to protect the confidentiality of all information contained in a completed application and (ii) to ensure that only those persons entitled under this By-Law have access to the completed application.

36.2 The Credentials Committee shall:

- (a) investigate each application submitted under section 36.1 together with the qualification, experience and professional reputation of the applicant;
- (b) consult with the Chief of the appropriate department; and
- (c) make a written report to the Medical Advisory Committee at its next regular meeting, including a recommendation to the Medical Advisory Committee to appoint, not appoint or appoint the applicant subject to specified conditions.

36.3 The Medical Advisory Committee shall:

- (a) receive and consider the application, the report of the Credentials Committee, and the Utilization Management Committee where applicable;
- (b) send its recommendation in writing to the Board and to the applicant through the Chief Executive Officer pursuant to the Public Hospitals Act within sixty (60) days from the application (unless prior to the expiry of the sixty (60) day period, it indicates in writing to the Board and the applicant that a final review cannot yet be made and gives the written reasons therefor); and
- (c) if a recommendation for appointment is made the privileges recommended shall be specified together with any conditions attached to the privileges.

36.4 The notice of recommendation under section 36.3(b) shall inform the applicant that he/she is entitled to;

- (a) a written reason for the recommendation if a request is received by the Medical Advisory Committee within seven (7) days of the receipt by the applicant of the notice of the recommendation; and
- (b) 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 reason under clause (a) preceding, and he/she may so require such reasons and hearing.

36.5 Where the applicant does not require a hearing by the Board in accordance with section 36.4(b) preceding, the Board may implement the recommendation of the Medical Advisory Committee or make such other determination as it considers appropriate.

36.6 Where an applicant requires a hearing by the Board in accordance with these By-Laws, the Board shall appoint a time for and hold the hearing and shall decide the matter in the exercise of its powers pursuant to the *Public Hospitals Act*.

36.7 Subject to the provisions of the *Public Hospitals Act*, the Board shall either implement the recommendation of the Medical Advisory Committee and the applicant to be so

advised forthwith, or if information that has not been considered by the Medical Advisory Committee has come to the attention of the Board that the Board believes should be considered by the Medical Advisory Committee prior to the Board acting on the Medical Advisory Committee's recommendation, the Board may refer the new information back to the Medical Advisory Committee for consideration.

- 36.8 The Medical Advisory Committee shall reconsider the application if so referred back by the Board, with notice to the applicant. The Medical Advisory Committee shall at the next Medical Advisory Committee meeting make a reconsidered recommendation to the Board and notify the applicant, who shall be entitled to a hearing and the process set out in Article 39.
- 36.9 After consideration of the recommendation of the Medical Advisory Committee, the Board shall either implement the recommendation or otherwise deal with the application pursuant to the *Public Hospitals Act* and cause the Medical Advisory Committee and the applicant to be advised forthwith.
- 36.10 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:
- (a) the applicant is unable to provide care at a level that is consistent with the standard of care expected of Professional Staff members at the Hospital;
  - (b) the appointment is not consistent with the need for service, as determined by the Board from time to time;
  - (c) the Hospital does not have sufficient resources to accommodate the applicant;
  - (d) the appointment is not consistent with the strategic plan of the Hospital;
  - (e) the applicant was not considered the best qualified applicant for the position available; and/or
  - (f) the applicant has not demonstrated an ability to fulfill all of the criteria for appointment as set out in Article 37 below.

### **Article 37 - Criteria for Appointment and Re-Appointment**

- 37.1 Only an applicant qualified to practice medicine and in good standing, and licensed pursuant to the laws of Ontario is eligible to be a member of and appointed to the Professional Staff of the Hospital except as otherwise provided for in this By-Law.
- 37.2 The applicant shall have:
- (a) a certificate of professional conduct (or equivalent) from the applicable College;
  - (b) a demonstrated ability to provide patient care at an appropriate level of quality and efficiency;
  - (c) a demonstrated ability to communicate, work with and relate to all members of the Professional Staff and Hospital staff in a co-operative, professional and non-

disruptive manner (non-disruptive being defined by reference to applicable College policies such as the CPSO's "Physician Behaviour in the Professional Environment" Policy);

- (d) a demonstrated ability to communicate and relate appropriately with patients and patients' relatives;
  - (e) a willingness to participate in the discharge of staff obligations appropriate to membership group;
  - (f) a report on, among other things, the experience, competence and reputation of the applicant from the Chief of Staff or Chief of Department in the last hospital in which the applicant trained or held an appointment;
  - (g) in the case of a certified specialist, a report from the Chief of Department in which training was completed, as well as a report from the Chief of the Department in which he or she last practised;
  - (h) adequate training and experience for the privileges requested.
  - (i) evidence of Canadian Medical Protection Association or equivalent professional practice protection coverage for the privileges applied for, satisfactory to the Board;
  - (j) a certificate of registration with the applicable College.
- 37.3 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 other Hospital rules and policies.
- 37.4 A demonstrated need for the services in the community as determined by the Board of Directors, with advice from the Medical Advisory Committee and if applicable, subject to an impact analysis.
- 37.5 The applicant must indicate to the Credentials Committee adequate control of any significant physical or behavioural impairment that affects skill, attitude or judgement.

### **Article 38 - Re-Appointment**

- 38.1 The Board, on or before the first of February of each year, shall require each member of the Professional Staff to make written application through the Chief Executive Officer to the Board for re-appointment to the Professional Staff.
- 38.2 The Chief of Staff, or where applicable the Chief of Department, shall review and make recommendations concerning each application for re-appointment within that department to the Medical Advisory Committee.



- 38.3 (a) Sections 35.1 and 35.3 shall apply to applications for re-appointment with necessary changes to points of detail.
- (b) The Chief Executive Officer shall provide the applicant with, or advise the applicant of how they may access, any updates or amendments to the documentation listed in section 35.2 implemented since the date of the applicant's most recent application.
- 38.4 The applicant's application for re-appointment shall contain the following:
- (a) evidence of the items requested in sections 35.4(c) and 35.4(g);
- (b) a restatement, confirmation or declaration of the items requested in sections 35.4(a), 35.4(b), and 35.4(o);
- (c) either:
- (i) a declaration that all information relating to sections 35.4(h), 35.4(j), 35.4(k), 35.4(l), 35.4(m) and 35.4(n) 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
- (ii) a description of all material changes to the information requested in sections 35.4(h), 35.4(j), 35.4(k), 35.4(l), 35.4(m) and 35.4(n) on file at the Hospital since the applicant's most recent application;
- (d) an acknowledgement that the Hospital will be reviewing the information maintained by the College with respect to his/her licence that is publicly available and that the Professional Staff member may be required to provide full disclosure as contemplated in section 35.4(i) in the event that the information discloses new restrictions, referrals or findings, together with the signed authorization contemplated in section 35.4(q);
- (e) if the applicant is a member of the active Professional Staff or associate Professional Staff, a report from the Chief of Staff, or where applicable the Chief of Department, reviewing the applicant's performance for the past year, which report shall contain, if available and applicable, information and evidence relating to the applicant's:
- (i) demonstration of professional attitudes and behaviours including communication skills with patients and staff;
- (ii) record of all documented patient and staff complaints during the past year relating to the applicant's quality of care and/or impact on workplace safety;
- (iii) the applicant's ability to work in a collegial, professional and non-disruptive manner with the Board, Chief Executive Officer, Chief of Staff, members of the Medical Advisory Committee, and other members of the Professional Staff, the nursing staff, other health care practitioners and other employees of the Hospital;

- (iv) satisfactory discharge of clinical responsibilities;
- (v) satisfactory discharge of “on-call” responsibilities, if any, as determined by each Department;
- (vi) attendance at Medical Staff Association meetings;
- (vii) willingness to participate in the discharge of staff obligations and any committee obligations as appropriate to membership group;
- (viii) quality of care performance including, but not limited to, complications, infection rate, average length of stay, and any other indications of performance available to the Chief of Staff, or where applicable the Chief of Department;
- (ix) ability to supervise Professional Staff, where requested;
- (x) monitoring of patients, together with evidence of appropriate and completed health records;
- (xi) resource utilization that demonstrates appropriate and efficient use of Hospital’s resources;
- (xii) adequate training and experience for the privileges requested;
- (xiii) participation in continuing education programs;
- (xiv) evidence of professional practice protection coverage satisfactory to the Board;
- (xv) general compliance with the *Public Hospitals Act*, the By-Laws, the Professional Staff Rules and other rules of the Hospital, and the Hospital’s mission, vision, values, and policies; and
- (xvi) such other information that the Board may require, from time to time, having given consideration to the recommendations of the Medical Advisory Committee.

38.5 The Medical Advisory Committee shall:

- (a) receive and consider for application for re-appointment the report of the Chief of Staff, or where applicable the Chief of Department, the Credentials Committee and any other applicable reports;
- (b) send its recommendation in writing to the Board and to the applicant for re-appointment through the Chief Executive Officer pursuant to the Public Hospitals Act within sixty (60) days from the application (unless prior to the expiry of the sixty (60) day period, it indicates in writing to the Board and the applicant that a final review cannot yet be made and gives the written reasons therefor);
- (c) in the case of a recommendation for re-appointment, specify the privileges which it recommends the applicant be granted; and
- (d) make the Board aware of any applications for re-appointment that are being considered on a delayed or deferred basis and the reason for such delay or deferral.

- 38.6 The application for re-appointment shall be processed as contemplated in sections 36.2 to 36.9, with necessary changes to detail given that the application being processed is for re-appointment rather than initial appointment.
- 38.7 In addition to any other provisions of the By-Law, the Board may refuse to re-appoint any applicant to the Professional Staff or reduce, change or alter the applicant's privileges on any ground, including, but not limited to, the following:
- (a) the Hospital, based on its clinical human resources plan, impact analysis and strategic plan has decided that the Hospital does not have sufficient resources;
  - (b) the Hospital, based on an impact analysis and strategic plan, has decided to reallocate resources to optimize patient access and/or care; or
  - (c) the applicant's performance review relating to the previous year.
- 38.8 Where a Professional Staff member has applied under section 38.4 for re-appointment, his or her appointment shall be deemed to continue,
- (a) until the re-appointment is granted; or
  - (b) 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 Professional 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.

## **Article 39 – Mid Term Suspension and Revocation**

### 39.1 Mid-Term Action With Procedural Guidelines

- (a) Mid-term action may be initiated wherever a member of Professional Staff is alleged to have engaged in, made or exhibited acts, statements, demeanour or professional conduct, either within or outside of the Hospital, and the same:
  - (i) exposes, or is reasonably likely to expose, patients or staff to harm or injury;
  - (ii) is, or is reasonably likely to be, detrimental to patient safety or to the delivery of quality patient care within the Hospital;
  - (iii) is, or is reasonably likely to be, detrimental to Hospital operations;
  - (iv) is, or is reasonably likely to constitute, abuse;
  - (v) results in the imposition of sanctions by the applicable College; or
  - (vi) is contrary to the By-Laws, policies and rules, the *Public Hospitals Act*, or any other relevant legislated requirement applicable in Ontario.
- (b) Where information is provided to the Chief Executive Officer or Chief of Staff which raises concerns about any of the matters in section 39.1(a) above, the

information shall be reduced to writing along with any supporting documentation and shall be directed to the Chief Executive Officer or Chief of Staff.

- (c) If either of the Chief Executive Officer or Chief of Staff receives information, which potentially has a negative effect on patient care or workplace safety, about the behaviour, performance or competence of a Professional Staff member, he/she shall inform the other individual.
- (d) An interview shall be arranged with the Professional Staff member and the Chief Executive Officer and/or the Chief of Staff.
- (e) The Professional Staff member shall be advised of the information about his/her behaviour, performance or competence and shall be given a reasonable opportunity to present relevant information on his/her own behalf.
- (f) A written record shall be maintained reflecting the substance of the interview and copies shall be sent to the Professional Staff member, the Chief Executive Officer and the Chief of Staff.
- (g) If the member fails or declines to participate in the interview after being given a reasonable opportunity, the appropriate action may be initiated.
- (h) The Chief of Staff and Chief Executive Officer shall determine whether a further investigation is necessary.
- (i) The investigation may be assigned by the Chief of Staff or Chief Executive Officer to individual(s) within the Hospital, the Medical Advisory Committee, a body within the Hospital other than the Medical Advisory Committee, or an external consultant.
- (j) Upon completion of the investigation, the individual or body who conducted the investigation shall forward a written report to the Chief Executive Officer and the Chief of Staff. The Professional Staff member shall also be provided with a copy of the written report.
- (k) The Chief Executive Officer and Chief of Staff shall review the report and determine whether any further action may be required including, without limitation, whether the matter should be dealt with as an immediate mid-term action pursuant to section 39.7 or referred to the Medical Advisory Committee for consideration pursuant to section 39.2.

#### 39.2 Request to Medical Advisory Committee for Recommendation for Mid-Term Action

- (a) Where it is determined that further action may be required and the matter relates to the dismissal, suspension or restriction of a Professional Staff member's privileges and/or the quality of care in the Hospital or the Hospital's workplace safety, the matter shall be referred to the Medical Advisory Committee, which 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 behaviour that constitute grounds for the request.
- (c) Where the matter is referred to the Medical Advisory Committee, a copy of any reports made by an individual or body 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, 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 individual or 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) days after receipt by the Medical Advisory Committee of the request for a recommendation for mid-term action, unless deferred under paragraph (h) below, 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, the Professional Staff member is entitled to attend the meeting.
- (j) Where the Medical Advisory Committee considers the matter at a Medical Advisory Committee meeting, the procedure set out at section 39.3 is to be followed.
- (k) Members of the Medical Advisory Committee who participated in any investigation may participate in the Medical Advisory Committee meeting contemplated in section 39.3.

### 39.3 Medical Advisory Committee Meeting

- (a) At least fourteen (14) days prior to the Medical Advisory Committee meeting, the Professional Staff member and the members of the Medical Advisory Committee

shall be given written notice of the Medical Advisory Committee meeting by the chair of the Medical Advisory Committee or designate. The notice shall include:

- (i) the time and place of the meeting;
  - (ii) the purpose of the meeting;
  - (iii) a statement that the Professional Staff member will be provided with a statement of the matter(s) to be considered by the Medical Advisory Committee together with any relevant documentation;
  - (iv) a statement that the Professional Staff member is entitled to attend the Medical Advisory Committee meeting and to participate fully, to answer all matters considered by the Medical Advisory Committee, and to present documents and witnesses;
  - (v) a statement that the parties are entitled to bring legal counsel to the meeting and consult with legal counsel, but that the Professional Staff member's legal counsel will not be entitled to participate in the meeting; and
  - (vi) a statement that, in the absence of the Professional Staff member, the meeting may proceed.
- (b) The Professional Staff member may request and the Medical Advisory Committee may grant a postponement of the Medical Advisory Committee meeting. The request for postponement of the meeting must be made in writing at least twenty-four hours (24) prior to the Medical Advisory Committee meeting.
- (c) At least seven (7) days prior to the Medical Advisory Committee meeting, the Medical Advisory Committee shall provide the Professional Staff member with a short but comprehensive statement of the matter to be considered by the Medical Advisory Committee, together with any relevant documentation, including any reports and other documentation that will be reviewed at the meeting.
- (d) The Professional Staff member shall be given full opportunity to answer each ground as well as to present documents and witnesses if so desired, provided the Professional Staff member provides the Medical Advisory Committee at least five (5) days before the Medical Advisory Committee meeting with:
- (i) a list of witnesses; and
  - (ii) a copy of all documentation in the possession, power or control of the Professional Staff member that is relevant to the matter(s) under consideration.
- (e) At the meeting of the Medical Advisory Committee, a record of the proceeding shall be kept in the minutes.
- (f) Where the Medical Advisory Committee determines that the matter has no merit, this shall be noted in the minutes.

- (g) Where the Medical Advisory Committee determines that the matter has merit, the Medical Advisory Committee shall make a recommendation to the Board, which shall be noted in the minutes.
- (h) The Medical Advisory Committee shall provide to the Professional Staff member within fourteen (14) days from the date of the Medical Advisory Committee meeting written notice of:
  - (i) the Medical Advisory Committee's recommendation and the written reasons for the recommendation; and
    - (i) the Professional Staff member's entitlement to a hearing before the Board if a written request is received by the Board and the Medical Advisory Committee within seven (7) days of the receipt by the Professional Staff member of the Medical Advisory Committee's written reasons.
    - (ii) The time period to provide the written notice required in paragraph (h) above may be extended if the Medical Advisory Committee, prior to the expiry of the fourteen (14) days, gives written notice to the Professional Staff member that the final recommendation cannot yet be made and provides the Professional Staff member with written reasons for the extension.
- (j) The Medical Advisory Committee shall provide to the Board within fourteen (14) days from the date of the Medical Advisory Committee meeting, or such later date where the time period is extended pursuant to section 39.3(i) above, written notice of:
  - (i) the Medical Advisory Committee's recommendation and the written reasons for the recommendation; and
  - (ii) where an extension was made pursuant to section 39.3(i) above, the written reasons for the extension.
- (k) Service of a notice to the Professional Staff member may be made personally or by registered mail addressed to the person to be served at his last known address and, where the notice is served by registered mail, it shall be deemed that the notice was served on the third day after the day of mailing unless the person to be served establishes that he/she did not, acting in good faith, through absence, accident, illness or other cause beyond his/her control, receive it until a later date.
- (l) Where the Professional Staff member does not require a hearing by the Board, the Board may implement the recommendation of the Medical Advisory Committee. However, where the Medical Advisory Committee makes a recommendation with respect to the dismissal, suspension or restriction of a Professional Staff member's privileges and:
  - (i) the Professional Staff member has not made any written or oral submissions to the Board, and concerns are raised that the Board believes the Professional Staff member should have an opportunity to address, the

- Board may give the Professional Staff member notice that he/she is entitled to a Board hearing and shall, if the Professional Staff member requests a Board hearing, follow the process set out in section 39.4 of this By-Law with the necessary changes to points of detail; or
- (ii) information that has not been considered by the Medical Advisory Committee has come to the attention of the Board that the Board believes should be considered by the Medical Advisory Committee prior to the Board acting on the Medical Advisory Committee's recommendation, the Board may refer the new information back to the Medical Advisory Committee for consideration, with the Medical Advisory Committee to provide a reconsidered recommendation to the Board with respect to the dismissal, suspension or restriction of the Professional Staff member's privileges, as the case may be. The Professional Staff member shall be given notice of the reconsidered recommendation as outlined in this section and entitled to a hearing and the process set out in section 39.3(a) - (k) of this By-Law.

#### 39.4 The Board Hearing

- (a) Where the Professional Staff member requires a hearing by the Board, the Board shall appoint a place and a time for the hearing.
- (b) The Board hearing shall be held within fourteen (14) days of the Board receiving the notice from the Professional Staff member requesting a hearing.
- (c) The Board shall give written notice of the hearing to the Professional Staff member and to the chair (or substitute) of the Medical Advisory Committee at the earliest possible opportunity and, in any event, at least seven (7) days before the hearing date.
- (d) The notice of the Board hearing shall include:
  - (i) the place and time of the hearing;
  - (ii) the purpose of the hearing;
  - (iii) a statement that the Professional Staff member and the Medical Advisory Committee shall be afforded, prior to the hearing, an opportunity to examine a list of the witnesses the other party intends to call to provide evidence and any written or documentary evidence that will be provided or any report, the contents of which will be given in evidence at the hearing;
  - (iv) a statement that the Professional Staff member may proceed in person or be represented by counsel, and that in his/her absence the Board may proceed with the hearing and that the Professional Staff member will not be entitled to any further notice of the proceeding;
  - (v) a statement that the Professional Staff member may call witnesses and tender documents in evidence in support of his case; and



- (vi) a statement that the time for the hearing may be extended by the Board.
- (e) The parties to the Board hearing are the Professional Staff member, the Medical Advisory Committee and such other persons as the Board may specify. Each party shall be afforded an opportunity to examine prior to the hearing a list of the witnesses the other party intends to call to provide evidence and any written or documentary evidence that will be provided or any report, the contents of which will be given in evidence at the hearing.
- (f) At least five (5) days before the Board hearing, the Professional Staff member shall provide the Board and the Medical Advisory Committee with the following:
  - (i) a list of witnesses; and
  - (ii) a copy of all documentation in the possession, power or control of the Professional Staff member that is relevant to the matter(s) under consideration.
- (g) Directors holding the hearing shall not have taken part in any investigation or consideration of the subject matter of the hearing before the hearing and shall not communicate directly or indirectly in relation to the subject matter of the hearing with any person or with any party or his representative, except upon notice to and an opportunity for all parties to participate. However, the Board may seek legal advice from an advisor independent from the parties and in such case the nature of the advice should be made known to the parties in order that they may make submissions as to the law.
- (h) The findings of fact of the Board pursuant to a hearing shall be based exclusively on evidence admissible or matters that may be noticed under sections 15 and 16 of the *Statutory Powers Procedure Act* (Ontario).
- (i) The Board shall consider only the reasons of the Medical Advisory Committee that have been given to the Professional Staff member in support of its recommendation. Where, through error or inadvertence, certain reasons have been omitted in the statement delivered to the Professional Staff member, the Board may consider those reasons only if those reasons are given by the Medical Advisory Committee in writing to both the Professional Staff member and the Board and the Professional Staff member is given a reasonable time to review the reasons and to prepare a case to meet those additional reasons.
- (j) No member of the Board shall participate in a decision of the Board pursuant to a hearing unless he/she was present throughout the hearing and heard the evidence and argument of the parties and, except with the consent of the parties, no decision of the Board shall be given unless all members so present participate in the decision.
- (k) The 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 Board and the written reasons for the decision shall be provided to the Professional Staff member and to the Medical Advisory Committee as soon as possible after the decision has been made.
- (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 his last known address and, where the notice is served by registered mail, it shall be deemed that the notice was served on the third day after the day of mailing unless the person to be served establishes that he/she did not, acting in good faith, through absence, accident, illness or other cause beyond his/her control, receive it until a later date.

### 39.5 Notification of College

Notice of any suspension, revocation or restriction of privileges shall be given by the Chief Executive Officer to the Registrar of the College within which the member is registered.

### 39.6 Addressing Issues of Competence during Mid-Term Action

At any time during mid-term action, if it becomes apparent that the Professional Staff member's behaviour, performance or competence is such that it exposes, or is reasonably likely to expose, patient(s), staff or others in the Hospital to harm or injury and immediate action must be taken to protect the safety of patient(s), staff or others in the Hospital, the Chief of Staff may determine to invoke the procedures set out in section 39.7.

### 39.7 Immediate Mid-Term Action In An Emergency Situation

- (a) Immediate Steps
  - (i) Where the behaviour, performance or competence of a Professional Staff member exposes, or is reasonably likely to expose, patient(s), staff or others in the Hospital to harm or injury and immediate action must be taken to protect the safety of patient(s), staff or others and no less restrictive measure can be taken, the Chief of Staff may immediately and temporarily suspend the Professional Staff member's privileges, with immediate notice to the President of the Medical Staff Association and Chief Executive Officer, and pending a Medical Advisory Committee meeting and a hearing by the Board.
  - (ii) The Chief of Staff shall immediately notify the Professional Staff member, the Medical Advisory Committee, and the Board of his/her decision to suspend the Professional Staff member's privileges.
  - (iii) Arrangements, as necessary, shall be made by the Chief of Staff for the assignment of a substitute Professional Staff member to care for the

patients of the suspended Professional Staff member.

- (iv) Within forty-eight (48) hours of the suspension, the Chief of Staff shall provide the Professional Staff member and the Medical Advisory Committee with written reasons for the suspension and copies of any relevant documents or records.
- (v) The Chief of Staff is entitled to participate in the deliberations of the Medical Advisory Committee meeting contemplated in section 39.7(b).

(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 within five (5) days from the date of the suspension to review the suspension and to make recommendations to the 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 Professional Staff member with a written notice of:
  - (A) the time and place of the meeting;
  - (B) the purpose of the meeting;
  - (C) a statement that the Professional Staff member will be provided with a statement of the matter(s) to be considered by the Medical Advisory Committee together with any relevant documentation;
  - (D) a statement that the Professional Staff member is entitled to attend the Medical Advisory Committee meeting and to participate fully, to answer all matters considered by the Medical Advisory Committee, and to present documents and witnesses;
  - (E) a statement that the parties are entitled to bring legal counsel to the meeting and consult with legal counsel, but that the Professional Staff member's legal counsel will not be entitled to participate in the meeting; and
  - (F) a statement that, in the absence of the Professional Staff member, the meeting may proceed.
- (iii) The Professional Staff member may request and the Medical Advisory Committee may grant a postponement of the Medical Advisory Committee meeting.
- (iv) The Professional Staff member shall be given full opportunity to answer each ground as well as to present documents and witnesses if so desired, provided the Professional Staff member provides the Medical Advisory Committee at least forty-eight (48) hours before the meeting with:
  - (A) a list of witnesses; and

- (B) a copy of all documentation in the possession, power or control of the applicant or member that is relevant to the matter(s) under consideration.
  - (v) 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.
  - (vi) Before deliberating on the recommendation to be made to the Board, the chair (or substitute) of the Medical Advisory Committee shall require the Professional Staff member, and any other persons present who are not Medical Advisory Committee members, to remove themselves from the meeting. The Medical Advisory Committee shall not consider any matter or case to which they did not give the Professional Staff member a fair opportunity to answer.
  - (vii) The Medical Advisory Committee shall provide to the Professional Staff 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 Professional Staff member's entitlement to a hearing before the Board.
  - (viii) The Medical Advisory Committee shall provide to the Board within twenty-four (24) hours of the Medical Advisory Committee meeting written notice of the Medical Advisory Committee's recommendation and the written reasons for the recommendation.
- (c) The Board Hearing
- (i) The Board shall appoint a place and time for the hearing.
  - (ii) The Board hearing shall be held within seven (7) days of the date of receipt by the Professional Staff member of the Medical Advisory Committee's recommendation and written reasons.
  - (iii) The Board shall provide written notice of the Board hearing to the Professional Staff member and to the chair (or substitute) of the Medical Advisory Committee at the earliest possible opportunity, and in any event at least seventy-two (72) hours prior to the date of the hearing.
  - (iv) The notice of the Board hearing shall include the following matters:
    - (A) the date, time and place of the hearing;
    - (B) the purpose of the hearing;
    - (C) a statement that the Professional Staff member and the Medical Advisory Committee shall be afforded an opportunity at least seventy-two (72) hours before the hearing to examine a list of the

witnesses the other party intends to call to provide evidence and any written or documentary evidence that will be produced or any report, the contents of which will be given in evidence at the hearing;

- (D) a statement that the Professional Staff member may proceed in person or be represented by counsel, and that in his/her absence the Board may proceed with the hearing and that the Professional Staff member will not be entitled to any further notice of the proceeding;
- (E) a statement that the Professional Staff member may call witnesses and tender documents in evidence in support of his/her case; and
- (F) a statement that the time for the hearing may be extended by the Board.

39.8 The procedure outlined in sections 39.4(e) through to (m) relating to the Board hearing process shall be followed.

#### **Article 40 - Application for Change of Privileges**

- 40.1 Where a member of the Professional Staff wishes to change his or her privileges, an application shall be submitted in writing to the Chief Executive Officer listing the change of privileges which is requested and evidence of appropriate training and competence.
- 40.2 The application shall be processed as contemplated in sections 36.2 to 36.9, with necessary changes to detail given that the application being processed is for a request for change of privileges.

#### **Article 41 - Monitoring Aberrant Practices**

- 41.1 Where it is believed by any member of the Professional Staff or Hospital staff 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/she is about to undertake, the belief shall be communicated immediately to the Chief of Staff and Chief Executive Officer who shall take appropriate action in consultation with the Chief of the appropriate department. A written report of such incidents shall be recorded within forty-eight (48) hours.
- 41.2 In attending and treating patients in the Hospital, each member of the Professional Staff shall be under the jurisdiction of the Chief of Staff, through the Chief of the Department concerned in any particular case, if applicable.

- 41.3 The Chief of Staff, in consultation with the Chief of the Department concerned or vice versa, if applicable, where he/she believes it to be necessary or desirable in the best interest of the patient, shall examine the condition and scrutinize the treatment of any patient in the Hospital and make recommendations to the attending Physician and if necessary to the Medical Advisory Committee.

## **Article 42 - Viewing Operations or Procedures**

Any operation or procedure performed in the Hospital may be viewed without the permission of the Professional Staff member by:

- (a) the Chief of Staff or delegate, or
- (b) the Chief of the Department, or delegate.

## **Article 43 - Medical Staff Categories**

The Medical Staff shall be divided into the following categories:

- (a) active
- (b) associate
- (c) courtesy
- (d) locum tenens
- (e) temporary
- (f) honorary
- (g) term.

## **Article 44 - Active Staff**

- 44.1 The active staff shall consist of those Physicians who have been appointed by the Board following a period of Associate Staff membership as provided in this By-Law.
- 44.2 Except where approved by the Board, no Physicians with an active staff appointment at another hospital shall be appointed to the active staff.
- 44.3 Every Physician applying for appointment to the active staff may be assigned to the associate staff for a probationary period of one (1) year, up to a maximum of eighteen (18) months.
- 44.4 Active staff members are responsible for assuring medical care is provided to all patients in the Hospital for whom they are responsible or when assigned to provide care.
- 44.5 All active staff members shall have admitting privileges unless otherwise specified in

their appointment to the Medical Staff.

- 44.6 Active staff members shall be eligible to vote at Medical Staff Association meetings, to hold office on the Medical Staff Association and to sit on any sub-committee of the Medical Advisory Committee.
- 44.7 Each member of the active staff shall:
- (a) 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 to which the Physician has been assigned;
  - (b) attend patients, and undertake treatment and operative procedures only in accordance with the kind and degree of privileges granted by the Board;
  - (c) act as a supervisor when requested by the Chief of Staff or the Chief of the Department; and
  - (d) perform such other duties as may from time to time be prescribed by the Medical Advisory Committee.

#### **Article 45 - Associate Staff**

- 45.1 All Physicians applying for appointment to the active Medical Staff may be assigned to the associate staff for a probationary period of one (1) year, to provide the Hospital with an opportunity to conduct a more thorough evaluation of the member's qualifications, skill, expertise, behaviours, and collegiality in order to determine whether the applicant should be re-appointed as an active staff member with an expectation, subject to the *Public Hospitals Act* and the By-Law, of continued yearly appointments at the Hospital.
- 45.2 Each associate staff member shall have admitting privileges unless otherwise specified in the appointment.
- 45.3 Each associate staff member shall work under the counsel and supervision of an active staff member named by the Chief of Staff or the Chief of the Department to which the associate staff member has been assigned. The supervisor shall carry out the duties in accordance with the Professional Staff Rules.
- 45.4 (a) From time to time, and at least every six (6) months during the probationary period, after appointment to the Medical Staff, the Chief of the Department in which the associate staff member has been working or the active staff member by whom the Physician has been supervised shall make a written report to the Chief of Staff after discussing such written report at a face-to-face meeting with the associate staff member, including:
- (i) information concerning the knowledge and skill which has been shown by the associate staff member;
  - (ii) the nature and quality of the Physician's work in the Hospital;

- (iii) comments on the utilization of Hospital resources; and
  - (iv) the associate staff member's behaviours and ability to function in conjunction with the other members of the Hospital staff.
- (b) After one (1) year the appointment of a Physician to the associate staff shall be reviewed by the Credentials Committee, which shall report to the Medical Advisory Committee.
  - (c) At any time a report made under this section is not favourable to the associate staff member, this shall be communicated to the member and the member may request reassignment or the Chief of the Department may assign him/her to the supervision of a different staff member for a further period of up to six (6) months.
  - (d) At any time an unfavourable report may cause the Medical Advisory Committee to consider making a recommendation that appointment of the associate staff member be terminated.
  - (e) In no event shall membership in the associate staff category exceed eighteen (18) consecutive months. Notwithstanding this eighteen (18) month limit, any international medical graduate shall remain in the associate staff category until such time as they have met the requirements of the CPSO and the Royal College of Physicians and Surgeons of Canada allowing him or her to practice independently, without supervision.

45.5 An associate staff member shall:

- (a) 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 the Medical Advisory Committee, and
- (b) undertake such duties in respect of those patients classed as emergency cases as may be specified by the Chief of Staff and/or the Chief of the Department to which the member has been assigned.

45.6 Members of the associate staff shall attend meetings of the Medical Staff Association but shall not vote or be elected as a Medical Staff Association officer, but may be appointed to a sub-committee of the Medical Advisory Committee.

## **Article 46 - Courtesy Staff**

46.1 The Board, on the recommendation of the Medical Advisory Committee, may grant Physicians an appointment to the courtesy staff with such privileges as the Board deems advisable in one or more of the following circumstances;

- (a) the applicant has an active staff commitment at another Hospital,



- (b) the applicant lives at such a remote distance from the Hospital that it limits full participation in active staff duties, but he or she nevertheless wishes to maintain an affiliation with the Hospital;
  - (c) the applicant has a primary commitment to, or contractual relationship with, another community or organization;
  - (d) the applicant requests limited access to Hospital resources or out-patient programs or facilities; or
  - (e) any other circumstances the Board deems advisable.
- 46.2 Each Physician on the courtesy staff may attend Medical Staff Association and departmental meetings but shall not be subject to the attendance requirements, and shall not have the right to vote or hold office in the Medical Staff Association or to be appointed to a sub-committee of the Medical Advisory Committee.
- 46.3 Courtesy staff shall not have admitting privileges unless specified by the Board as recommended by the Medical Advisory Committee.

#### **Article 47 - Locum Tenens**

- 47.1 The Medical Advisory Committee upon the written request of a member of the Medical Staff may recommend the appointment of a locum tenens as a planned replacement for a Physician for a specified period of time.
- 47.2 A locum tenens shall:
- (a) have admitting privileges unless otherwise specified;
  - (b) work under the counsel and supervision of a member of the active Medical Staff who has been assigned this responsibility by the Chief of Staff or his/her delegate;
  - (c) attend patients and undertake treatment and operative procedures only in accordance with the kind and degree of privileges granted by the Board and shall be subject to the rules of the department to which he/she is assigned.
- 47.3 Locum tenens shall attend meetings of the Medical Staff Association, shall not vote or be elected as a Medical Staff Association officer, but may be appointed to a sub-committee of the Medical Advisory Committee.

#### **Article 48 - Temporary Staff**

- 48.1 A temporary appointment may be made only for one of the following reasons:
- (a) to meet a specific singular requirement by providing a consultation and/or operative procedure; or
  - (b) to meet an urgent unexpected need for a medical service.

- 48.2 Notwithstanding any other provision in this By-Law, the Chief Executive Officer, after consultation with the Chief of Staff or his/her delegate, may:
- (a) grant a temporary appointment to a Physician who is not a member of the Medical Staff provided that evidence of Canadian Medical Protective Association (or equivalent) coverage and registration with the College of Physicians and Surgeons of Ontario has been provided and such appointment shall not extend beyond the date of the next Medical Advisory Committee meeting at which time the action taken shall be reported; and
  - (b) continue the appointment on the recommendation of the Medical Advisory Committee until the next meeting of the Board.
- 48.3 A temporary appointment shall not have admitting privileges unless the Chief Executive Officer grants such privileges in consultation with the Chief of Staff.
- 48.4 Temporary Staff may attend Medical Staff Association meetings, but shall not vote or be elected a Medical Staff Association officer or be appointed to a sub-committee of the Medical Advisory Committee.

#### **Article 49 - Honorary Staff**

- 49.1 A Physician or other health care professional may be honoured by the Board with a position on the honorary staff of the hospital because he/she:
- (a) is a former member of the Medical Staff who has retired from active practice; or
  - (b) has an outstanding reputation or made an extraordinary accomplishment, although not necessarily a resident in the community.
- 49.2 Each member of the honorary staff shall be appointed by the Board on the recommendation of the Medical Advisory Committee.
- 49.3 Membership on the honorary staff is not restricted to Physicians.
- 49.4 Members of the honorary staff shall not:
- (a) have regularly assigned duties or responsibilities.
  - (b) be eligible to vote at Medical Staff Association meetings or to hold office on the Medical Staff Association or be appointed to a sub-committee of the Medical Advisory Committee;
  - (c) be bound by the attendance requirements for Medical Staff Association meetings; or
  - (d) have admitting privileges.

## **Article 50 – Term Staff**

The board, on the recommendation of the Medical Advisory Committee (MAC), may grant physicians an appointment to the Term Staff with admitting and/or procedural privileges in order to meet a specified clinical need as identified by the MAC and approved by the Chief Executive Officer.

The appointment shall be for a specified and limited term not to exceed one (1) year with no expectation of renewal or conversion to another privilege category irrespective of length of service. At the end of the term to which a Term Staff member of the Professional Staff has been appointed, the term member of the Professional Staff may:

- a) Discontinue all privileges at the Hospital;
- b) Submit a further application for a Term Staff appointment to a maximum of two (2) consecutive terms; or
- c) Submit an application for appointment to a professional staff category other than Term Staff.
- d) Members of the Term Staff may attend Medical Staff Association and departmental meetings but shall not be subject to the attendance requirements, and shall not have the right to vote or hold office in the Medical Staff Association or to be appointed to a sub-committee of the Medical Advisory Committee.

Members of the Term Staff shall:

- attend patients and undertake treatment and operative procedures only in accordance with the kind and degree of privileges granted by the Board;
- Be responsible to the Chief of Department to which they have been assigned for all aspects of patient care

## **Article 51 – Leave of Absence**

Leave of absence may be granted for up to one (1) year on the recommendation of the Medical Advisory Committee or until the end of the credentialing year, whichever is sooner. At the end of this time, the member of the Professional Staff may be re-appointed for the following year on the recommendation of the Medical Advisory Committee. Leave of absence over one (1) year or beyond the end of the credentialing year will require resignation; however, the Professional Staff member may re-apply for appointment.

## **Article 52 – Procedures**

52. Each applicant for membership to the Professional Staff who desires to perform dental, surgical, obstetrical or general anaesthesia procedures within the Hospital, and each member of the Professional Staff who desires to increase his/her operating room, obstetrical or general anaesthesia procedures, shall submit to the Credentials Committee a list of procedures which

he/she considers himself/herself capable of performing and for which he/she has applicable Canadian Medical Protective Association or medical insurance coverage.

52.1 The Credentials Committee shall investigate each request submitted under section 51.1 under the process contemplated in Article 40.

52.2 A Professional Staff member, forced by unusual and/or life threatening circumstances to perform within the Hospital any procedure which is not within his/her list of approved procedures, shall concomitantly summon the assistance of a consultant Physician who has approval to perform the procedure being done. It shall be the responsibility of the consulting Physician to take full control of the procedure whenever he/she considers such action to be in the best interest of the patient. If and when the aforementioned situation arises, the clinical responsibility shall be clearly explained to the patient or the patient's guardian, whenever possible.

### **Article 53 - Professional Staff Duties - General**

53.1 Each member of the Professional Staff is accountable to, shall recognize the authority of, and cooperate with the Board, Chief of Department, Chief of Staff, and the Chief Executive Officer.

53.2 Each member of the Professional Staff shall:

- (a) attend and treat patients within the limits of the privileges and approved procedures granted by the Board, unless the privileges and procedures are otherwise restricted;
- (b) provide timely communication with all patient's referring Physicians;
- (c) obtain consultations on patients, where appropriate;
- (d) when requested by a fellow Professional Staff member, provide timely consultations;
- (e) advise the Chief of Staff, or Chief of Department where applicable, immediately of any material changes to the information required to be provided by the Professional Staff member upon re-application;
- (f) comply with any specific conditions attached to the exercise of the Professional Staff member's privileges;
- (g) give such instruction as is required for the education of other members of the Professional Staff and Hospital staff;
- (h) maintain involvement in continuing medical and interdisciplinary professional education;
- (i) participate in continuous quality improvement and patient safety initiatives, as appropriate;
- (j) prepare and complete health records in accordance with the Hospital's Professional Staff Rules and other rules, policies, the Public Hospitals Act, and accepted industry standards;

- (k) notify patients and/or their families or other appropriate persons about their options with respect to tissue and organ transplantation;
- (l) abide by the rules of the Professional Staff, the Hospital By-Law, policies and Public Hospitals Act and all other relevant legislation;
- (m) perform such other duties as may be prescribed from time to time by, the Board, the Medical Advisory Committee and the Chief of Staff; and
- (n) cooperate with:
  - (i) the Chief of Staff and the Medical Advisory Committee;
  - (ii) the Chiefs of Department;
  - (iii) the Chief Executive Officer;
  - (iv) the Board; and
  - (v) other members of the Professional Staff and the Hospital staff.

52.3 Each member of the active and associate Professional Staff shall endeavour to attend at least fifty percent (50%) of the regular Medical Staff Association meetings, seventy percent (70%) of the meetings of the department of which he/she is a member, and seventy percent (70%) of the committee meetings on which he/she sits.

#### **Article 54 - Transfer of Responsibility**

54 Pursuant to the Hospital Management Regulation, whenever the responsibility for the care of a patient is permanently transferred to another member of the Professional Staff, a written notation by the Professional Staff member who is transferring the care shall be made and signed on the patient's medical record. The name of the Professional Staff member assuming the responsibility shall be noted in the patient's medical record and the Professional Staff member shall be notified immediately.

54.1 Pursuant to the *Public Hospitals Act*, where the Chief of Staff or the Chief of a Department has cause to take over the care of a patient, the Executive Director, the attending Physician and if possible the patient shall be notified immediately.

54.2 Whenever the responsibility for the care of the patient is temporarily transferred to another member of the Professional Staff, a written notation by the Professional Staff member who is transferring the care shall be made and signed on the patient's medical record. The accepting Professional Staff member must be informed and accept the transfer of the patient, and be apprised of the patient's medical condition and plans during the temporary transfer of care.

#### **Article 55 - Chief of Staff**

55 The Board shall appoint a member of the active Medical Staff to be the Chief of Staff after giving consideration to the recommendations of a Selection Committee, which shall seek nominations and advice of the Medical Advisory Committee. The Board may seek other

applications.

55.1 The membership of a Selection Committee shall include:

- (i) the Executive Committee of the Board, the Chair of the Board shall be Chair;
- (ii) two members of the Medical Advisory Committee, one of whom may be the President of the Medical Staff,
- (iii) the Chief Executive Officer, or delegate,
- (iv) the Chief Nursing Officer, and
- (v) such other members as the Board deems advisable.

55.2 Subject to annual confirmation by the Board, the appointment made under subsection (1) shall be for a term of three (3) years, but the Chief of Staff shall hold office until a successor is appointed.

55.3 The Board may at any time revoke or suspend the appointment of the Chief of Staff.

## **Article 56 - Duties of the Chief of Staff**

The Chief of Staff shall:

- (a) be accountable to the Board for the Professional Staff organization of the Hospital and for the supervision of medical, dental, midwifery and extended class nursing care given to all patients of the Hospital in accordance with policies established by the Board, the Professional Staff Rules and other rules of the Hospital, the Public Hospitals Act and other relevant legislation;
- (b) chair the Medical Advisory Committee;
- (c) 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;
- (d) provide written reports regularly to the Board and written or oral reports to the Professional Staff about the activities, recommendations and actions of the Medical Advisory Committee and any other matters about which they should have knowledge;
- (e) assign, or delegate the assignment of, a member of the Professional Staff to:
  - (i) supervise the practice of medicine of any other member of the Professional Staff for any period of time; and
  - (ii) make a written report to the Chief of the appropriate department, where applicable;
- (f) in consultation with the Chief Executive Officer, designate an alternate to act during his/her absence;
- (g) supervise the professional care provided by all members of the Professional Staff;
- (h) address concerns that arise about the quality of care or behaviour of a specific member of the Professional Staff;

- (i) when necessary:
  - (i) assume, or assign to any other member of the Professional Staff, responsibility for the direct care and treatment of any patient in the Hospital under the authority of the Public Hospitals Act; and
  - (ii) notify the attending Physician, the Chief Executive Officer and, if possible, the patient with respect to such aforementioned assignment;
- (j) assign, or delegate the assignment of, a member of the Professional Staff to discuss in detail with any member of the Professional Staff any matter which is of concern to the Chief of Staff and to report the discussion to the Chief of the appropriate department;
- (k) report to the Medical Advisory Committee on activities of the Hospital including the utilization of resources by all departments;
- (l) participate in the development of the Hospital's mission, objectives, and strategic plan;
- (m) work with the Medical Advisory Committee to plan medical, dental, midwifery and extended class nursing needs of the Hospital in accordance with the Hospital's strategic plan;
- (n) participate in Hospital resource allocation decisions and be responsible to the Board through and with the Chief Executive Officer for the appropriate utilization of resources by all departments;
- (o) ensure a process for the regular review of the performance of the Chiefs of Department, where applicable;
- (p) ensure a process for participation in continuing medical, dental, midwifery and extended class nursing education;
- (q) receive and review recommendations from Chiefs of Departments regarding changes in privileges;
- (r) receive and review the performance evaluations and the recommendations from Chiefs of Departments concerning re-appointments, ensure that the evaluations and recommendations are forwarded to the Medical Advisory Committee, and notify the Credentials Committee of the completion of the evaluations and the completion of the recommendations;
- (s) advise the Professional Staff on current Hospital policies, objectives, Professional Staff Rules and other rules of the Hospital;
- (t) be an ex-officio member of all committees that report to the Medical Advisory Committee; and
- (u) be an ex-officio member of the Hospital Board and act on committees as requested by the Board.

## **Article 57 - Departments**

57.1 When warranted by the professional resources of the Professional Staff, the Board, on the advice of the Medical Advisory Committee, may divide the Professional Staff into Departments,

which shall include:

- (a) Department of Surgery
- (b) Department of Obstetrics
- (c) Department of Emergency
- (d) Department of Medicine
- (e) Department of Anaesthesia
- (f) Department of Family Medicine.

57.2 Any department shall function in accordance with the Professional Staff Rules.

57.3 Whenever a separate department is established, Professional Staff members and patients related to such a department shall come under the jurisdiction of that department.

57.4 The Board, after considering the advice of the Medical Advisory Committee, at any time, may establish or disband departments.

57.5 Department meetings shall be held in accordance with the Professional Staff Rules.

### **Article 58 - Chief of Departments**

58.1 The Board shall appoint as Chief of Department a Physician from that department who is on the active staff, after giving consideration to the recommendations of the Medical Advisory Committee.

58.2 Subject to annual confirmation of the Board, the appointment of a Chief of Department shall be for a term of two (2) to three (3) years, as recommended by the Department, but the Chief of Department shall hold office until a successor is appointed.

58.3 The Board may at any time revoke or suspend the appointment of a Chief of Department.

### **Article 59 - Duties of Chiefs of Departments**

59.1 The Chief of Department shall:

- (a) supervise the professional care provided by all members of the Professional Staff in the department;
- (b) be responsible for the organization and implementation of a quality assurance program in the department;
- (c) develop and maintain a process to both promote and document quality management and patient safety improvements in the department including a continuous learning process of members of the department;
- (d) advise the Medical Advisory Committee through and with the Chief of Staff with respect to the quality of medical, and where appropriate dental, midwifery and extended class nursing diagnosis, care and treatment provided to the patients and



- out-patients of the department;
- (e) advise the Chief of Staff and the Chief Executive Officer of any patient who is not receiving appropriate treatment and care;
- (f) be responsible to the Chief of Staff and the Chief Executive Officer for the appropriate utilization of the resources allocated to the department;
- (g) report to the Medical Advisory Committee and to the department on activities of the department including utilization of resources and quality assurance;
- (h) make recommendations to the Medical Advisory Committee regarding medical manpower needs of the department in accordance with the Hospital's strategic plan.
- (i) participate in the development of the department's goals and objectives consistent with the Hospital's strategic plan and the availability of resources;
- (j) participate in department resource allocation decisions;
- (k) review the privileges granted members of the department for the purpose of making recommendations for changes in the kind and degree of such privileges;
- (l) review and make annual written recommendations regarding the performance evaluations of members of the department which recommendations shall be forwarded to the Medical Advisory Committee for consideration of re-appointments;
- (m) be a member of the Medical Advisory Committee;
- (n) establish a process for continuing medical, dental, midwifery and extended class nursing education and orientation related to the department;
- (o) advise the members of the department regarding current Hospital and departmental policies, objectives, and Professional Staff Rules and other rules of the Hospital;
- (p) hold regular Department meetings and keep minutes; and
- (q) notify the Chief of Staff and the Chief Executive Officer of his/her absence, and designate an alternate.

59.2 The administration and oversight of the Hospitalist Programs are the responsibility of the respective site Chiefs of the Department of Family Practice.

## **MEETINGS - MEDICAL STAFF ASSOCIATION**

### **Article 60 – Medical Staff**

(1) Every medical staff shall hold at least four meetings in each fiscal year of the hospital, one of which shall be the annual meeting. R.R.O. 1990, Reg. 965, s. 6 (1).

(2) The first meeting of the medical staff shall be at a time and a place fixed by the board. R.R.O. 1990, Reg. 965, s. 6 (2).

(3) At the first meeting of the medical staff and at each annual meeting thereafter, the medical staff

shall,

- (a) fix a time and place for,
  - (i) the next annual meeting, and
  - (ii) the meetings of the medical staff before the next annual meeting; and
- (b) elect from among its members, a president, a vice-president and a secretary. R.R.O. 1990, Reg. 965, s. 6 (3).

## **Medical Staff Elected Officers**

### **Article 61 - Eligibility for Office**

Only members of the active Medical Staff may be elected or appointed to any position or office.

### **Article 62 - Election Procedure**

62.1 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 Association.

62.2 At least thirty (30) days before the annual meeting of the Medical Staff Association, its Nominating Committee shall post in the Doctor's Lounges a list of the names of those who are nominated for the offices of the Medical Staff Association which are to be filled by election in accordance with this By-Law and the regulations under the *Public Hospitals Act*.

62.3 Any further nominations shall be made in writing to the Secretary of the Medical Staff Association within fourteen (14) days after posting of the names referred to in subsection (2).

62.4 Any further nominations referred to in subsection (3) shall be signed by two members of the Medical Staff Association who are entitled to vote:

62.4.1 the nominee shall signify in writing on the nomination his/her acceptance of the nomination

62.4.2 nominations shall then be posted alongside the list referred to in subsection (2).

### **Article 63 - Duties of the President of the Medical Staff Association**

The president of the Medical Staff Association shall:

- (a) represent the Medical Staff Association;

- (b) be a member of the Board and as a Director, fulfill his/her fiduciary duties to the Hospital by making decisions in the best interest of the Hospital;
- (c) be a member of the Medical Advisory Committee;
- (d) report to the Medical Advisory Committee and the Board on any issues raised by the Medical Staff Association;
- (e) be accountable to the Medical Staff Association and advocate fair process in the treatment of individual members of the Medical Staff Association;
- (f) preside at all meetings of the Medical Staff Association;
- (g) call special meetings of the Medical Staff Association;
- (h) be an ex-officio member of the Audit/Finance Committee and the Joint Conference Committee; and
- (i) be a member of such other committees as may be deemed appropriate by the Board.

#### **Article 64 - Duties of the Vice-President of the Medical Staff Association**

The Vice-President of the Medical Staff Association shall:

- (a) represent the Medical Staff Association;
- (b) be a member of the Board and as a Director, fulfill his/her fiduciary duties to the Hospital by making decisions in the best interest of the Hospital;
- (c) 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; and
- (d) be a member of the Medical Advisory Committee and the Joint Conference Committee; and
- (e) perform such duties as the President of the Medical Staff Association may delegate.

#### **Article 65 - Duties of the Secretary of the Medical Staff Association**

65.1 The Secretary of the Medical Staff Association shall:

- (a) be a member of the Medical Advisory Committee
- (b) attend to the correspondence of the Medical Staff Association;
- (c) give notice of Medical Staff Association meetings by posting a written notice thereof as required by this By-Law;
- (d) ensure the minutes are kept of all Medical Staff Association meetings;
- (e) ensure that a record of the attendance at each meeting of the Medical Staff Association is made;
- (f) receive the record of attendance for each meeting of each department;
- (g) make the attendance records available to the Medical Advisory Committee; and
- (h) act in the place of the Vice-President of the Medical Staff Association at Board

meetings.

65.2 The Secretary may be elected as Treasurer of the Medical Staff Association.

### **Article 66 - Duties of the Treasurer of the Medical Staff Association**

66.1 The Medical Staff Association shall elect a Treasurer who shall keep the funds of the Medical Staff Association in a safe manner and be accountable thereof.

66.2 The Treasurer shall disburse Medical Staff Association funds at the direction of the Medical Staff Association as determined by a majority vote of the Medical Staff Association members present and entitled to vote at a Medical Staff Association meeting.

## **Medical Advisory Committee**

### **Article 67 - Medical Advisory Committee**

The composition and duties of the Medical Advisory Committee are set out in Article 16 of this By-Law.

### **Article 68 - Subcommittees of the Medical Advisory Committee**

The Board shall establish the following subcommittees of the Medical Advisory Committee (“MAC Sub-Committees”)

1. Credentials Committee
2. Medical Records Committee
3. Medical Quality Assurance Committee
4. Utilization Management Committee
5. Pharmacy and Therapeutics Committee

### **Article 69 - Appointment to MAC Sub-Committees**

Pursuant to the Hospital Management Regulation, the Medical Advisory Committee shall appoint the Medical Staff members of all MAC Sub-Committees. The Chief Executive Officer shall be delegated by the Board to appoint other members to the MAC Sub-Committees in accordance with this By-Law.

### **Article 70 – MAC Sub-Committee Duties**

In addition to the specific duties of each MAC Sub-Committee as set out in this By-Law, all MAC Sub-Committees shall:

- (a) meet as directed by the Medical Advisory Committee; and
- (b) present a written report including any recommendations of each meeting to the

next meeting of the Medical Advisory Committee.

### **Article 71 – MAC Sub-Committee Chair and Duties**

71.1 The Medical Advisory Committee shall appoint the chair of each MAC Sub-Committee.

71.2 A MAC Sub-Committee Chair shall:

- (a) chair the MAC Sub-Committee meetings;
- (b) call meetings of the MAC Sub-Committee; and
- (c) at the request of the Medical Advisory Committee, be present to discuss all or part of any report of the MAC Sub-Committee.

71.3 A MAC Sub-Committee chair may request meetings with the Medical Advisory Committee.

### **Article 72 - Credentials Committee Composition and Duties**

72.1 The Credentials Committee shall consist of at least the Vice-President of the Medical Staff Association, Chief of Department of Surgery and two other members of the active Medical Staff.

72.2 The Credentials Committee shall:

- a) ensure that a record of the qualifications and professional career of every member of the Professional Staff is maintained.
- b) investigate the qualifications of each applicant for appointment and re-appointment to the Professional Staff and each applicant for a change in privileges;
- c) ensure that each applicant for appointment and re-appointment to the Professional Staff meets the criteria as set out in Article 37;
- d) consider reports of the interviews with the applicant;
- e) consult with the appropriate Chief of Department and/or Chief of Staff;
- f) submit a written report to the Medical Advisory Committee, which shall include the kind and extent of privileges requested by the applicant, and, if necessary, a request that the application be deferred for further investigation; and
- g) perform any other duties prescribed by the Medical Advisory Committee.

### **Article 73 - Medical Records Committee Composition and Duties**

73.1 The Medical Records Committee shall consist of three (3) members of the active Medical Staff and the Manager of Health Records. Other non-Medical Staff members may be appointed at the discretion of the Board through the Chief Executive Officer without voting privileges.

73.2 The Medical Records Committee shall recommend procedures to the Medical Advisory

Committee to ensure that the provisions of the Hospital Management Regulation, this By-Law, the policies of the Hospital and the Professional Staff Rules are observed, including:

- a) the development of rules to govern the completion of health records;
- b) the review of health records for completeness and quality of recording;
- c) a regular written report to the Medical Advisory Committee with respect to:
  - i) the review of the health records;
  - ii) the names of delinquent members of the Professional Staff;
- d) a review and revision of forms as they pertain to Professional Staff relating to patient care; and
- e) the retention of health records.

73.2 The Committee shall meet at least quarterly and perform any other duties pertaining to health records as may be requested by the Medical Advisory Committee.

## **Article 74 - Medical Quality Assurance Committee Membership and Duties**

74.1 The Medical Quality Assurance Committee shall consist of the Chief of Staff or designate, the Chief of Medicine or designate, the pathologist, where applicable, the Chief of Surgery or designate, and two (2) other members of the Medical Staff. Other non-Medical Staff members may be added, at the discretion of the Chair, without voting privileges.

74.2 The Medical Quality Assurance Committee shall:

- (a) develop a Medical Quality Assurance Program which includes mechanisms to:
  - (i) monitor trends and activities;
  - (ii) identify potential problems areas;
  - (iii) develop action plans and provide follow-up;
- (b) develop an Infection Control Program which includes mechanisms to:
  - (i) monitor the Occupational Health & Safety Programs, immunization programs;
  - (ii) create and implement visitor and patient restrictions and instructions;
  - (iii) provide educational programs for all persons carrying on activities in the Hospital;
  - (iv) monitor isolation procedures and aseptic and antiseptic techniques;
  - (v) monitor environmental sanitation in the Hospital;
- (c) make recommendations to the Chief Executive Officer with respect to infection control matters;
- (d) develop, monitor and evaluate an infection control systems which includes a reporting system by which all infections, including post discharge infections, will come to the Committee's attention;
- (e) make recommendations to the Medical Advisory Committee on infection control matters;
- (f) report to the Medical Advisory Committee;

- (g) monitor the functioning of the MAC Sub-Committees reporting to the Medical Advisory Committee;
- (h) monitor the functioning of the Medical Advisory Committee;
- (i) review, evaluate and make recommendations on the following matters affecting the Professional Staff:
  - (i) privileges;
  - (ii) medical manpower planning, impact analysis;
  - (iii) departmental and service activities;
  - (iv) process for handling complaints; and
  - (v) Hospital By-Law, Professional Staff Rules and policies;
- (j) recommend procedures to the Medical Advisory Committee to ensure that an ongoing peer review process is established for assessment of the quality of patient care as follows:
  - (A) analyze and record the correlation between the pre-operative diagnosis shown on the Hospital records and the pathology reports on the tissues removed from patients in the Hospital or post mortem reports;
  - (B) review or cause to be reviewed on a regular basis health records;
  - (C) report in writing to each regular meeting of the Medical Advisory Committee and to the appropriate Chiefs of Departments;
  - (D) ensure a review of all Hospital deaths to assess the quality of care that has been provided;
  - (E) identify the continuing medical educational needs of the Medical Staff and assure that actions are taken on the recommendations of the Committee and;
  - (F) ensure that other departmental medical audits are undertaken as necessary, to include the following:
    - (I) analyse and record the use of x-ray, laboratory, and other diagnostic and therapeutic services, including consultation and referral;
    - (II) regularly review or cause to be reviewed emergency and out-patient medical records to ensure adequate standards of care;
- (k) report regularly in writing its findings and recommendations to the Medical Advisory Committee;
- (l) perform such further duties as the Medical Advisory Committee may direct concerning the quality and quantity of professional work being performed in any department of the Medical Staff of the Hospital; and
- (m) perform such other duties as may from time to time be requested by the Medical Advisory Committee.

## **Article 75 - Utilization Management Committee Composition and Duties**

75.1 The Utilization Management Committee shall consist of a member of the Medical Advisory Committee and three (3) other members of the Medical Staff. The Director of Clinical Services and other non-Medical Staff members may be added at the discretion of the Chair, without voting privileges.

75.2 The Utilization Management Committee shall:

- (a) review utilization patterns in the Hospital and identify where improvements in utilization patterns could be achieved;
- (b) monitor overall trends in admissions, length of stay and day program volumes and provide appropriate information to Chiefs of Department and Department Managers;
- (c) review the reports from each department's utilization review;
- (d) ensure that Chiefs of Department are educated about utilization review issues and about their responsibility for reporting regularly to their departments on utilization trends;
- (e) report findings and make recommendations to the Medical Advisory Committee and Hospital management on a regular basis, at least quarterly;
- (f) comment on the resource implications of proposed additions to the Professional Staff; and
- (g) perform such other duties as may be requested from time to time by the Medical Advisory Committee.

## **Article 76 - Pharmacy and Therapeutics Committee Composition and Duties**

76.1 The Pharmacy and Therapeutics Committee shall consist of three (3) members of the Medical Staff and the pharmacist. Other non-Medical Staff members may be added at the discretion of the Board through the Chief Executive Officer without voting privileges.

76.2 The Pharmacy and Therapeutics Committee shall:

- (a) serve in an advisory capacity to the Medical Advisory Committee by regularly assessing the appropriateness of medication related policies and make policy recommendations to the Medical Advisory Committee regarding safe, effective and economical use of drug utilization;
- (b) evaluate drug utilization, new drugs and current therapeutics and develop a formulary appropriate to the Hospital's needs, and periodically assess the effectiveness of and adherence to the formulary;
- (c) develop a procedure for the use of non-formulary drugs and mechanisms for their evaluation;



- (d) periodically analyse a summary of medication errors and their causative factors and make appropriate recommendations regarding prevention to the Professional Staff and Hospital staff;
- (e) develop an adverse drug reaction reporting program, review reports and ensure that a summary is circulated to Professional Staff and Hospital staff when the need arises;
- (f) review all standing orders at least annually, or more often as required;
- (g) review protocols governing programs which include total parental nutrition, investigational drugs, self-medication, and other programs as deemed appropriate;
- (h) identify and/or arrange appropriate educational programs for the Professional Staff and Hospital Staff to enhance their knowledge of drug therapy and practices;
- (i) perform such other duties as the Medical Advisory Committee may direct; and
- (j) meet quarterly or more frequently at the call of the Committee Chair.

## **Article 77 - Professional Staff Rules**

77.1 The Board may require that appropriate Professional Staff Rules are formulated.

77.2 The Board may establish, modify or revoke one or more Professional Staff Rules in compliance with Article 94.

77.3 The Medical Advisory Committee may make recommendations to the Board for the establishment of one or more Professional Staff Rules to be applicable to the group or category of Physicians, Dentists, Midwives, Extended Class Nurses, or to a department, or to all of the Professional Staff.

77.4 The Medical Advisory Committee shall ensure that, prior to making any recommendation to the Board with respect to a Professional Staff Rule, the members of the active Professional Staff, or a specific department, when appropriate, have an opportunity to comment on the proposed recommendation.

77.5 The President of the Medical Staff Association shall ensure that the Board is informed when a majority vote of the Medical Staff Association at any properly constituted meeting of the Medical Staff Association is opposed to a rule or rule change proposed by the Medical Advisory Committee.

## **PART VI - DENTAL STAFF**

### **Article 78 - Appointment**

78.1 The Board, on the recommendation of the Medical Advisory Committee, may appoint one or more Dentists to the Dental Staff of the Hospital in accordance with Part V of this By-Law and shall delineate the privileges for each Dentist.

### **Article 79 - Criteria for Appointment to the Dental Staff**

79.1 Only an applicant qualified to practise dentistry and licensed pursuant to the laws of Ontario is eligible to be a member of and appointed to the Dental Staff of the Hospital.

79.2 In addition to the criteria set out in Article 37 of this By-Law, in the case of an oral and maxillofacial surgeon, a current valid specialty certificate of registration from the Royal College of Dental Surgeons of Ontario authorizing practice in oral and maxillofacial surgery is required.

### **Article 80 - Application**

An application for appointment and reappointment to the Dental Staff shall be processed in the manner set out in Article 36, *mutatis mutandis*.

### **Article 81 - Dental Service**

The Dental Staff shall function as a service within the department of surgery.

### **Article 82 - Head of Dental Service**

82.1 Where the Board has appointed more than one dentist to the staff of the Dental Service, one of the members of the Dental Staff shall, subject to annual confirmation by the Board, be appointed by the Board annually for a term of three (3) years to be the Head of Dental Service upon the recommendation of the Chief of Surgery.

8.2.2 The Board may at any time revoke or suspend the appointment of the Head of Dental Service.

### **Article 83 - Duties of the Head of Dental Service**

83.1 The Head of Dental Service shall supervise the behaviour and professional care given by all members of the Dental Staff and shall be responsible to the Chief of Staff for the

quality of care rendered to patients by members of the Dental Staff.

## **PART VII - MIDWIFERY STAFF**

### **Article 84 - Appointment**

84.1 The Board, on the recommendation of the Medical Advisory Committee, may appoint one or more Midwives to the Midwifery Staff of the Hospital in accordance with Part V of this By-Law and shall delineate the privileges for each Midwife.

### **Article 85 - Criteria for Appointment to the Midwifery Staff**

85.1 Only an applicant qualified to practise midwifery and licensed pursuant to the laws of Ontario is eligible to be a member of and appointed to the Midwifery Staff of the Hospital.

85.2 Applicants must meet the criteria set out in Article 37 of this By-Law.

### **Article 86 - Midwifery Service**

86.1 The Midwifery Staff shall function as a service within the Department of Obstetrics.

### **Article 87 - Head of Midwifery Service**

87.1 Where the Board has appointed more than one Midwife to the staff of the Midwifery Service, one of the members of the Midwifery Staff shall, subject to annual confirmation by the Board, be appointed by the Board annually for a term of three (3) years to be the Head of Midwifery Service upon the recommendation of the Chief of Obstetrics.

87.2 The Board may at any time revoke or suspend the appointment of the Head of Midwifery Service.

### **Article 88 - Duties of the Head of Midwifery Service**

88.1 The Head of Midwifery Service shall supervise the behaviour and professional care given by all members of the Midwifery Staff and shall be responsible to the Chief of Staff for the quality of care rendered to patients by members of the Midwifery Staff.

## **PART VIII - EXTENDED CLASS NURSING STAFF**

### **Article 89 - Appointment**

89.1 The Board, on the recommendation of the Medical Advisory Committee, may appoint one or more extended class nurses to the Extended Class Nursing Staff in accordance with Part V of this By-Law and shall delineate the privileges for each extended class nurse.

### **Article 90 - Criteria for Appointment to the Extended Class Nursing Staff**

90.1 Only an applicant qualified to practise nursing in the extended class and licensed pursuant to the laws of Ontario is eligible to be a member of and appointed to the Extended Class Nursing Staff of the Hospital.

90.2 In addition to the criteria set out in Article 37 of this By-Law, Extended Class Nursing Staff must hold a current valid specialty certificate in the Extended Class from the College of Nurses of Ontario authorizing practice in the Extended Class.

### **Article 91 - Application**

An application for appointment and reappointment to the Extended Class Nursing Staff shall be processed in the manner set out in Article 36, mutatis mutandis.

### **Article 92 – Work within Departments**

The Extended Class Nursing Staff shall work within the department to which they are assigned.

### **Article 93 - Head of Extended Class Nursing Service**

93.1 Where the Board has appointed more than one extended class nurse to the staff of the Extended Class Nursing Service, one of the members of the Extended Class Nursing Staff shall, subject to annual confirmation by the Board, be appointed by the Board annually for a term of three years to be the Head of Extended Class Nursing Service upon the recommendation of the Chief of Staff.

93.2 The Board may at any time revoke or suspend the appointment of the Head of Extended Class Nursing Service.

## **Article 94 - Duties of the Head of Extended Class Nursing Service**

The head of Extended Class Nursing Service shall supervise the behaviour and professional care given by all members of the Extended Class Nursing Staff and shall be responsible to the Chief of Staff for the quality of care rendered to patients by members of the Extended Class Nursing Staff.

## **PART IX - AMENDMENTS TO BY-LAWS**

### **Article 95 - Amendments to By-Laws**

95.1 The Board may pass or amend the By-Laws of the Corporation from time to time.

95.2 (a) Where it is intended to pass or amend the By-Laws at a meeting of the Board, written notice of such intention shall be sent by the Secretary to each Director at his or her address as shown on the records of the Corporation by ordinary mail not less than ten days before the meeting.

(b) Where the notice of intention required by paragraph (a) is not provided, any proposed By-Law or amendments to a By-Law may nevertheless be moved at the meeting and discussion and voting thereon adjourned to the next meeting, for which no notice of intention need be given.

95.3 Subject to paragraph (b) below, a By-Law or an amendment to a By-Law passed by the Board has full force and effect:

- a) from the time the motion was passed, or
- b) from such future time as may be specified in the motion.

95.4 (a) A By-Law or an amendment to a By-Law passed by the Board shall be presented for confirmation at the next annual meeting or to a special general meeting of the members of the Corporation called for that purpose. The notice of such annual meeting or special general meeting shall refer to the By-Law or amendment to be presented.

(b) The members at the annual meeting or at a special general meeting may confirm the By-Law as presented or reject or amend it, and if rejected it thereupon ceases to have effect and if amended it takes effect as amended.

95.5 In any case of rejection, amendment, or refusal to approve a By-Law in force and effect in accordance with any part of this section, no act done or right acquired under any such By-Law is prejudicially affected by any such rejection, amendment or refusal to approve.

## **Article 96 - Amendments to Medical, Dental, Midwifery & Extended Class Nursing Parts**

Prior to submitting the Professional Staff By-Law to the process established in Article 136, the following procedures shall be followed:

- a) notice specifying the proposed Professional Staff part of the By-Law or amendment thereto shall be posted;
- b) the Professional Staff shall be afforded a period of at least thirty (30) days to comment on the proposed Professional Staff part of the By-Law or amendment thereto; and
- c) the Medical Advisory Committee shall be offered the opportunity to make recommendations to the Board, concerning the proposed Professional Staff part of the By-Law or amendment thereto.

*Revised at June 23, 2020 PSFDH Annual General Meeting.*