



BY-LAW # 2

PROFESSIONAL STAFF BY-LAW

Revised –May 2021

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PROFESSIONAL STAFF BY-LAW OF

THE CARLETON PLACE & DISTRICT MEMORIAL HOSPITAL

(hereinafter referred to as the "Corporation")

PREAMBLE

WHEREAS it is the purpose of the Corporation to serve the community in accordance with the Objects of the Corporation as provided in the letters patent, and with the Mission, Vision and Values Statements of the Corporation, as established by the Board from time to time.

AND WHEREAS the Mission Statement of the Corporation is as follows:

To deliver the highest level of health care by:

- Connecting patients to responsive, integrated services
- Leading the way in quality and safety
- Being the kind of hospital that patients recommend to family and friends

AND WHEREAS the Vision Statement of the Corporation is as follows:

"Shaping a Healthy Future for our Communities through Caring, Quality and Innovation."

AND WHEREAS the Values Statement of the Corporation is as follows:

At Carleton Place & District Memorial Hospital WE CARE.

Compassionate, Consistent, Courteous and Confidential

Advocates for delivering Accessible and Accountable services

Respectful and encouraging of decisions based on individual Rights and community Resources

Efficient, Equitable, dedicated to a safe Environment and Excellence

AND WHEREAS the Board of the Corporation deems it expedient that By-Law #2 of the Corporation heretofore enacted be cancelled and revoked and that the following By-Law #2 be adopted for regulating the affairs of the Corporation in respect of its Professional Staff;

NOW THEREFORE BE IT ENACTED and it is hereby enacted that By-Law #2 of the Corporation in respect of its Professional Staff heretofore enacted be cancelled and revoked and that the following By-Law #2 be substituted in lieu thereof.

ARTICLE 1

Definitions, Interpretation and Purpose

1.1 Definitions

Any capitalized terms not defined in this By-Law #2 shall have the meaning given to it in By-Law #1 of the Corporation.

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

- (a) **“Board”** means the Board of Directors of the Corporation;
- (b) **“Chief Executive Officer”** means, in addition to ‘administrator’ as defined in the *Public Hospitals Act*, the President and Chief Executive Officer of the Corporation;
- (c) **“Chief Nursing Executive”** means the senior nurse employed by the Hospital who is appointed by the Chief Executive Officer who reports directly to the Chief Executive Officer and is responsible for nursing services provided in the Hospital;
- (d) **“Chief of a Department”** means a member of the Professional Staff appointed by the Board to be responsible for the professional standards and quality of care rendered by the members of that department at the Hospital;
- (e) **“Chief of Staff”** means the member of the Medical Advisory Committee appointed by the Board as Chair of the Medical Advisory Committee and Chief of Staff;
- (f) **“Credentials Committee”** means the committee established by the Medical Advisory Committee to review applications for appointment and reappointment to the Professional Staff and to make recommendations to the Medical Advisory Committee and if no such committee is established it shall mean the Medical Advisory Committee;
- (g) **“Dental Staff”** means the Dentists who have been appointed by the Board to the Dental Staff;
- (h) **“Dentist”** means a dental practitioner in good standing with the Royal College of Dental Surgeons of Ontario;
- (i) **“Department”** or **“department”** means an organizational unit of the Professional Staff to which members with a similar field of practice have been assigned;
- (j) **“Extended Class Nursing Staff”** means those Registered Nurses in the Extended Class who are:
 - (i) nurses that are employed by the Hospital and are authorized to diagnose, prescribe for or treat out-patients in the Hospital; and

- (ii) nurses who are not employed by the Hospital and to whom the Board has granted privileges to diagnose, prescribe for or treat out patients in the Hospital;
- (k) **“Head of a Service”** means the member of the Professional Staff appointed to be in charge of one of the organized services of a Department;
- (l) **“Hospital”** means the public hospital operated by the Corporation;
- (m) **“Impact Analysis”** means a study to determine the impact upon the resources of the Corporation of the proposed appointment of an applicant for appointment to the Professional Staff or an application by a member of the Professional Staff for additional privileges;
- (n) **“Medical Advisory Committee”** means the Medical Advisory Committee established by the Board as required by the *Public Hospitals Act* and pursuant to Article 10;
- (o) **“Medical Staff”** means the Physicians who are appointed to the Medical Staff by the Board;
- (p) **“Patient”** means, unless otherwise specified or the context otherwise requires, any in-patient or outpatient of the Corporation;
- (q) **“Physician”** means a medical practitioner in good standing with the College of Physicians and Surgeons of Ontario;
- (r) **“Policies”** means the administrative, human resources, clinical and professional policies of the Hospital and includes policies and procedures adopted by the Board pursuant to Article 2;
- (s) **“Professional Staff”** means the Medical Staff, Dental Staff and members of Extended Class Nursing Staff who are not employees of the Corporation;
- (t) **“Professional Staff Human Resources Plan”** means the plan developed for the Hospital under section 8.4;
- (u) **“Public Hospitals Act”** means the *Public Hospitals Act* (Ontario), and, where the context requires, includes the regulations made thereunder;
- (v) **“Registered Nurse in the Extended Class”** means a member of the College of Nurses of Ontario who is a registered nurse and who holds an extended certificate of registration under the *Nursing Act, 1991*; and
- (w) **“Rules and Regulations”** means the Rules and Regulations governing the practice of the Medical, Dental, Midwifery and Extended Class Nursing Staff in the Hospital both generally and within a particular Department, and includes Rules and Regulations which

have been approved by the Board after considering the recommendation of the Medical Advisory Committee.

- (x) “**Service**” means an organizational unit of a Department.

1.2 Interpretation

In this By-law and in all other by-laws of the Corporation, unless the context otherwise requires, words importing the singular number shall include the plural number and vice versa, and references to persons shall include firms and corporations and words importing one gender shall include the opposite.

1.3 Purpose of the Professional Staff By-Law

The purpose of the Professional Staff By-Law is to set out the structure of the Professional Staff and to:

- (a) set out the criteria with respect to the appointment and re-appointment of the members of the Professional Staff;
- (b) set out the various medical groups and services of the Medical Staff;
- (c) set out procedures for the appointment by the Board of the Chief of Staff and the Chiefs of Departments;
- (d) provide for a mechanism for accountability to the Board, through defined Professional Staff components, for patient care, professional ethics and conduct for each individual practitioner holding membership in the Professional Staff;
- (e) provide a means of communication between the Professional Staff, administrative staff and the Board;
- (f) provide an organizational structure which defines responsibility, authority and accountability of every organizational component, and which is designed to ensure that each Professional Staff member exercises responsibility and authority commensurate with the member’s contribution to the patient care needs of the Corporation, and fulfils like accountability obligations;
- (g) establish procedures with respect to the election of the officers of the Professional Staff;
- (h) provide a quality assurance system to monitor the professional care rendered to Patients by the members of the Professional Staff;
- (i) provide a system to ensure the continuing improvement of the quality of professional care provided to Patients; and

- (j) constitute a professional collegial body, providing for its members' mutual education, consultation and professional support, to the end that patient care at the Corporation is consistently maintained at that level of quality which is ultimately achievable, given the Corporation's resources.

ARTICLE 2

2.1 Rules & Regulations & Policies

- a) The Board shall require that appropriate Medical Staff Rules and/or Policies are formulated.
- b) The Board may establish, modify or revoke one (1) or more Medical Staff Rules and/or Policies, subject to the Board following the procedures set out in Section 13.2 of this By-Law.
- c) The Medical Advisory Committee may make recommendations to the Board for the establishment of one (1) or more Medical Staff Rules and/or Policies to be applicable to a group or category of Physicians, Dentists, or Extended Class Nurses or to all Physicians, Dentists, or Extended Class Nurses on the Professional Staff.
- d) The Medical Advisory Committee shall ensure that, prior to making any recommendation to the Board with respect to a rule, the members of the active Medical Staff, or a specific Department when appropriate, have an opportunity to comment on the proposed recommendation.
- e) The President of the Medical Staff shall ensure that the Board is informed when a majority vote of the Medical Staff at any properly constituted meeting of the Medical Staff is opposed to a rule or rule change proposed by the Medical Advisory Committee.

ARTICLE 3

3.1 Honourary Staff Designation

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

- (c) may attend, but shall not vote at, Professional Staff meetings, and shall not be eligible to hold elected or appointed offices in the Professional Staff; and
- (d) shall not be bound by the attendance requirements of the Professional Staff.

ARTICLE 4

4.1 Appointment to the Professional Staff

- (a) The Board shall appoint annually a Professional Staff for the Corporation.
- (b) The Board shall establish from time to time criteria for appointment to the Professional Staff which criteria shall be set out in the Corporation's Credentialing Policy after considering the advice of the Medical Advisory Committee.
- (c) In making an appointment or reappointment to the Professional Staff, the Board shall consider whether there is a need for the services in the community. An application for appointment to the Professional Staff shall be processed in accordance with the provisions of the Public Hospitals Act and the Corporation's Credentialing Policy.

4.2 Application

An application for appointment to the Professional Staff shall be processed in accordance with the provisions of the Public Hospitals Act and the Corporation's Credentialing Policy.

4.3 Term of Appointment

Each appointment to the Professional Staff shall be for a period of not more than one (1) year. Provided that where, within the time prescribed therefore, a member has applied for reappointment, their appointment shall be deemed to continue,

- (a) until the reappointment is granted; or
- (b) where they are served with notice that the Board refuses to grant the reappointment, until the time for giving notice requiring a hearing by the Appeal Board has expired and, where a hearing is required, until the decision of the Appeal Board has become final.

4.4 Leave of Absence

- (a) Requests for leave of absence (i.e., leave from the Corporation for a continuous period of four (4) weeks or longer) shall be submitted in writing to the Chief of Staff.
- (b) The Chief of Staff will forward the request to the Medical Advisory Committee.
- (c) The Medical Advisory Committee will forward its recommendation to the Board.

- (d) Leave of absence may be granted for up to one (1) year. At the end of this time, a Physician must apply for reappointment to the Medical Staff, or resign.

ARTICLE 5

5.1 Monitoring Aberrant Practices

Where any member of the Medical, Dental, Extended Class Nursing or other clinical staff of the Corporation believes that a member of the Professional Staff is attempting to exceed their Privileges or are temporarily incapable of providing a service that they are about to undertake, the belief shall be communicated immediately to the Chief of Department, the Chief of Staff, and to the Chief Executive Officer.

- (a) Any member of the Professional Staff or other person may advance a complaint concerning any alleged violation by a member of the Professional Staff (in this Article 5 referred to as the "Respondent") of the By-Laws, Rules or policies of the Hospital or alleged professional misconduct, incompetence or professional incapacity, unethical behaviour or other conduct giving reasonable cause for complaint to the Chief Executive Officer, Chief of Staff, Chief of Services and/or their respective delegates (in this Article 5, the Chief of Staff and Chief of Departments are referred to as "Medical Staff Officers").
- (b) Where possible, the Medical Staff Officer notified in Section 5.1 shall inform at least two (2) other Medical Staff Officers and together they shall immediately make a determination as to whether the Respondent's Privileges shall be immediately and temporarily suspended in accordance with Sections 5.2 or 5.3 below or whether the appropriate action is to commence a preliminary investigation in accordance with Section 5.6 below. Immediate action shall only be taken where the patient's safety is an issue, and immediate action must in such circumstances be taken to protect the patient(s).
- (c) Upon receipt of a complaint about the Respondent, any one of the Medical Staff Officers and/or the Chief Executive Officer of the Hospital shall forthwith advise the Respondent as to the nature of the complaint and the manner in which the complaint is being handled.
- (d) The Chief of Staff and Chief Executive Officer must be advised of all complaints.

5.2 Suspension/Revocation of Appointment to Professional Staff

- (a) The Board may at any time in accordance with the *Public Hospitals Act* and this By-law revoke or suspend any appointment of a member of the Professional Staff, or dismiss, suspend, restrict or otherwise deal with the Privileges of the member of the Professional Staff.
- (b) Any administrative or leadership appointment of the member of the Professional Staff will automatically terminate upon the restriction, revocation or suspension of privileges or, revocation of appointment, unless otherwise determined by the Board.

- (c) Where an application for appointment or reappointment is denied or, the privileges of a member of the Professional Staff have been restricted, suspended or revoked, by reason of incompetence, negligence or misconduct, or the member resigns from the Professional Staff during the course of an investigation into his or her competence, negligence or misconduct, the Chief Executive Officer shall prepare and forward a detailed written report to the member's regulatory body as soon as possible, and not later than thirty (30) days.

5.3 Immediate Suspension of Privileges with Respect to a Specific Patient(s)

- (a) Where a Medical Staff Officer and/or the Chief Executive Officer becomes aware that, in his opinion, a serious problem exists in the diagnosis, care or treatment of a patient or outpatient, such Medical Staff Officer and/or the Chief Executive Officer shall forthwith discuss the condition, diagnosis, care and treatment of the patient with the attending Medical Staff member, and if satisfactory changes in diagnosis, care or treatment are not made promptly, such Medical Staff Officer shall assume forthwith the responsibility for any necessary investigation and diagnosis of, prescribing for and treatment of the patient, and shall notify the attending member of the Medical Staff, the Chief Executive Officer, and, if possible, the patient or outpatient that the attending member of the Medical Staff (also, the "**Respondent**") shall cease forthwith to have any Privileges as the attending Medical Staff member for the patient or outpatient. Notwithstanding the foregoing, the due process procedure set out in Section 5.6 must be followed subsequent to the suspension, but before a final determination is made with respect to the suspension of the Respondent's Privileges.
 - (b) The Medical Staff Officer responsible in Section 1.01(a) may delegate any or all of his responsibilities and duties hereunder to a member of the active Medical Staff in his Department, but shall remain accountable to the MAC for the management of the patient by the Medical Staff member to whom any such responsibility or duty is delegated.
- (1) The Chief Executive Officer or delegate or Chief of Staff or delegate or Chief of a Department or delegate may temporarily restrict or suspend the privileges of any member of the Professional Staff, in circumstances where in their opinion the member's conduct, performance or competence:
 - (a) exposes or is reasonably likely to expose any patient, health care provider, employee or any other person at the Hospital to harm or injury; or
 - (b) is or is reasonably likely to be detrimental to patient safety or to the delivery of quality patient care within the Hospital, and immediate action must be taken to protect patients, health care providers, employees and any other person at the Hospital from harm or injury.
 - (2) Before the Chief Executive Officer or delegate, the Chief of Staff or delegate, or Chief of a Department or delegate takes action authorized in Section 5.3(a), they shall first consult with one of the other of them. If such prior consultation is not possible or practicable under the circumstances, the person who takes the action authorized in Section 5.3(a) shall provide immediate notice to the others. The person who takes the action authorized in subsection 5.3(1)

shall forthwith submit a written report on the action taken with all relevant materials and/or information to the Medical Advisory Committee.

5.4 Non-Immediate Action

- (1) The Chief Executive Officer or delegate, the Chief of Staff or delegate, or the Chief of a Department or delegate, may recommend to the Medical Advisory Committee that the privileges of any member of the Professional Staff be restricted, suspended or revoked in any circumstances where in their opinion the member's conduct, performance or competence:
 - (a) fails to meet or comply with the criteria for annual reappointment; or
 - (b) exposes or is reasonably likely to expose any patient, health care provider, employee or any other person at the Hospital to harm or injury; or
 - (c) is or is reasonably likely to be, detrimental to patient safety or to the delivery of quality patient care within the Hospital or impact negatively on the operations of the Hospital; or
 - (d) fails to comply with the Hospital's by-laws, Rules and Regulations, or Policies, the *Public Hospitals Act* or any other relevant law.
- (2) Prior to making a recommendation as referred to in Section 5.4(1), an investigation may be conducted. Where an investigation is conducted it may be assigned to an individual within the Hospital other than the Medical Advisory Committee or an external consultant.

5.5 Interim Suspension of Privileges by Board

The Board may, where patient safety or the delivery of quality patient care is at issue and immediate action must be taken to protect the patient(s), immediately and temporarily suspend the Privileges of a Respondent or obtain an undertaking from the Respondent that he will not exercise his Privileges. Notwithstanding the suspension or undertaking, before a final determination is made of the Respondent's Privileges, the due process procedures set out in Sections 5.2 to 5.4 must, where applicable, be followed.

5.6 Investigation/Complaint Process

(a) Responsibility

The Medical Staff Officers or the Chief Executive Officer or their respective delegates shall be responsible for undertaking and directing the preliminary investigation of a complaint, in such a manner as is determined reasonably necessary.

(b) Referral to MAC

Following preliminary investigation, the Medical Staff Officers and/or the Chief Executive Officer of the Hospital, where deemed appropriate, shall place the complaint before the MAC and report upon the investigation of the complaint.

(c) Investigation Terminated

Where the complaint and report of the preliminary investigation of the complaint is not placed before the MAC, the Respondent in question shall be informed of such decision.

Where a complaint issued is not placed before the MAC, the investigation shall be terminated, no changes shall be made to the Privileges of such Respondent, and documentation of such complaint will be removed from the Respondent's file two (2) years after the date of the incident unless there is a subsequent and related incident within the two (2) year period.

(d) MAC's Duties

Where a complaint has been placed before the MAC, the MAC shall:

- (i) receive and consider the complaint and report of the preliminary investigation;
- (ii) ensure that the Respondent is given no less than seventy-two (72) hours' prior notice of the MAC meeting and advise the Respondent that the meeting may proceed in his absence;
- (iii) determine what recommendation, if any, is necessary with respect to the Privileges of the Respondent;
- (iv) provide to the Respondent its recommendation in writing, the reasons and factual information in support of the recommendation and notice that the Respondent shall be given an opportunity to be heard or to respond with respect to the recommendation in advance of the recommendation being communicated to the Board of the Hospital;
- (v) convene a meeting to which the Respondent shall be invited, wherein the Respondent shall be given an opportunity to be heard, or in the alternative, to which the Respondent may submit a written response;
- (vi) provide notice that the MAC meeting is not a hearing, and as such there are no formal rules of procedure or rules of evidence; and
- (vii) send its final recommendation in writing to the Board and the Respondent with respect to the Respondent's Privileges.

(e) Board's Duties

The Board shall assume responsibility for the complaint in accordance with Section 6.1 or Section 6.2, as applicable, following receipt of the MAC's recommendations.

ARTICLE 6

6.1 Board Process Where Respondent not heard by MAC

The Board shall, where the Respondent has not been heard as set out in Section 5.6 (d) above:

- (a) ensure that the Respondent is given no less than seventy (72) hours' prior notice of the Board meeting;
- (b) advise the Respondent of the time and place of the meeting;
- (c) provide to the Respondent the recommendation to be considered by the Board;
- (d) make available to the Respondent the particulars and all supporting documentation and any other information considered by the individual or individuals in support of the proposed recommendation;
- (e) provide notice that the Respondent may appear in person or submit written submissions;
- (f) provide notice that the meeting may proceed in the absence of the Respondent; and

- (g) provide notice that the Board meeting is a hearing, and as such, that the *Statutory Powers Procedure Act* applies.

6.2 Board Process where Respondent Heard by MAC

Notice of Meeting

The Board shall, where the Respondent has been heard as set out in Section 5.6 (d) above:

- (a) provide the Respondent with at least seven (7) days' notice of a meeting that it will decide upon a recommendation of the MAC with respect to the Respondent's Privileges;
- (b) permit the Respondent to speak to the recommendation at the meeting;
- (c) provide to the Respondent the recommendation to be considered by the Board;
- (d) make available to the Respondent the particulars and all supporting documentation and any other information considered by the individual or individuals in support of the proposed recommendation;
- (e) provide notice that the Respondent may appear in person or submit written submissions;
- (f) provide notice that the meeting may proceed in the absence of the Respondent;
- (g) provide notice that the Board meeting is a hearing, and as such, that the *Statutory Powers Procedures Act* applies; and
- (h) inform the Respondent that he may be assisted by a representative in making a presentation to the Board.

6.3 Members of the Board

Members of the Board holding a meeting shall not have taken part in the investigation or consideration of the subject matter of the meeting before the meeting and shall not communicate directly or indirectly in relation to the subject matter of the meeting with any person or with any party or representative of a party.

6.4 Board's Decision

After considering the recommendation of the MAC or following a meeting of the Board, the Board shall either implement the recommendation or otherwise deal with the matter and cause the MAC and the Respondent to be so advised forthwith.

6.5 Statutory Powers Procedure Act

The *Statutory Powers Procedure Act* shall apply to all hearings conducted by the Board under this Section.

ARTICLE 7

7.1 Professional Staff Categories

The Medical Staff may be divided into the following groups as defined in Medical Staff Policy:

- (a) active;
- (b) associate;
- (c) courtesy
- (d) consulting;
- (e) locum tenens;
- (f) temporary;
- (g) Extended Class Nursing Staff and;
- (h) such categories as may be determined by the Board from time to time having given consideration to the recommendation of the Medical Advisory Committee.

7.2 Active Staff

1. The active staff shall consist of those physicians and dentists who have been appointed to the Active Staff by the Board and who have completed satisfactory service as least one (1) year or who the Board, on the recommendation of the Medical Advisory Committee, appoints directly to the Active Staff.
 - (a) Except where approved by the Board by specific resolution, no physician or Dentist with an active staff appointment at another hospital shall be appointed to the active staff.
 - (b) Every physician applying for appointment to the active medical staff shall be assigned to the associate staff category for a probationary period of not less than one year unless the Board determines otherwise.
 - (c) All active staff members are responsible for assuring that medical care is provided to all patients in the Hospital.
 - (d) All active staff members who are physicians shall be eligible to attend and vote at medical staff meetings, to hold office and to sit on any committee of the medical staff.
2. Each member of the active staff shall:
 - a) have admitting privileges unless otherwise specified in their appointment to the medical staff.

- b) undertake such duties in respect of those patients classed as emergency cases as may be specified by the Chief of Staff;
- c) attend patients, and undertake treatment and operative procedures only in accordance with the kind and degree of privileges granted by the Board; and
- d) act as a supervisor when requested by the Chief of Staff.
- e) fulfil such on-call requirements as may be established by each Department or Service in accordance with the Medical Staff Human Resource Plan and the Rules and Regulations;
- f) if a Dentist, be entitled to attend meetings of the Medical Staff but shall not have a vote or be eligible to hold an elected or appointed office of the Medical Staff.

7.3 Associate Staff

1. Physicians or dentists who are applying for appointment to the Active Staff, subject otherwise to the determination of the Board, will be assigned to the Associate Staff. In no event shall an appointment to the Associate Staff extend beyond two (2) years.
2. Each member of the Associate Staff shall:
 - (a) have admitting privileges unless otherwise specified in the appointment.
 - (b) work for a probationary period of not less than one year under the supervision of an active staff member named by the Chief of Staff.
 - (c) 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
 - (d) fulfil such on call requirements as may be established by each Department or Service and in accordance with the Professional Staff Human Resources Plan and the Rules and Regulations and Policies;
 - (e) undertake such duties in respect of patients as may be specified by the Chief of Staff or delegate, and, if appropriate, the Chief of the Department to which the physician has been assigned.
 - (f) be entitled to attend Medical Staff meetings but not vote at medical staff meetings nor be elected a medical staff officer, but may be appointed to a committee of the medical staff.
3. At six (6) month intervals following the appointment of an Associate Staff member to the Professional Staff, the Active Staff member by whom the Associate Staff member has been supervised shall

- (a) complete a performance evaluation and shall make a written report to the Chief of Staff or delegate, concerning:
 - (i) the knowledge and skill that has been shown by the Associate Staff member;
 - (ii) the nature and quality of his or her work in the Corporation; and
 - (iii) his or her performance and compliance with the criteria set out in the bylaws. The Chief of Staff or delegate shall forward such report to the Credentials Committee.
- (b) Upon receipt of the report referred to in subsection 7.3 (3) the appointment of the member of the Associate Staff shall be reviewed by the Credentials Committee, which shall make a recommendation to the Medical Advisory Committee.
- (c) If any report made under subsections 7.3(3)(a) or 7.3(3)(b) is not favourable to the Associate Staff member, the Medical Advisory Committee may recommend the appointment of the Associate Staff member be terminated.
- (d) No member of the Associate Staff shall be recommended for appointment to the Active Staff unless they have been a member of the Associate Staff for at least one (1) year. In no event shall an appointment to the Associate Staff be continued for more than two (2) years.

7.4 Courtesy Staff

1. The Board may grant a physician an appointment to the courtesy staff in one or more of the following circumstances:
 - (i) the applicant has an active staff commitment at another hospital, or
 - (ii) the applicant lives at such a remote distance from the Hospital that it limits full participation in active staff duties, but he or she wishes to maintain an affiliation with the Hospital, or
 - (iii) the applicant has a primary commitment to, or contractual relationship with, another community or organization, or
 - (iv) the applicant requests access to limited Hospital resources or out-patient programs or facilities, or
 - (v) where the Board deems it otherwise advisable.
2. The Board may grant a physician an appointment to the courtesy staff with such privileges as the Board deems advisable, upon the recommendation of the MAC. Privileges to admit patients shall only be granted under specified circumstances.

The circumstances leading to an appointment under this section shall be specified by the physician on each application for re-appointment.

3. Each physician on the courtesy staff may attend medical staff and departmental meetings but unless the Board so requires shall not be subject to the attendance requirements and penalties as provided by this By-law and the medical staff rules.
4. Unless required to attend by the Chief of Staff, members of the courtesy staff shall not have the right to vote at medical staff meetings.
5. Members of the courtesy staff shall not ordinarily hold office and shall not ordinarily be eligible for appointment to a committee of the medical staff.

7.5 Consulting Staff

1. The consulting staff shall consist of those physicians and surgeons with certification or fellowship in a medical specialty, who provide expert advice, opinion and service on referred patients.
 - (a) The consulting staff members may hold a similar, active appointment at another hospital in the area.
 - (b) All consulting staff members are responsible for assuring their availability to provide care to their patients in the Hospital in an expedient manner.
 - (c) Consulting staff members may have admitting privileges, as deemed necessary and advisable by the Medical Advisory Committee and the Board.
 - (d) Consulting staff members shall not be required to attend meetings of the medical staff, but may if they so wish, but are not subject to attendance requirements, are not eligible to vote or to hold office.

7.6 Locum Tenens

- (a) The Medical Advisory Committee upon the request of a member of the medical staff may recommend the appointment of a locum tenens as a planned replacement for that physician for a specified period of time or to provide episodic or limited surgical or consulting services.
- (b) The appointment of a Physician or Dentist as a member of the Locum Tenens Staff may be for up to one (1) year subject to renewal for a further period of up to one (1) additional year. The Board, having considered the recommendation of the Medical Advisory Committee may permit renewal beyond two (2) years in exceptional circumstances.
- (c) A locum tenens shall:
 - (i) have admitting privileges unless otherwise specified;

- (ii) 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 delegate;
 - (iii) attend patients assigned to his care by the active staff member by whom he is supervised, and shall treat them within the professional privileges granted by the Board on the recommendation of the Medical Advisory Committee; and
 - (iv) undertake such duties in respect of those patients classed as emergency cases (and of out-patient clinics?) as may be specified by the Chief of Staff or by the Supervising Physician.
 - (v) undertake such duties in respect of those patients classed as emergency cases and of out-patient clinics as may be specified by the Chief of Staff or by the Chief of Department; a
- (d) Locum Tenens Staff shall not, subject to determination by the Board in each individual case, attend or vote at Professional Staff meetings or be elected or appointed to any office of the Professional Staff.

7.7 Temporary Staff

- (a) A temporary appointment may be made only for one of the following reasons:
- (i) to meet a specific singular requirement by providing a consultation and/or operative procedure; or
 - (ii) to meet an urgent unexpected need for a medical service.
 - (iii) to provide a specified number of consultations within a specified time frame.
- (b) Notwithstanding any other provision in this By-law, the President & CEO, after consultation with the Chief of Staff or his delegate, may:
- (i) grant a temporary appointment to a physician who is not a member of the medical staff provided that such appointment shall not extend beyond the date of the next meeting of the Medical Advisory Committee at which time the action taken shall be reported; and
 - (ii) continue the appointment on the recommendation of the Medical Advisory Committee until the next meeting of the Board.
 - (iii) grant a temporary appointment to a medical trainee working under the supervision of a member of the Active, Consulting, Courtesy or Locum Tenens medical staff
- (c) A temporary appointment shall not automatically have privileges to admit patients.

7.8 Extended Class Nursing Staff

1. Appointment

The Board, on the advice of the Medical Advisory Committee, may appoint annually one (1) or more Extended Class Nurses who are not employees of the Corporation to the Extended Class Nursing Staff of the Corporation and shall delineate the Privileges for each Extended Class Nurse.

- (a) Each new applicant for appointment to the Extended Class Nursing Staff shall be appointed for an initial probationary period of one (1) year.
- (b) After the first six months and again prior to completion of the one (1) year probationary period, a performance evaluation for a member of the Extended Class Nursing Staff shall be completed by the Chief of Department, or delegate, concerning the knowledge and skill that has been shown by the Extended Class Nursing Staff member, the nature and quality of his or her work and his or her performance and compliance with the criteria set out in subsection 4.2 and such report shall be forwarded to the Credentials Committee.
- (c) The Credential Committee shall review the report referred to in subsection 7.8(1)(b) and shall make a recommendation to the Medical Advisory Committee which shall in turn make a recommendation to the Board.

2. Criteria for Appointment to the Extended Class Nursing Staff

The Corporation's Credentialing Policy with all the necessary changes thereto, shall apply to the criteria and application process for Extended Class Nurses.

3. Revocation of Appointment to the Extended Class Nursing Staff

The Board may at any time revoke or suspend any appointment of a member of the Extended Class Nursing Staff, or dismiss, suspend, restrict or otherwise deal with the Privileges of the member.

4. Viewing Operations or Procedures

Section 7.13 of this By-Law applies to viewing operations or procedures, with necessary changes.

5. Transfer of Responsibility

Section 7.11 of this By-Law applies to transfer of responsibility, with necessary changes.

6. Procedures

Section 7.12 of this By-Law applies to Extended Class Nurses, with necessary changes.

7. Extended Class Nursing Staff: Function within Professional Staff Clinical Service

The extended Class Nursing Staff shall function within the service to which the Extended Class Nurses are associated.

8. Extended Class Nursing Staff Duties

- (a) Each member of the Extended Class Nursing Staff is accountable to and shall recognize the authority of the Board through and with the Chief of the appropriate Department and the Chief of Staff.
- (b) Each member of the Extended Nursing Staff shall:
 - i. refer out-patients for diagnostic procedures within the limits of his scope of practice and the Privileges granted by the Board;
 - ii. notify the Chief Executive Officer of any change in his extended certificate of registration with the College of Nurses of Ontario;
 - iii. abide by the Medical Staff Rules and this By-Law;
 - iv. give instructions as required for the education of other members of the Extended Class Nursing, Medical, Dental and other clinical staff of the Corporation;
 - v. comply with such matters as are from time to time prescribed by the *Public Hospitals Act* and the Hospital Management Regulation; and
 - vi. perform such other duties as may be prescribed from time to time by or under the authority of the Medical Advisory Committee or the Chief of Staff.
- (c) Every member of the Extended Class Nursing Staff shall cooperate with:
 - i. the Chief of Staff and the Medical Advisory Committee;
 - ii. the supervisor to whom the Extended Class Nurse has been assigned;
 - iii. the Chief of Department; and
 - iv. the Chief Executive Officer.

9. Attendance by Extended Class Nursing Staff at Professional Staff Meetings

- (a) A member of the Extended Class Nursing Staff may attend Professional Staff meetings but shall not be eligible to vote at a Medical Staff meeting and shall not be eligible to hold an elected or appointed office in the Professional Staff.
- (b) Each member of the active and associate Extended Class Nursing Staff and the courtesy extended Class Nursing Staff, where required, shall attend seventy percent (70%) of the meetings of the Department of which he is a member.

10. Eligibility to Hold Office

A member of the Extended Class Nursing Staff is not eligible to hold any office other than Chief Nursing Executive.

7.9 Dental Staff

1. Appointment

The Board, on the advice of the Medical Advisory Committee, may appoint one (1) or more Dentists to the Dental Staff of the Corporation and shall delineate the Privileges for each Dentist.

2. Criteria for Appointment to the Dental Staff

The Corporation's Credentialing Policy with all the necessary changes thereto, shall apply to the criteria and application process for Dentists.

3. Revocation of Appointment to the Dental Staff

The Board may at any time revoke or suspend any appointment of a member of the Dental Staff, or dismiss, suspend, restrict or otherwise deal with the Privileges of the member.

4. Viewing Operations or Procedures

Section 7.13 of this By-Law applies to viewing operations or procedures, with necessary changes.

5. Transfer of Responsibility

Section 7.11 of this By-Law applies to transfer of responsibility, with necessary changes.

6. Procedures

Section 7.12 of this By-Law applies to Dentists, with necessary changes.

7. Dental Department

The Dental Staff shall function as a Department. With respect to active staff, associate staff, consulting staff, courtesy staff, honorary staff, temporary staff, locum tenens appointments, the provisions in the Medical Staff By-Law will apply to Dental Staff with the necessary modifications.

8. Chief of Dental Staff

Where the Board has appointed more than one (1) Dentist to the staff of the Dental Department, one (1) 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 two (2) years to be the Chief of Dental Staff upon the recommendation of the Chief of Staff.

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

9. **Duties of the Chief of Dental Staff**

The Chief of Dental Staff shall supervise the professional care given by all members of the Dental Staff and shall be responsible to the Chief of Staff.

10. **Dental Staff Duties**

(a) Each member of the Dental Staff shall:

- i. attend and treat Patients within the limit of the Privileges granted by the Board;
- ii. notify the Chief Executive Officer of any change in the license to practise dentistry;
- iii. abide by the Medical Staff Rules and this By-Law;
- iv. give instructions as required for the education of other members of the Dental, Medical, Extended Class Nursing and other clinical staff of the Corporation;
- v. comply with such matters as are from time to time prescribed by the *Public Hospitals Act* and by the Hospital Management Regulations made thereunder;
- vi. provide consultations on Patients as required; and
- vii. perform such other duties as may be prescribed from time to time by or under the authority of the Medical Advisory Committee.

(b) Every member of the Dental Staff shall co-operate with:

- i. the Chief of Staff and the Medical Advisory Committee;
- ii. the Chief of Dental Staff; and
- iii. the Chief Executive Officer.

11. **Attendance by Dentists at Staff Meetings**

A member of the Dental Staff may attend Medical Staff meetings but shall not be eligible to vote at a Medical Staff meeting.

12. **Eligibility to Hold Office**

A member of the Dental Staff is not eligible to hold an office other than Chief of the Dental Department.

13. **Dental Records**

(a) No person shall be admitted for treatment by a Dentist except, (1) where the Dentist is a member of the Dental Staff; and (2) on the joint order of the Dentist and a Physician who is a member of the Medical Staff. Before dental surgery is performed on a Patient in the hospital, a complete physical examination shall be performed and a medical history shall be completed for the Patient by a member of the Medical Staff. Prior to dental surgery, the attending Dentist shall:

- (i) take a dental history of the Patient that relates to the reason for the treatment;
- (ii) make a dental and oral examination of the Patient;
- (iii) make a provisional diagnosis of the Patient's dental condition; and
- (iv) prepare, date and authenticate the history and a report of the findings of the examinations and the provisional diagnosis and a statement of the proposed course of dental treatment for the Patient.

(b) Where a Patient is admitted to the hospital for treatment by a Dentist, the attending Dentist shall, within twenty-four (24) hours of the admission of the Patient, take a dental history of the Patient that relates to the reason for the treatment;

- (i) make a dental and oral examination of the Patient;
- (ii) make a provisional diagnosis of the Patient's dental condition; and
- (iii) prepare, date and authenticate the history and a report of the findings of the examinations and the provisional diagnosis and a statement of the proposed course of dental treatment for the Patient.
- (iv) The attending Dentist shall forthwith notify the Chief Executive Officer and the infection control officer or nurse of any Patient who is known or suspected to be suffering from an infectious disease or condition.

7.10 Duties of the Professional Staff

Each member of the Professional Staff shall:

- (a) attend and treat Patients within the limits of the Privileges granted by the Board and procedures as approved, unless the Privileges are otherwise restricted;
- (b) be accountable to and recognize the authority of the Board through and with their Chief of Department, the Chief of Staff and the Chief Executive Officer;
- (c) notify the Chief Executive Officer of any change in the member's certificate of registration with the College of Physicians and Surgeons of Ontario;
- (d) read and abide by the Professional Staff Rules;
- (e) give such instruction as is required for the education of other members of the Professional Staff and other clinical staff of the Corporation;
- (f) abide by the rules of the Corporation, this By-Law, the *Public Hospitals Act* and the regulations made thereunder and all other legislated requirements;
- (g) co-operate with:
 - i. the Board;
 - ii. the Chief Executive Officer;
 - iii. the Chief of Staff and Medical Advisory Committee;
 - iv. the President of the Professional Staff;
 - v. the Chief of Department to which the Physician has been assigned;
 - vi. the other members of the Professional Staff; and
 - vii. the other - staff of the Corporation;
- (h) evaluate practitioner and institutional performance through valid and reliable measurement systems of care based on objective, clinically sound criteria;
- (i) ensure that care at the Corporation is appropriately directed to meeting Patients' needs, consistent with sound healthcare resource utilization practices; and
- (j) perform such other duties as may be prescribed from time to time by, or under the authority of, the Medical Advisory Committee.

7.11 Transfer of Responsibility

- (a) Subject to paragraph (b), pursuant to the Hospital Management Regulation, whenever the responsibility for the care of a Patient is transferred to another member of the Professional Staff, a written notation thereof shall be made and signed on the Patient's record and the Physician to whom responsibility has been transferred shall be notified immediately by personal contact and in accordance with the Professional Staff Rules. A Patient may be transferred to the care of another member of the Professional Staff only with the consent of such other member.
- (b) There shall be a deemed transfer of responsibility to the attending emergency Physician during evenings and to the "Most Responsible Physician" on weekends and statutory holidays.

7.12 Procedures

- a) Each applicant for membership to the Medical Staff who desires to perform surgical or general anaesthesia procedures within the hospital, and each member of the Medical Staff who desires to increase the list of operating room or general anaesthesia procedures, shall submit to the Chief of the appropriate Department a list of procedures the applicant or member considers themselves capable of performing proficiently.
- b) The Chief of the appropriate Department shall investigate each relevant request submitted under the provisions of paragraph (a), together with the qualifications, experience and professional reputation of the applicant, and shall make a written report thereon to the Credentialing Committee of the Board for recommendation to the Medical Advisory Committee.
- c) Each member of the Medical Staff may attend and treat Patients within the limits of the Privileges and procedures granted to them, unless their Privileges or procedures are otherwise restricted.
- d) In attending and treating Patients, each member of the Medical Staff shall be under the jurisdiction of the Chief of Department concerned and shall abide by the rules of that Department.
- e) The Chief of Department concerned, where it is believed to be necessary or desirable or in the best interests of the Patient, shall examine the condition and scrutinize the treatment of any Patient in his Department and make recommendations to the attending Physician and if necessary to the Medical Advisory Committee.

7.13 Viewing Operations or Procedures

Any operation or procedure performed in the hospital may be viewed without the permission of the Physician by:

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

ARTICLE 8

8.1 Departments

- (a) A Department shall:
 - i. provide service to Patients of the Corporation at as high a standard as possible, given the Corporation's resources;
 - ii. educate administrators and other health care professionals on patient care issues, as required;
 - iii. review any morbidity or mortality, arising from the services provided by such Department;
 - iv. conduct quality assurance programs on various topics, make appropriate recommendations, and report findings through the Patient Care Committee and the Medical Advisory Committee to the Board;
 - v. make recommendations regarding the purchase and maintenance of equipment; and
 - vi. where applicable, make recommendations regarding safety issues in the operating room and recovery room areas.
- (b) When Departments are established, the Board, on the advice of the Medical Advisory Committee, after considering the recommendation of the Chief of Staff, shall appoint a Chief of Department for each Department, who shall be responsible to the Chief of Staff for the quality of medical care rendered to patients in that Department.
- (c) The appointment of a Chief of a Department shall be subject to annual confirmation by the Board, but the Chief of each Department shall continue to hold office until a successor is appointed.
- (d) The Board may at any time revoke or suspend the appointment of a Chief of Department.

8.2 Department Meetings

- (a) The Medical Staff in each Department of the Corporation shall hold at least four (4) Department meetings in each calendar year.
- (b) Minutes shall be kept of each Department meeting and shall be available to the Medical Advisory Committee.
- (c) The Chief of a Department may call a special meeting of the Department in cases of emergency or on the written request of any three (3) members of the active staff in the Department.

8.3 Jurisdiction

Whenever a separate Department is established, Professional Staff members and Patients related to the services provided by such Department shall come under the jurisdiction of that Department.

8.4 Changes to Departments and Services

When warranted by the professional resources of the Professional Staff, the Board, on the advice of the Medical Advisory Committee, may establish or disband Departments or clinical services.

ARTICLE 9

9.1 Medical Staff Officers

9.2 Eligibility for Office

- (a) A Member of the Active Medical Staff shall ordinarily be elected or appointed to any position (being Chair of Committee or Chief of Department) or office.
- (b) Notwithstanding paragraph (a) above, the Medical Advisory Committee may appoint any member of the Medical Staff to serve as a member of any medical committee provided for in the By-Law or rules of the Corporation.

9.3 Chief of Staff

- (a) Appointment

The Board shall, after considering the recommendation of the Medical Advisory Committee, appoint as Chief of Staff a Physician from the Active staff. Where the recommendation of the Medical Advisory Committee is not accepted by the Board, it may be referred to the Joint Conference Committee. After considering the Joint Conference Committee's recommendation, the Board shall appoint the Chief of Staff.

- (b) Term

Subject to annual confirmation by the Board, an appointment made under paragraph 9.3 (a) above shall be for a minimum of one (1) year, but the Chief of Staff shall hold office until a successor is appointed.

- (c) Maximum Number of Terms

- i. The Board may appoint the President of the Medical Staff to be the Chief of Staff.
- ii. The Board at any time may revoke or suspend the appointment of the Chief of Staff.

9.4 Administrative Duties of Chief of Staff

The Chief of Staff as an administrator shall:

- (a) report regularly in writing including the minutes of the Medical Advisory Committee to the Board about the activities, recommendations and actions of the Medical Advisory Committee and any other matters about which they should have knowledge;
- (b) be an ex officio member of all committees that report to the Medical Advisory Committee;
- (c) act on such committees as requested by the Board;
- (d) in the event of the vacancy of a Chief of Department, assume the responsibilities of the Chief of Department set out in Section 9.6; and

The Chief of Staff shall, in consultation with the Chief Executive Officer, designate an alternate to act during the absence of both the Chief of Staff and the Vice Chair of the Medical Advisory Committee, if any.

9.5 Medical Supervisory Duties of Chief of Staff

The Chief of Staff shall:

- (a) be responsible to the Board for the Medical Staff organization of the Corporation and for the supervision of the professional care given to all Patients in accordance with the policies established by the Corporation and provisions of the *Public Hospitals Act* and other relevant legislation;
- (b) be the Chair of the Medical Advisory Committee;
- (c) advise the Medical Advisory Committee and the Board with respect to the quality of professional diagnosis, care and treatment provided to the Patients;
- (d) assign, or delegate the assignment of, a member of the Professional Staff:
 - (i) to supervise the practice of medicine, dentistry, or extended class nursing, as the case may be, of any other member of the Professional Staff, as appropriate, for any period of time; and
 - (ii) to make a written report to the Chief of the appropriate Department;
- (e) assign, or delegate the assignment of, a member of the Professional Staff to discuss in detail with any member of the Medical Staff any matter which is of concern to the Chief of Staff and to report the discussion to the Chief of the appropriate Department;

- (f) in the event of the vacancy of a Chief of Department, assume the responsibilities of the Chief of Department set out in Section 9.7; and
- (g) when necessary:
 - (i) assume, or assign to any other member of the Medical Staff, responsibility for the direct care and treatment of any Patient 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.

9.6 Administrative Duties of Chief of Department

The Chief of a Department as an administrator shall:

- (a) meet within three (3) weeks after appointment with the members of the Medical Staff assigned to the Department and direct the organization of such staff so as to give optimum care to all Patients admitted to the Department;
- (b) at least annually, review the Privileges granted members of the Department for purposes of making recommendations for changes and the kind and degree of such Privileges to be granted;
- (c) at least annually, review the procedures granted members of the Department for the purposes of making recommendations for changes and the kind and nature of such procedures as to be granted;
- (d) make recommendations regarding medical manpower needs of the Department in the Corporation;
- (e) advise the members of the Department regarding current Corporation and Department policies, objectives and rules;
- (f) assume a leadership role in developing, implementing, evaluating and modifying the Department's quality assurance program;
- (g) oversee the formulation, maintenance and utilization of the Department's policy manual or guidelines;
- (h) assume a role within the health care team for establishing and maintaining effective working relationships;
- (i) oversee the orientation of new members of the Department;

- (j) participate in the Corporation's administrative team for the purpose of providing input into formulating and evaluating policies, priorities, allocating resources and general management strategies; and
- (k) perform any other duties reasonably requested by the Chief of Staff.

9.7 Medical Supervisory Duties of Chief of Department

The Chief of a Department and member of the Medical Advisory Committee shall:

- (a) through and with the Chief of Staff exercise such authority as is deemed necessary to supervise the professional care provided by all members of the Medical Staff within the Department;
- (b) advise the Medical Advisory Committee with regard to the quality of medical diagnosis, care and treatment provided to the Patients of the Department;
- (c) be responsible for the organization and implementation of clinical review within the Department and further encourage continuing medical education related to the Department;
- (d) advise the Chief of Staff and the Chief Executive Officer of any Patient who is not receiving appropriate and reasonable treatment and care by a member of the Department;
- (e) hold regular meetings with the staff of the Department;
- (f) sit on such committees as requested by the Board and Chief of Staff; and
- (g) perform any other duties reasonably requested by the Chief of Staff.

9.8 Revocation of Appointed Officers of the Professional Staff

The office of the Chief of Department or Chief of Staff shall automatically be revoked:

- (a) if he is absent for one-third (1/3) or more of the meetings at which he is required to attend in any twelve (12) month period;
- (b) if he is found to be mentally incompetent or becomes of unsound mind;
- (c) if at any special meeting of the Board a resolution is passed by a majority of the votes cast by the Members at the special meeting removing the officer before the expiration of the officer's term of office; or
- (d) if the officer dies.

ARTICLE 10

10.1 Composition of Medical Advisory Committee

The Medical Advisory Committee shall consist of the following voting members:

- (i) the Chief of Staff, who shall be the chair;
- (ii) the Chiefs of Departments;
- (iii) the President, Vice President and Secretary of the Medical Staff; and
- (iv) such other members of the Medical Staff as may be appointed by the Board from time to time.

In addition, the following individuals shall be entitled to attend the meetings of the Medical Advisory Committee without a vote:

- (i) the Chief of the Dental Staff;
- (ii) the Chief Executive Officer;
- (iii) the Chief Nursing Executive; and
- (iv) any Vice President of the Corporation.

10.2 Recommendations of Medical Advisory Committee

The Medical Advisory Committee shall consider and make recommendations and report to the Board, in accordance with the *Public Hospitals Act* and the regulations pertaining thereto.

10.3 Medical Advisory Committee Duties and Responsibilities

The Medical Advisory Committee shall, perform the duties and undertake the responsibilities set out in the *Public Hospitals Act*, including:

- (a) make recommendations to the Board concerning the following matters:
 - i. every application for appointment or reappointment to the Professional Staff and any request for a change in Privileges;
 - ii. the Privileges to be granted to each member of the Professional Staff;
 - iii. the by-laws, rules and regulations respecting the Professional Staff;
 - iv. the revocation, suspension or restrictions of Privileges of any member of the Professional Staff; and
 - v. the quality of care provided by the Professional Staff;

- (b) supervise the clinical practice of medicine, dentistry, and extended class nursing of the Corporation;
- (c) appoint the Medical Staff members of all committees established under section 10.4(a);
- (d) receive reports of the committees of the Medical Advisory Committee;
- (e) advise the Board on any matters referred to the Medical Advisory Committee by the Board; and
- (f) where the Medical Advisory Committee identifies systemic or recurring quality of care issues in making its recommendations to the Board, the Medical Advisory Committee shall make recommendations about those issues to the Corporation's quality committee established under subsection 3(1) of the *Excellent Care for All Act*.

10.4 Establishment of Committees of the Medical Advisory Committee

- (a) The Board may, on the recommendation of the Medical Advisory Committee, establish such standing and special sub-committees of the Medical Advisory Committee as may be necessary or advisable from time to time for the Medical Advisory Committee to perform its duties under the *Public Hospitals Act* or the by-laws of the Corporation.
- (b) The terms of reference and composition for any standing or special sub-committees of the Medical Advisory Committee may be set out in the Medical Staff Rules or in a resolution of the Board, on recommendation of the Medical Advisory Committee. The Medical Staff members of any such subcommittee of the Medical Advisory Committee shall be appointed by the Medical Advisory Committee and other committee members may be appointed by the Board.

10.5 Quorum for Medical Advisory Committee and Sub-Committee Meeting

A quorum for any meeting of the Medical Advisory Committee, or a sub-committee thereof, shall be a majority of the members entitled to vote.

10.6 Committee Reports

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

ARTICLE 11

11.1 Regular, Annual and Special Meetings of the Professional Staff

- (a) At least four (4) meetings of the Professional Staff will be held each year, one of which shall be the annual meeting.
- (b) The President of the Professional Staff may call a special meeting of the Professional Staff. Special meetings shall be called by the President of the Professional Staff on the written request of any two (2) members of the Active Staff entitled to vote.
- (c) A written notification of each meeting of Professional Staff (including the annual meeting or any special meeting) shall be given by the Secretary of the Professional Staff to the Professional Staff at least fourteen (14) days in advance of the meeting by posting a notice of the meeting in a conspicuous place in the Hospital. Notice of special meetings shall state the nature of the business for which the special meeting is called.
- (d) The period of time required for giving notice of any special meeting may be waived in cases of emergency by the majority of those members of the Professional Staff present and entitled to voting at the special meeting, as the first item of business of the meeting.

11.2 Quorum

Fifty percent plus one (50% + 1) members of the Professional Staff entitled to vote and present in person shall constitute a quorum at any annual, regular, or special meeting of the Professional Staff.

11.3 Rules of Order

The procedures for meetings of the Professional Staff not provided for in this By-law or the Rules and Regulations or Policies shall be governed by the rules of order adopted by the Board.

11.4 Medical Staff Meetings

Meetings of the Professional Staff held in accordance with this Article shall be deemed to meet the requirement to hold meetings of the Medical Staff pursuant to the *Public Hospitals Act*.

ARTICLE 12

12.1 Professional Staff Elected Officers

12.2 Eligibility for Office

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

12.3 Election Procedure

- (a) A Medical Staff Nominating Committee shall be appointed by the Medical Staff at each annual meeting and shall consist of three (3) members of the Medical Staff.

- (b) At least thirty (30) days before the annual meeting of the Professional Staff, its Nominating Committee shall circulate or post in a conspicuous place or electronically, a list of the names of those who are nominated for the offices of the Professional Staff which are to be filled by election in accordance with this By-Law and the regulations under the *Public Hospitals Act*.
- (c) Any further nominations shall be made in writing to the Secretary of the Professional Staff within fourteen (14) days after the posting of the names referred to in the paragraph Section 12.3 (b) above.
 - (i) further nominations referred to in Section 12.3(b) above shall be signed by two (2) members of the Medical Staff who are entitled to vote;
 - (ii) the nominee shall have signified in writing on the nomination acceptance of the nomination; and
 - (iii) nominations shall then be posted alongside the list referred to in Section 12.3(b) above.
- (d) There shall be no voting by proxy.

12.4 President of the Professional Staff

The President of the Medical Staff shall:

- (a) be a member of the Board and, as a Director, fulfil fiduciary duties to the Corporation by making decisions in the best interests of the Corporation;
- (b) preside at all meetings of the Professional Staff, to be held as outlined in the Professional Staff Rules;
- (c) call special meetings of the Professional Staff;
- (d) be a member of the Medical Advisory Committee;
- (e) report to the Medical Advisory Committee and the Board on any issues raised by the Professional Staff;
- (f) be accountable to the Professional Staff and advocate fair process in the treatment of individual members of the Professional Staff;
- (g) in all matters not assigned to the Medical Advisory Committee or the Chief of Staff, act as liaison between the Professional Staff and the Chief Executive Officer and the Board;
- (h) be a member of such committees as the Board may deem appropriate from time to time;
- (i) be an ex officio member of all committees which report to the Professional Staff; and

- (j) act on the Joint Conference Committee.

12.5 Vice-President of the Professional Staff

The Vice-President of the Medical Staff shall:

- (a) act in the place of the President of the Professional Staff, perform the duties and possess the powers, in the absence or disability of the President of the Professional Staff;
- (b) perform such duties as the President of the Professional Staff may delegate; and
- (c) be accountable to the Professional Staff and advocate fair process in the treatment of individual needs of the Professional Staff.

12.6 Secretary of the Professional Staff

The Secretary of the Professional Staff shall:

- (a) attend to the correspondence of the Professional Staff;
- (b) give notice of Professional Staff meetings by posting a written notice thereof;
 - (i) in the case of a regular or special meeting of the Professional Staff at least five (5) days before the meeting;
 - (ii) in the case of an annual meeting of the Professional Staff, at least ten (10) days before the meeting;
- (c) ensure that minutes are kept of all Professional Staff meetings;
- (d) act in the place of the Vice-President of the Professional Staff, performing their duties and possessing their powers in the absence or disability of the Vice-President.
- (e) The duties of the Secretary of the Professional Staff may be performed by the President of the Professional Staff.

12.7 Treasurer of the Professional Staff

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

12.8 Vacancies

- (a) The position of any Professional Staff elected officer which becomes vacant during the fiscal year may be filled by an appointment of the Medical Advisory Committee or by a Physician elected by the majority of the members of the Professional Staff.
- (b) The professional staff member appointed or elected to office under Section 12.3 shall hold office until the next annual meeting of the Medical Staff.

ARTICLE 13

13.01 Amendments to By-Law

- (a) The Board may pass or amend By-Laws of the Corporation from time to time.
 - (i) Where it is intended to pass or amend a By-Law at a meeting of the Board, written notice of such intention shall be sent by the Secretary to each Director at their address as shown on the records of the Corporation by ordinary mail not less than ten (10) days before the meeting.
 - (ii) Where the notice of intention required by paragraph (b)(i) above is not provided, any proposed By-Law or amendment to the 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.
- (b) Subject to paragraphs (d) and (e) below, a By-Law or an amendment to a By-Law passed by the Board has full force and effect:
 - (i) from the time the motion was passed, or
 - (ii) from such future time as may be specified in the motion.
- (c) 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.
- (d) 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.
- (e) Subject to applicable legislation, in any case of rejection, amendment, or refusal to approve a By-Law or part of 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.

13.2 Amendments to Professional Staff By-Law

Prior to submitting the Professional Staff By-Law to the process established in Section 11.01, the following procedures shall be followed:

- (a) notice specifying the proposed Professional Staff By-Law or amendment thereto shall be posted;
- (b) the Professional Staff shall be afforded an opportunity to comment on the proposed Professional Staff By-Law or amendment thereto;
- (c) the Medical Advisory Committee shall make recommendations to the Board, concerning the proposed Professional Staff By-Law or amendment thereto; and
- (d) the Board shall consider the Professional Staff's comments and the Medical Advisory Committee's recommendations and shall thereafter, at the Board's absolute discretion, finalize the By-Law.

13.3 Repeal and Restatement

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