

SCARBOROUGH HEALTH NETWORK
PROFESSIONAL STAFF BY-LAW

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PROFESSIONAL STAFF BY-LAW OF SCARBOROUGH HEALTH NETWORK

(hereinafter referred to as the “**Corporation**”)

1 ARTICLE 1 - DEFINITIONS AND INTERPRETATION

1.1 Definitions

In this By-law:

- 1.1.1 “**Articles**” means the articles of amalgamation and any supplementary articles of the Corporation;
- 1.1.2 “**Board**” means the board of directors of the Corporation;
- 1.1.3 “**Board Governance Policies**” means the policies adopted by the Board from time to time with respect to governance matters;
- 1.1.4 “**Business day**” means a day other than a Saturday, Sunday or a statutory holiday in Ontario;
- 1.1.5 “**By-law**” means this Professional Staff By-law;
- 1.1.6 “**Chair of the Board**” means the Director elected by the Board to serve as chair of the Board;
- 1.1.7 “**Chief Executive Officer**” means the President and Chief Executive Officer of the Corporation, who is the ‘administrator’ for the purposes of the *Public Hospitals Act*, and the ‘officer in charge’ for the purposes of the *Mental Health Act*;
- 1.1.8 “**Chief Nursing Executive**” means the senior nurse who is employed by the Corporation, who reports directly to the Chief Executive Officer and is responsible for nursing services provided in the Hospital;
- 1.1.9 “**Chief of Department**” means the Professional Staff member appointed by the Board to serve as such in accordance with this By-law;
- 1.1.10 “**Chief of Staff**” means the Medical Staff member appointed by the Board to serve as such in accordance with the *Public Hospitals Act* and this By-law;
- 1.1.11 “**Clinical Faculty**” are licensed Physicians who hold adjunct appointments between SHN and a clinical department in the Temerty Faculty of Medicine at the University of Toronto and licensed Dentists who hold adjunct appointments between SHN and a clinical department in the Faculty of Dentistry at the University of Toronto. Categories of physician Clinical Faculty (full-time, part-time and adjunct), including the rights and responsibilities of each, are detailed in the University of Toronto Temerty Faculty of Medicine Procedures Manual for

the *Policy for Clinical (MD) Faculty* (December 2021), and are included in Appendix A to this By-law;

- 1.1.12 “**College**” means, as the case may be, the CPSO, the Royal College of Dental Surgeons of Ontario, the College of Midwives of Ontario and/or the College of Nurses of Ontario;
- 1.1.13 “**Corporation**” means Scarborough Health Network;
- 1.1.14 “**CPSO**” means the College of Physicians and Surgeons of Ontario;
- 1.1.15 “**Credentials Committee**” means a subcommittee of the Medical Advisory Committee established by the Medical Advisory Committee under Article 11.2;
- 1.1.16 “**Dean**” refers to the Dean of the Temerty Faculty of Medicine or their delegate;
- 1.1.17 “**Dental Staff**” means:
 - 1.1.17.1 oral and maxillofacial surgeons to whom the Board has granted the privilege of diagnosing, prescribing for, or treating Patients in the Hospital; and
 - 1.1.17.2 Dentists to whom the Board has granted the privilege of attending to Patients in the Hospital;
- 1.1.18 “**Dentist**” means a dental practitioner in good standing with the Royal College of Dental Surgeons of Ontario;
- 1.1.19 “**Department**” means an organizational unit of the Professional Staff to which members with a similar field of practice have been assigned;
- 1.1.20 “**Department Chair**” refers to the Chair of an academic unit of the University of Toronto Temerty Faculty of Medicine who appoints Clinical Faculty;
- 1.1.21 “**Director**” means a member of the Board;
- 1.1.22 “**Disruptive Behaviour**” occurs when the use of inappropriate words, actions or inactions by a Professional Staff member interferes with their ability to function well with others to the extent that the behaviour interferes with, or is likely to interfere with, quality health care delivery and/or patient or workplace safety and/or staff recruitment or retention;
- 1.1.23 “**Division**” means an organizational unit of a Department;
- 1.1.24 “**Excellent Care for All Act**” means the *Excellent Care for All Act, 2010* (Ontario) and, where the context requires, includes the regulations made under it, and any statute that may be substituted for it, as amended from time to time;

- 1.1.25 “**ex-officio**” means membership “by virtue of the office” and includes all rights, responsibilities and powers to vote, unless otherwise specified;
- 1.1.26 “**fiduciary duties**” means the duties of a Director that are owed only to the Corporation and not to any one particular stakeholder or other interest group. All Directors, including *ex officio* Directors, owe the same duties and are subject to the same obligations, regardless of how they may have been elected or appointed to the Board. Directors must act in the best interests of the Corporation as a whole and, in doing so, must take into account all relevant factors. A Director breaches their duty to act in the best interests of the Corporation where the Director prefers the interests of a particular group, person or entity over the interests of the Corporation as a whole. This does not mean that the Directors cannot take into account the interests of particular groups that may be affected by Board decisions (such as the interests of the Professional Staff), but they cannot act solely in the interests of one group if to do so would not be in the best interests of the Corporation as a whole.
- 1.1.27 “**Head of Division**” means the Professional Staff member appointed by the Board to be in charge of a Division;
- 1.1.28 “**Hospital Management Regulation**” means Regulation 965 to the *Public Hospitals Act*;
- 1.1.29 “**Hospital**” means the public hospital, Scarborough Health Network, operated by the Corporation;
- 1.1.30 “**Impact Analysis**” means a study conducted by the Chief Executive Officer in consultation with the Chief of Staff and Chiefs of Department to determine the impact upon the resources of the Corporation of:
- (i) a proposed appointment of an applicant to the Professional Staff; or
 - (ii) an application by a Professional Staff member for additional privileges or a change in membership category;
- 1.1.31 “**Medical Advisory Committee**” means the medical advisory committee of the Hospital established under Article 10;
- 1.1.32 “**Medical Staff**” means those Physicians who are appointed by the Board and are granted privileges to practice medicine in the Hospital;
- 1.1.33 “**Medical Staff Association**” means the association that is comprised of the Medical Staff members of the Corporation;
- 1.1.34 “**Medical Staff Association Executive**” means the President, Vice President, Secretary and Treasurer of the Medical Staff Association;

- 1.1.35 “**Midwife**” means a midwife in good standing with the College of Midwives of Ontario;
- 1.1.36 “**Midwifery Staff**” means those Midwives who are appointed by the Board and are granted privileges to practise midwifery in the Hospital;
- 1.1.37 “**ONCA**” means the *Ontario Not-for-Profit Corporations Act, 2010* (Ontario) and any statute that may be substituted therefor;
- 1.1.38 “**patient**” means any inpatient or outpatient of the Corporation;
- 1.1.39 “**Performance Metrics**” means the Board-approved organization performance metrics that provide an overview of the organization performance in achieving quality, workplace safety, financial and human resource targets and such other performance metrics that the Board may approve from time to time;
- 1.1.40 “**Physician**” means a medical practitioner in good standing with the CPSO;
- 1.1.41 “**Policies**” means the administrative, human resources, clinical and professional policies adopted by the Board, the Medical Advisory Committee, or the Chief of Department under Article 2;
- 1.1.42 “**Professional Staff**” means those Physicians, Dentists and Midwives who are granted privileges by the Board to practice their profession in the Hospital;
- 1.1.43 “**Professional Staff Human Resources Plan**” means the plan developed for each Department that provides information and future projections on the management and appointment of the Professional Staff based on the mission and strategic plan of the Corporation;
- 1.1.44 “**Program**” means a cluster of patient-centred services which optimizes patient care, education and research and is consistent with the mission and vision of the Corporation;
- 1.1.45 “**Public Hospitals Act**” means the *Public Hospitals Act* (Ontario) and, where the context requires, includes the regulations made under it, and any statute that may be substituted for it, as amended from time to time;
- 1.1.46 “**Rules**” means the rules and regulations governing the practice of the Professional Staff in the Corporation;
- 1.1.47 “**Supervisor**” means a Physician, Dentist or Midwife who is assigned the responsibility to oversee the work of another Physician, Dentist or Midwife, unless otherwise provided for in this By-law;
- 1.1.48 “**TAHSN Affiliated Teaching Hospital**” refers to a teaching hospital that is both affiliated with the University of Toronto and is a member of the Toronto Academic Health Science Network (TAHSN);

- 1.1.49 “**Temerty Faculty of Medicine**” refers to a Division of the University of Toronto, which contains University Departments, grouped into clinical and other sections;
- 1.1.50 “**University Department**” refers to an academic unit of the University faculty, led by the Department Chair, who appoints Clinical Faculty.

1.2 Interpretation

This By-law shall be interpreted in accordance with the following, unless the context otherwise specifies or requires:

- 1.2.1 all terms which are contained in this By-law and which are defined in ONCA or the *Public Hospitals Act* shall have the meanings given to them in ONCA or *Public Hospitals Act*, as the case may be, unless otherwise defined herein;
- 1.2.2 the headings used in this By-law are inserted for reference purposes only and are not to be considered or taken into account in construing the terms or provisions thereof or to be deemed in any way to clarify, modify or explain the effect of any such terms or provisions;
- 1.2.3 references to an Article or Section refer to the applicable article or section of this By-law;
- 1.2.4 whenever the words “include”, “includes” or “including” are used in this By-law, unless the context otherwise requires, such words shall be deemed in each instance to be followed by the words “without limitation”;
- 1.2.5 if any of the provisions contained in this By-law are inconsistent with those contained in the Articles, the provisions contained in the Articles shall prevail;
- 1.2.6 any references herein to any laws, by-laws, rules, regulations, orders or acts of any government, governmental body or other regulatory body shall be construed as a reference thereto and in the case of any laws, to any regulations issued thereunder, all as amended or re-enacted from time to time or as a reference to any successor thereto; and
- 1.2.7 any provision of this By-law which is or becomes prohibited or unenforceable at any time shall not invalidate or impair the remaining provisions of this By-law.

1.3 Rules of Order

Any questions of procedure at or for any meetings of the Medical Advisory Committee, or of any subcommittee thereof, a Department, Division, the Medical Staff Association or any committee thereof that have not been provided for in Board Governance Policies or in this By-law or by ONCA shall be determined by the chair of the meeting or Robert’s rules.

1.4 Delegation of Duties

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

1.5 Consultation with Professional Staff

Where the Board or the Medical Advisory Committee are required to consult with the Professional Staff, it shall be sufficient for the Board or the Medical Advisory Committee to receive and consider the input of the Officers of the Medical Staff Association named in Section 14.1.

2 PROFESSIONAL STAFF RULES AND POLICIES

2.1 Professional Staff Rules and Policies

- 2.1.1 The Board, after considering the recommendation of the Medical Advisory Committee, may make Rules as it deems necessary, including rules and regulations for patient care and safety and the conduct of members of the Medical Staff, Dental Staff and/or Midwifery Staff.
- 2.1.2 The Board, after consulting with the Medical Staff Association and considering the recommendation of the Medical Advisory Committee, may adopt Policies applicable to the Medical Staff, Dental Staff and/or Midwifery Staff, including policies and procedures that are consistent with Rules and support the implementation of Rules.
- 2.1.3 The Medical Advisory Committee, after consulting with the Medical Staff Association, may adopt Policies applicable to the Medical Staff, Dental Staff and/or Midwifery Staff, that are consistent with this By-law, the Rules and Board-approved Policies.
- 2.1.4 The Chief of Department, after consulting with the Professional Staff of the Department, may adopt policies and procedures applicable to the Professional Staff of the Department, including policies and procedures that are consistent with, and support the implementation of, the Rules and Policies.

3 APPOINTMENT AND REAPPOINTMENT TO PROFESSIONAL STAFF

3.1 Appointment

- 3.1.1 The Board, after considering the recommendation of the Medical Advisory Committee, shall appoint annually a Professional Staff and shall grant such privileges as it deems appropriate to each Professional Staff member so appointed.
- 3.1.2 All applications for appointment and reappointment to the Professional Staff shall be processed in accordance with the provisions of this By-law and the *Public Hospitals Act*.
- 3.1.3 The Board shall from time to time establish criteria for appointment to the Professional Staff.
- 3.1.4 All applications for appointment and reappointment of Clinical Faculty shall be processed in accordance with the provisions of this By-law, the *Public Hospitals Act* and the University of Toronto Temerty Faculty of Medicine Procedures Manual for the Policy for Clinical (MD) Faculty.
- 3.1.5 The Board may, at any time, make or revoke any appointment to the Professional Staff, refuse to reappoint a Professional Staff member, or restrict or suspend the privileges of any Professional Staff member, in accordance with the provisions of this By-law and the *Public Hospitals Act*.

3.2 Term of Appointment

- 3.2.1 Subject to Section 3.2.2, each appointment to the Professional Staff shall be for a term of up to one (1) year.
- 3.2.2 Where a Professional Staff member has applied for reappointment within the time prescribed by the Medical Advisory Committee, the current appointment shall continue:
 - 3.2.2.1 unless Section 3.2.2.2 applies, until the reappointment is granted or not granted by the Board; or
 - 3.2.2.2 in the case of a Medical Staff member and where the reappointment is not granted by the Board and there is a right of appeal to the Health Professions Appeal and Review Board, until the time for giving notice of a hearing by the Health Professions Appeal and Review Board has expired or, where a hearing is required, until the decision of the Health Professions Appeal and Review Board has become final.

3.3 Application for Appointment to the Professional Staff

- 3.3.1 On request, the Chief Executive Officer shall supply a copy of, or information on how to access, a prescribed form of the application and the mission, vision, values

and strategic plan of the Corporation, this By-law, the Rules and appropriate Policies, and the criteria for appointment to each Physician, Dentist and Midwife who expresses in writing the intention to apply for appointment to the Professional Staff.

- 3.3.2 An applicant for appointment to the Professional Staff shall submit one (1) original application and one (1) copy of the application in the prescribed form to the Chief Executive Officer together with signed consents to enable the Corporation to make inquiries of the relevant College and other hospitals, institutions and facilities where the applicant has previously provided professional services or received professional training to allow the Corporation to fully investigate the qualifications and suitability of the applicant.
- 3.3.3 An applicant may be required to visit the Corporation for an interview with appropriate Professional Staff members and the Chief Executive Officer.
- 3.3.4 The Board shall approve the prescribed form of application for appointment, reappointment and change in privileges after receiving the recommendation of the Medical Advisory Committee.

3.4 Qualifications and Criteria for Appointment

- 3.4.1 Only an applicant who meets the qualifications and satisfies the criteria in this By-law and who is licensed pursuant to the laws of Ontario is eligible to be a member of and appointed to the Professional Staff.
- 3.4.2 The applicant shall have:
 - 3.4.2.1 a certificate of registration, and certificate of professional conduct or letter of good standing from the relevant College, or the equivalent certificate(s), from their most recent licensing body;
 - 3.4.2.2 in the case of an application for appointment as an Active Staff or Associate Staff member of the Medical Staff, while not mandatory, it is strongly recommended that the applicant have a current academic appointment, **or be eligible for an academic appointment** in the Temerty Faculty of Medicine, University of Toronto;
 - 3.4.2.3 in the case of an application for appointment as an Active Staff or Associate Staff member of the Dental Staff, while not mandatory, it is strongly recommended that the applicant have a current academic appointment, **or be eligible for an academic appointment** in the Faculty of Dentistry, University of Toronto;
 - 3.4.2.4 a demonstrated ability to provide patient care at an appropriate level of quality and efficiency;

- 3.4.2.5 a demonstrated ability to meet an appropriate standard of ethical conduct and behaviour;
- 3.4.2.6 maintained the level of continuing professional education required by the relevant College;
- 3.4.2.7 up-to-date inoculations, screenings and tests as may be required by the occupational health and safety policies and practices of the Corporation, the *Public Hospitals Act* or other legislation;
- 3.4.2.8 a demonstrated ability to communicate and work with, and relate to, others in a co-operative, collegial and professional manner;
- 3.4.2.9 a demonstrated ability to communicate with, and relate appropriately to, patients and patient's relatives and substitute decision makers;
- 3.4.2.10 demonstrated adequate control of any significant physical or behavioural impairment affecting skill, attitude or judgment that might impact negatively on patient care or the operations of the Corporation;
- 3.4.2.11 current membership in the Canadian Medical Protective Association or professional practice liability coverage appropriate to the scope and nature of the intended practice;
- 3.4.2.12 a willingness to participate in the discharge of staff, committee, and, if applicable, teaching responsibilities, and other duties appropriate to staff category;
- 3.4.2.13 a report on, among other things, the experience, competence and reputation of the applicant from the chief of staff, chief of department, or post graduate program director if relevant, in the hospitals in which the applicant trained or held an appointment; and
- 3.4.2.14 adequate training and experience for the privileges requested.
- 3.4.3 The applicant must agree to govern themselves in accordance with the requirements set out in this By-law, the Corporation's mission, vision and values, Rules and Policies.
- 3.4.4 All new appointments will be contingent upon an Impact Analysis demonstrating that the Corporation has the resources to accommodate the applicant and that the applicant meets the needs of the respective Department as described in the Professional Staff Human Resources Plan.
- 3.4.5 In addition to any other provisions of the By-law, including the qualifications set out in sections 3.4.2, 3.4.3 and 3.4.4, the Board may refuse to appoint any applicant to the Professional Staff on any of the following grounds:

- 3.4.5.1 the appointment is not consistent with the need for service, as determined by the Board;
- 3.4.5.2 the Professional Staff Human Resources Plan and/or the Impact Analysis does not demonstrate sufficient resources to accommodate the applicant; or
- 3.4.5.3 the appointment is not consistent with the mission and strategic plan of the Corporation.

3.5 Procedure for Processing of Applications for Appointment

- 3.5.1 Upon receipt of a completed application, the Chief Executive Officer shall retain a copy of the application and shall refer the original application immediately to the Medical Advisory Committee through the Chief of Staff who shall keep a record of each application received and then refer the original immediately to the chair of the Credentials Committee, with a copy to the relevant Chief of Department.
- 3.5.2 The Credentials Committee shall:
 - 3.5.2.1 review all materials in the application and ensure all required information has been provided;
 - 3.5.2.2 investigate the qualifications, experience, professional reputation and competence of the applicant and consider if the criteria required by this By-law are met;
 - 3.5.2.3 receive the recommendation of the relevant Chief(s) of Department and Head(s) of Division (if applicable); and
 - 3.5.2.4 submit a report of its assessment and recommendations to the Medical Advisory Committee at its next regular meeting, together with a recommendation that the application is acceptable, not acceptable, or is deferred for further investigation. In the case of a recommendation for acceptance, the Credentials Committee shall indicate the privileges which it recommends the applicant be granted.
- 3.5.3 The Medical Advisory Committee shall:
 - 3.5.3.1 receive and consider the report and recommendations of the Credentials Committee;
 - 3.5.3.2 review the application with reference to the Professional Staff Human Resources Plan and Impact Analysis; and
 - 3.5.3.3 send, within 60 days of the date of receipt by the Chief Executive Officer of a completed application, written notice of its

recommendation to the Board and to the applicant, in accordance with the *Public Hospitals Act*.

- 3.5.4 The Medical Advisory Committee may make its recommendation to the Board later than sixty (60) days after receipt of a completed application provided that, within the 60-day period, it advises the applicant and the Board in writing that a final recommendation cannot be made within such sixty (60) days and gives written reasons therefor.
- 3.5.5 In the case of a recommendation for appointment, the Medical Advisory Committee shall indicate the category of appointment and the specific privileges it recommends the applicant be granted.
- 3.5.6 Where the Medical Advisory Committee does not recommend appointment or where the recommended appointment or privileges differ from those requested, the Medical Advisory Committee shall inform the applicant that they are entitled to:
 - 3.5.6.1 written reasons for the recommendation, if the Medical Advisory Committee receives a written request for the reasons from the applicant within seven days of the applicant's receipt of notice of the recommendation; and
 - 3.5.6.2 a Board hearing, if the Board and the Medical Advisory Committee receive a written request for a Board hearing from the applicant within seven days of the applicant's receipt of the written reasons referred to in section 3.5.6.1.
- 3.5.7 Where the applicant does not request a Board hearing, the Board may implement the recommendation of the Medical Advisory Committee.
- 3.5.8 Where the applicant requests a Board hearing, it shall be dealt with in accordance with the applicable provisions of the *Public Hospitals Act* and Section 6.1.
- 3.5.9 The Board shall consider the Medical Advisory Committee recommendations within the timeframe specified by the *Public Hospitals Act*.
- 3.5.10 The Board, in determining whether to make any appointment or reappointment to the Professional Staff or approve any request for a change in privileges, shall take into account the recommendation of the Medical Advisory Committee and such other considerations it, in its discretion, considers relevant including the Professional Staff Human Resources Plan, Impact Analysis, strategic plan and the Corporation's ability to operate within its resources.

3.6 Temporary Appointment

Notwithstanding any other provision in this By-law, the Chief Executive Officer, after consulting with the Chief of Staff, may grant a temporary appointment and temporary privileges to an applicant in accordance with Section 6.1.4 of this By-law.

3.7 Reappointment

3.7.1 Each year, each Professional Staff member desiring reappointment to the Professional Staff shall make a written application for reappointment on the prescribed form through the Chief Executive Officer to the Board before the date specified by the Medical Advisory Committee.

3.7.2 Each application for reappointment to the Professional Staff shall contain the following information:

3.7.2.1 a restatement or confirmation of the undertakings and acknowledgements requested as part of an application for appointment or as required by the Rules; either:

3.7.2.1.1 a declaration that all information on file at the Corporation from the applicant's most recent application is up-to-date, accurate, and unamended as of the date of the current application; or

3.7.2.1.2 a description of all material changes to the information on file at the Corporation since the applicant's most recent application, including: an updated curriculum vitae with any additional professional qualifications acquired by the applicant since the previous application and information on any completed or pending disciplinary or malpractice proceedings, restriction in privileges, or suspensions during the past year;

3.7.2.2 the category of appointment requested and a request for either the continuation of, or any change in, existing privileges;

3.7.2.3 if requested, a current Certificate of Professional Conduct or equivalent from the relevant College;

3.7.2.4 if requested evidence of an appointment to the Temerty Faculty of Medicine or the Faculty of Dentistry at the University of Toronto;

3.7.2.5 confirmation that the member has complied with the disclosure duties set out in Section 7.3.1.4; and

- 3.7.2.6 such other information that the Board may require respecting competence, capacity, and conduct, after considering the recommendation of the Medical Advisory Committee.
- 3.7.3 The relevant Chief of Department shall review and make recommendations concerning each application for reappointment within that Department to the Medical Advisory Committee in accordance with a Board approved performance evaluation process.
- 3.7.4 In the case of any application for reappointment in which the applicant requests additional privileges, each applicant for reappointment shall identify any required professional qualifications and confirm that the applicant holds such qualifications.
- 3.7.5 Applications for reappointment shall be dealt with in accordance with the *Public Hospitals Act* and section 3.5 of this By-law.

3.8 Qualifications and Criteria for Reappointment

To be eligible to be reappointed to the Professional Staff:

- 3.8.1 the applicant shall continue to meet the criteria set out in Section 3.4 and shall have conducted themselves in compliance with this By-law, the Corporation's values, Rules and Policies; and
- 3.8.2 the applicant shall have demonstrated appropriate use of the Corporation's resources in accordance with the Professional Staff Human Resources Plan and the Rules and Policies.

3.9 Refusal to Reappoint

Pursuant to the *Public Hospitals Act*, the Board may refuse to reappoint a Professional Staff member.

3.10 Application for Change of Privileges

- 3.10.1 Where a Professional Staff member wishes to change their privileges, they shall submit to the Chief Executive Officer an application on the prescribed form listing the change of privileges requested, evidence of appropriate training and competence, and such other matters as the Board may require.
- 3.10.2 The Chief Executive Officer shall retain the copy of each application received and shall refer the original application immediately to the Chief of Staff who shall keep a record of each application received and then refer the original application forthwith to the chair of the Credentials Committee, with a copy to the relevant Chief of Department.

- 3.10.3 The Credentials Committee shall investigate the professional competence and verify the qualifications of the applicant for the privileges requested, receive the report of the Chief of Department, and submit a report of its findings to the Medical Advisory Committee at its next regular meeting. The report shall contain a list of privileges, if any, that it recommends that the applicant be granted.
- 3.10.4 The application shall be processed in accordance with the provisions of the *Public Hospitals Act* and Sections 3.8 and 3.5.3 to 3.5.10 of this By-law.

3.11 Leave of Absence

- 3.11.1 Upon request of a Professional Staff member to the relevant Chief of Department, the Chief of Staff may grant a leave of absence of up to 12 months:
 - 3.11.1.1 in the event of extended illness or disability of the member, or
 - 3.11.1.2 in other circumstances acceptable to the Board, upon recommendation of the Chief of Staff.
 - 3.11.1.3 in the event of a parental leave, the member may request an extension of the leave of absence for up to an additional six (6) months, for a total of eighteen (18) months, provided that the procedures set out in 3.11.4 are followed.
- 3.11.2 After returning from a leave of absence granted in accordance with section 3.11.1, the Professional Staff member may be required to produce a medical certificate of fitness from a physician acceptable to the Chief of Staff. The Chief of Staff may impose such conditions on the privileges granted to the member as appropriate.
- 3.11.3 Following a leave of absence of longer than 12 months, a Professional Staff member shall be required to make a new application for appointment to the Professional Staff in the manner and subject to the criteria set out in this By-law.
- 3.11.4 In the event a member is taking a parental leave, such member shall be entitled, on application for reappointment in accordance with section 3.11.1.3, and in the event reappointment is granted, to apply immediately for an extension of the remaining leave of absence for up to a maximum of six (6) additional months.

4 RESIGNATION/RETIREMENT

A Professional Staff member wishing to resign or retire from active practice shall, no less than ninety (90) days before the effective date of resignation or retirement, submit a written notice to the Chief Executive Officer, who shall notify the Chief of Staff, Chief of the relevant Department(s), and the chair of the Credentials Committee. The Board and Medical Advisory Committee shall subsequently be notified.

5 MONITORING, SUSPENSION AND REVOCATION

5.1 Monitoring Practices and Transfer of Care

- 5.1.1 The Chief of Staff or relevant Chief of Department may review any aspect of Patient care or Professional Staff conduct in the Corporation without the consent of the Professional Staff member responsible for the care or conduct.
- 5.1.2 Where any Professional Staff member or Corporation staff reasonably believes that a Professional Staff member is incompetent, attempting to exceed their privileges, incapable of providing a service that they are about to undertake, or acting in a manner that exposes or is reasonably likely to expose any patient, healthcare provider, employee, or any other individual at the Corporation, to harm or injury, the individual shall immediately communicate that belief to the Chief of Staff, relevant Chief of Department, or Chief Executive Officer, so that appropriate action can be taken.
- 5.1.3 The Chief of Department, on notice to the Chief of Staff, where they believe it to be in the best interest of the patient, shall have the authority to examine the condition and scrutinize the treatment of any patient in their Department and to make recommendations to the attending Professional Staff member or any consulting Professional Staff member involved in the patient's care and, if necessary, to the Medical Advisory Committee. If it is not practical to give prior notice to the Chief of Staff, notice shall be given as soon as possible.
- 5.1.4 If the Chief of Staff or Chief of Department becomes aware that, in their opinion a serious problem exists in the diagnosis, care or treatment of a patient, the officer shall immediately discuss the condition, diagnosis, care and treatment of the patient with the attending Professional Staff member. If changes in the diagnosis, care or treatment satisfactory to the Chief of Staff or Chief of Department are not made, they shall immediately assume the duty of investigating, diagnosing, prescribing for and treating the patient.
- 5.1.5 Where the Chief of Staff or Chief of Department has cause to take over the care of a patient, the Chief Executive Officer, Chief of Staff or Chief of Department, and one other member of the Medical Advisory Committee, the attending Professional Staff member, and the patient or the patient's substitute decision maker, shall be notified in accordance with the *Public Hospitals Act*. The Chief of Staff or Chief of Department shall file a written report with the Medical Advisory Committee within forty-eight (48) hours of their action.
- 5.1.6 Where the Medical Advisory Committee concurs in the opinion of the Chief of Staff or Chief of Department who has taken action under section 4.1.4 that the action was necessary, the Medical Advisory Committee shall forthwith make a detailed written report to the Chief Executive Officer and the Board of the problem and the action taken.

5.2 Revocation of Appointment or Restriction or Suspension of Privileges

- 5.2.1 The Board may, at any time, in a manner consistent with the *Public Hospitals Act* and this By-law, revoke any appointment of a Professional Staff member, or restrict or suspend the privileges of a Professional Staff member.
- 5.2.2 Any administrative or leadership appointment of the Professional Staff member shall automatically terminate upon the revocation of appointment, or restriction or suspension of privileges, unless otherwise determined by the Board.
- 5.2.3 The Chief Executive Officer shall prepare and forward a detailed written report to the relevant College as soon as possible and no later than 30 days after the event, where, by reason of incompetence, negligence, or misconduct, a Professional Staff member's:
 - 5.2.3.1 application for appointment or reappointment is denied
 - 5.2.2.2 appointment is revoked; or
 - 5.2.2.3 privileges are restricted or suspended; or
 - 5.2.3.4 a Professional Staff member resigns from the Professional Staff during the course of an investigation into their competence, negligence, or misconduct.
- 5.2.4 The Chief Executive Officer shall notify the Dean of any revocation, restriction or suspension of privileges for any Professional Staff holding a clinical appointment at the Temerty Faculty of Medicine, University of Toronto.

5.3 Immediate Action

- 5.3.1 The Chief Executive Officer, Chief of Staff or Chief of Department may temporarily restrict or suspend the privileges of any Professional Staff member in circumstances where in their opinion the Professional Staff member's conduct, including Disruptive Behaviour, performance or competence:
 - 5.3.1.1 exposes or is reasonably likely to expose any patient, health care provider, employee or any other person at the Corporation to harm or injury; or
 - 5.3.1.2 is or is reasonably likely to be detrimental to patient safety or to the delivery of quality patient care within the Corporation,

and immediate action must be taken to protect patients, health care providers, employees and any other person at the Corporation from harm or injury.

- 5.3.2 Before the Chief Executive Officer, Chief of Staff or Chief of Department takes action authorized in Section 4.3.1, they shall first consult with one of the other of them. If prior consultation is not possible or practicable under the circumstances, the person who takes the action shall provide immediate notice to the others. The person who takes the action 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

- 5.4.1 The Chief Executive Officer, Chief of Staff or Chief of Department may recommend to the Medical Advisory Committee that the appointment of any Professional Staff member be revoked or that the privileges be restricted or suspended in any circumstances where in their opinion the Professional Staff member's conduct, performance or competence:
- 5.4.1.1 fails to meet or comply with the criteria for annual reappointment; or
 - 5.4.1.2 exposes or is reasonably likely to expose any patient, health care provider, employee or any other person at the Corporation to harm or injury; or
 - 5.4.1.3 is or is reasonably likely to be, detrimental to patient safety or to the delivery of quality patient care within the Corporation or impact negatively on the operations of the Corporation; or
 - 5.4.1.4 fails to comply with the Corporation's by-laws, Rules or Policies, the *Public Hospitals Act* or any other relevant law.
- 5.4.2 Before making a recommendation under section 5.4, an investigation may be conducted. Where an investigation is conducted, it may be assigned to an individual within the Corporation other than the Medical Advisory Committee or an external consultant.
- 5.4.3 The Corporation shall follow procedure in accordance with this By-law, the *Public Hospitals Act* and the SHN Professional Staff Education and Remediation Procedure (Appendix B).

5.5 Referral to Medical Advisory Committee for Recommendation

- 5.5.1 Following the temporary restriction or suspension of privileges, or the recommendation to the Medical Advisory Committee for the restriction or suspension of privileges or the revocation of an appointment of a Professional Staff member, the following process shall be followed:
- 5.5.1.1 the Chief of Department of which the individual is a member or an appropriate alternate designated by the Chief of Staff or Chief Executive Officer shall forthwith submit to the Medical Advisory

Committee a written report on the action taken, or recommendation made, as the case may be, with all relevant materials and/or information;

5.5.1.2 a date for consideration of the matter will be set not more than ten (10) business days from the time the written report is received by the Medical Advisory Committee;

5.5.1.3 as soon as possible, and in any event, at least three (3) business days before the Medical Advisory Committee meeting, the Medical Advisory Committee shall provide the member with a written notice of:

5.5.1.3.1 the time and place of the meeting;

5.5.1.3.2 the purpose of the meeting; and

5.5.1.3.3 a statement of the matter to be considered by the Medical Advisory Committee together with any relevant documentation.

5.5.2 The date for the Medical Advisory Committee to consider the matter may be extended by:

5.5.2.1 an additional five (5) business days in the case of a referral under Section 0; or

5.5.2.2 any number of days in the case of a referral under Section 5.4, if the Medical Advisory Committee considers it necessary to do so.

5.5.3 The Medical Advisory Committee may:

5.5.3.1 set aside the restriction or suspension of privileges; or

5.5.3.2 recommend to the Board a revocation of the appointment or a restriction or suspension of privileges on such terms as it deems appropriate. Notwithstanding the above, the Medical Advisory Committee may also refer the matter to a subcommittee of the Medical Advisory Committee.

5.5.4 If the Medical Advisory Committee recommends the continuation of the restriction or suspension of privileges or recommends a revocation of appointment and/or makes further recommendations concerning the matters considered at its meeting, the Medical Advisory Committee shall within twenty-four (24) hours of the Medical Advisory Committee meeting provide the member with written notice of the Medical Advisory Committee's recommendation.

- 5.5.5 The written notice shall inform the member that they are entitled to:
 - 5.5.5.1 written reasons for the recommendation if a request is received by the Medical Advisory Committee within seven (7) days of the member's receipt of the notice of the recommendation; and
 - 5.5.5.2 Board hearing if a written request is received by the Board and the Medical Advisory Committee within seven (7) days of the receipt by the member of the written reasons requested.
- 5.5.6 If the member requests written reasons for the recommendation, the Medical Advisory Committee shall provide the written reasons to the member within seven (7) days of receipt of the request.

6 BOARD HEARING

6.1 Board Hearing

- 6.1.1 A Board hearing shall be held when one (1) of the following occurs:
 - 6.1.1.1 the Medical Advisory Committee recommends to the Board that an application for appointment, reappointment or requested privileges not be granted and the applicant requests a hearing in accordance with the *Public Hospitals Act*; or
 - 6.1.1.2 the Medical Advisory Committee makes a recommendation to the Board that the privileges of a Professional Staff member be restricted or suspended or an appointment be revoked and the member requests a hearing.
- 6.1.2 The Board shall name a date, time, and place for the hearing.
- 6.1.3 The Board hearing shall be held:
 - 6.1.3.1 in the case of immediate restriction or suspension of privileges, within seven (7) days of the date the member requests the hearing;
 - 6.1.3.2 in the case of non-immediate restriction or suspension of privileges, subject to Section 5.1.4, as soon as practicable but not later than twenty-eight (28) days after the Board receives the written notice from the member requesting the hearing.
- 6.1.4 The Board may extend the time for the hearing date if it considers an extension appropriate.
- 6.1.5 The Board shall give written notice of the hearing to the applicant or member and to the Medical Advisory Committee at least five (5) days before the hearing date.

- 6.1.6 The notice of the Board hearing shall include:
 - 6.1.6.1 the date, time and place of the hearing;
 - 6.1.6.2 the purpose of the hearing;
 - 6.1.6.3 a statement that the applicant or member and Medical Advisory Committee shall be afforded an opportunity to examine, before the hearing, any written or documentary evidence that will be produced, or any reports the contents of which will be given in evidence at the hearing;
 - 6.1.6.4 a statement that the applicant or member may proceed in person or be represented by counsel, call witnesses and tender documents in evidence in support of their case;
 - 6.1.6.5 a statement that the Board may extend the time for the hearing on the application of any party; and
 - 6.1.6.6 a statement that if the applicant or member does not attend the hearing, the Board may proceed in the absence of the applicant or member, and the applicant or member shall not be entitled to any further notice in the hearing.
- 6.1.7 The parties to the Board hearing are the applicant or member, the Medical Advisory Committee, and such other persons as the Board may specify.
- 6.1.8 The applicant or member requiring a hearing and the Medical Advisory Committee shall be afforded an opportunity to examine, before the hearing, any written or documentary evidence that will be produced, or any reports the contents of which will be used in evidence.
- 6.1.9 Members of the Board holding the hearing shall not have taken part in any investigation or consideration of the subject matter of the hearing and shall not communicate directly or indirectly in relation to the subject matter of the hearing with any person or with any party or their representative, except upon notice to and an opportunity for all parties to participate. Despite the foregoing, the Board may obtain legal advice.
- 6.1.10 The findings of fact of the Board pursuant to a hearing shall be based exclusively on evidence admissible or matters that may be noticed under the *Statutory Powers Procedure Act*.
- 6.1.11 No member of the Board shall participate in a Board decision pursuant to a hearing unless they are present throughout the hearing and heard the evidence and argument of the parties and, except with the consent of the parties, no Board decision shall be given unless all members so present participate in the decision.

- 6.1.12 The Board shall make a decision to follow, amend or not follow the recommendation of the Medical Advisory Committee. The Board, in determining whether to make any appointment or reappointment to the Professional Staff or approve any request for a change in privileges shall take into account the recommendation of the Medical Advisory Committee and such other considerations it, in its discretion, considers relevant, including the considerations set out in sections 3.4, 3.8, and 3.10 respectively.
- 6.1.13 A written copy of the Board decision will be provided to the applicant or member and to the Medical Advisory Committee.
- 6.1.14 Service of a notice to the parties may be made personally or by registered mail addressed to the person to be served at their last known address and, where notice is served by registered mail, it will be deemed that the notice was served on the third (3rd) day after the day of mailing unless the person to be served establishes that they did not, acting in good faith, through absence, accident, illness or other causes beyond their control, receive it until a later date.

7 PROFESSIONAL STAFF CATEGORIES

7.1 Professional Staff Categories

Each Professional Staff member shall be appointed by the Board, after considering the recommendation of the Medical Advisory Committee, to one of the following categories:

- 7.1.1 Active;
- 7.1.2 Associate;
- 7.1.3 Courtesy;
- 7.1.4 Temporary;
- 7.1.5 Locum Tenens; and
- 7.1.6 such other categories as may be determined by the Board from time to time after considering the recommendation of the Medical Advisory Committee.

7.2 Active Staff

- 7.2.1 The Active Staff shall consist of those Physicians, Dentists, and Midwives whom the Board appoints to the Active Staff and who have completed satisfactory service as Associate Staff for at least one year, or who the Board, on the recommendation of the Medical Advisory Committee, appoints directly to the Active Staff. Active Staff members of the Medical Staff are encouraged to have a current clinical appointment (full-time clinical, part-time clinical or adjunct clinical) at the Temerty Faculty of Medicine, University of Toronto. Active Staff

members of the Dental Staff are encouraged to have a current clinical appointment in the Faculty of Dentistry, University of Toronto.

- 7.2.2 An Active Staff member may have an active staff appointment at another hospital if approved by the Board on the recommendation of the Medical Advisory Committee.
- 7.2.3 Members of the Active Staff shall be entitled to vote at meetings of the Medical Staff Association, hold office on Medical Staff Association Executive, and be on committees of the Medical Staff Association.
- 7.2.4 Each Active Staff member shall:
 - 7.2.4.1 have admitting privileges unless otherwise specified in their appointment;
 - 7.2.4.2 attend patients and undertake treatment and operative procedures only in accordance with the kind and degree of privileges granted by the Board;
 - 7.2.4.3 be responsible to the Chief of Department to which they have been assigned for all aspects of patient care;
 - 7.2.4.4 act as a Supervisor of other Medical Staff, Dental Staff or Midwifery Staff when requested by the Chief of Staff or the Chief of the Department to which they have been assigned;
 - 7.2.4.5 fulfil such on-call requirements as may be established for each Department or Division in accordance with the Professional Staff Human Resource Plan and the Rules and Policies;
 - 7.2.4.6 perform such other duties as may be prescribed by the Medical Advisory Committee or requested by the Chief of Staff or Chief of the relevant Department;
 - 7.2.4.7 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 member has been assigned; and
 - 7.2.4.8 are encouraged to participate in teaching and education of medical students, residents, fellows, allied health students and workers.

7.3 Associate Staff

- 7.3.1 Physicians, Dentists, or Midwives who are applying for appointment to the Active Staff, subject otherwise to the determination of the Board, will be assigned to the Associate Staff. Associate Staff members of the Medical Staff are encouraged to have a current clinical appointment (full-time clinical, part-time clinical or adjunct

clinical) at the Temerty Faculty of Medicine, University of Toronto. Associate Staff members of the Dental Staff are encouraged to have a current clinical appointment in the Faculty of Dentistry, University of Toronto.

- 7.3.2 Each Associate Staff member shall:
 - 7.3.2.1 have admitting privileges unless otherwise specified in their appointment;
 - 7.3.2.2 work under the supervision of an Active Staff member named by the Chief of Staff or Chief of the Department to which they have been assigned;
 - 7.3.2.3 undertake such duties in respect of patients as may be specified by the Chief of Staff and, if appropriate, by the Chief of the Department to which they have been assigned;
 - 7.3.2.4 fulfil such on call requirements as may be established for each Department or Division in accordance with the Professional Staff Human Resources Plan and the Rules and Policies;
 - 7.3.2.5 undertake such duties in respect of those patients classed as emergency cases as may be specified by the Chief of Department to which the Professional Staff member has been assigned; and
 - 7.3.2.6 perform such other duties as may be prescribed by the Medical Advisory Committee or requested by the Chief of Staff or Chief of the relevant Department.
- 7.3.3 An Associate Staff member shall work for a probationary period under the 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.
- 7.3.4 At six-month intervals following the appointment of an Associate Staff member to the Professional Staff, the Active Staff member by whom the Associate Staff member has been supervised shall complete a performance evaluation and shall make a written report to the Chief of Staff on:
 - 7.3.4.1 the knowledge and skill that has been shown by the Associate Staff member;
 - 7.3.4.2 the nature and quality of their work in the Corporation; and
 - 7.3.4.3 their performance and compliance with the criteria set out in section 3.4.2.
- 7.3.5 The Chief of Staff shall forward such report to the Credentials Committee.

- 7.3.6 Upon receipt of the report, the Credentials Committee shall review the appointment of the Associate Staff member and make a recommendation to the Medical Advisory Committee.
- 7.3.7 No Associate Staff member shall be recommended for appointment to the Active Staff unless they have been an Associate Staff member for at least one (1) year.
- 7.3.8 After the one (1) year review, the Medical Advisory Committee may recommend that the Associate Staff member be appointed to the Active Staff or may require the Associate Staff member to be subject to a further probationary period not longer than twelve (12) months.
- 7.3.9 In no event shall an appointment to the Associate Staff be continued for more than twenty-four (24) months.
- 7.3.10 At any time an unfavourable report may cause the Medical Advisory Committee to consider making a recommendation to the Board that the appointment of the Associate Staff member be terminated. In such circumstances, Sections 5.5 and 6.1 shall apply.
- 7.3.11 The Chief of Department upon the request of an Associate Staff member or a Supervisor, may assign the Associate Staff member to a different Supervisor during the probationary period.
- 7.3.12 An Associate Staff member who holds a restricted license shall remain as an Associate Staff member until evidence, which permits the Associate Staff member to work in an unsupervised setting, has been obtained from a regulatory body which is acceptable to the Board upon the recommendation of the Medical Advisory Committee. Upon receipt of such evidence by the Associate Staff member, the Associate Staff member shall be eligible for appointment to the Active Staff in accordance with the provisions of this By-law.
- 7.3.13 Members of the Associate Staff shall be entitled to vote at Medical Staff Association meetings and be on a committee of the Medical Staff Association.

7.4 Courtesy Staff

- 7.4.1 The Courtesy Staff shall consist of those Physicians, Dentists, and Midwives whom the Board appoints to the Courtesy Staff in one or more of the following circumstances:
 - 7.4.1.1 the applicant has an Active Staff commitment at another hospital;
 - 7.4.1.2 the applicant has a primary commitment to, or contractual relationship with, another community or organization;
 - 7.4.1.3 the applicant requests limited specified privileges;

- 7.4.1.4 the applicant specifically requests courtesy privileges; or
- 7.4.1.5 where the Board deems it advisable and in the best interests of the Corporation.
- 7.4.2 The circumstances leading to an appointment under this Section shall be specified by the applicant on each application for reappointment.
- 7.4.3 The appointment of an applicant to the Courtesy Staff shall be with such privileges as the Board deems advisable. The privilege to admit patients shall only be granted under specific circumstances and, in each case, in accordance with the *Public Hospitals Act*.
- 7.4.4 Courtesy Staff members of the Medical Staff are encouraged to have a current clinical appointment (full-time clinical, part-time clinical or adjunct clinical) at the Temerty Faculty of Medicine, University of Toronto. Courtesy Staff members of the Dental Staff are encouraged to have a current clinical appointment in the Faculty of Dentistry, University of Toronto.
- 7.4.5 A Courtesy Staff member may be required to work for a probationary period under the supervision of an Active Staff member named by the Chief of Staff or the Chief of Department to which the member has been assigned.
- 7.4.6 Members of the Courtesy Staff shall be entitled to attend meetings of the Medical Staff Association. They will not be entitled to vote, hold office on the Medical Staff Association Executive, or be on a committee of the Medical Staff Association.
- 7.4.7 A member of the Courtesy Staff who wishes to upgrade their appointment category to Active Staff shall be considered a new applicant, and must go through the appointment process and shall be required to serve the probationary period as a member of the Associate Staff.
- 7.4.8 Notwithstanding any other provision in this By-law, a member of the Courtesy Staff may be reappointed to the Courtesy Staff.

7.5 Temporary Appointment

- 7.5.1 A temporary appointment may be made for any reason including:
 - 7.5.1.1 to meet a specific singular requirement by providing a consultation and/or operative procedure; or
 - 7.5.1.2 to meet an urgent unexpected need for a medical, dental or midwifery;
or

- 7.5.1.3 to bridge the period of time from when an applicant has completed their application for initial appointment and is awaiting approval by the Board.
- 7.5.2 Notwithstanding any other provision in this By-law, the Chief Executive Officer, after consulting with the Chief of Staff, may:
 - 7.5.2.1 grant a temporary appointment and temporary privileges to an applicant who is not a Professional Staff member 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
 - 7.5.2.2 continue the temporary appointment and temporary privileges on the recommendation of the Medical Advisory Committee until the next Board meeting.
- 7.5.3 The Board may, after receiving the recommendation of the Medical Advisory Committee, continue a temporary appointment for such period of time and on such terms as the Board determines.
- 7.5.4 The temporary appointment shall specify the category of appointment and any limitations, restrictions or special requirements.
- 7.5.5 If the term of the temporary appointment has been completed before the next Board meeting, the appointment shall be reported to the Board.
- 7.5.6 Temporary Staff members of the Medical Staff are encouraged to have a current clinical appointment (full-time clinical, part-time clinical or adjunct clinical) at the Temerty Faculty of Medicine, University of Toronto. Temporary Staff members of the Dental Staff are encouraged to have a current clinical appointment in the Faculty of Dentistry, University of Toronto.
- 7.5.7 A member of the temporary staff shall be entitled to attend Medical Staff Association meetings, but not entitled to vote, hold office on the Medical Staff Association Executive or be on a committee of the Medical Staff Association.
- 7.5.8 Notwithstanding that the Board has granted an applicant a temporary staff appointment, such appointment shall in no way obligate the Board to appoint such temporary staff member to another Professional Staff group, or to give preference to such Physician, Dentist and Midwife over other candidates for a position on another Professional Staff group.

7.6 Locum Tenens Staff

- 7.6.1 A Locum Tenens appointment may be made:

- 7.6.1.1 as a planned replacement for a Physician, Dentist or Midwife, for a specified period of time (eg. Maternity/Parental leave, sick leave, leave of absence); or
 - 7.6.1.2 to meet an urgent need for a medical service for a specified period of time; or
 - 7.6.1.3 any other circumstances deemed appropriate by the Chief of Staff.
- 7.6.2 The period of appointment shall be for a term of up to twelve (12) months and may be subject to renewal.
- 7.6.3 Locum Tenens staff members of the Medical Staff are encouraged to have a current clinical appointment (full-time clinical, part-time clinical or adjunct clinical) at the Temerty Faculty of Medicine, University of Toronto. Locum Tenens Staff members of the Dental Staff are encouraged to have a current clinical appointment in the Faculty of Dentistry, University of Toronto.
- 7.6.4 A Locum Tenens staff member shall:
 - 7.6.4.1 have admitting privileges unless otherwise specified;
 - 7.6.4.2 work under the supervision of an Active Staff member assigned by the Chief of Staff;
 - 7.6.4.3 attend patients and undertake treatment and operative procedures only in accordance with the kind and degree of privileges granted by the Board; and
 - 7.6.4.4 undertake such duties in respect of patients classed as emergency cases as may be specified by the Chief of Staff or by the Chief of Department to which the Professional Staff member has been assigned.
- 7.6.5 Notwithstanding that the Board has granted a Professional Staff member a Locum Tenens such an appointment does not in any way obligate the Corporation to appoint such Professional Staff member to another Professional Staff group or to give such Professional Staff member preference over other candidates for a position on another Professional Staff group.
- 7.6.6 Locum Tenens shall be entitled to attend Medical Staff Association meetings. They shall not be able to vote, hold office on the Medical Staff Association Executive or be on a committee of the Medical Staff Association.

8 PROFESSIONAL STAFF DUTIES AND RESPONSIBILITIES

8.1 Duties of Professional Staff

- 8.1.1 Each Professional Staff member is accountable to and shall recognize the authority of the Board through and with their Chief of Department, the Chief of Staff and the Chief Executive Officer.
- 8.1.2 Each Professional Staff member shall cooperate with and respect the authority of:
 - 8.1.2.1 the Chief of Staff and the Medical Advisory Committee;
 - 8.1.2.2 the Chiefs of Departments;
 - 8.1.2.3 the Heads of Divisions; and
 - 8.1.2.4 the Chief Executive Officer.
- 8.1.3 Each Professional Staff member shall:
 - 8.1.3.1 attend and treat patients within the limits of the privileges granted by the Board, unless the privileges are otherwise restricted;
 - 8.1.3.2 immediately notify the Chief Executive Officer and Chief of Staff of any change in the member's licence to practise made by the relevant college, or of any change in the professional practice liability coverage;
 - 8.1.3.3 perform the duties, undertake the responsibilities, and comply with the provisions set out in this By-law, the Rules and Policies, the *Public Hospitals Act*, and all other applicable legislation;
 - 8.1.3.4 immediately advise the Chief Executive Officer and Chief of Staff of the commencement of any investigation or proceeding that would be required to be disclosed by this By-law, the credentialing policy and/or reapplication process, any change in the member's license to practice made by the relevant College, or any change in professional practice liability coverage;
 - 8.1.3.5 pay such Professional Staff dues as may be prescribed from time to time by resolution of the Medical Staff Association; and
 - 8.1.3.6 perform such other duties as may be prescribed from time to time by, or under the authority of, the Board, the Medical Advisory Committee, the Chief of Staff or Chief of Department.

- 8.1.4 Each member of the Active Staff, Associate Staff and Courtesy Staff (where required by the Board) shall attend at least fifty percent (50%) of the meetings of the Department or Division of which they are a member.
- 8.1.5 If the Chief of Staff and/or the Chief of Department request(s) a meeting with a Professional Staff member for the purpose of interviewing that Professional Staff member regarding any matter, the member shall attend the interview at a mutually agreeable time but within fourteen (14) days of the request. If the member so requests, they may bring a representative with them to the meeting. The Chief of Staff and/or Chief of Department may extend the date for attendance at the interview at their discretion. If requested by the Chief of Staff and/or Chief of Department, the Professional Staff member attending the meeting shall produce any documents requested by the Chief of Staff and/or Chief of Department for discussion at the meeting. If a criminal record check and/or vulnerable sector check is requested, the request shall be made at a meeting with the member where the Chief of Staff and Chief Executive Officer are both present.

9 DEPARTMENTS AND DIVISIONS

9.1 Departments

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

9.2 Divisions

The Board may divide a department into Divisions after considering the recommendation of the Medical Advisory Committee.

9.3 Changes to Departments and Divisions

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

9.4 Department Meetings

- 9.4.1 Each Department and Division shall function in accordance with the Rules and Policies.
- 9.4.2 Department meetings shall be held in accordance with the Rules and Policies.

10 PROFESSIONAL STAFF LEADERSHIP POSITIONS

10.1 Leadership Positions

- 10.1.1 The following positions shall be appointed in accordance with this By-law:
 - 10.1.1.1 Chief of Staff;
 - 10.1.1.2 Chiefs of Department; and
 - 10.1.1.3 Head of Division.
- 10.1.2 The Board may appoint an individual on an acting or interim basis where there is a vacancy in any office referred to in this section or while the individual holding any such office is absent or unable to act.
- 10.1.3 If the term of office of any medical leader expires before a successor is appointed, the Board may extend the appointment of the incumbent.
- 10.1.4 Subject to annual confirmation by the Board, the appointment of a medical leader shall be for a term of up to five (5) years.
- 10.1.5 The maximum number of consecutive years of service of a medical leader shall be ten (10) years provided, however, that following a break in the continuous service of at least one (1) year, the same person may be reappointed.
- 10.1.6 The Board shall receive and consider the input of the appropriate Professional Staff members before it makes an appointment to a Professional Staff leadership position.
- 10.1.7 The Board may revoke any appointment to any position referred to in this Article at any time.
- 10.1.8 Where this By-law contemplates a search committee process to identify a candidate for appointment such process may be dispensed with or varied, at the discretion of the Board:
 - 10.1.8.1 where the incumbent or an acting or interim appointee is being considered for appointment or reappointment, provided the Board is satisfied an appropriate selection process was followed in connection with the acting or interim appointment; and
 - 10.1.8.2 in any other circumstances the Board considers appropriate after receiving the advice of the Medical Advisory Committee.
- 10.1.9 To the extent that the Hospital adopts a Program model, then a Program medical director shall be accountable and report to the Chief Executive Officer, or as directed by the Chief Executive Officer, in accordance with the Hospital's

administrative reporting policies. If the Program medical director also holds the position of Chief of the Department, then this individual shall be accountable and report to the Chief Executive Officer, or as directed by the Chief Executive Officer, and shall also be accountable and report to the Chief of Staff and Chief of the Department.

10.2 Appointment of Chief of Staff

- 10.2.1 The Board shall appoint a Physician to be the Chief of Staff. In doing so, the Board will consider the recommendations of the Medical Advisory Committee but the Board is not obliged to follow such recommendation. Possible candidates may include Physicians who do not currently have privileges within the Corporation, but such candidates must be eligible to become an Active Staff member and must accept an Active Staff appointment as a condition of their office.
- 10.2.2 In the event of a vacancy and in any event before the expiry of a term of an incumbent Chief of Staff, the Chair of the Board shall appoint a search committee which shall seek possible candidates for the position of Chief of Staff, including Physicians from SHN and nationally.
- 10.2.3 The search committee shall consist of the Chief Executive Officer, the Chief Nursing Executive, one (1) member of the Medical Staff nominated by the Medical Staff Association, and may include the Dean of Faculty of Medicine or delegate, and such other members selected by the Chair of the Board from:
 - 10.2.3.1 the Board; and
 - 10.2.3.2 the Medical Advisory Committee.
- 10.2.4 The Chair of the Board shall appoint the Chair of the search committee.
- 10.2.5 The search committee shall provide its recommendation to the Board.
- 10.2.6 Subject to annual confirmation by the Board, the appointment of a Chief of Staff shall be for a term of up to five (5) years.
- 10.2.7 In the event that the term of office of the Chief of Staff shall expire before a successor is appointed, the Board may extend the appointment of the incumbent.
- 10.2.8 The Board, after consulting with the Medical Advisory Committee, may extend the maximum number of consecutive years of service of the Chief of Staff.

10.3 Duties of Chief of Staff

The Chief of Staff shall:

- 10.3.1 be accountable to the Board;

- 10.3.2 organize the Professional Staff to ensure that the quality of the diagnosis, care and treatment provided to all patients is in accordance with the By-laws;
- 10.3.3 be a member of, and Chair, the Medical Advisory Committee;
- 10.3.4 advise the Medical Advisory Committee and the Board with respect to the quality of diagnosis, care and treatment provided to patients;
- 10.3.5 be an ex-officio:
 - 10.3.5.1 Director of the Board, and fulfill fiduciary duties to the Corporation;
 - 10.3.5.2 Chair of Medical Advisory Committee; and
 - 10.3.5.3 member of all Medical Advisory Committee subcommittees.
- 10.3.6 report regularly to the Board on the work and recommendations of the Medical Advisory Committee; and
- 10.3.7 perform such additional duties as may be outlined in the Board approved Chief of Staff position description from time to time or as assigned by the Board or the Chief Executive Officer.
- 10.3.8 The Chief of Staff shall, in consultation with the Chief Executive Officer, designate an alternate to act during their absence.

10.4 Chiefs of Department

- 10.4.1 The Board shall appoint a Professional Staff as Chief of each Department. Possible candidates may include Professional Staff who do not currently have privileges at the Corporation, but such candidates must be eligible to become an Active Staff member and must accept an Active Staff appointment as a condition of their office, and shall have a University faculty appointment or be eligible for such an appointment.
- 10.4.2 In the event of a vacancy and in any event before the expiry of the term of a Chief of Department, the Board shall appoint a search committee to seek possible candidates as Chief of Department.
 - 10.4.2.1 The search committee shall consist of:
 - 10.4.2.1.1 the Chief of Staff;
 - 10.4.2.1.2 Dean of Faculty of Medicine or delegate;
 - 10.4.2.1.3 Chair of relevant University Department or delegate;
 - 10.4.2.1.4 Professional Staff, including one or more members of the Department appointed by the Board;

- 10.4.2.1.5 one (1) member of the Medical Staff, who is not a member of the Department, as nominated by the Medical Staff Association;
- 10.4.2.1.6 members of the Corporation's administration;
- 10.4.2.1.7 Board members, where appropriate; and
- 10.4.2.1.8 members of key stakeholder groups, as recommended by the Chief of Staff, in the case of regional Programs; provided that a majority of the members of the search committee shall be Physicians.
- 10.4.2.2 The search committee shall, in accordance with the process approved by the Board after consulting with the Medical Advisory Committee, provide the name of possible candidate to the Board for consideration.
- 10.4.3 Subject to annual confirmation by the Board, the appointment of a Chief of Department shall be for a term of five (5) years.
- 10.4.4 In the event that the term of office of a Chief of Department shall expire before a successor is appointed, the Board may extend the appointment of the incumbent.
- 10.4.5 Reappointment of Hospital Chiefs: a performance review for reappointment shall be established by the Chief of Staff with representation of the Dean or Department Chair.
- 10.4.6 Subject to Section 9.1.5, the maximum number of consecutive years of service of a Chief of Department shall be ten (10).
- 10.4.7 The Board, after consulting with the Medical Advisory Committee and University Department Chair, may extend the maximum number of consecutive years of service of a Chief of Department.
- 10.4.8 A Chief of Department wishing to resign from their appointment shall submit their resignation, in writing, to the Chief of Staff; and
 - 10.4.8.1 Unless the Board otherwise determines, the resignation of a Chief of Department made pursuant to Section 10.410.4.8 shall not be considered effective until such time as a replacement Chief of Department has been appointed, or until ninety (90) days have passed since tendering such resignation, subject to any specific or individual contractual terms.

10.5 Duties of Chief of Department

The Chief of Department shall:

- 10.5.1 be accountable to the Board through the Chief of Staff;
- 10.5.2 fulfill their duties as per policy of TAHSN affiliated teaching hospitals;
- 10.5.3 through and with the Chief of Staff supervise the professional care provided by all Professional Staff members in their Department;
- 10.5.4 participate in the orientation of new Professional Staff members appointed to the Department;
- 10.5.5 be responsible for the organization and implementation of a quality assurance program in the Department;
- 10.5.6 advise the Medical Advisory Committee through and with the Chief of Staff with respect to the quality of diagnosis, care and treatment provided to the patients of the Department;
- 10.5.7 advise the Chief of Staff and the Chief Executive Officer of any patient who is not receiving appropriate treatment and care;
- 10.5.8 be responsible to the Chief of Staff through and with the Chief Executive Officer for the appropriate utilization of the resources allocated to the Department;
- 10.5.9 report to the Medical Advisory Committee and to the Department on activities of the Department including utilization of resources and quality assurance;
- 10.5.10 make recommendations to the Medical Advisory Committee regarding the clinical human resource needs of the Department in accordance with the Corporation's strategic plan following consultation with Professional Staff members of the Department, the Chief of Staff and Heads of Divisions;
- 10.5.11 participate in Department resource allocation decisions;
- 10.5.12 review the privileges granted to members of the Department and make recommendations for changes in the kind and degree of privileges;
- 10.5.13 review and make written recommendations regarding the performance evaluations of members of the Department annually;
- 10.5.14 be a member of the Medical Advisory Committee;
- 10.5.15 ensure that there is a process for continuing professional education related to the Department;
- 10.5.16 ensure that there is, and oversee, a process for the appropriate training and supervision of approved students and other trainees;
- 10.5.17 advise the members of the Department regarding current Policies, objectives, relevant Performance Metrics and Rules;

- 10.5.18 hold regular meetings with the members of the Department and where appropriate with the Heads of Divisions within the Department;
- 10.5.19 notify the Chief of Staff, and the Chief Executive Officer of their absence, and designate an alternate from within the Department;
- 10.5.20 delegate appropriate responsibility to the Heads of Divisions within the Department;
- 10.5.21 function as a medical leader within the Program management structure working collaboratively with the Program and corporate leadership; and
- 10.5.22 perform such additional duties as may be outlined in the Chief of Department position description approved by the Board from time to time or as assigned by the Board, the Chief of Staff, the Medical Advisory Committee or the Chief Executive Officer from time to time.

10.6 Heads of Divisions

- 10.6.1 The Board shall appoint a Professional Staff as Head of Division for each Division within a Department.
- 10.6.2 Chief of Department after consultation with the Chief of Staff and CEO, pursuant to the process approved by the Medical Advisory Committee, shall recommend to the Board a Professional Staff to be the Head of a Division. Possible candidates may include Professional Staff who do not currently have privileges at the Corporation, but such candidates must be eligible to become an active staff member and must accept an active staff appointment as a condition of their office, and shall have a University faculty appointment or be eligible for such an appointment.
- 10.6.3 In the event of a vacancy and in any event before the expiry of the term of a Head of Division, the Chief of Staff shall appoint a search committee to seek possible candidates for the Head of Division.
 - 10.6.3.1 The search committee shall consist of:
 - 10.6.3.1.1 the Chief of Staff;
 - 10.6.3.1.2 the Chief of the relevant Department;
 - 10.6.3.1.3 Medical Staff members, including one or more Medical Staff members of the Division appointed by the Board;
 - 10.6.3.1.4 One (1) member of the Medical Staff, who is not a member of the Division, as nominated by the Medical Staff Association;

10.6.3.1.5 members of the Corporation's administration; and

10.6.3.1.6 members of key stakeholder groups, as determined by the Chief of Staff, in the case of regional Programs;

provided that a majority of the members of the search committee shall be Physicians.

10.6.3.2 The search committee shall, in accordance with the process approved by the Medical Advisory Committee, provide the name of the candidate to the Chief of Staff for consideration.

10.6.4 Subject to annual confirmation by the Chief of Staff, the appointment of the Head of Division shall be for a term of up to five (5) years.

10.6.5 In the event that the term of office of a Head of Division shall expire before a successor is appointed, the Chief of Staff may extend the appointment of the incumbent.

10.6.6 The maximum number of consecutive years of service of a Head of Division shall be ten (10).

10.6.7 Reappointment of a Division Head: A performance review committee shall be done by a committee established by the Chief of Staff and Chief of Department. Reappointment is based on the outcome of a five (5) year review.

10.6.8 The Chief of Staff, after consulting with the Medical Advisory Committee, may extend the maximum number of consecutive years of service of a Head of Division.

10.6.9 The Board may at any time revoke or suspend the appointment of a Head of Division.

10.6.9.1 A Head of Division wishing to resign from their appointment shall submit their resignation, in writing, to the Chief of Staff; and

10.6.9.2 Unless the Chief of Staff otherwise determines, the resignation of a Head of Division made pursuant to Section 9.6.9.1 shall not be considered effective until such time as a replacement Head of Division has been appointed, or until ninety (90) days have passed since tendering such resignation, subject to any specific or individual contractual terms.

10.7 Duties of the Head of Division

The Head of Division shall:

- 10.7.1 be responsible to the Board through the Chief of Department and the Chief of Staff for the quality of care rendered to patients in their Division; and
- 10.7.2 perform all of the duties as may from time to time be assigned by the Board, the Chief of Staff or the Chief of Department or as set out in a position description approved by the Board from time to time, and as per policy of TAHSN affiliated teaching hospitals.

11 MEDICAL ADVISORY COMMITTEE

11.1 Composition

- 11.1.1 The Medical Advisory Committee shall consist of the following persons, each of whom shall have one (1) vote:
 - 11.1.1.1 the Chief of Staff, who shall be chair;
 - 11.1.1.2 all Chiefs of Department;
 - 11.1.1.3 the President, Vice-President and Secretary of the Medical Staff Association; and
 - 11.1.1.4 such other Medical Staff members as the Board may appoint on the recommendation of the Chief of Staff and/or Chief Executive Officer.
- 11.1.2 The following individuals or their delegate shall attend Medical Advisory Committee meetings, without a vote:
 - 11.1.2.1 Chief Executive Officer;
 - 11.1.2.2 Chief Nursing Executive;
 - 11.1.2.3 any Executive Vice-President; and
 - 11.1.2.4 any Vice President of the Corporation.
- 11.1.3 The Medical Advisory Committee may invite others to attend the Medical Advisory Committee meetings as non-voting members.

11.2 Duties and Responsibilities

The Medical Advisory Committee shall, in addition to those matters set out in the *Public Hospitals Act* and this By-Law, including:

- 11.2.1 make recommendations to the Board on the following matters:
 - 11.2.1.1 every application for appointment or reappointment to the Professional Staff and any request for a change in privileges;

- 11.2.1.2 the privileges to be granted to each Professional Staff member;
- 11.2.1.3 the revocation of appointment or the suspension or restriction of privileges of any Professional Staff member;
- 11.2.1.4 the quality of care provided in the Corporation by the Medical Staff, Dental Staff and Midwifery Staff; and
- 11.2.1.5 This By-Law and the Policies and Rules regarding the Professional Staff;
- 11.2.2 supervise the practice and behaviours of the Professional Staff in the Hospital;
- 11.2.3 appoint the Medical Staff members of all subcommittees of the Medical Advisory Committee;
- 11.2.4 receive reports of Medical Advisory Committee subcommittees;
- 11.2.5 advise the Board on any matters that it refers to the Medical Advisory Committee;
- 11.2.6 oversee and be accountable for the Professional Staff quality assurance process including receiving, and advising and acting upon, reports and recommendations from the departments;
- 11.2.7 receive and consider the report of the Credentials Committee;
- 11.2.8 in considering a recommendation for appointment, review:
 - 11.2.8.1 the need of the Corporation for such an appointment; and
 - 11.2.8.2 the impact such an appointment would have on available Hospital and community resources;
- 11.2.9 in the case of a recommendation for appointment, specify the privileges which it recommends the applicant be granted;
- 11.2.10 facilitate the development and maintenance of Policies, Rules, ethical guidelines and procedures of the Professional Staff;
- 11.2.11 advise the Board regarding the development and leadership of regional programs; and
- 11.2.12 where the Medical Advisory Committee identifies systemic or recurring quality of care issues in making its recommendations to the Board under section 2(a)(v) of the Hospital Management Regulation under the *Public Hospitals Act*, make recommendations about those issues to the Hospital's quality committee established under the *Excellent Care for All Act*.

11.3 Quorum

Quorum at any meeting of the Medical Advisory Committee, or a subcommittee meeting, shall consist of a majority of the voting members.

11.4 Meetings

11.4.1 The Medical Advisory Committee shall meet at least ten (10) times each year.

11.4.2 Unless otherwise required by applicable law, motions arising at any Medical Advisory Committee meeting or subcommittee meeting shall be decided by consensus of the voting members present. Consensus will be considered to have been reached when no voting member objects to the subject matter of the motion before the meeting. If the chair of the meeting determines that the sense of the meeting is that consensus will not be reached, then the motion shall be decided by a majority of the votes cast. A member may attend and vote by electronic means.

11.4.3 A Medical Advisory Committee or subcommittee meeting may be held by telephonic or electronic means. Where a meeting is held by telephonic or electronic means, a vote may be taken by show of hands, voice vote, or other electronic means of voting.

12 SUBCOMMITTEES OF THE MEDICAL ADVISORY COMMITTEE

12.1 Subcommittees of the Medical Advisory Committee

12.1.1 The Board may, on the recommendation of the Medical Advisory Committee, establish such standing and special subcommittees of the Medical Advisory Committee as may be necessary or advisable from time to time for the Medical Advisory Committee to perform its duties under the *Public Hospitals Act* or this By-Law.

12.1.2 The terms of reference and composition for any standing or special subcommittees of the Medical Advisory Committee may be set out in the Rules or in a Board resolution, on the recommendation of the Medical Advisory Committee. The Medical Staff members of any such subcommittee of the Medical Advisory Committee shall be appointed by the Medical Advisory Committee and other subcommittee members may be appointed by the Board.

12.1.3 All subcommittees appointed shall:

12.1.3.1 meet as directed by the Medical Advisory Committee or as otherwise established in this By-Law and the Rules; and

12.1.3.2 present a written report, including any recommendations of each meeting, to the next meeting of the Medical Advisory Committee.

12.2 Credentials Committee Duties

- 12.2.1 The Credentials Committee shall ensure that a record of the qualification and professional career of every Professional Staff member is maintained.
- 12.2.2 The Credentials Committee shall establish the authenticity of and investigate the qualifications of each applicant for appointment and reappointment to the Professional Staff and each applicant for a change in privileges.
- 12.2.3 The Credentials Committee shall ensure that:
 - 12.2.3.1 each applicant for appointment to the Medical Staff meets the criteria as set out at Section 3.4;
 - 12.2.3.2 each applicant for appointment to the Dental Staff meets the criteria as set out at Section 3.4 and Section 15.2;
 - 12.2.3.3 each applicant for appointment to the Midwifery Staff meets the criteria as set out in Section 3.4;
 - 12.2.3.4 each applicant for reappointment to the Medical Staff, Dental Staff and Midwifery Staff meets the criteria as set out at Section 3.8; and
 - 12.2.3.5 each applicant for a change in privileges continues to meet the criteria for reappointment as set out at Section 3.8 and complies with Section 3.10.
- 12.2.4 The Credentials Committee shall consider reports of the interviews with the applicant.
- 12.2.5 The Credentials Committee shall consult with the appropriate Chief of Department.
- 12.2.6 The Credentials Committee shall receive notification from the Chief of Staff when the performance evaluations and the recommendations for reappointments have been completed.
- 12.2.7 The Credentials Committee shall submit a written report to the Medical Advisory Committee at or before its next regular meeting. The report 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.
- 12.2.8 The Credentials Committee shall perform any other duties prescribed by the Medical Advisory Committee including review of By-Laws.

13 MEDICAL STAFF ASSOCIATION - MEETINGS

13.1 Regular, Annual and Special Meetings

- 13.1.1 The Medical Staff Association shall hold at least four (4) meetings in each fiscal year of the Corporation, one (1) of which shall be the annual meeting at a time and place fixed by the Medical Staff Association Executive.
- 13.1.2 Meetings of the Medical Staff Association shall be held in conformity with the provisions of the Hospital Management Regulation.
- 13.1.3 The Medical Staff Association officers may determine that any Medical Staff Association meeting may be held by telephonic or electronic means. Where a Medical Staff meeting is held by telephonic or electronic means, the word “present” in 13 shall mean present physically or by telephonic or electronic means, and a vote may be taken by show of hands, voice vote, or other electronic means of voting.

13.2 Notice of Regular Meetings

- 13.2.1 The Secretary of the Medical Staff Association shall give written notice of each regular meeting to be:
 - 13.2.1.1 posted in the Medical Staff lounges or at such other place as the Medical Staff Association by a resolution at a meeting, shall determine; or
 - 13.2.1.2 emailed to each member of the Medical Staff Association;at least fourteen (14) days before the meeting.

13.3 Notice of Annual Meetings

- 13.3.1 The Secretary of the Medical Staff Association shall give written notice of each annual meeting to be:
 - 13.3.1.1 posted in the Medical Staff lounges or at such other place as the Medical Staff Association by a resolution at a meeting, shall determine; or
 - 13.3.1.2 emailed to each member of the Medical Staff Association;at least fourteen (14) days before the meeting.
- 13.3.2 Notice of annual meetings of the Medical Staff Association shall include a prepared agenda.

13.4 Notice of Special Meetings

- 13.4.1 Special meetings shall be called by the President of the Medical Staff Association on the written request of any ten (10) members of the Active Staff entitled to vote.
- 13.4.2 Notice of a special meeting shall be as required for a regular meeting, except in exceptional circumstances, and shall state the nature of the business for which the special meeting is called.
- 13.4.3 The period of time required for giving notice of any special meeting shall be waived in exceptional circumstances by a majority of those members present and entitled to vote at the special meeting, as the first item of business of the meeting.

13.5 Quorum

A minimum of twenty-five (25) Medical Staff Association members entitled to vote shall constitute a quorum at any meeting of the Medical Staff Association.

13.6 Order of Business

The order of business at any meeting of the Medical Staff Association shall be as set out in the rules of the Medical Staff Association. Any other procedures for Medical Staff meetings not provided for in this By-Law or the Rules or Policies shall be determined by the Chair of the meeting or Robert's Rules.

13.7 Rights of Professional Staff in respect of the Medical Staff Association

- 13.7.1 The rights of the Medical Staff members to attend and vote at meetings of the Medical Staff Association (and its committees) and hold office on the Medical Staff Association Executive (and its committees) are as set out below:

Group	Attend Meetings of MSA	Vote at Meetings of MSA	Hold Office on the MSA Executive	Be on a Committee of the MSA
Active	Yes	Yes	Yes	Yes
Associate	Yes	Yes	No	Yes
Courtesy	Yes	No	No	No
Locum Tenens	Yes	No	No	No
Temporary	Yes	No	No	No

- 13.7.2 Notwithstanding the foregoing:

- 13.7.2.1 Members of the Dental Staff are entitled to attend meetings of the Medical Staff Association but are not entitled to vote at meetings of the Medical Staff Association, nor hold office on the Medical Staff Association Executive;
- 13.7.2.2 Members of the Midwifery Staff are entitled to attend meetings of the Medical Staff Association but are not entitled to vote at meetings of the Medical Staff Association, nor hold office on the Medical Staff Association Executive;
- 13.7.2.3 only Physicians who are members of the Active Staff may hold office in the Medical Staff Association; and
- 13.7.2.4 the right to attend and vote at meetings of a Medical Staff Association committee shall be set out in the terms of reference for each such committee.

13.8 Attendance at Medical Staff Association Meetings

Each Physician on the Active Staff and Associate Staff are encouraged to attend at least fifty percent (50%) of the regular Medical Staff Association meetings.

13.9 Medical Staff Meetings

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

14 MEDICAL STAFF ASSOCIATION - ELECTED OFFICERS

14.1 Elected Officers

- 14.1.1 The provisions of this Article 13 shall be deemed to satisfy the requirements of the *Public Hospitals Act* for Medical Staff officers.
- 14.1.2 The elected officers of the Medical Staff Association shall be President, Vice-President, Secretary and Treasurer who shall be the Medical Staff Association Executive. Only Active Staff members of the Medical Staff may be elected to any position or office.

14.2 Election Procedure

- 14.2.1 A nominating committee (“**Nominating Committee**”) shall be appointed by the Medical Staff Association at each annual meeting and shall consist of three (3) members of the Active Medical Staff.
- 14.2.2 At least thirty (30) days before an annual meeting of the Medical Staff Association, its Nominating Committee shall post a list of the names of those who

are nominated for the offices, in the Medical Staff lounges, or as the Medical Staff Association by a resolution at a regular meeting may otherwise determine.

14.2.3 Any further nominations shall be made in writing to the Secretary of the Medical Staff Association within fourteen (14) days after the posting of the names referred to in Section 13.2.2.

14.2.4 Further nominations referred to in Section 13.2.3 shall be signed by two (2) members of the Medical Staff who are entitled to vote.

14.2.4.1 The nominee shall have signified in writing on the nomination acceptance of the nomination.

14.2.4.2 Nominations shall then be posted alongside the list referred to in Section 13.2.2.

14.2.5 The election of the officers of the Medical Staff Association shall be held in conjunction with the annual meeting of the Medical Staff Association. The procedure for voting for Medical Staff Association Executive shall be established by the Medical Staff Association Executive.

14.3 Terms of Office

14.3.1 The Medical Staff Association officers shall be elected annually for a term of one (1) year.

14.3.2 The Medical Staff Association officers may serve a maximum of three (3) consecutive years in one (1) office. An officer may be re-elected to the same position following a break in continuous service of at least one (1) year.

14.3.3 The Medical Staff Association officers may be removed from office before the expiry of their term by a majority vote of the voting members of the Medical Staff Association in attendance and voting at a Medical Staff Association meeting called for such purpose.

14.3.4 If any office of the Medical Staff Association becomes vacant, and it is deemed expedient to fill the office before the next annual meeting of the Medical Staff Association, the vacancy may be filled at the discretion of the Medical Staff Association Executive. The Medical Staff Association member so appointed ~~elected~~ to office shall fill the office until the next annual meeting of the Medical Staff Association.

14.4 Duties of the President of the Medical Staff Association

The President of the Medical Staff Association shall:

14.4.1 preside at all Medical Staff Association meetings;

- 14.4.2 act as a liaison between Professional Staff, Chief Executive Officer and the Board on matters concerning the Professional Staff;
- 14.4.3 support and promote the values and strategic plan of the Corporation;
- 14.4.4 be an ex-officio non-voting Director and, as a Director, fulfill fiduciary duties to the corporation by making decisions in the best interest of the Corporation;
- 14.4.5 report to the Medical Advisory Committee and the Board on any issues raised by the Medical Staff Association;
- 14.4.6 be accountable to the Medical Staff and advocate fair process in the treatment of individual members of the Medical Staff;
- 14.4.7 call special meetings of the Medical Staff Association; and
- 14.4.8 be an ex-officio member of:
 - 14.4.8.1 the Medical Advisory Committee;
 - 14.4.8.2 the Credentials Committee; and
 - 14.4.8.3 all committees which report to the Medical Staff Association.

14.5 Duties of the Vice-President of Medical Staff Association

The Vice-President of the Medical Staff Association shall:

- 14.5.1 act in the place of the President of the Medical Staff Association, perform their duties and possess their powers, in the absence or disability of the President of the Medical Staff Association;
- 14.5.2 be an ex-officio non-voting Director and, as a Director, fulfill fiduciary duties to the corporation by making decisions in the best interest of the corporation;
- 14.5.3 be an ex-officio member of the Medical Advisory Committee; and
- 14.5.4 perform such duties as the President of the Medical Staff Association may delegate.

14.6 Duties of the Secretary of the Medical Staff Association

The Secretary of the Medical Staff Association shall:

- 14.6.1 be a member of the Medical Advisory Committee;
- 14.6.2 attend to the correspondence of the Medical Staff Association;

- 14.6.3 give notice of Medical Staff Association meetings by posting a written notice thereof:
 - 14.6.3.1 in the case of a regular or special meeting of the Medical Staff Association at least fourteen (14) days before the meeting;
 - 14.6.3.2 in the case of an annual meeting of the Medical Staff Association, at least fourteen (14) days before the meeting;
- 14.6.4 ensure that minutes are kept of all Medical Staff Association meetings; and
- 14.6.5 act in place of the Vice-President of the Medical Staff Association, perform their duties and possess their powers, in the absence or disability of the Vice-President (other than as set out in Section 14.5.2).

14.7 Duties of the Treasurer of the Medical Staff Association

The Treasurer of the Medical Staff Association shall:

- 14.7.1 perform the duties of the Treasurer for Medical Staff Association funds and be accountable therefor;
- 14.7.2 keep the funds of the Medical Staff Association in a safe manner and be accountable therefor; and
- 14.7.3 disburse Medical Staff Association funds at the direction of the Medical Staff Association as determined by a majority vote of the Medical Staff members present and entitled to vote at a Medical Staff Association meeting.

15 DENTAL STAFF

15.1 Application

An application for appointment to the Dental Staff shall be processed in the manner described in 3.

15.2 Criteria

In addition to the criteria set out in Section 3.4, in the case of a Dentist who is an oral and maxillofacial surgeon, an applicant will have a current valid specialty certificate of registration from the Royal College of Dental Surgeons of Ontario authorizing practice in oral and maxillofacial surgery.

15.3 Dental Staff Categories

The Dental Staff may be divided into the same staff groups as the Professional Staff groups set out in Section 6.1, subject to the following:

- 15.3.1 a Dentist in the Active Staff group who is an oral and maxillofacial surgeon may be granted in-patient and/or out-patient admitting privileges, unless otherwise specified in their appointment to the Professional Staff; and
- 15.3.2 a Dentist in the Active Staff group may be granted in-patient and/or out-patient admitting privileges in association with a Physician who is a member of the Medical Staff with Active Staff privileges, unless otherwise specified in their appointment to the Professional Staff.

15.4 Meetings

A Dental Staff member is eligible to attend Department of Surgery, Division and Program meetings of which they are a member.

15.5 Dental Division

The Dental Staff shall function as a Division in the Department of Surgery.

15.6 Office

A Dentist shall be entitled to the rights and subject to the obligations set out in Sections 12.7 and 12.8 relating to their involvement in the Medical Staff Association.

15.7 Head of Dental Division

Where the Board has appointed more than one Dentist to the Dental Staff, the Board shall appoint one of the Dental Staff members to be the Head of Dental Division for a term of up to five (5) years, which shall be subject to annual confirmation by the Chief of Staff upon the recommendation of the Chief of Surgery. The Head of Dental Division shall have a University faculty appointment or be eligible for such an appointment.

15.8 Duties of the Head of Dental Division

The Head of Dental Division shall supervise the professional care given by all Dental Staff members and shall be responsible to the Chief of Department of Surgery for the quality of care rendered to patients by Dental Staff members.

15.9 Eligibility to Hold Office

A Dental Staff member is not eligible to hold an office other than Head of Dental Division.

15.10 Co-operation

In addition to the duties set out elsewhere in this By-Law, including at Section 7.1, the Dental Staff shall co-operate with:

- 15.10.1 the Chief of Staff;
- 15.10.2 the Head of Dental Division;

- 15.10.3 the Chief of Department of Surgery;
- 15.10.4 the Chief Executive Officer;
- 15.10.5 the Medical Advisory Committee

16 MIDWIFERY STAFF

16.1 Application

An application for appointment to the Midwifery Staff shall be processed in the manner described in 3.

16.2 Midwifery Staff Categories

The Midwifery Staff may be divided into the same staff groups as the Professional Staff groups as set out in Section 6.1.

16.3 Appointment of Midwives to the Courtesy Staff

With respect to the circumstances pursuant to which the Board may grant an appointment to the Courtesy Staff, Section 6.4.1.3 shall also include circumstances where a Midwife is only requesting access to limited resources of the Corporation or out-patient programs or facilities.

16.4 Meetings

A Midwifery Staff member is eligible to attend Department, Division and Program meetings of which they are a member.

16.5 Midwifery Division

The Midwifery Staff shall function as a Division in the Department of Obstetrics & Gynecology.

16.6 Head of Midwifery Division

Where the Board has appointed more than one Midwife to the Midwifery Staff, the Board shall appoint one of the Midwifery Staff members to be the Division Head of Midwifery for a term of up to five (5) years, which shall be subject to annual confirmation by the Chief of Staff.

16.7 Duties of the Head of Midwifery Division

- 16.7.1 The Division Head of Midwifery shall supervise the professional care given by all Midwifery Staff members and shall be responsible to the Chief of Obstetrics &

Gynecology for the quality of care rendered to patients by Midwifery Staff members.

16.7.2 Specific duties of the Division Head of Midwifery are outlined in Section 9.6.

16.8 Co-operation

In addition to the duties set out elsewhere in this By-Law, including at Section 7.1, the Midwifery Staff shall co-operate with:

16.8.1 the Chief of Staff;

16.8.2 the Medical Advisory Committee;

16.8.3 the Head of Midwifery Division;

16.8.4 the Chief of Department of Obstetrics & Gynecology; and

16.8.5 the Chief Executive Officer.

17 AMENDMENT TO BY-LAWS AND ENACTMENT

17.1 Amendments to this By-Law

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

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

17.1.2 the Professional Staff shall be afforded an opportunity to comment on the proposed amendment(s); and

17.1.3 the Medical Advisory Committee may take recommendations to the Board on the proposed amendment(s).

17.2 Repeal and Restatement

This By-Law repeals and restates in its entirety the By-Law of the Corporation previously enacted concerning the Professional Staff.

APPENDIX A

CATEGORIES OF CLINICAL ACADEMIC APPOINTMENTS FOR CLINICAL FACULTY

7.1 Table 1: Summary of full-time clinical academic appointment

Professional working time	Responsibilities	Rights	Perquisites	Term
<p>Engage in <i>academic work</i> for at least 80% of their professional working time</p> <p><u>Note:</u> One may work part-time but devote 80% or more of their professional working time to <i>academic work</i>. This is called <i>Full-time equivalent</i>. (FTE). When holding an FTE appointment, the percentage of academic time shall not fall below 20%</p>	<p>The appointee will:</p> <ol style="list-style-type: none"> 1. Provide <i>Certificate of Professional Conduct</i>. at initial University appointment 2. Meet professional working time criterion 3. Have approved <i>academic position description</i> 4. Hold a Medical Staff appointment on the Active Staff (or equivalent) at fully-affiliated or community affiliated hospital 5. Participate in a <i>conforming academic practice plan or its equivalent</i> 6. <i>Self-report</i> on professional conduct 7. Respect Departmental, Faculty, and University policies 8. Have no outside clinical or other employment without Department Chair permission <p><u>Note:</u> In unusual circumstances, the <i>Dean</i> may approve a full-time clinical academic appointment for a physician who does not meet conditions 4 and/or 5, if the <i>relevant site</i> Chief and Department Chair provide written evidence that the circumstances of employment or practice meet the criteria for access to the <i>(Clinical Faculty) Academic Clinical Tribunal</i>.</p>	<ul style="list-style-type: none"> - Access to the <i>Clinical Faculty Grievance Review Panel</i> for a dispute involving a decision made solely by a University official appointed under the <i>Policy on Appointment of Academic Administrators</i> acting in his/her University capacity (See Section 5.4) - Access to the <i>(Clinical Faculty) Academic Clinical Tribunal</i> for a complaint arising from an alleged breach of <i>academic freedom</i> in a <i>conforming academic practice</i> or <i>relevant site</i>, where the matter has not been resolved to the satisfaction of the complainant by the <i>Conforming Practice Plan</i> or the <i>relevant site</i>. (See Section 5.6) 	<ul style="list-style-type: none"> - Scholarship program for dependents - Discounted Joint Memberships (athletic facilities and Faculty Club) - Staff tuition waiver for the UofT School of Continuing Studies (SCS) courses and UofT degree and credit courses up to and including the Masters level (see Section 2.32) <p><u>Note:</u></p> <ol style="list-style-type: none"> 1. Eligibility for perquisites is a function of a position description and the extent of commitment to academic work. 2. Full-time equivalent appointments have University perquisites pro-rated to the proportion of academic activity 	<ul style="list-style-type: none"> - First three years (extended pro rata to three years' equivalent if appointment is <i>Full-time equivalent</i>.), at minimum, are probationary - Renewable annually; termination only for cause after probation

7.2 Table 2: Summary of part-time clinical academic appointment

Professional working time	Responsibilities	Rights	Perquisites	Term
Engage in <i>academic work</i> for less than 80% of their professional working time, but for more than 20%	<p>The appointee will:</p> <ol style="list-style-type: none"> 1. Provide a <i>Certificate of Professional Conduct</i> at the time of initial University appointment 2. Meet the professional working time criterion 3. Have an approved <i>academic position description</i> 4. Hold a medical staff appointment at one or more of these <i>relevant sites</i>: <i>University fully-affiliated teaching hospital, community affiliated teaching hospital, or affiliated community practice covered under a University-hospital or a University-clinic affiliation agreement</i>. In unusual circumstances, the <i>Dean</i> may approve a part-time clinical academic appointment for a physician who does not meet condition 4, if the <i>relevant site</i> has an existing agreement of some type with the University. The Chief (or equivalent) and Department Chair provide written evidence that the circumstances of practice meet the criteria for access to the <i>(Clinical Faculty) Grievance Review Panel</i>, and the physician commits to comply with the principles and requirements related to harmonized research policies. 5. Self-report on professional conduct 6. Respect applicable Departmental, Faculty and University policies 7. Often have outside clinical or other employment 	<ul style="list-style-type: none"> - Access to the <i>Clinical Faculty Grievance Review Panel</i> for a dispute involving a decision made solely by a University official appointed under the <i>Policy on Appointment of Academic Administrators</i> acting in his/her <i>University</i> capacity (See Section 5.4) - The <i>Dean</i> may extend access to the <i>(Clinical Faculty) Academic Clinical Tribunal</i> if the clinical faculty member can provide written evidence that the clinical faculty member's circumstances meet the criteria for access set out in Sections 3.3.1.1 and 3.3.2.1. In these instances, the <i>Dean</i> shall specify the terms and conditions of this access in writing to the clinical faculty member and the <i>relevant site</i>. 	Not eligible	One year renewable at the discretion of the Department Chair

7.3 Table 3: Summary of adjunct clinical academic appointment

Professional working time	Responsibilities	Rights	Perquisites	Term
Engage in <i>academic work</i> for less than 20% of their professional working time, or for those not at <i>University</i> affiliated sites, academic work for any proportion of professional time.	The appointee will: 1. Provide a <i>Certificate of Professional Conduct</i> , at the time of initial University appointment 2. Meet the professional working time criterion 3. Often work in a non-affiliated hospital, industry or private practice 4. Self-report on professional conduct 5. Participate in academic programs in a limited manner 6. Respect applicable Departmental, Faculty and University policies for their <i>academic work</i> .	Not eligible for access to the <i>(Clinical Faculty) Grievance Review Panel</i> or the <i>(Clinical Faculty) Academic Clinical Tribunal</i> .	Not eligible	Term and renewal of the term are at the discretion of the Department Chair

Appendix B

PROFESSIONAL STAFF EDUCATION AND REMEDIATION PROCEDURE



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Category:	Medical Administration	Policy Number:	SHN-ADMIN-MA-0200
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Introduction

Members of SHN who are credentialed professional staff hold privileges at the Hospital, and include physicians, midwives, and dentists. Unlike other members of the SHN team, they are not employees. Members of professional staff and their conduct are governed by policy, including the Code of Conduct, this Professional Staff Procedure, and the policies and regulations of their governing Colleges. The Professional Staff Procedure is designed to create a transparent and useful set of practices to assist the Board, the Chief of Staff, the Medical Advisory Committee, the Chief and Medical Director of a Department, and the Professional Staff in understanding how conduct and behaviors will be remediated. It also allows both the SHN and the credentialed professional staff a clear understanding of what can be expected in the event that there is a breach of the Code of Conduct. There is legislation, Professional Staff By-laws and College of Physicians and Surgeons (CPSO) Policy that assist in governing breaches of the Code of Conduct. Early, thoughtful, transparent and planned remediation to reconcile, educate, and coach is an effective strategy that can preserve working relationships and guide credentialed professional staff and their governance.

Legislation

A. *Public Hospitals Act*, R.S.O. 1990, c. P.40

This *Act* establishes in sections 33-42 the application for appointment and the requirements to report to the CPSO relating to a physician's incompetence, negligence or misconduct. The Chief of a Department is likewise required to advise the Medical Advisory Committee of the hospital with respect to the quality of medical diagnosis, care and treatment provided to the patients of the hospital. Behavioural issues and conduct factor into this required evaluation. It does not provide any guidance short of loss of appointment and privileges to assist with management of conduct or behaviours.

B. *Regulated Health Professions Act*, S. O. 1991, c.18, *Schedule 2, Health Professions Procedural Code*

The Code mandates the establishment of the Inquiries, Complaints and Reports Committee (ICRC) for every college including the CPSO, College of Midwives of Ontario which licenses midwives, and the Royal College of Dental Surgeons of Ontario which licenses dentists. The Code requires mandatory reporting by the hospital to the applicable regulatory college where there is reasonable ground to believe that a professional staff member of the hospital is incompetent, incapacitated or has sexually abused a patient.

Further, the Code requires mandatory reporting to the applicable regulatory health professional college if privileges of a professional staff member are revoked, suspended or restricted for reasons of professional misconduct, incompetence or incapacity.

C. *Medicine Act*, 1991, Ontario Regulation 856/93: *Professional Misconduct*

This regulation is a short enumeration of 33 acts of professional misconduct for physicians. It sets out examples of professional misconduct which, by virtue of the *Public Hospital Act* and the *Health Professions Procedural Code* are reportable to the CPSO.



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For example:

Section 18. Signing or issuing, in the member's professional capacity, a document that the member knows or ought to know is false or misleading.

Section 21. Charging a fee that is excessive in relation to the services performed.

Section 28. Contravening a federal, provincial or territorial law, a municipal by-law or a by-law or rule of a public hospital if,

- i. the purpose of the law, by-law or rule is to protect public health, or
- ii. the contravention is relevant to the member's suitability to practice.

Section 33. An act or omission relevant to the practice of medicine that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional.

These actions are required to be reported to the CPSO. Again, there is no description of any potential remedy, aside from the mandatory report to the CPSO.

D. Dentistry Act, 1991 S.O. 1991, c.24; Ontario Regulation 853/93: Professional Misconduct

This regulation enumerates several acts of professional misconduct for dentists which are reportable to the Royal College of Dental Surgeons of Ontario as required by the Health Professions Procedural Code.

For example:

Section 50. Contravening a federal, provincial or territorial law, a municipal by-law, or a by-law or rule of a public hospital within the meaning of the Public Hospitals Act, relevant to the provision of dental care to the public.

Section 59. Engaging in conduct or performing an act that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable, unprofessional or unethical.

E. Midwifery Act, 1991 S.O. 1991, c.31; Ontario Regulation 388/09: Professional Misconduct

This regulation enumerates several acts of professional misconduct for midwives which are reportable to the College of Midwives of Ontario as required by the Health Professions Procedural Code.

For example:

Section 38. Contravening, by act or omission, a federal, provincial or territorial law, a municipal by-law or a by-law or rule of a hospital within the meaning of the Public Hospitals Act or any other health care facility where a member provides professional services if,

- i. the purpose of the law, by-law or rule is to protect the public health and,
- ii. the contravention is relevant to the member's suitability to practice.

Section 47. Engaging in conduct or performing an act or omission relevant to the practice of the profession that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional.



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Professional Staff By-laws

Article 6.01 states that "Each Professional Staff is accountable to and shall recognize the authority of the Board through and with their Chief of Department, the Chief of Staff and the Chief Executive Officer."

Each member of the credentialed professional staff is expected to provide care consistent with the standard of a care at a community hospital. Members of credentialed professional staff may have different interests, beliefs and values than their division members, departmental members, Medical Advisory Committee (MAC), Senior Leadership Team and the Board. These differences must be reconciled and, although not necessarily held by all, a policy position may be advanced which can be adopted by the Hospital.

Dialogue, compromise and democratic process founded in civility and respect should underpin the broader discourse. Pluralism should be observed, especially when providing care to a diverse population such as exists in Scarborough, provided by an equally diverse staff. Ultimately, once the Board has reached a decision on a policy matter, this section of the Professional Staff By-laws requires members to recognize and respect that authority.

The Code of Conduct further states that inappropriate behaviour includes "[c]ommunication or behaviour that purposefully undermines the community's confidence in the Hospital (this includes those demonstrated using social media and other virtual mediums). Appropriate advocacy should not be considered as a breach of the Code of Conduct." In addition, credentialed professional staff may be providing supervision for a procedure, which should not be construed as a breach in the Code of Conduct.

In Article 8.06, the Chief and Medical Director is required to complete annual performance evaluations and make recommendations to the MAC. In addition, the Chief and Medical Director must review or cause to review the "privileges granted to members for the purposes for making changes in the kind and degree of such privilege."

CPSO Policy, Physician Behaviour in the Professional Environment, May 2016

The CPSO sets out expectations for the professional conduct of physicians. This CPSO policy defines disruptive behavior as "Inappropriate words, actions, or inactions by a physician that interfere with (or may interfere with) the physicians' ability to collaborate with, the delivery of quality health care, or the safety or perceived safety of others. Disruptive behaviours may be demonstrated through a single act, but will commonly be identified through a pattern of events." It establishes the responsibility of physicians to control their behaviours, and provides advice to seek assistance including advice to contact the Ontario Medical Association's Physician Health Program.

The College of Midwifery of Ontario sets out expectations for the professional conduct of midwives in policy including its "Professional Misconduct Guide" (January 2018).

The Royal College of Dental Surgeons of Ontario sets out expectations for the professional conduct of dentists in policy including the "RCDSO Code of Ethics."



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Procedure¹

This procedure contemplates two possibilities. Part 1 is behaviour management and Part 2 is a formal process and/or escalation related to a more serious matter.

Part 1 further describes a graded response in a step-wise fashion providing opportunity for the recalcitrant credentialed staff member to engage in remediation. Behaviour will be addressed in accordance to the severity of the behavior and the risk to staff and patients; it is not required that a member start at Stage One if the resolution of the behavior requires more significant action than Stage One resolution describes.

Part 1: Resolution through Behaviour Management

Stage One

Stage One Behaviour

Stage One interventions apply the first time a breach of the Code of Conduct has been substantiated and is perceived as being low in severity.

Stage One Response

The Chief and Medical Director of the Department or Chief of Staff will take the following steps:

- Supportive yet firm counselling should occur as to why the behaviour was inappropriate. The respondent shall be expected to act in the future in a manner to avoid a recurrence of the behaviour(s) or action(s) leading to the complaint. If needed, the respondent should be referred to external resources for assistance.
- A decision should be made consensually as to the format and substance of a response to the complainant in order to bring resolution to the complaint. A written apology to the complainant may be one format.
- The written apology, if used, must be sincere and not use language that attempts to justify the inappropriate behaviour.
- The respondent shall be advised that failure to change their behaviour will result in progression to Stage Two.
- A record of the discussion and intended follow-up will be maintained in the respondent's personnel file in the Medical Staff Office.

¹ The CPSO Guidebook for Managing Disruptive Physician Behaviour provides a useful tool to manage behavioural issues for all professional staff members.



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Stage Two

Stage Two Behaviour

A Stage Two intervention is required for behaviour that is of moderate severity or when Stage One behaviour has been repeated despite intervention.

Stage Two Response

A Stage Two intervention will require involvement and review by both the Chief and Medical Director and the Chief of Staff. The Chief of Staff will meet with the respondent to review the nature of the complaint(s) and develop an approach/strategy for remediation with the Chief and Medical Director of the Department, as well as the respondent.

Intervention at this stage is mandatory and may take the form of an agreed-upon process or a contract between the respondent and SHN. The respondent and SHN may both choose to have legal representation present. The process or contract and supporting documentation should include the following elements:

- Method of redress (e.g. a course, training, personal counselling, psychological testing, substance abuse therapy);
- Method of monitoring for change/progress (e.g. follow-up interview in three months) with the Chief and Medical Director and Chief of Staff;
- Identification of a mentor during the process who is satisfactory to both parties;
- Method for the determination of satisfactory progress (behavioural benchmarks);
- Time frame within which progress must be demonstrable;
- Consequences if no progress is observed or if there is non-compliance with the methods and terms of remediation; and
- The respondent shall be advised that failure to change their behaviour will result in review of the behaviour by the Chief and Medical Director and the Chief of Staff where applicable, and may result in progression to Stage Three.

A record of the discussion and intended follow-up will be maintained in the respondent's personnel file in the Medical Staff Office.

Stage Three

Stage Three Behaviour

A Stage Three intervention is required for behaviour that has continued past Stages One and Two despite appropriate interventions, where there is a persistent pattern of behaviour with increasing



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severity, or where the behaviour is of such egregious nature that there is concern about self- harm or harm to others.

Stage Three Response

SHN recognizes that there are due processes codified in legislation for credentialed professional staff and others whose relationship with the Hospital may be at risk. Given the potential for disciplinary action under Stage 3, all Stage 3 interventions will follow due process including applicable legislation, Hospital by-laws, agreements and/or Hospital policies. Where the respondent is a credentialed professional, this includes the due process set out in the *Public Hospitals Act* and Hospital by-laws.

A Stage Three intervention will require involvement and review by the Executive Vice President Medical and Clinical and the Chief of Staff and others as necessary. The President and CEO will be informed. Advice from legal counsel will be sought.

They may determine:

- a) That termination of the respondent's relationship with SHN (i.e. termination of employment or removal of hospital privileges) through SHN's formal processes for employment/privileges is the appropriate next step.
- b) That disciplinary action is appropriate, and accordingly:
 - i. seek the respondent's voluntary agreement to the recommended disciplinary action(s) which shall be documented and maintained in the respondent's personnel file; or
 - ii. where the respondent will not voluntarily accept the recommended disciplinary action, invoke the formal processes for discipline.

Disciplinary action may include:

- Restriction of employment/practice;
- Restriction/modification of responsibilities/work/practice within the organization;
- Direct supervision;
- Suspension of employment/suspension of privileges on a time-limited basis; and
- Termination of employment/ full revocation of privileges.

The respondent may also be referred to appropriate support organizations: for example, the Ontario Medical Association's Physician Help Program.



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Part 2: Resolution through Formal Processes/Escalated Response

Any matter of a serious or recurrent nature not effectively dealt with through the voluntary staged approach may be subject to formal SHN processes for addressing the respondent's relationship with SHN.

- In all instances, due process, as informed by applicable legislation, Hospital by-laws, agreements and/or Hospital policy will be followed.
- Where the respondent is a credentialed professional staff member, advice from legal counsel shall be sought.

An escalated response through SHN's formal processes may be required in the event of (i) the sudden appearance of a behaviour too egregious to suit a staged response addressed through Stages One to Three; or (ii) behaviour that presents an immediate threat to the safety and/or well-being of patients, visitors, staff or others.

Examples of circumstances requiring an escalated response might include:

- Threats to physically or mentally harm themselves or others;
- Where the respondent's behaviour has, or presents a significant potential to have an immediate negative effect on patient care; or
- Where the respondent's behaviour creates or has the potential to create unacceptable legal liability.

This is not a voluntary process for the respondent.

Where immediate action must be taken to protect individual(s), the Executive Vice President Medical and Clinical and the Chief of Staff and others as necessary will be involved. The President and CEO, and/or other appropriate SHN leadership will take action in accordance with due process including applicable legislation, Hospital by-laws, agreements and/or Hospital policies.

References:

1. *The Public Hospitals Act*, R.S.O. 1990.
2. *Regulated Health Professions Act*, S. O. 1991, c.18, including Schedule 2, *Health Professions Procedural Code*.
3. *Medicine Act*, 1991, S. O. 1991, c. 30; O. Reg. 856/93: Professional Misconduct.
4. *Dentistry Act*, 1991, S.O. 1991, c.24; O. Reg. 853/93: Professional Misconduct.
5. *Midwifery Act*, 1991, S.O. 1991, c.31; O. Reg. 388/09: Professional Misconduct.
6. Scarborough and Rouge Hospital Professional Staff By-Law, December, 2016.
7. Scarborough Health Network Code of Conduct.
8. College of Physicians and Surgeons Policy: Physician Behaviour in the Professional Environment, May 2016.



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9. Ross Memorial Hospital "Code of Conduct," Appendix 1, Professional Staff Procedure, March 13, 2017.
10. Guidebook for Managing Disruptive Physician Behaviour, (April 2008), College of Physicians and Surgeons and the Ontario Hospital Association.
11. *Human Rights Code*, R.S.O 1990, c. H.19.

Policies:

SHN Code of Conduct Policy, 2021

SHN Complaint Procedure for Potential Breaches in the Code of Conduct and/or Workplace Violence and Harassment Policy, 2021

Reviewed by: SLT, Chief of Staff, MAC

Approved by: SLT, June 8, 2021

MAC, June 8, 2021