

**SCARBOROUGH AND ROUGE HOSPITAL**  
**PROFESSIONAL STAFF BY-LAW**

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# PROFESSIONAL STAFF BY-LAW OF SCARBOROUGH AND ROUGE HOSPITAL

(hereinafter referred to as the “Corporation”)

## **ARTICLE 1. DEFINITIONS, INTERPRETATION AND RULES OF ORDER**

### **1.01 Definitions**

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

- (a) “**Act**” means the *Corporations Act* (Ontario) and any statute that may be substituted therefor;
- (b) “**Amalgamating Corporations**” means Rouge Valley Health System and The Scarborough Hospital;
- (c) “**Board**” means the board of directors of the Corporation;
- (d) “**Board Governance Policies**” means the policies adopted by the Board from time to time with respect to governance matters;
- (e) “**business day**” means a day other than a Saturday, Sunday or a statutory holiday in Ontario;
- (f) “**By-law**” means this by-law;
- (g) “**Chair of the Board**” means the Director elected by the Board to serve as chair of the Board;
- (h) “**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*;
- (i) “**Chief Nursing Executive**” means the senior nurse who is an employee of the Corporation appointed by the process established by the Chief Executive Officer and responsible to the Chief Executive Officer for the nursing functions and practices in the Hospitals;
- (j) “**Chief of Department**” means the Medical Staff member appointed by the Board to be responsible for the professional standards and conduct of the Professional Staff members of the Department and the quality of diagnosis, care and treatment provided to patients by the Professional Staff members of the Department;
- (k) “**Chief of Staff**” means the Medical Staff member appointed by the Board to be responsible for the professional standards and conduct of the Professional Staff and the quality of diagnosis, care and treatment provided to patients by the Professional Staff;

- (l) “**Clinical Human Resources Plan**” means the plan developed by the Chief Executive Officer in consultation with the Chief of Staff and Chiefs of Department based on the mission and strategic plan of the Corporation and on the needs of the community, which plan provides information and future projections of this information with respect to the management and appointment of Physicians, Dentists, Midwives and Registered Nurses in the Extended Class who are or may become members of the Professional Staff;
- (m) “**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;
- (n) “**Corporation**” means Scarborough and Rouge Hospital, the corporation formed on the amalgamation of the Amalgamating Corporations;
- (o) “**CPSO**” means the College of Physicians and Surgeons of Ontario;
- (p) “**Credentials Committee**” means a subcommittee of the Medical Advisory Committee tasked with reviewing all applications and reapplications for privileges;
- (q) “**Dental Staff**” means the collection of legally qualified Dentists appointed by the Board and granted privileges to practise dentistry in one or more Hospitals;
- (r) “**Dentist**” means a dental practitioner in good standing with the Royal College of Dental Surgeons of Ontario;
- (s) “**Department**” means an organizational unit of the Professional Staff to which members with a similar field of practice have been assigned;
- (t) “**Director**” means a member of the Board;
- (u) “**Disruptive Behaviour**” occurs when the use of inappropriate words, actions or inactions by a Professional Staff member interferes with his or her 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;
- (v) “**Division**” means an organizational unit of a Department to which Professional Staff members with a similar field of practice have been assigned;
- (w) “**Effective Date**” means the date the Letters Patent effecting the amalgamation of the Amalgamating Corporations come into effect;
- (x) “**ex-officio**” means membership “by virtue of the office” and includes all rights, responsibilities and powers to vote, unless otherwise specified;

- (y) “**Extended Class Nursing Staff**” means those Registered Nurses in the Extended Class, who are:
  - (i) employed by the Corporation and are authorized to diagnose, prescribe for or treat patients in one or more Hospitals; or
  - (ii) not employed by the Corporation and to whom the Board has granted privileges to admit, register, discharge, diagnose, prescribe for or treat patients in one or more Hospitals;
- (z) “**Head of Division**” means the Professional Staff member appointed by the Chief of Staff, pursuant to a process approved by the Medical Advisory Committee, to be in charge of one of the organized Divisions of a Department;
- (aa) “**Hospital Management Regulation**” means Regulation 965 to the *Public Hospitals Act*;
- (bb) “**Hospitals**” means the buildings or other premises or places operated by the Corporation that are approved under the *Public Hospitals Act* as a public hospital;
- (cc) “**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 either:
  - (i) a proposed appointment of any person to the Professional Staff; or
  - (ii) an application by a Professional Staff member for additional privileges or a change in membership group;
- (dd) “**Letters Patent**” means the articles of amalgamation and any supplementary letters patent of the Corporation;
- (ee) “**Medical Advisory Committee**” means the medical advisory committee of the Corporation established pursuant to Article 11;
- (ff) “**Medical Staff**” means those Physicians who are appointed by the Board and who are granted privileges to practice medicine in one or more Hospitals;
- (gg) “**Medical Staff Association**” means the association that is comprised of the Medical Staff and Dental Staff members of the Corporation;
- (hh) “**Midwife**” means a midwife in good standing with the College of Midwives of Ontario;
- (ii) “**Midwifery Staff**” means those Midwives who are appointed by the Board and who are granted privileges to practise midwifery in one or more Hospitals;

- (jj) “**patient**” means, unless otherwise specified, any “inpatient” or “outpatient” of the Corporation;
- (kk) “**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;
- (ll) “**Physician**” means a medical practitioner in good standing with the CPSO;
- (mm) “**Policies**” or “**Policy**” means the administrative policies (sometimes designated as “**Administrative Policies**”) or Professional Staff policies (sometimes designated as “**Professional Staff Policies**”), which includes the Credentialing Policy (“**Credentialing Policy**”) of the Corporation, as the context requires, as the same may be amended from time to time;
- (nn) “**Professional Staff**” means those Physicians, Dentists, Midwives and Registered Nurses in the Extended Class who are granted privileges by the Board to practice their profession in one or more Hospitals;
- (oo) “**Professional Staff Transition Plan**” means the Board-approved plan that provides for the initial organization of the Professional Staff, including, appointments, Departments, Divisions, leadership positions and leadership selection policies and procedures;
- (pp) “**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;
- (qq) “***Public Hospitals Act***” means the *Public Hospitals Act* (Ontario);
- (rr) “**Registered Nurses in the Extended Class**” means a member of the College of Nurses of Ontario who is a registered nurse and who holds an extended certificate under the *Nursing Act, 1991*;
- (ss) “**Rules**” means the rules and regulations governing the practice of the Professional Staff in the Corporation both generally and within a particular Department; and
- (tt) “**Supervisor**” means a Physician, Dentist, Midwife or Registered Nurse in the Extended Class, as the case may be, who is assigned the responsibility to oversee the work of another Physician, Dentist, Midwife or Registered Nurse in the Extended Class, respectively, unless otherwise provided for in this By-law.



## **1.02 Interpretation**

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

- (a) all terms which are contained in this By-law and which are defined in the Act or the *Public Hospitals Act* shall have the meanings given to them in the Act or *Public Hospitals Act*, as the case may be, unless otherwise defined herein;
- (b) the use of the singular number shall include the plural and vice versa; the use of gender shall include the masculine, feminine and neuter genders;
- (c) 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;
- (d) references to an Article or Section refer to the applicable article or section of this By-law;
- (e) 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”;
- (f) if any of the provisions contained in this By-law are inconsistent with those contained in the Letters Patent, the provisions contained in the Letters Patent shall prevail;
- (g) 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
- (h) 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.

## **1.03 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 the Act shall be determined by the chair of the meeting in accordance with *Nathan’s Company Meetings*.

**1.04 Delegation of Duties**

Any of the Chief Executive Officer, Chief of Staff, Associate Chief of Staff (if appointed), Chief of Department or Associate Chief of Department (if appointed) shall be responsible for the duties assigned to him or her under this By-law, and he or she may delegate these duties to others.

**1.05 Professional Staff Rules and Policies**

- (a) 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, Midwifery Staff and Extended Class Nursing Staff.
- (b) 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, Midwifery Staff and Extended Class Nursing Staff, including policies and procedures that are consistent with Rules and support the implementation of Rules.
- (c) The Medical Advisory Committee, after consulting with the Medical Staff Association, may adopt policies applicable to all of the Medical Staff, Dental Staff, Midwifery Staff and Extended Class Nursing Staff, or to a group of Professional Staff members, or to a Department of the Professional Staff, including policies and procedures that are consistent with the Policies and Rules and support the implementation of Policies and Rules.

**1.06 Consultation with Professional Staff**

For the purposes of this By-law, where the Board or the Medical Advisory Committee are required to consult with the Medical Staff Association, it shall be sufficient for the Board or the Medical Advisory Committee, as applicable, to receive and consider the input of the Officers of the Medical Staff Association named in Section 10.01.

**ARTICLE 2. PURPOSE OF THE PROFESSIONAL STAFF ORGANIZATION**

**2.01 Purpose of the Professional Staff Organization**

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

- (a) to provide a structure whereby the Professional Staff members participate in the Corporation's planning, policy setting and decision making; and
- (b) to serve as a quality assurance system for clinical care rendered to patients by the Professional Staff and to ensure the continuing improvement of the quality of clinical care.

**ARTICLE 3. HONORARY STAFF DESIGNATION**

**3.01 Honorary Staff**

- (a) An individual may be honoured by the Board by being designated as a member of the honorary staff of the Corporation for such term or terms as the Board deems appropriate because he or she:
  - (i) is a former Professional Staff member who has retired from active practice; or
  - (ii) has an outstanding reputation or made an extraordinary accomplishment, although not necessarily a resident in the community.
- (b) Each member of the honorary staff shall be appointed by the Board on the recommendation of the Medical Advisory Committee.
- (c) Membership on the honorary staff is not restricted to Physicians.
- (d) Members of the honorary staff shall not:
  - (i) have regularly assigned duties or responsibilities;
  - (ii) be bound by the attendance requirements for Professional Staff meetings; or
  - (iii) have admitting privileges or provide patient care.
- (e) A member of the honorary staff shall be entitled to the rights and be subject to the obligations set out in Sections 9.07 and 9.08 relating to their involvement in the Medical Staff Association.

**ARTICLE 4. APPOINTMENT AND REAPPOINTMENT TO PROFESSIONAL STAFF**

**4.01 Appointment**

- (a) 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.
- (b) The Board shall from time to time establish criteria for appointment to the Professional Staff.
- (c) Each Professional Staff member of an Amalgamating Corporation on the Effective Date will, by operation of law, be a Professional Staff member of the Corporation on the Effective Date, with the category of appointment and specific

privileges attributed to such member in the Professional Staff Transition Plan, until the next reappointment cycle.

- (d) Subject to the provisions of the Professional Staff Transition Plan, each Professional Staff member of an Amalgamating Corporation holding a leadership position on the Effective Date shall continue to hold such leadership position, on an acting or interim basis, until the Board, after considering the recommendation of the Medical Advisory Committee, shall either revoke the appointment or appoint a successor in accordance with this By-law and the Professional Staff Transition Plan, or until the acting leader shall resign, in accordance with this By-law.

#### **4.02 Application for Appointment to the Professional Staff**

- (a) An application for appointment to the Professional Staff shall be processed in accordance with the provisions of this By-law and the *Public Hospitals Act*.
- (b) 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, Midwife and Registered Nurse in the Extended Class who expresses in writing the intention to apply for appointment to the Professional Staff.
- (c) An applicant for appointment to the Professional Staff shall submit one (1) original written application and one (1) copy of the application to the Chief Executive Officer in the prescribed form 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.
- (d) The prescribed form of application shall be approved by the Board on the recommendation of the Medical Advisory Committee following the Medical Advisory Committee's consultation with the Credentials Committee.

#### **4.03 Criteria for Appointment of Professional Staff Members**

- (a) 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 except as otherwise provided for in this By-law.
- (b) The applicant will have:
  - (i) a certificate of professional conduct, letter of good standing or the equivalent certificate from the relevant College;

- (ii) a demonstrated ability to provide patient care at an appropriate level of quality and efficiency;
  - (iii) a demonstrated ability to meet an appropriate standard of ethical conduct and behaviour;
  - (iv) maintained the level of continuing professional education required by the relevant College;
  - (v) up-to-date inoculations, screenings and tests as may be required by the occupational health and safety policies and practices of the Corporation, the *Public Hospitals Act* or other legislation;
  - (vi) a demonstrated ability to communicate and work with, and relate to, all Professional Staff members and the Corporation's staff in a co-operative, collegial and professional manner;
  - (vii) a demonstrated ability to communicate with, and relate appropriately to, patients and patient's relatives and substitute decision makers;
  - (viii) 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;
  - (ix) current membership in the Canadian Medical Protective Association or professional practice liability coverage appropriate to the scope and nature of the intended practice;
  - (x) a willingness to participate in the discharge of staff obligations appropriate to membership group;
  - (xi) a report on, among other things, the experience, competence and reputation of the applicant from the chief of staff or chief of department in the hospitals in which the applicant trained or held an appointment; and
  - (xii) adequate training and experience for the privileges requested.
- (c) The applicant must agree to govern himself or herself in accordance with the requirements set out in this By-law, the Rules and the Policies.
- (d) All appointments will be consistent with community need defined by the strategic plan and mission of the Corporation.
- (e) 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 Clinical Human Resources Plan.

#### **4.04 Processing of Application**

- (a) 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.
- (b) Each applicant may be required to visit the Corporation for an interview with appropriate Professional Staff members and the Chief Executive Officer.
- (c) The Credentials Committee shall:
  - (i) review all materials in the application and ensure all required information has been provided;
  - (ii) investigate the qualifications, experience, professional reputation and competence of the applicant and consider if the criteria required by this By-law are met;
  - (iii) consult with the relevant Chiefs of Department and Heads of Division and obtain from each a written statement, made after due consultation with the staff of that Department and/or Division, setting out his or her recommendation; and
  - (iv) submit a report of the findings 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.
- (d) The Medical Advisory Committee shall receive and consider the report and recommendations of the Credentials Committee, review the application with reference to the Clinical Human Resources Plan and Impact Analysis and 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 pursuant to the *Public Hospitals Act*.
- (e) 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.
- (f) The Medical Advisory Committee may make its recommendation to the Board later than sixty (60) days after receipt of a completed application provided that 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.

- (g) The notice to the applicant referred to in Section 4.04(d) shall inform the applicant that he or she is entitled to:
  - (i) written reasons for the recommendation if a request is received by the Medical Advisory Committee within seven (7) days of the receipt by the applicant of notice of the recommendation; and
  - (ii) a 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 applicant of the written reasons referred to above.
- (h) Where the applicant does not request a Board hearing, the Board may implement the recommendation of the Medical Advisory Committee.
- (i) Where the applicant requests a Board hearing, it shall be dealt with in accordance with the applicable provisions of the *Public Hospitals Act* and Section 4.15.
- (j) The Board shall consider the Medical Advisory Committee recommendations within the time frame specified by the *Public Hospitals Act*.
- (k) The Board, in determining whether to make any appointment or reappointment to the Professional Staff or approve any request for a change in privileges, shall take into account the recommendation of the Medical Advisory Committee and such other considerations it, in its discretion, considers relevant including the Clinical Human Resources Plan, Impact Analysis, strategic plan and the Corporation's ability to operate within its resources.

#### **4.05 Term**

- (a) Each appointment to the Professional Staff shall be for a term of up to one (1) year.
- (b) Where a Professional Staff member has applied for reappointment within the time prescribed by the Medical Advisory Committee, the current appointment shall continue:
  - (i) unless Section 4.05(b)(ii) applies, until the reappointment is granted or not granted by the Board; or
  - (ii) 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.

#### **4.06 Revocation of Appointment or Restriction or Suspension of Privileges**

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

#### **4.07 Immediate Action**

- (a) The Chief Executive Officer, Chief of Staff or Chief of Department may temporarily restrict or suspend the privileges of any Professional Staff member in circumstances where in his or her opinion the Professional Staff member's conduct, including Disruptive Behaviour, performance or competence:
  - (i) 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
  - (ii) 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.

- (b) Before the Chief Executive Officer, Chief of Staff or Chief of Department takes action authorized in Section 4.07(a), he or she shall first consult with one of the other of them. If such prior consultation is not possible or practicable under the circumstances, the person who takes the action 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.

#### **4.08 Non-Immediate Action**

- (a) The Chief Executive Officer, Chief of Staff or Chief of Department may recommend to the Medical Advisory Committee that the appointment of any Professional Staff member be revoked or that the privileges be restricted or suspended in any circumstances where in his or her opinion the Professional Staff member's conduct, performance or competence:
  - (i) fails to meet or comply with the criteria for annual reappointment; or
  - (ii) 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



- (iii) is or is reasonably likely to be, detrimental to patient safety or to the delivery of quality patient care within the Corporation or impact negatively on the operations of the Corporation; or
  - (iv) fails to comply with the Corporation's by-laws, Rules or Policies, the *Public Hospitals Act* or any other relevant law.
- (b) Before making a recommendation, 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.

#### **4.09 Referral to Medical Advisory Committee for Recommendation**

- (a) 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:
- (i) the Chief of Department of which the individual is a member or an appropriate alternate designated by the Chief of Staff or Chief Executive Officer shall forthwith submit to the Medical Advisory Committee a written report on the action taken, or recommendation made, as the case may be, with all relevant materials and/or information;
  - (ii) 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;
  - (iii) as soon as possible, and in any event, at least three (3) business days before the Medical Advisory Committee meeting, the Medical Advisory Committee shall provide the member with a written notice of:
    - (A) the time and place of the meeting;
    - (B) the purpose of the meeting; and
    - (C) a statement of the matter to be considered by the Medical Advisory Committee together with any relevant documentation.
- (b) The date for the Medical Advisory Committee to consider the matter may be extended by:
- (i) an additional five (5) business days in the case of a referral under Section 4.07; or
  - (ii) any number of days in the case of a referral under Section 4.08,

if the Medical Advisory Committee considers it necessary to do so.

- (c) The Medical Advisory Committee may:
  - (i) set aside the restriction or suspension of privileges; or
  - (ii) recommend to the Board a revocation of the appointment or a restriction or suspension of privileges on such terms as it deems appropriate. Notwithstanding the above, the Medical Advisory Committee may also refer the matter to a subcommittee of the Medical Advisory Committee.
- (d) 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.
- (e) The written notice shall inform the member that he or she is entitled to:
  - (i) written reasons for the recommendation if a request is received by the Medical Advisory Committee within seven (7) days of the member's receipt of the notice of the recommendation; and
  - (ii) a hearing before the Board if a written request is received by the Board and the Medical Advisory Committee within seven (7) days of the receipt by the member of the written reasons requested.
- (f) If the member requests written reasons for the recommendation, the Medical Advisory Committee shall provide the written reasons to the member within seventy-eight (72) hours of receipt of the request.

#### **4.10 Temporary Appointment**

- (a) A temporary appointment may be made for any reason including:
  - (i) to meet a specific singular requirement by providing a consultation and/or operative procedure; or
  - (ii) to meet an urgent unexpected need for a medical, dental, midwifery or extended class nursing service.
- (b) Notwithstanding any other provision in this By-law, the Chief Executive Officer, after consulting with the Chief of Staff, may:
  - (i) 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

- (ii) continue the temporary appointment and temporary privileges on the recommendation of the Medical Advisory Committee until the next Board meeting.
- (c) 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.
- (d) The temporary appointment shall specify the category of appointment and any limitations, restrictions or special requirements.
- (e) If the term of the temporary appointment has been completed before the next Board meeting, the appointment shall be reported to the Board.
- (f) A member of the temporary staff shall be entitled to the rights and subject to the obligations set out in Sections 9.07 and 9.08 relating to their involvement in the Medical Staff Association.
- (g) 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, Midwife or Registered Nurse in the Extended Class over other candidates for a position on another Professional Staff group.

#### **4.11 Reappointment**

- (a) Once a year, the Board shall require each Professional Staff member to make a written application through the Chief Executive Officer to the Board for reappointment to the Professional Staff.
- (b) The relevant Chief of Department shall review and make recommendations concerning each application for reappointment within that Department to the Medical Advisory Committee.
- (c) The Medical Advisory Committee shall:
  - (i) receive and consider for application for reappointment, the report of the Chief of Department and any other applicable reports;
  - (ii) send its recommendation in writing to the Board and to the applicant for reappointment through the Chief Executive Officer pursuant to the *Public Hospitals Act*; and

- (iii) in the case of a recommendation for reappointment, specify the category of appointment and the specific privileges which it recommends the applicant be granted.
- (d) If the recommendation under Section 4.11(c) differs from the appointment and privileges requested, the Medical Advisory Committee shall inform the applicant that he or she is entitled to:
  - (i) written reasons for the recommendation if a request is received by the Medical Advisory Committee within seven (7) days of the receipt by the applicant of the notice of recommendation; and
  - (ii) a hearing before the Board if a written request is received by the Board and the Medical Advisory Committee within seven (7) days of receipt by the applicant of the written reasons under Section 4.11(d)(i),  
and the applicant may so require such reasons and hearing.
- (e) Where the applicant does not require a Board hearing, the Board may implement the recommendation of the Medical Advisory Committee or otherwise deal with the application pursuant to the *Public Hospitals Act*.
- (f) Where an applicant requires a Board hearing in accordance with this By-law, the Board shall appoint a time for and hold the hearing and shall decide the matter in the exercise of its power pursuant to the *Public Hospitals Act* in accordance with Section 4.15.

#### **4.12 Criteria for Reappointment**

In order to be reappointed to the Professional Staff:

- (a) the applicant shall continue to meet the criteria set out in Section 4.03 and shall have conducted himself or herself in compliance with this By-law, the Corporation's values, Rules and Policies; and
- (b) the applicant shall demonstrate an appropriate use of the Corporation's resources.

#### **4.13 Refusal to Reappoint**

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

#### **4.14 Application for Change of Privileges**

- (a) Where a Professional Staff member wishes to change his or her privileges, he or she shall submit 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.

- (b) The application shall be processed in accordance with the provisions of the *Public Hospitals Act* and Sections 4.12 and 4.04(c) of this By-law.
- (c) An applicant shall submit one (1) original written application and one (1) copy of the application to the Chief Executive Officer.
- (d) The Chief Executive Officer shall retain the copy 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.
- (e) 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.

#### **4.15 Board Hearing**

- (a) A Board hearing shall be held when one (1) of the following occurs:
  - (i) the Medical Advisory Committee recommends to the Board that an application for appointment, reappointment or requested privileges not be granted and the applicant requests a hearing in accordance with the *Public Hospitals Act*; or
  - (ii) the Medical Advisory Committee makes a recommendation to the Board that the privileges of a Professional Staff member be restricted or suspended or an appointment be revoked and the member requests a hearing.
- (b) The Board will name a place and time for the hearing.
- (c) In the case of immediate restriction or suspension of privileges, the Board hearing shall be held within seven (7) days of the date the member requests the hearing. In the case of non-immediate restriction or suspension of privileges or revocation of appointment, the Board hearing shall be held as soon as practicable but not later than twenty-eight (28) days after the Board receives the written notice from the member requesting the hearing.
- (d) The Board may extend the time for the hearing date if it is considered appropriate.
- (e) The Board will 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.
- (f) The notice of the Board hearing will include:
  - (i) the place and time of the hearing;

- (ii) the purpose of the hearing;
  - (iii) a statement that the applicant or member and Medical Advisory Committee will be afforded an opportunity to examine prior to the hearing, any written or documentary evidence that will be produced, or any reports the contents of which will be given in evidence at the hearing;
  - (iv) a statement that the applicant or member may proceed in person or be represented by counsel, call witnesses and tender documents in evidence in support of his or her case;
  - (v) a statement that the time for the hearing may be extended by the Board on the application of any party; and
  - (vi) a statement that if the applicant or member does not attend the meeting, the Board may proceed in the absence of the applicant or member, and the applicant or member will not be entitled to any further notice in the hearing.
- (g) The parties to the Board hearing are the applicant or member, the Medical Advisory Committee and such other persons as the Board may specify.
- (h) The applicant or member requiring a hearing and the Medical Advisory Committee shall be afforded an opportunity to examine, prior to the hearing, any written or documentary evidence that will be produced, or any reports the contents of which will be used in evidence.
- (i) Members of the Board holding the hearing will not have taken part in any investigation or consideration of the subject matter of the hearing and will not communicate directly or indirectly in relation to the subject matter of the hearing with any person or with any party or their representative, except upon notice to and an opportunity for all parties to participate. Despite the foregoing, the Board may obtain legal advice.
- (j) The findings of fact of the Board pursuant to a hearing will be based exclusively on evidence admissible or matters that may be noticed under the *Statutory Powers Procedure Act*.
- (k) No member of the Board will participate in a decision of the Board 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 decision of the Board will be given unless all members so present participate in the decision.
- (l) The Board shall make a decision to follow, amend or not follow the recommendation of the Medical Advisory Committee. The Board, in determining whether to make any appointment or reappointment to the Professional Staff or approve any request for a change in privileges shall take into account the

recommendation of the Medical Advisory Committee and such other considerations it, in its discretion, considers relevant.

- (m) A written copy of the decision of the Board will be provided to the applicant or member and to the Medical Advisory Committee.
- (n) Service of a notice to the parties may be made personally or by registered mail addressed to the person to be served at their last known address and, where notice is served by registered mail, it will be deemed that the notice was served on the third (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.

#### **4.16 Monitoring Practices and Transfer of Care**

- (a) Any aspect of patient care or Professional Staff conduct being carried out in the Corporation may be reviewed without the approval of the Professional Staff member responsible for such care by the Chief of Staff or Chief of Department, and where the operation or procedure involves a member of the Extended Class Nursing Staff, it may also be viewed without the permission of such member of the Extended Class Nursing Staff by the Chief Nursing Executive.
- (b) Where any Professional Staff member or the Corporation's staff reasonably believes that a Professional Staff member is incompetent, is attempting to exceed his or her privileges, is incapable of providing a service that he or she is about to undertake, or is acting in a manner that exposes or is reasonably likely to expose any patient, health care provider, employee or any other person at one or more Hospitals to harm or injury, the belief shall be communicated immediately to one of the Chief of Department, Chief of Staff and Chief Executive Officer and, where the communication relates to a member of the Extended Class Nursing Staff, it shall also be communicated to the Chief Nursing Executive, so that appropriate action can be taken.
- (c) The Chief of Department, on notice to the Chief of Staff, where he or she believes 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 his or her Department and to make recommendations to the attending Professional Staff member or any consulting Professional Staff member involved in the patient's care and, if necessary, to the Medical Advisory Committee. If it is not practical to give prior notice to the Chief of Staff, notice shall be given as soon as possible.
- (d) If the Chief of Staff or Chief of Department becomes aware that, in his or her 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, as the case may be, are not made, he or she shall forthwith assume the duty of investigating, diagnosing, prescribing for and treating the patient.

- (e) Where the Chief of Staff or Chief of Department has cause to take over the care of a patient, the Chief Executive Officer, Chief of Staff or Chief of Department, as the case may be, 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 his or her action.
- (f) Where the Medical Advisory Committee concurs in the opinion of the Chief of Staff or Chief of Department who has taken action under Section 4.16(d) that the action was necessary, the Medical Advisory Committee shall forthwith make a detailed written report to the Chief Executive Officer and the Board of the problem and the action taken.

## **ARTICLE 5.     PROFESSIONAL STAFF GROUPS**

### **5.01    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 groups:

- (a) active;
- (b) associate;
- (c) courtesy;
- (d) fellow;
- (e) term;
- (f) locum tenens; and
- (g) such categories as may be determined by the Board from time to time after considering the recommendation of the Medical Advisory Committee.

### **5.02    Active Staff**

- (a) The active staff shall consist of those Professional Staff who have been appointed by the Board to the active staff and who, unless waived by the Board, have served at least one (1) year in the associate staff group.
- (b) A Professional Staff member may have an active staff appointment at another hospital if approved by the Board on the recommendation of the Medical Advisory Committee.



- (c) Subject to the *Public Hospitals Act*, active staff members shall have admitting privileges unless otherwise specified in their appointment to the Professional Staff.
- (d) All active staff members regularly admit or otherwise care for Hospital patients and are responsible for assuring that clinical care is provided to all patients in the Corporation unless otherwise specified in their appointment to the Professional Staff.
- (e) Members of the active staff shall be entitled to the rights and subject to the obligations set out in Sections 9.07 and 9.08 relating to their involvement in the Medical Staff Association.
- (f) Each member of the active staff shall:
  - (i) undertake such duties in respect of those patients classed as emergency cases as may be specified by the Chief of Staff or by the Chief of the Department to which the member has been assigned;
  - (ii) attend patients, and undertake treatment and operative procedures only in accordance with the kind and degree of privileges granted by the Board; and
  - (iii) act as a Supervisor when requested by the Chief of Staff or the Chief of a Department and carry out such duties in accordance with this By-law and Rules.

### **5.03 Associate Staff**

- (a) Subject to the *Public Hospitals Act*, associate staff members shall have admitting privileges unless otherwise specified in their appointment to the Professional Staff.
- (b) 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.
- (c) Except for associate staff members who hold a restricted license, the appointment of an associate staff member shall be reviewed after one (1) year by the Credentials Committee who shall report to the Medical Advisory Committee.
- (d) 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 six (6) months.
- (e) The Chief of Department upon the request of an associate staff member or a Supervisor, may assign the associate staff member to a different Supervisor for a further probationary period.

- (f) 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 4.09 and 4.15 shall apply.
- (g) Subject to Section 5.03(h), no Professional Staff member shall be appointed to the associate staff for more than eighteen (18) months.
- (h) 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.
- (i) An associate staff member shall:
  - (i) attend patients, and undertake treatment and operative procedures under supervision in accordance with the kind and degree of privileges granted by the Board on the recommendation of the Medical Advisory Committee; and
  - (ii) 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.
- (j) Members of the associate staff shall be entitled to the rights and subject to the obligations set out in Sections 9.07 and 9.08 relating to their involvement in the Medical Staff Association.

#### **5.04 Courtesy Staff**

- (a) The Board may grant an applicant an appointment to the courtesy staff in one or more of the following circumstances:
  - (i) the applicant has an active staff commitment at another hospital;
  - (ii) the applicant has a primary commitment to, or contractual relationship with, another community or organization;
  - (iii) the applicant requests limited specified privileges;
  - (iv) the applicant specifically requests courtesy privileges in the Department of Family and Community Medicine; or
  - (v) where the Board deems it otherwise advisable.

- (b) 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*.
- (c) The circumstances leading to an appointment under this Section shall be specified by the applicant on each application for reappointment.
- (d) 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.
- (e) After one year, the appointment of an applicant to the courtesy staff shall be reviewed by the Chief of Department and the Credentials Committee who will make a recommendation to the Medical Advisory Committee.
- (f) The Medical Advisory Committee may recommend that the probationary period be concluded or may require the courtesy staff member to be subject to a further probationary period not longer than six (6) months.
- (g) The Chief of Department, upon the request of a Supervisor or a courtesy staff member who is within the probationary period, may assign the member to a different Supervisor for a further probationary period.
- (h) 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 courtesy staff member who is in the probationary period be terminated.
- (i) No member of the courtesy staff shall have a probationary period that exceeds eighteen (18) months.
- (j) Members of the courtesy staff shall be entitled to the rights and obligations set out in Section 9.07 and 9.08 relating to their involvement in the Medical Staff Association.
- (k) A member of the courtesy staff who wishes to upgrade his or her appointment category to active staff shall be considered a new applicant, and must go through the appointment process and may be required to serve the probationary period as a member of the associate staff even if the probationary period was previously satisfactorily served.
- (l) Notwithstanding any other provision in this By-law, a member of the courtesy staff appointed pursuant to Section 5.04(a)(iv) may be reappointed to the courtesy staff.

**5.05 Fellow**

- (a) The Board, on the recommendation of the Medical Advisory Committee, may appoint a Physician to a Department as a Fellow with privileges as recommended by the Medical Advisory Committee for a specified period of time for educational purposes. Such an appointment as a Fellow is a temporary position not intended to lead to a subsequent staff appointment or other association with the Corporation.
- (b) A Fellow must hold an acceptable specialist certificate, or be certificate eligible.
- (c) Notwithstanding that the Board has granted a Physician a Fellow appointment, such appointment shall in no way obligate the Hospital to appoint such Physician to another Professional Staff group, or to give preference to such Physician over other candidates for a position on another Professional Staff group.
- (d) A Fellow shall not have admitting privileges.
- (e) Fellows shall be entitled to the rights and subject to the obligations set out in Sections 9.07 and 9.08 relating to their involvement in the Medical Staff Association.

**5.06 Term**

- (a) The Board may grant an applicant an appointment to the term staff where:
  - (i) the applicant meets a specific service need of the Corporation;
  - (ii) the Board deems it otherwise advisable and in the best interests of the Corporation; and
  - (iii) the start and end dates of the appointment are specified.
- (b) A member of the term staff shall:
  - (i) have such limited privileges as may be granted by the Board on an individual basis; and
  - (ii) attend patients, and undertake treatment and operative procedures in accordance with the kind and degree of privileges granted by the Board.
- (c) Members of the term staff shall be entitled to the rights and obligations set out in Sections 9.07 and 9.08 relating to their involvement in the Medical Staff Association.
- (d) The appointment of a term staff member shall be for a non-renewable period of up to twelve (12) months.
- (e) Notwithstanding that the Board has granted an applicant a term staff appointment, such appointment shall in no way obligate the Board to appoint such term staff

member to another Professional Staff group, or to give preference to such Physician, Dentist, Midwife or Registered Nurse in the Extended Class over other candidates for a position on another Professional Staff group,

**5.07 Locum Tenens**

- (a) The Medical Advisory Committee upon the request of a Professional Staff member may recommend the appointment of a locum tenens as a planned replacement for that member for a specified period of time.
- (b) The period of appointment shall be for a single term of up to twelve (12) months and there shall be no further appointment or renewal unless the Board otherwise determines.
- (c) A locum tenens shall:
  - (i) have admitting privileges unless otherwise specified;
  - (ii) work under the supervision of a member of the active staff who has been assigned this responsibility by the Chief of Staff;
  - (iii) attend patients assigned to his or her care by his or her Supervisor, and treat them within the privileges granted by the Board on the recommendation of the Medical Advisory Committee; and
  - (iv) undertake such duties in respect of those patients classed as emergency cases as may be specified by the Chief of Staff or by the Chief of Department to which the Professional Staff member has been assigned.
- (d) 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.
- (e) Locum tenens shall be entitled to the rights and subject to the obligations set out in Sections 9.07 and 9.08 relating to their involvement in the Medical Staff Association.

**5.08 Resignation/Change in Status**

- (a) A Professional Staff member wishing to resign, or to change his or her status (e.g., from active staff to courtesy staff), shall submit a request, in writing, no less than ninety (90) days before such desired change, to the Chief of Department to which he or she is appointed. The Chief of Department will, in turn, submit the request to the chair of the Credentials Committee for presentation to the Medical Advisory Committee, which may then recommend its acceptance to the Board.

- (b) A Professional Staff member who retires from active practice shall notify the Chief Executive Officer, in writing, who shall notify the Chief of Staff and the chair of the Credentials Committee. The Medical Advisory Committee and the Board will be notified subsequently.

#### **5.09 Leave of Absence**

Upon request of a Professional Staff member to the applicable Chief of Department, a leave of absence may be granted for up to one (1) year, after receiving the recommendation of the Medical Advisory Committee by the Chief of Staff in the event of extended illness or disability of the member or in other circumstances acceptable to the Board, upon the recommendation of the Chief of Staff. At the end of this time, the Professional Staff member may be reappointed for the following year on the recommendation of the Medical Advisory Committee. 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 such Professional Staff member as appropriate. Leave of absence longer than one (1) year will require reapplication for a Professional Staff appointment in the manner and subject to the criteria set out in this By-law.

### **ARTICLE 6. PROFESSIONAL STAFF DUTIES AND RESPONSIBILITIES**

#### **6.01 Duties, General**

- (a) 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.
- (b) Each Professional Staff member shall:
  - (i) attend and treat patients within the limits of the privileges granted by the Board, unless the privileges are otherwise restricted;
  - (ii) 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;
  - (iii) give such instruction as is required for the education of other Professional Staff members and staff of the Corporation;
  - (iv) abide by the Rules and Policies, this By-law, the *Public Hospitals Act* and the Hospital Management Regulation and all other legislated requirements;
  - (v) forthwith 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;

- (vi) if a Physician, pay such Professional Staff dues as may be prescribed from time to time by resolution of the Medical Staff Association; and
  - (vii) 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.
- (c) 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 Departments of which he or she is a member.
- (d) In the event that 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, he or she may bring a representative with him or her to the meeting. The Chief of Staff and/or Chief of Department may extend the date for attendance at the interview at his or her 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.

## **ARTICLE 7. PROFESSIONAL STAFF LEADERSHIP POSITIONS**

### **7.01 Leadership Positions**

- (a) The following positions shall be appointed in accordance with this By-law:
- (i) Chief of Staff; and
  - (ii) Chiefs of Department.
- (b) The following positions may be appointed in accordance with this By-law:
- (i) Associate Chiefs of Staff;
  - (ii) Associate Chiefs of Departments; and
  - (iii) Head of Division.
- (c) The Board shall make its first appointments following the Effective Date in accordance with the provisions of the Professional Staff Transition Plan and thereafter in accordance with this By-law.

- (d) Notwithstanding the provisions of Sections 7.01(a) and 7.02 of this By-law, on an interim basis, the position of Chief of Staff and Associate Chief of Staff shall be left vacant and the Board shall appoint an Interim Chair of the Medical Advisory Committee and two Interim Chief Medical Officers, who shall perform the duties described in the Professional Staff Transition Plan or in any position description adopted by the Board from time to time. Where this By-law or the corporate by-law provides for an action to be undertaken or a duty to be performed by the Chief of Staff, such action or duty may be performed by the Interim Chair of the Medical Advisory Committee, who may delegate any such duty or action to an Interim Chief Medical Officer. An Interim Chief Medical Officer shall perform the duties of an Associate Chief of Staff, including being a member of the Medical Advisory Committee.
- (e) The Board may appoint a person on an acting or interim basis where there is a vacancy in any office referred to in this section or while the person holding any such office is absent or unable to act.
- (f) An appointment to any position referred to in this Section may be revoked by the Board at any time.
- (g) 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:
  - (i) 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
  - (ii) in any other circumstances the Board considers appropriate after receiving the advice of the Medical Advisory Committee.
- (h) 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, as Program medical director and shall also be accountable and report to the Chief of Staff as Chief of the Department.

## **7.02 Appointment of Chief of Staff**

- (a) The Board shall appoint a Physician to be the Chief of Staff. Possible candidates may include Physicians who do not currently have privileges with 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 his or her office.



- (b) In the event of a vacancy and in any event before the expiry of a term of an incumbent Chief of Staff, the Chair shall appoint a search committee which shall seek possible candidates for the position of Chief of Staff, including Physicians from all Hospital sites.
- (c) 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 such other members selected by the Chair of the Board from:
  - (i) the Board; and
  - (ii) the Professional Staff.
- (d) The Chair of the Board shall appoint the chair of the search committee.
- (e) The search committee shall provide its recommendation to the Board.
- (f) Subject to annual confirmation by the Board, the appointment of the Chief of Staff shall be for a term of up to five (5) years.
- (g) 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.
- (h) Subject to Section 7.02(i), the maximum number of consecutive years of service of the Chief of Staff shall be ten (10) provided, however, that following a break in the continuous service of at least one (1) year, the same Physician may be reappointed.
- (i) The Board, after consulting with the Medical Advisory Committee, may extend the maximum number of consecutive years of service of the Chief of Staff.

### **7.03 Duties of the Chief of Staff**

The Chief of Staff shall:

- (a) be accountable to the Board;
- (b) organize the Professional Staff to ensure that the quality of the diagnosis, care and treatment provided to all patients is in accordance with Rules and Policies;
- (c) be a member of, and chair, the Medical Advisory Committee;
- (d) advise the Medical Advisory Committee and the Board with respect to the quality of diagnosis, care and treatment provided to patients;
- (e) be an ex-officio member of:
  - (i) the Board;

- (ii) the Board Executive Committee (if established); and
- (iii) all subcommittees that report to the Medical Advisory Committee;
- (f) report regularly to the Board on the work and recommendations of the Medical Advisory Committee; and
- (g) perform such additional duties as may be outlined in the Chief of Staff position description approved by the Board from time to time or as assigned by the Board, the Medical Advisory Committee or the Chief Executive Officer from time to time.

#### **7.04 Appointment of Associate Chiefs of Staff**

- (a) The Board may appoint a Physician to be an Associate Chief of Staff after considering the recommendation of the Medical Advisory Committee. Possible candidates may include Physicians 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 his or her office.
- (b) Where an Associate Chief of Staff is to be appointed, the Chair of the Board shall appoint a search committee which shall seek possible candidates for the position of Associate Chief of Staff, including Physicians from all Hospital sites.
- (c) The search committee shall consist of the Chief of Staff, the Chief Executive Officer, the Chief Nursing Executive, one (1) member of the Medical Staff as nominated by the Medical Staff Association, and the members selected by the Chair of the Board from:
  - (i) the Board; and
  - (ii) the Professional Staff.
- (d) The Chair of the Board shall appoint the chair of the search committee.
- (e) The search committee shall provide its recommendation to the Board.
- (f) Subject to annual confirmation by the Board, the appointment of an Associate Chief of Staff shall be for a term of up to five (5) years.
- (g) In the event that the term of office of an Associate Chief of Staff shall expire before a successor is appointed, the Board may extend the appointment of the incumbent, provided that it consults with the Medical Advisory Committee and the Chief of Staff.
- (h) Subject to Section 7.04(i), the maximum number of consecutive years of service of an Associate Chief of Staff shall be ten (10) provided, however, that following

a break in the continuous service of at least one (1) year, the same Physician may be reappointed.

- (i) The Board, after consulting with the Medical Advisory Committee and the Chief of Staff, may extend the maximum number of consecutive years of service of an Associate Chief of Staff.
- (j) In anticipation that the Chief of Staff will practice mainly at one of the Hospital sites, an Associate Chief of Staff shall be appointed from among the members of the active Medical Staff practicing at one of the other Hospital sites.

#### **7.05 Duties of an Associate Chief of Staff**

An Associate Chief of Staff (if appointed) shall:

- (a) be accountable to the Chief of Staff and to the Board through the Chief of Staff;
- (b) have the power and perform the duties of the Chief of Staff in the absence or disability of the Chief of Staff, together with such other duties as may from time to time be assigned by the Board or the Chief of Staff, except that an Associate Chief of Staff shall not be a member of the Board or the Board Executive Committee or Quality Committee, in the absence or disability of the Chief of Staff;
- (c) assist the Chief of Staff in the organization of the Professional Staff to ensure that the quality of diagnosis, care and treatment given to all patients, is in accordance with the Rules and Policies;
- (d) be an ex-officio member of:
  - (i) the Medical Advisory Committee; and
  - (ii) all committees that report to the Medical Advisory Committee; and
- (e) perform such additional duties as may be outlined in the Associate Chief of Staff position description approved by the Board from time to time or as assigned by the Board, the Medical Advisory Committee, the Chief of Staff or the Chief Executive Officer from time to time.

### **ARTICLE 8. PROFESSIONAL STAFF - DEPARTMENTS**

#### **8.01 Professional Staff Departments**

- (a) The Professional Staff shall be organized into such Departments as may be approved by the Board from time to time after considering the recommendation of the Medical Advisory Committee.

- (b) On the Effective Date, the Department structure shall be as set out in the Professional Staff Transition Plan.
- (c) Each Professional Staff member shall be appointed to a minimum of one of the Departments. Appointment may extend to one (1) or more additional Departments.

#### **8.02 Divisions within a Department**

A Department may be divided into such Divisions as may be approved by the Board from time to time. A Division may be service specific or site specific as recommended by the Medical Advisory Committee, after receiving the recommendation of the Chief of Department, and approved by the Board.

#### **8.03 Changes to Departments and Divisions**

- (a) The Board may, at any time, after consulting with the Medical Advisory Committee, create such additional Departments or Divisions, amalgamate Departments or Divisions, or disband Departments or Divisions.
- (b) Whenever requested by the Medical Advisory Committee or the Board, the Chief of Staff will present to the Medical Advisory Committee for its review and recommendation to the Board a proposed Department and Division structure to which Professional Staff members will be assigned.
- (c) Each Department and Division shall function in accordance with the Policies and Rules.

#### **8.04 Department Meetings**

- (a) Department meetings shall be held in accordance with the Policies and Rules.
- (b) Each member of a Department shall annually attend at least fifty percent (50%) of the Department meetings as recorded by the meeting secretary.
- (c) Failure by a member of the Department to attend the required number of Department meetings in any calendar year shall be reported to the Medical Advisory Committee to be dealt with in accordance with the provisions of Section 9.08(b).

#### **8.05 Chiefs of Department**

- (a) The Board shall appoint a Physician as Chief of Department. Possible candidates may include Physicians 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 his or her office.

- (b) As provided in Section 7.01(c), the Board shall make its first appointments following the Effective Date in accordance with the provisions of the Professional Staff Transition Plan and thereafter in accordance with this By-law.
- (c) 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.
  - (i) The search committee shall consist of:
    - (A) the Chief of Staff;
    - (B) Medical Staff members, including one or more Medical Staff members of the Department appointed by the Board;
    - (C) one (1) member of the Medical Staff, who is not a member of the Department, as nominated by the Medical Staff Association;
    - (D) members of the Corporation's administration;
    - (E) Board members, where appropriate; and
    - (F) 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.
  - (ii) The search committee shall, in accordance with the process approved by the Board after consulting with the Medical Advisory Committee, provide the names of possible candidates to the Board for consideration.
  - (iii) If the Board elects, a Board committee shall be designated or struck to receive the names of possible candidates, interview such candidates and recommend one or more candidates to the Board for approval.
- (d) Subject to annual confirmation by the Board, the appointment of a Chief of Department shall be for a term of up to five (5) years.
- (e) 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.
- (f) Subject to Section 8.05(g), the maximum number of consecutive years of service of a Chief of Department shall be ten (10) provided, however, that following a break in the continuous service of at least one (1) year, the same person may be reappointed.

- (g) The Board, after consulting with the Medical Advisory Committee, may extend the maximum number of consecutive years of service of a Chief of Department.
- (h)
  - (i) A Chief of Department wishing to resign from his or her appointment shall submit his or her resignation, in writing, to the Chair of the Board; and
  - (ii) Unless the Board otherwise determines, the resignation of a Chief of Department made pursuant to Section 8.05(h)(i) 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.

#### **8.06 Duties of Chief of Department**

The Chief of Department shall:

- (a) be accountable to the Board through the Associate Chief of Staff (if appointed) and the Chief of Staff;
- (b) through and with the Chief of Staff and the Associate Chief of Staff (if appointed) supervise the professional care provided by all Professional Staff members in his or her Department;
- (c) participate in the orientation of new Professional Staff members appointed to the Department;
- (d) be responsible for the organization and implementation of a quality assurance program in the Department;
- (e) advise the Medical Advisory Committee through and with the Chief of Staff and Associate Chief of Staff (if appointed) with respect to the quality of diagnosis, care and treatment provided to the patients of the Department;
- (f) advise the Chief of Staff and the Chief Executive Officer of any patient who is not receiving appropriate treatment and care;
- (g) be responsible to the Chief of Staff through and with the Chief Executive Officer for the appropriate utilization of the resources allocated to the Department;
- (h) report to the Medical Advisory Committee and to the Department on activities of the Department including utilization of resources and quality assurance;
- (i) 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 Associate Chief of Staff (if appointed) and, where appropriate, the Associate Chiefs of Department (if appointed) and Heads of Divisions;

- (j) participate in Department resource allocation decisions;
- (k) review or cause to be reviewed the privileges granted to members of the Department for the purpose of making recommendations for changes in the kind and degree of such privileges;
- (l) review and make written recommendations regarding the performance evaluations of members of the Department annually and concerning reappointments and forward these recommendations to the Medical Advisory Committee;
- (m) be a member of the Medical Advisory Committee;
- (n) ensure that there is, and oversee, a process for continuing professional education related to the Department;
- (o) ensure that there is, and oversee, a process for the appropriate training and supervision of approved students and other trainees;
- (p) advise the members of the Department regarding current Policies, objectives, relevant Performance Metrics and Rules;
- (q) hold regular meetings with the staff of the Department and where appropriate with the Heads of Divisions within the Department;
- (r) notify the Chief of Staff, the Associate Chief of Staff (if appointed) and the Chief Executive Officer of his or her absence, and designate an alternate from within the Department;
- (s) delegate appropriate responsibility to the Associate Chiefs of Department (if appointed);
- (t) delegate appropriate responsibility to the Heads of Divisions within the Department (if appointed);
- (u) function as a medical leader within the Program management structure working collaboratively with the Program and corporate leadership;
- (v) where there are two or more Chiefs of the same Department, work collaboratively with the other(s). Where agreement on an issue cannot be reached by the Chiefs, the issue shall be referred to the Chief of Staff and he or she shall make the decision; and
- (w) 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 Associate Chief of Staff (if appointed), the Medical Advisory Committee or the Chief Executive Officer from time to time.

**8.07 Associate Chiefs of Department**

- (a) Where appropriate, the Board may appoint a Physician as Associate Chief of Department generally following the procedures set out in Section 8.05(c). Possible candidates may include Physicians 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 his or her office.
- (b) Subject to annual confirmation by the Board, the appointment of an Associate Chief of Department shall be for a term of up to five (5) years.
- (c) In the event that the term of office of an Associate Chief of Department shall expire before a successor is appointed, the Board may extend the appointment of the incumbent.
- (d) Subject to Section 8.07(e), the maximum number of consecutive years of service of an Associate Chief of Department shall be ten (10) provided, however, that following a break in the continuous service of at least one (1) year, the same person may be reappointed.
- (e) Notwithstanding Sections 8.07(b) and 8.07(d), The Board, after consulting with the Medical Advisory Committee and the Chief of Staff, may extend the maximum number of consecutive years of service of an Associate Chief of Department.
- (f) If it is anticipated that the Chief of Department will practise mainly at one Hospital site, where it is appropriate to appoint an Associate Chief of Department, the Board shall endeavour to appoint a Physician from the members of the Department practising at one of the other Hospital sites.
- (g)
  - (i) An Associate Chief of Department wishing to resign from his or her appointment shall submit his or her resignation, in writing, to the Chair of the Board; and
  - (ii) Unless the Board otherwise determines, the resignation of an Associate Chief of Department made pursuant to Section 8.07(g)(i) shall not be considered effective until such time as a replacement has been appointed, or until ninety (90) days have passed since tendering such resignation, subject to any specific or individual contractual terms.

**8.08 Duties of the Associate Chiefs of Department**

The Associate Chief of Department shall:

- (a) be accountable to the Board through the Chief of Department, Chief of Staff and Associate Chief of Staff (if appointed);



- (b) perform such duties as may be delegated by the Chief of Department from time to time;
- (c) have all of the powers and perform all of the duties of the Chief of Department in the absence or the disability of the Chief of Department (other than attending meetings of the Medical Advisory Committee), together with such other duties as may from time to time be assigned by the Board, the Chief of Staff or the Chief of Department or as may be set out in a position description approved by the Board from time to time; and
- (d) notify the Chief of Department of his or her absence, and designate an alternate from within the Department.

#### **8.09 Heads of Divisions**

- (a) The Chief of Staff, pursuant to a process approved by the Medical Advisory Committee, shall appoint a Physician to be the Head of a Division (subject to Sections 13.06 and 14.06). Possible candidates may include Physicians 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 his or her office.
- (b) 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.
  - (i) The search committee shall consist of:
    - (A) the Chief of Staff;
    - (B) the Chief of the relevant Department;
    - (C) Medical Staff members, including one or more Medical Staff members of the Division appointed by the Board;
    - (D) One (1) member of the Medical Staff, who is not a member of the Division, as nominated by the Medical Staff Association;
    - (E) members of the Corporation's administration; and
    - (F) 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.

- (ii) The search committee shall, in accordance with the process approved by the Medical Advisory Committee, provide the name(s) of possible candidates to the Chief of Staff for consideration.
- (c) 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.
- (d) 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.
- (e) Subject to Section 8.09(f), the maximum number of consecutive years of service of a Head of Division shall be ten (10) provided, however, that following a break in the continuous service of at least one (1) year the same person may be reappointed.
- (f) 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.
- (g) The Board may at any time revoke or suspend the appointment of a Head of Division.
- (h)
  - (i) A Head of Division wishing to resign from his or her appointment shall submit his or her resignation, in writing, to the Chief of Staff; and
  - (ii) Unless the Chief of Staff otherwise determines, the resignation of a Head of Division made pursuant to Section 8.09(h)(i) 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.

#### **8.10 Duties of the Heads of Divisions**

The Head of Division shall:

- (a) be responsible to the Board through the Chief of Department, Associate Chief of Department (if any), the Chief of Staff and Associate Chief of Staff (if appointed) for the quality of care rendered to patients in his or her Division; and
- (b) 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.

## **ARTICLE 9. MEDICAL STAFF ASSOCIATION - MEETINGS**

### **9.01 Regular and Annual Meeting**

The Medical Staff Association shall hold at least four (4) regular meetings in each fiscal year of the Corporation, one (1) of which shall be the annual meeting. Unless otherwise decided by the Medical Staff Association, the annual meeting of the Medical Staff Association shall be held on a rotational basis within each Hospital site (or at a meeting site within such Hospital's environs). To the extent possible, facilities will be made available for Professional Staff members located at other Hospital sites to attend remotely.

### **9.02 Notice of Annual Meetings**

- (a) The Secretary of the Medical Staff Association shall cause written notice of each annual meeting of the Medical Staff Association to be:
  - (i) 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
  - (ii) emailed to each member of the Medical Staff Association;at least ten (10) days before the meeting.
- (b) Notice of annual meetings of the Medical Staff Association shall include a prepared agenda.

### **9.03 Notice of Regular Meetings**

- (a) Meetings of the Medical Staff Association shall be held in conformity with the Hospital Management Regulation.
- (b) The Secretary of the Medical Staff Association shall cause written notice of each regular meeting to be:
  - (i) 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
  - (ii) emailed to each member of the Medical Staff Association;at least five (5) days before the meeting.

### **9.04 Special Meetings**

- (a) In cases of emergency, the President of the Medical Staff Association may call a special meeting.
- (b) Special meetings shall be called by the President of the Medical Staff Association on the written request of any ten (10) members of the active staff entitled to vote.

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

**9.05 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.

**9.06 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.

**9.07 Rights of Professional Staff in respect of the Medical Staff Association**

The rights of the Medical Staff and Dental Staff members to:

- (a) attend and vote at meetings of the Medical Staff Association (and its committees);  
and
- (b) hold office on the Medical Staff Association Executive (and its committees);

are as set out below:

<b>Group</b>	<b>Attend Meetings of MSA</b>	<b>Vote at Meetings of MSA</b>	<b>Hold Office on the MSA Executive</b>	<b>Be on a Committee of the MSA</b>
Active	Yes	Yes	Yes	Yes
Associate	Yes	No	No	Yes
Courtesy	Yes	No	No	No
Fellow	Yes	No	No	No
Term	Yes	No	No	No
Locum Tenens	Yes	No	No	No
Temporary	Yes	No	No	No

<b>Group</b>	<b>Attend Meetings of MSA</b>	<b>Vote at Meetings of MSA</b>	<b>Hold Office on the MSA Executive</b>	<b>Be on a Committee of the MSA</b>
Honorary	Yes	No	No	No

- (c) Notwithstanding the foregoing:
  - (i) Members of the Dental Staff are not entitled to vote at meetings of the Medical Staff Association, nor hold office on the Medical Staff Association Executive;
  - (ii) only Physicians who are members of the active staff may hold office in the Medical Staff Association; and
  - (iii) 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.
- (d) Members of the Midwifery Staff are not entitled to attend or vote at meetings of the Medical Staff Association, nor hold office on the Medical Staff Association Executive.
- (e) Members of the Extended Class Nursing Staff are not entitled to attend or vote at meetings of the Medical Staff Association, nor hold office on the Medical Staff Association Executive.

**9.08 Attendance at Medical Staff Association Meetings**

- (a) Each Physician on the active staff and associate staff shall attend at least fifty percent (50%) of the regular Medical Staff Association meetings, as recorded by the Medical Staff Association secretary.
- (b) If any Professional Staff member, without reasons acceptable to the Medical Advisory Committee, does not attend the required number of Department or Medical Staff Association meetings in the calendar year, the Medical Advisory Committee may recommend to the Board that the delinquent member:
  - (i) be removed from the Professional Staff;
  - (ii) be suspended from the Professional Staff for a specified period of time; or
  - (iii) work within a certain restriction upon his or her privileges for a specified period of time.

## **ARTICLE 10. MEDICAL STAFF ASSOCIATION - ELECTED OFFICERS**

### **10.01 Elected Officers**

The elected officers of the Medical Staff Association shall be President, Vice-President, Secretary and Treasurer and may include up to three (3) other members (the “**Medical Staff Association Executive**”). Only members of the active Medical Staff may be elected to any position or office.

### **10.02 Election Procedure**

- (a) 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.
- (b) 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 of the Medical Staff Association, which are to be filled by election in accordance with this By-law and the Hospital Management Regulation, in the Medical Staff lounges, or as the Medical Staff Association by a resolution at a regular meeting may otherwise determine.
- (c) 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 10.02(b).
- (d)
  - (i) Further nominations referred to in Section 10.02(c) shall be signed by two (2) members of the Medical Staff who are entitled to vote.
  - (ii) The nominee shall have signified in writing on the nomination acceptance of the nomination.
  - (iii) Nominations shall then be posted alongside the list referred to in Section 10.02(b).
- (e) The election of the officers of the Medical Staff Association shall be held in conjunction with the annual meeting of the Medical Staff Association. There shall be no voting by proxy.
- (f) If any of the Medical Staff Association offices should become vacant, and it is deemed expedient to fill such office before the next annual meeting of the Medical Staff Association, such vacancy shall be filled by the election of a Medical Staff Association member.

### **10.03 Terms of Office**

- (a) The Medical Staff Association officers shall be elected annually for a term of one (1) year by a majority vote of the voting members of the Medical Staff Association in attendance and voting at a Medical Staff Association meeting.
- (b) 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.
- (c) 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.

### **10.04 Duties of the President of the Medical Staff Association**

The President of the Medical Staff Association shall:

- (a) be a member of the Board and as a Director, fulfill his or her fiduciary duties to the Corporation by making decisions in the best interest of the Corporation;
- (b) report to the Medical Advisory Committee and the Board on any issues raised by the Medical Staff Association;
- (c) be accountable to the Medical Staff and advocate fair process in the treatment of individual members of the Medical Staff;
- (d) preside at all meetings of the Medical Staff Association;
- (e) call special meetings of the Medical Staff Association; and
- (f) be an ex-officio member of:
  - (i) the Medical Advisory Committee;
  - (ii) the Credentials Committee; and
  - (iii) all committees which report to the Medical Staff Association.

### **10.05 Duties of the Vice-President of Medical Staff Association**

The Vice-President of the Medical Staff Association shall:

- (a) be a member of the Board and as a Director, fulfill his or her fiduciary duties to the Corporation by making decisions in the best interest of the Corporation;
- (b) act in the place of the President of the Medical Staff Association, perform his or her duties and possess his or her powers, in the absence or disability of the

President of the Medical Staff Association (other than as set out in Section 10.04(a));

- (c) perform such duties as the President of the Medical Staff Association may delegate; and
- (d) be an ex-officio member of the Medical Advisory Committee.

#### **10.06 Duties of the Secretary of the Medical Staff Association**

The Secretary of the Medical Staff Association shall:

- (a) be a member of the Medical Advisory Committee;
- (b) attend to the correspondence of the Medical Staff Association;
- (c) give notice of Medical Staff Association meetings by posting a written notice thereof:
  - (i) in the case of a regular or special meeting of the Medical Staff Association at least five (5) days before the meeting;
  - (ii) in the case of an annual meeting of the Medical Staff Association, at least ten (10) days before the meeting;
- (d) ensure that minutes are kept of all Medical Staff Association meetings;
- (e) ensure that a record of the attendance at each meeting of the Medical Staff Association is made;
- (f) receive the record of attendance for each meeting of each Department;
- (g) make the attendance records available to the Medical Advisory Committee;
- (h) perform the duties of the Treasurer for Medical Staff Association funds and be accountable therefor, when a Treasurer of the Medical Staff Association has not been elected; and
- (i) act in place of the Vice-President of the Medical Staff Association, perform his or her duties and possess his or her powers, in the absence or disability of the Vice-President (other than as set out in Section 10.05(a)).

#### **10.07 Duties of the Treasurer of the Medical Staff Association**

The Treasurer of the Medical Staff Association shall:

- (a) keep the funds of the Medical Staff Association in a safe manner and be accountable therefor; and



- (b) 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.

**ARTICLE 11. MEDICAL ADVISORY COMMITTEE**

**11.01 Composition**

- (a) The Medical Advisory Committee shall consist of the following persons, each of whom shall have one (1) vote, unless otherwise specified:
  - (i) the Chief of Staff, who shall be chair;
  - (ii) the Associate Chiefs of Staff (if appointed), who shall be designated to chair in the Chief of Staff's absence;
  - (iii) all Chiefs of Department;
  - (iv) the President of the Medical Staff Association;
  - (v) the Vice-President of the Medical Staff Association;
  - (vi) the Secretary of the Medical Staff Association; and
  - (vii) such other Medical Staff members as may be appointed by the Board from time to time.
- (b) The following individuals or their delegate shall attend meetings of the Medical Advisory Committee as a non-voting member:
  - (i) Chief Executive Officer;
  - (ii) Chief Nursing Executive;
  - (iii) Vice-President, Patient Services; and
  - (iv) Head Midwife.
- (c) The Medical Advisory Committee may invite others to attend the Medical Advisory Committee meetings as non-voting members.

**11.02 Duties**

The Medical Advisory Committee shall, in addition to those matters set out in subsections 34(7) and 35(2) and section 37 of the *Public Hospitals Act*:

- (a) make recommendations to the Board concerning the following Professional Staff matters:

- (i) every application for appointment or reappointment to the Professional Staff and any request for a change in privileges;
  - (ii) the privileges to be granted to each Professional Staff member;
  - (iii) by-laws respecting any Medical Staff, Dental Staff, Midwifery Staff and Extended Class Nursing Staff;
  - (iv) the revocation of appointment or the suspension or restriction of privileges of any Professional Staff member;
  - (v) the quality of care provided in the Corporation by the Medical Staff, Dental Staff, Midwifery Staff and Extended Class Nursing Staff; and
  - (vi) the Policies and Rules regarding the Professional Staff;
- (b) supervise the practice of medicine, dentistry, midwifery and extended class nursing in the Hospitals;
  - (c) appoint the Medical Staff members to all committees of the Medical Advisory Committee;
  - (d) receive reports of the committees of the Medical Advisory Committee;
  - (e) advise the Board on any matters referred to the Medical Advisory Committee by the Board;
  - (f) receive and consider the report of the Credentials Committee;
  - (g) oversee and be accountable for the Professional Staff quality assurance process including receiving, and advising and acting upon, reports and recommendations from the Departments;
  - (h) in considering a recommendation for appointment, review:
    - (i) the need of the Corporation for such an appointment; and
    - (ii) the impact such an appointment would have on available Hospital and community resources;
  - (i) in the case of a recommendation for appointment, specify the privileges which it recommends the applicant be granted;
  - (j) facilitate the development and maintenance of Policies, Rules, ethical guidelines and procedures of the Professional Staff;
  - (k) advise the Board regarding the development and leadership of regional programs;

- (l) where the Medical Advisory Committee identifies systemic or recurring quality of care issues in making its recommendations to the Board under Section 11.01(a)(v), make recommendations about those issues to the Quality Committee of the Board; and
- (m) meet at least ten (10) times per year.

### **11.03 Quorum**

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

## **ARTICLE 12. COMMITTEES OF THE MEDICAL ADVISORY COMMITTEE**

### **12.01 Committees of the Medical Advisory Committee**

- (a) The Board may, on the recommendation of the Medical Advisory Committee, establish such standing and special subcommittees of the Medical Advisory Committee as may be necessary or advisable from time to time for the Medical Advisory Committee to perform its duties under the *Public Hospitals Act* or this By-law.
- (b) The terms of reference and composition for any standing or special subcommittees of the Medical Advisory Committee may be set out in the Rules or in a Board resolution, on the recommendation of the Medical Advisory Committee. The Medical 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.
- (c) All subcommittees appointed shall:
  - (i) meet as directed by the Medical Advisory Committee or as otherwise established in this By-law and the Rules; and
  - (ii) present a written report, including any recommendations of each meeting, to the next meeting of the Medical Advisory Committee.

### **12.02 Credentials Committee Duties**

- (a) The Credentials Committee shall ensure that a record of the qualification and professional career of every Professional Staff member is maintained.
- (b) 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.
- (c) The Credentials Committee shall ensure that:

- (i) each applicant for appointment to the Medical Staff meets the criteria as set out at Section 4.03;
  - (ii) each applicant for appointment to the Dental Staff meets the criteria as set out at Section 13.02;
  - (iii) each applicant for appointment to the Midwifery Staff and Extended Class Nursing Staff meets the criteria as set out in Section 4.03;
  - (iv) each applicant for reappointment to the Medical Staff, Dental Staff, Midwifery Staff and Extended Class Nursing Staff meets the criteria as set out at Section 4.12; and
  - (v) each applicant for a change in privileges continues to meet the criteria for reappointment as set out at Section 4.12 and complies with Section 5.08.
- (d) The Credentials Committee shall consider reports of the interviews with the applicant.
  - (e) The Credentials Committee shall consult with the appropriate Chief of Department.
  - (f) The Credentials Committee shall receive notification from the Chief of Staff when the performance evaluations and the recommendations for reappointments have been completed.
  - (g) 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.
  - (h) The Credentials Committee shall perform any other duties prescribed by the Medical Advisory Committee.

## **ARTICLE 13. DENTAL STAFF**

### **13.01 Application**

An application for appointment to the Dental Staff shall be processed in the manner described in Article 4.

### **13.02 Criteria**

In addition to the criteria set out in Section 4.03, 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.

### **13.03 Dental Staff Categories**

The Dental Staff may be divided into the same staff groups as the Professional Staff groups set out in Section 5.01, subject to the following:

- (a) 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 his or her appointment to the Professional Staff; and
- (b) 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 his or her appointment to the Professional Staff.

### **13.04 Meetings**

A Dental Staff member is eligible to attend Department, Division and Program meetings of which he or she is a member.

### **13.05 Office**

A Dentist shall be entitled to the rights and subject to the obligations set out in Sections 9.07 and 9.08 relating to his or her involvement in the Medical Staff Association.

### **13.06 Head of Dental Division**

Where the Board has appointed more than one Dentist to the Dental Staff, the Chief of Staff 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.

### **13.07 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.

### **13.08 Eligibility to Hold Office**

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

### **13.09 Co-operation**

In addition to the duties set out elsewhere in this By-law, including at Section 6.01, the Dental Staff shall co-operate with:

- (a) the Chief of Staff;
- (b) the Medical Advisory Committee;

- (c) the Head of Dental Division;
- (d) the Chief of Department; and
- (e) the Chief Executive Officer.

## **ARTICLE 14. MIDWIFERY STAFF**

### **14.01 Application**

An application for appointment to the Midwifery Staff shall be processed in the manner described in Article 4.

### **14.02 Midwifery Staff Categories**

The Midwifery Staff may be divided into the same staff groups as the Professional Staff groups as set out in Section 5.01 with the exception of fellows.

### **14.03 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 5.04(a)(iii) shall also include circumstances where a Midwife is only requesting access to limited resources of the Corporation or out-patient programs or facilities.

### **14.04 Meetings**

A Midwifery Staff member is eligible to attend Department, Division and Program meetings of which he or she is a member.

### **14.05 Midwifery Division**

The Midwifery Staff shall function as a Division within the Department of Obstetrics and Gynaecology.

### **14.06 Head of Midwifery Division**

Where the Board has appointed more than one Midwife to the Midwifery Staff, the Chief of Staff shall appoint one of the Midwifery Staff members to be the Head of Midwifery 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 Obstetrics & Gynaecology.

### **14.07 Duties of the Head of Midwifery Division**

- (a) The Head of Midwifery Division shall supervise the professional care given by all Midwifery Staff members and shall be responsible to the Chief of Department of Obstetrics and Gynaecology for the quality of care rendered to patients by Midwifery Staff members.
- (b) Specific duties of the Head of Midwifery Division are outlined in Section 8.10.

#### **14.08 Co-operation**

In addition to the duties set out elsewhere in this By-law, including at Section 6.01, the Midwifery Staff shall co-operate with:

- (a) the Chief of Staff;
- (b) the Medical Advisory Committee;
- (c) the Head of Midwifery Division;
- (d) the Chief of Department; and
- (e) the Chief Executive Officer.

### **ARTICLE 15. EXTENDED CLASS NURSING STAFF**

#### **15.01 Application**

An application for appointment to the Extended Class Nursing Staff shall be processed in the manner described in Article 4.

#### **15.02 Extended Class Nursing Staff Categories**

The Extended Class Nursing Staff may be divided into the same staff groups as the Professional Staff groups as set out in Section 5.01 with the exception of fellows.

#### **15.03 Appointment of Registered Nurses in the Extended Class to the Courtesy Staff**

With respect to the circumstances pursuant to which the Board may grant an appointment to the courtesy staff, Section 5.04(a)(iii) shall also include circumstances where a Registered Nurse in the Extended Class is only requesting access to limited resources of the Corporation or out-patient programs or facilities.

#### **15.04 Locum Tenens Extended Class Nursing Staff**

- (a) The Medical Advisory Committee, upon the request of an Extended Class Nursing Staff member, may recommend to the Board the appointment of a locum tenens as a planned replacement for the Registered Nurse in the Extended Class for a specified period of time.
- (b) A locum tenens shall:
  - (i) admit in-patients and register out patients in one or more of the Hospitals solely for the purpose of diagnosing, prescribing or treating such patients in the Hospitals;
  - (ii) prescribe, treat and order diagnostic procedures on such patients;

- (iii) have access to the Corporation's diagnostic services for such patients; and
- (iv) work under the supervision of a member of the active Medical Staff or courtesy Extended Class Nursing Staff who has been assigned this responsibility by the Chief of Staff.

#### **15.05 Extended Class Nursing Staff Duties**

Each Extended Class Nursing Staff member is accountable to, and shall co-operate with and respect the authority of, the Board through and with the Medical Advisory Committee, their Heads of Division, Chief of Department, the Chief of Staff, the Chief Executive Officer and the Chief Nursing Executive.

#### **15.06 Extended Class Nursing Staff Division**

The Extended Class Nursing Staff members will, on an individual basis, be assigned to the most appropriate Department by the Chief of Staff.

#### **15.07 Meetings**

- (a) An Extended Class Nursing Staff member shall not be entitled to attend Medical Staff Association meetings.
- (b) An Extended Class Nursing Staff member is eligible to attend Department, Division and Program meetings of which he or she is a member.
- (c) Extended Class Nursing Staff members are expected to attend at least 50% of the Extended Class Nursing Staff meetings.

#### **15.08 Employees**

Registered Nurses in the Extended Class who are employed by the Corporation are not privileged by the Board.

### **ARTICLE 16. AMENDMENT TO BY-LAWS AND ENACTMENT**

#### **16.01 Amendments to this By-Law**

Before submitting amendments to this By-law to the approval processes applicable to the Corporation's By-laws:

- (a) notice specifying the proposed amendment shall be made available for review by the Professional Staff;
- (b) the Professional Staff shall be afforded a period of at least thirty (30) days to comment on the proposed amendment; and
- (c) the Medical Advisory Committee, after considering the Professional Staff members' comments made at a regular or special meeting of the Medical Staff



Association, shall make recommendations to the Board concerning the proposed amendment.

**16.02 Effective Date**

This By-law shall become effective on the Effective Date.