

Collingwood
General & Marine
Hospital

By-Law Governing Professional Staff

June 2012

COLLINGWOOD GENERAL & MARINE HOSPITAL
BY-LAW
GOVERNING PROFESSIONAL STAFF

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COLLINGWOOD GENERAL & MARINE HOSPITAL

BY-LAW GOVERNING PROFESSIONAL STAFF

PART I – DEFINITIONS & INTERPRETATION

1. DEFINITIONS

In this By-law and all other By-laws of the Corporation:

- a) **“Act”** means the Corporations Act (Ontario) and where the context requires, includes the regulations made under it and any statute that may be substituted therefore, as from time to time amended.
- b) **“Board”** means the Board of Trustees of the Corporation which operates the Hospital composed of the Trustees who may vote and the Trustees who may not vote.
- c) **“Chair”** means the Chair of the Board.
- d) **“Chair of the Medical Advisory Committee”** means the member of the Medical Advisory Committee appointed by the Board as the Chair of the Medical Advisory Committee.
- e) **“Chief Executive Officer”** means in addition to “administrator” as defined in the *Public Hospitals Act*, the Chief Executive Officer of the Corporation.
- f) **“Chief Nursing Executive”** means the senior nurse employed by the Hospital who reports directly to the Chief Executive Officer and is responsible for nursing services provided in the Hospital.
- g) **“Chief of a Department”** means a member of the Professional Staff appointed by the Board to be responsible for the professional standards and quality of care rendered by the members of that department at the Hospital.
- h) **“Chief of Staff”** means the member of the Professional Staff appointed by the Board to serve as Chief of Staff in accordance with the regulations under the *Public Hospitals Act*.
- i) **“Dental Staff”** means those Dentists appointed by the Board to attend or perform dental services for patients in the Hospital.
- j) **“Dentist”** means a dental practitioner in good standing with the Royal College of Dental Surgeons of Ontario.

- k) **“Department” or “department”** means an organizational unit of the Professional Staff to which members with a similar field of practice have been assigned.
- l) **“Extended Class Nursing Staff”** means those Registered Nurses in the Extended Class who are:
 - i) nurses that are employed by the Hospital and are authorized to diagnose, prescribe for or treat outpatients in the Hospital; and
 - ii) nurses who are not employed by the Hospital and to whom the Board has granted privileges to diagnose, prescribe for or treat outpatients in the Hospital.
- m) **“Hospital”** means the Collingwood General and Marine Hospital operated by the Corporation.
- n) **“Medical Advisory Committee”** means the Medical Advisory Committee established by the Board as required by the *Public Hospitals Act*.
- o) **“Medical Staff”** means the Physicians who have been appointed to the Medical Staff by the Board.
- p) **“Members”** means members of the Corporation as described in PART II of the General By-Law.
- q) **“Midwife”** means a Midwife in good standing with the College of Midwives of Ontario.
- r) **“Midwifery Staff”** means the Midwives who have been appointed to the Midwifery Staff by the Board.
- s) **“Patient”** means, unless otherwise specified or the context otherwise requires, any inpatient or outpatient of the Corporation.
- t) **“Person”** means and includes any individual, corporation, partnership, firm, joint venture, syndicate, association, trust, government, government agency, board, commission or authority, or any other form of entity or organization.
- u) **“Physician”** means a medical practitioner in good standing with the College of Physicians and Surgeons of Ontario.
- v) **“Policies and Procedures”** means the policies and procedures applicable to the Medical Staff, Dental Staff, Midwifery Staff and Extended Class Nursing Staff adopted by the Board pursuant to PART III Section 63 of the Hospital By-Law Governing Professional Staff.

- w) **“Professional Staff”** means the Medical Staff, Dental Staff, Midwifery Staff and members of Extended Class Nursing Staff who are not employees of the Corporation.
- x) **“Professional Staff Rules”** means the Rules and Regulations governing the practice of the Medical, Dental, Midwifery and Extended Class Nursing Staff in the Hospital both generally and within a particular department which have been approved by the Board pursuant to PART III, Section 62 of the Hospital Professional By-Law.
- y) **“Public Hospitals Act”** means the *Public Hospitals Act* (Ontario) and, where the context requires, includes the regulations made under it and any statute that may be substituted therefore, as from time to time amended.
- z) **“Registered Nurse in the Extended Class”** means a member of the College of Nurses of Ontario who is a registered nurse and holds an extended certificate of registration under the *Nursing Act*, 1991.
- aa) **“Rule”** means a rule made by the Board in accordance with PART V of the Hospital General By-Law.
- bb) **“Special Resolution”** means a resolution passed by the Trustees and confirmed with or without variation by at least two thirds (2/3) of the votes cast by those entitled to vote and voting at a general meeting of the Members of the Corporation duly called for the purpose, or at an annual meeting, or in lieu of such confirmation, by consent in writing of all Members entitled to vote at such meeting.

1.2 Interpretation

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

PART II – PROFESSIONAL STAFF

2. PURPOSE OF THE PROFESSIONAL STAFF ORGANIZATION

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

- a) provide a structure for the members of the Professional Staff to participate in the planning, policy setting, and decision making of the Hospital; and
- b) provide a system for continued improvement of the quality of care provided by the Professional Staff.

3. PROFESSIONAL STAFF RESOURCE PLAN

On a regular basis, the Medical Advisory Committee shall recommend a Professional Staff Resource Plan for each department of the Professional Staff to the Board for approval. The Professional Staff Resource Plan shall be consistent with the strategic directions of the Hospital as established by the Board.

4. APPOINTMENT, REVOCATION AND SUSPENSION

- a) The Board, after considering the recommendations of the Medical Advisory Committee, shall appoint a Medical Staff and may appoint a Dental Staff, Midwifery Staff and the non-employed members of the Extended Class Nursing Staff and shall grant such privileges as it deems appropriate to each member of the Professional Staff so appointed.
- b) All applications for appointment and reappointment to the Professional Staff shall be processed in accordance with the provisions of this By-law and the *Public Hospitals Act*.
- c) In addition to any other provisions of this By-law, including the qualifications and criteria set out in the By-law, the Board may refuse to appoint any applicant to the Professional Staff on the following grounds:
 - i) the appointment is not consistent with the need for service, as determined by the Board from time to time;
 - ii) the Professional Staff Human Resource Plan and/or the Impact Analysis of the Hospital and/or Department does not demonstrate sufficient resources to accommodate the applicant; or
 - iii) the appointment is not consistent with the strategic plan and mission of the Hospital.

- d) The Board may, at any time, make, revoke or suspend any appointment to the Professional Staff or restrict the privileges of any member of the Professional Staff in accordance with the provisions of this By-law and the *Public Hospitals Act*.

5. TERM OF APPOINTMENT

- a) Subject to Section 4 (d), each appointment to the Professional Staff shall be for a term of up to one (1) year.
- b) Where a member of the Professional Staff has applied for reappointment within the time prescribed by the Medical Advisory Committee, the current appointment shall continue:
 - i) unless Section 5 (b) (ii) applies, until the appointment is granted or not granted by the Board; or
 - ii) in the case of a member of the Medical Staff 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.

6. APPLICATION

- a) On request, the Chief Executive Officer of the Hospital, or delegate, shall supply a copy of the By-laws, the Professional Staff Rules, and the *Public Hospitals Act* and the Regulations thereunder to each applicant who expresses in writing a request to apply for appointment to the Professional Staff.
- b) An applicant for appointment to the Professional Staff shall submit one (1) original written application on the prescribed form, or an electronic application in the prescribed form, to the Chief Executive Officer of the Hospital, except for an applicant to the Regional Affiliate Staff group who may apply by submitting a copy of the application for Active or Associate Staff privileges made to a hospital in the region.
- c) Each applicant, except in the case of locums of less than one month, shall visit the Hospital for an interview with appropriate members of the Professional Staff and the Chief Executive Officer, or his or her delegate. The requirement for an interview may be waived by the Hospital in exceptional circumstances.

7. APPLICATION, QUALIFICATIONS AND CRITERIA FOR APPOINTMENT TO THE PROFESSIONAL STAFF

An applicant for appointment to the Professional Staff shall:

7.1 Meet the following qualifications and criteria:

- a) have adequate training and experience for the privileges requested;
- b) have a report on, among other things, the experience, competence and reputation of the applicant from the Chief of Staff or Chief of Department at the last hospital in which the applicant trained or held an appointment; and if the applicant has completed training within the past five years, a report from the director or head of the program in which the applicant has completed training;
- c) have a demonstrated ability to:
 - i) provide patient care at an appropriate level of quality and efficiency;
 - ii) work and communicate with, and relate to, others in a co-operative, collegial and professional manner;
 - iii) communicate with, and relate appropriately to, patients and patients' relatives and/or substitute decision makers;
 - iv) participate in the discharge of staff, committee and, if applicable, teaching responsibilities, and other duties appropriate to the staff category;
 - v) meet an appropriate standard of ethical conduct and behaviour; and
 - vi) govern himself or herself in accordance with the requirements set out in this By-law, the Hospital's mission, vision, Professional Staff Rules and Regulations, policies and procedures.
- d) have maintained the level of continuing professional education required by the applicable regulatory College;
- e) have up-to-date inoculations, screenings and tests as may be required by the occupational health and safety policies and procedures of the Hospital, the *Public Hospitals Act* or other legislation;
- f) demonstrate 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 Hospital;
- g) have current membership in the Canadian Medical Protective Association or

professional practice liability coverage appropriate to the scope and nature of the intended practice;

- h) have a willingness to fulfil the obligations appropriate to the membership group;
- i) provide a report on any action taken by the Disciplinary or Fitness to Practice Committee of the respective Professional College;
- j) provide a report on whether the applicant's privileges have been curtailed or cancelled by the College or by any other hospital because of incompetence, negligence or any act of professional misconduct;
- k) provide information on any disciplinary proceeding where there was an adverse finding;
- l) provide information of any civil proceeding related to professional practice where there was an adverse finding;
- m) provide information of any civil proceeding where there was a finding of negligence or battery;
- n) provide the applicant's agreement to provide reasonable on-call coverage as required by the relevant roster or schedule.

7.2 In addition to the qualifications set out in Section 7.1, an applicant for appointment to the Medical Staff must meet the following qualifications:

- a) be qualified to practice medicine and licensed pursuant to the laws of Ontario and have a Certificate of Registration in good standing with the College of Physicians and Surgeons of Ontario or an equivalent certificate from their most recent licensing body; and
- b) have a current Certificate of Professional Conduct from the College of Physicians and Surgeons of Ontario or the equivalent certificate from their most recent licensing body.

7.3 In addition to the qualifications set out in Section 7.1, an applicant for appointment to the Dental Staff must meet the following qualifications:

- a) be qualified to practice dentistry and licensed pursuant to the laws of Ontario and have a letter of good standing from the Royal College of Dental Surgeons of Ontario or the equivalent certificate from their most recent licensing body; and
- b) have a current Certificate of Professional Conduct from the Royal College of Dental Surgeons or the equivalent certificate from their most recent licensing body.

- 7.4 In addition to the qualifications set out in Section 7.1, an applicant for appointment to the Midwifery Staff must meet the following qualifications:
- a) be qualified to practice midwifery and be licensed pursuant to the laws of Ontario and have a Certificate of Registration in good standing with the College of Midwives of Ontario or an equivalent certificate from their most recent licensing body; and
 - b) have a current Certificate of Professional Conduct from the College of Midwives of Ontario or the equivalent certificate from their most recent licensing body.
- 7.5 In addition to the qualifications set out in Section 7.1, an applicant for appointment to the Extended Class Nursing Staff must meet the following qualifications:
- a) be qualified to practice as a nurse in the extended class and hold a current, valid Annual Registration Payment Card as a registered nurse in the extended class with the College of Nurses of Ontario; and
 - b) have a letter of good standing from the Ontario College of Nurses or their most recent licensing body.

8. PROCESSING OF APPLICATION

- 8.1 The Chief Executive Officer shall retain a copy of the application and shall deliver the original application immediately to the Chair of the Medical Advisory Committee. The Chair of the Medical Advisory Committee shall keep a record of each application received and refer the original application forthwith to the Chair of the Credentials Committee.
- 8.2 The Credentials Committee shall perform the duties in the processing of an application for appointment as set out in Section 28 of this By-law.
- 8.3 The Medical Staff Advisory Committee shall:
- a) receive and consider the report of the Credentials Committee;
 - b) send, within sixty (60) days of the date of receipt of the Chief Executive Officer of a complete application, notice of its recommendations to the Board and the applicant, in accordance with the *Public Hospitals Act*;
 - c) notwithstanding Section 8.3 b), the Medical Advisory Committee may make its recommendation later than sixty (60) days after receipt of the application if, prior to the expiry of the sixty (60) day period, it indicates in writing to the Board and to the applicant that a final recommendation cannot be made within such sixty (60)

day period and gives written reasons therefore;

- d) where the Medical Advisory Committee recommends the appointment, it shall specify the category of appointment and any specific privileges it recommends the applicant be granted;
- e) where the Medical Advisory Committee does not recommend appointment or where the recommended appointment or privileges differ from those requested, the Medical Advisory Committee shall inform the applicant that 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 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 applicant of the written reasons referred to in Section 8 e) i).
- f) where the applicant does not request a hearing by the Board, the Board may implement the recommendation of the Medical Advisory Committee;
- g) where the applicant requests a hearing by the Board, it shall be dealt with in accordance with the applicable provisions of the *Public Hospitals Act* and Section 13 of this By-law.
- h) the Board shall consider the Medical Advisory Committee recommendations within the timeframe specified by the Public Hospitals Act; and
- i) 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, but not limited to, the Professional Staff Human Resources Plan, Impact Analysis, strategic plan and the Hospital's ability to operate within its resources.

9. APPLICATION FOR REAPPOINTMENT

- a) Each year each member of the Professional Staff in the Associate, Active, Regional Affiliate and Courtesy desiring an appointment to the Professional Staff shall submit a written application on the prescribed form to the Chief Executive Officer of the Hospital.
- b) Each application for reappointment to the Professional Staff shall contain the category of appointment requested and a request for either the continuation of, or any change in, existing privileges.

- c) In the case of any application for reappointment in which the applicant requests additional privileges, each application for reappointment shall identify any required professional qualifications and confirm that the applicant holds such qualifications.
- d) The application for reappointment to the Professional Staff shall be processed in the same manner as set out in Section 8.
- e) Members of the Honourary Staff group may be reappointed without having made an application.

10. CRITERIA FOR REAPPOINTMENT TO THE PROFESSIONAL STAFF

- a) Only the applicant that continues to meet all the criteria for appointment in Section 7 and continues to demonstrate appropriate use of the Hospital's resources and shall have conducted himself or herself in compliance with the By-laws of the Hospital, the Hospital's values and the Professional Staff Rules shall be reappointed as a member of the Professional Staff.
- b) For reappointment, the requirement that a Certificate of Professional Conduct, Letter of Standing, Letter of Professional Conduct or Certificate of Competence from the relevant College be delivered with a consent to release of information from the registrar of the College shall only be required every three years.

11. APPLICATION FOR CHANGE OF PRIVILEGES

- a) Each member of the Professional Staff who wishes to change his or her privileges, shall submit, on the prescribed form, to the Chief Executive Officer, an application listing the change of privileges requested, and providing evidence of appropriate training and competence and such other matters as the Board may require.
- b) The Chief Executive Officer shall refer any such application forthwith to the Medical Advisory Committee through the Chair of the Medical Advisory Committee or delegate, who shall keep a copy of each application received and shall then refer the original forthwith to the Chair of the Credentials Committee and the Chief of the relevant department.
- c) The Credentials Committee shall investigate the professional competence, verify the qualifications of the applicant for the privileges requested, received the report of the Chief of Department, and shall submit a report of its findings to the Medical Advisory Committee at its next regular meeting. The report shall contain a list of privileges, if any, that it recommends that the applicant be granted.
- d) The applicant shall be processed in accordance with and subject to the

requirements of Sections 10 and 8.2 and 8.3.

12. SUSPENSION, RESTRICTION OR REVOCATION OF PRIVILEGES

12.1 Suspension, Restriction or Revocation of Privileges

- a) The Board may, at any time, in a manner consistent with the *Public Hospitals Act* and this By-law, revoke or suspend any appointment of a member of the Professional Staff or revoke, suspend, restrict or otherwise deal with the privileges of a member of the Professional Staff.
- b) Any administrative or leadership appointment of the member of the Professional Staff will automatically terminate upon the restriction, revocation or suspension of privileges or, revocation of appointment, unless otherwise determined by the Board.
- c) Where an application for appointment or reappointment is denied or, the privileges of a member of the Professional Staff have been restricted, suspended or revoked, by reason of incompetence, negligence or misconduct, or the member resigns from the Professional Staff during the course of an investigation into his or her competence, negligence or misconduct, the Chief Executive Officer shall prepare and forward a detailed written report to the member's regulatory body as soon as possible, and not later than thirty (30) days.

12.2 Immediate Action

- a) The Chief Executive Officer or delegate or Chief of Staff/Chair of the Medical Advisory Committee or delegate or Chief of a Department or delegate may temporarily restrict or suspend the privileges of any member of the Professional Staff, in circumstances where in their opinion the member's conduct, performance or competence:
 - i) exposes or is reasonably likely to expose any patient, health care provider, employee or any other person at the Hospital to harm or injury;
or
 - ii) is or is reasonably likely to be detrimental to patient safety or to the delivery of quality patient care within the Hospital,

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

- b) Before the Chief Executive Officer or delegate, the Chief of Staff/Chair of the Medical Advisory Committee or delegate, or Chief of a Department or delegate takes action authorized in Section 12.2(a), they shall first consult with one of the other of them. If such prior consultation is not possible or practicable under the

circumstances, the person who takes the action authorized in Section 12.2(a) shall provide immediate notice to the others. The person who takes the action authorized in Section 12.2(a) shall forthwith submit a written report on the action taken with all relevant documents and/or information to the Medical Advisory Committee.

12.3 Non-Immediate Action

- a) The Chief Executive Officer or delegate, the Chief of Staff/Chair of the Medical Advisory Committee or delegate, or the Chief of a Department or delegate, may recommend to the Medical Advisory Committee that the privileges of any member of the Professional Staff be restricted, suspended or revoked in any circumstances where in their opinion the member's conduct, performance or competence:
 - 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 Hospital 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 Hospital or impact negatively on the operations of the Hospital; or
 - iv) fails to comply with the Hospital's By-laws, Rules and Regulations, or Policies, the *Public Hospitals Act* or any other relevant law.
- b) Prior to making a recommendation as referred to in Section 12.3(a), an investigation may be conducted. Where an investigation is conducted it may be assigned to an individual within the Hospital other than a member of the Medical Advisory Committee or to an external consultant.

12.4 Referral to Medical Advisory Committee for Recommendations

- a) Following the temporary restriction or suspension of privileges under Section 12.2, or the recommendation to the Medical Advisory Committee for the restriction or suspension of privileges or the revocation of an appointment of a member of the Professional Staff under Section 12.3, the following process shall be followed;
 - i) the Chief of the Department of which the individual is a member or an appropriate alternate designated by the Chief of Staff/Chair of the Medical Advisory Committee or delegate or shall forthwith submit to the Medical Advisory Committee a written report on the action taken, or recommendation, 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) 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 forty-eight (48) hours prior to the Medical Advisory Committee meeting, the Medical Advisory Committee shall provide the member with a written notice of,
 - 1) the time and place of the meeting;
 - 2) the purpose of the meeting; and
 - 3) 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 under Section 12.4(a)(ii) may be extended by;
- i) an additional five (5) days in the case of a referral under Section 12.2; or
 - ii) any number of days in the case of a referral under Section 12.3,
- 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 suspension or revocation of the appointment or a restriction, suspension or revocation of privileges on such terms as it deems appropriate. Notwithstanding the above, the Medical Advisory Committee may also refer the matter to a committee of the Medical Advisory Committee.
- d) 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.
- e) If the member requests written reasons for the recommendation under Section 12.4(d)(i), the Medical Advisory Committee shall provide the written reasons to

the member within forty-eight (48) hours of receipt of the request.

13. BOARD HEARING

13.1 Board Hearing

- a) A hearing by the Board shall be held when one of the following occurs;
 - i) the Medical Advisory Committee recommends to the Board that an application for appointment, reappointment or requested privileges not be granted and the applicant requests a hearing;
 - ii) the Medical Advisory Committee makes a recommendation to the Board that the privileges of a member of the Professional Staff be restricted, suspended or revoked 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 suspension or revocation of privileges, the Board hearing shall be held within seven (7) days of the date the applicant or member requests the hearing under Section 13.1(a). In the case of non-immediate suspension or revocation of privileges, subject to Section 13.1(d), the Board hearing will be held as soon as practicable but not later than twenty eight (28) days after the Board received the written notice from the member or applicant 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 taking into account the recommendation of the Medical Advisory Committee and such other considerations, 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.

13.2 Quorum

A hearing of the Board shall be held by Trustees of the Board who may vote, a quorum of which shall consist of a minimum of three (3).

14. PROFESSIONAL STAFF GROUPS

- a) The Medical Staff is divided into the following groups:
 - i) Associate
 - ii) Active
 - iii) Regional Affiliate
 - iv) Courtesy
 - v) Locum Tenens
 - vi) Term
 - vii) Temporary
 - viii) Honourary
- b) The Dental Staff belong to the Courtesy Staff group.
- c) The Midwifery Staff is divided into the following groups:
 - i) Active
 - ii) Associate
 - iii) Locum Tenens
 - iv) Temporary
- d) The Extended Class Registered Nursing Staff belong to the Courtesy Staff group.

15. ASSOCIATE STAFF

- a) Every applicant applying for appointment to the Active Staff shall be assigned to

the Associate Staff for a probationary period or to Active Staff in accordance with Section 15 (b).

- b) An applicant applying for appointment to the Active Staff may be appointed directly to the Active Staff by the Board.
- c) Each Associate Staff member shall have admitting privileges as specified in the appointment.
- d) An Associate Staff member shall work under the counsel and supervision of a mentor who shall be a member of the Active Staff named by the Chief of the Department to which the Associate Staff member has been assigned by the Medical Advisory Committee. During the period of supervision the Chief of the Department may change the mentor assigned to the Associate Staff member.
- e) A mentor shall provide guidance to the Associate Staff member in accordance with the Professional Staff Rules and shall report any significant concerns to the Chief of the Department.
- f) The Chief of the Department shall review the performance of the Associate Staff member throughout the member's term of appointment and shall report to the Credentials Committee. Where the review is unfavourable, the Associate Staff member shall be notified and advised what is required to meet the criteria for a favourable report.
- g) Within one (1) year of the appointment to the Associate Staff, the Professional Staff member shall be reviewed by the Credentials Committee who shall report to the Medical Advisory Committee.
- h) If a report made under Section 15 (f) is not favourable to the Associate Staff member this shall be communicated to the Associate Staff member and the Medical Advisory Committee may recommend that:
 - i) the appointment of the Associate Staff member shall be terminated; or
 - ii) that the appointment of the Associate Staff member be continued in the Associate Staff group for a specified period of time in order to make specified improvements to meet the criteria for a favourable report.
- i) Membership in the Associate Staff category shall not exceed two (2) years.
- j) A member of the Associate Staff shall not vote at medical staff meetings nor be elected a medical staff officer, but may be appointed to a Medical Staff Committee.

16. ACTIVE STAFF

- a) The Active Staff shall consist of those members of the Professional Staff who have been appointed by the Board, following a period of Associate Staff membership as provided for in the by-laws or directly to the Active Staff pursuant to Section 15 (b).
- b) Each applicant for appointment or reappointment to the Active Staff group shall undertake in writing that he/she shall not continue to be, or become, a member of the Active Staff group of another hospital. In unusual circumstances the Board may waive this requirement after considering the advice of the Medical Advisory Committee.
- c) Active Staff members shall have admitting privileges unless otherwise specified in their appointment to the Professional Staff.
- d) Active Staff members shall be eligible to vote at medical staff meetings and to hold office.
- e) Each member of the Active Staff shall:
 - i) undertake such duties in respect to patient care as may be specified by the Chief of Staff or by the Chief of the Department to which the member has been assigned;
 - ii) act as a mentor or supervisor of a member of the Professional Staff as and when requested by the Chief of Staff or the Chief of the Department; and
 - iii) assume on-call responsibilities as determined by the Department to which the member has been assigned.

17. REGIONAL AFFILIATE

- a) The Board may grant an appointment to the Regional Affiliate Staff to an applicant who has privileges at another hospital and requires privileges at the Collingwood General and Marine Hospital so as to fully participate in an approved regional program.
- b) A member of the Regional Affiliate Staff group shall:
 - i) undertake such duties in respect to patient care as may be specified by the Chief of Staff or by the Chief of the Department to which the member has been assigned, and this may include outpatient services including operative procedures, and consultation to inpatients and assisting in the Operating Room where required; and
 - ii) shall assume on-call responsibilities as determined by the Department to which the member has been assigned.

18. COURTESY STAFF

- a) The Board may grant an appointment to the Courtesy Staff in one or more of the following circumstances:
 - i) the applicant has a primary commitment to, or contractual relationship with, another community or organization; or
 - ii) the applicant requests limited access to Hospital resources or outpatient programs or facilities; or
 - iii) where the Board deems it otherwise advisable.
- b) Each Professional Staff member on the Courtesy Staff may attend medical staff and departmental meetings but unless the Board so requires shall not be subject to attendance requirements.
- c) Except where there is an attendance requirement, members of the Courtesy Staff shall not have the right to vote at Medical Staff or departmental meetings.
- d) Members of the Courtesy Staff shall not hold office except for the position of Head Dentist and shall not be eligible for appointment to a Medical Staff Committee.

19. LOCUM TENENS

- a) A member of the Professional Staff may request the appointment of a locum tenens physician as a planned replacement for himself or herself for a specified period of time.
- b) Notwithstanding any other provision in this By-law, the Chief Executive Officer or his delegate, after consultation with the Chief of Staff or his delegate, may:
 - i) grant Locum Tenens Staff privileges to an applicant provided that such privileges 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 reviewed; and
 - ii) after considering the recommendation of the Medical Advisory Committee may continue privileges in the Locum Tenens Staff group until the next meeting of the Board at which time the actions taken shall be reported and acted upon as required.
- c) A member in the Locum Tenens Staff group shall:
 - i) for the first twelve months of privileges, work under the counsel and supervision of a member of the Active Staff who has been assigned as a mentor by the Chief of Staff or his delegate; and

- ii) undertake such duties in respect of patient care as may be specified by the Chief of Staff or by the Chief of the Department to which the physician has been assigned including admitting and on-call responsibilities, where applicable.

20. TERM STAFF

- a) Term Staff means members who have been granted admitting and/or procedural privileges in order to meet a specific clinical need for a defined period of time not to exceed one (1) year. The specific clinical need shall be identified by the Medical Advisory Committee, approved by the Chief Executive Officer of the Hospital and approved by the Board. An appointment to Term Staff does not imply or provide for any continuing Professional Staff appointment.
- b) Each member of the Term Staff shall:
 - i) undertake such duties in respect of patient care as may be specified by the Chief of Staff or by the Chief of the Department to which the member has been assigned; and
 - ii) assume on-call responsibilities as determined by the department to which the member has been assigned.
- c) For the first twelve months of privileges, a Term Staff member shall work under the counsel and supervision of a mentor who shall be a member of the Active Staff named by the Chief of the Department to which the Term Staff member has been assigned by the Medical Advisory Committee. The mentor shall provide guidance to the Term Staff member and shall report any significant concerns to the Chief of the Department.

21. TEMPORARY STAFF

- a) A Temporary appointment may be made only for one of the following reasons:
 - i) to meet a specific singular requirement by providing a consultation and/or operative procedure; or
 - ii) to meet an urgent unexpected need for a professional service.
- b) Notwithstanding any other provision in this By-law, the Chief Executive Officer or his delegate, after consultation with the Chief of Staff or his delegate, may:
 - i) grant Temporary privileges to a physician who is not a current member of the Professional Staff provided that such privileges 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 reviewed by the Medical Advisory Committee;

- ii) after considering the recommendation of the Medical Advisory Committee may continue the Temporary privileges until the next meeting of the Board at which time the actions taken shall be reported and acted upon as required;
 - iii) remove Temporary privileges at anytime prior to any action by the Board.
- c) An appointment to the Temporary Staff group does not provide privileges to admit patients.

22. HONOURARY STAFF

- a) On the recommendation of the Medical Advisory Committee, a physician, dentist, midwife, or registered nurse in the extended class may be honoured by the Board with an appointment to the Honourary Staff of the Hospital because he or she:
- i) is a former member of the Professional Staff who has retired from active practice; or
 - ii) has an outstanding reputation or has made an extraordinary contribution.
- b) Members of the Honourary Staff shall not:
- i) be eligible to vote at medical staff meetings or to hold office,
 - ii) be bound by the attendance requirements for medical staff meetings, nor
 - iii) have admitting privileges or privileges to attend patients in the hospital.

PROFESSIONAL STAFF DUTIES

23. DUTIES, GENERAL

- a) Each member of the Professional Staff is accountable to and shall recognize the authority of the Board through and with their Chief of Department, the Chief of Staff and the Chief Executive Officer or their delegates.
- b) Each member of the Professional Staff shall:
- i) attend and treat patients within the limits of the privileges granted by the Board;

- ii) notify the Chief Executive Officer of any change by the relevant College in his or her licence to practise medicine, dentistry, midwifery, or nursing;
 - iii) give such instruction as is required for the education of other members of the Professional and Hospital staff;
 - iv) abide by the Rules of the Professional Staff, this By-law, the *Public Hospitals Act* and the Regulations thereunder and all other legislated requirements and the policies and procedures of the Hospital;
 - v) co-operate with the Chief of Staff and the Medical Advisory Committee, the Chief of the Department to which the physician has been assigned, the President of the Medical Staff and the Chief Executive Officer of the Hospital; and
 - vi) perform such other duties as may be prescribed from time to time by, or under the authority of, the Board, the Medical Advisory Committee or the Chief of Staff.
- c) Each member of the Active and Associate Staff groups, and of other staff groups where required, shall attend 50 percent of the regular medical staff meetings and 70 percent of the meetings of the department of which he or she is a member.

24. CHIEF OF STAFF

- a) The Board shall appoint a member of the Active medical staff to be the Chief of Staff after giving consideration to the recommendations of a Selection Committee, which in turn shall seek the advice of the Medical Advisory Committee.
- b) The membership of a Selection Committee shall include:
 - i) a Trustee, who shall be chair;
 - ii) the outgoing Chief of Staff;
 - iii) two (2) members of the Medical Advisory Committee, one (1) of whom shall be the President of the Medical Staff or his or her delegate;
 - iv) the Chief Nursing Officer;
 - v) the Chief Executive Officer, or his or her delegate; and
 - vi) such other members as the Board deems advisable.
- c) Subject to annual confirmation by the Board, an appointment made under

Section 24(a) shall be for a term up to three (3) years, but the Chief of Staff shall hold office until a successor is appointed.

- d) The Board may at any time revoke or suspend the appointment of the Chief of Staff.

25. DUTIES OF THE CHIEF OF STAFF

The Chief of Staff shall:

- a) be a member of the Board and be accountable to the Board;
- b) notify the Chief Executive Officer and the chair of the Board if he or she shall be absent and designate a Chief of Department to act as an alternate Chief of Staff during the absence;
- c) organize and supervise the Professional Staff to ensure that the quality of care they provide to patients of the Hospital is in accordance with policies established by the Board;
- d) chair the Medical Advisory Committee;
- e) advise the Medical Advisory Committee and the Board, through the Governance Committee, with respect to the quality of medical diagnosis, care and treatment provided to the patients of the Hospital;
- f) report regularly to the Board and medical staff about the activities, recommendations and actions of the Medical Advisory Committee and any other matters about which they should have knowledge;
- g) assign, or delegate the assignment of, a member of the Professional Staff:
 - i) to supervise the practice of any other member of the Professional Staff for any period of time; and
 - ii) to make a written report to the Chief of Staff and the Chief of the appropriate department regarding the supervision of the member of the Professional staff.
- h) assign, or delegate the assignment of, a member of the Professional Staff to discuss in detail with any other member of the Professional Staff any matter which is of concern to the Chief of Staff and to report the discussion to the Chief of Staff and the Chief of the appropriate department;
- i) supervise the care provided by all members of the Professional Staff and this may include viewing any procedure performed by a member of the Professional

Staff without requiring the permission of the member;

- j) be responsible to the Board with the Chief Executive Officer for the appropriate utilization of resources by all Professional Staff;
- k) report to the Medical Advisory Committee on activities of the Hospital including the utilization of resources and quality assurance;
- l) participate in the development of the Hospital's vision, mission, and strategic plan;
- m) work with the Medical Advisory Committee to develop a plan for the Professional Staff human resources needs of the Hospital in accordance with the Hospital's strategic plan;
- n) participate in Hospital resource allocation decisions;
- o) establish and conduct a process for the regular review of the performance of the Chiefs of Department;
- p) establish the requirements for Professional Staff participation in continuing professional education;
- q) receive and review recommendations from Chiefs of Department regarding changes in privileges;
- r) receive and review the performance evaluations and the recommendations from Chiefs of Department concerning re-appointments. Forward evaluations and recommendations regarding re-appointment to the Medical Advisory Committee through the Credentials Committee and ensure follow through of the recommendations therefrom;
- s) advise the Professional Staff on current Hospital policies and procedures;
- t) delegate appropriate responsibility to the Chiefs of Department;
- u) be an ex-officio member of all committees reporting to the Medical Advisory Committee; and
- v) be a member of all Board Committees.

MEDICAL ADVISORY COMMITTEES

26. MEDICAL ADVISORY COMMITTEE

- a) The Medical Advisory Committee shall consist of:

- i) the Chief of Staff, who shall be chair;
 - ii) all Chiefs or Co-Chiefs of a Department;
 - iii) the President of the medical staff;
 - iv) the Vice-President of the medical staff;
 - v) the Secretary of the medical staff;
 - vi) the Heads of Services;
 - vii) the Director of Laboratory Services or delegate (non-voting);
 - viii) the Chief Executive Officer (non-voting);
 - ix) the Chief Nursing Executive (non-voting); and
 - x) other non-voting members as the Board may determine from time to time after considering the advice of the Medical Advisory Committee.
- b) The Medical Staff Committee shall perform the duties and undertake the responsibilities set out in the *Public Hospitals Act*, including:
- i) make recommendations to the Board concerning the following matters:
 - 1) every application for appointment or reappointment to the Professional Staff and request for a change in privileges;
 - 2) the privileges to be granted to each member of the Professional Staff;
 - 3) in considering a recommendation for appointment, reappointment or change in privileges, consider:
 - 3.1 the need for the Hospital and the community for such an appointment; and
 - 3.2 the impact such an appointment would have on available Hospital resources.
 - 4) the By-laws and Professional Staff Rules and Regulations respecting the Medical Staff, Dental Staff, Midwifery Staff and Extended Class Nursing Staff;

- 5) the revocation, suspension or restrictions of privileges of any member of the Professional Staff; and
 - 6) the quality of care provided in the Hospital by the Medical Staff, Dental Staff, Midwifery Staff and Extended Class Nursing Staff.
- ii) supervise the clinical practice of medicine, dentistry, midwifery and extended class nursing in the Hospital;
 - iii) appoint the Medical Staff members of all committees established under Section 27;
 - iv) receive reports of the committees of the Medical Advisory Committee;
 - v) advise the Board on any matters referred to the Medical Advisory Committee by the Board; and
 - vi) where the Medical Advisory Committee identifies systemic or recurring quality of care issues in making its recommendations to the Board under Subsection 2(a)(v) of the Hospital Management Regulation (965) under the *Public Hospitals Act*, the Medical Advisory Committee shall make recommendations about those issues to the Hospital's quality committee established under Subsection 3(1) of the *Excellent Care for All Act*.

27. MEDICAL STAFF COMMITTEES ESTABLISHED BY THE BOARD

The following Medical Staff Committees are hereby established by the Board:

- a) Credentials Committee;
- b) Medical Records Committee;
- c) Medical Quality Assurance Committee;
- d) Infection Control Committee;
- e) Utilization Committee;
- f) Pharmacy and Therapeutics Committee.

28. CREDENTIALS COMMITTEE DUTIES

The Credentials Committee shall:

- a) establish the authenticity of and investigate the qualifications of each applicant for appointment to the Professional Staff and report to the Medical Advisory

Committee;

- b) ensure that a record of the qualifications and professional career of every member of the Professional Staff is maintained; and
- c) perform other duties prescribed by the Medical Advisory Committee.

29. MEDICAL RECORDS COMMITTEE DUTIES

The Medical Records Committee shall:

- a) advise the Medical Advisory Committee on compliance with the provisions of the Hospital Management Regulation under the *Public Hospitals Act* with respect to Medical Records, including the development of policies and procedures to govern the completion of medical records;
- b) review and revise forms for Professional Staff record keeping;
- c) perform other duties prescribed by the Medical Advisory Committee;

30. MEDICAL QUALITY ASSURANCE COMMITTEE DUTIES

The Medical Quality Assurance Committee shall:

- a) develop systems to monitor and improve the quality of care provided by the Professional Staff;
- b) report in writing to the Medical Advisory Committee, the hospital Quality, Risk and Safety Committee, and the Governance and Quality Committee of the Board at their next regular meetings; and
- c) perform other duties prescribed by the Medical Advisory Committee.

31. INFECTION CONTROL COMMITTEE DUTIES

The Infection Control Committee shall:

- a) develop and maintain a system of surveillance and reporting of cases of infection that are admitted to or develop in the hospital, and recommend to the Medical Advisory Committee and to Senior Management policies and procedures for the prevention and control of infections; and
- b) perform other duties prescribed by the Medical Advisory Committee.

32. UTILIZATION COMMITTEE DUTIES

The Utilization Committee shall:

- a) develop a system of monitoring the efficient use of hospital resources by Professional Staff, and recommend to the Medical Advisory Committee practices and policies to improve the efficiency of the use of hospital resources by Professional Staff; and
- b) perform other duties prescribed by the Medical Advisory Committee.

33. PHARMACY AND THERAPEUTICS COMMITTEE DUTIES

The Pharmacy and Therapeutics Committee shall:

- a) recommend to the Medical Advisory Committee a drug formulary, and policies and procedures for the safe and effective prescription of drugs; and
- b) perform other duties prescribed by the Medical Advisory Committee.

PROFESSIONAL STAFF DEPARTMENTS

34. DEPARTMENT

- a) When warranted by the professional resources of the Medical Staff, the Board, on the advice of the Medical Advisory Committee, may divide the Medical Staff into departments.
- b) Whenever a separate department is established, Medical Staff members and patients related to such a department shall come under the jurisdiction of that department.
- c) The Board, after considering the advice of the Medical Advisory Committee, at any time, may establish or disband departments of the Professional Staff.

35. CHIEF OF DEPARTMENT

- a) The Board shall appoint a physician from the department as Chief of Department, after giving consideration to the recommendations from the department and the Medical Advisory Committee.
- b) Subject to annual confirmation by the Board, the appointment of a Chief of Department may be for a term up to three (3) years, but the Chief of Department shall hold office until a successor is appointed.

- c) The Board may at any time revoke or suspend the appointment of a Chief of Department.
- d) Under extraordinary conditions, the Chief of Staff may suspend the Chief of Department from the role of Chief of Department and, pending review, appoint an acting Chief of Department.

36. DUTIES OF CHIEF OF DEPARTMENT

The Chief of Department shall:

- a) supervise, with the Chief of Staff, the care provided by all members of the department and this may include viewing any procedure performed by a member of the department without requiring the permission of the member;
- b) participate in the orientation of new members of the Professional Staff appointed to the department;
- c) be responsible for the organization and implementation of a quality assurance program in the department;
- d) advise the Medical Advisory Committee through and with the Chief of Staff with respect to the quality of care, diagnosis, and treatment provided to patients by the Professional Staff members of the department;
- e) advise the Chief of Staff and the Chief Executive Officer of any patient who is not receiving appropriate treatment and care;
- f) be responsible to the Chief of Staff and with the Chief Executive Officer for the appropriate utilization of the resources allocated to the department;
- g) report to the Medical Advisory Committee and to the department on activities of the department including utilization of resources and quality assurance;
- h) make recommendations to the Medical Advisory Committee regarding Professional Staff Human Resources needs of the department in accordance with the Hospital's strategic plan following consultation with Professional Staff of the department, the Chief of Staff and, where appropriate, Heads of Services;
- i) lead the department in developing its annual objectives;
- j) participate in department resource allocation decisions and capital budget planning;
- k) at least annually review or cause to be reviewed the privileges granted to members of the department and make recommendations, if any, for changes in

the kind and degree of such privileges;

- l) at least annually conduct performance evaluations of members of the department and make recommendations concerning reappointments to the Credentials Committee;
- m) be a member of the Medical Advisory Committee;
- n) establish a process for continuing professional education related to the department;
- o) advise the members of the department regarding current Hospital and departmental objectives, policies and procedures and rules;
- p) hold regular meetings with the Professional Staff of the department and, where appropriate, with the Heads of Services within the department;
- q) notify the Chief of Staff or the President and Chief Executive Officer if he or she shall be absent and designate a member of the Department to act as an alternate Chief of Department during the absence; and
- r) delegate appropriate responsibility to the Heads of Services within the department.

37. SERVICES IN A DEPARTMENT

The Board, on the advice of the Medical Advisory Committee, after considering the recommendation of the Chief of the Department, may divide a department into services.

38. HEADS OF SERVICE

- a) When services are established under a department, the Board, on the advice of the Medical Advisory Committee, after considering the recommendation of the Chief of the Department, shall appoint for each service a Head of Service who shall be responsible to the Chief of the Department for the quality of care provided to patients by the Professional Staff in that service.
- b) Subject to annual confirmation of the Board the appointment of a Head of Service shall be for a term of up to three (3) years, but the Head of Service shall continue to hold office until a successor is appointed.
- c) The Board may at any time revoke or suspend the appointment of a Head of Service.

MEETINGS - MEDICAL STAFF

39. MEETINGS – MEDICAL STAFF

- a) The President of the Medical Staff may call an annual meeting, a regular meeting or an emergency meeting of the medical staff.
- b) A meeting shall be called by the President of the Medical Staff on the written request of any seven (7) members of the Active Staff.
- c) A notice shall be given to the medical staff ten (10) days before an annual meeting and five (5) days before a regular meeting and a meeting called at the written request pursuant of seven (7) members of the Active Staff to Section 39 b).
- d) The notice period required for an emergency meeting shall be waived, subject to ratification of the waiver by the majority of those members present and voting at the emergency meeting as the first item of business at the emergency meeting.

40. QUORUM

A total of fifteen medical staff members entitled to vote shall constitute a quorum at any annual, regular or emergency meeting of the medical staff.

41. ATTENDANCE AT REGULAR STAFF MEETINGS

Each physician member of the active staff shall attend at least 50 per cent of the regular medical staff meetings.

42. ATTENDANCE BY DENTAL STAFF AT MEDICAL STAFF MEETINGS

A member of the dental staff may attend medical staff meetings but shall not be eligible to vote at a medical staff meeting.

43. ATTENDANCE BY MIDWIFERY STAFF AT MEDICAL STAFF MEETINGS

A member of the midwifery staff may attend medical staff meetings but shall not be eligible to vote at a medical staff meeting.

44. ATTENDANCE AT DEPARTMENT MEETINGS

Each medical staff member in the Active and Associate Staff groups shall attend at least 70 per cent of the meetings of the department of which he or she is a member.

MEDICAL STAFF ELECTED OFFICERS

45. ELIGIBILITY FOR OFFICE

- a) Only members of the Active medical staff may be elected or appointed to the position or office of:
 - i) President of Medical Staff;
 - ii) Vice President;
 - iii) Secretary/Treasurer;
- b) The term of office for each position is until replaced at an annual meeting;
- c) A member of the dental staff is not eligible to hold an office other than Head of Dental Service.
- d) A member of the midwifery staff is not eligible to hold an office other than Head of Midwifery Service.

46. ELECTION PROCEDURE

- a) At least ninety (90) days before the annual meeting of the Medical Staff, a Nominating Committee comprised of the outgoing President and two past Presidents, or failing that, two other members of the medical staff, shall be appointed by the medical staff.
- b) At least thirty (30) days before the annual meeting of the medical staff, the Nominating Committee shall post in a prominent location in the Hospital a list of the names of those who are nominated for the offices of the medical staff which are to be filled by election in accordance with this By-law and the Regulations under the *Public Hospitals Act*.
- c) Any further nominations shall be made in writing to the Secretary of the medical staff within fourteen (14) days after the posting of the names referred to in Section 46 (b).
- d) Further nominations referred to in Section 46 (c) shall be signed by two (2) members of the Active medical staff who are entitled to vote and the nominee shall have signified in writing acceptance of the nomination on the nomination form.
- e) The further nominations shall then be posted alongside the list referred to in Section 46 (b).

- f) Elections to medical staff positions shall be held each year at the annual meeting of the medical staff held in the month of June, except where rescheduled for extenuating circumstances.
- g) Officers of the medical staff elected at the annual meeting shall assume their duties immediately after the conclusion of the annual meeting.

47. DUTIES OF THE PRESIDENT OF THE MEDICAL STAFF

The President of the medical staff shall:

- a) be a member of the Board;
- b) be a member of the Medical Advisory Committee;
- c) report to the Medical Advisory Committee and the Board on any issues raised by the medical staff;
- d) be accountable to the medical staff and advocate fair process in the treatment of individual members of the medical staff;
- e) preside at all meetings of the medical staff;
- f) call special meetings of the medical staff;
- g) be an ex-officio member of the Joint Conference Committee and Governance and Quality Committee;
- h) be an ex-officio member, or delegate the Vice-President or Secretary-Treasurer to be a member, of the Finance/HR Committee;
- i) be a member of the Credentials Committee.

48. DUTIES OF THE VICE-PRESIDENT OF THE MEDICAL STAFF

The Vice-President of the medical staff shall:

- a) act in the place of the President of the medical staff, and perform his or her duties and possess his or her powers, in the absence or disability of the President;
- b) perform such duties as the President of the medical staff may delegate;
- c) be a member of the Medical Advisory Committee;
- d) be a member of the Board.

49. DUTIES OF THE SECRETARY/TREASURER OF THE MEDICAL STAFF

The Secretary/Treasurer of the medical staff shall:

- a) be a member of the Medical Advisory Committee;
- b) attend to the correspondence of the medical staff;
- c) give notice of medical staff meetings as required;
- d) take or arrange for minutes to be taken of all medical staff meeting;
- e) take or arrange for a record to be taken of the attendance at each meeting of the medical staff;
- f) make the attendance records available to the Medical Advisory Committee;
- g) act in the place of the Vice-President of the medical staff, and perform his or her duties and possess his or her powers in the absence or disability of the Vice-President;
- h) keep the funds of the medical staff in a safe manner and be accountable therefore; and
- i) disburse medical staff funds at the direction of the medical staff as determined by a majority vote of the medical staff members present and entitled to vote at a medical staff meeting.

MIDWIFERY STAFF

50. MIDWIFERY STAFF GROUPS

The midwifery staff shall be divided into the following groups:

- a) Active
- b) Associate
- c) Locum Tenens
- d) Temporary

51. ACTIVE MIDWIFERY STAFF

- d) The active midwifery staff shall consist of those midwives who have been appointed as active midwifery staff by the Board.
- e) Except where approved by the Board, no midwife with an active midwifery staff appointment at another hospital shall be appointed to the active midwifery staff.
- f) Every midwife applying for appointment to the active midwifery staff shall be assigned to the associate midwifery staff for a probationary period as set out in Section 52.
- g) All active midwifery staff members are responsible for ensuring that midwifery care is provided to all patients of midwives in the hospital.
- h) All active midwifery staff members shall have admitting privileges as specified by the by-Law and in their appointment to the midwifery staff.
- i) Each member of the active midwifery 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 Obstetrics to which the midwife has been assigned;
 - ii) attend patients, and undertake treatment and procedures only in accordance with the kind and degree of privileges granted by the Board; and
 - iii) act as a supervisor of a member of the midwifery staff when requested by the Chief of Staff or the Chief of Obstetrics.

52. ASSOCIATE MIDWIFERY STAFF

- a) Each associate midwifery staff member shall have admitting privileges as specified by the By-laws Section 51 and in their appointment to the midwifery staff.
- b) An associate midwifery staff member shall work for a probationary period under the supervision of an active medical staff or midwifery staff member named by the Chief of Staff on the recommendation of the Chief of Obstetrics to which the associate midwifery staff member has been assigned.
- c) A supervisor shall carry out the duties in accordance with the Rules of the Hospital.

- d) After one (1) year the appointment of a midwife to the associate midwifery staff shall be reviewed by the Credentials Committee who shall report to the Medical Advisory Committee.
- e) The Medical Advisory Committee may recommend that the midwife be appointed to the active midwifery staff or may require the midwife to be subject to a further probationary period not longer than six (6) months.
- f) The Chief of Obstetrics, upon the request of an associate midwifery staff member or a supervisor, may assign the associate midwifery staff member to a different supervisor for a further probationary period.
- g) 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 midwifery staff member be terminated.
- h) No member of the midwifery staff shall be appointed to the associate midwifery staff for more than eighteen (18) consecutive months.
- i) An associate midwifery staff member shall:
 1. attend patients, and undertake treatment and 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
 2. undertake such duties in respect of those patients classed as emergency cases as may be specified by the Chief of Obstetrics to which the midwife has been assigned.

53. LOCUM TENENS MIDWIFERY STAFF

- a) The Medical Advisory Committee upon the request of a member of the midwifery staff may recommend the appointment of a locum tenens as a planned replacement for that midwife for a specified period of time.
- b) A locum tenens shall:
 - (i) have admitting privileges as in Section 51 and as otherwise specified;
 - (ii) work under the counsel and supervision of a member of the active medical or midwifery staff who has been assigned this responsibility by the Chief of Staff or his or her delegate;
 - (iii) attend patients assigned to his or her care by the active medical or midwifery staff member by whom he or she is supervised, and shall treat

them within the professional privileges granted by the Board on the recommendation of the Medical Advisory Committee; and

- (iv) undertake such duties in respect of those patients classed as emergency cases as may be specified by the Chief of Staff or by the Chief of Obstetrics to which the midwife has been assigned.

54. TEMPORARY MIDWIFERY STAFF

- a) A temporary appointment of a midwife to the midwifery staff may be made only for one of the following reasons:
 - (i) to meet a specific singular requirement by providing a consultation and/or procedure; or
 - (ii) to meet an urgent unexpected need for a midwifery service.
- b) Notwithstanding any other provision in this By-law, the Chief Executive Officer, after consultation with the Chief of Staff or his or her delegate, may:
 - (i) grant a temporary appointment to a midwife who is not a member of the midwifery staff provided that such appointment shall not extend beyond the date of the next meeting of the Medical Advisory Committee at which time the action taken shall be reported; and
 - (ii) continue the appointment on the recommendation of the Medical Advisory Committee until the next meeting of the Board.
- c) A temporary appointment shall not have privileges to admit patients.

55. MIDWIFERY STAFF DUTIES

- a) Each member of the midwifery staff is accountable to and shall recognize the authority of the Board through and with the Chief of Obstetrics, the Chief of Staff and the Chief Executive Officer.
- b) Each member of the midwifery staff shall:
 - i) attend and treat patients within the limits of the privileges granted by the Board, unless the privileges are otherwise restricted;
 - i) notify the Chief Executive Officer of any change in the certificate of Registration with the College of Midwives of Ontario;

- ii) give such instruction as is required for the education of other members of the midwifery, dental, medical and other hospital staff;
 - iii) abide by the Rules of the Hospital, this By-law, the *Public Hospitals Act* and the Regulations thereunder and all other legislated requirements, including medical records creation and completion;
 - iv) perform such other duties as may be prescribed from time to time by, or under the authority of the Board, the Medical Advisory Committee or the Chief of Staff; and
 - v) provide/request consultations on patients as per the College of Midwifery of Ontario's indications for mandatory discussion, consultation and transfer of care (See Appendix "A") and consistent with hospital policies/procedures.
- c) Every member of the midwifery staff shall co-operate with:
- i) the Chief of Staff and the Medical Advisory Committee;
 - ii) the Head Midwife, if one is appointed; and
 - iii) the Chief of Obstetrics;
 - iv) the Chief Executive Officer;
 - v) the Clinical Leader of Maternal Child Care Team if applicable.
- d) Members of the midwifery staff, where required, shall attend meetings of the Maternal Child Care Team.

56. MIDWIFERY STAFF

- a) The midwifery staff shall function within the Maternal Child Care Team as a Division of Midwives until the *Public Hospitals Act* allows otherwise.
- b) Head Midwife:
 - i) Where the Board has appointed more than one (1) midwife to the midwifery staff, one of the members of the midwifery staff shall, subject to annual confirmation by the Board, be appointed by the Board upon the recommendation of the Medical Advisory Committee annually for a term of three (3) years to be the Head Midwife upon the recommendation of the Chief of Obstetrics.

- ii) The Board may at any time revoke or suspend the appointment of the Head Midwife.

57. MONITORING ABERRANT PRACTICES

Where any member of the medical, dental, midwifery or hospital staff believes that a member of the midwifery staff is attempting to exceed his/her privileges or is temporarily incapable of providing a service that he/she is about to undertake, this information shall be communicated immediately to the Chief of Obstetrics, Chief of Staff and the Chief Executive Officer.

58. VIEWING OF DELIVERIES OR PROCEDURES

- a) Any delivery or procedure performed in the Hospital may be viewed without the permission of the midwife by:
 - i) Chief of Staff or delegate; or
 - ii) Chief of Obstetrics.

59. TRANSFER OF RESPONSIBILITY

- a) Pursuant to the *Public Hospitals Act* and the Regulations thereunder, whenever the responsibility for the care of a patient of a midwife is transferred to another member of the midwifery staff or the medical staff, a written notation by the midwifery staff member who is transferring the care over to another shall be made and signed on the patient's medical record and the name of the midwifery staff member or medical staff member assuming the responsibility shall be noted in the patient's medical record and the midwife or the medical staff member assuming the responsibility shall be notified immediately by the transferring midwife.
- b) Where a supervisor of a midwife, the Chief of Staff, or the Chief of Obstetrics become aware that, in his or her opinion, a serious problem exists in the care or treatment of one or more patients or out-patients of a midwife, the supervisor, Chief of Staff or the Chief of Obstetrics, as the case may be, shall forthwith discuss the condition, care and treatment of the patient or out-patient, with the attending midwife. If changes in the care or treatment, satisfactory to the supervisor, Chief of Staff or the Chief of Obstetrics, are not made promptly, he or she shall assume forthwith the duty of investigating, prescribing for and treating the patient or out-patient as the case may be, and shall notify the attending midwife, the Chief Executive Officer and if possible, the patient or out-patient, that the member of the midwifery staff who was in attendance will cease forthwith to have any hospital privileges as the attending midwife for the patient or out-patient.

- c) Where a supervisor, Chief of Staff or Chief of Obstetrics is responsible under Section 59(b) and is unable to discuss the problem with the attending midwife as required by Section 59(b), the supervisor, Chief of Staff or the Chief of Obstetrics, as the case may be, shall proceed with his or her duties as prescribed in Section 59(b) as if he or she had the discussion with the attending midwife.
- d) Where a supervisor, the Chief of Staff or the Chief of Obstetrics has cause to take over the care of a patient, the Chief Executive Officer, the attending midwife and, if possible, the patient shall be notified as soon as possible or, in the case where the patient is mentally incompetent, the patient's substitute decision maker shall be notified as soon as possible.

60. DUTIES OF THE HEAD OF MIDWIFERY

- a) The Head Midwife shall supervise the professional care given by all members of the midwifery staff and shall be responsible to the Chief of Obstetrics for the quality of care rendered to patients by members of the midwifery staff.
- b) The head of the midwifery staff or designate may attend medical staff meetings but shall not be eligible to vote at said meeting.
- c) The head of the midwifery staff or designate will attend 70% of Maternal Child Care Team meetings including case reviews or rounds.
- d) The head of the midwifery staff or designate shall assume responsibility for communication to the other midwifery staff with privileges.

61. ELIGIBILITY TO HOLD OFFICE

A member of the midwifery staff is not eligible to hold an office other than Head Midwife.

PART III
PROFESSIONAL STAFF RULES AND REGULATIONS AND POLICIES

62. PROFESSIONAL STAFF RULES

The Board, after consulting with the Professional Staff Association and considering the recommendation of the Medical Advisory Committee, may make Rules and Regulations 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.

63. PROFESSIONAL STAFF POLICIES AND PROCEDURES

The Board, after considering the recommendation of the Medical Advisory Committee, may adopt policies and procedures applicable to the Medical Staff, Dental Staff, Midwifery Staff and Extended Class Nursing Staff, including policies and procedures that are consistent with Rules and Regulations and support the implementation of Rules and Regulations.

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