



Collingwood
General & Marine
Hospital

By-Law Governing Professional Staff

March, 2019

TABLE OF CONTENTS

	Page
PART I – DEFINITIONS & INTERPRETATION	5
1. DEFINITIONS.....	5
2. INTERPRETATION.....	7
PART II – PROFESSIONAL STAFF	7
3. APPOINTMENT, REVOCATION, AND SUSPENSION	7
4. TERM OF APPOINTMENT	8
5. APPLICATION	8
6. APPLICATION, QUALIFICATIONS, AND CRITERIA FOR APPOINTMENT.....	9
7. PROCESSING OF APPLICATION.....	10
8. APPLICATION FOR REAPPOINTMENT	12
9. CRITERIA FOR REAPPOINTMENT	12
10. APPLICATION FOR CHANGE PRIVILEGES	12
11. LEAVE OF ABSENCE	13
12. MONITORING PRACTICES AND TRANSFER OF CARE	13
13. RESTRICTION OR SUSPENSION OF PRIVILEGES, OR REVOCATION OF APPOINTMENT	14
14. BOARD HEARING.....	17
15. PROFESSIONAL STAFF GROUPS	19
16. ASSOCIATE STAFF.....	20
17. ACTIVE STAFF	21
18. REGIONAL AFFILIATE.....	21
19. COURTESY STAFF	22
20. LOCUM TENENS.....	22

21.	TERM STAFF	23
22.	TEMPORARY APPOINTMENT.....	23
	PART III – PROFESSIONAL STAFF DUTIES.....	24
24.	DUTIES, GENERAL.....	24
25.	CHIEF OF STAFF.....	24
26.	DUTIES OF THE CHIEF OF STAFF.....	25
27.	MEDICAL ADVISORY COMMITTEE.....	27
28.	MEDICAL STAFF COMMITTEES ESTABLISHED BY THE BOARD	28
	PART IV - DEPARTMENTS.....	29
29.	DEPARTMENT.....	29
30.	CHIEF OF DEPARTMENT	29
31.	DUTIES OF CHIEF OF DEPARTMENT.....	29
32.	SERVICES IN A DEPARTMENT.....	31
33.	HEADS OF SERVICE	31
	PART V – MEETINGS – PROFESSIONAL STAFF.....	31
34.	MEETINGS – PROFESSIONAL STAFF	31
35.	QUORUM.....	32
36.	ATTENDANCE AT REGULAR STAFF MEETINGS	32
37.	ATTENDANCE BY DENTAL STAFF, MIDWIFERY STAFF AND EXTENDED CLASS NURSING STAFF AT PROFESSIONAL STAFF MEETINGS	32
	PART VI - MEDICAL STAFF ELECTED OFFICERS	32
38.	ELIGIBILITY FOR OFFICE	32
39.	ELECTION PROCEDURE	32
40.	DUTIES OF THE PRESIDENT.....	33
41.	DUTIES OF THE VICE-PRESIDENT	34
42.	DUTIES OF THE SECRETARY/TREASURER OF THE MEDICAL STAFF	34

PART VIII - RULES AND POLICIES	34
43. RULES	34
44. POLICIES	35
PART IX - AMENDMENTS TO THIS BY-LAW	35
45. AMENDMENTS TO THIS BY-LAW	35
46. AMENDMENTS TO THE BY-LAW APPENDICES	35
47. REPEAL AND RESTATEMENT	35

PART I – DEFINITIONS & INTERPRETATION

1. DEFINITIONS

In this By-law:

- (a) “**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.
- (b) “**business day**” means a day other than a Saturday, Sunday, or a statutory holiday in Ontario.
- (c) “**By-law**” means this by-law.
- (d) “**Chair**” means the chair of the Board.
- (e) “**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.
- (f) “**Chief Executive Officer**” means in addition to “administrator” as defined in the *Public Hospitals Act*, the chief executive officer of the Corporation.
- (g) “**Chief Nursing Executive**” means the senior nurse employed by the Corporation, who reports directly to the Chief Executive Officer and is responsible for nursing services provided in the Hospital.
- (h) “**Chief of a Department**” means a Professional Staff member 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.
- (i) “**Chief of Staff**” means the Professional Staff member appointed by the Board to serve as chief of staff in accordance with the *Public Hospitals Act*.
- (j) “**College**” means, as the context may require, the College of Physicians and Surgeons of Ontario, the Royal College of Dental Surgeons of Ontario, the College of Midwives of Ontario, and the College of Nurses of Ontario.
- (k) “**Corporation**” means Collingwood General & Marine Hospital.
- (l) “**Credentials Committee**” means the subcommittee of the Medical Advisory Committee established to review applications for appointment and reappointment to the Professional Staff and to make recommendations to the Medical Advisory Committee.
- (m) “**day**”, unless otherwise specified as a business day, means a calendar day.

- (n) “**Dental Staff**” means those Dentists appointed by the Board to attend or perform dental services for Patients in the Hospital.
- (o) “**Dentist**” means a dental practitioner in good standing with the Royal College of Dental Surgeons of Ontario.
- (p) “**Department**” means an organizational unit of the Professional Staff to which members with a similar field of practice have been assigned.
- (q) “**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 the Hospital; and
 - (ii) not employed by the Corporation and to whom the Board has granted privileges to diagnose, prescribe for, or treat, Patients in the Hospital.
- (r) “**Hospital**” means the public hospital operated by the Corporation.
- (s) “**Impact Analysis**” means a study to determine the impact upon the resources of the Corporation of the proposed appointment of an applicant for appointment to the Professional Staff or an application by a Professional Staff member for changes to privileges.
- (t) “**Medical Advisory Committee**” means the medical advisory committee established by the Board as required by the *Public Hospitals Act*.
- (u) “**Medical Staff**” means those Physicians who are appointed by the Board and who are granted privileges to practice medicine in the Hospital.
- (v) “**Midwife**” means a midwife in good standing with the College of Midwives of Ontario.
- (w) “**Midwifery Staff**” means those Midwives who are appointed by the Board and who are granted privileges to practice midwifery in the Hospital.
- (x) “**Patient**” means any inpatient or outpatient of the Corporation.
- (y) “**Physician**” means a medical practitioner in good standing with the College of Physicians and Surgeons of Ontario.
- (z) “**Policies**” means the policies adopted by the Board pursuant to PART VIII of this By-law.
- (aa) “**Professional Staff**” means the Medical Staff, Dental Staff, Midwifery Staff, and members of the Extended Class Nursing Staff who are not employees of the Corporation.

- (bb) “**Professional Staff Officers**” means the officers of the Professional Staff listed in Section 37(a).
- (cc) “**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 therefor, as from time to time amended.
- (dd) “**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*.
- (ee) “**Rules**” means the rules made by the Board pursuant to PART VIII of this By-law.

2. INTERPRETATION

2.1 Delegation of Duties

Any of the Chief Executive Officer, Chief of Staff, and Chief of a Department shall be responsible for the duties assigned to them under this By-law, and they may delegate these duties to others.

2.2 Interpretation

In this By-law, unless the context otherwise requires, words importing the singular number shall include the plural number and vice versa; words importing one gender shall include all genders; and the word “including” shall not connote an exhaustive list.

PART II – PROFESSIONAL STAFF

3. APPOINTMENT, REVOCATION, AND SUSPENSION

- (a) The Board, after considering the recommendation of the Medical Advisory Committee, shall appoint annually 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 Professional Staff member 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) Appointments may require an Impact Analysis demonstrating that the Corporation has the resources to accommodate the applicant and that the applicant meets the needs of the respective Department as described in the Professional Staff Resources Plan.

- (d) 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 Resources Plan and/or the Impact Analysis does not demonstrate sufficient resources to accommodate the applicant; or
 - (iii) the appointment is not consistent with the strategic plan and mission of the Corporation.
- (e) The Board may, at any time, make or revoke any appointment to the Professional Staff, or restrict or suspend the privileges of any Professional Staff member in accordance with the provisions of this By-law and the *Public Hospitals Act*.

4. TERM OF APPOINTMENT

- (a) Subject to Sections 3(d), 4(b), and 23 each appointment to the Professional Staff shall be for a term of up to one 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(b)(ii) applies, until the appointment 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.

5. APPLICATION

- (a) On request, the Chief Executive Officer shall supply a copy of, or information on how to access, a form of the application, this By-law, the Rules and relevant Policies, and the *Public Hospitals Act* 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 original written application or an electronic application, 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 that may be material in deciding whether to grant privileges, to the Chief Executive Officer, 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, may be required to visit the Hospital for an interview with appropriate members of the Professional Staff and the Chief Executive Officer.

6. APPLICATION, QUALIFICATIONS, AND CRITERIA FOR APPOINTMENT

6.1 An applicant for appointment to the Professional Staff must:

- (a) meet the following qualifications and criteria:
- (b) have adequate training and experience for the privileges requested;
- (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 themselves in accordance with the requirements set out in this By-law, the Hospital's mission, vision, Rules, and Policies;
- (d) have maintained the level of continuing professional education required by the applicable 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; and

- (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.
- 6.2 In addition to the qualifications set out in Section 6.1, an applicant for appointment to the Medical Staff must be qualified to practice medicine and licensed under the laws of Ontario, 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 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.
- 6.3 In addition to the qualifications set out in Section 6.1, an applicant for appointment to the Dental Staff must be qualified to practice dentistry and licensed under the laws of Ontario, 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 have a current Certificate of Professional Conduct from the Royal College of Dental Surgeons or the equivalent certificate from their most recent licensing body.
- 6.4 In addition to the qualifications set out in Section 6.1, an applicant for appointment to the Midwifery Staff must be qualified to practice midwifery and be licensed under the laws of Ontario, 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 have a current Certificate of Professional Conduct from the College of Midwives of Ontario or the equivalent certificate from their most recent licensing body.
- 6.5 In addition to the qualifications set out in Section 6.1, an applicant for appointment to the Extended Class Nursing Staff must be qualified to practice as a nurse in the extended class under the laws of Ontario, hold a current, valid Annual Registration Payment Card as a registered nurse in the extended class with the College of Nurses of Ontario, and have a letter of good standing from the College of Nurses of Ontario or their most recent licensing body.

7. PROCESSING OF APPLICATION

- 7.1 Upon receipt of a completed application, the Chief Executive Officer shall retain a copy of the application and shall deliver the original application forthwith 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 and the Chief of the relevant Department.
- 7.2 The Credentials Committee shall review all materials in the application, receive the recommendation of the relevant Chief of Department, ensure all required information has been provided, investigate the professional competence and verify the qualifications of the applicant, consider whether the required qualifications have been met, and submit a report as to its assessment and recommendation to the Medical Advisory Committee at its next regular meeting.

7.3 The Medical Staff Advisory Committee shall:

- (a) receive and consider the report of the Credentials Committee;
- (b) review the application with reference to the Professional Staff Resources Plan and Impact Analysis; and
- (c) send, within 60 days of the date of receipt of the Chief Executive Officer of a completed application, written notice of its recommendation to the Board and the applicant, in accordance with the *Public Hospitals Act*.

Notwithstanding Section 7.3(b), the Medical Advisory Committee may make its recommendation later than 60 days after receipt of the application if, before the expiry of the 60-day period, it indicates in writing to the Board and to the applicant that a final recommendation cannot be made within the 60-day period and gives written reasons therefor.

- (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 they are entitled to:
 - (i) written reasons for the recommendation if a request is received by the Medical Advisory Committee within seven 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 days of the receipt by the applicant of the written reasons referred to in Section 7.3(e)(i).
- (f) Where the applicant does not request a Board hearing, the Board may implement the recommendation of the Medical Advisory Committee.
- (g) 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 14 of this By-law.
- (h) The Board shall consider the Medical Advisory Committee recommendation within the timeframe specified by the *Public Hospitals Act*.
- (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 the

Professional Staff Resources Plan, Impact Analysis, strategic plan, and the Corporation's ability to operate within its resources.

8. APPLICATION FOR REAPPOINTMENT

- (a) Each year, each Professional Staff member desiring reappointment to the Professional Staff shall submit a written application on the prescribed form to the Chief Executive Officer before the date specified by the Medical Advisory Committee.
- (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 7.

9. CRITERIA FOR REAPPOINTMENT

- (a) Only an applicant who continues to meet all the criteria for appointment in Section 6, continues to demonstrate appropriate use of the Hospital's resources, and has conducted themselves in compliance with this By-law, the Hospital's values, and the Rules and Policies may be reappointed as a Professional Staff member.
- (b) For reappointment, the requirement that a Certificate of Professional Conduct, Letter of Standing, Letter of Professional Conduct, or Certificate of Competence from the College be delivered with a consent to release of information from the registrar of the College shall only be required every three years.

10. APPLICATION FOR CHANGE PRIVILEGES

- (a) Each Professional Staff member who wishes to change their privileges, shall submit, on the prescribed form, to the Chief Executive Officer, an application listing the change of privileges requested, and provide 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, 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, 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.
- (d) The applicant shall be processed in accordance with the requirements of Sections 9, 7.2 and 7.3.

11. LEAVE OF ABSENCE

- (a) Professional Staff members who have Hospital responsibilities may apply for leave of absence, sabbatical leave, or leave for other reasons through their Chief of Department in accordance with the Policies.
- (b) The Chief of Staff may grant a leave of absence of up to one year, after receiving the recommendation of the Medical Advisory Committee:
 - (i) in the event of extended illness or disability of the member; or
 - (ii) in other circumstances acceptable to the Board after receiving the recommendation of the Chief of Staff.
- (c) After returning from a leave of absence, 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 member as appropriate. This is restricted to cases where this is reasonable.
- (d) Following a leave of absence of longer than 12 months, a Professional Staff member shall be required to make a new application for appointment to the Professional Staff in the manner and subject to the criteria set out in this By-law.

12. MONITORING PRACTICES AND TRANSFER OF CARE

- (a) Any aspect of the 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 or conduct by the Chief of Staff or Chief of Department when such a review is warranted out of concern of exposure of any Patient, health care provider, employee, or any other person at the Hospital to harm or injury.
- (b) Where any member of the Professional Staff or Corporation staff reasonably believes that a Professional Staff member is incompetent, attempting to exceed their privileges, incapable of providing a service that they are about to undertake, or acting in a manner that exposes or is reasonably likely to expose any Patient, health care provider, employee, or any other person at the Hospital to harm or injury, such individual shall communicate that belief forthwith to one of either the

Chief of Staff or the Chief of the relevant Department, and the Chief Executive Officer, so that appropriate action can be taken.

- (c) The Chief of Department, on notice to the Chief of Staff where they believe it to be in the best interest of the Patient and acting reasonably, shall have the authority to examine the condition and scrutinize the treatment of any Patient in their Department and to make recommendations to the attending Professional Staff member or any consulting Professional Staff member involved in the Patient's care and, if necessary, to the Medical Advisory Committee. If it is not practical to give prior notice to the Chief of Staff, notice shall be given as soon as possible.
- (d) If the Chief of Staff or Chief of Department becomes aware that, in their opinion a serious problem exists in the diagnosis, care, or treatment of a Patient, the officer shall forthwith 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 the Chief of Department, as the case may be, are not made, they shall, at their discretion, forthwith assume the duty of investigating, diagnosing, prescribing for, and treating the Patient.
- (e) Where the Chief of Staff or Chief of a Department has cause to take over the care of a Patient, the Chief Executive Officer, the Chief of Staff, or the Chief of the Department, as the case may be, and one other Medical Advisory Committee member, 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 the Chief of Department shall file a written report with the Medical Advisory Committee within seven days of their 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 12(e), 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.

13. RESTRICTION OR SUSPENSION OF PRIVILEGES, OR REVOCATION OF APPOINTMENT

13.1 Restriction, Suspension, or Revocation

- (a) The Board may, at any time, in accordance with the *Public Hospitals Act* and this By-law, revoke any appointment of a Professional Staff member or restrict, suspend, or otherwise deal with, the privileges of a Professional Staff member.
- (b) Any administrative or leadership appointment of the Professional Staff member shall automatically terminate upon the restriction 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 appointment of a Professional Staff member has been revoked, or the privileges of

a Professional Staff member have been restricted or suspended by reason of incompetence, negligence, or misconduct, or the member resigns from the Professional Staff during the course of an investigation into their competence, negligence, or misconduct, the Chief Executive Officer shall prepare and forward a detailed written report to the member's College as soon as possible, and not later than 30 days after the event.

13.2 Immediate Action

- (a) The Chief Executive Officer, Chief of Staff, or Chief of a Department may temporarily restrict or suspend the privileges of any Professional Staff member, 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, the Chief of Staff, or Chief of a Department takes action authorized in Section 13.2(a), they shall first consult with one of the other of them. If prior consultation is not possible or practicable under the circumstances, the person who takes the action authorized in Section 13.2(a) shall provide immediate notice to the others. The person who takes the action authorized in Section 13.2(a) shall forthwith submit a written report on the action taken with all relevant documents and/or information to the Medical Advisory Committee.

13.3 Non-Immediate Action

- (a) The Chief Executive Officer, the Chief of Staff, or the Chief of a Department, may recommend to the Medical Advisory Committee that the appointment of any Professional Staff member be revoked, or that the privileges of any Professional Staff member be restricted or suspended 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, or Policies, or the *Public Hospitals Act* or any other relevant law.
- (b) Before making a recommendation as referred to in Section 13.3(a), an investigation will 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.

13.4 Referral to Medical Advisory Committee for Recommendations

- (a) Following the temporary restriction or suspension of privileges under Section 13.2, 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 under Section 13.3, 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 or Chief Executive Officer 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 shall be set not more than ten days from the time the Medical Advisory Committee receives the written report;
 - (iii) as soon as possible, and in any event, at least 48 hours before 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 13.4(a)(ii) may be extended by:
 - (i) an additional five days in the case of a referral under Section 13.2; or
 - (ii) any number of days in the case of a referral under Section 13.3, 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 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 give written notice of its recommendation within two business days, to the Professional Staff member and to the Board in accordance with the *Public Hospitals Act*.
- (e) The written notice shall inform the member that they are entitled to:
 - (i) written reasons for the recommendation if a request is received by the Medical Advisory Committee within seven days of the member's receipt of the 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 days of the receipt by the member of the written reasons requested.
- (f) If the member requests written reasons for the recommendation under Section 13.4(e)(i), the Medical Advisory Committee shall provide the written reasons to the member within 48 hours of receipt of the request.

14. BOARD HEARING

14.1 Board Hearing

- (a) A Board hearing 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 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 shall 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 days of the date the member requests the hearing under Section 14.1(a). In the case of non-immediate suspension or revocation of

privileges, or refusal of appointment, subject to Section 14.1(d), the Board hearing shall be held as soon as practicable but not later than 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 shall give written notice of the hearing to the applicant or member and to the Medical Advisory Committee at least five days before the hearing date.
- (f) The notice of the Board hearing shall include:
 - (i) the place and time of the hearing;
 - (ii) the purpose of the hearing;
 - (iii) a statement that the applicant or member and Medical Advisory Committee will be afforded an opportunity to examine before the hearing, any written or documentary evidence that will be produced, or any reports the contents of which will be given in evidence at the hearing;
 - (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 their case;
 - (v) a statement that the Board may extend the time for the hearing 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, before 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 shall not have taken part in any investigation or consideration of the subject matter of the hearing and shall not communicate directly or indirectly in relation to the subject matter of the hearing with any person or with any party or their representative, except upon notice to and an opportunity for all parties to participate. Despite the foregoing, the Board may obtain legal advice.

- (j) The findings of fact of the Board pursuant to a hearing shall be based exclusively on evidence admissible or matters that may be noticed under the *Statutory Powers Procedure Act*.
- (k) No member of the Board shall 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 Board decision shall 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 it, in its discretion, considers relevant.
- (m) A written copy of the Board decision shall 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 shall be deemed that the notice was served on the third day after the day of mailing unless the person to be served establishes that they did not, acting in good faith, through absence, accident, illness, or other causes beyond their control, receive it until a later date.
- (o) A panel of the Board may hold a Board hearing under this Article provided that:
 - (i) the panel shall be comprised of not fewer than five elected Directors; and (ii) the panel's quorum shall be not fewer than five elected Directors. All decisions of the panel shall require a majority vote and, in the event of a tie, the chair of the panel shall have a casting vote to break the tie. Where the panel commences a hearing and a panel member becomes unable to continue to act, the remaining Directors on the panel may complete the hearing notwithstanding the panel member's absence, provided that the quorum requirements continue to be met. Any decision of the panel shall be deemed for all purposes to be the decision of the Board.

15. PROFESSIONAL STAFF GROUPS

- (a) The Professional Staff shall be divided into the following groups:
 - (i) Associate;
 - (ii) Active;
 - (iii) Regional Affiliate;
 - (iv) Courtesy;
 - (v) Locum Tenens;

- (vi) Term; and
 - (vii) any other groups as may be determined by the Board from time to time having given consideration to the recommendation of the Medical Advisory Committee.
- (b) The Dental Staff and Extended Class Nursing Staff belong to the Courtesy Staff group.

16. 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 16(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 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.
- (e) 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.
- (f) Within one year of the appointment to the Associate Staff, the Professional Staff member shall be reviewed by the Credentials Committee which shall report to the Medical Advisory Committee.
- (g) If a report made under Section 16(e) 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) 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.
- (h) Membership in the Associate Staff category shall not exceed two years.

17. ACTIVE STAFF

- (a) The Active Staff shall consist of those Physicians, Dentists, Midwives, and Registered Nurses in the Extended Class, who have been appointed to the Active Staff by the Board, following a period of Associate Staff membership as provided for in this By-law or pursuant to Section 16(b).
- (b) Active Staff members shall have admitting privileges unless otherwise specified in their appointment to the Professional Staff.
- (c) Active Staff members who are Physicians shall be eligible to vote at Professional Staff meetings and to hold office.
- (d) Each Active Staff member 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 supervisor of a Professional Staff member as and when requested by the Chief of Staff or the Chief of the Department;
 - (iii) assume on-call responsibilities as determined by the Chief of the Department to which the member has been assigned; and
 - (iv) consider other duties as may be prescribed by the Medical Advisory Committee or as prescribed by the Chief of Staff or Chief of the relevant Department from time to time.

18. REGIONAL AFFILIATE

- (a) The Board may appoint to the Regional Affiliate Staff an applicant who has privileges at another hospital and requires privileges at the Hospital so as to fully participate in an approved regional program.
- (b) A Regional Affiliate Staff member 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) assume on-call responsibilities as determined by the Chief of the Department to which the member has been assigned.

19. 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;
 - (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 Department meetings but unless the Board so requires shall not be subject to attendance requirements.
- (c) Members of the Courtesy Staff shall not hold a Hospital leadership position except for the position of Head Dentist and Head Midwife, and shall not be eligible for appointment to the Medical Advisory Committee or one of its subcommittees.

20. LOCUM TENENS

- (a) A Professional Staff member may request the appointment of a locum tenens as a planned replacement for themselves for a specified period of time.
- (b) Notwithstanding any other provision in this By-law, the Chief Executive Officer, after consultation with the Chief of Staff, may:
 - (i) grant Locum Tenens Staff privileges to an applicant provided that such privileges shall not extend beyond the date of the next Medical Advisory Committee meeting 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 Board meeting 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 12 months of privileges, work under the supervision of an Active Staff member who has been assigned this responsibility by the Chief of Staff; 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 locum

tenens has been assigned including admitting and on-call responsibilities, where applicable.

21. 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 year. The specific clinical need shall be identified by the Medical Advisory Committee, approved by the Chief Executive Officer, 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 12 months of privileges, a Term Staff member shall work under the supervision of an Active Staff member named by the Chief of the Department to which the Term Staff member has been assigned.

22. 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 professional service.
- (b) Notwithstanding any other provision in this By-law, the Chief Executive Officer, after consultation with the Chief of Staff, may:
 - (i) grant a temporary appointment and temporary privileges to a physician, dentist, midwife, or registered nurses in the extended class who is not a current member of the Professional Staff provided that such appointment shall not extend beyond the date of the next Medical Advisory Committee meeting at which time the action taken shall be reported and reviewed by the Medical Advisory Committee;
 - (ii) after considering the recommendation of the Medical Advisory Committee may continue the temporary appointment until the next Board meeting at which time the actions taken shall be reported and acted upon as required;

- (iii) revoke a temporary appointment at any time before any action by the Board.
- (c) A temporary appointment does not provide privileges to admit Patients.

PART III – PROFESSIONAL STAFF DUTIES

23. 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;
 - (ii) notify the Chief Executive Officer of any change by the College in their licence to practise medicine, dentistry, midwifery, or nursing;
 - (iii) forthwith advise the Chief of Staff and Chief of Department of the commencement of any College investigation or disciplinary proceeding, proceeding to restrict or suspend privileges at another hospital, or malpractice action;
 - (iv) give such instruction as is required for the education of other members of the Professional and Hospital staff;
 - (v) abide by the Rules and Policies, this By-law, the *Public Hospitals Act*, and all other legislated requirements;
 - (vi) co-operate with the Chief of Staff, the Medical Advisory Committee, the Chief of the relevant Department, and the Chief Executive Officer; 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, or the Chief of Staff.

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 recommendation of a Selection Committee, which in turn shall seek the recommendation 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 members of the Medical Advisory Committee, one of whom shall be the President of the Professional Staff;
 - (iv) the Chief Nursing Executive;
 - (v) the Chief Executive Officer; 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 renewable term of up to three 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 an *ex officio* non-voting member of the Board and be accountable to the Board;
- (b) notify the Chief Executive Officer if they shall be absent and designate an interim Chief of Staff during the absence;
- (c) organize and supervise the Professional Staff to ensure that the quality of care they provide to Patients is in accordance with the Rules and Policies;
- (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 diagnosis, care, and treatment provided to Patients;
- (f) report regularly to the Board and Professional 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 Professional Staff member:
 - (i) to supervise the practice of any other Professional Staff member for any period of time; and
 - (ii) to make a written report to the Chief of Staff and the Chief of the Department regarding the supervision of the Professional Staff member.

- (h) assign, or delegate the assignment of, a Professional Staff member to discuss in detail with any other Professional Staff member 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 relevant Department;
- (i) supervise the care provided by all Professional Staff members and this may include viewing any procedure performed by a Professional Staff member 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 Corporation'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 Rules and Policies;
- (t) delegate appropriate responsibility to the Chiefs of Department; and
- (u) be an *ex officio* member of all subcommittees reporting to the Medical Advisory Committee.

PART IV - MEDICAL ADVISORY COMMITTEE

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 Professional Staff;
 - (iv) the Vice-President of the Professional Staff;
 - (v) the Secretary of the Professional Staff;
 - (vi) the Heads of Service;
 - (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 recommendation of the Medical Advisory Committee.
- (b) The Medical Advisory 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 Professional Staff member;
 - (3) this By-law and the Rules and Policies respecting the Medical Staff, Dental Staff, Midwifery Staff, and Extended Class Nursing Staff;
 - (4) the revocation of appointment, or the restriction or suspension of privileges of any Professional Staff member; and
 - (5) the quality of care provided in the Hospital by the Professional Staff;

- (ii) supervise the clinical practice of medicine, dentistry, midwifery, and extended class nursing in the Hospital;
- (iii) appoint the Professional Staff members of all subcommittees established under Section 27;
- (iv) receive reports of the subcommittees of the Medical Advisory Committee;
- (v) approve the Professional Staff Resources Plan;
- (vi) advise the Board on any matters that the Board refers to the Medical Advisory Committee; and
- (vii) 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*, 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

27.1 Medical Advisory Committee Subcommittees

- (a) The Board may, on the recommendation of the Medical Advisory Committee, establish one or more 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 the by-laws of the Hospital.
- (b) The terms of reference and composition for any 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 subcommittee of the Medical Advisory Committee shall be appointed by the Medical Advisory Committee and other committee members may be appointed by the Board. The Chief of Staff shall be an *ex officio* member of all Medical Advisory Committee subcommittees, shall receive all notices, agendas, and minutes of the Medical Advisory Committee subcommittee meetings, and may attend at their discretion.

27.2 Quorum for Medical Advisory Committee and Subcommittee Meeting

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

PART IV - DEPARTMENTS

28. DEPARTMENT

- (a) The Professional Staff may be organized into such Departments as may be approved by the Board from time to time.
- (b) Each Professional Staff member shall be appointed to a minimum of one Department. Appointment may extend to one or more Departments.
- (c) The Board, after considering the recommendation of the Medical Advisory Committee, at any time, may establish or disband Departments.
- (d) Each Professional Staff member in the Active and Associate Staff groups, and other staff groups where required, shall attend at least 70 per cent of the meetings of the Department of which he or she is a member. Failure by a Department member to attend the expected number of Department meetings in any calendar year shall be reported to the Medical Advisory Committee.

29. CHIEF OF DEPARTMENT

- (a) The Board shall appoint a Physician from the Department as Chief of Department, after considering 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 shall be for a term up to three 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.

30. 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 Professional Staff members 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 Corporation's strategic plan following consultation with the Professional Staff member 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 Professional Staff members of the Department and make recommendations to the Credentials Committee, 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 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;
- (r) delegate appropriate responsibility to the Heads of Services within the Department; and
- (s) perform such additional duties as may be outlined in the Chief of Department position description approved by the Board or as set out in the Rules or as assigned by the Board, the Chief of Staff, the Medical Advisory Committee, or the Chief Executive Officer from time to time.

31. SERVICES IN A DEPARTMENT

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

32. HEADS OF SERVICE

- (a) When services are established under a Department, the Board, on the recommendation 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 members 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 years, but the Head of Service shall hold office until a successor is appointed.
- (c) The Board may at any time revoke or suspend the appointment of a Head of Service.

PART V – MEETINGS – PROFESSIONAL STAFF

33. MEETINGS – PROFESSIONAL STAFF

- (a) The Professional Staff shall hold at least four regular meetings in each year, one of which shall be annual meeting.
- (b) The President of the Professional Staff may call a special meeting of the Professional Staff.
- (c) The President of the Professional Staff shall call a special meeting on the written request of any seven members of the Active Staff.
- (d) A notice shall be given to the Professional Staff ten days before an annual meeting and five days before a regular or special meeting.

- (e) The notice period required for a special meeting shall be waived in cases of emergency, subject to ratification of the waiver by the majority of those members present and voting at the meeting as the first item of business at the meeting.

34. QUORUM

A total of 15 Professional Staff members entitled to vote and present in person shall constitute a quorum at any annual, regular or special meeting of the Professional Staff.

35. ATTENDANCE AT REGULAR STAFF MEETINGS

Each Physician member of the Active Staff and Associate Staff shall attend at least 50 per cent of the regular Professional Staff meetings.

36. ATTENDANCE BY DENTAL STAFF, MIDWIFERY STAFF AND EXTENDED CLASS NURSING STAFF AT PROFESSIONAL STAFF MEETINGS

Dental Staff, Midwifery Staff, and Extended Class Nursing Staff members may attend Professional Staff meetings but shall not be eligible to vote or hold office.

PART VI - MEDICAL STAFF ELECTED OFFICERS

37. ELIGIBILITY FOR OFFICE

- (a) Only members of the Active Medical Staff may be elected or appointed to the office of:
 - (i) President of Professional Staff;
 - (ii) Vice President; and
 - (iii) Secretary/Treasurer.
- (b) The term of office for each position is until replaced at an annual meeting.

38. ELECTION PROCEDURE

- (a) At least 90 days before the annual meeting of the Professional Staff, a nominating committee comprised of the outgoing President and two past Presidents, or failing that, two other members of the Active Medical Staff, shall be appointed by the Medical Staff.
- (b) At least thirty 30 days before the annual meeting of the Professional 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 Professional Staff that are to be filled by election in accordance with this By-law and the Regulations under the *Public Hospitals Act*.

- (c) Any further nominations shall be made in writing to the Secretary of the Professional Staff within 14 days after the posting of the names referred to in Section 38(b).
- (d) Further nominations referred to in Section 38(c) shall be signed by two 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 38(b).
- (f) Elections to Professional Staff offices shall be held each year at the annual meeting of the Professional Staff held in the month of June, except where rescheduled for extenuating circumstances.
- (g) Professional Staff Officers elected at the annual meeting shall assume their duties immediately after the conclusion of the annual meeting.

39. DUTIES OF THE PRESIDENT

The President of the Professional Staff shall:

- (a) be an *ex officio*, non-voting member of the Board;
- (b) be an *ex officio* member of the Medical Advisory Committee;
- (c) report to the Medical Advisory Committee and the Board on any issues raised by the Professional Staff;
- (d) be accountable to the Professional Staff and advocate fair process in the treatment of its individual members;
- (e) preside at all meetings of the Professional Staff;
- (f) call special meetings of the Professional Staff;
- (g) act as a liaison between the Professional Staff, the Chief Executive Officer, and the Board with respect to matters concerning the Professional Staff;
- (h) be an *ex officio* member of the Joint Conference Committee and Governance and Quality Committee;
- (i) be an ex-officio member, or delegate the Vice-President or Secretary-Treasurer to be a member, of the Finance/HR Committee; and
- (j) be an *ex officio* member of the Credentials Committee.

40. DUTIES OF THE VICE-PRESIDENT

The Vice-President of the Professional Staff shall:

- (a) act in the place of the President of the Professional Staff, and perform their duties and possess their powers, in the absence or disability of the President;
- (b) perform such duties as the President of the Professional Staff may delegate;
- (c) be an *ex officio* member of the Medical Advisory Committee; and
- (d) be an *ex officio* non-voting member of the Board.

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

The Secretary/Treasurer of the Professional Staff shall:

- (a) be an *ex officio* member of the Medical Advisory Committee;
- (b) attend to the correspondence of the Professional Staff;
- (c) ensure notice is given and minutes are kept of Professional Staff meetings;
- (d) maintain attendance records from Professional Staff meetings and make them available to the Medical Advisory Committee;
- (e) act in the place of the Vice-President of the Professional Staff, and perform their duties and possess their powers in the absence or disability of the Vice-President except for those described in 40(d);
- (f) keep the funds of the Professional Staff in a safe manner and be accountable therefor; and
- (g) disburse the funds at the direction of the Professional Staff as determined by a majority vote of the Professional Staff members present and entitled to vote at a Professional Staff meeting.

PART VIII - **RULES AND POLICIES**

42. RULES

The Board, after consulting with the Professional Staff Association and considering the recommendation of the Medical Advisory Committee, may make Rules as it deems necessary, including rules for Patient care and safety and the conduct of members of the Medical Staff, Dental Staff, Midwifery Staff, and Extended Class Nursing Staff.

43. POLICIES

The Board, after 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 that are consistent with Rules and support the implementation of the Rules.

PART IX - **AMENDMENTS TO THIS BY-LAW**

44. 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(s) shall be made available for review by the Professional Staff;
- (b) the Professional Staff shall be afforded an opportunity to comment on the proposed amendment(s); and
- (c) the Medical Advisory Committee may make recommendations to the Board concerning the proposed amendment(s).

45. AMENDMENTS TO THE BY-LAW APPENDICES

The Board, after considering the recommendation of the Medical Advisory Committee, shall pass amendments to the appendices to this By-law, as determined appropriate, and the appendices shall not be subject to the approval process applicable to the Corporation's by-laws.

46. REPEAL AND RESTATEMENT

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

June 2007, Revised June 2009, June 2012, March 2019