

PART 2- PROFESSIONAL STAFF
TILLSONBURG DISTRICT MEMORIAL HOSPITAL
TABLE OF CONTENTS

ARTICLE 1 THE APPOINTED PROFESSIONAL STAFF BY-LAW1
 1.01 The Professional Staff By-Law.....1
ARTICLE 2 PURPOSE OF THE APPOINTED PROFESSIONAL STAFF BY-LAW1
 2.01 Purpose of the Professional Staff By-Law:.....1
ARTICLE 3 PURPOSE OF THE MEDICAL STAFF ORGANIZATION1
 3.01 Purpose of the Medical Staff Organization.....1
ARTICLE 4 RULES AND REGULATIONS2
 4.01 Rules and Regulations.....2
ARTICLE 5 PROFESSIONAL STAFF RESOURCE PLAN2
 5.01 Professional Staff Resource Plan2
ARTICLE 6 APPOINTMENT OF PROFESSIONAL STAFF3
 6.01 Appointment of Professional Staff.....3
ARTICLE 7 APPOINTMENT TO PROFESSIONAL STAFF3
 7.01 Appointment to Professional Staff.....3
ARTICLE 8 REAPPOINTMENT4
 8.01 Reappointment to Professional Staff.....4
 8.02 Refusal to Re-Appoint4
ARTICLE 9 REVOCATION OR SUSPENSION OF APPOINTMENT TO THE APPOINTED
PROFESSIONAL STAFF4
 9.01 Revocation or Suspension of Appointment to the Professional Staff.....4
ARTICLE 10 CHANGE OF PRIVILEGES.....5
 10.01 Application for Changes to Privileges5
ARTICLE 11 MID-TERM ACTION.....5
 11.01 Mid-Term Action Regarding Revocation/Suspension/Restriction of Privileges5
ARTICLE 12 CATEGORIES OF THE PROFESSIONAL STAFF6
 12.01 Professional Staff Categories6
 12.02 Active Staff6
 12.03 Associate Staff.....7
 12.04 Modified Active Staff.....8
 12.05 Locum Tenens.....9

12.06 Temporary Staff.....	<u>10</u>
12.07 Term Staff.....	<u>10</u>
12.08 Care Provider Access Staff.....	<u>11</u>
ARTICLE 13 PROFESSIONAL STAFF DUTIES	<u>12</u>
13.01 General Duties.....	<u>12</u>
13.02 Individual and Collective Duties and Responsibilities.....	<u>12</u>
ARTICLE 14 CHIEF OF STAFF	<u>13</u>
14.01 Appointment	<u>13</u>
14.02 Selection Committee	<u>13</u>
14.03 Term of Office.....	<u>13</u>
14.04 Role of the Chief of Staff.....	<u>13</u>
14.05 Duties of the Chief of Staff.....	<u>14</u>
14.06 Appointment of the Deputy Chief of Staff.....	<u>14</u>
ARTICLE 15 PROFESSIONAL STAFF DEPARTMENTS	<u>14</u>
15.01 Professional Staff Departments	<u>14</u>
ARTICLE 16 CHIEFS OF DEPARTMENT.....	<u>15</u>
16.01 Appointment of Chief of Department.....	<u>15</u>
16.02 Duties of Chief of Department.....	<u>15</u>
16.03 Performance Evaluation of Chiefs of Department	<u>16</u>
ARTICLE 17 MEETINGS OF THE MEDICAL STAFF ASSOCIATION	<u>17</u>
17.01 Annual Meeting of the Medical Staff Association	<u>17</u>
17.02 Regular Meetings of the Medical Staff Association	<u>17</u>
17.03 Special Meetings of the Medical Staff Association	<u>17</u>
17.04 Quorum	<u>18</u>
17.05 Attendance	<u>18</u>
ARTICLE 18 MEDICAL STAFF ELECTED OFFICERS.....	<u>18</u>
18.01 Officers of the Medical Staff.....	<u>18</u>
18.02 Duties of the President of the Medical Staff	<u>18</u>
18.03 Duties of the Vice-President of the Medical Staff	<u>19</u>
18.04 Duties of the Secretary-Treasurer of the Medical Staff.....	<u>19</u>
18.05 Vacancies.....	<u>20</u>
ARTICLE 19 MEDICAL ADVISORY COMMITTEE.....	<u>20</u>
19.0 Organization of the Medical Advisory Committee.....	<u>20</u>
19.02 Duties of the Medical Advisory Committee.....	<u>20</u>
19.03 Executive Committee of the Medical Advisory	<u>21</u>
ARTICLE 20 PROFESSIONAL STAFF COMMITTEES.....	<u>22</u>
20.01 Professional Staff Committees	<u>22</u>
ARTICLE 21 AMENDMENTS TO THE PROFESSIONAL STAFF BY-LAW.....	<u>22</u>
21.01 Amendments to the Professional Staff By-Law	<u>22</u>

SCHEDULE A – RESPONSIBILITIES OF THE BOARD (as per the AHI Corporate Bylaws)

SCHEDULE B – PROCEDURE REGARDING REAPPOINTMENTS, REQUESTS FOR CHANGES IN PRIVILEGES AND MID-TERM ACTION

PART II – APPOINTED PROFESSIONAL STAFF BY-LAW

ARTICLE 1

THE APPOINTED PROFESSIONAL STAFF BY-LAW

1.01 The Professional Staff By-Law

This By-Law shall:

- (a) govern the appointment, organization, duties and responsibilities of the Professional Staff;
- (b) define the relationship and responsibilities of the Professional Staff to the leadership team of the Hospital and the Board; and
- (c) outline how the requirements of the *Public Hospitals Act* and its regulations are put into force.

ARTICLE 2

PURPOSE OF THE APPOINTED PROFESSIONAL STAFF BY-LAW

2.01 Purpose of the Professional Staff By-Law:

The purposes of the Professional Staff By-Law are to:

- (a) outline clearly and succinctly the purposes and functions of the Professional Staff;
- (b) identify specific departments, committees, etc. necessary to allocate the work of carrying out those functions;
- (c) designate a process for the selection of officials of the Professional Staff, including the Chief of Staff and Chief of Departments;
- (d) assign responsibility, define authority, and describe the manner of accountability to the Board of all officials, organizational units and each member of the Professional Staff for patient care, and for professional and ethical conduct;
- (e) maintain and support the rights and privileges of the Professional Staff as provided herein; and
- (f) identify a professional staff organization with responsibility, authority and accountability so as to ensure that each Professional Staff member conducts him/herself in a manner consistent with the requirements of the *Public Hospitals Act* and its regulations, this By-Law and such rules and regulations, or any amendments thereto, which become effective when approved by the Board.

ARTICLE 3

PURPOSE OF THE PROFESSIONAL STAFF ORGANIZATION

3.01 Purpose of the Medical Staff Organization

The purposes of the Medical Staff Organization, in addition to fulfilling the responsibilities established by the Laws of the Province of Ontario and this By-Law, are to:

- (a) provide a structure whereby the members of the Professional Staff participate in the Hospital's planning, policy setting, and decision making;
- (b) serve as a quality assurance system for medical care rendered to patients by the Hospital's Professional Staff and to ensure the continuing improvement of the quality of professional care;
- (c) provide a structure and process to ensure that all patients have access to medical care; and
- (d) Facilitate the best possible environment for learning.

ARTICLE 4

RULES AND REGULATIONS

4.01 Rules and Regulations

- (a) The Medical Advisory Committee shall make Rules and Regulations, as well as corresponding policies and procedures, as it deems necessary for patient care, and the conduct of members of the Professional Staff, consistent with the mission of the Hospital.
- (b) Such Rules and Regulations, or any amendments thereto, will become effective when recommended by the Medical Advisory Committee, and approved by the Board.

ARTICLE 5

PROFESSIONAL STAFF RESOURCE PLAN

5.01 Professional Staff Resource Plan

- (a) The Medical Advisory Committee with the advice of the Administration of the Hospital will recommend to the Board for approval, on an annual basis, a Professional Staff Resource Plan for each department of the Professional Staff.
- (b) This plan will be consistent with the strategic directions of the Hospital as established by the Board, and the *Public Hospitals Act*, Section 44(2) regarding cessation of services.

- (c) Each department's Professional Staff Resource Plan shall include a recruitment plan, which shall include an Impact Analysis.

ARTICLE 6

APPOINTMENT OF PROFESSIONAL STAFF

6.01 Appointment of Professional Staff

- (a) An application for appointment to the Professional Staff will be processed in accordance with the provisions of the *Public Hospitals Act*, these By-laws and the Hospital's Comprehensive Appointment and Credentialing policy;
- (b) The Board shall appoint annually all Professional Staff for the Hospital;
- (c) The Board shall establish from time to time criteria for appointment to the Professional Staff along with the form of application and reapplication after considering the advice of the Medical Advisory Committee. An application for appointment to the Professional Staff shall be processed in accordance with the Hospital's Comprehensive Appointment and Credentialing Policy;
- (d) In addition to any other provisions of the By-Law, the Board may refuse to appoint any applicant to the Professional Staff on any of the following grounds:
 - (i) upon initial appointment only, the Professional Staff Resource Plan of the Hospital and/or Department does not demonstrate sufficient resources to accommodate the applicant; and/or
 - (ii) the appointment is not consistent with the Professional Staff Resource Plan of the Department.
- (e) Where the Board determines that the Hospital shall cease to provide a service or the Minister of Health and Long-Term Care directs the Hospital to cease to provide a service, the Board may:
 - (i) refuse the application of a member for appointment or reappointment to the Professional Staff;
 - (ii) revoke the appointment of any member; and
 - (iii) cancel or substantially alter the privileges of any member as long as such determination relates to the termination of the service.

ARTICLE 7

APPOINTMENT TO PROFESSIONAL STAFF

7.01 Appointment to Professional Staff

- (a) Subject to revocation by the Board, except in respect of Term appointments, all appointments to the Professional Staff shall be for a period of twelve (12) months

or for such shorter period of time as the Board may determine and appointments shall continue where a member of the Professional Staff has reapplied for appointment during the then current appointment period, until the Board has made the appointment for the ensuing year.

ARTICLE 8

REAPPOINTMENT

(I)

8.01 Refusal to Re-Appoint

- (a) Pursuant to the *Public Hospitals Act* the Board may refuse to reappoint a member of the Professional Staff.
- (b) Where a member has applied for re-appointment, his or her appointment shall be deemed to continue,
 - (i) until the re-appointment is granted; or
 - (ii) where he or she is served with notice that Board refuses to grant the re-appointment, until the time for giving notice requiring a hearing by the Health Professions Appeal and review Board has expired and, where a hearing is required, until the decision of the Health Professions Appeal and Review Board has become final.

ARTICLE 9

REVOCATION OR SUSPENSION OF APPOINTMENT TO THE APPOINTED

PROFESSIONAL STAFF

9.01 Revocation or Suspension of Appointment to the Professional Staff

- (a) Pursuant to the *Public Hospitals Act*, the Board may, at any time, revoke or suspend any appointment of a member of the Professional Staff. Where the Board revokes, suspends or places conditions on the appointment of a member of the Professional Staff at a time other than the annual reappointment to the Professional Staff, the Board will follow the procedure for Mid-Term Action respecting privileges, as identified in Schedule B of this By-Law as well as the procedure outlined in the Hospital's Comprehensive Appointment and Credentialing policy.

ARTICLE 10

CHANGE OF PRIVILEGES

10.01 Application for Changes to Privileges

- (a) Any change of privileges requested by a member of the Professional Staff shall be processed in accordance with the Hospital's Comprehensive Appointment and Credentialing Policy.
- (b) The Medical Advisory Committee and the Credentialing Committee is entitled to request any additional information or evidence that it deems necessary for consideration of the application for change in privileges.

ARTICLE 11

MID-TERM ACTION

11.01 Mid-Term Action Regarding Revocation/Suspension/Restriction of Privileges

- (a) *Suspension/Revocation of Privileges* - In circumstances where there are concerns about the conduct, performance or competence of a member of the Professional Staff, the Board may, at any time, in a manner consistent with the *Public Hospitals Act* and in accordance with the regulations thereunder, this By-Law, the Rules and Regulations of the Professional Staff, and policies of the Hospital, revoke or suspend any appointment of a member of the Professional Staff or revoke, suspend or restrict or otherwise deal with the Privileges of the member.
- (b) *Immediate Action In Emergency Situations* - In circumstances where, in the opinion of the President & CEO, Chief of Staff or the Chief of the relevant clinical Department, the conduct, performance or competence of a member of the Professional Staff exposes or is reasonably likely to expose Patient(s) or Staff to harm or injury and immediate action must be taken to protect the Patient(s) or Staff, and no less restrictive measure can be taken, the President & CEO, Chief of Staff or Chief of the Department will take action. Such may require immediate and temporary suspension of the Privileges of the member of the Professional Staff with immediate notice to be given by the person taking action to the President & CEO, the Chief of Staff, the Chief of the Department and the President of the Professional Association, pending the consideration of the suspension by the MAC and the Board in keeping with the procedures outlined in Schedule B of this By-Law, respecting Mid-Term Action in an Emergency Situation.
- (c) *Non-Immediate Mid-Term Action* - In circumstances where, in the opinion of the Chief of the relevant clinical Department, the conduct, performance or competence of a member of the Professional Staff:
 - (i) fails to comply with the criteria for annual reappointment;
 - (ii) exposes or is reasonably likely to expose Patient(s) or Staff to harm or injury;
 - (iii) is, or is reasonably likely to be, detrimental to Patient(s) or Staff safety or to the delivery of quality Patient care within the Hospital;
 - (iv) results in the imposition of sanctions by the professional college;
 - (v) constitutes abuse; or

- (vi) is, or is reasonably likely to be, detrimental to the operations of the Hospital,
- (vii) and if immediate action is not required to be taken, action may be initiated in keeping with the procedures in Schedule B of this By-Law, respecting Non-Immediate Mid-Term Action.

ARTICLE 12

CATEGORIES OF THE PROFESSIONAL STAFF

12.01 Professional Staff Categories

- (a) The responsibilities of the Hospital for patient care make it necessary and appropriate to divide the Professional Staff into several different categories and to determine certain limitations on eligibility for appointments and privileges. The categories established are:
 - (i) Active;
 - (ii) Associate;
 - (iii) Modified Active;
 - (iv) Locum tenens;
 - (v) Temporary;
 - (vi) Term;
 - (vii) Care Provider Access; and
 - (viii) Other such categories as may be determined by the Board from time to time having given consideration to the recommendation of the Medical Advisory Committee.
- (b) Appointments to these categories will be consistent with the established Resource Plan and will be subject to completion of an Impact Analysis when appropriate.

12.02 Active Staff

- (a) Members of the Active Staff shall:
 - (i) consist of applicants who are under the age of 70 and have been appointed as active Professional Staff by the Board and who are responsible for ensuring that an acceptable standard of professional care is provided to patients under their care;
 - (ii) have completed a prerequisite of at least one (1) year on the Associate Staff unless, in respect of any particular member, a waiver of such requirement is consented to by the Board;
 - (iii) recommended by the Medical Advisory Committee and approved by the Board;

- (iv) undertake such clinical, and administrative duties and responsibilities as outlined in this By-Law and as determined by the Chief of Staff or Chief of Department;
- (v) participate on such "on-call" schedules and provide coverage for patients of the hospital as reasonably required;
- (vi) be granted admitting and specific procedural privileges as approved by the Board having given consideration to the recommendation of the Medical Advisory Committee;
- (vii) be eligible for annual reappointment as provided in this By-Law;
- (viii) attend and vote at meetings of the Professional Staff Association and may be an officer of the Professional Staff;
- (ix) be bound by the expectations for attendance, as established by the Medical Advisory Committee, at Professional Staff and Department meetings, where eligible; and
- (x) perform such other duties as may be prescribed by the Medical Advisory Committee from time to time.

12.03 Associate Staff

- (a) Applicants, who are applying for appointment to the Active Staff, subject otherwise to the determination of the Board, will be assigned to the Associate Staff for a period of at least one (1) year and will not extend beyond two (2) years.
- (b) An Associate Staff member shall:
 - (i) be granted admitting and specific procedural privileges as approved by the Board having given consideration to the recommendation of the Medical Advisory Committee;
 - (ii) undertake such clinical, and administrative duties and responsibilities as outlined in this By-Law and as determined by the Chief of Staff and Chief of Department;
 - (iii) work with the counsel and under the supervision of the Chief of Department or delegated Active Staff member;
 - (iv) be bound by the expectations for attendance at Medical Staff and Department meetings as set out in section 17.05(b);
 - (v) not vote at Professional Staff Association meetings nor be elected a Professional Staff Officer, but may be appointed to a committee of the Professional Staff;
 - (vi) participate in a six (6) month performance review by the Chief of Department from the Active Staff; and
 - (vii) perform such other duties as may be prescribed by the Medical Advisory Committee from time to time.

- (c) In preparation for the renewal of appointment, the Chief of Department will make a written report to the Medical Advisory Committee, including comments on:
 - (i) the nature and quality of the Professional Staff member's clinical performance;
 - (ii) the use of Hospital resources; and
 - (iii) the ability to function in conjunction with the other members of the Hospital's staff.
- (d) At any time, a well-funded unfavourable report may cause the Medical Advisory Committee to consider making a recommendation to the Board that the appointment of the Associate Staff member be terminated.
- (e) After one (1) year, the appointment of a physician to the Associate Staff will be reviewed by the Medical Advisory Committee. The Medical Advisory Committee will recommend to the Board either a change in category, continuation in the Associate Staff category for a further period of time not to exceed an additional one (1) year of practice, or denial of reappointment.

12.04 Modified Active Staff

- (a) The Modified Active Staff category has been created by the Board to allow the Hospital to as required by its Professional Staff Human Resources Plan, approve privileges for:
 - (i) members of the Professional Staff who have a current appointment to the Active Staff, and who with the agreement of the Chief of the Department, reduce their Departmental responsibilities and function within a reduced scope of practice and services in their initial offer of appointment, or in their most recent reappointment provided that reduction in Departmental responsibilities and function within a reduced scope of practice can be accommodated by the Hospital and Department; and/or
 - (ii) members of the Professional Staff who are no longer eligible for appointment to active staff and who have training, experience and qualifications which are not otherwise represented in the Department and where the Hospital is unable to attract an applicant with like skills training and experiences and the failure to appoint the applicant to the Modified Staff category would be prejudicial to the health and welfare of members of the community.
- (b) The Board's responsibility to ensure a succession plan for members of its Professional Staff may require that from time to time a Modified Active Staff member's privileges may be further reduced, revoked or not renewed in favour of granting privileges to a new or existing Active Staff member. Notice, in advance of the next reappointment cycle, will be given to the Modified Active Staff member if his/her privileges will be altered. Role and access to Hospital resources will be based on need and availability of Hospital resources.
- (c) Members of the Modified Active Staff:

- (i) shall consist of those members appointed from time to time by the Board, who have reduced their Departmental responsibilities and function within a reduced scope of practice agreed upon by Chief of the Department and Chief of Staff and maintain clinical and academic activities within the corporation; and/or, are over the age of 70;
- (ii) shall be bound by the performance expectations for reappointment as outlined in the Hospital's Comprehensive Appointment and Credentialing Policy;
- (iii) shall be granted privileges as approved by the Board having given consideration to the recommendation of the Chief of Department and the Medical Advisory Committee;
- (iv) shall be granted in-patient admitting privileges and/or out-patient registration privileges, unless otherwise specified in their appointment to the Professional Staff;
- (v) shall be eligible to apply for annual reappointment;
- (vi) shall be eligible to attend and vote at meetings of the Medical Staff Association; and
- (vii) shall be bound by the expectations for attendance at Medical Staff Association and Department meetings.

12.05 Locum Tenens

- (a) The Medical Advisory Committee upon request of a member of the Active Staff and approval of the Chief of Department, may recommend the appointment of a Locum Tenens as a planned replacement for such member for a specified period of time.
- (b) The credentials of each Locum Tenens shall be reviewed by the Medical Advisory Committee
- (c) A Locum Tenens, subject to Board approval, shall:
 - (i) have admitting privileges unless otherwise specified;
 - (ii) work under the counsel and supervision of the member of the Active Staff who has been assigned this responsibility by the Chief of Department or his or her delegate;
 - (iii) attend Patients assigned to his or her care by the Active Staff member by whom he or she is supervised, and shall treat such patients 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 Department or Chief of Staff, or by the medical supervisor to whom he or she has been assigned.

12.06 Temporary Staff

- (a) The Board may grant temporary privileges to the Professional Staff 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 President & CEO, after consultation with the Chief of Staff or his or her delegate, may:
 - (i) grant temporary privileges to a Physician, Dentist, Midwife or Extended Class Nursing Staff who is not a member of the Professional Staff provided 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;
 - (ii) continue the temporary privileges on the recommendation of the Medical Advisory Committee until the next meeting of the Board; and
 - (iii) remove temporary privileges at any time prior to any action by the Board.
- (c) Temporary privileges may include the right to admit to the care of a Professional Staff member with admitting privileges.

12.07 Term Staff

- (a) Term Staff will consist of applicants who have been granted admitting and/or specific procedural privileges as approved by the Board having given consideration to the recommendation of the Medical Advisory Committee in order to meet a specific clinical need for a defined period of time.
- (b) The specific, clinical need(s) shall be identified by the Medical Advisory Committee and approved by the President & CEO of the Hospital.
- (c) Appointments shall be for a period not to exceed one (1) year and such appointment does not imply or provide for any continuing or renewed Professional Staff appointment but a member of the Term Staff may make application for further Term Staff appointment(s) without limitation. Term Staff who make application for a further Term Staff appointment following an initial Term Appointment may be subject to an abbreviated credentialing process as from time to time established by policy.
- (d) Term staff:
 - (i) may be required to work under the supervision of an Active Staff member;
 - (ii) may be required to undergo a probationary period as appropriate;
 - (iii) shall, if replacing another member of the Professional Staff, attend that Professional Staff member's patient;
 - (iv) shall undertake such duties in respect of those patients classed as emergency cases and of out-patient clinics as may be specified;

- (v) shall, unless otherwise specified in the granting of privileges by the Board, have admitting privileges.
- (e) Term Staff, subject to determination by the Board in each individual case, shall not:
 - (i) be eligible for reappointment;
 - (ii) attend or vote at meetings of the Professional Staff Association or be an officer of the Professional Staff; and
 - (iii) be bound by the expectations for attendance at Professional Staff Association and Department meetings.

12.08 Care Provider Access Staff

- (a) The Care Provider Access Staff shall consist of appointed members of the Professional Staff who have access to the Hospital's clinical records, without privileges to treat patients.
- (b) An applicant may be granted an appointment to the Care Provider Access Staff where:
 - (i) the applicant has privileges at another hospital or practices within the Ontario Health South West; and
 - (ii) the Hospital wishes to grant the applicant access to the Personal Health Information of a Patient of the Hospital.
- (c) The circumstances leading to an appointment under this section shall be specified by the applicant on each application for reappointment.
- (d) Care Provider Access Staff shall not be eligible to:
 - (i) admit, treat or write orders for Patients;
 - (ii) vote at Professional Staff Association meetings;
 - (iii) hold office; or
 - (iv) sit on any Committees.

ARTICLE 13

PROFESSIONAL STAFF DUTIES

13.01 General Duties

- (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 President & CEO.
- (b) Each member of the Professional Staff shall:

- (i) attend and treat patients within the limits of the Privileges granted by the Board, unless the Privileges are otherwise restricted;
- (ii) immediately notify the President & CEO, Chief of Staff or Chief of Department of any change in his/her license to professional practice made by the member's relevant college or any limitation of the practice privileges imposed by the Board of another hospital;
- (iii) give such instruction as is required for the education of other members of the Professional Staff and Hospital staff;
- (iv) abide by the Rules and Regulations of the Professional Staff, the Hospital By-Law, the *Public Hospitals Act* and the Regulations thereunder and all other legislative requirements;
- (v) cooperate with Patients and/or their families or other appropriate persons about their options with respect to tissue and organ transplantation; and
- (vi) perform such other duties
- (vii) as may be prescribed from time to time by, or under the authority of the Board and the Medical Advisory Committee.

13.02 Individual and Collective Duties and Responsibilities

- (a) Individually and collectively members of the Professional Staff, practicing within the jurisdiction of the Hospital, have responsibility to the Board for:
 - (i) ensuring that a high professional standard of care, consistent with the resources available and obligation practices, is provided to Patients under their care;
 - (ii) practicing at the highest professional and ethical practice standards within the limits of the Privileges provided;
 - (iii) maintaining involvement, as a recipient or provider, in continuing medical and interdisciplinary professional education;
 - (iv) providing, maintaining and participating in professional education, clinical health services and outcomes research;
 - (v) promoting evidence-based decision making;
 - (vi) assisting to fulfil the mission of the Hospital through contributing to strategic planning;
 - (vii) recognizing the authority of the Chief of Department, Chief of Staff, Medical Advisory Committee and the Board in all significant issues, clinical or otherwise, arising in the department to which he or she has been assigned;
 - (viii) bringing significant issues within the department to the attention of the Chief of Department and/or Chief of Staff within a reasonable timeframe;

- (ix) contributing to the development of and ensuring compliance with the By-Law and Rules and Regulations of the Professional Staff, and policies of the Hospital; and
- (x) participating in quality and risk management programs and initiatives.

ARTICLE 14

CHIEF OF STAFF

14.01 Appointment

- (a) The Board shall appoint a Physician with Active Staff Privileges to be the Chief of Staff after giving consideration to the recommendations of the Selection Committee, which shall seek the advice of the Medical Advisory Committee.

14.02 Selection Committee

- (a) The membership of a Selection Committee shall include:
 - (i) a Director of the Board who shall be chair,
 - (ii) two members of the Medical Advisory Committee, one of whom shall be an officer of the Professional Staff,
 - (iii) the Chief Nursing Executive,
 - (iv) the President & CEO, or his or her delegates, and
 - (v) such other members as the Board deems advisable.

14.03 Term of Office

- (a) Subject to annual confirmation by the Board, the Chief of Staff will be eligible to serve two consecutive three (3) year terms, but will remain as Chief of Staff at the discretion of the Board until a successor is appointed. The Board shall conduct an annual performance appraisal of the Chief of Staff and in reappointing the Chief of Staff will give consideration to the outcome of the annual performance appraisal.
- (b) The Board may at any time revoke or suspend the appointment of the Chief of Staff.

14.04 Role of the Chief of Staff

- (a) The Chief of Staff shall:
 - (i) provide leadership in the establishment of an interdisciplinary approach to patient and family centred service;
 - (ii) collaborate with representatives of other disciplines to create an environment that promotes commitment to continuous improvement of patient care outcomes;

- (iii) enhance education and research throughout the organization; and
- (iv) champion and participate in organization and development at a strategic and project level.

14.05 Duties of the Chief of Staff

- (a) The Chief of Staff shall have such duties as may be prescribed by the Board in Terms of Reference for the Chief of Staff from time to time.

14.06 Appointment of the Deputy Chief of Staff

- (a) The Board, in consultation with the Chief of Staff, may, as needed, appoint a Physician with Active Staff privileges to be the Deputy Chief of Staff upon the recommendation of the Chief of Staff and after giving consideration to seek the advice of the Medical Advisory Committee. Where the Chief of Staff is unable to identify a Deputy Chief of Staff, the Board may do so in consultation with the President & CEO.

ARTICLE 15

PROFESSIONAL STAFF DEPARTMENTS

15.01 Professional Staff Departments

- (a) When warranted by the professional resources of the Professional Staff, the Board, on the advice of the Medical advisory Committee, may organize the Professional Staff into the following Departments:
 - (i) Anaesthesia;
 - (ii) Hospital Medicine
 - Division of Internal Medicine;
 - Division of Hospitalist Medicine;
 - Division of Radiology
 - Division of Pathology and Laboratory Medicine
 - (iii) Department of Emergency and Family Medicine;
 - (iv) Surgery.
- (b) Each Professional Staff member will be appointed to a minimum of one of the Departments.
- (c) Any Professional Staff Department shall function in accordance with the Professional Staff Rules.

- (d) Whenever a separate Department is established, Physicians and where appropriate, Dentists, Midwives and Extended Class Nursing Staff and Patients related to a Department shall come under the jurisdiction of that department.
- (e) When warranted by the professional resources of a Department, the Board, on the advice of the Medical Advisory Committee, may divide a Department into Divisions.
- (f) When Divisions are established under a Department, the Board, on the advice of the Medical Advisory Committee, shall appoint a Head of each Division, who shall be responsible to the Chief of the Department for the quality of medical care rendered to patients in his or her service.
- (g) At the recommendation of the Chief of Department and in consultation with the Chief of Staff, a Division head may be appointed.
- (h) The appointment of a Head of Division shall be for a term to be determined by the Board. Subject to annual confirmation by the Medical Advisory Committee, the Head of Division shall continue to hold office until a successor is appointed.
- (i) The Board, having given consideration to the recommendation of the Chief of Staff and following consultation with the Medical Advisory Committee, may at any time create, dissolve or reorganize Departments as may be required.
- (j) The Chief of each Department at the Hospital shall hold such business meetings as may be necessary to facilitate the functioning of that Department.
- (k) The President & CEO or delegate shall receive minutes of Department meetings for information, and recommendations from these meetings will be forwarded to the respective Department members and the Medical Advisory Committee for consideration.

ARTICLE 16

CHIEFS OF DEPARTMENT

16.01 Appointment of Chief of Department

- (a) The Board, having given consideration to the recommendation of the Chief of Staff and following consultation with the Medical Advisory Committee, will appoint a physician as Chief of each Department.
- (b) The office of the Chief of Department may be revoked at any time by the Board.
- (c) The Chief of Department shall serve as such as per the Chief of Staff/Department Chief Recruitment Policy.
- (d) At the end of term or in the event of a vacancy of a Chief of Department, the Medical Advisory Committee will undertake a search for the express purpose of recommending a candidate for the position of Chief of Department of the Hospital.

16.02 Duties of Chief of Department

- (a) The Chief of Department shall:

- (i) through and with the Chief of Staff, be responsible to the Board for the quality of care provided to all Patients by members of the Department;
- (ii) be a member of the Medical Advisory Committee, and as such, be responsible to ensure that the responsibilities and policies of the Hospital, the Professional Staff, the Medical Advisory Committee and the Department are carried out by all members of the Department;
- (iii) be responsible for forming, revising and interpreting Department policy to all members with a special emphasis on the need for orientation and policy interpretation to new members of the Department;
- (iv) in addition to duties included elsewhere in this By-Law and with Department members assistance, duties of the Chief of Department include:
 - (1) responsibility for the organization and implementation of clinical utilization management review within the Department;
 - (2) development, with the Chief of Staff and the advice of the Administration of the Hospital, of a recruitment plan, including appropriate Impact Analysis, in keeping with the approved Resource Plan of the Department;
 - (3) support of a process to both promote and document quality management improvements in the Department; and
 - (4) support of a continuous learning process for other members of the health team;
- (v) establish the scope of services and schedule members of the Departments for each on-call roster relevant to the Department;
- (vi) be responsible for discipline of Department members in regard to matters of Patient care, co-operation with Hospital employees, and documentation of care;
- (vii) from time to time undertake a performance review with respect to a Department member and in so doing has the authority to require any member of the Department to provide evidence of his or her competency with respect to a particular clinical act, procedure, treatment or operation being performed by the member of the Department in the Hospital; and
- (viii) perform duties assigned by the Board or Medical Advisory Committee from time to time.

16.03 Performance Evaluation of Chiefs of Department

- (a) Chiefs of Department will be subject to annual reappointment by the Board on the advice of the Chief of Staff and the President & CEO. As part of the annual performance evaluation, the Chief of Staff will review the performance of the Chief of Department in relation to the expectations set out in this Article.

ARTICLE 17

MEETINGS OF THE MEDICAL STAFF ASSOCIATION

17.01 Annual Meeting of the Medical Staff Association

- (a) An annual meeting will be held once in every calendar year.
- (b) Written notification and agenda of the annual meeting will be distributed at least ten (10) days in advance of the date of the meeting.
 - (i) The order of business at the annual meeting of the Medical Staff will be:
 - (ii) call to order;
 - (iii) minutes of the previous meeting;
 - (iv) business arising from the minutes;
 - (v) report of the Medical Advisory Committee and other Medical Staff committees as appropriate;
 - (vi) reports of the elected officers of the Medical Staff as appropriate;
 - (vii) election of officers for the following year;
 - (viii) determination of a time and place for the next annual meeting, and the meetings of the Medical Staff before the next annual meeting; and
 - (ix) adjournment.

17.02 Regular Meetings of the Medical Staff Association

- (a) Four (4) meetings of the Medical Staff will be held per year, one of which will be the annual meeting.
- (b) A written notice and agenda package shall be posted and circulated by the Secretary of the Medical Staff at least ten (10) days prior to each regular meeting as required by this By-Law.

17.03 Special Meetings of the Medical Staff Association

- (a) In cases of emergency where determined by the President & CEO, the President of the Medical Staff Association may call a special meeting of the Medical Staff.
- (b) Special meetings will be called by the President of the Medical Staff Association or on the written request of any four (4) members of the Active or Associate Staff.
- (c) Notice of any special meeting will be as required for a regular meeting, except in cases of emergency, and will state the nature of the business for which the special meeting is called.

- (d) The usual period of time required for giving notice of any special meeting will be waived in cases of emergency, subject to ratification of this action by a majority of those members present voting at the special meeting as the first item of business of the meeting.

17.04 Quorum

- (a) A majority of members entitled to vote will constitute a quorum at any annual, regular or special meeting of the Medical Staff.

17.05 Attendance

- (a) The Secretary-Treasurer of the Medical Staff Association shall be responsible for the making of a record of the attendance at each meeting of Annual, Regular and Special meetings of the Medical Staff and make such records available to the Medical Advisory Committee.
- (b) Each member of the Active and Associate Staff shall attend 70% of regular Medical Staff Association meetings and 75% business meetings of the Department of which he or she is a member.

ARTICLE 18

MEDICAL STAFF ELECTED OFFICERS

18.01 Officers of the Medical Staff

- (a) The officers of the Medical Staff will be:
 - (i) the President;
 - (ii) the Vice-President;
 - (iii) the Secretary-Treasurer;
 - (iv) the immediate Past –President of the Medical Staff; and
 - (v) such other officers as may be determined by the Medical Staff.
- (b) The officers of the Medical Staff will take up their positions after the Annual General Meeting of the Medical Staff. The officers of the Medical Staff shall be elected annually for a term of one (1) year and will be elected by a majority vote of the Active Staff eligible to vote.
- (c) Any officer of the Medical Staff who was elected to that office by the Medical Staff, shall cease to hold that position upon resolution by the Medical Staff.

18.02 Duties of the President of the Medical Staff

- (a) The President of Medical Staff shall:
 - (i) be a member of the Medical Advisory Committee;

- (ii) preside at all meetings of the Medical Staff;
- (iii) call special meetings of the Medical Staff;
- (iv) be an ex officio member of Committees of the Board as designated by the By-Law of the Hospital, and all committees of the Medical Staff;
- (v) act as a liaison between the Medical Staff, the President & CEO, and the Board with respect to all matters concerning the Medical Staff; and
- (vi) act in the place of the Chief of Staff in his or her absence as provided for by section 34 of the *Public Hospitals Act*.

18.03 Duties of the Vice-President of the Medical Staff

- (a) The Vice-President of the Medical Staff shall:
 - (i) be a member of the Medical Advisory Committee;
 - (ii) act in the place of the President of the Medical Staff and perform the duties and possess the powers of the President, in the absence or disability of the President; and
 - (iii) perform such duties as the President of the the Medical Staff may delegate.

18.04 Duties of the Secretary-Treasurer of the Medical Staff

- (a) The Secretary of the Medical Staff shall:
 - (i) be a member of the Medical Advisory Committee;
 - (ii) attend to the correspondence of the Medical Staff;
 - (iii) give notice of Medical Staff meetings by posting a written notice thereof and receive the record of attendance for each meeting of the Medical Staff;
 - (iv) ensure that minutes are kept of Medical Staff meetings;
 - (v) maintain the financial records of the Medical Staff and provide a financial report at the annual meeting of the Medical Staff;
 - (vi) keep the funds of the Medical Staff in a safe manner and be accountable therefore;
 - (vii) maintain the financial records of the Medical Staff and provide a financial report at the annual meeting of the Medical Staff;
 - (viii) 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;
 - (ix) perform such duties as the President of the Medical Staff may delegate; and

- (x) act in the absence of the Vice-President of the Medical Staff, performing the duties and possessing the powers of the Vice-President in the absence or disability of the Vice-President of the Medical Staff.
- (b) The Secretary-Treasurer may delegate any duties that are set forth above but shall remain responsible for the fulfillment of those duties.

18.05 Vacancies

- (a) When vacancies occur during the term of office, they will be filled for the balance of the term through election at the next regular meeting of the Medical Staff by the vote of a majority of the Active staff members present.

ARTICLE 19

MEDICAL ADVISORY COMMITTEE

19.01 Organization of the Medical Advisory Committee

- (a) The voting members of the Medical Advisory Committee shall consist of:
 - (i) the Chief of Staff, who shall be Chair;
 - (ii) all Chiefs of Department;
 - (iii) the President, Vice-President and Secretary-Treasurer of the Professional Staff; and
 - (iv) additional Physician representation as determined by the Board.
- (b) The following individuals shall have a right to attend meetings of the Medical Advisory Committee but shall not have a vote:
 - (i) the President & CEO; and
 - (ii) the Chief Nursing Executive.
 - (iii) Directors, Patient Services, Managers, Clinical Services, Manager, Laboratories, Manager Pharmacy.
- (c) The Medical Advisory Committee may invite others to attend the Medical Advisory Committee without a vote.
- (d) A quorum at any meeting of the Medical Advisory Committee shall be a majority of the voting members.
- (e) The Medical Advisory Committee shall meet at the call of the Chair and have at least ten (10) meetings each year.
- (f) In the proceedings of the Medical Advisory Committee, the Chair has a regular vote. If there is an equality of votes including the vote of the Chair, the motion is lost.

- (g) Meetings of the Medical Advisory Committee shall be open to members of the Professional Staff. The Chair of the Medical Advisory Committee shall have the discretion at any time to declare a meeting or any portion of any meeting of the Medical Advisory Committee to be in camera.

19.02 Duties of the Medical Advisory Committee

- (a) The Medical Advisory Committee shall:
- (i) report and make recommendations to the Board in writing on matters concerning the quality of professional care and the practice of Professional Staff or other professions licensed under the *Regulated Health Professions Act, 1991* (Ontario) in the Hospital, in relation to the professionally recognized standards of care, including quality assurance, peer review, resource utilization and unusual incidents;
 - (ii) report and make recommendations to the Board concerning such matters as prescribed by the *Public Hospitals Act* and by the Hospital Management Regulations thereunder, including matters involving competence, conduct or physical or mental ability or capacity of a member of the Professional Staff;
 - (iii) through the Chief of Department provide supervision over the practice of medicine, dentistry, midwifery, and extended class nursing in the Hospital;
 - (iv) participate in the development of the Hospital's overall objectives and planning, and make recommendations considering allocation and utilization of the Hospital's resources;
 - (v) appoint such committees as are required for the supervision, review and analysis of all the clinical work in the Hospital;
 - (vi) name the Chair of each of the Committees it appoints and ensure that each meets and functions as required, and is keeping minutes of its meetings;
 - (vii) receive, consider and act upon the Report from each of its appointed Committees;
 - (viii) inform the Professional Staff at each regular meeting of the Professional Staff of any business transacted by the MAC and refer to the Professional Staff such items as, in the opinion of the MAC, require discussion and approval of the Professional Staff as a whole;
 - (ix) advise and co-operate with the Board and the President & CEO in all matters relating to the professional, clinical and technical services;
 - (x) recommend to the Board clinical and general rules respecting the Professional Staff as may be necessary under the circumstances; and
 - (xi) advise the Board on any matters referred to it by the Board.

19.03 Executive Committee of the Medical Advisory

- (a) The Executive Committee of the Medical Advisory shall consist of:

- (i) The Chief of Staff, who shall be chair;
 - (ii) The Chief Executive Officer – without at vote;
 - (iii) The President of the Professional Staff or his or her delegate; and
 - (iv) One (1) additional member of the MAC as agreed to by the Medical Advisory Committee who will be appointed on an annual basis.
- (b) The Executive Committee of the Medical Advisory Committee shall:
- (i) act as an advisory committee to the Medical Advisory Committee on issues brought to the Medical Advisory Committee or referred to the Executive Committee by the Board, Chief Executive Officer or President of the Professional Staff when a quorum of the MAC cannot be convened;
 - (ii) exercise the full powers of the Medical Advisory Committee in all urgent matters when it is not possible to obtain a quorum for a full meeting of the Medical Advisory Committee and reporting every action at the next meeting of the Medical Advisory Committee; and;
 - (iii) report at each meeting of the Medical Advisory Committee.

ARTICLE 20

PROFESSIONAL STAFF COMMITTEES

20.01 Professional Staff Committees

- (a) The Board of Directors shall put in place processes to assess and monitor credentials, health records, patient care, infection control, utilization of Hospital facilities and all other aspects of medical care and treatment, pharmacy and therapeutics through a committee structure pursuant to the *Public Hospitals Act*. The duties of these committees are outlined in the *Professional Staff Rules and Regulations*.
- (b) Pursuant to the Hospital Management Regulation under the *Public Hospitals Act*, the Medical Advisory Committee shall appoint the Professional Staff members of all Professional Staff Committees provided for in this By-Law. Other members of Professional Staff Committees shall be appointed by the Board or in accordance with this By-Law.
- (c) The Medical Advisory Committee may establish other committees as required to fulfill its duties. The duties of these committees are outlined in the *Professional Staff Rules and Regulations*.

ARTICLE 21

AMENDMENTS TO THE PROFESSIONAL STAFF BY-LAW

21.01 Amendments to the Professional Staff By-Law

- (a) Prior to submitting the Professional Staff section of this Bylaw to the process established in section 14:
 - (i) Notice specifying the proposed Professional Staff part of the By-Law or amendments thereto shall be made available for review by the Professional Staff at least five (5) days prior to the Professional Staff meeting at which it will be considered;
 - (ii) prior to the Medical Advisory Committee making recommendations to the Board concerning any By-Law amendments, the Medical Staff shall be afforded an opportunity at the Medical Staff meeting to comment on the proposed Professional Staff part of the By-Law or amendment thereto; and
 - (iii) the Medical Advisory Committee shall make recommendations to the Board concerning the proposed Professional Staff part of the By-Law or amendment thereto.

SCHEDULE B

PROCEDURE REGARDING REAPPOINTMENTS, REQUESTS FOR CHANGES IN PRIVILEGES AND MID-TERM ACTION

1. PREAMBLE

This schedule outlines the procedures to be followed in three different circumstances. Section 2 deals with Appointment, Reappointment and Requests for Changes in Privileges. Section 3 outlines the procedure when there is an immediate need to suspend privileges mid-term in an emergency situation. Section 4 is the procedure when mid-term action is required but not in an emergency situation.

It should be noted that a member's appointment and/or privileges shall continue throughout the review or investigation of circumstances relating to reappointment and until all appeals consistent with the *Public Hospitals Act* are completed.

The procedure for recommendations from the Medical Advisory Committee in respect of original Applications for Appointment shall be as set out in this By-Law and undertaken pursuant to the *Public Hospitals Act*.

2. APPOINTMENT, REAPPOINTMENT AND REQUESTS FOR CHANGES IN PRIVILEGES

Recommendation for Appointment, Reappointment and Changes in Privileges

- (a) The Medical Advisory Committee may initiate investigation, establish an ad hoc committee to conduct such investigation, refer the matter direction or to an external consultant, or make recommendation to the Board.
- (b) Where the Medical Advisory Committee makes a recommendation to the Board, it should provide notice to the member in accordance with the *Public Hospitals Act* and this By-Law.
- (c) Upon completion of its own investigation or upon receipt of the report of the body or consultant that conducted the investigation as the case may be, the Medical Advisory Committee shall make a recommendation to the Board in respect of the reappointment or privileges requested and provide notice to the member as set out at subsection 2(b) above.
- (d) Service of a notice to the applicant or member may be made personally or by Registered Mail addressed to the person to be served at their last known address and, where notices 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.
- (e) If additional time is needed for review or the investigative process, the Medical Advisory Committee may defer its recommendation providing it indicates in writing to the Board and the applicant or member that the recommendation cannot yet be

made and gives reasons therefore, further to Section 37(5) of the *Public Hospitals Act*.

- (f) The Medical Advisory Committee may, in its sole discretion, in the course of its review or investigation or in determining its recommendation, decide that there shall be a Special Meeting of the Medical Advisory Committee where the member shall be entitled to attend such Special Meeting.
- (g) Where the Medical Advisory Committee considers a matter at a Special Meeting, the procedures set out below at Section 5 for “Special Meetings of the Medical Advisory Committee” are to be followed.
- (h) The Medical Advisory Committee, when providing notice to the applicant or member as provided for in subsection 2(c) and subsection 2(d), shall advise the applicant or member that he/she is entitled to receive written reasons for the recommendation wherein a request therefore is received by the secretary of the Medical Advisory Committee within seven days from receipt by the applicant or member of the Medical Advisory Committee’s recommendation and further that the applicant or member is entitled to a Hearing before the Hospital’s Board if a written request is received by the Board and the Medical Advisory Committee within seven days from the receipt by the applicant or member of the Medical Advisory Committee’s written reasons where requested.
- (i) Prior to the recommendation of the MAC being placed before the Board for consideration, the Chief of Staff, may in his/her discretion, provide additional information to the MAC and request that the MAC re-consider its recommendation. In such circumstances, the MAC shall re-consider its recommendation, having regard to the additional information provided by the Chief of Staff.
- (j) Subject to the provisions of the *Public Hospitals Act*, where no hearing is requested, the Board shall either implement the recommendation of the MAC or it shall reject the MAC’s recommendation. In either case, the Board shall cause the MAC and the Applicant to be informed of the Board’s decision regarding the recommendation.
- (k) Where the applicant or member requires a Hearing by the Board, the Board will appoint a time and place for the Hearing and the procedures set out below at Section 6 for “the Board Hearing” are to be followed.
- (l) Whether or not there is a hearing before the Board, if the Board does not accept the recommendation of the MAC, the Board shall send the matter back to the MAC, with reasons, for re-consideration and further recommendation.

3. IMMEDIATE MID-TERM ACTION IN AN EMERGENCY SITUATION

- (a) The definition of mid-term action in an emergency situation is outlined in this By-Law.
- (b) If at any time it becomes apparent that a member’s conduct, performance or competence is such that it exposes, or is reasonably likely to expose patient(s), staff or others to harm or injury or is, or is reasonably likely to be detrimental to the safety of patient(s), staff or others or to the delivery of quality care, an immediate

action must be taken to protect the patient(s), staff or others or to ensure the delivery of quality of care and the procedures set out herein relating to suspension/revocation of privileges shall be followed.

- (c) In addition to the steps outlined in Article X, the President & CEO, Chief of Department or the Chief of Staff will immediately notify the other two, the member, the Medical Advisory Committee, the President of the Professional Staff and the Board of their decision as to the action taken in respect of the member's privileges.
- (d) Arrangements will be made by the Chief of the Department or Chief of Staff for the assignment of a substitute to care for the patients of the suspended member.
- (e) Within 24 hours of suspension, the individual who suspended the member will provide the member, the Medical Advisory Committee, the President & CEO and the President of the Professional Staff with written reasons for the suspension and copies of any relevant documents or records.
- (f) Upon receipt of the written reasons for suspension as described above, the Medical Advisory Committee will set a date for a Special Meeting of the Medical Advisory Committee to be held within five days from the date of suspension to review the suspension and to make recommendation to the Board.
- (g) The Special Meeting of the Medical Advisory Committee shall be conducted further to the procedures set out below at Section 5 for "Special Meetings of the Medical Advisory Committee".
- (h) The member may request and the Medical Advisory Committee may grant the postponement of the Special Medical Advisory Committee to a fixed date.
- (i) The Medical Advisory Committee, when providing notice to the applicant or member as provided for in subsection 2(c) and subsection 2(d), shall advise the applicant or member that he/she is entitled to receive written reasons for the recommendation wherein a request therefore is received by the secretary of the Medical Advisory Committee within seven days from receipt by the applicant or member of the Medical Advisory Committee's recommendation and further that the applicant or member is entitled to a Hearing before the Hospital's Board if a written request is received by the Board and the Medical Advisory Committee within seven days from the receipt by the applicant or member of the Medical Advisory Committee's written reasons where requested.
- (j) Prior to the recommendation of the MAC being placed before the Board for consideration, the Chief of Staff, may his/her discretion, provide additional information to the MAC and request that the MAC re-consider its recommendation. In such circumstances, the MAC shall re-consider its recommendation, having regard to the additional information provided by the Chief of Staff.
- (k) Subject to the provisions of the Public Hospitals Act, where no hearing is requested, the Board shall either implement the recommendation of the MAC or it shall reject the MAC's recommendation. In either case, the Board shall cause the MAC and the Applicant to be informed of the Board's decision regarding the recommendation.

- (l) Where the applicant or member requires a Hearing by the Board, the Board will appoint a time and place for the Hearing and the procedures set out below at Section 6 for “the Board Hearing” are to be followed.
- (m) Whether or not there is a hearing before the Board, if the Board does not accept the recommendation of the MAC, the Board shall send the matter back to the MAC, with reasons, for re-consideration and further recommendation.

4. NON-IMMEDIATE MID-TERM ACTION

The definition of a non-immediate mid-term action is outlined in Article X of this By-Law. Procedure for a non-immediate mid-term action shall include:

- (a) Information provided to the President & CEO or Chief of Staff by the Chief of Department which raises concerns about any of the matters in this By-Law relating to non-immediate mid-term action, shall be in writing and will be directed to the President & CEO and/or Chief of Staff.
- (b) Where either of the President & CEO, Chief of Staff, or Chief of Department receives information about the conduct, performance or competence of a member, that person will provide a copy of the documentation to the other two.
- (c) Upon receipt of information above, an interview will be arranged by the Chief of Staff or Chief of Department with the member, at which time the member will be advised of the information about their conduct, performance or competence and will be given a reasonable opportunity to present relevant information on their behalf.
- (d) A written record will be maintained reflecting the substance of the aforementioned interview and copies will be sent to the member, the President & CEO and the Chief of Staff and Chief of Department.
- (e) Where the member fails or declines to participate in an interview as set out above, after being given a reasonable opportunity to so participate, appropriate action may be undertaken further to the procedure as outlined in this section.
- (f) Following an interview as set out above, or where the member fails or declines to participate in an interview, the Chief of Staff, Chief of Department or President & CEO will determine whether further investigation of the matter is necessary.
- (g) If further investigation is to be undertaken, the investigation may be assigned to an individual(s) within the Hospital, the Medical Advisory Committee, a body within the Hospital other than the Medical Advisory Committee or an external consultant.
- (h) Upon the completion of the investigation contemplated by subsection 4(g) above, the individual or body who conducted the investigation will forward a written report to the President & CEO, Chief of Staff and Chief of Department. The member will be provided with a copy of the written report.
- (i) The Chief of Staff, Chief of Department and President & CEO, upon further review of the matter and any report received, will determine whether further action may be required.

- (j) Where it is determined that further action in respect of the matter may be required, the matter shall be referred to the Medical Advisory Committee along with a proposed recommendation with respect to mid-term action in writing and supported by references to specific activities or conduct along with any reports which constitute grounds for the proposed recommendation.
- (k) The Medical Advisory Committee, in advance of considering the proposed recommendation, may initiate further investigation itself, in respect of such matters and in such a manner as it in its sole discretion deems appropriate.
- (l) Upon completion of its own investigation or upon receipt of the proposed recommendation as set out above, the Medical Advisory Committee may determine that no further action need be taken in respect of the matter for lack of merit or determine to have a Special Meeting of the Medical Advisory Committee where the member is entitled to attend such Special Meeting.
- (m) Where the Medical Advisory Committee considers the matter at a Special Meeting, then the procedures set out below at Section 5 for the Special Meeting of the Medical Advisory Committee are to be followed.
- (n) The Medical Advisory Committee, following a Special Meeting of the Medical Advisory Committee, will provide the member with written notice of the Medical Advisory Committee's recommendation and the written reasons for the recommendation and the member's entitlement to a Hearing before the Hospital's Board where a written request is received by the Board and the Medical Advisory Committee from the member within seven (7) days of the receipt by the member of the Medical Advisory Committee's recommendation and written reasons.
- (o) Service of the notice of recommendation and written reasons to the member may be made personally or by Registered Mail addressed to the member 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 day after the day of mailing unless the member 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.
- (p) Prior to the recommendation of the MAC being placed before the Board for consideration, the Chief of Staff, may in his/her discretion, provide additional information to the MAC and request that the MAC re-consider its recommendation. In such circumstances, the MAC shall re-consider its recommendation, having regard to the additional information provided by the Chief of Staff.
- (q) Subject to the provisions of the *Public Hospitals Act*, where no hearing is requested, the Board shall either implement the recommendation of the MAC or it shall reject the MAC's recommendation. In either case, the Board shall cause the MAC and the Applicant to be informed of the Board's decision regarding the recommendation.
- (r) Where the member requires a Hearing by the Board, the Board will appoint a time and place for the Hearing, such Board Hearing to be undertaken pursuant to the procedures set out below at Section 6 "Board Hearings".

- (s) Whether or not there is a hearing before the Board, if the Board does not accept the recommendation of the MAC, the Board shall send the matter back to the MAC, with reasons, for re-consideration and further recommendation.

5. SPECIAL MEETINGS OF THE MEDICAL ADVISORY COMMITTEE

In the event that a Special Meeting of the Medical Advisory Committee is required further to this schedule, such Special Meeting of the Medical Advisory Committee will be conducted pursuant to procedures as follows:

- (a) The Medical Advisory Committee will give the applicant or member written notice of the Special Meeting, such notice to include:
 - (i) the time and place of the meeting;
 - (ii) the purpose of the meeting;
 - (iii) a statement that the applicant or member will be provided with a statement of the matter to be considered by the Medical Advisory Committee together with all relevant documentation;
 - (iv) a statement that the applicant or member is entitled to attend the Medical Advisory Committee meeting and to participate fully in all matters under consideration by the Medical Advisory Committee;
 - (v) a statement that the parties are entitled to bring legal counsel to the meeting and consult with legal counsel but that legal counsel shall not be entitled to participate in the meeting save and except in respect of making representation on behalf of the party;
 - (vi) a statement that, in the absence of the applicant or member, the meeting may proceed.
- (b) The Medical Advisory Committee will provide the applicant or member with a statement of the particulars of the matter to be considered by the Medical Advisory Committee, including any proposed recommendation, together with all documentation and records collected by the Medical Advisory Committee pursuant to the performance of their duties.
- (c) At the Special Meeting, a record of the proceedings will be kept in the Minutes of the Medical Advisory Committee.
- (d) The applicant or member involved will be given a full opportunity to answer each issue as well as to present documents and witnesses if so desired.
- (e) Before deliberating on the matter or the recommendation to be made to the Board, the Chief of Staff will require the member involved and any other members present who are not Medical Advisory Committee members to retire for the duration of the discussion. The Medical Advisory Committee will not consider any matter, fact or documentation to which it did not give the member an opportunity to respond.

- (f) No member of the Medical Advisory Committee will participate in a decision of the Medical Advisory Committee at a Special Meeting of the Medical Advisory Committee unless such member was present throughout the Special Meeting, except with the consent of the parties and no decision of the Medical Advisory Committee will be given unless all members so present participate in the decision. Where the Medical Advisory Committee determines that the matter is without merit and as such no decision of the Medical Advisory Committee is necessary, such determination will be noted in the Minutes of the Special Medical Advisory Committee meeting.

6. BOARD HEARINGS

In the event that a Board Hearing is required pursuant to this schedule, such Board Hearing will be conducted further to the following procedures.

- (a) The Board will name a place and time for the Hearing.
- (b) The Board Hearing will be held within thirty (30) days of the Board receiving the written recommendation and reasons for such recommendation from the Medical Advisory Committee unless such other time for the Hearing is agreed to as by the parties.
- (c) The Board will give written notice of the Hearing to the applicant or member and to the Chief of Staff at least seven days before the Hearing date.
- (d) 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 all written or other documentary evidence to be ruled upon at the Hearing and all reports which have been collected as part of the Medical Advisory Committee processes;
 - (iv) a statement that the applicant or member may be represented by counsel or agent, call witnesses, cross-examine witnesses and tender documents in evidence and present arguments and submissions in support of their case;
 - (v) a statement that the time for the Hearing may be extended by the Board; and
 - (vi) a statement that if the applicant or member does not attend the Hearing, the Board may proceed in the absence of the applicant or member and the applicant or member will not be entitled to any further notice in respect of the Hearing.
- (e) The parties to the Board Hearing are the applicant or member, the Medical Advisory Committee and such other persons as the Board may specify.

- (f) As soon as possible, and at least five business days prior to the Hearing, the parties will provide one another with copies of all written documentary material, along with the names, addresses and qualifications of all witnesses who will testify at the Hearing and a detailed summary of the evidence they will give, along with reports that have been collected by the Medical Advisory Committee as part of the investigation process whether or not these materials will be used in evidence. The intent is that there should be full disclosure as between the parties to the Board Hearing.
- (g) The findings of fact of the Board pursuant to a Hearing will be based exclusively on evidence admissible or matters that may be noted under the *Statutory Powers Procedure Act*. A party at a Hearing may:
 - (i) be represented by counsel or agent;
 - (ii) call and examine witnesses and present arguments and submissions; and
 - (iii) conduct cross-examination of witnesses reasonably required for a full and fair disclosure of the facts in relation to which they have given evidence.
- (h) The Board will consider the reasons for the Medical Advisory Committee that have been given to the applicant or member in support of its recommendations. Where through error or inadvertence, certain reasons have been omitted in the statement delivered to the applicant or member, the Board may consider those reasons only if those reasons are given by the Medical Advisory Committee in writing to both the applicant or member and the Board, and the applicant or member is given a reasonable time to review the reasons and to prepare a case to meet those additional reasons.
- (i) 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.
- (j) The Board will make a decision to either follow or not follow the recommendation of the Medical Advisory Committee. If the Board does not accept the recommendation of the MAC, the Board shall send the matter back to the MAC, with reasons, for re-consideration and further recommendation.
- (k) A written copy of the decision of the Board and the written reasons for the decision will be provided to the applicant or member and to the Medical Advisory Committee within fifteen days of the conclusion of the Hearing.
- (l) Notice to an applicant or member as provided for in this Schedule shall be made personally or by courier.

