



TILLSONBURG DISTRICT MEMORIAL HOSPITAL

PART 2 - PROFESSIONAL STAFF

BY-LAWS

May 15, 2013

Tillsonburg District Memorial Hospital Professional Staff By-laws:

Approved by the Medical Advisory Committee: May 19, 2013

Approved by the Medical Staff: June 12, 2013

Approved by the Board of Directors: June 24, 2013

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TILLSONBURG DISTRICT MEMORIAL HOSPITAL
PROFESSIONAL STAFF BY-LAWS

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PREAMBLE

DEFINITIONS

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

“Tillsonburg District Memorial Hospital” means the Tillsonburg District Memorial Hospital, located at 167 Rolph Street, Tillsonburg, Ontario N4G 3Y9.

“Board” means the governing body, the Board of Trustees, of Tillsonburg District Memorial Hospital.

“By-laws” are provisions concerning the organization and manner of function of the Professional Staff.

“Certification” means the holding of a specialty certificate issue by a professional body recognized by the Board on the advice of the Medical Advisory Committee.

“Chief of Department” means the physician appointed by the Board to be in charge of a specialized service of the Professional Staff of Tillsonburg District Memorial Hospital.

“Chief Executive Officer” or **“CEO”** means the person appointed pursuant to the By-laws to be the Chief Executive Officer of Tillsonburg District Memorial Hospital and who has for the time being the direct and actual superintendence and charge of Tillsonburg District Memorial Hospital.

“Chief Financial Officer” means the senior employee responsible to the Chief Executive Officer for the treasury and controllership functions of the Tillsonburg District Memorial Hospital.

“Chief of Staff” means the physician appointed in keeping with Section 19 of this By-law to be the Chief of the Professional Staff.

“Clinical Duties and Responsibilities” means those activities related to the delivery of patient care, diagnosis, and treatment within Tillsonburg District Memorial Hospital.

“Coordinator, Patient Services” means the chief nursing officer or senior employee responsible to the Chief Executive Officer for nursing practice in the Hospital.

“Corporation” means the Tillsonburg District Memorial Hospital.

“CPSO” means College of Physicians and Surgeons of Ontario.

“Credentialed Professional Staff” means the collection of legally qualified practitioners (physicians, dentists, midwives and nurses in the extended class) appointed by the Board to attend or perform services for patients in Tillsonburg District Memorial Hospital

“Dentist” or **“dentist”** means a person registered in good standing in the Royal College of Dental Surgeons of Ontario.

“Dental Staff” means the collection of legally qualified dentists appointed by the Board to attend or perform dental services for patients in Tillsonburg District Memorial Hospital.

“Department” means an organizational unit which is based on a specialty area of medical practice, to which members with a similar field of practice have been assigned. Tillsonburg

District Memorial Hospital Departments are those named in Section 20 of this By-law, and may be amended by the Board from time to time

“Ex-officio” means membership “by virtue of the office” and includes all rights, responsibilities, and power to vote unless otherwise specified.

“General Practitioner” or **“Family Physician”** means a physician who supplies primary and

“Impact Analysis” means a study to determine the impact upon the resources of Tillsonburg District Memorial Hospital of the proposed or continued appointment of any person to the Professional Staff.

“Locum Tenens” means the legally qualified professional who provides coverage for a member of the Professional Staff during their absence.

“Management” means the employees of Tillsonburg District Memorial Hospital who hold Leadership positions, report to the CEO and are responsible for the management of the activities of the Tillsonburg District Memorial Hospital.

“Medical Advisory Committee” means those members of the Professional Staff who have been appointed by the Board to discharge duties imposed upon them by these By-laws.

“Medical Advisory Committee Executive” means one of the organizational components of the Medical Advisory Committee as described in Section 4 of this By-law.

“Member” means member of the Tillsonburg District Memorial Hospital Corporation.

“Nurse” means a holder of a current certificate of competence in Ontario as a registered nurse.

“Nurse Practitioner” means a holder of a current certificate of competence in Ontario as a registered nurse in the extended class (RN EC).

“Privileges” means the privileges granted to members of the Professional Staff related to the admission of inpatients, registration of outpatients, and procedures relevant to the diagnosis, assessment and treatment of inpatients and outpatients in Tillsonburg District Memorial Hospital

“Professional Staff” means the collection of legally qualified practitioners (physicians, dentists, midwives and nurses in the extended class) to attend or perform services for patients in Tillsonburg District Memorial Hospital.

“Professional Staff Officer” means the President, Vice President or Secretary-Treasurer of the Professional Staff.

“Midwife or **“midwife”** means a person registered in good standing in the College of Midwifery of Ontario.

“Midwifery Staff” means the collection of legally qualified midwives appointed by the Board to attend or provide service for patients in Tillsonburg District Memorial Hospital.

“Most Responsible Dentist (MRD)” will be the admitting oral or maxillofacial surgeon or such other dentist to whom the patient has been transferred, from time-to-time, in accordance with the Rules. There shall be only one dentist at any one time referred to as the most responsible.

Most Responsible Midwife (MRM)” will be the admitting midwife or such other midwife to whom the patient has been transferred, from time-to-time, in accordance with the Rules. There shall be only one midwife at any one time referred to as the most responsible.

“Most Responsible Physician (MRP)” will be the admitting physician or such other physician to whom the patient has been transferred, from time-to-time, in accordance with the Rules. There shall be only one physician at any one time referred to as the most responsible physician.

“Patient” includes an outpatient except where the context otherwise requires.

“Physician” means a person registered in good standing in the College of Physicians and Surgeons of Ontario.

“Privileges” mean the clinical services and involvement in education and research, which the Board has granted to a member of the Professional Staff.

“Program” means a cluster of patient centred services that optimize patient care, education and research and is consistent with the mission and vision of Tillsonburg District Memorial Hospital.

“Public Hospitals Act” means the *Public Hospitals Act*, R.S.O. 1990, Chapter P. 40 as amended by: S.O. 1996, Chapter 1, Schedule F, Subsection 3-15; 1997, Chapter 15 s. 16; 1998, Chapter 18, Schedule G, S. 70. A reference to such Act means a reference to such Act as amended from time-to-time and any Act substituted therefore and including the regulations made pursuant to such Act as amended or substituted from time-to-time.

“RCDSO” means the Royal College of Dental Surgeons of Ontario.

“Resource Plan” means the plan developed by the Professional Staff, based on the mission and strategic plan of Tillsonburg District Memorial Hospital and on the regional needs of the community, which provides information and future projections of this information with respect to the management and appointment of physicians, dentists, midwives and Registered Nurse-Extended Class who are or may become members of the Professional Staff.

“RN EC” means a nurse practitioner or registered nurse in the extended class who has been granted extended privileges by the College of Nurses.

“Rules and Regulations” means the Rules and Regulations governing the practice of the Professional Staff in Tillsonburg District Memorial Hospital both generally and within a particular department, which have been established respectively by the staff in general and the staff of the department.

“Secretary of the Professional Staff” is the Secretary/Treasurer of the Professional Staff duly elected pursuant to this By-law.

“Supportive Care” means the provision of support to the patient through a physician-patient relationship which has developed over time.

“Trustee” means a member of the Board of Trustees.

THE TILLSONBURG DISTRICT MEMORIAL HOSPITAL,

1. THE PROFESSIONAL STAFF BY-LAWS

1.1 These By-laws 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 and the Board;
- (c) outline how the requirements of the *Public Hospitals Act* and its regulations are put into force;

2. PURPOSE OF THE PROFESSIONAL STAFF BY-LAWS

2.1 The purposes of the Professional Staff By-laws are:

- (a) to outline clearly and succinctly the purposes and functions of the Professional Staff;
- (b) to identify specific departments, committees, etc. necessary to allocate the work of carrying out those functions;
- (c) to designate a process for the selection of officials of the Professional Staff, including the Chief of Staff, and Chief of Departments;
- (d) to 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) to maintain and support the rights and privileges of the Professional Staff as provided herein;
- (f) to 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, these bylaws and such rules and regulations, or any amendments thereto, which become effective when approved by the Board.

3. PURPOSE OF THE MEDICAL STAFF ORGANIZATION

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

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

- (c) to provide a structure and process to ensure that all patients have access to medical care; and
- (d) to facilitate the best possible environment for learning.

4. 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.

5. 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 Clinical Services Resource Plan shall include:
 - (i) a recruitment plan, which shall include an impact analysis;
 - (ii) reasonable on-call requirements for members of the Professional Staff of the department;
 - (iii) a process for equitably distributing resources to the members of the Professional Staff within the department;

6. APPOINTMENT OF PROFESSIONAL STAFF

- (a) The Board shall appoint annually a Professional Staff for the Hospital;
- (b) Subject to revocation by the Board, 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 appointments for the ensuing year;
- (c) The Board shall establish from time to time criteria for appointment to the Professional Staff after considering the advice of the Medical Advisory Committee;
- (d) Notwithstanding the other requirements of these By-laws, a person who is not a physician, dentist, midwife or nurse in the extended class may be honored by appointment to the Honorary Staff category.

- (e) Where the Board determines that the Hospital shall cease to provide a service or the Minister 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.

7. APPOINTMENT TO PROFESSIONAL STAFF

7.1 Application for Appointment to the 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 Rules and Regulations of the Professional Staff.
- (b) On request, the CEO will supply a copy of an application, these By-laws, the Rules and Regulations of the Professional Staff, the *Public Hospitals Act* and the Regulations thereunder to each applicant who expresses in writing the intention to apply for appointment to the Professional Staff.
- (c) Each applicant for membership to the Professional Staff shall submit on the prescribed forms one original written application to the CEO, together with consent for release of the required information.
- (d) Each application must contain:
 - (i) a statement by the applicant that they have read the *Public Hospitals Act* and the Hospital Management Regulations thereunder, these By-laws and the Rules and Regulations of the Professional Staff of the Hospital;
 - (ii) an undertaking in writing that, if the applicant is appointed to the Professional Staff, he or she will provide the agreed upon services to the Hospital and will act in accordance with the *Public Hospitals Act* and its Regulations, the laws of the Province of Ontario relating to hospital practice, the requirements set out in the By-laws and the Rules and Regulations of the Professional Staff and policies of the Hospital, and will be guided by the ethical standards of the profession;
 - (iii) a current, valid certificate of Registration and certificate of Professional Conduct from the College of Physicians and Surgeons of Ontario (physicians); certificate of Registration or Specialty Certificate of Registration from the Royal College of Dental Surgeons of Ontario (dentists); certificate of Registration from the College of Midwives of Ontario (midwives); Annual Registration Payment Card as a Registered Nurse Extended Class from the College of Nurses of Ontario (nurse practitioners);
 - (iv) in addition to the above qualification, all Professional Staff members practicing in a specialty recognized by the Royal College of Physicians

and Surgeons of Canada may be required to hold (must hold) a Royal College certificate by way of examination eligibility;

- (v) a signed consent authorizing any regulatory body or referee to provide a report on but not limited to:
 - (A) any action taken by its disciplinary or fitness to practice committee, and
 - (B) whether the applicants privileges have been curtailed or cancelled by any regulatory body or by another hospital because of incompetence, negligence or any act of professional misconduct;
- (vi) a list of three (3) appropriate referees;
- (vii) reports to include reports on experience, competence and conduct from:
 - (A) the Chief of Staff or Chief of Department in the last hospital in which the applicant held an appointment;
 - (B) the director or head of the program in which the applicant has completed training, if such training has been completed within the past five years;
 - (C) the chief executive officer of the last hospital where the applicant held privileges;
- (viii) a list of procedural privileges which are requested;
- (ix) an up-to-date curriculum vitae, including a record of the applicant's professional education, post-graduate training, history of academic and professional career, and continuing medical education;
- (x) evidence of appropriate current immunization status;
- (xi) evidence of professional practice protection coverage satisfactory to the Board and appropriate to the scope and nature of the intended practice;
- (xii) where there has been an adverse finding or the applicant did voluntarily or involuntarily resign or restrict their privileges, the applicant shall provide a recital and description of disciplinary actions, voluntary restriction of privileges, competency investigations, performance reviews and details with respect to prior privileges disputes with other hospitals regarding appointment, re-appointment, change in privileges, or mid-term suspension or revocation of privileges;
- (xiii) information of any civil suit related to professional practice where there was a finding of negligence or battery, including any suit settled by a payment;
- (xiv) information regarding any criminal proceedings or convictions involving the applicant which may impact the applicant's ability to practice;

- (xv) information regarding the applicant's health, including any impairments, medical conditions, diseases or illnesses that may impact on his or her ability to practice, along with a signed consent authorizing the treating health professional to release relevant information to the Hospital, such information as released by a treating health professional to not form part of the applicant's credentialing file;
- (xvi) an undertaking, in writing, that if appointed, the applicant will abide the Hospital's policies as related to the privacy and confidentiality of patient information and Hospital matters. No member will make statements on behalf of the Hospital to the news media or public without the express authority of the CEO or delegate.
- (e) Each applicant may be required to visit the Hospital for an interview with appropriate members of the Professional Staff and the Administration.
- (f) The President and Chief Executive Officer shall retain a copy of the application and shall refer the original application immediately to the Chief of Staff and to the Chair of the Credentials Committee.

8. PROCESS FOR EVALUATING APPLICATIONS FOR PROFESSIONAL STAFF APPOINTMENTS

- (a) The Chief Executive Officer shall refer the original application immediately to the Chief of Staff who shall keep a record of each application received and then refer the original forthwith to the Chair of the Credentials Committee (MAC), and to the Program(s) and Medical Department(s) involved.
- (b) The Chief of Department shall review and make recommendations concerning each application for reappointment within his or her respective Department to the Credentials Committee (MAC).
- (c) The Medical Advisory Committee, functioning in the capacity of a Credentials Committee, will investigate and establish the authenticity of the qualifications and experience of each applicant. The Medical Advisory Committee will give consideration to reports of interviews with the applicant, and to the recommendation of the Chief of the relevant department.

The Medical Advisory Committee will:

- (i) ensure the application is complete
- (ii) consider whether the criteria set out generally in section 9 of these By-laws has been met;
- (iii) take into consideration available resources of the Hospital;
- (iv) include an analysis of the impact on human and fiscal resources of the application;
- (v) delineate the applicant's responsibilities of the appointment, including specific procedural privileges; and
- (vi) include a recommendation of appointment, or not, of the applicant.

- (d) The Medical Advisory Committee will send its recommendation in writing to the Board within sixty (60) days of the date of receipt by the Chief Executive Officer or delegate of the completed application, as outlined in the *Public Hospitals Act*.
- (e) The Medical Advisory Committee, in accordance with the *Public Hospitals Act*, may make its recommendation to the Board later than sixty (60) days after the receipt of the application if, prior to the expiry of the sixty (60) day period, it indicates in writing to the Board and the applicant that a final recommendation cannot yet be made and includes written reasons for the delay.
- (f) Where the Medical Advisory Committee recommends to the Board that an application for appointment, reappointment or requested privileges not be granted, it will follow the procedure as outlined in Section 26 of these By-laws, *The Medical Advisory Committee and Board Process for Applications, Re-applications, Changes in Privileges, and Mid-Term Action*.
- (g) In addition to any other provisions of the By-laws, the Board may refuse to appoint any applicant to the Professional Staff on any of 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 Resource Plan of the Hospital does not demonstrate sufficient resources to accommodate the applicant; and
 - (iii) the appointment is not consistent with the strategic plan of the Hospital.
- (h) Where the Medical Advisory Committee recommends to the Board that an application for appointment, re-appointment or requested privileges be denied, the Board shall not consider or make a decision on such recommendation of the Medical Advisory Committee until it is determined as to whether a hearing is required by the applicant.

9. CRITERIA FOR APPOINTMENT TO THE PROFESSIONAL STAFF

- (a) Each applicant for appointment to the Professional Staff must:
 - (i) be a registrant in good standing of the relevant college;
 - (ii) be in compliance with the requirements of section 7.1 (4) of these By-laws
- (b) The individual should meet the needs of the Hospital and community as described in the Professional Staff Resource Plan, and will be assessed on the basis of credentials and experience, impact analysis, and such other factors as the Board, may from time to time, consider relevant or as set out in the Rules and Regulations of the Professional Staff.
- (c) The applicant must demonstrate to the Medical Advisory Committee adequate control of any physical or behavioral impairment that affects skill, attitude or judgment.
- (d) The granting of privileges will be further based upon:

- (i) a demonstrated ability to provide patient care at an appropriate level of quality and efficiency;
- (ii) a demonstrated ability to communicate, work with and relate to all members of the Professional and Hospital Staff in a cooperative and professional manner;
- (iii) a demonstrated ability to communicate and relate appropriately with patients and patient's relatives;
- (iv) a willingness to participate in the discharge of staff, committee if applicable, teaching responsibilities and obligations appropriate to the respective membership group;
- (v) adequate training and experience for the privileges requested
- (vi) agreement by the applicant to provide reasonable "on-call" coverage as required by relevant roster or schedule.

10. TERM

- (a) Each appointment to the medical staff shall be for one (1) year, but shall continue in effect until the Board has made appointments for the ensuing year.

11. REAPPOINTMENT

11.1 Application for Re-Appointment and Performance Review

- (a) Upon recommendation by the Medical Advisory Committee, the Board shall establish and approve a process for the annual performance review of each member of the professional staff.
- (b) Each year each member of the professional staff shall make a written application for re-appointment to a group of the professional staff of the Hospital in a prescribed form consistent with that of other hospitals in the area. The application will update information from the original application and subsequent applications.
- (c) Where a member of the professional staff has applied for re-appointment, the Chief of Staff or delegate shall conduct a review of the applicant's performance for the past year in accordance with the prescribed process as established in section 9 of this By-law, and shall make a report to the Medical Advisory Committee in respect of the applicant's performance for the past year.
- (d) If an applicant for re-appointment shall be seventy (70) years of age or older on the date that his or her existing appointment expires, the Chief of Staff or delegate shall, in addition to the requirements set out in section 11.1(3), conduct the following review with the applicant and make a report thereon to the Medical Advisory Committee:
 - (i) a review of the applicant's performance and health during the past year;
 - (ii) a discussion of the applicant's plans for any changes in type or level of service provided and reasons therefore;

- (iii) a discussion of the applicant's retirement plans; and
- (iv) a discussion of any other matters listed in Section 9.
- (e) The application for re-appointment to a group of the professional staff of the Hospital shall be processed in the same manner as set out in Section 9.

11.2 Criteria for Re-Appointment to Professional Staff

- (a) In order to be eligible for re-appointment, the applicant shall,
 - (i) continue to meet the criteria set out in section 9; and
 - (ii) have demonstrated an appropriate use of Hospital resources.

11.3 Refusal to Re-Appoint

- (a) Pursuant to the Public Hospitals Act, and in accordance with the Regulations thereunder, the Board may refuse to re-appoint a member of the Professional Staff as outlined in Section 8.6 of these bylaws.
- (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 the 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.

12. CHANGE OF PRIVILEGES

12.1 Application for Changes to Privileges

- (a) Where a member of the professional staff wishes to change his or her privileges, he or she shall make a written application, in the prescribed form, listing the change of privileges which is requested and shall submit evidence of appropriate training and competence in respect of the privileges being requested.
- (b) An application for a change in privileges made by a member of the Professional Staff shall be processed in the same manner as set out in section 9.

13. MID-TERM ACTION

13.1 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, these By-Laws, 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 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 Chief of the Department or Chief of Staff will take action. This may require immediate and temporary suspension of the Privileges of the member of the Professional Staff with immediate notice to the President & Chief Executive Officer and the President of the Professional Staff, pending the consideration of the suspension by the MAC and the Board in keeping with the procedures outlined in Schedule A of these By-Laws, 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) of Staff to harm or injury; or
 - (iii) is, or is reasonably likely to be, detrimental to Patient 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) If immediate action is not required to be taken, action may be initiated in keeping with the procedures in Schedule A of these By-laws, respecting Non-Immediate Mid-Term Action.

14. CATEGORIES OF THE PROFESSIONAL STAFF

- (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) Courtesy;
- (iv) Locum tenens;

- (v) Temporary;
- (vi) Term;
- (vii) Senior; *
- (viii) Honourary;
- (ix) and 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.

*"Senior Staff" for the purpose of this by-law refers to physicians who have reached the age of seventy (70) and wish to apply for appointment/reappointment. Physicians who receive Senior Staff designation will be subject to all of the responsibilities and limitations afforded that category

- (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.

14.2 Active Staff

- (a) Members of the Active Staff shall:
 - (i) consist of physician applicants who 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 year on the Associate Staff unless, in respect of any particular member, a waiver of such requirement is consented to by the Board;
 - (iii) not have an active medical staff appointment at another hospital, unless, in respect of any particular member, waiver of such requirement is recommended by the Medical Advisory Committee and approved by the Board;
 - (iv) undertake such clinical, and administrative duties and responsibilities as outlined in these by-laws 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 these By-laws;
 - (viii) attend and vote at meetings of the Professional Staff and 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.

14.3 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 year and will not extend beyond 18 months.
- (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 these by-laws 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 Staff or delegated staff member;
 - (iv) be eligible and expected to attend meetings of the Medical Staff as established by the Medical Advisory Committee;
 - (v) not vote at Medical Staff meetings nor be elected a Professional Staff Officer, but may be appointed to a committee of the Professional Staff;
 - (vi) participate in a 6 month performance review by the Chief of Staff or Chief of Department (Supervisor) from the active Professional 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 Staff or 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) After one 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 6 months of practice, or denial of reappointment.

14.4 Courtesy Professional Staff

- (a) The Board may grant a non-clinical appointment in the Courtesy Professional Staff in the following circumstances:
- (b) The Board may grant an applicant an appointment to the courtesy professional staff so as to provide patients and their families with access information; to review and receive the patient record and progress notes as well as out-patient records of their patients; and may utilize Ambulatory and Diagnostic Services if available upon the recommendations from the Credentials Committee.
- (c) The circumstances leading to an appointment shall be specified by the applicant on each application for re-appointment.
- (d) Members of the courtesy staff shall not have the right to attend Professional staff and department meetings.
- (e) Unless required to attend by the Chief of Staff or Chief of Department, members of the courtesy staff shall not have the right to vote at Professional staff and department meetings.
- (f) Members of the courtesy staff shall not hold office and shall not be eligible for appointment to a committee of the Professional Staff.

14.5 Locum Tenens

- (a) The Medical Advisory Committee upon request of a member of the Active Professional Staff may recommend the appointment of a Locum Tenens as a planned replacement for such member for a specified period of time, to be confirmed in a written agreement.
- (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 Staff or his or her delegate;
 - (iii) attend patients assigned to his or her care by the active medical 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 Staff or by the medical supervisor to whom he or she has been assigned.

14.6 Temporary Professional Staff

- (a) The Board may make a temporary appointment 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 Chief Executive Officer, after consultation with the Chief of Staff or his or her delegate, may:
 - (i) grant temporary privileges to a Physician, Maxillofacial Surgeon, Dentist, Midwife or Extended Class Nurse 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 anytime prior to any action by the Board.
- (c) A temporary appointment may include the right to admit to the care of a physician with privileges.

14.7 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 Chief Executive Officer 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.
- (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 grant 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 re-appointment;
 - (ii) attend or vote at meetings of the Professional staff or be an officer of the Professional staff; and
 - (iii) be bound by the expectations for attendance at Professional staff and department meetings.

14.8 Senior Staff

- (a) The Senior Staff category has been created by the Board to allow the Hospital to, as required by its professional human resource plan, approve privileges beyond the time of Active Staff eligibility, being at the age of seventy (70) provided that:
 - (i) the applicant's training, experience and qualifications are required and not otherwise represented within the Professional Staff;
 - (ii) the Hospital is unable to attract an applicant with like skills, training and experiences and the retirement of the applicant 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 senior staff member's privileges be reduced, revoked or not renewed in favour of granting privileges to a new or existing Associate staff or Active staff member.
- (c) Senior Staff shall:
 - (i) consist of those members of the Active staff appointed from time to time by the Board, who are at least seventy (70) years of age and maintain clinical activities within the corporation;
 - (ii) be granted privileges as approved by the Board having given consideration to the recommendation of the Medical Advisory Committee;
 - (iii) be granted in-patient and/or out-patient admitting privileges, unless otherwise specified in their appointment to the Professional staff;
 - (iv) be eligible to apply for annual reappointment;
 - (v) be eligible to attend meetings of the Professional staff
- (d) Upon "making the decision to retire", a member of the Senior Staff may apply for appointment to the Honourary Staff category.

14.9 Honorary Staff

- (a) An individual may be honored by the Board by an appointment to the Honorary Staff because of:
 - (i) former membership on the Active, Courtesy, Term, or Senior Staff; or,
 - (ii) identification by the Board as an individual determined to be qualified for such appointment.
- (b) An Honorary Staff member may:
 - (i) be eligible for annual reappointment as provided in these By-laws; and
 - (ii) be eligible to attend Professional Staff meetings.
- (c) An Honorary Staff member shall not:
 - (i) be granted admitting or procedural privileges, or provide direct patient care;
 - (ii) have regularly assigned clinical, and administrative duties and responsibilities;
 - (iii) vote at meetings of the Professional Staff or be an officer of the Professional Staff; and;
 - (iv) be bound by the expectations for attendance at Professional Staff and department meetings.

15. PROFESSIONAL STAFF DUTIES

15.1 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 Chief Executive Officer.
- (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) notify the Chief Executive Officer or Chief of Staff 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 and Hospital Staff;
 - (iv) abide by the Rules and Policies of the Professional Staff, the Hospital By-laws, 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 transportation; and
 - (vi) perform such other duties as may be prescribed from time to time by, or under the authority of the Board and the Medical Advisory Committee.
- (c) Each member of the Active and Associate Staff, and the Courtesy Staff where required, shall attend seventy percent (70%) of the regular Professional staff meetings.

15.2 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 fulfill the mission of the Hospital through contributing to strategic planning;
 - (vii) recognizing the authority of the Chief of Department/Department Chief, the Chief of Staff, the 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-laws and Rules and Regulations of the Professional Staff, and policies of the Hospital; and
 - (x) participating in quality and risk management programs

16. CHIEF OF STAFF

16.1 Appointment

- (a) The Board shall appoint a member of the active medical staff to be the Chief of Staff after giving consideration to the recommendations of the Medical Advisory Committee.

16.2 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.

16.3 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.

16.4 Duties of the Chief of Staff

The Chief of Staff shall have the following duties to the Board and Medical Advisory Committee as well as administrative duties:

- (a) Duties to the Board and MAC - The Chief of Staff shall be responsible to the Board through the Chair for the Professional Staff of the Hospital. The Chief of Staff shall:
 - (i) be responsible for establishing and monitoring the credentialing and disciplining processes for the Professional Staff;
 - (ii) ensure that the process regarding credentialing of Professional staff is fair and executed in a timely manner;
 - (iii) be responsible for the disciplinary action or mediation of the Professional Staff in conjunction with the Department Chiefs;
 - (iv) be responsible for ensuring compliance with the *Public Hospitals Act* (Ontario), regulations and By-Laws of the Hospital with respect to Professional Staff;
 - (v) be responsible to the Board for the supervision and quality of all the Professional Staff diagnosis, care and treatment given to patients and the general conduct of the Professional Staff within the Hospital according to

the policies established by the Board so as to ensure a safe clinical and workplace environment;

- (vi) assist in ensuring appropriate cost-effective use of the Hospital's resources;
 - (vii) through, and with the Department Chiefs, advise the MAC, the Board and the Chief Executive Officer with respect to the quality of medical diagnosis, care and treatment provided to the patients of the Hospital;
 - (viii) be the Chair of the Medical Advisory Committee, and in such capacity, ensure that the Medical Advisory Committee fulfills its responsibility as defined in the *Public Hospitals Act*, and these By-Laws;
 - (ix) be ex officio a member of all committees that report to the Medical Advisory Committee;
 - (x) be a member of the Executive Committee of the Board;
 - (xi) work with the Department Chiefs to ensure that the annual evaluation and appointment process of the Professional Staff is completed;
 - (xii) work, as needed, with the Department Chiefs in any Professional Staff discipline problems;
 - (xiii) assign, or delegate the assignment of, a member of the Professional Staff to supervise the practice of medicine, dentistry, midwifery, extended class nursing or other professional activities of any other member of the Professional Staff for any period of time;
 - (xiv) supervise and evaluate Chiefs of Department with respect to expected role. 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; and
 - (xv) investigate, report and disclose critical incidents pursuant to the Hospital Management Regulation under the *Public Hospitals Act*
- (b) Administrative Duties - When necessary, the Chief of Staff shall:
- (i) assume, or assign to any other member of the Professional Staff, responsibility for the direct care and treatment of any Patient in the Hospital under the authority of the *Public Hospitals Act* and notify the attending Professional Staff member, the Chief Executive Officer and the Patient, Patient's guardian or power of attorney;
 - (ii) report to the Board, the Professional Staff, and Chief Executive Officer any matters of which they should have knowledge;
 - (iii) recommend to the Chief Executive Officer on the appointment, by the Chief Executive Officer, of a member of the Professional Staff to act for him or her during his or her absence or inability to act;

- (iv) participate in strategic planning within the Hospital to ensure that the needs of the community are appropriately met;
- (v) act as an advocate for patients and for patient care;
- (vi) promote the development of innovation, a commitment to evidence based practices and collaboration with other disciplines;
- (vii) promote accountability among Professional Staff members for their practice;
- (viii) provide formal and informal education and research to the Professional Staff members within the Hospital;
- (ix) maintain an active practice in his/her clinical field;
- (x) fulfill all obligations in a manner consistent with the *Public Hospitals Act*, the mission statement and values of the Hospital, and the By-laws of the Hospital;
- (xi) as a member of the senior management team of the Corporation, be accountable to and assume managerial responsibilities as determined by the Chief Executive Officer; and
- (xii) undertake any other responsibilities as determined by the Board and the Chief Executive Officer.

16.5 Appointment of the Deputy Chief of Staff

The Board, in consultation with the Chief of Staff, may 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.

17. PROFESSIONAL STAFF DEPARTMENTS

17.1 Departments

- (a) When warranted by the professional resources of the medical staff, the Board, on the advice of the Medical advisory Committee, may organize the Professional Staff into the following Departments:
 - (i) Emergency Medicine
 - (ii) General and Family Practice
 - (iii) Medicine; and
 - (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 registered nurses in the extended class and patients related to a department shall come under the jurisdiction of that department.
- (e) The Board, having given consideration to the recommendation of the Chief of Staff and following consultation with the Medical Advisory Committee, may at anytime create, dissolve or reorganize departments as may be required.

18. CHIEFS OF DEPARTMENT

18.1 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 who is a member of the Active Staff as Chief of each Department.
- (b) The office of the Chief of Department may be revoked at any time by the Board.
- (c) Subject to annual confirmation of the Board, the appointment of a Chief of Department shall be for a term of three (3) years, but the Chief of Department shall hold office until a successor is appointed.
- (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.

18.2 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 these By-laws and with Department members assistance, duties of the Chief of Department include:
 - (v) responsibility for the organization and implementation of clinical utilization management review within the Department;
 - (vi) 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 Human Resource Plan of the Department;

- (vii) support of a process to both promote and document quality management improvements in the Department; and
- (viii) support of a continuous learning process for other members of the health team;
- (ix) establish the scope of services and schedule members of the Departments for each on-call roster relevant to the Department;
- (x) the duties of the Chief of Department may also include the responsibility for discipline of Department members in regard to matters of patient care, co-operation with Hospital employees, and documentation of care;
- (xi) The Chief of Department from time to time shall 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;
- (xii) Other duties assigned by the Board or Medical Advisory Committee from time to time.

18.3 Performance Evaluation of Chiefs of Department

- (a) Chiefs of Department will be subject to annual reappointment by the Board on the advice of the professional staff. 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 section.

19. MEETINGS OF THE MEDICAL STAFF

19.1 Annual Meeting of the MEDICAL Staff

- (a) An annual meeting will be held once in every calendar year, generally in December.
- (b) Written notification and agenda of the annual meeting will be distributed at least five (5) days in advance of the date of the meeting.
- (c) The order of business at the annual meeting of the Medical Staff will be:
 - (i) call to order;
 - (ii) minutes of the previous meeting;
 - (iii) business arising from the minutes;
 - (iv) report of the Medical Advisory Committee and other professional staff committees as appropriate;

- (v) reports of the elected officers of the Medical Staff as appropriate;
- (vi) election of officers for the following year;
- (vii) determination of a time and place for the next annual meeting, and the meetings of the Medical Staff before the next annual meeting, and
- (viii) adjournment

19.2 Regular Meetings of the Medical Staff

- (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 five (5) days prior to each regular meeting as required by these By-laws.

19.3 Special Meetings of the Medical Staff

- (a) In cases of emergency where determined by the Chief Executive Officer, the President of the Professional Staff may call a special meeting of the Medical Staff.
- (b) Special meetings will be called by the President of the Professional Staff on the written request of any four (4) members of the Active, Associate or Senior 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 the majority of those members present voting at the special meeting as the first item of business of the meeting.

19.4 Service Meetings

- (a) The Chief of each Department at the Hospital shall hold such business meetings as may be necessary to facilitate the functioning of that Department.
- (b) The Chief Executive Officer or delegate shall receive minutes of meetings for information, and recommendations from these meetings will be forwarded to the Medical Staff and the Medical Advisory Committee for consideration.

19.5 Quorum

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

19.6 Attendance

- (a) The Secretary-Treasurer of the Medical Staff 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 seventy percent (70%) of the regular Professional Staff meetings and seventy-five percent (75%) of the business meetings of the Department of which he or she is a member.
- (c) If any member of the Medical, without written reasons acceptable to the Medical Advisory Committee, does not attend the required number of meetings in the calendar year, the Committee shall recommend to the Board that the delinquent member may:
 - (i) be reprimanded; or
 - (ii) be required to work within certain restrictions upon his or her hospital privileges for a specified time; or
 - (iii) be suspended from the Professional Staff of the Hospital for a specified period of time; or
 - (iv) be removed from the Professional Staff of the Hospital.
- (d) When the case of a patient who has been examined by, operated on by, or has received treatment from a member of the Professional Staff, is to be presented at a Department meeting or at a meeting of the Medical Advisory Committee, the professional staff member who examined, operated on or treated the patient shall be given at least forty-eight (48) hours notice by a Professional Staff officer and shall attend such meeting prepared to present and discuss the case.
- (e) Failure of a member to comply with subsection (4) may result in disciplinary action being taken against the member as provided in subsection (3).

20. MEDICAL STAFF ELECTED OFFICERS

20.1 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; and,
 - (iv) the immediate Past-President of the Medical Staff
- (b) These officers will take up their positions after the Annual General Meeting of the Medical Staff. The new Secretary-Treasurer will be elected by a majority vote of the Active Staff eligible to vote. The officers from the preceding year will progress as follows: the previous Secretary-Treasurer will become the Vice-President, the previous Vice-President the President, and the previous President the Past-President. Thus the officers are elected for a four (4) year term, progress annually through the four positions, but are subject to ratification at the Annual Meeting.

20.2 Eligibility for Office

- (a) Only members of the Active Staff who are physicians may be elected to any position or office of the Medical Staff as established by these By-laws.
- (b) 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.

20.3 Duties of the President of the Medical Staff

- (a) The President of the 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 a voting member of the Board;
 - (v) be an ex officio member of Committees of the Board as designated by the By-laws of the Hospital, and all committees of the Medical Staff;
 - (vi) act as a liaison between the Medical Staff , the Chief Executive Officer, and the Board with respect to all matters concerning the Professional Staff; and
 - (vii) 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*.

20.4 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 Medical Staff may delegate.

20.5 Duties of the Secretary-Treasurer of the Medical Staff

- (a) The Secretary-Treasurer 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) maintain the financial records of the Medical Staff and provide a financial report at the annual meeting of the Medical Staff;
- (v) ensure that minutes are kept of Medical Staff meetings; and,
- (vi) 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.

20.6 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 the majority of the Active staff members present.

21. MEDICAL ADVISORY COMMITTEE

21.1 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 the Secretary-Treasurer of the Medical Staff;
 - (iv) additional physician representation as determined by the Board;
- (b) The Chief Executive Officer, and other persons as agreed to by the Board of Trustees and the Chief of Staff may attend meetings of the Medical Advisory Committee as resource persons without the power to vote;
- (c) A quorum at any meeting of the Medical Advisory Committee shall be a majority of the voting members;
- (d) The Medical Advisory Committee shall meet at the call of the Chair and have at least ten (10) monthly meetings each year;
- (e) A secretary to the Medical Advisory Committee shall be selected from the members to record the minutes of the meetings; and
- (f) In the proceedings of this Committee, the Chair has a regular vote. If there is an equality of votes including the vote of the Chair the motion is lost.

21.2 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 Chief Executive Officer 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;
- (xi) where so determined, establish and appointment an Executive Committee of the Medical Advisory committee pursuant to the composition and terms set out at 21.3 below; and
- (xii) advise the Board on any matters referred to it by the Board.

21.3 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.
- (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 Medical Staff;
 - (ii) exercise the full powers of the Medical Advisory Committee in all urgent matters reporting every action at the next meeting of the Medical Advisory Committee; and;
 - (iii) report at each meeting of the Medical Advisory Committee.

22. PROFESSIONAL STAFF COMMITTEES ESTABLISHED BY THE BOARD

- (a) The Board of Trustees will 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.
- (b) The duties of these committees are outlined in the Professional Staff *Rules and Regulations*.

22.2 Appointment to Professional Staff Committees

- (a) Pursuant to the Hospital Management Regulation, the Medical Advisory Committee shall appoint the medical members of all Professional Staff Committees provided for in this By-law of the Hospital. Other members of Professional Staff Committees shall be appointed by the Board or in accordance with this By-law.

22.3 Committees Established by the Medical Advisory Committee

- (a) 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*.

23. AMENDING THE PROFESSIONAL STAFF BY-LAWS

23.1 Amendments to the By-laws

Prior to submitting the Professional Staff section of this Bylaw to the process established in section 45 of *The Tillsonburg District Memorial Hospital By-Laws, By-Law #2003-1, Amendments to Hospital Bylaws*, the following procedures shall be followed:

- (i) notice specifying the proposed Professional Staff part of the Bylaw or amendment thereto shall be posted at least five (5) days prior to the medical 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 Professional Staff shall

be afforded an opportunity at the Professional staff meeting to comment on the proposed Professional Staff part of the Bylaw or amendment thereto; and;

- (iii) the Medical Advisory Committee shall make recommendations to the Board concerning the proposed Professional Staff part of the Bylaw or amendment thereto.

SCHEDULE A
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 these By-Laws 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 Credentials Committee shall forward to the Medical Advisory Committee a report in respect of an appointment, a reappointment or request for change in privileges consistent with the Committee's terms of reference and such report shall be in writing and supported by references to the specific credentials, activities or conduct which may constitute the basis for the report.
- (b) The Medical Advisory Committee may; initiate further investigation, establish an ad hoc committee to conduct further investigation, refer the matter back to the Credentials Committee with direction or to an external consultant, or act upon the report and make recommendation to the Board.
- (c) Where the Medical Advisory Committee makes recommendation to the Board, it should provide notice to the member in accordance with the Public Hospitals Act and these By-Laws.
- (d) 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(c) above.
- (e) 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.

- (f) 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.
- (g) 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.
- (h) 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.
- (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) Where the applicant or member does not request written reasons for the Medical Advisory Committee's recommendation or where the applicant or member does not require a Hearing by the Board, the Board may implement the recommendation of the Medical Advisory Committee.
- (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.

3. IMMEDIATE MID-TERM ACTION IN AN EMERGENCY SITUATION

- (a) The definition of mid-term action in an emergency situation is outlined in Article 1.7(b) of these By-Laws.
- (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 1.7, the Chief of Department or the Chief of Staff will immediately notify the member, the Medical Advisory Committee, the President and CEO, the President of the Professional Staff and the Board of their decision to suspend 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 Medical Advisory Committee, the President and 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 "the Special Meeting 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) Where the applicant or member does not request written reasons for the Medical Advisory Committee's recommendation or where the applicant or member does not require a Hearing by the Board, the Board may implement the recommendation of the Medical Advisory Committee.
- (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.

4. NON-IMMEDIATE MID-TERM ACTION

The definition of a non-immediate mid-term action is outlined in Article 1.7(c) of these By-Laws. Procedure for a non-immediate mid-term action shall include:

- (a) Information provided to the President and Chief Executive Officer or Chief of Staff by the Chief of Department which raises concerns about any of the matters in these By-Laws relating to non-immediate mid-term action, shall be in writing and will be directed to the President and Chief Executive Officer and/or Chief of Staff.
- (b) Where either of the President and Chief Executive Officer, 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 and Chief Executive Officer 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 and Chief Executive Officer 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, and 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 and Chief Executive Officer, 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 and Chief Executive Officer, 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 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) Where the applicant or member does not require a Hearing by the Board, the Board may implement the recommendation of the Medical Advisory Committee.
- (q) 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 for "the Board Hearing".

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 or Credentials 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 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 Credentials Committee and 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 Credentials Committee or 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.
- (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.