

PROFESSIONAL STAFF BY-LAWS
OF
GRAND RIVER HOSPITAL CORPORATION
KITCHENER, ONTARIO

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ARTICLE I – APPLICATION

This by-law applies to the Professional Staff, as herein defined, of Grand River Hospital Corporation (the “Hospital”).

ARTICLE II- DEFINITIONS

In these By-Laws, unless the context otherwise requires,

- (a) "Board" means the Board of Directors of the Corporation.
- (b) "By-Laws" are provisions concerning the organization and manner of functioning of the Hospital and its Professional Staff.
- (c) "Chief Executive Officer" means, in addition to "administrator", as defined in the *Public Hospitals Act*, the employee of the Hospital who is the President and Chief Executive Officer of the Board.
- (d) “Chief Nursing Executive” or “CNE” means the senior nurse employed by the Hospital who reports directly to the Chief Executive Officer and is responsible for nursing services provided in the Hospital.
- (e) "Chief of a Department" is the medical practitioner appointed by the Board, to be in charge of one of the duly organized Professional Staff Departments.
- (f) "Chief of Staff" is the Chair of the Medical Advisory Committee and the person responsible, through the Chief Executive Officer to the Board, for the quality of medical care within the Hospital.
- (g) "Corporation" means Grand River Hospital Corporation.
- (h) “Director" means a member of the Board.
- (i) "Hospital" means Grand River Hospital Corporation.
- (j) “Impact analysis” means a process to assess the clinical and financial implications of a potential appointment to the Professional Staff.
- (k) “Midwife” or “midwife” means a person registered in good standing in the College of Midwifery of Ontario.
- (l) "Nurse" means a holder of a current certificate of competence issued in Ontario as a Registered Nurse who is a full-time or a part-time employee of the Hospital.

- (m) “Nurse in the Extended Class” means a nurse in the extended class as certified by the College of Nurses of Ontario and who is employed or granted privileges by the Hospital.
- (n) "Physician" means a legally qualified medical practitioner.
- (o) “Professional Staff” means a member of the Medical, Dental, Midwifery, and Extended Class Nursing Staff.
- (p) “Regional Partners” means the health care institutions and agencies within the Waterloo Wellington Local Health Integration Network with whom the Corporation has developed collaborative relationships for the provision of patient care, and education and research.
- (q) "Rules" are provisions concerning the Professional Staff organization and functions not included in the By-Laws and the professional conduct of the members of the Professional Staff in common to the Hospital and the St. Mary’s General Hospital.

ARTICLE III– PURPOSE

These By-laws:

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

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 organizational units (departments, services, committees, programs, 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, Chiefs of Departments and Heads of Services;
- (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 acts 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.

ARTICLE IV – PURPOSE OF THE PROFESSIONAL STAFF ORGANIZATION

The purposes of the Professional Staff Organization are:

- (a) to ensure the delivery of quality medical care to patients by the Professional Staff; and
- (b) to ensure a process whereby the members of the Professional Staff participate in the Hospital's planning, policy setting and decision making.

ARTICLE V – PROFESSIONAL STAFF RESOURCE PLAN

- (a) The Medical Advisory Committee will recommend to the Board for approval, on an annual basis, a Professional Staff Resource Plan for each department of the Professional Staff, as recommended by the chief of the clinical department with the advice of the Administration of the Hospital, and appropriate Regional Partners, and subject to available resources. 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.
- (b) A component of the Professional Staff Resource Plan shall be a recruitment plan which shall include an impact analysis.

ARTICLE VI - MEMBERSHIP

6.1 Appointment

- (a) The Board shall appoint annually Professional Staff for the Hospital upon the recommendation of the Medical Advisory Committee.
- (b) The Board shall establish, from time to time, the form of application and reapplication after considering the advice of the Medical Advisory Committee. The Board may approve an alternative form of application for those applicants who hold a professional staff appointment at a hospital approved and designated by the Medical Advisory Committee in accordance with the *Comprehensive Appointment and Credentialing Policy*. An application for appointment to the Professional Staff shall be processed in accordance with the Hospital's *Comprehensive Appointment and Credentialing Policy*. An applicant for appointment to the Professional Staff must meet the following qualifications:

- (i) have adequate training and experience for the privileges requested;
- (ii) have a demonstrated ability to:
 - (A) provide patient care at an appropriate level of quality and efficiency;
 - (B) work and communicate with, and relate to, others in a co-operative, collegial and professional manner;
 - (C) communicate with, and relate appropriately to, patients and patients' relatives and/or substitute decision makers;
 - (D) participate in the discharge of staff, committee and, if applicable, teaching responsibilities, and other duties appropriate to staff category;
 - (E) meet an appropriate standard of ethical conduct and behaviour; and
 - (F) govern himself or herself in accordance with the requirements set out in this By-law, the Hospital's mission, vision and values, Rules and Regulations and Policies;
- (iii) have maintained the level of continuing professional education required by the applicable regulatory College;
- (iv) have up-to-date inoculations, screenings and tests as may be required by the occupational health and safety policies and practices of the Hospital, the *Public Hospitals Act* or other legislation;
- (v) demonstrate adequate control of any significant physical or behavioural impairment affecting skill, attitude or judgment that might impact negatively on patient care or the operations of the Corporation; and
- (vi) have current membership in the Canadian Medical Protective Association or professional practice liability coverage appropriate to the scope and nature of the intended practice.
- (vii) In addition to the qualifications set out in subsections 6.1(b)(i)-(vi), an applicant for appointment to the Medical Staff must:
 - (A) be qualified to practice medicine and licensed pursuant to the laws of Ontario and have a Certificate of Registration in good standing with the College of Physicians and Surgeons of Ontario or an equivalent certificate from their most recent licensing body;
 - (B) have a current Certificate of Professional Conduct from the College of Physicians and Surgeons of Ontario or the equivalent certificate from their most recent licensing body; and

- (C) if practicing in a specialty recognized by the Royal College of Physicians and Surgeons of Canada, have a Royal College certificate or evidence of eligibility to be a member of the Royal College, such evidence to be acceptable to the Board.
- (viii) In addition to the qualifications set out in subsection 6.1(b)(i)-(vi), an applicant for appointment to the Dental Staff must:
 - (A) be qualified to practice dentistry and licensed pursuant to the laws of Ontario and have a letter of good standing from the Royal College of Dental Surgeons of Ontario or the equivalent letter from their most recent licensing body; and
 - (B) have a current Certificate of Professional Conduct from the Royal College of Dental Surgeons or the equivalent certificate from their most recent licensing body.
 - (ix) In addition to the qualifications set out in subsection 6.1(b)(i)-(vi), an applicant for appointment to the Midwifery Staff must meet the following qualifications:
 - (A) be qualified to practice midwifery and be licensed pursuant to the laws of Ontario and have a Certificate of Registration in good standing with the College of Midwives of Ontario or an equivalent certificate from their most recent licensing body; and
 - (B) have a current Certificate of Professional Conduct from the College of Midwives of Ontario or the equivalent certificate from their most recent licensing body.
 - (x) In addition to the qualifications set out in subsections 6.1(b)(i)-(vi), an applicant for appointment to the Extended Class Nursing Staff must:
 - (A) be qualified to practice as a nurse in the extended class and hold a current, valid Annual Registration Payment Card as a registered nurse in the extended class with the College of Nurses of Ontario; and
 - (B) have a letter of good standing from the Ontario College of Nurses or their most recent licensing body.
 - (c) In making an appointment or reappointment to the Professional Staff, the Board shall consider the Hospital's resources and whether there is a need for the services in the community;
 - (d) The Board shall grant privileges to members of the Professional Staff upon the recommendation of the Medical Advisory Committee;

- (e) Where the Board of the Hospital 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.

6.2 Appointment to the Professional Staff

- (a) Except where the Board approves an appointment recommended by the Medical Advisory Committee solely to the Grand River Hospital Professional Staff, an applicant, with the exception of midwives and nurses in the Extended Class must also apply for, be granted and maintain an appointment to the Professional Staff of the St. Mary's General Hospital.
- (b) The Board shall appoint physicians, dentists, midwives, and extended class nurses to the Professional Staff in accordance with the Professional Staff Resource Plan after considering the advice of the Medical Advisory Committee.
- (c) The Board shall appoint each member of the Professional Staff to the Hospital for a one year term except for Term Staff who may be appointed for shorter specific time intervals.

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

- (a) 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, revoke, suspend or alter an appointment to the Professional Staff, the appointment to an office of the Hospital of a physician, dentist, midwife, or extended class nurse or the procedural privileges granted to a member of the Professional Staff, or elicit an undertaking from a physician, dentist, midwife, or extended class nurse not to exercise his/her hospital privileges.

- (b) EMERGENT SITUATIONS:

Where the professional conduct or competence of a member of the Professional Staff exposes, or is reasonably likely to expose patient(s) or Hospital staff to harm or injury and immediate action must be taken to protect patient(s) or staff and no less restrictive measure can be taken, the Chief Executive Officer or Chief of Staff or the Chief of the Department to which the member is assigned, or their respective designates, may with notice to the other of them or their delegates, immediately and

temporarily suspend the member's privileges until such time as a hearing can be arranged in accordance with Schedule A of these By-Laws and Hospital policy.

(c) **NON-EMERGENT SITUATIONS:**

Where the professional conduct or competence of a member of the Professional Staff may be detrimental to the delivery of quality patient care within the Hospital, or may be detrimental to Hospital operations or the safety of staff, or results in the imposition of sanctions by the professional College, or is contrary to the by-laws, Hospital policies, the Professional Staff rules and regulations, the *Public Hospitals Act*, R.S.O. 1990, c. P-40, or the regulations made thereunder, or any other relevant law or legislated requirement, the Chief Executive Officer, the Chief of Staff, the Department Chief, or their respective delegates, may recommend alteration to, revocation or suspension of the member's appointments and/or privileges, such recommendation to be followed by the process for a meeting of the Medical Advisory Committee and, if deemed necessary, a hearing of the Board, held in accordance with Schedule A of these By-Laws and Hospital policy.

6.4 Reappointment

- (a) Each year, the Board shall require each member of the Professional Staff to make a written application on the prescribed form to the Chief Executive Officer for reappointment to the Professional Staff.
- (b) An application for reappointment to the Professional Staff shall be processed in accordance with the Hospital's *Comprehensive Appointment and Credentialing Policy*.
- (c) The Chief(s) of Department(s) shall review and submit a written report to the Credentials Committee concerning each application for reappointment within the department. Each report shall include information concerning the knowledge and skill which has been shown by the Professional Staff member, the nature and quality of his/her work in the Hospital, including comments on the utilization of Hospital resources and the Professional Staff member's ability to function in conjunction with other members of the Hospital staff.

6.5 Refusal to Reappoint

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

6.6 Application for Change of Privileges

- (a) Any change of privileges associated with 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 is entitled to request any additional information or evidence that it deems necessary for consideration of the application for change in privileges.

ARTICLE VII- CATEGORIES OF PROFESSIONAL STAFF

7.1 Professional Staff

The Professional Staff shall be divided into:

- (a) Active;
- (b) Associate;
- (c) Honorary;
- (d) Supportive;
- (e) Regional Affiliate;
- (f) Term;
- (g) Temporary; and
- (h) Locum Tenens.

7.2 Active Staff

- (a) The Active Professional Staff shall consist of those members who have been appointed by the Board following a period of Associate Professional Staff membership as provided for in this Bylaw.
- (b) All Active Professional Staff are responsible for assuring that professional care is provided to their patients in the Hospital.
- (c) All Active Professional Staff members shall have admitting privileges unless otherwise specified in their appointment to the Professional Staff;
- (d) Each member of the Active Professional Staff shall:
 - (i) attend patients admitted to Hospital by the member, and undertake necessary treatment and operative procedures only in accordance with the kind and degree of privileges granted by the Board and be subject to the rules and regulations of the Department to which the member is assigned;

- (ii) undertake such duties in respect of those patients classed as emergency cases as may be specified by the Chief of Staff, or by the Chief of the Department to which the active staff member has been assigned;
 - (iii) participate in an on-call duty roster, unless otherwise exempted by the Professional Staff Rules and Regulations;
 - (iv) act as a supervisor of a member of the Professional Staff as and when requested by the Chief of Staff or the Chief of Department;
 - (v) be eligible to vote at Professional Staff meetings and to hold office;
 - (vi) attend no fewer than fifty percent (50%) of the regularly scheduled meetings of the Professional Staff and seventy percent (70%) of the meetings of the Department of which he is a member.
- (e) A dentist or midwife or extended class nurse in the Active staff category, may be granted in-patient or out-patient admitting privileges in association with a physician who is a member of the Professional Staff with Active staff privileges unless otherwise specified in his or her appointment to the Professional Staff.

7.3 Associate Staff

- (a) The Associate Staff shall consist of physicians, dentists, midwives or extended class nurses newly appointed to the Professional Staff by the Board. This shall be for a period of up to twelve (12) months.
- (b) Each Associate Professional Staff member shall have admitting privileges unless otherwise specified in the appointment.
- (c) An Associate Professional Staff member shall work for a probationary period under the supervision of an Active Professional Staff member named by the Chief of Staff or the Chief of Department to which the Associate Professional Staff member has been assigned.
- (d) After six months, the member of the Associate Staff shall be reviewed by the Department Chief who shall submit a written report to the Credentials Committee. Each report shall include information concerning the knowledge and skill which has been shown by the Associate Staff member, the nature and quality of the member's work in the Hospital, including comments on the utilization of Hospital resources and the Associate Staff member's ability to function in conjunction with the other members of the Hospital staff;
- (e) At the end of a twelve (12) month Associate appointment, the Department Chief may recommend a change of status to the Active Staff category. As part of the change of status process, the member of the Associate Staff shall be reviewed by the Department Chief who shall submit a written report to the Credentials Committee. Each report shall include information concerning the knowledge and skill which has

been shown by the Associate Staff member, the nature and quality of his/her work in the Hospital, including comments on the utilization of Hospital resources; the Associate Staff member's ability to function in conjunction with the other members of the Hospital staff; and a statement indicating the category of Staff appointment for which the physician, dentist, midwife, or extended class nurse is being recommended;

- (f) Any such change of status appointment to the Active Staff will be in effect only for the period of time remaining in the current appointment year and may be carried out without requirement of a written application for reappointment by the Active Staff member. Thereafter, the Professional Staff member will complete written application for all further reappointments at the regularly scheduled times;
- (g) If the report and recommendation made as part of the change of status process are not favourable to the Associate Staff member, the Chief of the Department of the Medical Advisory Committee may recommend an extension of Associate status not to exceed twelve (12) months;
- (h) Should the extended period of the Associate status be in effect beyond the date of the next annual reappointment time, the appointment as Associate status shall be deemed to continue until completion of the extended period or unless revoked by the Board;
- (i) Each report and recommendation as in subsection 7.3(e) shall be reviewed by the Credentials Committee of the Medical Advisory Committee;
- (j) At any time, an unfavourable report may cause the Medical Advisory Committee to make a recommendation that the appointment of the Associate Staff member be terminated;
- (k) The Chief of Department, upon the request of an Associate Professional Staff member or a supervisor, may assign the Associate Professional Staff member to a different supervisor for a further probationary period;
- (l) An Associate Professional Staff member shall:
 - (i) attend patients and undertake treatment and operative procedures under supervision only in accordance with the kind and degree of privileges granted by the Board;
 - (ii) be subject to the Professional Staff By-laws, rules and regulations of the Department to which he is assigned, and Hospital policies;
 - (iii) undertake such duties in respect of those patients classed as emergency cases as may be specified by the Chief of Staff, or by the Chief of the Department to which the active staff member has been assigned;

- (iv) participate in an equal manner in the on-call rota of the Department unless otherwise exempted by the Professional Staff Rules and Regulations;
- (v) be entitled to vote at Professional Staff meetings;
- (vi) not be eligible to be elected a Professional Staff Officer, but may be appointed to a committee of the Professional Staff; and
- (vii) attend no fewer than fifty percent (50%) of the regularly scheduled meetings of the Professional Staff and seventy percent (70%) of the meetings of the Department of which he is a member.

7.4 Honorary Staff

- (a) An individual may be honored by the Board with a lifetime appointment to the Honorary Professional Staff because the individual:
 - (i) is a former member of the Professional Staff who has retired from active practice; or
 - (ii) has an outstanding reputation or has made an extraordinary contribution to the Hospital or local community, although not necessarily a resident in the community.
- (b) Each member of the Honorary Professional Staff shall be appointed by the Board on the recommendation of the Medical Advisory Committee.
- (c) Members of the Honorary Professional Staff shall not:
 - (i) have regularly assigned duties or responsibilities;
 - (ii) be eligible to vote at Professional Staff meetings or hold office;
 - (iii) be bound by the attendance requirements for Professional Staff meetings; or
 - (iv) have admitting privileges.

7.5 Supportive Staff

- (a) The Supportive Staff shall consist of those members of the Professional Staff who are granted privileges by the Board to provide support to patients and/or members of patients' families.
- (b) Supportive Staff:
 - (i) may provide patients and their families with information;
 - (ii) shall be eligible for annual reappointment as provided in these By-laws;

- (iii) may input information into the patient record and progress notes but shall not make or record any orders; and
 - (iv) shall be eligible to attend Department, Service and Professional Staff Organization meetings.
- (c) Supportive Staff shall not:
- (i) have admitting privileges or procedural privileges, or provide direct patient care or conduct clinical trials;
 - (ii) be eligible to hold an elected or appointed office or serve on committees of the Medical Advisory Committee; and
 - (iii) be eligible to vote or be bound by attendance requirements of Department, Service or Professional Staff Organization meetings.

7.6 Regional Affiliate

- (a) The Board, upon the recommendation of the MAC, may grant Regional Affiliate Staff Privileges and responsibilities to applicants as the Board deems advisable, where the Professional Staff applicant requires such Privileges so as to fully participate in an approved regional program. Appointments shall be for a period not to exceed one (1) year and such appointment does not imply or provide for any continuing Professional Staff appointment.
- (b) Each Regional Affiliate Staff member shall hold the following privileges, unless otherwise specified in the appointment, and shall exercise them within his/her scope of practice:
 - (i) shall, unless otherwise specified in the grant of privileges by the Board, have admitting privileges;
 - (ii) may visit own patients in Hospital and write progress notes;
 - (iii) may write orders for inpatients;
 - (iv) may perform surgery in the Operating Room;
 - (v) may utilize the following Hospital services, where resources have been specifically allocated by the Board:
 - (A) Diagnostic Imaging;
 - (B) Pathology;
 - (C) Laboratory;

- (D) Surgical Day Care;
 - (E) Operating Room; and
 - (F) Outpatient Ambulatory Services
- (vi) attend but not vote at Professional Staff meetings, and may not hold elected office;
 - (vii) may participate in Hospital educational events; and
 - (viii) may join a Hospital committee at the discretion of the Chief of Staff/Chief Executive Officer.
- (c) The first 12 months of Regional Affiliate Status will be considered probationary.
 - (d) Each Regional Affiliate Staff member shall have the following responsibilities, unless otherwise specified in the appointment:
 - (i) will provide a legible, accurate and timely consultation report and record of patient care activities;
 - (ii) adhere to any other program-specific agreements;
 - (iii) participate where appropriate, in a regional “on-call” coverage system which is acceptable to the Chief of Staff, MAC and the Board.

7.7 Term Staff

- (a) Term staff will consist of applicants who have been granted admitting and/or procedural privileges as approved by the Board having given consideration to the recommendation of the Chief of Department and the Medical Advisory Committee in order to meet a specific clinical or academic needs for a defined period of time not to exceed one (1) year. The specific, clinical or academic need(s) shall be identified by the Medical Advisory Committee and approved by the Chief Executive Officer of the Hospital. Such needs may include services provided by clinical assistants, clinical scholars, long-term locum tenens, or such other circumstances as may be required. Appointments shall be for a period not to exceed one (1) year and such appointment does not imply or provide for any continuing professional staff appointment or right of renewal.
- (b) Term staff:
 - (i) may be required to work under the supervision of an Active staff member identified by the Chief of Department;

- (ii) may be required to undergo a probationary period as appropriate and as determined by the Chief of Department;
 - (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 department clinics as may be specified by the Chief of Department due to the number that the Professional Staff is assigned;
 - (v) shall, unless otherwise specified in the grant of privileges by the Board, have admitting privileges.
- (c) Term staff will not, subject to determination by the Board in each individual case:
- (i) be eligible for re-appointment;
 - (ii) attend or vote at meetings of the Professional staff or be an officer of the Professional staff or committee chair; and
 - (iii) be bound by the expectations for attendance at Professional staff, departmental and service meetings.

7.8 Temporary Staff

- (a) Temporary staff shall be an appointment to the Professional Staff of the Hospital for any reason, including 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 expected need for a Professional service.
- (b) Notwithstanding any other provision of 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, Dentist, Midwife or Extended Class Nurse who is not a member of the Professional Staff provided that such privileges shall not extend beyond the date of the next meeting of the Medical Advisory Committee at which time the action taken shall be reported;
 - (ii) on the recommendation of the Medical Advisory Committee at its next meeting, continue the temporary privileges until the next meeting of the Board; and
 - (iii) remove temporary privileges at any time prior to any action by the Board.

- (c) Temporary Staff shall not be eligible to:
 - (i) vote at Professional Staff meetings;
 - (ii) hold office; or
 - (iii) sit on a committee requiring Professional Staff.
- (d) The Board may, after receiving the recommendation of the Medical Advisory Committee, continue a temporary appointment granted pursuant to section 7.8(b) for such period of time and on such terms as the Board determines.
- (e) If the term of the temporary appointment has been completed before the next Board meeting, the appointment shall be reported to the Board.
- (f) The temporary appointment shall specify the category of appointment and any limitation, restrictions or special requirements.

7.9 Locum Tenens

- (a) The Locum Tenens Staff shall consist of those members who have been appointed by the Board as a planned replacement for a Professional Staff member for a specified period of time.
- (b) 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 named by the Chief of Staff or his or her delegate;
 - (iii) attend patients and undertake treatment and operative procedures under supervision in accordance with the kind and degree of privileges granted by the Board; and
 - (iv) undertake such duties in respect of those patients classed as emergency cases as may be specified by the Chief of Department or his or her delegate, to which the Locum Tenens has been assigned.
- (c) Each Locum Tenens may attend Professional Staff and Department meetings but shall not be subject to the attendance requirements and penalties as provided by these Bylaws and the Professional Staff Rules.
- (d) Locum Tenens shall not have the right to vote at Professional Staff or Departmental meetings.
- (e) Locum Tenens shall not hold office and shall not be eligible for appointment to a committee of the Professional Staff.

7.10 Rules of the Professional Staff

Members of the Professional Staff in their treatment and attendance upon patients within the Hospital shall be under the jurisdiction of the Chief of Staff or the Chief of the Department concerned and through him/her to the Medical Advisory Committee. They shall be required to conform with all general and departmental staff rules.

ARTICLE VIII-PROFESSIONAL STAFF DUTIES

8.1 Duties, General

- (a) Each member of the Professional Staff is accountable to and shall recognize the authority of the Board through and with their Chief of Department, the Chief of Staff, and the President and CEO of the Hospital. A member of the Professional Staff shall meet with the respective Chief of Department and the Chief of Staff when requested to do so.
- (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) ensure a high professional standard of care is provided to patients under their care that is consistent with sound healthcare resource utilization practices;
 - (iii) prepare and complete patient records in accordance with the Hospital's Policies as may be established from time to time, applicable legislation and accepted industry standards;
 - (iv) participate in quality management initiatives, as appropriate;
 - (v) notify the President and CEO of the Hospital and/or Chief of Staff of any change in the license to practice medicine made by the applicable College or the commencement of any College disciplinary proceedings, proceedings to restrict or suspend privileges at other hospitals, or malpractice actions.;
 - (vi) abide by the Policies and Procedures, and Rules and Regulations of the Professional Staff, this Bylaw, the *Public Hospitals Act* and the Regulations thereunder and all other legislated requirements;
 - (vii) abide by the terms of any confidentiality agreement required to be signed by members of the Professional Staff with respect to the medical information systems;
 - (viii) serve, if requested by the MAC, on subcommittees of the MAC;

- (ix) give such instruction as is required for the education and evaluation of other members of the Privileged Staff, Hospital staff and students;
 - (x) facilitate patients' relatives or other appropriate persons to authorize the direction of appropriate tissues and organs for transplantation;
 - (xi) perform such other duties as may be prescribed from time to time by or under the authority of the Board, the Medical Advisory Committee, or the Chief of Staff, or Chief of Department.
- (c) Every member of the Professional Staff shall co-operate with:
- (i) the Chief of Staff and the Medical Advisory Committee;
 - (ii) the Chief of the Department to which the he or she has been assigned;
 - (iii) the Program Medical Director;
 - (iv) the Chief Executive Officer;
 - (v) the other members of the multi-disciplinary health team.
- (d) Every member of the Professional Staff shall communicate immediately to the appropriate Department Chief or the Chief of Staff any situation where that member believes a member of the Professional Staff is:
- (i) attempting to exceed his/her privileges;
 - (ii) temporarily unable to perform his/her professional duties with respect to a patient in the Hospital;
 - (iii) demonstrating unprofessional conduct as defined by the College of Physicians and Surgeons of Ontario and/or the Royal College of Dental Surgeons of Ontario and/or the College of Midwifery of Ontario and/or the College of Nurses of Ontario.
- (e) Every member of the Professional Staff shall communicate immediately to the Chief Executive Officer any situation where that member believes a member of the Hospital Staff is:
- (i) attempting to exceed his/her defined scope of practice;
 - (ii) temporarily unable to perform his/her professional duties with respect to a patient in the Hospital;
 - (iii) demonstrating unprofessional conduct as defined by the Hospital.

- (f) Each member of the Active and Associate Staff groups shall attend no fewer than fifty (50) percent of the regular staff meetings and seventy (70) percent of the meetings of the department or services within a department of which the individual is a member.

8.2 Review and Interpretation

- (a) Any member of the Professional Staff, the President and CEO of the Hospital, or the Board may request a review or discussion concerning the intent or application/interpretation of any section of the Professional Staff part of this Bylaw, the Professional Staff Rules or the Professional Staff Regulations.
- (b) A request for review or discussion shall be submitted in writing to the Chief of Staff and the President of the Professional Staff, giving reasons for the request.
- (c) Within thirty (30) days of receiving the request, the Chief of Staff shall convene a meeting with the individual(s) submitting the request, the President of the Professional Staff and such others as may be appropriate.
- (d) In the event that the matter cannot be resolved in this forum, the matter may be forwarded to the Medical Advisory Committee, the Joint Conference Committee or another mutually agreeable alternative for resolution.
- (e) The Hospital Board will make the final interpretation.

ARTICLE IX - DEPARTMENTS AND SERVICES

9.1 Classification

- (a) The Professional Staff shall be divided into Departments which shall include:
 - Critical Care Medicine
 - Anesthesia
 - Hospitalist/Family Medicine
 - Internal Medicine
 - Surgery
 - Emergency Medicine
 - Laboratory Medicine
 - Diagnostic Imaging
 - Complex Continuing Care and Rehabilitation
 - Nephrology
 - Oncology
 - Reproductive Medicine
 - Paediatrics
 - Psychiatry
 - Nuclear Medicine
 - Cardiovascular Services
 - Pulmonary Services

- (b) Whenever a separate department is established, professional staff and patients related to such a department shall come under the jurisdiction of that department.
- (c) The Board, after considering the advice of the Medical Advisory Committee, may at any time establish or disband Departments of the Professional Staff
- (d) Divisions within Professional Staff Departments:
 - (i) 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.
 - (ii) 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 Division.
 - (iii) The procedure for recommending a Head of each Division shall be similar to that for Chief of Department as defined in the Professional Staff Rules.
 - (iv) The appointment of a Head of Division shall be for three (3) years subject to annual confirmation by the Medical Advisory Committee. The Head of Division may continue to hold office until a successor is appointed.

9.2 Organization of Departments

- (a) Each Department shall be organized as a division of the staff as a whole with a Departmental chief who shall be responsible to the Medical Advisory Committee.
- (b) The Active Staff of each Department shall hold meetings in accordance with these By-Laws.
- (c) The clinical Departments of the Hospital shall ensure adequate coverage of the Emergency Department and the Hospital 24 hours a day.
- (d) Any physician with Active or Associate Staff privileges in the clinical Department has a duty to take call in such a manner as is established within the clinical Department concerned, in keeping with his/her privileges.
- (e) Any Department or Division shall function in accordance with the Professional Rules and Regulations.

9.3 Departmental Meetings

- (a) The essential purpose of staff meetings and Departmental meetings is to improve patient care by actions arising out of discussion of matters of scientific, educational or clinical interest.

- (b) Each Department shall meet at least ten times yearly.
- (c) Minutes shall be kept of each Departmental meeting and shall be forwarded to the Medical Advisory Committee.

9.4 Appointment of Chief of Department

- (a) Appointments in Common

The Board shall appoint a Chief of Department common to both the Hospital and St. Mary's General Hospital for each of the Departments as set out in subsection 9.1(a). The Board may appoint a common Chief of Department as follows:

- (i) a physician who is a member of the Active Staff or Associate Staff from that Department and who is also appointed as Chief of that Department at St. Mary's General Hospital, after considerations to the recommendations of a Selection Committee who shall seek the advice of the Medical Advisory Committee;
- (ii) the membership of the Selection Committee to act in the selection of Department Chiefs at the Hospital and St Mary's General Hospital in respect of those departments set out in subsection 9.1(a) shall include:
 - (A) the Chief of Staff;
 - (B) the Chief Executive Officer, or his or her delegate, of St. Mary's General Hospital;
 - (C) the Chief Executive Officer, or his or her delegate, of the Hospital;
 - (D) a physician member of that Department from both St. Mary's General Hospital and the Hospital;
 - (E) the Chair, or his or her delegate, of the Board of both the Hospital and St. Mary's General Hospital;
 - (F) a member of the Medical Advisory Committee as appointed by the Chief of Staff;
 - (G) a physician member of a Department that works closely with the Department Chief;
 - (H) the Chief Nursing Executive of St. Mary's General Hospital;
 - (I) the Chief Nursing Executive of the Hospital; and

(J) such other members as may from time to time be determined by the Board.

(b) Re-appointment and Term

- (i) The Board of the Hospital shall appoint or reappoint a Chief for each department set out in 9.1(a) after considering the recommendation of the Medical Advisory Committee.
- (ii) The appointment of a Chief of a Department shall be for three (3) years subject to annual confirmation by the Medical Advisory Committee. The Chief of a Department shall continue to hold office until a successor is appointed.

9.5 Duties of the Chief of Department

(a) The Chief of Department shall:

- (i) be a member of the Medical Advisory Committee;
- (ii) through and with the Chief of Staff fulfill the obligations set forth in *The Public Hospitals Act* and in particular Section 31 thereof;
- (iii) advise the Medical Advisory Committee through and with the Chief of Staff with respect to the quality of medical, and where appropriate dental, midwifery and extended class nursing, diagnosis, care and treatment provided to the patients and outpatients of the Department;
- (iv) advise the Chief of Staff and the President of the Hospital of any patient who is not receiving appropriate treatment and care;
- (v) supervise the professional care provided by members of the Department;
- (vi) under emergency conditions, and whenever possible in consultation with the Chief of Staff, restrict or suspend temporarily, any and all privileges of any members of his staff until such time as an emergency meeting of the Medical Advisory Committee and/or its Executive can be arranged in accordance with subsection 6.3(b) of these by-laws;
- (vii) report to the Medical Advisory Committee and to the Department on activities of the Department including utilization of resources and quality management;
- (viii) make recommendations to the Medical Advisory Committee regarding human resource needs of the Department in accordance with the Hospital's strategic plan following consultation with Professional Staff of the Department, the Chief of Staff and, where appropriate, Heads of Divisions and Program Medical Directors;

- (ix) participate in the development of the Department's mission, objectives and strategic plan;
 - (x) participate in Department resource allocation decisions;
 - (xi) review or cause to be reviewed the privileges granted members of the department for the purpose of making recommendations for changes in the kind and degree of such privileges;
 - (xii) review and submit written recommendations regarding the performance of members of the department to the Credentials Committee as part of the reappointment process;
 - (xiii) participate in the orientation of new members of the Medical, Dental and Midwifery Staff appointed to the Department;
 - (xiv) encourage continuing medical education related to the Department;
 - (xv) advise the members of the Department regarding current Hospital and Departmental policies, goals, and rules;
 - (xvi) hold at least ten (10) monthly Departmental meetings in each year;
 - (xvii) hold regular meetings with the Heads of Divisions within the Department, if such services exist;
 - (xviii) ensure minutes of each departmental meeting including attendance and Quality Management reports are kept and made available to the Medical Advisory Committee through the Chief of Staff;
 - (xix) delegate appropriate responsibility to the Heads of Divisions within the department;
 - (xx) ensure there exists a process for the selection of representatives from the Department to those committees of the Medical Advisory Committee which name within their composition a member of that Department;
 - (xxi) notify the Chief of Staff and the President of the Hospital of the Chief of Department's absence, and designate an alternate from within the department; and
- (b) A Chief of Department wishing to resign from his or her appointment shall submit her or her resignation in writing to the Chair of the Board of the Hospital and St. Mary's General Hospital; however, the resignation shall not be effective until sixty days (60) have passed since tendering resignation, and a replacement has been appointed.

ARTICLE X - OFFICERS

10.1 Elected Officers

- (a) The elected officers of the Professional Staff shall be President, Vice-President and Secretary-Treasurer. The President and Vice-President may be one in the same individual. These officers shall be elected at the annual meeting of the Professional Staff. It is the intent of these By-Laws that these officers hold office for one year. Their term of office in each position shall not exceed one year but they shall remain in office until their successors are elected.
- (b) Only members of the Active Professional Staff may be elected or appointed to any position or office.
- (c) The President of the Professional Staff shall:
 - (i) preside at all meetings of the Professional Staff;
 - (ii) call special meetings of the Professional Staff;
 - (iii) be a voting member of the Medical Advisory Committee and its Executive;
 - (iv) be a member of the Board of the Hospital and as a Director, fulfill his or her fiduciary duties to the Hospital by advising the Board in good faith and in the best interest of the Hospital, declare and avoid actual or perceived conflict of interest in carrying out such duties, ensure compliance with the confidentiality obligations of a Director and demonstrate a knowledge of the *Public Hospitals Act* and the regulations made thereunder;
 - (v) demonstrate an understanding of those issues and matters impacting the Hospital and a willingness to ensure a continued awareness of the same and further shall support the vision, mission, core values and strategic plan of the Hospital as approved by the Boards of each Hospital;
 - (vi) report to the Medical Advisory Committee and the Board on any issues raised by the Professional Staff;
 - (vii) be accountable to the Professional Staff and advocate fair process in the treatment of members of the Professional Staff;
 - (viii) ensure that the Board is informed when a majority vote of the Professional Staff at any properly constituted meeting of the Professional Staff is opposed to a rule or rule change proposed by the Medical Advisory Committee;
 - (ix) report to the Professional Staff at its regular meetings;
 - (x) be a member of the Joint Conference Committee;

- (xi) conduct the elections of Professional Staff officers;
 - (xii) may join a Hospital committee at the discretion of Chief of Staff/Chief Executive Officer;
 - (xiii) serve on Board and Medical Advisory Committees as requested or provided for by these By-Laws; and
 - (xiv) represent the Professional Staff on various task forces or at functions as may be requested from time to time.
- (d) The Vice-President of the Professional Staff shall:
- (i) act in the place of the President of the Professional Staff, perform the President's duties and possess the President's powers, in the absence or disability of the President;
 - (ii) perform such duties as the President of the Professional Staff may delegate;
 - (iii) be a member of the Board of Directors of the Hospital, in accordance with the *Public Hospitals Act*;
 - (iv) be a voting member of the Medical Advisory Committee; and
 - (v) be a member of the Joint Conference Committee.
- (e) The Secretary-Treasurer shall:
- (i) be a member of the Medical Advisory Committee;
 - (ii) attend to the correspondence of the Professional Staff;
 - (iii) give notice of Professional Staff meetings by posting a written notice thereof:
 - (A) in the case of a regular or special meeting of the Professional Staff at least five days before the meeting;
 - (B) in the case of an annual meeting of the Professional Staff, at least ten days before the meeting;
 - (iv) ensure that minutes are kept of all Professional Staff meetings;
 - (v) ensure that a record of attendance at each meeting of the Professional Staff is made;
 - (vi) receive the record of attendance for each meeting of each Department of the Professional Staff;

- (vii) make the records of attendance available to the Medical Advisory Committee;
- (viii) be accountable for all funds entrusted to him/her.
- (ix) act in place of the Vice-President of the Professional Staff, performing the Vice-President's duties (other than being a member of the Board of Directors of the Hospital) and possessing the Vice-Presidents powers in the absence or disability of the Vice-President.

ARTICLE XI- CHIEF OF STAFF

11.1 Chief of Staff

- (a) The Board shall appoint a Physician who is a member or shall apply to become a member of the active staff or associate staff to be the Chief of Staff after giving consideration to the recommendation of the Selection Committee.
- (b) Subject to annual confirmation by the Board, an appointment made under subsection (a) shall be for a term of three (3) years but the Chief of Staff shall hold office until a successor is appointed.
- (c) The Chief of Staff shall be subject to an annual performance review by the Board of the Hospital and St. Mary's General Hospital with respect to issues related to strategic planning, medical governance, education and research and shall be subject to an annual performance review by the Chief Executive Officers of the Hospital and St. Mary's General Hospital with respect to any managerial responsibilities arising out of the Chief of Staff's role on the senior management teams.
- (d) The Physician, as a condition of appointment and maintaining appointment as Chief of Staff, shall also be the Chief of Staff at St. Mary's General Hospital.
- (e) The membership of the Selection Committee to act in the selection of the Chief of Staff at the Hospital and St. Mary's General Hospital may be as follows:
 - (i) the Chair or delegate of the Boards of the Hospital and St. Mary's General Hospital;
 - (ii) three members of Medical Advisory Committee, one of whom must be a common Chief of Department and one of whom must be the president or vice-president of the Professional Staff Association or one member at large;
 - (iii) the Chief Executive Officer, or his or her delegate, of both the Hospital and St. Mary's General Hospital;
 - (iv) the CNE, or his or her delegate, of both the Hospital and St. Mary's General Hospital; and

- (v) such other members as may from time to time be selected by the Board.

11.2 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.

Duties to the Board and MAC

The Chief of Staff shall be responsible to the Board of the Hospital and the St. Mary's General Hospital through the Chair of each Board for the Professional Staff organization of the Hospital. The Chief of Staff shall:

- (a) be responsible for establishing and monitoring the credentialing and disciplining processes for the Professional Staff;
- (b) ensure that the process regarding credentialing of Professional staff is fair and executed in a timely manner;
- (c) be responsible for the disciplinary action or mediation of the Professional Staff in conjunction with the Department Chiefs;
- (d) be responsible for ensuring compliance with the *Public Hospitals Act* (Ontario), regulations and By-laws of the Hospital with respect to Professional Staff;
- (e) be responsible to the Board for the supervision and quality of all the Professional Staff diagnosis, care and treatment given to patients within the Hospital according to the policies established by the Board;
- (f) assist in ensuring appropriate cost-effective use of Hospital resources;
- (g) through, and with the Department Chiefs, advise the MAC and the Board of the Hospital, the Board of St. Mary's General Hospital, the Chief Executive Officer of the Hospital and the Chief Executive Officer of St. Mary's General Hospital with respect to the quality of medical diagnosis, care and treatment provided to the patients of the Hospital;
- (h) 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 Bylaws;
- (i) be a member of all committees that report to the Medical Advisory Committee;
- (j) be a member of the Executive Committee of the Board;
- (k) work with the Department Chiefs to ensure that the annual evaluation and appointment process of the Professional Staff is completed;

- (l) work, as needed, with the Department Chiefs in any Professional Staff discipline problems;
- (m) 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;
- (n) 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;
- (o) investigate and report serious incidents.

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 and St. Mary's General 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 and St. Mary's General 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 St. Mary's General Hospital, and the Bylaws of the Hospital and St. Mary's General Hospital;
- (xi) as a member of the senior management team of the Hospital and St. Mary's General Hospital, be accountable to and assume managerial responsibilities as determined by the Chief Executive Officers of the Hospital and St. Mary's General Hospital; and
- (xii) undertake any other responsibilities as determined by the Board of the Hospital and St. Mary's General Hospital and the Chief Executive Officer of the Hospital and St. Mary's General Hospital.

11.3 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.

The Physician, as a condition of appointment and maintaining appointment as Deputy Chief of Staff, shall also be the Deputy Chief of Staff at St. Mary's General Hospital.

The Deputy Chief of Staff in the absence of the Chief of Staff shall have all or some of the following duties to the Board and Medical Advisory Committee as well as administrative duties as determined by the Chief of Staff.

Duties to the Board and MAC

The Deputy Chief of Staff shall be responsible to the Board of the Hospital and St. Mary's General Hospital through the Chair of each Board for the Professional Staff organization of the Hospital. The Deputy Chief of Staff shall:

- (a) be responsible for establishing and monitoring the credentialing and disciplining processes for the Professional Staff;
- (b) ensure that the process regarding credentialing of Professional staff is fair and executed in a timely manner;
- (c) be responsible for the disciplinary action or mediation of the Professional Staff in conjunction with the Department Chiefs;
- (d) be responsible for ensuring compliance with the *Public Hospitals Act* (Ontario), regulations and By-laws of the Hospital with respect to Professional Staff;
- (e) be responsible to the Board for the supervision and quality of all the Professional Staff diagnosis, care and treatment given to patients within the Hospital according to the policies established by the Board;

- (f) assist in ensuring appropriate cost-effective use of Hospital resources;
- (g) through, and with the Department Chiefs, advise the MAC and the Board of the Hospital, the Board of St. Mary's General Hospital, the Chief Executive Officer of the Hospital and the Chief Executive Officer of St. Mary's General Hospital with respect to the quality of medical diagnosis, care and treatment provided to the patients of the Hospital;
- (h) 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 Bylaws;
- (i) be a member of all committees that report to the Medical Advisory Committee;
- (j) be a member of the Executive Committee of the Board;
- (k) work with the Department Chiefs to ensure that the annual evaluation and appointment process of the Professional Staff is completed;
- (l) work, as needed, with the Department Chiefs in any Professional Staff discipline problems;
- (m) 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;
- (n) supervise and evaluate Chiefs of Department with respect to expected role. Under extraordinary conditions, the Deputy 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;
- (o) investigate and report serious incidents.

Administrative Duties

When necessary, the Deputy 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 and St. Mary's General 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 and St. Mary's General 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 St. Mary's General Hospital, and the Bylaws of the Hospital and St. Mary's General Hospital;
- (xi) as a member of the senior management team of the Hospital and St. Mary's General Hospital, be accountable to and assume managerial responsibilities as determined by the Chief Executive Officers of the Hospital and St. Mary's General Hospital; and
- (xii) undertake any other responsibilities as determined by the Board of the Hospital and St. Mary's General Hospital, and the Chief Executive Officer of the Hospital and St. Mary's General Hospital.

ARTICLE XII - COMMITTEES

12.1 Medical Advisory Committee

- (a) Composition:
 - (i) The Chief of Staff who shall act as Chair;
 - (ii) The Deputy Chief of Staff, if so appointed;
 - (iii) The President of the Professional Staff;
 - (iv) The Vice-President of the Professional Staff;
 - (v) The Secretary-Treasurer of the Professional Staff;

- (vi) The Chiefs of the Departments of Critical Care Medicine, Anaesthesia, Internal Medicine, Surgery, Cardiovascular Services, Hospitalist/Family Medicine, Emergency Medicine, Diagnostic Imaging, Laboratory Medicine, Nephrology, Nuclear Medicine, Oncology, Complex Continuing Care and Rehabilitation, Pulmonary Services, Reproductive Medicine, Paediatrics, and Psychiatry;
- (b) The following shall have the right of attendance:
- (i) The Chief Nursing Executive of the Hospital, without a vote;
 - (ii) The Chief Nursing Executive of St. Mary's General Hospital, without a vote;
 - (iii) The President and Chief Executive Officer of the Hospital, without a vote;
 - (iv) The Chief Executive Officer of St. Mary's General Hospital, without a vote;
 - (v) Other resource people may be invited to attend at the discretion of the Chair; and
 - (vi) Vice-President, Medical Affairs, with a vote.

In the absence of the Chair, the members of the Medical Advisory Committee shall elect from amongst themselves a member to serve as Chair.

12.2 Duties of the MAC

The MAC is responsible for the following activities: credentials, By-laws (professional), education, quality, ethics, discipline and conflict resolution. The MAC shall establish Committees as directed by the *Public Hospitals Act*. Membership and duties of the Committees of the Medical Advisory shall be set out in the Professional Staff Rules and Regulations.

The MAC shall:

- (a) 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 Hospital professional care, including quality assurance, peer review, resource utilization and unusual incidents;
- (b) 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;

- (c) through the Chief of Department provide supervision over the practice of medicine, dentistry, midwifery, and extended class nursing in the Hospital;
- (d) participate in the development of the Hospital's overall objectives and planning, and make recommendations considering allocation and utilization of Hospital resources;
- (e) appoint such committees as are required for the supervision, review and analysis of all the clinical work in the Hospital;
- (f) 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;
- (g) receive, consider and act upon the Report from each of its appointed Committees;
- (h) 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;
- (i) advise and co-operate with the Board and the Chief Executive Officer in all matters relating to the professional, clinical and technical services;
- (j) recommend to the Board clinical and general rules respecting the Professional Staff as may be necessary under the circumstances;
- (k) make recommendations to the quality committee of the Board established under the *Excellent Care for All Act* as required by the *Public Hospitals Act* and the Hospital Management Regulation; and
- (l) advise the Board on any matters referred to it by the Board.

12.3 Executive Committee of the Medical Advisory Committee

- (a) The Executive Committee of the Medical Advisory Committee shall consist of:
 - (i) Chief of Staff, who shall be chair;
 - (ii) President of the Professional Staff;
 - (iii) Chief of Department of Internal Medicine;
 - (iv) Chief of Department of Surgery; and
 - (v) not more than two (2) other Chiefs of Department.

- (b) The Chief Executive Officer and the Chief Nursing Executive shall be invited to attend meetings of the Executive Committee of the Medical Advisory Committee but shall not have a vote.
- (c) 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 or the Chief Executive Officer;
 - (ii) provide a forum for in-depth discussion and debate of professional care issues and resolutions;
 - (iii) ensure the effectiveness of the Professional Staff Organization;
 - (iv) 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
 - (v) report at each meeting of the Medical Advisory Committee and meet at the call of the chair.

ARTICLE XIII - COMMITTEES OF THE MEDICAL ADVISORY COMMITTEE

13.1 Medical Advisory Committees

The Board will put in place standing and special committees as may be necessary from time to time to comply with their duties under the *Public Hospitals Act* or the By-Laws of the Hospital or as they deem appropriate from time to time. The duties of these Committees are outlined in the Professional Staff Rules. The Board shall appoint the following standing committees following the annual meeting:

- (a) Joint Credentials Committee
- (b) Joint Medical Resource Planning Committee
- (c) Joint Health Information Management and Audit Committee
- (d) Joint Infection Control Committee
- (e) Joint Medication and Therapeutics Committee

13.2 Committees Established by the Medical Advisory Committee

- (a) The Medical Advisory Committee may establish other committees as required to fulfill its duties.

- (b) Each committee appointed by the Medical Advisory Committee shall work within a mandate described by the Medical Advisory Committee.
- (c) The Medical Advisory Committee shall establish and revise the terms of reference for any MAC Committee formed under subsection 13.2(a), which terms of reference shall be set forth in the Professional Staff Rules and Regulations. The Medical Advisory Committee shall present the revised terms of reference to the Board for approval.
- (d) The MAC may, at any meeting, appoint any Special Committee, prescribe its terms of reference and name the Chair and Vice-Chair.
- (e) The MAC may, by resolution, at any time, dissolve and reconstitute the membership of any special committee.
- (f) Unless otherwise directed by the MAC, each Committee of the MAC shall meet as specified in its terms of reference and report to the MAC.

13.3 Appointment to MAC Committees

Pursuant to the Hospital Management Regulation, the Medical Advisory Committee shall appoint the medical members of all MAC Committees provided for in this Bylaw. Other members of MAC Committees shall be recommended by the Medical Advisory Committee. The Chief of Staff shall be an ex-officio member of all MAC Committees, without vote.

13.4 MAC Committee Duties

In addition to the specific duties of each MAC Committee as set out in this Bylaw and the Professional Staff Rules, all MAC Committees shall:

- (a) meet as directed by the Medical Advisory Committee;
- (b) present a written report including any recommendations of each meeting to the next meeting of the Medical Advisory Committee;
- (c) perform such other duties, not specified in this Bylaw, as may from time to time be directed by the Medical Advisory Committee;
- (d) review their terms of reference every three (3) years, or more frequently if necessitated by changing needs. Reviewed terms of reference will be submitted, with modifications if any, to the Medical Advisory Committee.

13.5 MAC Committee Chair

- (a) The Medical Advisory Committee shall appoint a physician as the Chair of each MAC Committee where possible. Physicians named as Committee Chairs must be members of the Active Professional Staff.

- (b) The Chair shall hold office for one year and may be reappointed annually by the Medical Advisory Committee.

13.6 Duties of the Chair of the Committees of the Medical Advisory Committee

Each Chair of a committee of the Medical Advisory Committee shall:

- (a) chair the committee meetings,
- (b) call meetings of the committee,
- (c) be a voting member of the committee which they chair,
- (d) report to the Medical Advisory Committee through the Committee minutes,
- (e) at the request of the Medical Advisory Committee, be present to discuss all or part of any report of the committee, and
- (f) request meetings with the Medical Advisory Committee when appropriate.

13.7 Other Committee Duties

The duties of all other Medical Staff Committees shall be as specified in the Medical Staff Rules. Terms of Reference for all Medical Staff Committees shall be developed by the Committee and approved by the Medical Advisory Committee.

13.8 Joint Credentials Committee

- (a) Composition
 - (i) The Joint Credentials Committee shall be a common credentials committee between the Hospital and St. Mary's General Hospital. The Credentials Committee shall consist of:
 - (A) the Chief of Staff;
 - (B) The Chief Executive Officer of the Hospital and the Chief Executive Officers of St. Mary's General Hospital;
 - (C) the Chief Nursing Executive of the Hospital;
 - (D) the Chief Nursing Executive of St. Mary's General Hospital;
 - (E) an officer of the Professional Staff Association of the Hospital and an officer of the Professional Staff Association of St. Mary's General Hospital;

(F) the Vice-President, Medical Affairs, of both the Hospital and St. Mary's General Hospital; and

(G) such other members as may from time to time be selected.

(b) Joint Credentials Committee Duties

(i) The Committee shall ensure that a record of the qualifications and professional career of every member of the Professional Staff is maintained.

(ii) The Joint Credentials Committee shall establish the authenticity and investigate the qualifications of each applicant for appointment and reappointment to the medical and dental staff and each applicant for a change in privileges.

(iii) The Joint Credentials Committee shall ensure that:

(A) each applicant for appointment to the professional staff meets the criteria as set out in the *Comprehensive Appointment and Credentialing Policy*;

(B) each applicant for a change in privileges continues to meet the criteria for reappointment set out in the *Comprehensive Appointment and Credentialing Policy*;

(iv) The Joint Credentials Committee shall consider reports of the interview with the applicant.

(v) The Joint Credentials Committee shall consult with the appropriate Chief of Department.

(vi) The Joint Credentials Committee shall submit a written report to the MAC at or before its next regular meeting. The report shall include the kind and extent of privileges requested by the applicant, and, if necessary, a request that the application be deferred for further investigation.

(vii) The Committee shall perform any other duties prescribed by the MAC.

ARTICLE XIV- MEETINGS – PROFESSIONAL STAFF

14.1 Annual Meeting

(a) An Annual meeting of the Professional Staff shall be held together with the Professional Staff of St. Mary's General Hospital at a date, time and place to be agreed upon and approved by the President of the Professional Staff of both Hospitals.

- (b) A written notice of the annual meeting shall be posted by the Secretary of the Professional Staff at least fourteen days (14) days before the meeting of the Professional Staff.

14.2 Quarterly Staff Meetings

The meetings of the Professional Staff shall be held at least four (4) times in each fiscal year of the Hospital, one (1) of which shall be the annual meeting.

14.3 Notice of Regular Meeting

- (a) Regular meetings of the Professional Staff shall be held together with the Professional Staff of St. Mary's General Hospital at a date, time and place to be agreed upon and approved by the President of the Professional Staff of both Hospitals.
- (b) A written notice of each regular meeting shall be posted by the Secretary of the Professional Staff at least fourteen (14) days before the meeting of the Professional Staff.

14.4 Special Meetings

- (a) In cases of emergency, the President of the Professional Staff may call a special meeting.
- (b) Special meetings shall be called by the President of the Professional Staff on the written request of any ten (10) members of the Active or Associate Staff.
- (c) Notice of such special meetings shall be as required for a regular meeting, except in cases of emergency, and shall state the nature of the business for which the special meeting is called.
- (d) The usual time required for giving notice of any special meeting shall be waived in cases of emergency, subject to ratification of this action by the majority of those members present and voting at the special meeting, as the first item of business at the meeting.

14.5 Attendance at Meetings

- (a) The Secretary-Treasurer of the Professional Staff shall:
 - (i) be responsible for the making of a record of the attendance at each meeting of the Professional Staff;
 - (ii) receive the record of attendance for each meeting of each department of the Professional Staff; and
 - (iii) make such records available to the Medical Advisory Committee.

- (b) Each member of the Active and Associate Professional Staff groups shall attend no fewer than 50 percent of the regular Professional Staff meetings and 70 per cent of the meetings of the department or services within a department which he/she is a member.

14.6 Quorum

- (a) A minimum of twenty (20) Active Professional Staff members present shall constitute a quorum at any general or special meeting of the Professional Staff.
- (b) In any case where a quorum of the Professional Staff has not arrived at the place named for the meeting within thirty minutes after the time named for the start of the meeting, those members of the Professional Staff who have presented themselves shall be given credit for attendance at the meeting for the purpose of satisfying the attendance requirement of these By-Laws.

14.7 Voting

- (a) There shall be only one vote cast by any one such member on any question and the same shall be so cast by the member personally present.
- (b) Unless as otherwise expressed by these By-Laws, every question shall be decided by a simple majority vote.
- (c) If there is an equality of votes, the chair shall rule that the motion has been defeated.
- (d) Unless a poll is demanded by at least ten percent of the members who can vote and who are present at any meeting, a declaration by the presiding officer thereat that a resolution is carried, or is not carried, by a particular majority shall be conclusive.
- (e) If a poll be demanded as aforesaid, it shall be taken in such a manner as the presiding officer in such meeting directs.
- (f) Voting at all elections shall be by secret ballots.
- (g) No member of the Professional Staff shall vote by proxy.

14.8 Order of Business

The order of business at any meeting of the Professional Staff shall be as defined in the Rules and Regulations of the Professional Staff.

14.9 Election Procedure

- (a) A Nominating Committee shall be appointed by the Professional Staff at each annual meeting and shall consist of six representatives consisting of those members

of the Professional Staff appointed at both the Hospital and St. Mary's General Hospital.

- (b) The Nominating Committee shall undertake its selection activities further to the following criteria:
 - (i) an officer should have knowledge and understanding of the needs and operations of the hospitals; and
 - (ii) a member nominated as President/Vice-President shall be a physician who shall be appointed to the Board of the Hospital and shall have an understanding of their responsibility to act in good faith and in the best interest of the Hospital to avoid or declare situations of actual or perceived conflict of interest.
- (c) At least fourteen days before the annual meeting of the Professional Staff, the Nominating Committee shall post a list of the names of nominated officers of the Professional Staff which are to be filled by election in accordance with these bylaws and the regulations under the *Public Hospitals Act*.
- (d) Further nominations may be made, in writing, where signed by two members of the Professional Staff entitled to vote, to the Secretary of the Professional Staff within seven days of the posting referred to at subsection (c) above and the nominee shall have signified in writing on the nomination his or her acceptance of it. Such nominations shall be posted or circulated in the same manner as above.

ARTICLE XV - PROFESSIONAL STAFF RULES AND REGULATIONS

- (a) The Board shall require that appropriate Professional Staff Rules and Regulations are formulated.
- (b) The Board may establish, modify or revoke one or more Professional Staff Rules and Regulations.
- (c) The Medical Advisory Committee may make recommendations to the Board for the establishment of one or more Professional Staff Rules and Regulations to be applicable to a group or category or to a specific department of the Professional Staff or to all physicians and dentists on the Professional Staff.
- (d) The Medical Advisory Committee shall ensure that, prior to making any recommendation to the Board with respect to a Rule, the members of the Active Professional Staff, or a specific department when appropriate, have an opportunity to comment on the proposed recommendation.
- (e) The President of the Professional Staff shall ensure that the Board is informed when a majority vote of the Professional Staff at any properly constituted meeting of the Professional Staff is opposed to a Rule or Rule change proposed by the Medical Advisory Committee.

ARTICLE XVI - AMENDMENT TO BY-LAW

16.1 Amendments to Professional Staff Part of By-Law

Prior to submitting the Professional Staff of the By-Law to the process established in the Administrative/Corporate By-law of the Corporation, the following procedures shall be followed:

- (a) a notice shall be sent to all members of the Professional Staff advising them of the proposed amendments to the Professional Staff part of the By-Law 14 days in advance of the matter being considered by the Board;
- (b) a copy of the proposed Professional Staff part of the By-Law or amendments thereto shall be posted in the Professional Staff rooms and shall be made available on request no fewer than fourteen (14) days in advance of the matter being considered by the Board;
- (c) the Professional Staff shall be afforded an opportunity to comment on the proposed Professional Staff part of the By-Law or amendment thereto; and
- (d) the Medical Advisory Committee may make recommendations to the Board concerning the proposed Professional Staff part of the By-Law or amendment thereto.

ARTICLE XVII - ADOPTION

These By-Laws shall replace any previous By-Laws of the Corporation relating to the same subject and in particular replace Articles 12 to 20 inclusive and Articles 21.2 and 22 of Amended and Restated By-Law No. 1 and shall become effective when approved by the Board of the Hospital. They shall, when adopted and approved, be equally binding on the Board and the Professional Staff.

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 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. REAPPOINTMENT AND REQUESTS FOR CHANGES IN PRIVILEGES

Recommendation for Reappointment and Changes in Privileges

- (a) The Joint Credentials Committee shall forward to the Medical Advisory Committee a recommendation in respect of a reappointment or request for change in privileges consistent with the Committee's terms of reference and such recommendation shall be in writing and supported by references to the specific activities or conduct which constitute the basis for the recommendation.
- (b) The Medical Advisory Committee may initiate further investigation, establish an ad hoc committee to conduct further investigation, refer the matter back to the Joint Credentials Committee with direction or to an external consultant, or 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 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

The definition of mid-term action in an emergency situation is outlined in Section 6.3 of these By-Laws.

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.

- (a) In addition to the steps outlined in Section 6.3, the Chief of Department or the Chief of Staff will immediately notify the member, the Medical Advisory Committee, the CEO, the President of the Professional Staff and the Board of their decision to suspend the member's privileges.
- (b) 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.
- (c) Within 24 hours of suspension, the individual who suspended the member will provide the Medical Advisory Committee, the CEO and the President of the Professional Staff with written reasons for the suspension and copies of any relevant documents or records.
- (d) 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.
- (e) 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".
- (f) The member may request and the Medical Advisory Committee may grant the postponement of the Special Medical Advisory Committee to a fixed date.
- (g) 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.
- (h) 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.
- (i) 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 Section 6.3 of these By-Laws. Procedure for a non-immediate mid-term action shall include:

- (a) Information provided to the CEO 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 CEO and/or Chief of Staff.
- (b) Where either of the 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 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 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 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 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 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 Joint 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 Chair of the Medical Advisory Committee 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 (“Board Hearing”) is required pursuant to this schedule or the Comprehensive Appointment and Credentialing Policy, 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. The Board Hearing will be before a panel of not less than three (3) members of the Board and, where the Professional Staff member also has an appointment at St. Mary’s General Hospital, the Board Hearing will be held concurrently before a panel of not less than three (3) members of the Board of St. Mary’s General Hospital and all such Board members may hold their deliberations together.
- (c) The Board will give written notice of the Hearing to the applicant or member and to the Chair of the Medical Advisory Committee 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 at the Hearing and all reports, the contents of which will be given in evidence at the Hearing;
 - (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, the contents of which 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) Members of the Board holding the hearing will not have taken part in any investigation or consideration of the subject matter of the hearing and will not communicate directly or indirectly in relation to the subject matter of the hearing with any person or with any party or their representative, except upon notice to and an opportunity for all parties to participate. Despite the foregoing, the Board may obtain legal advice.
- (j) No member of the Board will participate in a decision of the Board pursuant to a Hearing unless that member was 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.
- (k) The Board will make a decision to either follow or not follow the recommendation of the Medical Advisory Committee.
- (l) 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.
- (m) Service on the applicant or member will be made personally or by registered mail addressed to the person to be served at their last known address and, where notice is served by registered mail, it will be deemed that the notice was served on the third

(3rd) day after the day of mailing unless the person to be served establishes that they did not, acting in good faith, through absence, accident, illness or other causes beyond their control, receive it until a later date.