



PROFESSIONAL STAFF BY-LAWS

TABLE OF CONTENT

ARTICLE 1 DEFINITIONS AND INTERPRETATION..... 1

1.01 Definitions..... 1

1.02 Interpretation..... 3

ARTICLE 2 PROFESSIONAL STAFF..... 4

2.01 Purpose of the Professional Staff Portion of the By-Law 4

2.02 Appointment 4

2.03 Application for Appointment to the Professional Staff 5

2.04 Criteria for Appointment of Members of the Professional Staff 5

2.05 Procedure for Processing Applications for Appointment to the Professional Staff..... 7

2.06 Term of Appointment 8

2.07 Temporary Appointment..... 8

2.08 Reappointment and Performance Reviews 9

2.09 Criteria for Reappointment to the Professional Staff..... 10

2.10 Refusal to Reappoint..... 10

2.11 Application for Change of Privileges 10

ARTICLE 3 SUSPENSION/REVOCAION AND BOARD HEARING 10

3.01 Monitoring Practices and Transfer of Care..... 10

3.02 Suspension, Restriction or Revocation of Privileges (Immediate or Non-Immediate Action) 11

3.03 Referral to Medical Advisory Committee for Recommendations 12

3.04 Board Hearing..... 13

ARTICLE 4 PROFESSIONAL STAFF CATEGORIES AND DUTIES 15

4.01 Categories 15

4.02 Privileges..... 16

4.03 Active Staff 16

4.04 Associate Staff 17

4.05 Courtesy Staff 18

4.06 Administrative Staff..... 19

4.07 Locum Tenens..... 19

4.08 Honourary Professional Staff..... 20

4.09 Duties, General 20

4.10 Transfer of Responsibility..... 21

ARTICLE 5 CHIEF OF STAFF 21

5.01 Chief of Staff..... 21

5.02 Duties of the Chief of Staff..... 22

ARTICLE 6 PROFESSIONAL STAFF DEPARTMENTS..... 23

6.01 Departments 23

6.02 Duties of Chief of Department..... 24

6.03 Appointment of Chief of Department 25

6.04 Division Heads..... 25

ARTICLE 7 MEDICAL ADVISORY COMMITTEE AND SUB-COMMITTEES	26
7.01 Composition of Medical Advisory Committee.....	26
7.02 Accountability of Medical Advisory Committee.....	26
7.03 Medical Advisory Committee Duties and Responsibilities	26
7.04 Establishment of Committees of the Medical Advisory Committee	27
7.05 Composition of Executive Committee of the Medical Advisory Committee.....	28
7.06 The Executive Committee of the Medical Advisory Committee Duties and Responsibilities	28
7.07 Quorum for Medical Advisory Committee and Sub-Committee Meeting	28
7.08 Credentials Committee.....	28
7.09 Composition of Credentials Committee.....	28
7.10 Credential Committee Chair	29
7.11 Credentials Committee.....	29
ARTICLE 8 OFFICERS OF THE PROFESSIONAL STAFF	30
8.01 Officers of the Professional Staff.....	30
8.02 Voting and Eligibility for Office.....	31
8.03 Nominations and Election Process.....	31
8.04 President of the Professional Staff.....	31
8.05 Vice President of the Professional Staff	32
8.06 Treasurer of the Professional Staff	32
8.07 Secretary of the Professional Staff.....	32
8.08 Other Officers	33
ARTICLE 9 MEETINGS - PROFESSIONAL STAFF ASSOCIATION.....	33
9.01 Meetings of the Professional Staff Association	33
9.02 Notice of Annual Meetings.....	33
9.03 Notice of Regular Meetings	33
9.04 Special Meetings.....	33
9.05 Quorum	34
9.06 Dues and Voting Members	34
ARTICLE 10 PROFESSIONAL STAFF RULES AND POLICIES	34
10.01 Board Requirement	34
10.02 Board Authority	34
10.03 Medical Advisory Committee.....	34
10.04 Professional Staff	34
10.05 President of the Professional Staff Association	34
ARTICLE 11 AMENDMENTS TO BY-LAW.....	35
11.01 Amendments to Professional Staff Part of By-Law.....	35

QUINTE HEALTHCARE CORPORATION

PROFESSIONAL STAFF BY LAWS

A By-law relating to the medical, dental, midwifery and extended class nursing staff of the Quinte Healthcare Corporation (the “**Corporation**”).

BE IT ENACTED as a by-law of the Corporation.

ARTICLE 1

DEFINITIONS AND INTERPRETATION

1.01 Definitions

In this By-Law, the following words and phrases shall have the following meanings, respectively:

- (a) “Application” means the application for appointment or reappointment to the Professional Staff or change in Privileges, prescribed by the Board from time to time;
- (b) “Board” means the Board of Directors of the Corporation;
- (c) “By-Law” means any by-law of the Corporation from time to time in effect;
- (d) “Certification” means the holding of a certificate in a medical or surgical specialty issued by any professional body recognized by the Board of Directors after consultation with the Medical Advisory Committee;
- (e) “Chief Executive Officer” means, in addition to ‘administrator’ as defined in section 1 of the *Public Hospitals Act*, the President and Chief Executive Officer of the Corporation;
- (f) “Chief of a Department” means a member of the Professional Staff appointed by the Board of Directors to be responsible for the professional standards and quality of care rendered by the members of his or her department at the Hospital;
- (g) “Chief of Staff” means the member of the Medical Staff appointed by the Board of Directors pursuant to Article 5;
- (h) “Clinical Human Resources Plan” means the plan approved by the Board from time to time, on recommendation of the Medical Advisory Committee, which provides information and future projections with respect to the management and appointment of Physicians, Dentists, Midwives, and Registered Nurses in the Extended Class based on the mission and strategic plan of the Corporation;

- (i) “College” means, as the case may be, the College of Physicians and Surgeons of Ontario, the Royal College of Dental Surgeons of Ontario, the College of Midwives of Ontario, and/or the College of Nurses of Ontario;
- (j) “Corporation” means the Quinte Healthcare Corporation with the Head Office located at 265 Dundas Street East, Belleville, Ontario, K8N 5A9;
- (k) “Dental Staff” means those Dentists appointed by the Board to attend or perform dental services for patients in the Hospital;
- (l) “Dentist” means a dental practitioner in good standing with the College of Dental Surgeons of Ontario;
- (m) “Department” or “department” means an organizational unit of the Professional Staff to which members with a similar field of practice have been assigned;
- (n) “Director” means a member of the Board;
- (o) “Division” or “division” means an organization unit of a Department;
- (p) “*ex-officio*” means membership “by virtue of the office” and includes all rights, responsibilities, and power to vote unless otherwise specified;
- (i) “Extended Class Nursing Staff” means those Registered Nurses in the Extended Class who are:
 - (A) nurses that are employed by the Hospital and are authorized to diagnose, prescribe for or treat out-patients in the Hospital; and
 - (B) nurses who are not employed by the Hospital and to whom the Board has granted Privileges to diagnose, prescribe for or treat out-patients in the Hospital;
- (q) “Hospital Site(s)” means any one or combination of the following respective hospital sites – Quinte Healthcare Corporation North Hastings, Quinte Healthcare Corporation Belleville General, Quinte Healthcare Corporation Prince Edward County Memorial; and Quinte Healthcare Corporation Trenton Memorial;
- (r) “Impact Analysis” means a study to determine the impact upon the resources of the Corporation of the proposed appointment or change in Privileges;
- (s) “Medical Staff” means those Physicians who are appointed by the Board and who are granted Privileges to practice medicine in the Corporation;
- (t) “Midwife” means a midwife in good standing with the College of Midwives of Ontario;

- (i) “Midwifery Staff” means those Midwives who are appointed by the Board and granted Privileges to practice Midwifery in the Hospital;
- (u) “Patient” means, unless otherwise specified, any in-patient, out-patient or other patient of the Corporation;
- (v) “Physician” means a medical practitioner in good standing with the College of Physicians & Surgeons of Ontario;
- (w) “Policies” means the administrative, human resources, clinical and professional policies of the Hospital and includes policies and procedures adopted by the Board pursuant to Article 10;
- (x) “Privileges” or “privileges” mean those rights or entitlements conferred upon a Physician, Dentist Midwife or Extended Class Nurse at the time of appointment or re-appointment;
- (y) “Professional Staff” means those Physicians, Dentists, Midwives and Extended Class Nurses who are appointed by the Board and who are granted specific Privileges to practise medicine, dentistry, midwifery or extended class nursing respectively;
- (z) “Professional Staff Officers” means the Chief of Staff or Chiefs of Department or their respective delegates;
- (aa) “Registered Nurse in the Extended Class” means a member of the College of Nurses of Ontario who is a registered nurse and who holds an extended certificate of registration under the *Nursing Act*, 1991; and
- (bb) “Rules” means the Rules governing the practice of the Medical Staff, Dental Staff, Midwifery Staff and Extended Class Nursing Staff in the Hospital both generally and within a particular Department, and includes Rules which have been approved by the Board after considering the recommendation of the Medical Advisory Committee.

1.02 Interpretation

This By-Law shall be interpreted in accordance with the following unless the context otherwise specifies or requires:

- (a) All terms which are contained in this By-Law of the Corporation and not defined herein and which are defined in the *Public Hospitals Act* or the Regulations made thereunder, shall have the meanings given to such terms in the *Public Hospitals Act* or the Regulations thereunder. The use of the singular number shall include the plural and vice versa, the use of any gender shall include the masculine, feminine and neuter genders.

- (b) The headings used in the By-Law are inserted for reference purposes only and are not to be considered or taken into account in construing the terms or provisions thereof or to be deemed in any way to clarify, modify or explain the effect of any such terms or provisions.
- (c) Any references herein to any law, by-law, rule, regulation, order or act of any government, governmental body or other regulatory body shall be construed as a reference thereto as amended or re-enacted from time to time or as a reference to any successor thereto.

ARTICLE 2

PROFESSIONAL STAFF

2.01 Purpose of the Professional Staff Portion of the By-Law

Pursuant to the Board's obligations under the *Public Hospitals Act* and the Regulation thereunder the Board has set out in this Professional Staff By-law the following:

- (a) the structure of the Professional Staff organization;
- (b) the duties and responsibilities of the members of the Professional Staff;
- (c) the procedures with respect to the election of the Professional Staff Association officers;
- (d) a quality assurance system to monitor the professional care rendered to patients of the Corporation by the members of the Professional Staff;
- (e) a system to ensure the continuing improvement of the quality of professional care provided to the patients of the Corporation; and
- (f) to provide for a common Professional Staff which will act in a unified organized manner to ensure that the patients of the Corporation receive the best possible care.

2.02 Appointment

- (a) The Board shall appoint annually a Professional Staff for the Corporation.
- (b) The Board shall establish from time to time criteria for appointment to the Professional Staff after considering the advice of the Medical Advisory Committee.
- (c) In making an appointment or re-appointment to the Professional Staff, the Board shall consider the Corporation's resources and whether there is a need for the services in the community.

2.03 Application for Appointment to the Professional Staff

- (a) An Application for appointment to the Professional Staff shall be processed in accordance with the provisions of the *Public Hospitals Act* and the By-Laws and Rules of the Corporation.
- (b) On request, the Chief Executive Officer shall supply, or provide information on how to access electronically, a copy of the By-Laws, the Rules and relevant Policies of the Corporation, the *Public Hospitals Act*, and the Regulations thereunder, to each applicant who expresses in writing the intention to apply for appointment to the Professional Staff.
- (c) An applicant for appointment to the Professional Staff shall submit to the Chief Executive Officer one original written Application.
- (d) Each Application shall be in the form approved by the Board from time to time and shall contain such releases, consents and undertakings that will enable the Hospital to fully investigate the qualifications and suitability of the applicant. The Board may approve an alternative form of Application for those applicants who request an appointment to the Administrative Staff category.

2.04 Criteria for Appointment of Members of the Professional Staff

Only an applicant qualified to practice medicine, dentistry, midwifery or extended class nursing, and licensed pursuant to the laws of Ontario, is eligible to be a member of and appointed to the Professional Staff except as otherwise provided for in this By-Law.

In addition, in order to be appointed to the Professional Staff an applicant will meet the following criteria:

- (a) The applicant will have:
 - (i) a certificate of Registration from the College of Physicians and Surgeons of Ontario, Royal College of Dental Surgeons of Ontario, the College of Midwives of Ontario or the College of Nurses of Ontario, as the case may be;
 - (ii) a demonstrated ability to provide patient care at an appropriate level of quality and efficiency;
 - (iii) demonstrated ability to work and communicate with and relate to all members of the Professional Staff and Hospital staff in a co-operative and professional manner;
 - (iv) a willingness to participate in the discharge of staff obligations appropriate to membership group;

- (v) a report on, among other things, the experience, competence and reputation of the applicant from the chief of staff, and chief of department, in the last hospital in which the applicant trained or held an appointment, or if applicable, a report from the chief of the department in which training was completed. If possible, or where such report is not available, a report from any other member of the professional staff where the member has had direct knowledge of the applicant's experience, competence and reputation;
 - (vi) evidence of liability insurance coverage satisfactory to the Board;
 - (vii) evidence of continuing professional education and/or training in accordance with the Rules;
 - (viii) a demonstrated ability to meet an appropriate standard of ethical conduct and behaviour;
 - (ix) a demonstrated ability to govern himself or herself in accordance with the by-laws, Rules and Policies and the Hospital's mission, vision and values;
 - (x) up-to-date inoculations, tests and screenings as may be required by the occupational health and safety policies and practices of the Hospital, the *Public Hospitals Act* or other legislation or by the Board from time to time after receiving the advice of the Medical Advisory Committee;
 - (xi) adequate training and experience for the privileges requested; and
 - (xii) a current certificate of Professional Conduct, or equivalent, from the College of Physicians and Surgeons of Ontario, Royal College of Dental Surgeons of Ontario, the College of Midwives of Ontario, of the College of Nurses of Ontario, as the case may be, and consent to release of information from the Registrar of the applicable College.
- (b) The applicant must agree to govern himself in accordance with the requirements set out in this By-Law, the Rules and Policies.
 - (c) The applicant must indicate to the Credentials Committee adequate control of any significant physical or behavioural impairment that affects skill, attitude or judgement or that might adversely impact patient care or the operations of the Hospital.
 - (d) There is a need for the services in the community and an appropriate Impact Analysis has been completed which confirms the Corporation's ability to provide those services; and
 - (e) The appointment is consistent with the strategic plan and mission of the Hospital.

2.05 Procedure for Processing Applications for Appointment to the Professional Staff

- (a) Upon receipt of a complete Application, the Chief Executive Officer shall deliver each original Application forthwith to the Chief of Staff or delegate, who shall keep a record of each Application received and then refer the original Application forthwith to the chair of the Credentials Committee with a copy to the Chief of the relevant Department.
- (b) The Credentials Committee shall review all materials in the Application, receive the recommendation of the Chief of the relevant Department, ensure all required information has been provided, investigate the professional competence and verify the qualifications of the applicant, consider whether the qualifications and criteria required by section 2.04 are met and shall submit a report as to its assessment and recommendation to the Medical Advisory Committee at its next regular meeting.
- (c) The Medical Advisory Committee shall:
 - (i) receive and consider the report and recommendations of the Credentials Committee;
 - (ii) review the Application with reference to the Clinical Human Resources Plan and Impact Analysis; and
 - (iii) send, within sixty (60) days of the date of receipt by the Chief Executive Officer of a complete application, notice of its recommendations to the Board and the applicant, in accordance with the *Public Hospitals Act*.
- (d) Notwithstanding subsection 2.05(c)(iii), the Medical Advisory Committee may make its recommendation later than sixty (60) days after receipt of the application if, prior to the expiry of the sixty (60) day period, it indicates in writing to the Board and to the applicant that a final recommendation cannot be made within such sixty (60) day period and gives written reasons therefor.
- (e) Where the Medical Advisory Committee recommends the appointment, it shall specify the category of appointment and the specific Privileges it recommends the applicant be granted.
- (f) Where the Medical Advisory Committee does not recommend appointment or where the recommended appointment or Privileges differ from those requested, the Medical Advisory Committee shall inform the applicant that he or she is entitled to:
 - (i) written reasons for the recommendation if a request is received by the Medical Advisory Committee within seven (7) days of the receipt by the applicant of notice of the recommendation; and

- (ii) a hearing before the Board if a written request is received by the Board and the Medical Advisory Committee within seven (7) days of the receipt by the applicant of the written reasons referred to in subsection 2.05(f)(i).
- (g) Where the applicant does not request a hearing by the Board, the Board may implement the recommendation of the Medical Advisory Committee.
- (h) Where an applicant requests a hearing by the Board, it shall be dealt with in accordance with the applicable provisions of the *Public Hospitals Act* and Article 3.
- (i) The Board shall consider the Medical Advisory Committee recommendations within the time frame specified by the *Public Hospitals Act*.
- (j) The Board, in determining whether to make any appointment or reappointment to the Professional Staff or approve any request for a change in Privileges shall take into account the recommendation of the Medical Advisory Committee the Clinical Human Resources Plan, Impact Analysis, strategic plan and the Corporation's ability to operate within its resources and such other considerations it, in its discretion, considers relevant.

2.06 Term of Appointment

Each appointment to the Professional Staff shall be for a period of not more than one (1) year. Provided that where, within the time prescribed therefore, a member has applied for re-appointment, his or her appointment shall be deemed to continue,

- (a) subject to subsection (b) below, until the re-appointment is granted or refused by the Board; or
- (b) in the case of a member of the Medical Staff and the member is served with notice that the Board refuses to grant the reappointment, until the time for giving notice requiring a hearing by the Health Professions Appeal and Review Board has expired and, where a hearing is required, until the decision of the Health Professions Appeal and Review Board has become final.

2.07 Temporary Appointment

- (a) Notwithstanding any other provision of this By-Law, the Chief Executive Officer or delegate, after consultation with the Chief of Staff or his or her delegate may:
 - (i) grant a temporary appointment and temporary Privileges to a Physician, Dentist, Midwife or Registered Nurse in the Extended Class provided that such appointment shall not extend beyond the date of the next meeting of the Medical Advisory Committee at which time the action taken shall be reported; and

- (ii) continue a temporary appointment and temporary Privileges on the recommendation of the Medical Advisory Committee, until the next meeting of the Board.
- (b) A temporary appointment of a Physician, Dentist, Midwife or Registered Nurse in the Extended Class may be made for any reason including:
 - (i) to meet a specific singular requirement by providing a consultation and/or operative procedure; or
 - (ii) to meet an urgent unexpected need for a medical, dental, midwifery or extended class nursing service.
- (c) The Board may, after receiving the recommendation of the Medical Advisory Committee, continue a temporary appointment granted pursuant to section 2.07(a) for such period of time and on such terms as the Board determines.
- (d) The temporary appointment shall specify the category of appointment and any limitations, restrictions or special requirements.

2.08 Reappointment and Performance Reviews

- (a) Each year, the Board shall require each member of the Professional Staff to make application to the Chief Executive Officer, for reappointment to the Professional Staff. For greater certainty, the Chief Executive Officer shall not forward the Application to the Chiefs of Departments for review and consideration until such time as the Application is complete.
- (b) The Chief of Department shall annually review and make written recommendations to the Medical Advisory Committee through the Credentials Committee concerning each Application for reappointment within the Department, such review to be conducted in accordance with a review process approved by the Board from time to time.
- (c) An enhanced performance review of each Professional Staff Member of the Department shall be undertaken by the Chief of Department or designate at least once every five (5) years through a process determined by the Board on the recommendation of the Medical Advisory Committee.
- (d) A member of the Professional Staff may be subject to an enhanced performance review, as defined by the Rules when there may be concerns with competency, performance or other parameters as defined by the policy developed and approved by the Medical Advisory Committee from time to time.
- (e) Each member of the Professional Staff shall cooperate in any annual or enhanced performance review and shall provide such information, consents and releases as may be required.

- (f) An Application for reappointment shall be processed in accordance with the *Public Hospitals Act* and section 2.05 of this By-law.

2.09 Criteria for Reappointment to the Professional Staff

In order to be eligible for reappointment to the Professional Staff:

- (a) the applicant must continue to meet the criteria set out at section 2.04;
- (b) the applicant shall have conducted himself or herself in compliance with this By-law, the Hospital's mission, vision and values, Rules and Policies; and
- (c) the applicant must demonstrate an appropriate use of the Corporation's resources.

2.10 Refusal to Reappoint

Pursuant to section 37 of the *Public Hospitals Act*, the Board may refuse to re-appoint a member to the Professional Staff.

2.11 Application for Change of Privileges

- (a) Where a member of the Professional Staff wishes to change his category of Privileges, an Application shall be submitted listing the change of Privileges which is requested and evidence of appropriate training and competence.
- (b) The application shall be processed in accordance with the provisions of the *Public Hospitals Act* and section 2.05 of this By-law.
- (c) An applicant shall submit, to the Chief Executive Officer, one original written Application.

ARTICLE 3

SUSPENSION/REVOCAION AND BOARD HEARING

3.01 Monitoring Practices and Transfer of Care

- (a) Any aspect of patient care or Professional Staff conduct being carried out in the Corporation may be reviewed without the approval of the member of the Professional Staff responsible for such care by the Chief of Staff or delegate or Chief of Department or delegate.
- (b) Where any member of the Professional Staff or Corporation staff believes that a member of the Professional Staff is incompetent, attempting to exceed his or her Privileges, incapable of providing a service that he or she is about to undertake, or acting in a manner that is disruptive and/or exposes or is reasonably likely to expose any patient, health care provider, employee or any other person at the Hospital to harm or injury, such individual shall communicate that belief forthwith to one of the Chief of Staff or delegate, the Chief of the relevant

Department or delegate and the Chief Executive Officer (or delegate), so that appropriate action can be taken.

- (c) The Chief of a Department or delegate, on notice to the Chief of Staff or delegate where he or she believes it to be in the best interest of the patient, shall have the authority to examine the condition and scrutinize the treatment of any patient in his or her Department and to make recommendations to the attending Professional Staff member or any consulting Professional Staff member involved in the patient's care and, if necessary, to the Medical Advisory Committee. If it is not practical to give prior notice to the Chief of Staff notice shall be given as soon as possible.
- (d) If the Chief of Staff or delegate or Chief of a Department or delegate becomes aware that, in his or her opinion a serious problem exists in the diagnosis, care or treatment of a patient, the officer shall forthwith discuss the condition, diagnosis, care and treatment of the patient with the attending member of the Professional Staff. If changes in the diagnosis, care or treatment satisfactory to the Chief of Staff or delegate or the Chief of Department or delegate, as the case may be, are not made, he or she shall forthwith assume the duty of investigating, diagnosing, prescribing for and treating the patient.
- (e) Where the Chief of Staff or delegate or Chief of a Department or delegate has cause to take over the care of a patient, the Chief Executive Officer, the Chief of Staff or Chief of Department, as the case may be, and one other member of the Medical Advisory Committee, the attending member of the Professional Staff, and the patient or the patient's substitute decision maker shall be notified in accordance with the *Public Hospitals Act*. The Chief of Staff or delegate or the Chief of Department or delegate shall file a written report with the Medical Advisory Committee within forty-eight (48) hours of his or her action.
- (f) Where the Medical Advisory Committee concurs in the opinion of the Chief of Staff or delegate or Chief of Department or delegate who has taken action under subsection 3.01(d) that the action was necessary, the Medical Advisory Committee shall forthwith make a detailed written report to the Chief Executive Officer of the problem and the action taken.

3.02 Suspension, Restriction or Revocation of Privileges (Immediate or Non-Immediate Action)

- (a) The Board may, at any time, in a manner consistent with the *Public Hospitals Act* and this By-Law, revoke or suspend any appointment of a member of the Professional Staff or revoke, suspend, restrict or otherwise deal with the Privileges of the member.
- (b) Any administrative appointment of the member will automatically terminate upon the restriction, revocation or suspension of privileges or, appointment, unless otherwise determined by the Board.

- (c) The Chief Executive Officer or delegate or Chief of Staff or delegate may temporarily restrict or suspend the privileges of any member of the Professional Staff, in circumstances where in their opinion the member's conduct, performance or competence:
 - (i) fails to meet or comply with the criteria for annual reappointment; or
 - (ii) exposes or is reasonably likely to expose any patient, health care provider, employee or any other person at the Hospital to harm or injury; or
 - (iii) is or is reasonably likely to be, detrimental to patient safety or to the delivery of quality patient care within the Hospital or impact negatively on the operations of the Hospital; or
 - (iv) fails to comply with the Hospital's By-Laws, Rules or Policies, the *Public Hospitals Act* or any other relevant law.
- (d) Where either the Chief Executive Officer or delegate or the Chief of Staff or delegate takes action authorized in subsection 3.02(c), they shall first consult with the other of them, or the Chief of Department. If such prior consultation is not possible or practicable in the circumstances, they shall provide immediate notice to the other of them and the Chief of Department.
- (e) The suspension or restriction of privileges may be:
 - (i) immediate if necessary; or
 - (ii) if not immediately necessary, may occur after an appropriate investigation is conducted; or
 - (iii) recommended to the Medical Advisory Committee.
- (f) Where an application for appointment or reappointment is denied or, the privileges of a member of the Professional Staff have been restricted, suspended or revoked, by reason of incompetence, negligence or misconduct, or the member resigns from the Professional Staff during the course of an investigation into his or her competence, negligence or misconduct, the Chief Executive Officer shall prepare and forward a detailed written report to the member's regulatory body as soon as possible, and not later than thirty (30) days.

3.03 Referral to Medical Advisory Committee for Recommendations

- (a) Following the temporary restriction or suspension of privileges, or the recommendation for the restriction or suspension of privileges of a member of the Professional Staff, the Chief of the Department of which the individual is a member or an appropriate alternate designated by the Chief of Staff or delegate or Chief Executive Officer or delegate shall forthwith submit to the Medical Advisory Committee a written report on the action taken, or recommendation, as

the case may be, with all relevant materials and/or information. A copy of the report shall be provided in writing to the Member. A date for consideration of the matter will be set, not more than ten (10) days from the time the written report is received by the Medical Advisory Committee. The member shall be advised of the date upon which the Medical Advisory Committee will be considering the matter and may make submissions to the Medical Advisory Committee for consideration. The timeframe for the Medical Advisory Committee considering the matter may be extended if the Medical Advisory Committee considers it appropriate to do so.

- (b) When considering the matter, the Medical Advisory Committee may:
 - (i) set aside the restriction or suspension of privileges; or
 - (ii) recommend to the Board a suspension or revocation of the appointment or a restriction, suspension or revocation of privileges on such terms as it deems appropriate.

Notwithstanding the above, the Medical Advisory Committee may also refer the matter to a committee of the Medical Advisory Committee.

- (c) If the Medical Advisory Committee recommends the continuation of the restriction or suspension or a revocation of Privileges or recommends a revocation of appointment and/or makes further recommendations concerning the matters considered at its meeting, the Medical Advisory Committee shall give written notice of its recommendation to the member of the Professional Staff and to the Board, in accordance with the *Public Hospitals Act*.
- (d) The notice shall inform the member of the Professional Staff that he or she is entitled to:
 - (i) written reasons for the recommendation if a request is received by the Medical Advisory Committee within seven (7) days of the member's receipt of the notice of the recommendation; and
 - (ii) a hearing before the Board if a written request is received by the Board and the Medical Advisory Committee within seven (7) days of the receipt by the member of the written reasons requested.

3.04 Board Hearing

- (a) A hearing by the Board shall be held when one of the following occurs:
 - (i) the Medical Advisory Committee recommends to the Board that an application for appointment, reappointment or requested Privileges not be granted and the applicant requests a hearing in accordance with the *Public Hospitals Act*; or

- (ii) the Medical Advisory Committee makes a recommendation to the Board that the Privileges of a member of the Professional Staff and be restricted, suspended or revoked or the appointment be revoked and the member requests a hearing.
- (b) The Board will name a place and time for the hearing.
- (c) Subject to subsection 3.04(d), the Board hearing will be held as soon as practicable but not later than twenty-eight (28) days after the Board receives the written notice from the member or applicant requesting the hearing.
- (d) The Board may extend the time for the hearing date if it is considered appropriate.
- (e) The Board will give written notice of the hearing to the applicant or member and to the Medical Advisory Committee at least seven (7) days before the hearing date.
- (f) The notice of the Board hearing will include:
 - (i) the place and time of the hearing;
 - (ii) the purpose of the hearing;
 - (iii) a statement that the applicant or member and Medical Advisory Committee will be afforded an opportunity to examine prior to the hearing, any written or documentary evidence that will be produced, or any reports the contents of which will be given in evidence at the hearing;
 - (iv) a statement that the applicant or member may proceed in person or be represented by counsel, call witnesses and tender documents in evidence in support of his or her case;
 - (v) a statement that the time for the hearing may be extended by the Board on the application of any party; and
 - (vi) a statement that if the applicant or member does not attend the meeting, the Board may proceed in the absence of the applicant or member, and the applicant or member will not be entitled to any further notice in the hearing.
- (g) The parties to the Board hearing are the applicant or member, the Medical Advisory Committee and such other persons as the Board may specify.
- (h) The applicant or member requiring a hearing and the Medical Advisory Committee shall be afforded an opportunity to examine, prior to the hearing, any written or documentary evidence that will be produced, or any reports the contents of which will be used in evidence.

- (i) Members of the Board holding the hearing will not have taken part in any investigation or consideration of the subject matter of the hearing and will not communicate directly or indirectly in relation to the subject matter of the hearing with any person or with any party or their representative, except upon notice to and an opportunity for all parties to participate. Despite the foregoing, the Board may obtain legal advice.
- (j) The findings of fact of the Board pursuant to a hearing will be based exclusively on evidence admissible or matters that may be noticed under the *Statutory Powers Procedure Act*.
- (k) No member of the Board will participate in a decision of the Board pursuant to a hearing unless they are present throughout the hearing and heard the evidence and argument of the parties and, except with the consent of the parties, no decision of the Board will be given unless all members so present participate in the decision.
- (l) The Board shall make a decision to follow, amend or not follow the recommendation of the Medical Advisory Committee. The Board, in determining whether to make any appointment or re appointment to the Professional Staff or approve any request for a change in Privileges shall take into account the recommendation of the Medical Advisory Committee and such other considerations it, in its discretion, considers relevant including, but not limited to, the Clinical Human Resources Plan, Impact Analysis, strategic plan and the Corporation's ability to operate within its resources.
- (m) A written copy of the decision of the Board will be provided to the applicant or member and to the Medical Advisory Committee.
- (n) Service of a notice to the parties may be made personally or by registered mail addressed to the person to be served at their last know 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 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.

ARTICLE 4
PROFESSIONAL STAFF CATEGORIES AND DUTIES

4.01 Categories

The Professional Staff shall consist of the following groups:

- (a) Active;
- (b) Associate;
- (c) Courtesy;

- (d) Administrative;
- (e) Locum Tenens; and
- (f) Honourary.

4.02 Privileges

The Professional Staff member may only perform approved procedural privileges at a Hospital Site where resources are available to support the provision of the procedure in an appropriate manner.

4.03 Active Staff

- (a) The Active Staff shall consist of those Physicians, Dentists, Midwives and Registered Nurses in the Extended Class who have been appointed to the Active Staff by the Board.
- (b) Every Physician, Dentist, Midwife, Registered Nurse in the Extended Class applying for appointment to the Active Staff shall be assigned to the Associate Staff for a probationary period of not more than two (2) years unless specifically exempted by the Board.
- (c)
 - (i) All Physicians with Active Staff Privileges are responsible for assuring that medical care is provided to their patients in the Corporation.
 - (ii) All Dentists, Midwives and Registered Nurses in the Extended Class with active Privileges are responsible for assuring that the appropriate dental, midwifery or extended nursing care, as the case may be, is provided to their patients in the Hospital.
- (d) Each Physician, Dentist and Midwife Staff Member with Active Staff Privileges shall have admitting Privileges unless otherwise specified in their appointment to the Active Staff.
- (e) Each member of the Active Staff shall:
 - (i) participate in an on-call duty roster as determined by the Chief of Department in accordance with the policies of the Department;
 - (ii) attend patients, and undertake treatment and procedures only in accordance with the kind and degree of Privileges granted by the Board;
 - (iii) act as a supervisor of a member of the Professional Staff, when requested by the Chief of Staff or Chief of Department or delegate;
 - (iv) make themselves reasonably available for committee membership as set out in the Rules;

- (v) be a member in the Department or Division most appropriate to his field of professional practice;
 - (vi) may apply and be granted membership in other Departments relevant to his professional practice; and
 - (vii) may be granted a leave of absence to a maximum of one year, at which time that physician's Professional Staff category will be reviewed by the Credentials Committee and a recommendation may be made to change the Professional Staff category as appropriate.
- (f) Members of the Active Staff are expected to attend at least 70% of Department meetings in any appointment year

4.04 Associate Staff

- (a) The Associate Staff group shall consist of Physicians, Dentists, Midwives and Registered Nurses in the Extended Class appointed to the Professional Staff for a probationary period of not more than two (2) years.
- (b) Each Physician, Dentist and Midwife Staff Member with Associate Staff Privileges shall have admitting Privileges unless otherwise specified in the appointment.
- (c) An Associate Professional Staff member shall attend patients, and undertake treatment and procedures under supervision in accordance with the kind and degree of Privileges granted by the Board on the recommendation of the Medical Advisory Committee.
- (d) An Associate Staff member shall work for a probationary period under the supervision of an Active Staff member named by the Chief of Staff or delegate or Chief of Department or delegate to which the Associate Staff member has been assigned.
- (e) A supervisor shall carry out supervisory duties in accordance with the Rules of the Corporation.
- (f) After one year, the appointment of a Professional Staff Member to the Associate Professional Staff shall be reviewed by the Credentials Committee, having received a written report for the Associate Staff member, which shall report to the Medical Advisory Committee.
- (g) The Medical Advisory Committee may recommend that the Associate Staff member be appointed to the Active Staff or may require the person to be subject to a further probationary period of not longer than one (1) year.

- (h) The Chief of Department, upon the request of an Associate Staff member or a supervisor, may assign the Associate Staff member to a different supervisor for a further probationary period.
- (i) At any time, an unfavourable report may cause the Medical Advisory Committee to consider making a recommendation to the Board that the appointment of the Associate Staff Member be terminated.
- (j) No member of the Professional Staff shall be appointed to the Associate Staff for more than two (2) years unless specifically exempted by the Board.
- (k) A member of the Associate Staff shall not vote at Professional Staff Association or Department meetings, nor be elected to an office in the Professional Staff Association, but may be appointed to a committee of the Professional Staff.
- (l) An Associate Staff member shall participate in an equal manner in the on-call rota of the Department as determined by the Chief of Department.
- (m) Members of the Associate Staff shall be expected to attend at least 70% of Department meetings in any appointment year.

4.05 Courtesy Staff

- (a) Subject to paragraph (c) below, the Board may grant a Physician, Dentist, Midwife or Registered Nurse in the Extended Class an appointment to the Courtesy Staff in one or more of the following circumstances:
 - (i) the applicant has an Active Staff commitment at another hospital; or
 - (ii) the applicant lives at such a remote distance from the Corporation that it limits full participation in active Professional Staff duties, but he wishes to maintain an affiliation with the Corporation; or
 - (iii) the applicant has a primary commitment to, or contractual relationship with, another community or organization; or
 - (iv) the applicant requests access to limited Corporation resources, or out-patient programs, or facilities; or
 - (v) where the Board deems it otherwise advisable.
- (b) Subject to paragraph (c) below, the Board may grant a Physician, Dentist, Midwife or Registered Nurse in the Extended Class an appointment to the Courtesy Staff, with appropriate Privileges as the Board deems advisable.
- (c) The Board shall ensure that the appointment of members to the Courtesy Staff does not result in inequitable access to the Hospital's resources or prejudice the Hospital's ability to recruit Active Staff members.

- (d) The circumstances leading to an appointment under this section shall be specified by the applicant on each Application for appointment and reappointment.
- (e) Each member on the Courtesy Staff may attend Department meetings but, unless the Board so requires, shall not be subject to the attendance requirements and penalties as provided by the By-Law and the Rules.
- (f) Members of the Courtesy Staff shall not have the right to vote at Department or Professional Staff Association meetings or be elected to an office of the Professional Staff Association.

4.06 Administrative Staff

- (a) The Administrative Staff shall consist of those Physicians, Dentists, Midwives and Registered Nurses in the Extended Class who are appointed to the Administrative Staff by the Board.
- (b) A member of the Administrative Staff shall not:
 - (i) admit,, treat or discharges patients;
 - (ii) perform diagnostic procedures unless otherwise determined by the Board;
 - (iii) have regularly assigned duties or responsibilities unless otherwise determined by the Board; or
 - (iv) vote at any Department or Professional Staff Association meetings or be eligible to hold office in the Professional Staff Association.

4.07 Locum Tenens

- (a) The Medical Advisory Committee, upon the request of a member of the Professional Staff, may recommend to the Board the appointment of a locum tenens as a planned replacement for that member, to be confirmed in a written agreement.
- (b) A locum tenens, subject to Board approval, shall:
 - (i) have admitting Privileges;
 - (ii) work under the counsel of the members of the Active Staff within the Department to which the member has been assigned;
 - (iii) attend patients assigned to his or her care by the active Professional Staff member for whom he or she is acting as a locum tenens and shall treat them within the Privileges granted by the Board on the recommendation of the Medical Advisory Committee; and

- (iv) undertake such duties in respect of those patients classed as emergency cases as may be specified by the Chief of Department or his delegate, to which the member has been assigned.
- (c) Participation in the Department on-call rota, in a manner to be determined by the Department Chief.
- (d) A locum tenens may attend Department meetings but, unless the Board so requires, shall not be subject to the attendance requirements and penalties as provided by the By-Law and the Rules.
- (e) A locum tenens shall not have the right to vote at Department meetings or be elected to an office of the Professional Staff Association.

4.08 Honourary Professional Staff

- (a) A member of the Professional Staff may be honoured by the Board with a position on the Honourary Staff because he or she:
 - (i) is a former member of the Professional Staff who has retired from active practice; or
 - (ii) has an outstanding reputation or made an extraordinary contribution, although not necessarily a resident in the community.
- (b) Each member of the Honourary Staff shall be appointed by the Board on the recommendation of the Medical Advisory Committee for such term as shall be determined by the Board.
- (c) Members of the Honourary Staff shall not:
 - (i) have regularly assigned duties or responsibilities; or
 - (ii) admit, treat, perform diagnostic procedures or discharge patients.
- (d) Members of the Honourary Staff shall not vote at any Department or Professional Staff Association meetings or be eligible to hold office in the Professional Staff Association.

4.09 Duties, General

- (a) Each member of the Professional Staff is accountable to and shall recognize the authority of the Board through and with the Chief of Department and Chief of Staff.
- (b) Every member of the Professional Staff shall co-operate with:
 - (i) the Chief of Staff and the Medical Advisory Committee;

- (ii) the Chiefs of Department;
 - (iii) the Head of the applicable Division; and
 - (iv) the Chief Executive Officer or delegate.
- (c) Each member of the Professional Staff shall perform the duties, undertake the responsibility and comply with the provisions set out in this By-law and the Rules and Policies.

4.10 Transfer of Responsibility

- (a) Pursuant to the *Public Hospitals Act*, whenever the responsibility for the care of a patient is transferred to another member of the Professional Staff, other than for weekend coverage, a written notation by the Professional Staff member who is transferring the care over to another shall be made and signed on the patient's medical record and the name of the Professional Staff member assuming the responsibility shall be noted in the patient's clinical record and the Professional Staff member shall be notified immediately.
- (b) Pursuant to the *Public Hospitals Act*, where the Chief of Staff or the Chief of a Department or delegate has cause to take over the care of a patient, the Chief Executive Officer, the attending Physician and, if possible, the patient shall be notified immediately.

ARTICLE 5 CHIEF OF STAFF

5.01 Chief of Staff

- (a) The Board shall appoint a Physician to be Chief of Staff after giving consideration to the recommendations of a Selection Committee, which shall seek the advice of the Medical Advisory Committee.
- (b) Subject to annual confirmation by the Board, an appointment made under paragraph 5.01 above shall be for a term of up to five (5) years, but the Chief of Staff shall hold office until a successor is appointed.
- (c) The Board at any time may revoke or suspend the appointment of the Chief of Staff.
- (d) The membership of a Selection Committee shall include:
 - (i) a Director, who shall be chair;
 - (ii) two members of the Medical Advisory Committee, one of whom shall be an officer of the Professional Staff Association;

- (iii) the Chief Executive Officer, or his delegate; and
- (iv) such other members as the Board deems advisable.
- (e) The Selection Committee shall invite applications from qualified persons.
- (f) The Board may appoint a Physician to be Chief of Staff on an acting or interim basis where there is a vacancy in the position of Chief of Staff.

5.02 Duties of the Chief of Staff

The Chief of Staff shall:

- (a) be accountable to the Board;
- (b) organize the Professional Staff to ensure that the quality of the medical, dental, midwifery and extended class nursing care given to all patients of the Corporation is in accordance with policies established by the Board;
- (c) chair the Medical Advisory Committee;
- (d) advise the Medical Advisory Committee and the Board with respect to the quality of medical, dental, midwifery and extended class nursing diagnosis, care and treatment provided to the patients of the Corporation;
- (e) report regularly to the Board and Professional Staff about the activities, recommendations and actions of the Medical Advisory Committee and any other matters about which they should have knowledge;
- (f) assign, or delegate the assignment of a member of the Professional Staff:
 - (i) to supervise the practice of medicine, dentistry, midwifery or extended class nursing of any other member of the Professional Staff, as appropriate, for any period of time; and
 - (ii) to make a written report to the Chief of the appropriate department;
- (g) assign, or delegate the assignment of, a member of the Professional Staff to discuss in detail with any other member of the Professional Staff, as appropriate, any matter which is of concern to the Chief of Staff and to report the discussion to the Chief of Department as may be deemed appropriate;
- (h) in consultation with the Chief Executive Officer, designate a member of the Professional Staff to act during an absence;
- (i) supervise the professional care provided by all members of the Medical, Dental, Midwifery and Extended Class Nursing Staff;

- (j) be responsible to the Board through and with the Chief Executive Officer for the appropriate utilization of resources by all members of the Medical, Dental, Midwifery and Extended Class Nursing Staff;
- (k) report to the Medical Advisory Committee on activities of the Corporation, including the utilization of resources and quality assurance;
- (l) participate in the development of the Corporation's mission, objectives, and strategic plan;
- (m) work with the Medical Advisory Committee to develop a Clinical Staff Human Resources Plan needs of the Corporation in accordance with the Corporation's Strategic Plan;
- (n) have the opportunity to participate in all Corporation resource allocation decisions;
- (o) ensure a process for the regular review of the performance of the Chiefs of Department;
- (p) ensure there is a process for participation in continuing medical, dental, midwifery and extended nurses education;
- (q) receive and review recommendations from Chiefs of Department regarding changes in Privileges;
- (r) receive and review the performance evaluations and the recommendations from Chiefs of Department concerning reappointments;
- (s) advise the Professional Staff on current Corporation Policies, objectives, and Rules; and
- (t) delegate appropriate responsibility to the Chiefs of Department.

ARTICLE 6
PROFESSIONAL STAFF DEPARTMENTS

6.01 Departments

- (a) The Board, on the advice of the Medical Advisory Committee, may divide the Professional Staff into Departments.
- (b) A Department shall function in accordance with the Professional Staff Rules.
- (c) Each Professional Staff member will be appointed to a minimum of one of the Departments. Appointment may extend to one or more additional Departments.
- (d) A Department may be divided into such Divisions as may be approved by the Board from time to time.

- (e) The Board, after considering the advice of the Medical Advisory Committee, and at any time, may establish or disband Departments or Divisions of the Professional Staff.
- (f) Whenever requested by the Medical Advisory Committee or the Board, the Chief of Staff will present to the Medical Advisory Committee for its review and recommendation to the Board a proposed Department and Divisions structure to which members of the Department will be assigned.

6.02 Duties of Chief of Department

The Chief of Department shall:

- (a) identify and resolve issues and risks specific to the Professional Staff within the Department;
- (b) develop a Clinical Human Resources Plan (with help and guidance of Chief of Staff, and the Chief Executive Officer, or delegate);
- (c) monitor and address Professional Staff concerns, complaints and criticisms;
- (d) be responsible for developing and overseeing compliance with Departmental on-call policies and schedules;
- (e) through and with the Chief of Staff exercise such authority as is necessary to supervise the professional practice of all members of the Professional Staff in the Department;
- (f) encourage continuing education related to the Department;
- (g) participate in the orientation of new members of the Professional Staff appointed to the Department;
- (h) advise the Chief of Staff and the Chief Executive Officer of any Professional Staff member who is not providing the most appropriate treatment and care in the Department;
- (i) at least annually, 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;
- (j) make recommendations to the Hospital management regarding the Professional Staff's needs of the Department ;
- (k) designate an alternate from within the Department and notify the Chief of Staff of his absences;

- (l) hold regular meetings of the Professional Staff within their Department in accordance with the Professional Staff Rules;
- (m) review and make written recommendations regarding the performance evaluations of the Professional Staff members of the Department annually and, concerning reappointments, these recommendations shall be forwarded to the Medical Advisory Committee. The performance evaluations shall be based on objective criteria and shall be set out in standardized forms which shall be jointly developed by the Chief of Department and Chief of Staff, and shall be approved by the Medical Advisory Committee;
- (n) liaise with the Chief of Staff;
- (o) liaise with members of his or her Department; and
- (p) through and with the Chief of Staff and with Department Chiefs exercise such authority as is deemed necessary to supervise the professional care provided by all members of the Professional Staff in the department.

6.03 Appointment of Chief of Department

- (a) The Board shall appoint a Chief of Department, after giving consideration to the recommendations of the Professional Staff members of the Department.
- (b) The appointment of a Chief of Department shall be for a term as determined by the Board, but the Chief of Department shall hold office until a successor is appointed. The Chief of Department may be reappointed.
- (c) The Board may at any time revoke or suspend the appointment of a Chief of Department.

6.04 Division Heads

- (a) When Divisions are established under a Department, the Board, on the advice of the Medical Advisory Committee, after considering the recommendation of the Chief of the Department or delegate, shall appoint a Division Head for each Division who shall be accountable to the Chief of the Department for the responsibilities of the Department and Chief with respect to the Division.
- (b) The appointment of a Division Head shall be for a term of one (1) year, but the Division Head shall continue to hold office until a successor is appointed.
- (c) The Board may at any time revoke or suspend the appointment of a Division Head.

ARTICLE 7
MEDICAL ADVISORY COMMITTEE AND SUB-COMMITTEES

7.01 Composition of Medical Advisory Committee

- (a) The Medical Advisory Committee shall consist of the following voting members:
 - (i) Chief of Staff;
 - (ii) the Chiefs of Department;
 - (iii) the President, Vice-President, Treasurer and Secretary of the Professional Staff; and
 - (iv) such other members of the Medical Staff as may be appointed by the Board from time to time after receiving the advice of the Medical Advisory Committee.

- (b) In addition, the following shall be entitled to attend the meetings of the Medical Advisory Committee without a vote:
 - (i) the Chief Executive Officer;
 - (ii) the Chief Nursing Executive;
 - (iii) any Vice-President of the Hospital; and
 - (iv) such other members of the Professional Staff or the staff of the Corporation as may be appointed by the Board from time to time.

- (c) The Medical Advisory Committee may hold meetings of only the members entitled to vote, such meetings to be in accordance with policies approved by the Medical Advisory Committee.

7.02 Accountability of Medical Advisory Committee

The Medical Advisory Committee is accountable to the Board, in accordance with the *Public Hospitals Act* and the Regulations pertaining thereto.

7.03 Medical Advisory Committee Duties and Responsibilities

The Medical Advisory Committee shall, perform the duties and undertake the responsibilities set out in the *Public Hospitals Act*.

In addition to those matters set out in the *Public Hospitals Act*, the Medical Advisory Committee shall:

- (a) make recommendations to the Board concerning the following matters:

- (i) every application for appointment or reappointment to the Professional Staff and any request for a change in Privileges;
 - (ii) the Privileges to be granted to each member of the Professional Staff;
 - (iii) By-Laws and Rules respecting the Medical Staff, Dental Staff, Midwifery Staff and Extended Class Nursing Staff;
 - (iv) the revocation, suspension or restrictions of Privileges of any member of the Professional Staff;
 - (v) the quality of care provided in the Hospital by the Medical Staff, Dental Staff, Midwifery Staff and Extended Class Nursing Staff; and
 - (vi) the appointment of Chiefs of Department and Heads of Divisions;
- (b) supervise the clinical practice of the Medical Staff, Dental Staff, Midwifery Staff and Extended Class Nursing Staff;
 - (c) appoint the Professional Staff members of all committees established under section 7.04;
 - (i) receive reports of the committees of the Medical Advisory Committee;
 - (d) make recommendations to Hospital administration and to the Board on matters of patient care and safety and professional education;
 - (e) develop, maintain and recommend to the Board a Clinical Human Resources Plan;
 - (f) facilitate the development and maintenance of Rules and Policies; and
 - (g) advise the Board on any matters referred to the Medical Advisory Committee by the Board.

7.04 Establishment of Committees of the Medical Advisory Committee

- (a) The Medical Advisory Committee may establish an Executive Medical Advisory Committee.
- (b) The Board may, on the recommendation of the Medical Advisory Committee, establish such standing and special sub-committees of the Medical Advisory Committee as may be necessary or advisable from time to time for the Medical Advisory Committee to perform its duties under the *Public Hospitals Act* or the By-Laws of the Hospital.
- (c) The terms of reference and composition for any standing or special sub-committees of the Medical Advisory Committee not set in this By-Law may be set out in the Rules or in a resolution of the Board, on recommendation of the Medical Advisory Committee. The medical staff members of any such

sub-committee of the Medical Advisory Committee shall be appointed by the Medical Advisory Committee and other committee members may be appointed by the Board.

7.05 Composition of Executive Committee of the Medical Advisory Committee

- (a) The Executive Committee of the Medical Advisory Committee, if established, shall be comprised of the following voting members:
 - (i) the Chair of the Medical Advisory Committee;
 - (ii) President of the Professional Staff; and
 - (iii) such other members of the Medical Advisory Committee as may be appointed from time to time by the Medical Advisory Committee.
- (b) In addition, the following shall be entitled to attend meetings of the Executive Committee of the Medical Advisory Committee without a vote:
 - (i) the Chief Executive Officer or delegate; and
 - (ii) Chief Nursing Executive.

7.06 The Executive Committee of the Medical Advisory Committee Duties and Responsibilities

The Executive Committee of the Medical Advisory Committee shall:

- (i) perform the role of the Medical Advisory Committee in matters of administrative urgency, reporting their actions at the next meeting of the Medical Advisory Committee and the Board; and
- (ii) perform such other duties as may be assigned by the Medical Advisory Committee.

7.07 Quorum for Medical Advisory Committee and Sub-Committee Meeting

A quorum for any meeting of the Medical Advisory Committee, or a sub-committee thereof, including the Executive Medical Advisory Committee, shall be a majority of the members entitled to vote.

7.08 Credentials Committee

The Credentials Committee shall be established as a subcommittee of the Medical Advisory Committee.

7.09 Composition of Credentials Committee

- (a) The composition of the Credentials Committee shall include the:

- (i) President of Professional Staff Association;
 - (ii) Chief of Staff;
 - (iii) appropriate Chief of Department and Division Heads; and
 - (iv) any other member of the Professional Staff deemed appropriate by the Chief of Staff.
- (b) The determination as to whether to include a Chief of Department or Division Head shall be inclusive as opposed to exclusive. In the event of a dispute as to the proper composition of the Credentials Committee, the dispute shall be determined by the Medical Advisory Committee.

7.10 Credential Committee Chair

The Medical Advisory Committee shall appoint the chair of the Credentials Committee.

7.11 Credentials Committee

- (a) The Credentials Committee:
- (i) shall ensure that a record of the qualifications and professional career of every member of the Professional Staff is maintained;
 - (ii) shall establish the policies and process for the determination of the authenticity of, the qualifications of each applicant for appointment and reappointment to the Professional Staff and each applicant for a change in Privileges;
 - (iii) shall ensure that:
 - (1) each applicant for appointment to the Professional Staff meets the criteria as set out at section 2.04;
 - (2) each applicant for reappointment to the Professional Staff meets the criteria as set out at Section 2.08; and
 - (3) each applicant for a change in Privileges continues to meet the criteria for reappointment set out in section 2.10.
 - (iv) shall consult with the appropriate Chief of Department;
 - (v) shall receive notification from the Chief of Department when the performance evaluations and the recommendations for reappointments or changes in Privileges have been completed;
 - (vi) shall submit a written report to the Medical Advisory Committee 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) may, if directed by the Medical Advisory Committee, investigate any alleged contravention of the By-Laws of the Corporation, the *Public Hospitals Act*, the Rules or Policies by any member of the Professional Staff and make a report thereon to the Medical Advisory Committee; and
- (viii) shall perform any other duties prescribed by the Medical Advisory Committee.

ARTICLE 8

OFFICERS OF THE PROFESSIONAL STAFF

8.01 Officers of the Professional Staff

- (a) The provisions of this Article 8 with respect to the officers of the Professional Staff shall be deemed to satisfy the requirements of the *Public Hospitals Act* with respect to officers of the Medical Staff. For greater certainty, the President, Vice President and Secretary of the Professional Staff shall be deemed to be the President, Vice President and Secretary of the Medical Staff.
- (b) The officers of the Professional Staff will be:
 - (i) the President;
 - (ii) the Vice President;
 - (iii) the Treasurer;
 - (iv) the Secretary; and
 - (v) such other officers as the Professional Staff may determine.
- (c) The officers of the Professional Staff shall be elected annually for a term of one (1) year by a majority vote of the voting members of the Professional Staff in attendance and voting at a meeting of the Professional Staff.
- (d) The officers of the Professional Staff may serve a maximum five (5) consecutive years in office. An officer may be re elected to the same position following a break in continuous service of at least one year.
- (e) The officers of the Professional Staff may be removed from office prior to the expiry of their term by a majority vote of the voting members of the Professional Staff in attendance and voting at a meeting of the Professional Staff called for such purpose.

- (f) If the position of any elected Professional Staff officer that becomes vacant during the term may be filled by a vote of the majority of the members of the Professional Staff present and voting at a regular meeting of the Professional Staff or at a special meeting of the Professional Staff called for that purpose. The election of such Professional Staff member shall follow the process in section 8.03. The Professional Staff member so elected to office shall fill the office until the next annual meeting of the Professional Staff.

8.02 Voting and Eligibility for Office

Only Physicians who are members of the Active Staff may vote at a meeting of the Professional Staff Associate or be elected or appointed to any position or office of the Professional Staff. The number of votes a Physician who is a member of the Active Staff is entitled to cast shall be set out in the Rules.

8.03 Nominations and Election Process

- (a) A nominating committee shall be constituted through a process approved by the Professional Staff on recommendation of the officers of the Professional Staff.
- (b) At least twenty-one (21) days before the annual meeting of the Professional Staff, the nominating committee shall circulate or post in a conspicuous place at each site of the Corporation, a list of the names of those who are nominated to stand for the offices of the Professional Staff that are to be filled by election, in accordance with the Regulations under the *Public Hospitals Act* and these By Laws.
- (c) Any further nominations shall be made in writing to the Secretary of the Professional Staff up to seven (7) days before the annual meeting of the Professional Staff.

8.04 President of the Professional Staff

- (a) The President of the Professional Staff shall:
 - (i) preside at all meetings of the Professional Staff; and
 - (ii) act as a liaison between the Professional Staff, the Chief Executive Officer, and the Board with respect to matters concerning the Professional Staff.
- (b) The President of the Professional Staff shall:
 - (i) be a member of the Medical Advisory Committee; and
 - (ii) be an *ex officio* Director of the Board and as a Director, fulfill fiduciary duties to the Corporation by making decisions in the best interest of the Hospital.

8.05 Vice President of the Professional Staff

- (a) The Vice President of the Professional Staff shall:
- (i) in the absence or disability of the President of the Professional Staff, act in place of the President, perform his or her duties and possess his or her powers as set out in section 8.04(a); and
 - (ii) perform such duties as the President of the Professional Staff may delegate to him or her.
- (b) The Vice President of the Professional Staff shall:
- (i) be a member of the Medical Advisory Committee; and
 - (ii) be an *ex officio* Director of the Board and as a Director, fulfill fiduciary duties to the Corporation by making decisions in the best interest of the Hospital.

8.06 Treasurer of the Professional Staff

The Treasurer of the Professional Staff will:

- (i) maintain the funds and financial records of the Professional Staff and provide a financial report at the annual meeting of the Professional Staff;
- (ii) disburse Professional Staff funds at the direction of the Professional Staff, as determined by a majority vote of the Professional Staff members entitled to vote who are present and vote at a Professional Staff meeting; and
- (iii) be a member of the Medical Advisory Committee.

8.07 Secretary of the Professional Staff

The Secretary of the Professional Staff will:

- (i) attend to the correspondence of the Professional Staff;
- (ii) ensure notice is given and minutes are kept of Professional Staff meetings;
- (iii) be a member of the Medical Advisory Committee; and
- (iv) in the absence or disability of the Vice President of the Professional Staff perform the duties and possess the powers of the Vice President as set out in section 8.05(a).

8.08 Other Officers

The duties of any other officers of the Professional Staff shall be determined by the Professional Staff.

ARTICLE 9
MEETINGS - PROFESSIONAL STAFF ASSOCIATION

9.01 Meetings of the Professional Staff Association

Pursuant to the provisions of the *Public Hospitals Act* (Ontario), the Professional Staff Association shall hold at least four (4) meetings in each fiscal year. One of the meetings shall be identified as the annual meeting of the Professional Staff Association. Meetings of the Professional Staff Association shall be deemed to be meetings of the Medical Staff as required by the Regulation under the *Public Hospitals Act*.

9.02 Notice of Annual Meetings

A written notice of each annual meeting shall be posted in the Hospital and circulated by electronic mail to the individual members by the Secretary of the Professional Staff Association at least fifteen days before the meeting.

9.03 Notice of Regular Meetings

A written notice of each regular meeting of the Professional Staff Association shall be posted in the Hospital and circulated by electronic mail to the members of the Professional Staff by the Secretary of the Professional Staff Association at least five days before the meeting.

9.04 Special Meetings

- (a) In case of emergency, any of the elected officers of the Professional Staff Association may call a special meeting.
- (b) Special meetings shall be called by the officers of the Professional Staff Association on the written request of ten (10%) percent of the voting members of the Active 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 period of 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.

9.05 Quorum

Ten percent (10%) of the members of the Professional Staff entitled to vote shall constitute a quorum at any annual or special meeting of the Professional Staff Association.

9.06 Dues and Voting Members

Professional Staff Association annual dues shall be payable by members of the Professional Staff in accordance with the provisions of the Rules. Each Physician who is a member of the Active Staff who has paid his Professional Staff Association annual dues for the then current year shall be entitled to vote at a meeting of the Professional Staff Association.

ARTICLE 10
PROFESSIONAL STAFF RULES AND POLICIES

10.01 Board Requirement

The Board shall require that appropriate Rules and Policies are formulated.

10.02 Board Authority

After considering the recommendation of the Medical Advisory Committee and the Professional Staff Association, the Board may establish, modify or revoke one or more Rules and Policies.

10.03 Medical Advisory Committee

The Medical Advisory Committee may make recommendations to the Board for the establishment of one or more Rules and Policies to be applicable to a group or category of Physicians, Dentists, Midwives or Extended Class Nurses, or to a Department of the Medical Staff, or to all Physicians, Dentists, Midwives and Extended Class Nurses on the Professional Staff.

10.04 Professional Staff

The Medical Advisory Committee shall ensure that, prior to making any recommendation to the Board with respect to a Rule or a Policy, the members of the Active Staff, or a specific Department have an opportunity to comment on the proposed recommendation.

10.05 President of the Professional Staff Association

The President of the Professional Staff Association shall ensure that the Board is informed when a majority vote of the Professional Staff at any properly constituted meeting of the Professional Staff Association is opposed to a Rule or Policy or Rule or Policy change proposed by the Medical Advisory Committee.

ARTICLE 11
AMENDMENTS TO BY-LAW

11.01 Amendments to Professional Staff Part of By-Law

Prior to approving any amendment to this By-Law the following procedures shall be followed:

- (a) 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 thirty (30) days in advance of the matter being considered by the Board;
- (b) the Professional Staff shall be afforded an opportunity to comment on the proposed Professional Staff part of the By-Law or amendment thereto; and
- (c) the Medical Advisory Committee may make recommendations to the Board, concerning the proposed Professional Staff part of the By-Law or amendment thereto.

C:\DOCUME~1\nbrown\LOCALS~1\Temp\MetaSave\TOR01-4209984-v10-Quinte_-_Professional_Staff_By-law_-_October_2009.DOC