



Board-Appointed Professional Staff By-law

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TEMISKAMING HOSPITAL PROFESSIONAL STAFF BY-LAW

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ARTICLE 1 - DEFINITIONS AND INTERPRETATION

1.1 Definitions

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

- (a) “**Board**” means the Board of Directors of the Corporation;
- (b) “**Chair of the Medical Advisory Committee**” means the member of the Professional Staff appointed to serve as Chair of the Medical Advisory Committee pursuant to section 9.2;
- (c) “**Chief Executive Officer**” means, in addition to ‘administrator’ as defined in the *Public Hospitals Act*, the President and Chief Executive Officer of the Corporation;
- (d) “**Chief Nursing Executive**” 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 Service**” means a member of the Professional Staff appointed by the Board to be responsible for the professional standards and quality of care rendered by the members of that service at the Hospital;
- (f) “**Chief of Staff**” means the member of the Professional Staff appointed by the Board to serve as Chief of Staff in accordance with the regulations under the *Public Hospitals Act*;
- (g) “**Credentials Committee**” means the committee established by the Medical Advisory Committee to review applications for appointment and reappointment to the Professional Staff and to make recommendations to the Medical Advisory Committee and if no such committee is established it shall mean the Medical Advisory Committee;
- (h) “**Dental Staff**” means those Dentists appointed by the Board to attend or perform dental services for patients in the Hospital;
- (i) “**Dentist**” means a dental practitioner in good standing with the Royal College of Dental Surgeons of Ontario;
- (j) “**Service**” or “**service**” means an organizational unit of the Professional Staff to which members with a similar field of practice have been assigned;
- (k) “**Extended Class Nursing Staff**” means those Registered Nurses in the Extended Class who are:

- (i) nurses that are employed by the Hospital and are authorized to diagnose, prescribe for or treat out-patients in the Hospital; and
 - (ii) 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;
- (l) “**Hospital**” means the Public Hospital operated by the Corporation;
- (m) “**Impact Analysis**” means a study to determine the impact upon the resources of the Corporation of the proposed appointment of an applicant for appointment to the Professional Staff or an application by a member of the Professional Staff for additional privileges;
- (n) “**Medical Advisory Committee**” means the committee established pursuant to Article 10;
- (o) “**Medical Staff**” means those Physicians who are appointed by the Board and who are granted privileges to practice medicine in the Hospital;
- (p) “**Midwife**” means a Midwife in good standing with the College of Midwives of Ontario;
- (q) “**Midwifery Staff**” means those Midwives who are appointed by the Board and granted privileges to practice Midwifery in the Hospital;
- (r) “**Patient**” means, unless otherwise specified or the context otherwise requires, any in-patient or outpatient of the Corporation;
- (s) “**Physician**” means a medical practitioner in good standing with the College of Physicians and Surgeons of Ontario;
- (t) “**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 2;
- (u) “**Professional Staff**” means the Medical Staff, Dental Staff, Midwifery Staff and members of Extended Class Nursing Staff who are not employees of the Corporation;
- (v) “**Professional Staff Human Resources Plan**” means the plan developed for each Service under section 8.3;
- (w) “**Public Hospitals Act**” means the Public Hospitals Act (Ontario), and, where the context requires, includes the regulations made thereunder;

- (x) “**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
- (y) “**Rules and Regulations**” means the Rules and Regulations governing the practice of the Medical, Dental, Midwifery and Extended Class Nursing Staff in the Hospital both generally and within a particular Service, and includes Rules and Regulations which have been approved by the Board after considering the recommendation of the Medical Advisory Committee.

1.2 Interpretation

In this By-law and in all other By-laws of the Corporation, unless the context otherwise requires, words importing the singular number shall include the plural number and vice versa, and references to persons shall include firms and corporations and words importing one gender shall include the opposite.

ARTICLE 2 - RULES AND REGULATIONS AND POLICIES

2.1 Rules and Regulations and Policies and Procedures

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

- (2) The Board, after considering the recommendation of the Medical Advisory Committee, may adopt policies and procedures applicable to the Medical Staff, Dental Staff, Midwifery Staff and Extended Class Nursing Staff, including policies and procedures that are consistent with Rules and Regulations and support the implementation of Rules and Regulations.

ARTICLE 3 - HONOURARY STAFF DESIGNATION

3.1 Honourary Staff

(1) An individual may be honoured by the Board by being designated as a member of the Honourary Staff of the Corporation, for such term as the Board deems appropriate, because he or she:

(a) is a former member of the Professional Staff who has retired from active practice; and/or

(b) has contributed to the Hospital and has an outstanding reputation or made an extraordinary accomplishment.

(2) Members of the Honourary Staff:

(a) shall not have privileges or provide patient care;

(b) shall not have regularly assigned clinical, academic or administrative duties or responsibilities;

(c) may attend, but shall not vote at, Professional Staff meetings, and shall not be eligible to hold elected or appointed offices in the Professional Staff; and

(d) shall not be bound by the attendance requirements of the Professional Staff.

ARTICLE 4 - APPOINTMENT AND REAPPOINTMENT TO PROFESSIONAL STAFF

4.1 Appointment and Revocation

- (1) The Board, after considering the recommendations of the Medical Advisory Committee, shall appoint annually a Medical Staff and may appoint a Dental Staff, Midwifery Staff and the non-employed members of the Extended Class Nursing Staff and shall grant such privileges as it deems appropriate to each member of the Professional Staff so appointed.
- (2) All applications for appointment and reappointment to the Professional Staff shall be processed in accordance with the provisions of this By-law and the *Public Hospitals Act*.
- (3) The Board may, at any time, make, revoke or suspend any appointment to the Professional Staff or restrict the privileges of any member of the Professional Staff in accordance with the provisions of this By-law and the *Public Hospitals Act*.

4.2 Term of Appointment

- (1) Subject to subsection 4.1(3), each appointment to the Professional Staff shall be for a term of up to one (1) year.
- (2) Where a member of the Professional Staff has applied for reappointment within the time prescribed by the Medical Advisory Committee, the current appointment shall continue:
 - (a) unless subsection 4.2(2)(b) applies, until the reappointment is granted or not granted by the Board; or
 - (b) in the case of a member of the Medical Staff and where the reappointment is not granted by the Board and there is a right of appeal to the Health Professions Appeal and Review Board, until the time for giving notice of a hearing by the Health Professions Appeal and Review Board has expired or, where a hearing is required, until the decision of the Health Professions Appeal and Review Board has become final.

4.3 Qualifications and Criteria for Appointment to the Professional Staff

- (1) Only applicants who meet the qualifications and satisfy the criteria set out in this By-law are eligible to be a member of, and appointed to, the Professional Staff of the Corporation.
- (2) An applicant for appointment to the Professional Staff must meet the following qualifications:

- (a) have adequate training and experience for the privileges requested;
 - (b) have a demonstrated ability to:
 - (i) provide patient care at an appropriate level of quality and efficiency;
 - (ii) work and communicate with, and relate to, others in a co-operative, collegial and professional manner;
 - (iii) communicate with, and relate appropriately to, patients and patients' relatives and/or substitute decision makers;
 - (iv) participate in the discharge of staff, committee and, if applicable, teaching responsibilities, and other duties appropriate to staff category;
 - (v) meet an appropriate standard of ethical conduct and behaviour; and
 - (vi) 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;
 - (c) have maintained the level of continuing professional education required by the applicable regulatory College;
 - (d) 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;
 - (e) 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
 - (f) have current membership in the Canadian Medical Protective Association or professional practice liability coverage appropriate to the scope and nature of the intended practice.
- (3) In addition to the qualifications set out in subsection 4.3(2), an applicant for appointment to the Medical Staff must meet the following qualifications:
- (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; and

- (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.
- (4) In addition to the qualifications set out in subsection 4.3(2), an applicant for appointment to the Dental Staff must meet the following qualifications:
 - (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.
- (5) In addition to the qualifications set out in subsection 4.3(2), 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.
- (6) In addition to the qualifications set out in subsection 4.3(2), an applicant for appointment to the Extended Class Nursing Staff must meet the following qualifications:
 - (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.
- (7) All appointments will require an Impact Analysis demonstrating that the Hospital has the resources to accommodate the applicant and that the applicant meets the needs of the respective Service as described in the Professional Staff Human Resources Plan.
- (8) In addition to any other provisions of the By-law, including the qualifications set out in subsections 4.3(2), 4.3(3), 4.3(4), 4.3(5) and 4.3(6), the Board may

refuse to appoint any applicant to the Professional Staff on any of the following grounds:

- (a) the appointment is not consistent with the need for service, as determined by the Board from time to time;
- (b) the Professional Staff Human Resources Plan and/or the Impact Analysis of the Corporation and/or Service does not demonstrate sufficient resources to accommodate the applicant; or
- (c) the appointment is not consistent with the strategic plan and mission of the Corporation.

4.4 Application for Appointment to the Professional Staff

- (1) The Chief Executive Officer or delegate shall supply a copy of, or information on how to access a form of the application and the mission, vision, values and strategic plan of the Corporation, the bylaws and the Rules and Regulations and appropriate Policies, to each Physician, Dentist, Midwife or Registered Nurse in the Extended Class who expresses in writing an intention to apply for appointment to the Professional Staff.
- (2) An applicant for appointment to the Professional Staff shall submit to the Chief Executive Officer one (1) original application in the prescribed form together with signed consents to enable the Hospital to make inquiries of the applicable College and other hospitals, institutions and facilities where the applicant has previously provided professional services or received professional training to allow the Hospital to fully investigate the qualifications and suitability of the applicant.
- (3) Prior to the consideration of an applicant for appointment, each applicant shall visit the Corporation for an interview with the Chief of Staff or delegate, the Chief Executive Officer or delegate and other appropriate members of the Professional Staff.

4.5 Procedure for Processing Applications for Appointment to the Professional Staff

- (1) Upon receipt of a complete application, the Chief Executive Officer shall deliver each original application forthwith to the Medical Advisory Committee through the Chair of the Medical Advisory Committee 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 Service.
- (2) The Credentials Committee shall review all materials in the application, receive the recommendation of the Chief of the relevant Service, 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 4.3 are met and shall submit a report as to its assessment and recommendation to the Medical Advisory Committee at its next regular meeting.

- (3) The Medical Advisory Committee shall:
 - (a) receive and consider the report and recommendations of the Credentials Committee;
 - (b) review the application with reference to the Professional Staff Human Resources Plan and Impact Analysis; and
 - (c) 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*.
- (4) Notwithstanding subsection 4.5(3)(c), 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 therefore.
- (5) 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.
- (6) 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:
 - (a) 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
 - (b) 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 4.5(6)(a).
- (7) Where the applicant does not request a hearing by the Board, the Board may implement the recommendation of the Medical Advisory Committee.

- (8) 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 6.
- (9) The Board shall consider the Medical Advisory Committee recommendations within the time frame specified by the *Public Hospitals Act*.
- (10) The Board, in determining whether to make any appointment or reappointment to the Professional Staff or approve any request for a change in privileges shall take into account the recommendation of the Medical Advisory Committee and such other considerations it, in its discretion, considers relevant including, but not limited to, the Professional Staff Human Resources Plan, Impact Analysis, strategic plan and the Corporation's ability to operate within its resources.

4.6 Temporary Appointment

- (1) Notwithstanding any other provision of this By-law, the Chief Executive Officer or delegate, after consultation with the Chief of Staff or delegate may:
 - (a) 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
 - (b) continue a temporary appointment and temporary privileges on the recommendation of the Medical Advisory Committee, until the next meeting of the Board.
- (2) A temporary appointment of a Physician, Dentist, Midwife or Registered Nurse in the Extended Class may be made for any reason including:
 - (a) to meet a specific singular requirement by providing a consultation and/or operative procedure; or
 - (b) to meet an urgent unexpected need for a medical, dental, midwifery or extended class nursing service.
- (3) The Board may, after receiving the recommendation of the Medical Advisory Committee, continue a temporary appointment granted pursuant to section 4.6(1) for such period of time and on such terms as the Board determines.
- (4) If the term of the temporary appointment has been completed before the next Board meeting, the appointment shall be reported to the Board.

- (5) The temporary appointment shall specify the category of appointment and any limitations, restrictions or special requirements.

4.7 Application for Reappointment to the Professional Staff

- (1) Each year, each member of the Professional Staff desiring reappointment to the Professional Staff shall make written application on the prescribed form to the Chief Executive Officer before the date specified by the Medical Advisory Committee.
- (2) Each application for reappointment to the Professional Staff shall contain the following information:
- (a) a restatement or confirmation of the undertakings and acknowledgements requested as part of an application for appointment or as required by the Rules and Regulations from time to time;
 - (b) either:
 - (i) a declaration that all information on file at the Hospital from the applicant's most recent application is up-to-date, accurate and un-amended as of the date of the current application; or
 - (ii) a description of all material changes to the information on file at the Hospital since the applicant's most recent application, including without limitation: an updated curriculum vitae including any additional professional qualifications acquired by the applicant since the previous application and information regarding any completed disciplinary or malpractice proceedings restriction in privileges or suspensions during the past year;
 - (c) a report of the Chief of the relevant Service or Services, as the case may be, in accordance with a performance evaluation process approved by the Board from time to time, which report shall include the Chief of Service's recommendation with respect to reappointment with the Hospital;
 - (d) the category of appointment requested and a request for either the continuation of, or any change in, existing privileges;
 - (e) if requested, a current Certificate of Professional Conduct or equivalent from the appropriate college or licensing body;
 - (f) confirmation that the member has complied with the disclosure duties set out in s.7.7(d); and
 - (g) such other information that the Board may require, respecting competence, capacity and conduct, having given consideration to the recommendation of the Medical Advisory Committee.

- (3) In the case of any application for reappointment in which the applicant requests additional privileges, each application for reappointment shall identify any required professional qualifications and confirm that the applicant holds such qualifications.
- (4) Application for reappointment shall be dealt with in accordance with the *Public Hospitals Act* and section 4.5 of this By-law.

4.8 Qualifications and Criteria for Reappointment to the Professional Staff

- (1) In order to be eligible for reappointment:
 - (a) the applicant shall continue to meet the qualifications and criteria set out in section 4.3;
 - (b) the applicant shall have conducted himself or herself in compliance with this By-law, the Hospital's values, Rules and Regulations, and Policies; and
 - (c) the applicant shall have demonstrated appropriate use of Hospital resources in accordance with the Professional Staff Human Resources Plan and the Rules and Regulations and Policies of the Corporation.

4.9 Application for Change of Privileges

- (1) Each member of the Professional Staff who wishes to change their privileges, shall submit, on the prescribed form, to the Chief Executive Officer, an application listing the change of privileges requested, and providing evidence of appropriate training and competence and such other matters as the Board may require.
- (2) The Chief Executive Officer shall refer any such application forthwith to the Medical Advisory Committee through the Chief of Staff/Chair of the Medical Advisory Committee or delegate, who shall keep a copy of each application received and shall then refer the original application forthwith to the chair of the Credentials Committee and the Chief of the relevant Service.
- (3) The Credentials Committee shall investigate the professional competence, verify the qualifications of the applicant for the privileges requested, received the report of the Chief of Service, and shall submit a report of its findings to the Medical Advisory Committee at its next regular meeting. The report shall contain a list of privileges, if any, that it recommends that the applicant be granted.
- (4) The application shall be processed in accordance with and subject to the requirements of sections 4.8 and subsections 4.5(3) to 4.5(10) of this By-law.

4.10 Leave of Absence

- (1) Upon request of a member of the Professional Staff to the Chief of their Service, a leave of absence of up to twelve (12) months may be granted, after receiving the recommendation of the Medical Advisory Committee, by the Chief of Staff/Chair of the Medical Advisory Committee or delegate,
 - (a) in the event of extended illness or disability of the member, or
 - (b) in other circumstances acceptable to the Board, upon recommendation of the Chair of the Medical Advisory Committee or delegate.
- (2) After returning from a leave of absence granted in accordance with subsection 4.10(1), the member of the Professional Staff may be required to produce a medical certificate of fitness from a physician acceptable to the Chief of Staff/Chair of the Medical Advisory Committee or delegate. The Chief of Staff/Chair of the Medical Advisory Committee or delegate may impose such conditions on the privileges granted to such member as appropriate.
- (3) Following a leave of absence of longer than twelve (12) months, a member of the Professional Staff shall be required to make a new application for appointment to the Professional Staff in the manner and subject to the criteria set out in this By-law.

ARTICLE 5 - MONITORING, SUSPENSION AND REVOCATION

5.1 Monitoring Practices and Transfer of Care

- (1) 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/Chair of the Medical Advisory Committee or delegate or Chief of Service or delegate.
- (2) Where any member of the Professional Staff or Corporation staff reasonably believes that a member of the Professional Staff is incompetent, attempting to exceed their privileges, incapable of providing a service that he or she is about to undertake, or acting in a manner that exposes or is reasonably likely to expose any patient, health care provider, employee or any other person at the Hospital to harm or injury, such individual shall communicate that belief forthwith to one of the Chief of Staff/Chair of the Medical Advisory Committee (or delegate), the Chief of the relevant Service (or delegate) and the Chief Executive Officer (or delegate), so that appropriate action can be taken.
- (3) The Chief of a Service or delegate, on notice to the Chief of Staff/Chair of the Medical Advisory Committee 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 their Service 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/Chair of the Medical Advisory Committee, notice shall be given as soon as possible.
- (4) If the Chief of Staff/Chair of the Medical Advisory Committee or delegate or Chief of a Service or delegate becomes aware that, in their opinion a serious problem exists in the diagnosis, care or treatment of a patient, the officer shall forthwith discuss the condition, diagnosis, care and treatment of the patient with the attending member of the Professional Staff. If changes in the diagnosis, care or treatment satisfactory to the Chief of Staff/Chair of the Medical Advisory Committee or delegate or the Chief of Service 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.
- (5) Where the Chief of Staff/Chair of the Medical Advisory Committee or delegate or Chief of a Service or delegate has cause to take over the care of a patient, the Chief Executive Officer, the Chief of Staff/Chair of the Medical Advisory Committee or the Chief of the Service, 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/Chair of the Medical Advisory Committee or delegate or the Chief of Service or delegate shall file a written report with the Medical Advisory Committee within forty eight (48) hours of their action.

- (6) Where the Medical Advisory Committee concurs in the opinion of the Chair of the Medical Advisory Committee or delegate or Chief of Service or delegate who has taken action under subsection 5.1(4) that the action was necessary, the Medical Advisory Committee shall forthwith make a detailed written report to the Chief Executive Officer and the Board of the problem and the action taken.

5.2 Suspension, Restriction or Revocation of Privileges

- (1) 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 a member of the Professional Staff.
- (2) Any administrative or leadership appointment of the member of the Professional Staff will automatically terminate upon the restriction, revocation or suspension of privileges or, revocation of appointment, unless otherwise determined by the Board.
- (3) 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 their 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.

5.3 Immediate Action

- (1) The Chief Executive Officer or delegate or Chief of Staff/Chair of the Medical Advisory Committee or delegate or Chief of a Service 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:
 - (a) 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
 - (b) is or is reasonably likely to be detrimental to patient safety or to the delivery of quality patient care within the Hospital, and immediate action must be taken to protect patients, health care providers, employees and any other person at the Hospital from harm or injury.

- (2) Before the Chief Executive Officer or delegate, the Chief of Staff/Chair of the Medical Advisory Committee or delegate, or Chief of a Service or delegate takes action authorized in subsection 5.3(1), they shall first consult with one of the other of them. If such prior consultation is not possible or practicable under the circumstances, the person who takes the action authorized in subsection 5.3(1) shall provide immediate notice to the others. The person who takes the action authorized in subsection 5.3(1) shall forthwith submit a written report on the action taken with all relevant materials and/or information to the Medical Advisory Committee.

5.4 Non-Immediate Action

- (1) The Chief Executive Officer or delegate, the Chief of Staff/Chair of the Medical Advisory Committee or delegate, or the Chief of a Service or delegate, may recommend to the Medical Advisory Committee that the privileges of any member of the Professional Staff be restricted, suspended or revoked in any circumstances where in their opinion the member's conduct, performance or competence:
 - (a) fails to meet or comply with the criteria for annual reappointment; or
 - (b) 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
 - (c) 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
 - (d) fails to comply with the Hospital's By-laws, Rules and Regulations, or Policies, the *Public Hospitals Act* or any other relevant law.
- (2) Prior to making a recommendation as referred to in subsection 5.4(1), an investigation may be conducted. Where an investigation is conducted it may be assigned to an individual within the Hospital other than the Medical Advisory Committee or an external consultant.

5.5 Referral to Medical Advisory Committee for Recommendations

- (1) Following the temporary restriction or suspension of privileges under section 5.3, or the recommendation to the Medical Advisory Committee for the restriction or suspension of privileges or the revocation of an appointment of a member of the Professional Staff under section 5.4, the following process shall be followed:
 - (a) the Chief of the Service of which the individual is a member or an appropriate alternate designated by the Chief of Staff/Chair of the Medical Advisory Committee 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;

- (b) 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;
 - (c) as soon as possible, and in any event, at least forty-eight (48) hours prior to the Medical Advisory Committee meeting, the Medical Advisory Committee shall provide the member with a written notice of,
 - (a) the time and place of the meeting;
 - (b) the purpose of the meeting; and
 - (c) a statement of the matter to be considered by the Medical Advisory Committee together with any relevant documentation.
- (2) The date for the Medical Advisory Committee to consider the matter under s.5.5(1)(b) may be extended by,
- (a) an additional five (5) days in the case of a referral under s.5.3; or
 - (b) any number of days in the case of a referral under s.5.4,
- if the Medical Advisory Committee considers it necessary to do so.
- (3) The Medical Advisory Committee may:
- (a) set aside the restriction or suspension of privileges; or
 - (b) 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.
- (4) 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 within twenty-four (24) hours of the Medical Advisory Committee meeting provide the member with written notice of the Medical Advisory Committee's recommendation.
- (5) The written notice shall inform the member that he or she is entitled to:

- (a) 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
 - (b) 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.
- (6) If the member requests written reasons for the recommendation under s.5.5(5), the Medical Advisory Committee shall provide the written reasons to the member within forty-eight (48) hours of receipt of the request.

ARTICLE 6 - BOARD HEARING

6.1 Board Hearing

(1) A hearing by the Board shall be held when one of the following occurs:

(a) 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

(b) the Medical Advisory Committee makes a recommendation to the Board that the privileges of a member of the Professional Staff be restricted, suspended or revoked or an appointment be revoked and the member requests a hearing.

(2) The Board will name a place and time for the hearing.

(3) In the case of immediate suspension or revocation of privileges, the Board hearing shall be held within seven (7) days of the date the applicant or member requests the hearing under s.6.1(1). In the case of non-immediate suspension or revocation of privileges, subject to subsection 6.1(4), 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.

(4) The Board may extend the time for the hearing date if it is considered appropriate.

(5) The Board will give written notice of the hearing to the applicant or member and to the Medical Advisory Committee at least five (5) days before the hearing date.

(6) The notice of the Board hearing will include:

(a) the place and time of the hearing;

(b) the purpose of the hearing;

(c) 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;

- (d) a statement that the applicant or member may proceed in person or be represented by counsel, call witnesses and tender documents in evidence in support of their case;
 - (e) a statement that the time for the hearing may be extended by the Board on the application of any party; and
 - (f) 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.
- (7) The parties to the Board hearing are the applicant or member, the Medical Advisory Committee and such other persons as the Board may specify.
- (8) 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.
- (9) 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.
- (10) 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*.
- (11) 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.
- (12) 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 reappointment to the Professional Staff or approve any request for a change in privileges shall take into account the recommendation of the Medical Advisory Committee and such other considerations it, in its discretion, considers relevant including, but not limited to, the considerations set out in sections 4.3, 4.8 and 4.9 respectively.

- (13) A written copy of the decision of the Board will be provided to the applicant or member and to the Medical Advisory Committee.
- (14) Service of a notice to the parties may be made personally or by registered mail addressed to the person to be served at their last known address and, where notice is served by registered mail, it 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.

ARTICLE 7 - PROFESSIONAL STAFF CATEGORIES AND DUTIES

7.1 Professional Staff Categories

- (1) The Medical Staff, Dental Staff and Midwifery Staff shall be divided into the following groups:
 - (a) Active;
 - (b) Associate;
 - (c) Courtesy;
 - (d) Locum Tenens; and
 - (e) such categories as may be determined by the Board from time to time having given consideration to the recommendation of the Medical Advisory Committee.
- (2) The Extended Class Nursing Staff may be divided into such categories as the Board may from time to time determine having given consideration to the recommendation of the Medical Advisory Committee.

7.2 Active Staff

- (1) The Active Staff shall consist of those Physicians, Dentists and Midwives appointed to the Active Staff by the Board and who have completed satisfactory service as Associate Staff of at least one (1) year or who the Board, on the recommendation of the Medical Advisory Committee, appoints directly to the Active Staff.
- (2) Except where approved by the Board, no Physician, Dentist or Midwife with an active staff appointment at another Hospital, shall be appointed to the Active Staff.
- (3) Each member of the Active Staff shall:
 - (a) have admitting privileges unless otherwise specified in their appointment;
 - (b) attend patients and undertake treatment and operative procedures only in accordance with the kind and degree of privileges granted by the Board;
 - (c) be responsible to the Chief of Service to which they have been assigned for all aspects of patient care;
 - (d) act as a supervisor of other members of the Medical Staff, Dental Staff, Midwifery Staff or Extended Class Nursing Staff when requested by the

Chief of Staff or delegate or the Chief of the Service to which they have been assigned;

- (e) fulfil such on-call requirements as may be established by each Service in accordance with the Professional Staff Human Resources Plan and the Rules and Regulations;
- (f) perform such other duties as may be prescribed by the Medical Advisory Committee or requested by the Chief of Staff or Chief of the relevant Service from time to time;
- (g) if a Physician, be entitled to attend and vote at meetings of the Professional Staff and be eligible to be an elected or appointed officer of the Professional Staff; and
- (h) if a Dentist or Midwife, be entitled to attend meetings of the Professional Staff but shall not have a vote or be eligible to hold an elected or appointed office of the Professional Staff.

7.3 Associate Staff

- (1) Physicians, Dentists or Midwives who are applying for appointment to the Active Staff, subject otherwise to the determination of the Board, will be assigned to the Associate Staff. In no event shall an appointment to the Associate Staff extend beyond two (2) years.
- (2) Each member of the Associate Staff shall:
 - (a) have admitting privileges unless otherwise specified in their appointment;
 - (b) work under the supervision of an Active Staff member named by the Chair of the Medical Advisory Committee or delegate to whom he or she has been assigned;
 - (c) undertake such duties in respect of patients as may be specified by the Chair of the Medical Advisory Committee or delegate, and, if appropriate, by the Chief of the relevant Service to which they have been assigned;
 - (d) fulfil such on call requirements as may be established by each Service and in accordance with the Professional Staff Human Resources Plan and the Rules and Regulations and Policies;
 - (e) perform such other duties as may be prescribed by the Medical Advisory Committee or requested by the Chief of Staff or delegate or Chief of the relevant Service from time to time;

- (f) if a Physician, be entitled to attend and vote at Professional Staff meetings and may be appointed to sit on a committee requiring Professional Staff, but shall not be eligible to be an elected or appointed officer of the Professional Staff; and
 - (g) if a Dentist or Midwife, be entitled to attend Professional Staff meetings but shall not have a vote at Professional Staff meetings and shall not be eligible to hold an elected or appointed office of the Professional Staff.
- (3) (a) At six (6) month intervals following the appointment of an Associate Staff member to the Professional Staff, the Active Staff member by whom the Associate Staff member has been supervised shall complete a performance evaluation and shall make a written report to the Chair of the Medical Advisory Committee or delegate, concerning:
- (i) the knowledge and skill that has been shown by the Associate Staff member;
 - (ii) the nature and quality of their work in the Corporation; and
 - (iii) their performance and compliance with the criteria set out in subsection 4.3(2). The Chief of Staff/Chair of the Medical Advisory Committee or delegate shall forward such report to the Credentials Committee.
- (b) Upon receipt of the report referred to in subsection 7.3(3)(a), the appointment of the member of the Associate Staff shall be reviewed by the Credentials Committee, which shall make a recommendation to the Medical Advisory Committee.
- (c) If any report made under subsections 7.3(3)(a) or 7.3(3)(b) is not favourable to the Associate Staff member, the Medical Advisory Committee may recommend the appointment of the Associate Staff member be terminated.
- (d) No member of the Associate Staff shall be recommended for appointment to the Active Staff unless they have been a member of the Associate Staff for at least one (1) year. In no event shall an appointment to the Associate Staff be continued for more than two (2) years.

7.4 Courtesy Staff

- (1) The Courtesy Staff shall consist of those Physicians, Dentists and Midwives appointed by the Board to the Courtesy Staff in one or more of the following circumstances:
- (a) the applicant meets a specific service need of the Corporation; or

(b) where the Board deems it otherwise advisable and in the best interests of the Corporation.

(2) Members of the Courtesy Staff shall:

(a) have such limited privileges as may be granted by the Board on an individual basis;

(b) attend patients and undertake treatment and operative procedures only in accordance with the kind and degree of privileges granted by the Board;

(c) be responsible to the Chief of Service to which they have been assigned for all aspects of patient care; and

(d) be entitled to attend Professional Staff meetings but shall not have a vote at Professional Staff meetings and shall not be eligible to hold an elected or appointed office of the Professional Staff.

7.5 Locum Tenens Staff

(1) Locum Tenens Staff consist of Physicians, Dentists or Midwives who have been admitted to the Locum Tenens Staff by the Board in order to meet specific clinical needs for a defined period of time in one or more of the following circumstances:

(a) to be a planned replacement for a Physician, Dentist or Midwife for specified period of time; or

(b) to provide episodic or limited surgical or consulting services.

(2) A Locum Tenens Staff shall:

(a) have admitting privileges unless otherwise specified in their appointment;

(b) work under the supervision of an Active Staff member assigned by the Chair of the Medical Advisory Committee or delegate; and

(c) attend patients and undertake treatment and operative procedures only in accordance with the kind and degree of privileges granted by the Board.

(3) Locum Tenens Staff shall not, subject to determination by the Board in each individual case attend or vote at Professional Staff meetings or be elected or appointed to any office of the Professional Staff.

7.6 Extended Class Nursing Staff

- (1) The Board, having given consideration to the advice of the Medical Advisory Committee, will delineate the privileges for each member of the Extended Class Nursing Staff who is not an employee of the Corporation.
- (2)
 - (a) Each new applicant for appointment to the Extended Class Nursing Staff shall be appointed for an initial probationary period of one (1) year.
 - (b) Prior to completion of the one (1) year probationary period, a performance evaluation for a member of the Extended Class Nursing Staff shall be completed by the Chief of Service, or delegate, concerning the knowledge and skill that has been shown by the Extended Class Nursing Staff member, the nature and quality of their work and their performance and compliance with the criteria set out in subsection 4.3(2) and such report shall be forwarded to the Credentials Committee.
 - (c) The Credential Committee shall review the report referred to in subsection 7.6(2)(b) and shall make a recommendation to the Medical Advisory Committee which shall in turn make a recommendation to the Board.
- (3) A member of the Extended Class Nursing Staff shall be entitled to attend but not vote at Professional Staff meetings and shall not be eligible to hold an elected or appointed office in the Professional Staff.

7.7 Duties of Professional Staff

Each member of the Professional Staff:

- (a) is accountable to and shall recognize the authority of the Board through and with the Chair of the Medical Advisory Committee, Chief of Service and Chief Executive Officer.
- (b) shall co-operate with and respect the authority of:
 - (i) the Chief of Staff/Chair of the Medical Advisory Committee and the Medical Advisory Committee;
 - (ii) the Chiefs of Service; and
 - (iii) the Chief Executive Officer; and
- (c) shall perform the duties, undertake the responsibility and comply with the provisions set out in this By-law and the Rules and Regulations and Policies.
- (d) shall forthwith advise the Chief of Staff/Chair of the Medical Advisory Committee of the commencement of any College disciplinary proceeding,

proceedings to restrict or suspend privileges at other hospitals, or malpractice actions.

- (e) Attend and treat patient within the limits of the privileges granted unless the privileges are otherwise restricted;
- (f) Adhere to the highest ethical standards of their profession;
- (g) Respect the mission, vision and values of the Corporation;
- (h) Fulfill the “on-call” requirements of the Service as scheduled by the Chief of Service, as applicable;
- (i) Work and cooperate with others in a collegial manner consistent with the Hospital’s values;
- (j) Participate in quality and patient safety initiatives;
- (k) Prepare and complete patient records in accordance with the Rules and Regulations, Policies, applicable legislation and accepted industry standards;
- (l) Serve on various Hospital committees and Medical Advisory Committee sub-committees, as may be requested;
- (m) Participate in annual performance evaluations;
- (n) Meet the attendance obligations, if any, for the Service meetings and/or Professional Staff meetings, as applicable;
- (o) Participate in continuing education as required by the relevant Service and/or regulatory or licensing authority;
- (p) Comply with applicable legislation and the By-laws, the Rules and Regulations and the policies of the Hospital;
- (q) Maintain membership in the Canadian Medical Protection Association or maintain professional liability protection coverage (insurance) satisfactory to the Board and notify the Board in writing through the Chief Executive Officer of any change in professional liability protection coverage;
- (r) Notify the Board in writing through the Chief Executive Officer or delegate of any additional professional degrees or qualifications obtained by the member or of any change in the licence to practice medicine, dentistry, midwifery or extended class nursing made by their governing College or licensing authority;

- (s) Ensure that any concerns relating to the operations of the Hospital are raised and considered through the proper channels of communication within the Hospital such as the Chair of the Medical Advisory Committee/Chief of Staff, Chiefs of Service, Medical Advisory Committee, Chief Executive Officer and/or the Board;
- (t) Provide the member's Chief of Service with an appropriate period (i.e., generally two-three months) of notice of the members' intention to resign or restrict the member's Privileges; and
- (u) Perform such other duties as may, from time to time, be prescribed by or under the authority of the Chair of the Medical Advisory Committee/Chief of Staff, Chief of Service, Chief Executive Officer and/or Medical Advisory Committee.

See Appendix A attached to the By-law for Chief of Staff position requirements.

ARTICLE 8 - SERVICES

8.1 Professional Staff Services

- (1) The Professional Staff may be organized into such Services as may be approved by the Board from time to time.
- (2) Each Professional Staff member will be appointed to a minimum of one (1) of the Services. Appointment may extend to one (1) or more additional Services.

8.2 Changes to Services

The Board may at any time, after consultation with the Medical Advisory Committee, create such additional Services, amalgamate Services, or disband Services.

8.3 Professional Staff Human Resources Plan

Each Service shall develop a Professional Staff Human Resources Plan in accordance with the Hospital Strategic Plan. The Plan shall be developed by the Chief of the Service, after receiving and considering the input of the members of the Professional Staff in the Service, and shall be approved by the Board. Each Service's Plan shall include,

- (a) the required number and expertise of the Professional Staff ;
- (b) reasonable on-call requirements for members of the Professional Staff of the Service;
- (c) a process for equitably distributing changes of resources to the members of the Professional Staff within the Service;
- (d) a process for making decisions with respect to changes of in the Service resources; and
- (e) a dispute resolution process regarding decisions made under subsection (d) above.

ARTICLE 9 - LEADERSHIP POSITIONS

9.1 Professional Staff Leadership Positions

(1) The following positions shall be appointed in accordance with this By-law:

- (a) Chief of Staff (who will also be the Chair of the Medical Advisory Committee);
- (b) Chair of the Medical Advisory Committee ; and
- (c) where the Professional Staff has been organized into Services, Chiefs of Service.

(2) The following position may be appointed in accordance with this By-law:

- (a) Vice Chair of the Medical Advisory Committee;

(3) Notwithstanding any other provision in this By-law, in the event that the term of office of any person referred to in this section shall expire before a successor is appointed the appointment of the incumbent may be extended.

(4) An appointment to any position referred to in subsections 9.1(1) or 9.1(2) may be made on an acting or interim basis where there is a vacancy in any office referred to in this section or while the person holding any such office is absent or unable to act.

(5) An appointment to any position referred to in subsections 9.1(1) or 9.1(2) may be revoked at any time by the Board.

(6) The Board shall receive and consider the input of the appropriate Professional Staff before it makes an appointment to a Professional Staff leadership position.

9.2 Appointment of Chair of the Medical Advisory Committee

The Board shall appoint a member of the Medical Advisory Committee as Chair of the Medical Advisory Committee.

9.3 Responsibilities and Duties of Chair of the Medical Advisory Committee

(1) The Chair of the Medical Advisory Committee shall:

- (a) be a member of the Board;
- (b) be the Chair of the Medical Advisory Committee;

(c) be an *ex-officio* member of all Medical Advisory Committee sub-committees; and

(d) report regularly to the Board on the work and recommendations of the Medical Advisory Committee.

(2) The Chair of the Medical Advisory Committee shall, in consultation with the Chief Executive Officer, designate an alternate to act during the absence of both the Chair of the Medical Advisory Committee and the Vice Chair of the Medical Advisory Committee, if any.

9.4 Appointment and Duties of Vice Chair of the Medical Advisory Committee

A Vice Chair of the Medical Advisory Committee may be appointed by the Board. The Vice Chair of the Medical Advisory Committee, if appointed, shall be a member of the Medical Advisory Committee and shall act in the place of the Chair of the Medical Advisory Committee if the Chair of the Medical Advisory Committee is absent or unable to act, and shall perform such duties as assigned from time to time by the Chair of the Medical Advisory Committee; provided that the Vice Chair shall not be a director of the Hospital unless appointed as Chair of the Medical Advisory Committee on an acting or interim basis in accordance with subsection 9.1(4).

9.5 Appointment of Chiefs of Service

The Board shall appoint a Chief of each Service, on the advice of the MAC, which shall include:

- (a) Anaesthesia
- (b) Emergency/Special Care
- (c) Medicine
- (d) Obstetrics
- (e) Surgery

9.6 Duties of Chiefs of Service

A Chief of Service shall:

- (a) be a member of the Medical Advisory Committee;
- (b) make recommendations to the Medical Advisory Committee regarding appointment, reappointment, change in privileges and any disciplinary action to which members of the Service should be subject;
- (c) advise the Medical Advisory Committee with respect to the quality of care provided by the Medical Staff, Dental Staff, Midwifery Staff and Extended Class Nursing Staff members of the Service;

- (d) conduct a written performance evaluation of all members of the Service on an annual basis as part of the reappointment process and conduct an enhanced performance evaluation on a periodic basis;
- (e) hold regular meetings of the Service;
- (f) delegate responsibility to appropriate members of the Service;
- (g) report to the Medical Advisory Committee and to the Service on the activities of the Service;
- (h) perform such additional duties as may be outlined in the Chief of Service position description approved by the Board or as set out in the Rules and Regulations or as assigned by the Board, the Chief of Staff/Chair of the Medical Advisory Committee or the Medical Advisory Committee or Chief Executive Officer from time to time; and
- (i) in consultation with the Chief of Staff or designate an alternative to act during the absence of the Chief of Service.

See Appendix E attached to the By-law for Chief of Service (Anaesthesia, Emergency/Special Care, Medicine, Obstetrics, Surgery) Position requirements.

ARTICLE 10 - MEDICAL ADVISORY COMMITTEE

10.1 Composition of Medical Advisory Committee

- (1) The Medical Advisory Committee shall consist of the following voting members one of whom shall be the Chair in accordance with Section 9.2:
 - (a) the member(s) of the Medical Staff who is/are appointed by the Board as Chair [*and Vice Chair respectively*] of the Medical Advisory Committee;
 - (b) the Chiefs of Obstetrics, Emergency/Special Care, Medicine and Surgery;
 - (c) the President, Vice President and Secretary of the Professional Staff;
 - (d) the Medical Directors of Laboratory and Diagnostic Imaging; and
 - (e) such other members of the Medical Staff as may be appointed by the Board from time to time.
- (2) In addition, the following shall be entitled to attend the meetings of the Medical Advisory Committee without a vote:
 - (a) the Chief Executive Officer;
 - (b) the Chief Nursing Executive; and
 - (c) any Vice President of the Hospital.

10.2 Recommendations of Medical Advisory Committee

The Medical Advisory Committee shall consider and make recommendations and report to the Board, in accordance with the *Public Hospitals Act* and the regulations pertaining thereto.

10.3 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*, including:

- (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) the By-law and Rules and Regulations 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
- (b) supervise the clinical practice of medicine, dentistry, midwifery and extended class nursing in the Hospital;
 - (c) appoint the Medical Staff members of all committees established under section 10.4;
 - (d) receive reports of the committees of the Medical Advisory Committee;
 - (e) advise the Board on any matters referred to the Medical Advisory Committee by the Board; and

where the Medical Advisory Committee identifies systemic or recurring quality of care issues in making its recommendations to the Board under subsection 2(a)(v) of the Hospital Management Regulation (965) under the *Public Hospitals Act*, the Medical Advisory Committee shall make recommendations about those issues to the Hospital's quality committee established under subsection 3(1) of the *Excellent Care for All Act*.

10.4 Establishment of Committees of the Medical Advisory Committee

- (1) 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.
- (2) The terms of reference and composition for any standing or special sub-committees of the Medical Advisory Committee may be set out in the Rules and Regulations or in a resolution of the Board, on recommendation of the Medical Advisory Committee. The Medical Staff members of any such subcommittee of the Medical Advisory Committee shall be appointed by the Medical Advisory Committee and other committee members may be appointed by the Board.

10.5 Quorum for Medical Advisory Committee and Sub-Committee Meeting

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

ARTICLE 11 - MEETINGS – PROFESSIONAL STAFF

11.1 Regular, Annual and Special Meetings of the Professional Staff

- (1) At least four (4) meetings of the Professional Staff will be held each year, one of which shall be the annual meeting.
- (2) The President of the Professional Staff may call a special meeting of the Professional Staff. Special meetings shall be called by the President of the Professional Staff on the written request of any three (3) members of the Active Staff entitled to vote.
- (3) A written notification of each meeting of Professional Staff (including the annual meeting or any special meeting) shall be given by the Secretary of the Professional Staff to the Professional Staff at least fourteen (14) days in advance of the meeting by posting a notice of the meeting in a conspicuous place in the Hospital. Notice of special meetings shall state the nature of the business for which the special meeting is called.
- (4) The period of time required for giving notice of any special meeting may be waived in cases of emergency by the majority of those members of the Professional Staff present and entitled to voting at the special meeting, as the first item of business of the meeting.

11.2 Quorum

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

11.3 Rules of Order

The procedures for meetings of the Professional Staff not provided for in this By-law or the Rules and Regulations or Policies shall be governed by the rules of order adopted by the Board.

11.4 Medical Staff Meetings

Meetings of the Professional Staff held in accordance with this Article shall be deemed to meet the requirement to hold meetings of the Medical Staff pursuant to the *Public Hospitals Act*.

ARTICLE 12 - OFFICERS OF THE PROFESSIONAL STAFF

12.1 Officers of the Professional Staff

- (1) The provisions of this Article 12 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.
- (2) The officers of the Professional Staff will be:
 - (a) the President;
 - (b) the Vice President;
 - (c) the Secretary; and
 - (d) such other officers as the Professional Staff may determine.
- (3) 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.
- (4) The officers of the Professional Staff may serve a maximum six (6) consecutive years in each office and shall remain in office until their successors are elected. An officer may be re-elected to the same position following a break in continuous service of at least one (1) year.
- (5) 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.
- (6) 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 12.3. The Professional Staff member so elected to office shall fill the office until the next annual meeting of the Professional Staff.

12.2 Eligibility for Office

Only Physicians who are members of the Active Staff may be elected or appointed to any position or office of the Professional Staff.

12.3 Nominations and Election Process

- (1) A nominating committee shall be constituted through a process approved by the Professional Staff on recommendation of the officers of the Professional Staff.
- (2) 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 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 this By-law.
- (3) 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.

12.4 President of the Professional Staff

- (1) The President of the Professional Staff shall:
 - (a) preside at all meetings of the Professional Staff;
 - (b) act as a liaison among the Professional Staff, the Chief Executive Officer, and the Board with respect to matters concerning the Professional Staff;
 - (c) support and promote the values and strategic plan of the Corporation.
- (2) The President of the Professional Staff shall:
 - (a) be a member of the Medical Advisory Committee; and
 - (b) be an *ex-officio* Director of the Board and as a Director, fulfill fiduciary duties to the Corporation.

See Appendix B attached to the By-law for President of the Professional Staff position requirements.

12.5 Vice President of the Professional Staff

- (1) The Vice President of the Professional Staff shall:

- (a) in the absence or disability of the President of the Professional Staff, act in place of the President, perform their duties and possess their powers as set out in subsection 12.4(1);
- (b) perform such duties as the President of the Professional Staff may delegate to him or her; and
- (c) be a member of the Medical Advisory Committee.

See Appendix C attached to the By-law for Vice President of the Professional Staff position requirements.

12.6 Secretary of the Professional Staff

The Secretary of the Professional Staff will:

- (a) attend to the correspondence of the Professional Staff;
- (b) ensure notice is given and minutes are kept of Professional Staff meetings;
- (c) maintain the funds and financial records of the Professional Staff and provide a financial report at the annual meeting of the Professional Staff;
- (d) disburse 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;
- (e) be a member of the Medical Advisory Committee; and
- (f) 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 subsection 12.5(1).

See Appendix D attached to the By-law for Secretary of the Professional Staff position requirements.

12.7 Other Officers

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

ARTICLE 13 - AMENDMENTS

13.1 Amendments to Professional Staff By-law

Prior to submitting amendments to this By-law to the approval processes applicable to the Corporation's By-law;

- (a) notice specifying the proposed By-law or amendments thereto shall be made available for review by the Professional Staff;
- (b) the Professional Staff shall be afforded an opportunity to comment on the proposed amendment(s); and
- (c) the Medical Advisory Committee may make recommendations to the Board concerning the proposed amendment.

13.2 Repeal and Restatement

This By-law repeals and restates in its entirety the By-laws of the Corporation previously enacted with respect to the Professional Staff.

ARTICLE 14 - APPENDICES

- 14.1 Appendix A – Chief of Staff Position Requirements**
- 14.2 Appendix B – President of the Professional Staff Position Requirements**
- 14.3 Appendix C – Vice-President of the Professional Staff/Senior Advisory Physician Position Requirements**
- 14.4 Appendix D– Secretary of the Professional Staff Position Requirements**
- 14.5 Appendix E – Chief of Service (Anaesthesia, Emergency/Special Care, Medicine, Obstetrics, Surgery) Position Requirements**

Temiskaming Hospital

Position: CHIEF OF STAFF

Knowledge and Skills: Sound knowledge of current trends in the field of medicine.
Skill in short and long term strategic planning and implementation an asset.
Commitment to continuing education in medical care and leadership development and the maintenance of professional standards.
Strong leadership skills to promote professionalism, support the organization's Code of Conduct, and facilitate positive outcomes at MAC and other meetings.

Position Prerequisites: It is desirable that the Chief of Staff have a previous history on the Medical Advisory Committee.
Member of medical staff in good standing with the College of Physicians and Surgeons of Ontario.
Ten years of medical experience an asset.
Experience in the planning and delivery of health programs and services.
Experience in providing leadership to medical committees.

Responsible To: Board of Directors as a liaison between the MAC and the Board.

Goal: To be responsible to the Board for quality of care issues, recommendations on privileges appointments and be the Board's delegate in medical issues.

Term: Two year term, appointed by the Board.

MAIN DUTIES:

1. Be an ex-officio member of the Board, fulfill his or her fiduciary duties to the Hospital by making decisions in the best interest of the Hospital (*R.R.O. 1990, Regulation 965: Hospital Management 2. (1.1) (c)*);
2. Be responsible to the Board for the Professional Staff organization of the Hospital and for the supervision of the medical and dental care given to all patients of the Hospital in accordance with the policies established by the Board;
3. Be a member of the Executive Committee of the Board.

4. Be a member of the Quality Care Committee;
5. Be a member of the Quality and Service Planning Committee (*O. Reg. 445/10 Excellent Care for All Act, 2010 1. (3) 2.*).
6. Be the Chair of the Medical Advisory Committee;
7. Ensure methodologies are in place and utilized to regularly evaluate the quality of care and Hospital services in relation to generally accepted standards in collaboration with the President and Chief Executive Officer and Chief Nursing Executive.
8. Advise the Medical Advisory Committee and the Board with respect to the quality of medical diagnoses, care, and treatment provided to the patients of the Hospital;
9. Report to the Medical Advisory Committee on activities of the Hospital particularly involving quality;
10. Assign, or delegate the assignment of, a member of the Professional Staff:
 - a. to supervise the practice of medicine of any other member of the Medical Staff for any period of time; and
 - b. to make a written report to the Chief of Staff;
11. Assign, or delegate the assignment of, a member of the Professional Staff to discuss in detail with any other member of the Professional Staff any matter which is of concern to the Chief of Staff and to report the discussion to the Chief of Staff;
12. When necessary:
 - a. 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 the *Hospital Management Regulation* thereunder; and
 - b. notify the attending physician, the President and Chief Executive Officer, and if possible, the patient;
13. Filing reports with the MAC if it becomes necessary to take over the care of a patient, as required by the *Public Hospitals Act*.
14. Report regularly to the Board on the work and recommendations of the MAC:
 - a. Supervising the clinical, academic and administrative activities of the Professional Staff.
 - b. Considering applications for Professional Staff privileges.
 - c. Consulting with Chiefs of Service regarding proposals to change Professional Staff members' privileges.

- d. Making recommendations to the Board with respect to leaves of absence, and if appropriate, imposing conditions on privileges for members returning from a leave of absence.
15. Be an ex-officio member of all committees that report to the Medical Advisory Committee;
 16. Participate as a member of the Hospital's Senior Leadership Team in decisions with respect to:
 - a. Departmental Professional Staff Human Resources Plans;
 - b. Recruitment strategies;
 - c. Orientation Program;
 - d. Quality Improvement programs;
 - e. Continuing education and professional development for the Professional Staff;
 - f. Resource utilization reviews;
 - g. Rules and Regulations;
 - h. Policies and procedures; and
 - i. Performance evaluation process tied to reappointment.
 17. Ensure a process for the regular review of the performance of Chiefs of Service;
 18. Receive and review recommendations from Chiefs of Service regarding changes in privileges;
 19. Advise the medical, dental and midwifery staff on current Hospital policies, objectives and rules;
 20. Delegate appropriate responsibility to the Chiefs of Service;
 21. Participate in all MAC discussions, including recommendations made by the MAC regarding the granting, renewal, suspension, restriction or revocation of privileges;
 22. Appraising members of the Professional Staff of their rights to a hearing or appeal in privileges matters;
 23. Representing the MAC at Board hearings on privileges matters;
 24. Ensuring the credentialing process complies with the *Public Hospitals Act* and its regulations, the Hospital By-laws, Rules and Regulations and Hospital policies and practices;
 25. Reviewing patient care with respect to specific Professional Staff members as necessary (PHA);
 26. Temporarily restricting or suspending the privileges of any member of the Professional Staff and reporting to the MAC;

27. Receive and consider complaints about behaviour, impairment / incapacity or competence involving Professional Staff members and ensuring the complaints are acted upon by the MAC where appropriate; and

28. Notifying the Professional Staff member's regulatory college if there are reasonable grounds to believe a member has sexually abused a patient.

The above described duties are representative but not to be construed as all inclusive.

Updated: June 2018 Approved By MAC: June 12, 2018

Approved by Board: June 26, 2018

Temiskaming Hospital

Position: **PRESIDENT OF PROFESSIONAL STAFF**

Knowledge and Skills: Sound knowledge of current trends in the field of medicine.
 Skill in short and long term strategic planning and implementation an asset.
 Commitment to continuing education in medical care and leadership development and the maintenance of professional standards.
 Strong leadership skills to promote professionalism, support the organization's Code of Conduct, and facilitate positive outcomes at MAC and other meetings.

Position Prerequisites: Member of medical staff in good standing with the College of Physicians and Surgeons of Ontario.

Responsible To: The Board of Directors through the Medical Advisory Committee

Goal: Act as the representative of the Medical Staff to the Board and to the Public.

Term: Serve a one-year term of office elected by the Professional Staff.

MAIN DUTIES:

1. Preside at all meetings of the Professional Staff;
2. Call special meetings of the Professional Staff;
3. Be a member of the Medical Advisory Committee (*R.R.O. 1990, Regulation 965: Hospital Management 7. (1) (a)*);
4. In all matters not assigned to the Medical Advisory Committee or to the Chief of Staff, act as a liaison among the Professional Staff, the Chief Executive Officer, and the Board;
5. Be an ex-officio member of the Board and as a Director, fulfill his or her fiduciary duties to the Hospital by making decisions in the best interest of the Hospital (*R.R.O. 1990, Regulation 965: Hospital Management 2. (1.1) (b)*);
6. Be an ex officio member of all committees which report to the Professional Staff;

7. Be accountable to the Professional Staff and advocate fair process in the treatment of individual members of the Medical Staff; and
8. Act on the Finance and Resource Planning Committee.

The above described duties are representative but not to be construed as all inclusive.

Updated: June 2018 Approved By MAC: June 12, 2018
Approved by Board: June 26, 2018

Temiskaming Hospital

Position: **VICE-PRESIDENT OF THE PROFESSIONAL STAFF/SENIOR ADVISORY PHYSICIAN**

Knowledge and Skills: Sound knowledge of current trends in the field of medicine.
 Skill in short and long term strategic planning and implementation an asset.
 Commitment to continuing education in medical care and leadership development and the maintenance of professional standards.
 Strong leadership skills to promote professionalism, support the organization's Code of Conduct, and facilitate positive outcomes at MAC and other meetings.

Position Prerequisites: It is desirable that the Vice-President and Senior Advisory Physician have a previous history on the Medical Advisory Committee.
 Be a past President or Chief of the Professional Staff.
 Member of medical staff in good standing with the College of Physicians and Surgeons of Ontario.

Responsible To: Board of Directors through the Medical Advisory Committee

Goal: To provide continuity and experience.

Term: Two-year term of office renewable yearly to alternate end of terms with the Chief of Staff.

MAIN DUTIES:

1. Be a member of the Medical Advisory Committee (*R.R.O. 1990, Regulation 965: Hospital Management 7. (1) (a)*);
2. Be Chair of the Credentials Committee;
3. Assume the duties and responsibilities of the Chief of Staff in the absence of the Chief of Staff or his/her inability to act;
4. Participate in the development of the Hospital's mission, objectives, and strategic plan;
5. Advise the Professional Staff on current Hospital policies, objectives and rules;

6. Advise the Chief of Staff in decisions particularly relating to credentialing and policy;
7. Be responsible to the Board through and with the Chief Executive Officer for the appropriate utilization of resources by all medical departments;
8. Report to the Medical Advisory Committee on activities of utilization management;
9. Participate in Hospital resource allocation decisions.

The above described duties are representative but not to be construed as all inclusive.

Updated: June 2018

Approved By MAC: June 12, 2018

Approved by Board: June 18, 2018

Temiskaming Hospital

Position: SECRETARY OF THE PROFESSIONAL STAFF

Knowledge and Skills: Sound knowledge of current trends in the field of medicine.
 Skill in short and long term strategic planning and implementation an asset.
 Commitment to continuing education in medical care and leadership development and the maintenance of professional standards.
 Strong leadership skills to promote professionalism, support the organization's Code of Conduct, and facilitate positive outcomes at MAC and other meetings.

Position Prerequisites: Member of medical staff in good standing with the College of Physicians and Surgeons of Ontario.

Responsible To: Chair of the Medical Advisory Committee

Goal: To gain experience in service on the Medical Advisory Committee and Board.

Term: Elected for a term of one-year at the end of which he/she would be encouraged to seek the role of President of the Professional Staff.

MAIN DUTIES:

1. perform the duties of the Professional Staff Secretary as set out in the Hospital Management Regulation under *The Public Hospitals Act*; and perform duties as set out in the Professional Staff By-law;
2. Be a member of the Medical Advisory Committee and may act as Secretary of that committee (*R.R.O. 1990, Regulation 965: Hospital Management 7. (1) (a)*);
3. Attend to the correspondence of the Professional Staff;
4. 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 three days before the meeting;
 - b. in the case of an Annual Meeting of the Professional Staff, at least ten days before the meeting;
5. Ensure that minutes are kept of Professional Staff meetings;
 6. Act in the place of the President of the Professional Staff, perform his/her duties and possess his/her powers in the absence or disability of the President.

The above described duties are representative but not to be construed as all inclusive.

Updated: June 2018

Approved By MAC: June 12, 2018

Approved by Board: June 26, 2018

TEMISKAMING HOSPITAL

Position: **CHIEF OF SERVICE**
**(Anaesthesia, Emergency/Special Care,
 Medicine, Obstetrics, Surgery)**

Knowledge and Skills: Sound knowledge of current trends in the field of medicine. Skill in short and long term strategic planning and implementation an asset.
 Commitment to continuing education in medical care and leadership development and the maintenance of professional standards.
 Strong leadership skills to promote professionalism, support the organization's Code of Conduct, and facilitate positive outcomes at MAC and other meetings.

Position Prerequisites: Member of medical staff in good standing with the College of Physicians and Surgeons of Ontario.
 Experience in providing leadership to medical committees.

Responsible To: Chief of Staff and Medical Advisory Committee

Goal: To manage the service consistent with the responsibilities of the Medical Advisory Committee.

Term: One year term, renewable annually.

DUTIES:

1. Be a member of the Medical Advisory Committee, as defined in the Professional Staff By-law;
2. Hold regular meetings of the Service;
3. Delegate responsibility to appropriate members of the Service;
4. Report to the Medical Advisory Committee and to the Service on the activities of the Service;
5. Perform such additional duties as may be set out in the Rules and Regulations or as assigned by the Board, the Chief of Staff/Chair of the Medical Advisory Committee or the Medical Advisory Committee or Chief Executive Officer from time to time;

6. In consultation with the Chief of Staff or designate an alternative to act during the absence of the Chief of Service;
7. Develop, maintain and interpret rules and regulations and policy for assigned Service;
8. Develop in consultation with members of the Service and the Medical Advisory Committee, standards for quality, patient safety and patient care for the Service which are consistent with Hospital quality standards and which shall serve as the basis for individual Service members' annual performance evaluations;
9. Discipline of members of Service in regard to matters of patient care, cooperation with Hospital employees, compliance with Hospital by-laws, Rules and Regulations and policies, on call requirements and documentation of care;
10. Develop with the Chief of Staff/Chair of Medical Advisory Committee and other Chiefs of Service, as appropriate, the Service's goals, objectives and strategic plan;
11. Develop, after receiving and considering the input of the members of the Professional Staff in the Service, the Services Professional Staff Human Resources Plan in accordance with the Hospital Strategic Plan;
12. Participate in the development and implementation of a recruitment plan, including appropriate Impact Analysis, in keeping with the approved Professional Staff Human Resources Plan;
13. Ensure that new Professional Staff members participate in service orientation programs;
14. Make recommendations to the MAC regarding appointment, re-appointment, change in privileges and any disciplinary action to which Professional Staff members of the Service would be subject;
15. Advise MAC with respect to the quality of care provided by the Professional Staff members of the Service;
16. Conduct a written performance evaluation of all Professional Staff members of the Service, on an annual basis as part of the re-appointment process and conduct an enhanced performance evaluation on a periodic basis;
17. Supervise the professional care provided by all members of the Professional Staff in the Service;
18. Temporarily restrict or suspend privileges of a member of the Professional Staff in consultation with other members of the senior team. (Professional Staff By-law);

- 19. Notify a Professional Staff member's regulatory college if there are reasonable grounds to believe that a member has sexually abused a patient (PHA); and
- 20. Examine the condition and scrutinizing the treatment of any patient within the Service if concerns about quality of patient care arise; notifying the attending Professional Staff member and speaking to the Professional Staff member if concerned about a serious problem in the diagnosis, care or treatment of a patient. This includes assuming the duty of investigating, diagnosing, prescribing for and treating the patient if the Professional Staff member is not able to do so (PHA);

The above described duties are representative but not to be construed as all inclusive.

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