



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) “**By-law**” means this Professional Staff By-law;
- (c) “**Business day**” means a day other than a Saturday, Sunday, or a statutory holiday in Ontario;
- (d) “**Chief Executive Officer**” means the President and Chief Executive Officer of the Corporation, who is the ‘administrator’ for the purposes of the *Public Hospitals Act*;
- (e) “**Chief Nursing Executive**” means the senior nurse employed by the Corporation, who reports directly to the Chief Executive Officer and is responsible for nursing services provided in the Hospital;
- (f) “**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;
- (g) “**Chief of Staff**” means the medical staff member appointed by the Board to serve as such in accordance with the *Public Hospitals Act and this By-law*;
- (h) “**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;
- (i) “**Corporation**” means **Temiskaming Hospital**;
- (j) “**Credentials Committee**” means a subcommittee of the Medical Advisory Committee established by the Medical Advisory Committee and tasked with reviewing applications for appointment and reappointment to the Professional Staff, and applications for a change in privileges, and making recommendations to the Medical Advisory Committee on these matters, and if no such subcommittee is established it means the Medical Advisory Committee;
- (k) “**day**”, unless otherwise specified as a business day, means a calendar day;
- (l) “**Dental Staff**” means:

- (i) oral and maxillofacial surgeons to whom the Board has granted the privilege of diagnosing, prescribing for, or treating Patients in the Hospital; and
 - (ii) Dentists to whom the Board has granted the privilege of attending to Patients in the Hospital.
- (m) “**Dentist**” means a dental practitioner in good standing with the Royal College of Dental Surgeons of Ontario;
- (n) “**Service**” or “**service**” means an organizational unit of the Professional Staff to which members with a similar field of practice have been assigned;
- (o) “**Director**” means a member of the Board.
- (p) “**Excellent Care for All Act**” means the *Excellent Care for All Act, 2010* (Ontario) and, where the context requires, includes the regulations made under it, and any statute that may be substituted for it, as amended from time to time;
- (q) “**ex officio**” means membership “by virtue of the office” and includes all rights, responsibilities, and powers to vote, unless otherwise specified;
- (r) “**Extended Class Nursing Staff**” means those Registered Nurses in the Extended Class who are:
 - (i) employed by the Corporation and authorized to diagnose, prescribe for or treat patients in the Hospital; and
 - (ii) not employed by the Corporation and to whom the Board has granted privileges to diagnose, prescribe for, or treat patients in the Hospital;
- (s) “**Hospital**” means the Public Hospital operated by the Corporation;
- (t) “**Impact Analysis**” means a study conducted by the Chief Executive Officer in consultation with the Chief of Staff and affected Chief(s) of Service to determine the impact upon the resources of the Corporation, including the impact upon the resources of a Service, of a proposed appointment of an applicant to the Professional Staff or an application by a Professional Staff member for additional privileges or a change in membership category;
- (u) “**Medical Advisory Committee**” means the committee established under Article 10;
- (v) “**Medical Staff**” means those Physicians who are appointed by the Board and who are granted privileges to practice medicine in the Hospital;
- (w) “**Midwife**” means a Midwife in good standing with the College of Midwives of Ontario;
- (x) “**Midwifery Staff**” means those Midwives who are appointed by the Board and granted privileges to practice Midwifery in the Hospital;

- (y) **“Patient”** means any in-patient or outpatient of the Corporation;
- (z) **“Physician”** means a medical practitioner in good standing with the College of Physicians and Surgeons of Ontario;
- (aa) **“Policies”** means the administrative, human resources, clinical and professional policies adopted by the Hospital, the Medical Advisory Committee, or the Chief of Service under Article 2;
- (bb) **“Professional Staff”** means the Physicians, Dentists, Midwives and Registered Nurses in the Extended Class, who are appointed by the Board and granted privileges to practice their profession in the Hospital;
- (cc) **“Professional Staff Human Resources Plan”** means the plan developed for each Service provides information and future projections on the management and appointment of the Professional Staff based on the mission and strategic plan of the Corporation;
- (dd) **“Public Hospitals Act”** means the *Public Hospitals Act* (Ontario), and, where the context requires, includes the regulations made under it, and any statute that may be substituted for it, as amended from time to time;
- (ee) **“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
- (ff) **“Rules and Regulations”** means the rules adopted by the Board under Article 2.

1.2 Interpretation

In this By-law, unless the context otherwise requires, words importing the singular number include the plural number and vice versa, and “including” or “include(s)” means “including (or includes(s) without limitation”. Where this By-law provides for a matter to be determined, prescribed, or requested by the Board, Medical Advisory Committee, Chief of Staff, or Chief of Department, in all instances, the determination, prescription, or request may be made from time to time.

1.3 Delegation of Duties

Each of the Chief Executive Officer, Chief of Staff, Chief of a Department, or Head of a Division may delegate the performance of any of the duties assigned to them under this By-law to others; however, they shall each remain responsible for the performance of their respective duties.

1.4 Consultation with Professional Staff

Where the Board or Medical Advisory Committee is required to consult with the Professional Staff under this By-law, it shall be sufficient for the Board or Medical

Advisory Committee to receive and consider the input of the Professional Staff officers named in section 12.1(2).

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 consulting with the Professional Staff and 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, that are consistent with and support the implementation of Rules and Regulations.
- (3) The Medical Advisory Committee, after consulting with the Professional Staff, may make policies applicable to the Medical Staff, Dental Staff, Midwifery Staff, and Extended Class Nursing Staff that are consistent with this By-law, the Rules, and the Board-approved policies.
- (4) The Chief of Service, after consulting with the Professional Staff of the service, may adopt policies and procedures applicable to the Professional Staff of the service, including policies and procedures that are consistent with, and support the implementation of, the Rules and Regulations and policies.

ARTICLE 3 - APPOINTMENT AND REAPPOINTMENT TO PROFESSIONAL STAFF

3.1 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 Professional Staff member 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 or revoke any appointment to the Professional Staff refuse to reappoint a Professional Staff member, or restrict or suspend the privileges of any Professional Staff member in accordance with the provisions of this By-law and the *Public Hospitals Act*.

3.2 Term of Appointment

- (1) Subject to section 3.2(2), each appointment to the Professional Staff shall be for a term of up to one (1) year.
- (2) Where a Professional Staff member has applied for reappointment within the time prescribed by the Medical Advisory Committee, the current appointment shall continue:
 - (a) unless section 3.2(2)(b) applies, until the Board grants or does not grant reappointment; or
 - (b) in the case of a Medical Staff member and where the Board does not grant the reappointment 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.

3.3 Qualifications and Criteria for Appointment

- (1) Only an applicant who meets the qualifications and satisfies the criteria set out in this By-law and who is licensed pursuant to the laws of Ontario is eligible to be a member of and appointed to the Professional Staff.
- (2) The applicant shall have:
 - (a) a certificate of registration, and a certificate of professional conduct or letter of good standing from the relevant College, or the equivalent certificate(s), from their most recent licensing body;
 - (b) current membership in the Canadian Medical Protective Association or professional practice liability coverage appropriate to the scope and nature of the intended practice.
 - (c) adequate training and experience for the privileges requested;
 - (d) maintained the level of continuing professional education required by the relevant College;

- (e) up-to-date inoculations, screenings and tests as may be required by the occupational health and safety policies and practices of the Corporation, the *Public Hospitals Act* or other legislation;
 - (f) a demonstrated ability to:
 - (i) provide patient care at an appropriate level of quality and efficiency;
 - (ii) meet an appropriate standard of ethical conduct and behaviour;
 - (iii) work and communicate with, and relate to, others in a co-operative, collegial and professional manner;
 - (iv) communicate with, and relate appropriately to, patients and patients' relatives and/or substitute decision makers;
 - (g) demonstrated 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
 - (h) a willingness to participate in the discharge of staff, committee and, if applicable, teaching responsibilities, and other duties appropriate to staff category;
- (3) All applicants must agree to govern themselves in accordance with the requirements set out in this By-law, the Corporation's mission, vision and values, Rules and Regulations and Policies.
- (4) All new appointments shall be contingent upon an Impact Analysis demonstrating that the Corporation 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.
- (5) In addition to any other provisions of the By-law, including the qualifications set out in sections 3.3(2), 3.3(3), 3.3(4), 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;
 - (b) the Professional Staff Human Resources Plan and/or the Impact Analysis does not demonstrate sufficient resources to accommodate the applicant; or
 - (c) the appointment is not consistent with the mission and strategic plan of the Corporation.

3.4 Application for Appointment

- (1) The Chief Executive Officer 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 By-laws 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 Corporation to make inquiries of the relevant College and other hospitals, institutions and facilities where the applicant has previously provided professional services or received professional training to allow the Corporation to fully investigate the qualifications and suitability of the applicant.
 - (3) An applicant may be required to visit the Corporation for an interview Professional Staff members and the Chief Executive Officer.
 - (4) The Board shall approve the prescribed form of application for appointment, re-appointment, and change in privileges after receiving the recommendation of the Medical Advisory Committee.

3.5 Procedure for Processing Applications for Appointment

- (1) Upon receipt of a completed application, the Chief Executive Officer shall retain a copy of the application and shall refer the original application forthwith to the Medical Advisory Committee through the Chief of Staff, 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 relevant Chief of Service.
- (2) The Credentials Committee shall:
 - (a) review all materials in the application, and ensure all required information has been provided;
 - (b) investigate the qualifications, experience, professional reputation, and competence of the applicant, and consider if the criteria required by this By-law are met;
 - (c) receive the recommendation of the relevant Chief(s) of Service; and
 - (d) submit a report of its assessment and recommendation to the Medical Advisory Committee at its next regular meeting, together with a recommendation that the application is acceptable, not acceptable, or is deferred for further investigation. In the case of a recommendation for acceptance, the Credentials Committee shall indicate the privileges that it recommends the applicant be granted.
- (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 completed application, written notice of its recommendation to the Board and to the applicant, in accordance with the *Public Hospitals Act*.
- (4) The Medical Advisory Committee may make its recommendation to the Board later than sixty (60) days after receipt of a completed application, provided that, within the sixty (60) day period, it advises the applicant and the Board in writing that a final recommendation cannot be made within the sixty (60) day period and gives written reasons for it.
 - (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 they are entitled to:
 - (a) written reasons for the recommendation, if the Medical Advisory Committee receives for the reasons from the applicant within seven (7) days of the applicant's receipt of notice of the recommendation; and
 - (b) a Board hearing, if the Board and the Medical Advisory Committee receive a written request for a Board hearing from the applicant within seven (7) days of the applicant's receipt of the written reasons referred to in subsection 3.5(6)(a).
 - (7) Where the applicant does not request a Board hearing, the Board may implement the recommendation of the Medical Advisory Committee.
 - (8) Where the applicant requests a Board hearing, it shall be dealt with in accordance with the applicable provisions of the *Public Hospitals Act* and Article 5.
 - (9) The Board shall consider the Medical Advisory Committee recommendations within the timeframe 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.

3.6 Temporary Appointment

- (1) Notwithstanding any other provision of this By-law, the Chief Executive Officer after consulting with the Chief of Staff, may:
 - (a) grant a temporary appointment and temporary privileges to a Physician, Dentist, Midwife or Registered Nurse in the Extended Class, provided that the appointment shall not extend beyond the date of the next Medical Advisory Committee meeting 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 Board meeting.
- (2) A temporary appointment 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 under section 3.6(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.

3.7 Reappointment

- (1) Each year, each Professional Staff member desiring reappointment to the Professional Staff shall make a written application for reappointment on the prescribed form through the Chief Executive Officer to the Board 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;

- (b) either:
 - (i) a declaration that all information on file at the Corporation from the applicant's most recent application is up-to-date, accurate and unamended as of the date of the current application; or
 - (ii) a description of all material changes to the information on file at the Corporation since the applicant's most recent application, including an updated curriculum vitae with any additional professional qualifications acquired by the applicant since the previous application and information on any completed or pending disciplinary or malpractice proceedings, restriction in privileges or suspensions during the past year;
 - (c) the category of appointment requested and a request for either the continuation of, or any change in, existing privileges;
 - (d) if requested, a current Certificate of Professional Conduct or equivalent from the relevant college;
 - (e) confirmation that the member has complied with the disclosure duties set out in section 6.7(d); and
 - (f) such other information that the Board may require, respecting competence, capacity and conduct, after considering the recommendation of the Medical Advisory Committee.
- (3) The relevant Chief(s) of Service shall review and make recommendations concerning each application for reappointment within that Service to the Medical Advisory Committee in accordance with a Board-approved performance evaluation process.
- (4) 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.
- (5) Applications for reappointment shall be dealt with in accordance with the *Public Hospitals Act* and section 3.5 of this By-law.

3.8 Qualifications and Criteria for Reappointment

- (1) To be eligible for reappointment, the applicant shall:
- (a) continue to meet the qualifications and criteria set out in section 3.3;
 - (b) have conducted themselves in compliance with this By-law, and the Corporation's values, Rules and Regulations, and Policies; and

- (c) have demonstrated appropriate use of Hospital resources in accordance with the Professional Staff Human Resources Plan and the Rules and Regulations and Policies.

3.9 Application for Change of Privileges

- (1) Each Professional Staff member who wishes to change their privileges, shall submit to the Chief Executive Officer an application on the prescribed form listing the change of privileges requested, and provide evidence of appropriate training and competence, and such other matters as the Board may require.
- (2) The Chief Executive Officer shall retain a copy of each application received and shall refer the original application forthwith to the Medical Advisory Committee through the Chief of Staff, who shall then refer the original application forthwith to the chair of the Credentials Committee with a copy to the relevant Chief of Service.
- (3) The Credentials Committee shall investigate the applicant's professional competence, verify their qualifications for the privileges requested, receive the report of the Chief of Service, and prepare and 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 the requirements of sections 3.8 and sections 3.5(3) to 3.5(10) of this By-law.

3.10 Leave of Absence

- (1) Upon request of a Professional Staff member to the relevant Chief of Service, the Chief of Staff may grant a leave of absence of up to twelve (12) months , after receiving the recommendation of the Medical Advisory Committee:
 - (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 Chief of Staff.
- (2) After returning from a leave of absence granted in accordance with section 3.10(1), the Professional Staff member may be required to produce a medical certificate of fitness from a physician acceptable to the Chief of Staff. The Chief of Staff may impose such conditions on the privileges granted to the member as appropriate.
- (3) Following a leave of absence of longer than twelve (12) months, a Professional Staff member 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.

3.11 Resignation

- (1) A Professional Staff member wishing to resign or retire from active practice shall, no less than 90 days before the effective date of resignation or retirement, submit a written notice to the Chief Executive Officer, who shall notify the Chief of Staff, Chief of the relevant Service(s), and the chair of the Credentials Committee. The Board and Medical Advisory Committee shall subsequently be notified.

ARTICLE 4 - MONITORING, SUSPENSION AND REVOCATION

4.1 Monitoring Practices and Transfer of Care

- (1) The Chief of Staff or relevant Chief of Service may review any aspect of patient care or Professional Staff conduct being carried out in the Corporation without the consent of the Professional Staff member responsible for the care or conduct. Where the care or conduct involves an Extended Class Nursing Staff member, the Chief Nursing Executive may also review the care or conduct.
- (2) Where any Professional Staff member or Corporation staff reasonably believes that a Professional Staff member is incompetent, attempting to exceed their privileges, incapable of providing a service that they are about to undertake, or acting in a manner that exposes or is reasonably likely to expose any patient, healthcare provider, employee or any other individual at the Corporation, to harm or injury, the individual shall immediately communicate that belief to the Chief of Staff, relevant Chief of Service or Chief Executive Officer, so that appropriate action can be taken. Where the communication relates to an Extended Class Nursing Staff member, it may also be communicated to the Chief Nursing Executive.
- (3) The Chief of a Service, on notice to the Chief of Staff, where they believe it to be in the patient's best interests, 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, notice shall be given as soon as possible.
- (4) If the Chief of Staff or Chief of a Service becomes aware that, in their opinion a serious problem exists in the diagnosis, care, or treatment of a patient, the officer shall immediately discuss the condition, diagnosis, care, and treatment of the patient with the attending Professional Staff member. If changes in the diagnosis, care, or treatment satisfactory to the Chief of Staff or the Chief of Service, are not made, they shall immediately assume the duty of investigating, diagnosing, prescribing for, and treating the patient.

- (5) Where the Chief of Staff or Chief of a Service has cause to take over the care of a patient, the Chief Executive Officer, the Chief of Staff or Chief of Service, and one other Medical Advisory Committee member, the attending Professional Staff member, 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 Chief of Service 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 Chief of Staff or Chief of Service who has taken action under section 4.1(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.

4.2 Revocation of Appointment or Restriction or Suspension of Privileges

- (1) The Board may, at any time, in a manner consistent with the *Public Hospitals Act* and this By-law, revoke any appointment of a Professional Staff member or restrict or suspend the privileges of a Professional Staff member.
- (2) Any administrative or leadership appointment of the Professional Staff member shall automatically terminate upon the revocation of appointment, or restriction or suspension of privileges, unless otherwise determined by the Board.
- (3) The Chief Executive Officer shall prepare and forward a detailed written report to the relevant College as soon as possible and no later than thirty (30) days after the event where:
 - (a) by reason of incompetence, negligence or misconduct, a Professional Staff member's:
 - (i) application for appointment or reappointment is denied;
 - (ii) appointment is revoked; or
 - (iii) privileges are restricted or suspended; or
 - (iv) a Professional Staff member resigns from the Professional Staff during the course of an investigation into their competence, negligence or misconduct.

4.3 Immediate Action

- (1) The Chief Executive Officer or Chief of Staff or Chief of a Service may temporarily restrict or suspend the privileges of any Professional Staff member, in circumstances where in their opinion the member's conduct, performance, or competence:
 - (a) exposes or is reasonably likely to expose any patient, healthcare provider, employee or any other individual at the Corporation 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 Corporation, and immediate action must be taken to protect patients, healthcare providers, employees, and any other individuals at the Corporation from harm or injury.
- (2) Before the Chief Executive Officer, Chief of Staff, or Chief of a Service takes action authorized in section 4.3(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 individual who takes the action shall immediately provide notice to the others. The individual who takes the action shall forthwith submit a written report on the action taken with all relevant materials and information to the Medical Advisory Committee.

4.4 Non-Immediate Action

- (1) The Chief Executive Officer, Chief of Staff, or Chief of Service, may recommend to the Medical Advisory Committee that the appointment of any Professional Staff member be restricted or suspended in any circumstances where in their opinion the Professional Staff member's conduct, performance, or competence:
- (a) fails to meet or comply with the criteria for annual reappointment;
 - (b) exposes or is reasonably likely to expose any patient, healthcare provider, employee, or any other individual at the Corporation to harm or injury;
 - (c) is or is reasonably likely to be detrimental to patient safety or to the delivery of quality patient care within the Corporation or impact negatively on the operations of the Corporation; or
 - (d) fails to comply with the Corporation's by-laws, Rules and Regulations, or Policies, the *Public Hospitals Act*, or any other relevant law.
- (2) Before making a recommendation under section 4.4(1), an investigation may be conducted. Where an investigation is conducted, it may be assigned to an individual or committee within the Corporation other than the Medical Advisory Committee or an external consultant.

4.5 Referral to Medical Advisory Committee for Recommendations

- (1) Following the temporary restriction or suspension of privileges under section 4.3, or the recommendation to the Medical Advisory Committee for the restriction or suspension of privileges or the revocation of an appointment of a Professional Staff member under section 4.4, 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 or Chief Executive Officer shall forthwith submit to the Medical Advisory Committee a written

report on the action taken, or recommendation made, as the case may be, with all relevant materials and/or information;

- (b) a date for consideration of the matter shall be set, not more than ten (10) business days from the time the written report is received by the Medical Advisory Committee;
 - (c) as soon as possible, and in any event three business days before the Medical Advisory Committee meeting, the Medical Advisory Committee shall provide the member with a written notice of,
 - (i) the time, date, and place of the meeting;
 - (ii) the purpose of the meeting; and
 - (iii) 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 section 4.5(1)(b) may be extended by,
- (a) an additional five (5) business days in the case of a referral under section 4.3; or
 - (b) any number of days in the case of a referral under section 4.4,
- 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 or suspension of privileges, on such terms as it deems appropriate. Notwithstanding the above, the Medical Advisory Committee may also refer the matter to a subcommittee of the Medical Advisory Committee.
- (4) If the Medical Advisory Committee recommends the continuation of the restriction or suspension of privileges or a revocation of appointment and/or makes further recommendations on 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 they are 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 Board hearing if a written request is received by the Board and the Medical Advisory Committee within seven (7) days of the member's receipt of the written reasons requested.
- (6) If the member requests written reasons for the recommendation under section 4.5(5), the Medical Advisory Committee shall provide the written reasons to the member as soon as practicable but in any event within seven (7) days of receipt of the request.

ARTICLE 5 - BOARD HEARING

5.1 Board Hearing

- (1) A Board hearing 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 Professional Staff member be restricted, or suspended or an appointment be revoked and the member requests a hearing.
- (2) The Board shall name a time, date and place for the hearing.
- (3) The Board hearing shall be held:
- (a) in the case of immediate restriction or suspension of privileges, within seven (7) days of the date the member requests the hearing under section 5.1(1).
 - (b) in the case of non-immediate restriction or suspension of privileges, subject to section 5.1(4), as soon as practicable but not later than twenty eight (28) days after the Board receives the written notice from the member requesting the hearing.
- (4) The Board may extend the time for the hearing date if it considers an extension appropriate.
- (5) The Board shall 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 shall include:
- (a) the time, date and place of the hearing;
 - (b) the purpose of the hearing;
 - (c) a statement that the applicant or member and Medical Advisory Committee shall be afforded an opportunity to examine, before 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 Board may extend the time for the hearing on the application of any party; and
 - (f) a statement that if the applicant or member does not attend the hearing, the Board may proceed in the absence of the applicant or member, and the applicant or member shall 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, before 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 shall not have taken part in any investigation or consideration of the subject matter of the hearing and shall 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 shall be based exclusively on evidence admissible or matters that may be noticed under the *Statutory Powers Procedure Act*.
- (11) No member of the Board shall participate in a Board decision 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 Board decision shall 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 the considerations set out in sections 3.3, 3.8 and 3.9 respectively.
- (13) A written copy of the Board decision shall 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 6 - PROFESSIONAL STAFF CATEGORIES AND DUTIES

6.1 Professional Staff Categories

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

6.2 Active Staff

- (1) The Active Staff shall consist of those Physicians, Dentists and Midwives whom the Board appoints to the Active Staff and who have completed satisfactory service as Associate Staff for at least one (1) year, or who the Board, on the recommendation of the Medical Advisory Committee, appoints directly to the Active Staff.
- (2) Each Active Staff member 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 the Chief of the Service to which they have been assigned;
- (e) fulfil such on-call requirements as may be established for 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;

6.3 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.
- (2) Each Associate Staff member shall:
 - (a) have admitting privileges unless otherwise specified in their appointment;
 - (b) work under the supervision of an Active Staff member named by the Chief of Staff or Chief of Service to which they have been assigned;
 - (c) undertake such duties in respect of patients as may be specified by the Chief of Staff, and, if appropriate, by the Chief of Service to which they have been assigned;
 - (d) fulfil such on call requirements as may be established for each Service and in accordance with the Professional Staff Human Resources Plan and the Rules and Regulations and Policies; and
 - (e) 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.
- (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 Chief of Staff on:

- (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 3.3(2).
- (b) The Chief of Staff shall forward such report to the Credentials Committee.
- (c) Upon receipt of the report, the Credentials Committee shall review the appointment of the Associate Staff member and make a recommendation to the Medical Advisory Committee.
- (d) If any report is not favourable to the Associate Staff member, the Medical Advisory Committee may recommend that their appointment be terminated.
- (e) No Associate Staff member shall be recommended for appointment to the Active Staff unless they have been an Associate Staff member for at least one (1) year.
- (f) In no event shall an appointment to the Associate Staff be continued for more than two (2) years.

6.4 Courtesy Staff

- (1) The Courtesy Staff shall consist of those Physicians, Dentists and Midwives whom the Board appoints to the Courtesy Staff in one or more of the following circumstances:
- (a) the applicant meets a specific service need of the Corporation; or
 - (c) where the Board deems it advisable and in the best interests of the Corporation.
- (2) Courtesy Staff members 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; and
 - (c) be responsible to the Chief of Service to which they have been assigned for all aspects of patient care.

6.5 Locum Tenens Staff

- (1) The Locum Tenens Staff shall consist of those Physicians, Dentists and Midwives whom the Board appoints to the Locum Tenens Staff 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 a specified period of time; or
 - (b) to provide episodic or limited surgical or consulting services.
- (2) The period of appointment shall be for a term of up to 12 months and may be subject to renewal.
- (3) A Locum Tenens Staff member shall:
 - (a) have admitting privileges unless otherwise specified in their appointment;
 - (b) work under the supervision of an Active Staff member assigned by the Chief of Staff; and
 - (c) attend patients and undertake treatment and operative procedures only in accordance with the kind and degree of privileges granted by the Board.

6.6 Extended Class Nursing Staff

- (1) The Board, after considering the advice of the Medical Advisory Committee, will delineate the privileges for each Extended Class Nursing member who is not an employee of the Corporation.
- (2) Each new applicant for appointment to the Extended Class Nursing Staff shall be appointed for an initial probationary period of one (1) year.
- (3) Before completion of the one (1) year probationary period, the Chief of Service, in consultation with the Chief Nursing Executive, shall complete a performance evaluation for an Extended Class Nursing Staff member on 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 section 3.3(2) and such report shall be forwarded to the Credentials Committee.
- (4) The Credentials Committee shall review the report and shall make a recommendation to the Medical Advisory Committee, which shall, in turn, make a recommendation to the Board.

6.7 Duties of Professional Staff

- (1) Each Professional Staff member:

- (a) is accountable to and shall recognize the authority of the Board through and with the Chief of Staff, Chief of Service and Chief Executive Officer;
- (b) shall co-operate with and respect the authority of:
 - (i) the Chief of Staff and the Medical Advisory Committee;
 - (ii) the Chiefs of Service; and
 - (iii) the Chief Executive Officer; and
- (c) shall perform the duties, undertake the responsibilities and comply with the provisions set out in this By-law and the Rules and Regulations and Policies.
- (d) shall immediately advise the Chief of Staff and Chief Executive Officer of:
 - (i) the commencement of any investigation or proceeding that would be required to be disclosed by this By-law, the credentialing policy and/or reapplication process.
 - (ii) any change in the member's license to practise made by the relevant College or any change in professional practice liability coverage; and
- (e) perform such other duties as may be prescribed from time to time by, or under the authority of, the Chief of Staff, or Chief of Service.
- (f) Attend and treat patient within the limits of the privileges granted unless the privileges are otherwise restricted;
- (g) Adhere to the highest ethical standards of their profession;
- (h) Respect the mission, vision and values of the Corporation;
- (i) Fulfill the "on-call" requirements of the Service as scheduled by the Chief of Service, as applicable;
- (j) Work and cooperate with others in a collegial manner consistent with the Hospital's values;
- (k) Participate in quality and patient safety initiatives;
- (l) Prepare and complete patient records in accordance with the Rules and Regulations, Policies, applicable legislation and accepted industry standards;
- (m) Serve on various Hospital committees and Medical Advisory Committee sub-committees, as may be requested;
- (n) Participate in annual performance evaluations;
- (o) Meet the attendance obligations, if any, for the Service meetings and/or Professional Staff meetings, as applicable;

- (p) Participate in continuing education as required by the relevant Service and/or regulatory or licensing authority;
 - (q) Comply with applicable legislation and the By-laws, the Rules and Regulations and the policies of the Hospital;
 - (r) 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;
 - (s) Notify the Board in writing through the Chief Executive Officer 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;
 - (t) 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;
 - (u) 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
- (2) If the Chief of Staff and/or Chief of Department request(s) a meeting with a Professional Staff member for the purpose of interviewing that Professional Staff member about any matter, the Professional Staff member shall attend the interview at a mutually agreeable time but within 14 days of the request. If the Professional Staff member so requests, they may bring a representative with them to the meeting. The Chief of Staff and/or Chief of Department may extend the date for attendance at the interview at their discretion. If requested by the Chief of Staff and/or Chief of Department, the Professional Staff member attending the meeting shall produce any documents requested by the Chief of Staff and/or Chief of Department for discussion at the meeting. If a criminal record check and/or vulnerable sector check is requested, the request shall be made at a meeting with the Professional Staff member where the Chief of Staff and Chief Executive Officer are both present.

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

ARTICLE 7 - SERVICES

7.1 Professional Staff Services

- (1) The Board may organize the Professional Staff into Services after considering the recommendation of the Medical Advisory Committee.
- (2) The Board shall appoint each Professional Staff member to a minimum of one (1) of the Services. Appointment may extend to one (1) or more additional Services.

7.2 Changes to Services

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

7.3 Service Meetings

- (1) Each Service shall function in accordance with the Rules and Policies.
- (2) Service meetings shall be held in accordance with the Rules and Policies.
 - (a) Each Professional Staff member shall attend at least seventy (70%) of the subcommittee meetings of which they are a member of;
 - (b) Failure by a Professional Staff member to attend the required number of meetings in any calendar year shall be reported to the Medical Advisory Committee.

7.3 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 8 - LEADERSHIP POSITIONS

8.1 General

- (1) The Board may appoint an individual on an acting or interim basis where there is a vacancy in any office referred to in this Article or while the individual holding any such office is absent or unable to act.
- (2) If the term of office of any medical leader expires before a successor is appointed, the Board may extend the appointment of the incumbent.
- (3) Subject to annual confirmation by the Board, the appointment of a medical leader shall be for a term of up to five years.
- (4) The maximum number of consecutive years of service of a medical leader shall be ten years provided, however, that following a break in the continuous service of at least one year, the same person may be reappointed. In extraordinary circumstances, the Board may pass resolution extending the maximum term.
- (5) The Board shall receive and consider the input of the appropriate Professional Staff member before it makes an appointment to a Professional Staff leadership position.
- (6) The Board may revoke any appointment to any position referred to in this Article at any time.

8.2 Chief of Staff

- (1) The Board shall appoint a Chief of Staff after considering the recommendation of the Medical Advisory Committee.
- (2) The Chief of Staff shall:
 - (a) be an *ex officio* Director as a Director, fulfill fiduciary duties to the Corporation;
 - (b) be the *ex officio* Chair of the Medical Advisory Committee;
 - (c) be an *ex-officio* member of all Medical Advisory Committee subcommittees;

- (c) report regularly to the Board on the work and recommendations of the Medical Advisory Committee; and
 - (d) perform such additional duties as may be outlined in the Board-approved Chief of Staff position description, or as set out in the Rules, or as assigned by the Board.
- (3) The Chief of Staff shall, in consultation with the Chief Executive Officer, designate an alternate to act during their absence.

8.3 Chiefs of Service

- (1) 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; and
 - (e) Surgery.
- (2) A Chief of Service shall:
- (a) be an *ex-officio* member of the Medical Advisory Committee;
 - (b) make recommendations to the Medical Advisory Committee on appointment, reappointment, change in privileges, and any disciplinary action to which Service members should be subject;
 - (c) advise the Medical Advisory Committee through and with the Chief of Staff on the quality of care provided to patients of the Service;
 - (d) review and make recommendations to the Medical Advisory Committee on the performance evaluation of Service members annually as part of the reappointment process and conduct an enhanced performance evaluation on a periodic basis;
 - (e) hold regular Service meetings;
 - (f) delegate responsibility to appropriate Service members;
 - (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 Board-approved Chief of Service position description or as set out in the Rules and Regulations or as assigned by the Board, the Chief of Staff, Medical Advisory Committee, or Chief Executive Officer; and

- (i) in consultation with the Chief of Staff or designate an alternate to act during their absence.

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

ARTICLE 9 - MEDICAL ADVISORY COMMITTEE

9.1 Composition

(1) The Medical Advisory Committee shall consist of the following members, each of whom shall have one vote:

- (a) The Chief of Staff, Who shall be the Chair;
- (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 Medical Staff members as the Board may appoint on the recommendation of Chief of Staff and/or Chief Executive Officer.

(2) In addition, the following individuals shall be entitled to attend Medical Advisory Committee meetings without a vote:

- (a) the Chief Executive Officer;
- (b) the Chief Nursing Executive; and
- (c) any Vice President of the Corporation.

9.2 Recommendations

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

9.3 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 on 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 Professional Staff member;
 - (iii) the By-law and Rules and Regulations;
 - (iv) the revocation of appointment or the suspension or restrictions of privileges of any Professional Staff member; and
 - (v) the quality of care provided in the Hospital by the Medical Staff, Dental Staff, Midwifery Staff and Extended Class Nursing Staff;
- (b) supervise the practice and behaviours of Professional Staff in the Hospital;
- (c) appoint the Medical Staff members of all Medical Advisory Committee subcommittees;
- (d) receive reports of the Medical Advisory Committee subcommittees;
- (e) advise the Board on any matters that the Board refers to the Medical Advisory Committee; and
- (f) where the Medical Advisory Committee identifies systemic or recurring quality of care issues in making its recommendations to the Board under section 2(a)(v) of the Hospital Management Regulation (965) under the *Public Hospitals Act*, make recommendations about those issues to the Hospital's quality committee established under the *Excellent Care for All Act*.

9.4 Subcommittees

- (1) The Board may, on the recommendation of the Medical Advisory Committee, establish such standing and special subcommittees of the Medical Advisory Committee as may be necessary or advisable for the Medical Advisory Committee to perform its duties under the *Public Hospitals Act* or this By-laws.
- (2) The terms of reference and composition for any standing or special subcommittees of the Medical Advisory Committee may be set out in the Rules and Regulations or in a Board resolution, on recommendation of the Medical Advisory Committee. The Medical Advisory Committee shall appoint the Medical staff members of any Medical Advisory Committee subcommittee and the Board may appoint other subcommittee members.

9.5 Quorum

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

9.6 Meetings

- (1) The Medical Advisory Committee shall hold at least ten (10) meetings each year.
- (2) Unless otherwise required by applicable law, motions arising at any Medical Advisory Committee meeting or subcommittee meeting shall be decided by consensus of the voting members present. Consensus will be considered to

have been reached when no voting member objects to the subject matter of the motion before the meeting. If the chair of the meeting determines that the sense of the meeting is that consensus will not be reached, then the motion shall be decided by a majority of the votes cast. In such cases, the chair of the meeting shall be entitled to cast a second, or tie-breaking, vote in the event of a tie. A member may attend and vote by electronic means.

- (3) A Medical Advisory Committee or subcommittee meeting may be held by telephonic or electronic means. Where a meeting is held by telephonic or electronic means, a vote may be taken by show of hands, voice vote, or other electronic means of voting.

ARTICLE 10 - PROFESSIONAL STAFF MEETINGS

10.1 Annual, Regular and Special Meetings

- (1) The Professional Staff shall hold at least four (4) regular meetings in each fiscal year of the Corporation, one of which shall be the annual meeting at a time and place fixed by the Professional Staff officers.
 - (a) Each Professional Staff member, assigned to the Active and Associate Staff category, shall attend at least fifty (50%) of the regular meetings;
 - (b) Failure by a Professional Staff member to attend the required number of meetings in any calendar year shall be reported to the Medical Advisory Committee.
- (2) The President of the Professional Staff may call a special meeting. The President of the Professional Staff shall call a special meeting on the written request of any three (3) Active Staff members entitled to vote.
- (3) The Secretary of the Professional Staff shall give written notice of each Professional Staff meeting (including the annual meeting or any special meeting) to the Professional Staff at least fourteen (14) days before the meeting by posting a notice of the meeting in a conspicuous place in the Hospital or by emailing or sending it through an internal mail distribution system to each Professional Staff member. Notice of a 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 exceptional circumstances by a majority of those Professional Staff members present and entitled to voting at the special meeting, as the first item of business of the meeting.
- (5) The Professional Staff officers may determine that any Professional Staff meeting may be held by telephonic or electronic means. Where a

Professional Staff meeting is held by telephonic or electronic means, the word “present” in Article 10 shall mean present physically or by telephonic or electronic means, and a vote may be taken by show of hands, voice vote, or other electronic means of voting.

10.2 Quorum

A majority of the Professional Staff members entitled to vote and present shall constitute a quorum at any Professional Staff meeting.

10.3 Rules of Order

The procedures for Professional Staff meetings 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.

10.4 Medical Staff Meetings

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

ARTICLE 11 - PROFESSIONAL STAFF OFFICERS

11.1 Professional Staff Officers

(1) The provisions of this Article 12 shall be deemed to satisfy the requirements of the *Public Hospitals Act* for Medical Staff officers. 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 Professional Staff officers shall be:

(a) the President;

(b) the Vice President;

(c) the Secretary; and

(d) such other officers as the Professional Staff may determine.

(3) The Professional Staff officers shall be elected annually for a one (1) year term by a majority vote of the Professional Staff members present and voting at a Professional Staff meeting.

- (4) The Professional Staff officers may serve a maximum six (6) consecutive years in one office. An officer may be re-elected to the same position following a break in continuous service of at least one (1) year.
- (5) The Professional Staff officers may be removed from office before the expiry of their term by a majority vote of the Professional Staff members present and voting at a Professional Staff meeting called for that purpose.
- (6) If any office of the Professional Staff becomes vacant, and it is deemed expedient to fill the office before the next annual meeting of the Professional Staff, the vacancy may be filled by a majority vote of the Professional Staff members present and voting at a regular meeting or special Professional Staff meeting. The election of Professional Staff member shall follow the process in section 11.3. The Professional Staff member so elected to office shall fill the office until the next annual meeting of the Professional Staff.

11.2 Attendance, Voting, and Holding Office

- (1) All Professional Staff members are entitled to attend Professional Staff meetings.
- (2) Only Active Staff members are entitled to vote at Professional Staff meetings.
- (3) Only Physicians who are Active Staff members may hold any Professional Staff office.

11.3 Nominations and Election Process

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

11.4 President of the Professional Staff

- (1) The President of the Professional Staff shall:
 - (a) preside at all Professional Staff meetings;
 - (b) act as a liaison among the Professional Staff, the Chief Executive Officer, and the Board on matters concerning the Professional Staff;

- (c) support and promote the values and strategic plan of the Corporation.
- (d) be an *ex-officio* member of the Medical Advisory Committee; and
- (e) be an *ex-officio non-voting* Director and as a Director, fulfill fiduciary duties to the Corporation by making decisions in the best interest of the Corporation.

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

11.5 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 section 11.4 (other than as set out in Section 11.4(e));
- (b) perform such duties as the President of the Professional Staff may delegate to them; and
- (c) be an *ex-officio* member of the Medical Advisory Committee.

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

11.6 Secretary of the Professional Staff

(1) 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 present and voting at a Professional Staff meeting;
- (e) be an *ex-officio* 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 section 11.5.

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

11.7 Other Officers

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

ARTICLE 12 - AMENDMENTS

12.1 Amendments to this By-law

Prior to submitting amendment(s) to this By-law to the Corporation's approval processes:

- (a) the Corporation shall provide notice specifying the proposed amendment(s) to 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(s).

12.2 Repeal and Restatement

This By-law repeals and restates in its entirety the By-laws of the Corporation previously enacted concerning 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.

Created: June 2019 Approved By MAC: April 2, 2019

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