

Dryden Regional Health Centre Professional Staff By-Law

1. DEFINITIONS AND INTERPRETATIONS

1.1 INTERPRETATION

In this By-Law and all other by-laws of the Corporation, unless the context otherwise requires,

- (1) "Act" means the *Public Hospitals Act* (Ontario), and, where the context requires, includes the regulations made thereunder;
- (2) "Board" means the board of directors of the Corporation;
- (3) "Chair of the Medical Advisory Committee" means the Chief of Staff;
- (4) "Chief Executive Officer" means in addition to 'administrator' as defined in the *Act*, that person who has for the time being the direct and actual superintendence and charge of the Hospital;
- (5) "Chief Nursing Executive" means the senior employee responsible to the Chief Executive Officer for the nursing services provided in the Hospital. Also known as the Chief Nursing Officer;
- (6) "Chief of Staff" means the Medical Staff member appointed by the Board to serve as Chief of Staff in accordance with the *Act*;
- (7) "Chief of a Service" means the Medical Staff member appointed by the Board to be responsible for the professional standards and quality of care rendered by the members of that Service;
- (8) "College" means as the case may be, the College of Physicians and Surgeons of Ontario, the Royal College of Dental Surgeons of Ontario and/or the College of Nurses of Ontario;
- (9) "Corporation" means the Dryden Regional Health Centre;
- (10) "CPSO" means the College of Physicians and Surgeons of Ontario;
- (11) "Dental Staff" means those Dentists appointed by the Board to attend or perform dental services for Patients in the Hospital;
- (12) "Dentist" means a dental practitioner in good standing with the Royal College of Dental Surgeons of Ontario;
- (13) "*Ex officio*" means membership "by virtue of the office" and includes all rights, responsibilities and power to vote unless otherwise specified;
- (14) "Extended Class Nursing Staff" means those Registered Nurses in the Extended Class who are:

- (i) employed by the Hospital and are authorized to diagnose, prescribe for or treat Patients in the Hospital; and
 - (ii) not employed by the Hospital and to whom the Board has granted privileges to diagnose, prescribe for, or treat Patients in the Hospital;
- (15) "Health Human Resources Plan" means the description of the process to identify current and future medical human resources and approaches to recruit and select appropriate people to address any gaps;
- (16) "Hospital" means the public hospital operated by the Corporation;
- (17) "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 Professional Staff member for additional privileges;
- (18) "Leader" means a person who is in charge of a department or clinical service;
- (19) "Medical Advisory Committee" means that committee established by the Board as required by the *Act*;
- (20) "Medical Staff" means those Physicians who are appointed by the Board and who are granted privileges to practice medicine in the Hospital;
- (21) "Patient" means, unless otherwise specified or the context otherwise requires, any in-patient or out-patient of the Corporation;
- (22) "Physician" means a medical practitioner in good standing with the CPSO;
- (23) "Policies" means the Board, administrative, medical, professional and departmental policies and procedures of the Hospital;
- (24) "Primary Organization" means an organization where a Professional Staff member has received privileges, other than Regional Staff Privileges;
- (25) "Professional Staff" means the Medical Staff, Dental Staff, and the members of the Extended Class Nursing Staff who are not employees of the Corporation;
- (26) "Professional Staff Association" means the association that is comprised of the Professional Staff;

- (27) “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*;
- (28) “Service” means an organizational unit of the Professional Staff to which members with a similar field of practice have been assigned;

1.2 INTERPRETATION

- (1) Words importing the singular number only shall include the plural and vice versa; words importing one gender shall include all genders; references to persons shall include companies, corporations, partnerships and any number or aggregate of person.
- (2) Any reference to any statute means the legislation bearing that name, including that statute as amended or any successor thereto and all regulations made thereunder.
- (3) 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, and Extended Class Nursing Staff.
- (4) The Board, after considering the recommendation of the Medical Advisory Committee, may adopt Policies applicable to the Medical Staff, Dental Staff, and Extended Class Nursing Staff, including Policies that are consistent with Rules and Regulations and support the implementation of Rules and Regulations.
- (5) Any of the Chief Executive Officer, Chief of Staff, or a Chief of Service shall be responsible for the duties assigned to him or her under this By-Law, and he or she may delegate these duties to others.

1.3 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.

2. PROFESSIONAL STAFF

2.1 PROFESSIONAL STAFF

- (1) Articles 2 through 5 govern the Professional Staff practising within the Hospital, as contemplated by the *Act*. The purposes of these Articles are to:
- (a) outline clearly and succinctly the purposes and functions of the Professional Staff;
 - (b) identify specific organizational units necessary to allocate the work of carrying out those functions;
 - (c) identify the process for the selection of the Chief of Staff, Chiefs of Service, and for the election of the Professional Staff executive;
 - (d) provide a Professional Staff organization that defines responsibility, authority and accountability of every component and that is designed to ensure that each Professional Staff member exercises responsibility and authority commensurate with the member's contribution to Patient care and fulfils like accountability obligations;
 - (e) provide a mechanism for accountability to the Board and as appropriate for Patient care, workplace safety and professional and ethical behaviours of each individual Professional Staff member; and
 - (f) create a Professional Staff Association structure that will advocate the interests and support the rights and privileges of the Professional Staff as provided herein.

2.2 PURPOSE OF THE PROFESSIONAL STAFF ASSOCIATION

The purpose of the Professional Staff Association, in addition to fulfilling the responsibilities established by the laws of the Province of Ontario and this By-Law, is to provide an organization whereby the Professional Staff members participate in the Hospital's planning, policy setting, and decision making through their elected officers.

2.3

APPOINTMENT TO PROFESSIONAL STAFF

2.3.1 Appointment

- (1) The Board, after considering the recommendations of the Medical Advisory Committee, shall appoint annually a Medical Staff and may appoint a Dental 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) Pursuant to the *Act* and this By-Law, the Board may, at any time, make, revoke or suspend any appointment to the Professional Staff or revoke, restrict or suspend the privileges of any Professional Staff member in accordance with the provisions of the *Act* and this By-Law. In respect of appointments and re-appointments, this includes where:
 - (a) the applicant is unable to provide care at a level that is consistent with the standard of care expected of the Professional Staff at the Hospital;
 - (b) the appointment is not consistent with the need for service, as determined by the Board from time to time;
 - (c) the Impact Analysis and/or Health Human Resources Plan of the Hospital and/or Service does not demonstrate sufficient resources to accommodate the applicant;
 - (d) the appointment is not consistent with the strategic plan of the Hospital;
 - (e) the applicant was not considered the best qualified applicant for the position available; and/or
 - (f) the applicant has not demonstrated an ability to fulfil all of the criteria for appointment as set out in section 2.3.3 below.

2.3.2 Application for Appointment

- (1) All applications for appointment and re-appointment to the Professional Staff shall be processed in accordance with the provisions of the *Act* and this By-Law.
- (2) The Chief Executive Officer shall supply a copy of, or information on how to access, an application form, the purpose statement, values and strategic plan of the Corporation, the By-Laws, Standards of Behaviour, and appropriate Policies, to each Physician, Dentist, or Registered

Nurse in the Extended Class who expresses in writing an intention to apply for appointment to the Professional Staff.

- (3) An applicant for appointment to the Professional Staff shall submit to their application through the electronic credentialing system and provide consent 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. Each applicant, where requested, shall visit the Hospital for an interview with the Chief of Staff, Chief of Service and, where appropriate, other Professional Staff member(s) and the Chief Executive Officer.

2.3.3 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.
- (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 cooperate with and relate to others in a collegial, professional and non-disruptive manner (non-disruptive being defined by reference to applicable College policies such as the CPSO's "Physician Behaviour in the Professional Environment" policy);
 - (iii) communicate with, and relate appropriately to, Patients and their 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) if applicable, have an interest and aptitude towards scholarly activities;

- (vi) meet an appropriate standard of ethical conduct and behaviour;
and
 - (vii) govern himself or herself in accordance with the requirements set out in this By-Law, the Standards of Behaviour, and the Hospital's Policies;
 - (c) have maintained the level of continuing professional education required by the applicable 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 *Act* or other legislation, or by the Board from time to time, barring any legitimate medical circumstances;
 - (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 other professional practice liability coverage appropriate to the scope and nature of the intended practice.
- (3) In addition to the above-noted qualifications, 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 CPSO or an equivalent certificate from their most recent licensing body; and
 - (b) have a current Certificate of Professional Conduct from the CPSO or the equivalent certificate from their most recent licensing body.
- (4) In addition to the above-noted qualifications (Section 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 above-noted qualifications, 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.
- (6) All appointments will be consistent with community needs defined by the strategic plan and mission of the Hospital.
- (7) All new appointments will be contingent upon an Impact Analysis demonstrating that the Hospital has the resources to accommodate the applicant and that the applicant meets the needs of the Hospital as described in the Health Human Resources Plan.
- (8) In addition to any other provisions of the By-Law, including the qualifications set out in subsections 2.4.3(2), 2.4.3(3), 2.4.3(4), 2.4.3(5) and 2.4.3(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 the service as determined by the Board from time to time;
 - (b) The appointment is not consistent with LHIN or Ministry of Health and Long-Term Care direction as determined by the Board from time to time;
 - (c) The appointment is not consistent with legal requirements as determined by the Board from time to time.

2.3.4 Term

- (1) Subject to section 2.3.4(2)(b), each appointment to the Professional Staff shall be for a term of one 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 2.3.4(2)(b) applies, until the reappointment is granted or not granted by the Board; or
 - (b) in the case of a Medical Staff member 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.

2.3.5 Procedure for Processing Applications for Appointment

- (1) The Chief Executive Officer, upon receipt of a completed application on the prescribed form, will ensure the referral of the application to the Medical Advisory Committee through the Chair of the Medical Advisory Committee. The Chief Executive Officer shall ensure that the Hospital has in place and enforces a policy to protect the confidentiality of all information contained in a completed application and to ensure that only those persons entitled under this By-Law have access to the completed application.
- (2) The Medical Advisory Committee will investigate each application together with:
 - (i) the qualifications and experience of the applicant;
 - (ii) any recommendation of the Chief of Staff and/or Chief of the relevant Service;
 - (iii) the Health Human Resources Plan, if any; and
 - (iv) the Impact Analysis, if any.The Medical Advisory Committee will:
 - (a) review the application to ensure it contains all the information required under section 2.3.1 of this By-Law;
 - (b) take into consideration whether the criteria set out in section 2.3.3 of this By-Law have been met;
 - (c) make a recommendation to the Board to appoint or not to appoint the applicant or appoint the applicant subject to specified conditions; and
 - (d) where applicable, include a list of the intended clinical and academic responsibilities to be carried out by the applicant in exchange for being granted privileges. These responsibilities may change from time to time subject to the approval of the relevant Chief of Service or Chief of Staff.
- (3) Subject to section (a) below, the Medical Advisory Committee will send its recommendation in writing to the Board and the applicant within 60

days of the date of receipt by the Chief Executive Officer of the completed application as outlined in the *Act*. The Medical Advisory Committee may make its recommendation to the Board later than 60 days after the receipt of the completed application if, prior to the expiry of the 60-day period, it indicates in writing to the Board and the applicant that a final recommendation cannot yet be made and includes written reasons for the delay.

- (a) The applicant may, in the application, waive the 60-day response time contained in section (3).
- (4) Where the Medical Advisory Committee recommends appointment, it shall specify the category of appointment and the specific privileges it recommends the applicant be granted.
- (5) 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/she is entitled to:
 - (a) written reasons for the recommendation, provided the request for such reasons is made within seven days of the receipt by the applicant of the notice of the recommendation; and
 - (b) a hearing before the Board, provided the request for such a hearing is received by the Board and the Medical Advisory Committee within seven days of the receipt by the applicant of the written reasons. The procedures to be followed at such a hearing are outlined in section 3.2 of this By-Law.
- (6) Where the Medical Advisory Committee has concerns or concerns are raised about whether to recommend an appointment, reappointment or requested privileges, the Medical Advisory Committee may provide the applicant with written notice that the applicant is entitled to attend a special meeting of the Medical Advisory Committee to make a presentation to the Medical Advisory Committee. The procedures to be followed by such a meeting are outlined in section 3.1 of this By-Law.
- (7) Where the applicant does not request a hearing by the Board, the Board may implement the recommendation of the Medical Advisory Committee. However, where the Medical Advisory Committee makes a recommendation with respect to an appointment, reappointment or granting of requested privileges and:
 - (a) the applicant has not made any written or oral submissions to the Board, and concerns are raised that the Board believes the applicant should have an opportunity to address, the Board may give the applicant notice that he/she is entitled to a Board

hearing and shall follow the process set out in section 3.2 of this By-Law; or

- (b) information that has not been considered by the Medical Advisory Committee has come to the attention of the Board that the Board believes should be considered by the Medical Advisory Committee prior to the Board acting on the Medical Advisory Committee's recommendation, the Board may refer the new information back to the Medical Advisory Committee for consideration, with the Medical Advisory Committee to provide a reconsidered recommendation to the Board with respect to appointment, reappointment or granting of requested privileges, as the case may be. The applicant shall be given notice of the reconsidered recommendation as outlined in this section and is entitled to a hearing and the process set out in section 3.2 of this By-Law.
- (8) Where the applicant requests a hearing by the Board, it shall be dealt with in accordance with the applicable provisions of the *Act* and section 3.2 of this By-Law.
- (9) The Board, after considering the recommendation of the Medical Advisory Committee may appoint the applicant, refuse to appoint the applicant, or appoint the applicant subject to specific conditions.

2.4 RE-APPOINTMENT

2.4.1 Re-Appointment and Performance Review

Sections 2.3.3 and 2.3.4 shall apply to applications for re-appointment with the necessary changes to points of detail.

Each year, each Professional Staff member desiring reappointment to the Professional Staff shall submit a re-application request through the electronic credentialing system before the date specified by the Medical Advisory Committee.

The Chief Executive Officer ensure that an updated copy of the By-Laws implemented since the date of the applicant's most recent application are accessible on the website. The Medical Advisory Committee shall make the Board aware of any applications for re-appointment that are being considered on a delayed or deferred basis (beyond the 60-day period) and the reason for such delay or deferral.

1. The applicant's application for re-appointment in the electronic credentialing system may contain the following:
 - (a) a restatement or confirmation of the undertakings and acknowledgements requested as part of an application for appointment or as required by the Policies and Procedures from time to time;
 - (b) either:
 - (i) a declaration that all information on file in the credentialing system concerning 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 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 Staff or Chief of Service reviewing the applicant's performance for the past year;
 - (d) the category of appointment requested and a request for either the continuation of, or any change in, existing privileges;
 - (e) 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;
 - (f) if requested, a current Certificate of Professional Conduct or equivalent from the applicable College;
 - (g) confirmation that the applicant has complied with the disclosure duties set out in this By-Law; and
 - (h) such other information that the Board may require, respecting competence, capacity and conduct, having given consideration to the recommendation of the Medical Advisory Committee.

2. In order to be eligible for re-appointment:

- (a) the applicant shall continue to meet the qualifications and criteria set out in this By-Law;
- (b) the applicant shall have conducted himself or herself in compliance with this By-Law, the Hospital's Purpose statement and values, , Policies and Standards of Behaviour;
- (c) the applicant shall have demonstrated appropriate use of Hospital resources in accordance with the Health Human Resources Plan and the Rules and Regulations and Policies;
- (d) there shall be a continued need for the applicant's services under the Health Human Resources Plan, the Hospital's strategic plan and/or an Impact Analysis which demonstrates there are sufficient resources to accommodate the applicant.

3. The Chief of Staff shall facilitate, at his/her discretion, on recommendation of the Chief Nursing Executive or more often as required, a performance evaluation of the applicant.

4. Any application for re-appointment in which the applicant requests a change to his or her Professional Staff category and/or privileges and/or responsibilities, and the Chief of Service or Chief of Staff believes that such a change is likely to: (i) increase demand on Hospital resources from the previous year; or (ii) decrease the services that the Hospital is able to provide to Patients, shall be reviewed by the Medical Advisory Committee.

2.4.2 Refusal to Re-appoint, Reduction/Change of Privileges and Specific Conditions

Pursuant to the *Act*, and in accordance with this By-Law, the Rules and Regulations, and Policies, the Board may:

- (a) refuse to re-appoint a member to the Professional Staff;
- (b) reduce, change or alter the member's privileges; and/or
- (c) attach specific conditions to the member's exercise of privileges,

on any ground, including, but not limited to, the following:

- (a) where the Hospital does not have sufficient resources, based on the Health Human Resources Plan, Impact Analysis and/or strategic plan; or

- (b) where the Hospital has decided to reallocate resources to optimize Patient access and/or care, based on the Impact Analysis and/or strategic plan; or
- (c) the Chief of Staff's recommendation contained in his or her report, which reviews the applicant's performance for the previous year.

Where the Medical Advisory Committee has concerns or concerns are raised about whether to recommend a re-appointment or requested privileges, the Medical Advisory Committee will provide the applicant with written notice that the applicant is entitled to attend a special meeting of the Medical Advisory Committee to make a presentation to the Medical Advisory Committee. The procedures to be followed at such special meeting are outlined in section 3.1 of this By-Law.

Where the Professional Staff member does not request a hearing by the Board, the Board may implement the recommendation of the Medical Advisory Committee. However, where the Medical Advisory Committee makes a recommendation with respect to reappointment or granting of requested privileges and:

- (a) the applicant has not made any written or oral submissions to the Board and concerns are raised that the Board believes the applicant should have an opportunity to address, the Board may give the Professional Staff member notice that he or she is entitled to a Board hearing and shall follow the process set out in section 3.2 of this By-Law with the necessary changes to points of detail; or
- (b) information that has not been considered by the Medical Advisory Committee has come to the attention of the Board that the Board believes should be considered by the Medical Advisory Committee prior to the Board acting on the Medical Advisory Committee's recommendation, the Board may refer the new information back to the Medical Advisory Committee for consideration, with the Medical Advisory Committee to provide a reconsidered recommendation to the Board with respect to re-appointment or granting of requested privileges as the case may be. The Professional Staff member shall be given notice of the reconsidered recommendation as outlined in this section and be entitled to a hearing and the process set out in section 3.2 of this By-Law.

The Board after considering the recommendation of the Medical Advisory Committee may re-appoint the applicant, refuse to re-appoint the applicant, or re-appoint the applicant subject to specific conditions.

2.5

MONITORING, SUSPENSION AND REVOCATION

2.5.1 *Monitoring Practices 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 Professional Staff member responsible for such care or conduct by the Chief of Staff or Chief of Service.
- (2) The Chief of Staff or the Chief of Service may, at any time, for any reason whatsoever appoint a Physician to monitor and/or supervise a Professional Staff member's clinical activities at the Hospital with or without the Professional Staff member's permission.
- (3) Where any member of the Professional Staff or Corporation staff reasonably believes that a Professional Staff member is incompetent, attempting to exceed his or her privileges, incapable of providing a service that he or she is about to undertake, or acting in a manner that is disruptive and/or exposes or is reasonably likely to expose any Patient, health care provider, employee or any other person at the Corporation to harm or injury, such individual shall communicate that belief forthwith to one of the following:
 - (a) the Chief of Staff;
 - (b) the Chief of the relevant Service; or
 - (c) the Chief Executive Officer,so that appropriate action can be taken.
- (4) The Chief of a Service, on notice to the Chief of Staff where he or she believes it to be in the best interest of the Patient, shall have the authority to examine the condition and scrutinize the treatment of any Patient in his or her 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 Chair of the Medical Advisory Committee, notice shall be given as soon as possible.
- (5) If the Chief of Staff or Chief of a Service becomes aware that, in his or her opinion a serious problem exists in the diagnosis, care or treatment of a Patient, the respective Chief shall forthwith 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, 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.

- (6) 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 the Chief of the Service, as the case may be, and one other member of the Medical Advisory Committee, the attending Professional Staff member, and the Patient or the Patient's substitute decision maker shall be notified in accordance with the *Act*. The Chief of Staff or the Chief of Service shall file a written report with the Medical Advisory Committee within 48 hours of his or her action.
- (7) The Chief of Staff or Chief of a Service who is responsible under this section may delegate any or all of his or her responsibilities and duties under this section to a Professional Staff member, but the officer remains accountable to the Medical Advisory Committee for the management of the Patient by that Professional Staff member to whom any such responsibility or duty is delegated.
- (8) A Professional Staff member who has assumed responsibility for a Patient's care shall remain responsible for that Patient until the Patient's discharge from the Hospital or until the care is transferred to another Professional Staff member.
- (9) Where the Medical Advisory Committee concurs in the opinion of the Chief of Staff or Chief of Service who has taken action under paragraph (4) that the action was necessary, the Medical Advisory Committee shall forthwith make a detailed written report to the Chief Executive Officer of the problem and the action taken.

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

- (1) The Board may, at any time, in a manner consistent with the *Act* and this By-Law, revoke or suspend any appointment of a Professional Staff member, or revoke, suspend, restrict or otherwise deal with the privileges of a Professional Staff member.
- (2) Any administrative or Leadership appointment of the Professional Staff member will automatically terminate upon the restriction, revocation or suspension of privileges or, revocation of appointment, unless otherwise determined by the Board.
- (3) The Chief Executive Officer or Chief of Staff 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) 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, Policies, the *Act* or any other relevant law.
- (4) Where either the Chief Executive Officer or the Chief of Staff takes action authorized in section 2.5.2(3), he or she shall first consult with the other of them, or the Chief of Service. If such prior consultation is not possible or practicable in the circumstances, he or she shall provide immediate notice to the other of them and the Chief of Service.
- (5) The suspension or restriction of privileges may be:
- (a) immediate if necessary; or
 - (b) if not immediately necessary, may occur after an appropriate investigation is conducted; or
 - (c) may be recommended to the Medical Advisory Committee.
- (6) Where an investigation is conducted it may be assigned to an individual within the Hospital, the Medical Advisory Committee, a body within the Hospital other than the Medical Advisory Committee or an external consultant.
- (7) Where an application for appointment or reappointment is denied, or the privileges of a Professional Staff member have been restricted, suspended or revoked, by reason of incompetence, negligence or misconduct, the member resigns from or does not re-apply to the Professional Staff during the course of an investigation into his or her competence, negligence or misconduct, the Chief Executive Officer shall prepare and forward a detailed written report to the member's College as soon as possible, and not later than 30 days after the event.

2.5.3 Referral to Medical Advisory Committee for Recommendations

- (1) Following the temporary restriction or suspension of privileges, 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, 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, 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 days from the time the written report is received by the Medical Advisory Committee;
- (c) the member shall be advised of the date upon which the Medical Advisory Committee will be considering the matter and may make submissions to the Medical Advisory Committee for consideration; and
- (d) the timeframe for the Medical Advisory Committee considering the matter may be extended if the Medical Advisory Committee considers it appropriate to do so.

(2) When considering the matter, 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.

(3) If the Medical Advisory Committee recommends the continuation of the restriction or suspension or a revocation of privileges or recommends a revocation of appointment and/or makes further recommendations concerning the matters considered at its meeting, the Medical Advisory Committee shall give written notice of its recommendation to the Professional Staff member and to the Board, in accordance with the *Act*.

(4) The notice shall inform the Professional Staff 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 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 days of the receipt by the member of the written reasons requested.

2.6 CHANGE OF PRIVILEGES

2.6.1 *Application for Change of Privileges*

- (1) Where a Professional Staff member wishes to change his or her privileges, the Professional Staff member shall follow the procedure as indicated in the Northwest Regional Appointment and Credentialing Policy and Procedure (section 5) by submitting a request to the Chief Executive Officer, listing the change of privileges which are requested and shall submit evidence of appropriate training and competence and such other matters as the Board may require in respect of the privileges being requested.
- (2) The Chief Executive Officer shall refer any such application forthwith to the Medical Advisory Committee through the Chair of the Medical Advisory Committee.
- (3) An application for a change in privileges made by a Professional Staff member shall be processed in the same manner as set out in section 2.3.5.

2.7 LEAVE OF ABSENCE

A leave of absence not exceeding 12 months may be granted to a Professional Staff member by the Board on the recommendation of the Medical Advisory Committee. This leave may be granted by the Board in the event of extended illness or disability of the member, or in other circumstances acceptable to the Board upon recommendation of the Chair of the Medical Advisory Committee.

- (a) Requests for leave of absence shall be submitted in writing to the Chief of Staff. The request must state the reason as well as indicate the date of departure and return to service.
- (b) A leave shall be requested for any time frame over six (6) weeks in duration;
- (c) The Chief of Staff shall refer the request to the Medical Advisory Committee.
- (d) The Medical Advisory Committee shall forward its recommendation to the Board.
- (e) Where a Professional Staff member is on a leave of absence during the time for application for re-appointment, the re-application form shall be completed and a review conducted

upon the applicant's return from leave by the Medical Advisory Committee.

- (f) The member may, at the end of the leave, apply for an extension not to exceed one additional year (two years total leave time). Steps (a) to (e) are to be followed. 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.
- (g) When a leave of absence is granted for health reasons, upon return, medical verification may be required to determine competence and capacity.

Board approval is not required for a pregnancy, maternity, paternity or military service leave.

2.8 PROFESSIONAL STAFF GROUPS

2.8.1 *Professional Staff Groups*

The Medical, Dental and Extended Class Nursing Staff, shall be divided into the following groups:

- (a) active;
- (b) courtesy;
- (c) locum tenens;
- (d) regional;
- (e) Courtesy - Extended Class Nursing;
- (f) Locum – Extended Class Nursing; and
- (g) such groups as may be determined by the Board from time to time having given consideration to the recommendation of the Medical Advisory Committee.

The Extended Class Nursing Staff may be divided into such groups as the Board may from time to time determine having given consideration to the recommendation of the Medical Advisory Committee.

2.8.2 *Active Staff*

- (1) The active staff shall consist of those Physicians, and Dentists who have fulfilled the requirements as set forth in this By-Law and been appointed as active staff by the Board.

- (2) Except where approved by the Board, no Physician or Dentist with an active staff appointment at another hospital shall be appointed to the active staff.
- (3) Each active staff member shall:
 - (a) have admitting privileges unless otherwise specified in their appointment;
 - (b) be responsible for ensuring that care is provided to his or her Patients in the Hospital;
 - (c) if a Physician, be entitled to attend and vote at Professional Staff meetings, and elected or appointed offices in the Professional Staff;
 - (d) undertake such duties in respect to those Patients classed as emergency cases as may be specified by the Chief of Staff or by the Chief of the Service to which the member has been assigned;
 - (e) attend Patients and undertake treatment and operative procedures only in accordance with the kind and degree of privileges granted by the Board;
 - (f) act as a supervisor of a member of the Medical Staff, Dental Staff, or Extended Class Nursing Staff, as and when requested by the Chief of Staff or the Chief of Service;
 - (g) utilize Hospital resources appropriately;
 - (h) fulfil such on-call requirements as may be established by each Service and in accordance with the Health Human Resources Plan and the Rules and Regulations and Policies; and
 - (i) perform such other duties as may be prescribed by the Medical Advisory Committee or requested by the Chief of Staff or the relevant Chief of Service from time to time.
 - (j) Work in a collegial, professional and non-disruptive manner with the Board, Chief Executive Officer, Vice Presidents, Chief Nursing Executive, Chief of Staff, Service Chiefs, other members of the medical and DRHC staff, volunteers and learners within the hospital.
- (4) Each member of the active Medical Staff shall attend at least 70% of the meetings of the Service of which he or she is a member.

2.8.3 Courtesy Staff

- (1) The Board may grant a Physician or Dentist an appointment to the courtesy staff in one or more of the following circumstances:
 - (a) the applicant has an active staff commitment at another hospital; or
 - (b) the applicant lives at such a remote distance from the Hospital that it limits full participation in active staff duties, but he or she wishes to maintain an affiliation with the Hospital; or
 - (c) the applicant has a primary commitment to, or contractual relationship with, another community or organization; or
 - (d) the applicant requests access to limited Hospital resources or out-patient programs or facilities; or
 - (e) the applicant meets a specific service need of the Hospital; or
 - (f) where the Board deems it otherwise advisable and in the best interests of the Corporation.
- (2) The Board may grant an appointment to the courtesy staff with such privileges as the Board deems advisable. Privileges to admit Patients shall only be granted under specified circumstances. The circumstances leading to a request for a courtesy appointment shall be specified by the Professional Staff member on each application for re-appointment.
- (3) Each Physician on the courtesy staff may attend Professional Staff and Service meetings but unless the Board so requires shall not be subject to the attendance requirements and penalties as provided by this By-Law and the Rules and Regulations.
- (4) Unless required to attend by the Chief of Staff or the Chief of Service, members of the courtesy staff shall not have the right to vote at Professional Staff or Service meetings.
- (5) Members of the courtesy staff shall not hold office and shall not be eligible for appointment to the Medical Advisory Committee or any of its subcommittees.
- (6) Courtesy staff members:
 - (i) shall have such limited privileges as may be granted by the Board on an individual basis;
 - (ii) may refer Patients to the Hospital for diagnostic tests;

- (iii) may not admit Patients unless these privileges are specifically granted by the Board (i.e. “with admitting privileges”) but may treat Patients admitted by the active or locum tenens staff;
- (iv) may not be Most Responsible Physician (MRP) for any in-patient unless he or she also has been granted admitting privileges;
- (v) shall provide consultations when requested by the active or locum tenens staff;
- (vi) shall attend Patients and undertake treatment and operative procedures only in accordance with the kind and degree of privileges granted by the Board;
- (vii) may exercise any clinical privilege as granted by the Board, which may include:
 - (a) treating or prescribing treatment for Patients within the ambulatory care areas;
 - (b) assisting at surgery; and
 - (c) anaesthesia services.

2.8.4 Locum Tenens

- (1) The Medical Advisory Committee, upon the request of a Professional Staff member, may recommend to the Board the appointment of a locum tenens for a specified period of time:
 - (a) as a planned replacement for that Professional Staff member; or
 - (b) as an Emergency Room locum tenens.
- (2) Locum Tenens staff consist of those Physicians or Dentists who have been so admitted to the locum tenens staff by the Board.
- (3) A locum tenens shall,
 - (a) have admitting privileges unless otherwise specified in his or her appointment;
 - (b) attend Patients assigned to his or her care by the active staff member by whom he or she is supervised, and treat them only in accordance with the kind and degree of privileges granted by the Board; and
 - (c) undertake such duties in respect of those Patients classed as emergency cases as may be specified by the Chief of Staff or by

the Chief of the Service to which the locum tenens has been assigned.

- (4) Emergency room locum tenens report to the Chief of Staff and Chief of Emergency Services.
- (5) Locum tenens 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.

2.8.5 Regional Staff

- (1) The regional staff shall consist of those Professional Staff members who are granted privileges by the Board to order or requisition out-patient diagnostics only. It is intended that a regional staff appointment shall facilitate the ordering of diagnostic tests for Patient's care closer to their home or to allow for testing at another site where such tests are not otherwise available.
- (2) Regional Staff:
 - (i) shall be eligible for annual re-appointment provided they are credentialed at a primary organization; and
 - (ii) may review and receive the out-patient records specific to the diagnostics that they ordered.
- (3) Regional Staff shall not:
 - (i) have admitting privileges or provide direct Patient care at the Hospital;
 - (ii) input information onto any record, including progress notes, nor record any order on the patient record;
 - (iii) be eligible to hold an elected or appointed office or serve on committees of the Medical Advisory Committee; or
 - (iv) be eligible to vote or be bound by attendance requirements of Service or Professional Staff meetings or be eligible to hold elected or appointed offices in the Professional Staff.

2.8.6 Courtesy – Extended Class Nursing

- (1) The Board may grant a non-DRHC employed Registered Nurse in the extended Class an appointment to the courtesy staff in one or more of the following circumstances:

- (a) the applicant has a primary commitment to, or contractual relationship with, another community or organization; or
 - (b) the applicant requests access to limited Hospital resources or out-patient programs or facilities; or
 - (c) the applicant meets a specific service need of the Hospital; or
 - (d) where the Board deems it otherwise advisable and in the best interests of the Corporation.
- (2) The Board may grant an appointment to the Courtesy – Extended Class Nursing Staff with such privileges as the Board deems advisable. Privileges to admit Patients shall only be granted under specified circumstances. The circumstances leading to a request for a courtesy appointment shall be specified by the Professional Staff member on each application for re-appointment.
- (3) Each Nurse on the Courtesy – Extended Class Nursing staff may attend Professional Staff and Service meetings but unless the Board so requires shall not be subject to the attendance requirements and penalties as provided by this By-Law and Policies and Procedures.
- (4) Unless required to attend by the Chief of Staff or the Chief of Service, members of the Courtesy – Extended Class Nursing staff shall not have the right to vote at Professional Staff or Service meetings.
- (5) Members of the Courtesy – Extended Class Nursing staff shall not hold office and shall not be eligible for appointment to the Medical Advisory Committee or any of its subcommittees.
- (6) Courtesy – Extended Class Nursing staff members:
- (i) shall have such limited privileges as may be granted by the Board on an individual basis;
 - (ii) may refer Patients to the Hospital for diagnostic tests;
 - (iii) may not admit Patients unless these privileges are specifically granted by the Board (i.e. “with admitting privileges”) but may treat Patients admitted by the active or locum tenens staff;
 - (iv) shall attend Patients and undertake treatment only in accordance with the kind and degree of privileges granted by the Board;
 - (v) may exercise any clinical privilege as granted by the Board, which may include treating or prescribing treatment for Patients within the ambulatory care areas;

2.8.7 Locum Tenens – Extended Class Nursing

- (1) The Medical Advisory Committee, upon the request of an Extended Class Nursing member, may recommend to the Board the appointment of a Locum Tenens – Extended Class Nursing for a specified period of time:
 - (a) as a planned replacement for that Professional Staff member; or
- (2) Locum Tenens – Extended Class Nursing staff consist of those non-DRHC employed Extended Class Registered Nurses who have been so admitted to the Locum Tenens – Extended Class Nursing staff by the Board.
- (3) A Locum Tenens – Extended Class Nursing Staff shall,
 - (a) not have admitting privileges unless otherwise specified in his or her appointment;
 - (b) attend Patients assigned to his or her care by the active staff member by whom he or she is supervised, and treat them only in accordance with the kind and degree of privileges granted by the Board; and
- (4) Locum Tenens – Extended Class Nursing 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.

2.8.8 Temporary Medical Staff

- (1) A temporary appointment of a Physician, Dentist, or non-employed Registered Nurse in the Extended Class may be made only for one of the following reasons:
 - (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 service; or
 - (c) to meet the needs of medical coverage prior to the next meeting of the Medical Advisory Committee.
- (2) Notwithstanding any other provision in this By-Law, the Chief Executive Officer, after consultation with the Chief of Staff may,

- (a) grant a temporary appointment and temporary privileges to a Physician, Dentist, or non-employed 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 the temporary appointment and temporary privileges on the recommendation of the Medical Advisory Committee until the next Board meeting.
- (3) A temporary appointment may include privileges to admit Patients.
- (4) The Board may, after receiving the recommendation of the Medical Advisory Committee, continue a temporary appointment granted pursuant to section 2.8.8(2) for such period and on such terms as the Board determines.
- (5) If the term of the temporary appointment has been completed before the next Board meeting, the appointment shall be reported to the Board.
- (6) The temporary appointment shall specify the category of appointment and any limitations, restrictions or special requirements.

2.9 MEDICAL STAFF DUTIES

2.9.1 *Duties, General*

- (1) Each Professional Staff member is accountable to and shall recognize the authority of the Board through and with their Chief of Service, the Chief of Staff, and the Chief Executive Officer.
- (2) Each Professional Staff member shall:
 - (a) attend and treat Patients by practising at the highest possible professional and ethical standards within the limits of the privileges granted by the Board, unless the privileges are otherwise restricted;
 - (b) ensure a high professional standard of care is provided to Patients under his or her care that is consistent with sound healthcare resource utilization practices;
 - (c) provide care, which is within the member's scope of competence to provide, to Patients in emergency situations to the best of the member's ability, whether the member is privileged to perform the procedure or treatment or not;

- (d) 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 license to practice made by the College or change in professional liability insurance;
- (e) forthwith advise the Chief of Staff of the commencement of any College disciplinary proceeding, proceedings to restrict or suspend privileges at other hospitals, or malpractice actions;
- (f) give such instruction as is required for the education of other Professional Staff members and Hospital staff;
- (g) comply with the *Act*, the Hospital's By-Laws, mission, vision, values, , Policies, Standards of Behaviour and all other legislated requirements;
- (h) 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.
- (i) notify Patients and/or their families or other appropriate persons about their options with respect to tissue and organ transplantation;
- (j) advise the relevant Chief of Service and/or Chief of Staff immediately of any material changes to the information required to be provided by the member to the Hospital upon re-application;
- (k) maintain involvement in continuing professional and interdisciplinary education;
- (l) participate in quality improvement and Patient safety initiatives;
- (m) prepare and complete records of personal health information in accordance with the Hospital's Policies as may be established from time to time, applicable legislation and accepted industry standards;
- (n) comply with any specific conditions attached to the exercise of the member's privileges;
- (o) provide timely communication with all Patients' referring physicians;

- (p) work and cooperate with others in a collegial, professional and non-disruptive manner consistent with the Hospital's purpose statement and values;
- (q) serve as required on various Hospital committees;
- (r) obtain consultations on Patients where appropriate;
- (s) when requested by a fellow Professional Staff member, provide timely consultations;
- (t) not undertake any conduct that would be disruptive to the Service or adversely affect Hospital operations or the Hospital's reputation or standing in the community, including making prejudicial or adverse public statements with respect to the Hospital's operations which have not been first addressed through the proper communication channels identified above and such official channels have not satisfactorily resolved the member's concern;
- (u) cooperate with any request that his or her practice be monitored pursuant to section 2.5.1 of this By-Law;
- (v) perform such other duties as may be prescribed from time to time by, or under the authority of the Board, the Medical Advisory Committee or the Chief of Staff;
- (w) provide the Chief of Staff with three months' notice of the member's intention to resign, modify or restrict the member's privileges;
- (x) in undertaking clinical research or clinical investigation, abide by the policies of the Research Ethics Committee;
- (y) fulfil the "on call" requirements of the Service as scheduled or approved by the Chief of Service or the Chief of Staff in consultation with the medical staff member as applicable;
- (z) participate in annual and any enhanced periodic performance evaluations and provide such releases and consents as will enable such evaluations to be conducted;
- (aa) maintain professional practice liability insurance satisfactory to the Board and notify the Board in writing through the Chief Executive Officer of any change in professional liability insurance;

- (bb) ensure that any concerns relating to the operations of the Hospital are raised through the proper channels of communication within the Hospital such as the Chief of Staff, Chiefs of Service, Medical Advisory Committee, Chief Executive Officer and/or the Board.
- (3) Each member of the active staff shall attend 50% of the regular medical staff meetings and 70% of the meetings of the Service(s) of which he or she is a member in that calendar year.

2.9.2 Chief of Staff

- (1) The Board shall appoint a Chief of Staff after considering the recommendations of a Selection Committee, struck by the Board. The Selection Committee membership may include:
 - (a) A Director (who shall be Chair);
 - (b) Two members of the Medical Advisory Committee, one of whom shall be the President of the Medical Staff;
 - (c) The Chief Executive Officer;
 - (d) The Chief Nursing Executive; and
 - (e) Such other members as the Board deems advisable
- (2) The appointment of the Chief of Staff shall be for a term of three years, but the Chief of Staff shall hold office until a successor is appointed.
- (3) The maximum number of terms of the Chief of Staff shall be two; provided however that following a break in the continuous service of at least one year the same person may be re-appointed.
- (4) In the event that the position becomes vacant within one year after appointment of a new Chief of Service, the Board may suspend section 2.9.2(3).
- (5) An appointment to this position may be made on an acting or interim basis where there is a vacancy or while the person holding such office is absent or unable to act.
- (6) The Board may at any time revoke the appointment of the Chief of Staff.

2.9.3 Duties of the Chief of Staff

The Chief of Staff shall:

- (a) be an *ex officio* non-voting member of the Board;

- (b) chair the Medical Advisory Committee;
- (c) be an *ex-officio* member of all Medical Advisory Committee subcommittees;
- (d) organize the Professional Staff to ensure that the quality of care given to all Patients of the Hospital is in accordance with policies established by the Board;
- (e) advise the Medical Advisory Committee and the Board with respect to the quality of diagnosis, care and treatment provided to the Patients of the Hospital;
- (f) report regularly to the Board and Professional Staff about the activities, recommendations and actions of the Medical Advisory Committee and any other matters about which they should have knowledge;
- (g) assign, or delegate the assignment of, a Professional Staff member:
 - (i) to supervise the practice of any other Professional Staff member, as appropriate for any period of time;
 - (ii) to discuss in detail with any other Professional Staff member, as appropriate, any matter which is of concern to the Chief of Staff; and
 - (iii) to make a written report to the Chief of the appropriate Service;
- (h) in consultation with the Chief Executive Officer, designate an alternate to act during an absence;
- (i) supervise the care provided by all Professional Staff members, and by all employed Registered Nurses in the Extended Class;
- (j) be responsible to the Board through and with the Chief Executive Officer for the appropriate utilization of resources by all Professional Staff;
- (k) report to the Medical Advisory Committee on activities of the Hospital including the utilization of resources and quality assurance;
- (l) participate in the development of the Hospital's mission, vision, values and strategic plan;

- (m) work with the Medical Advisory Committee to plan medical human resources needs of the Hospital in accordance with the Hospital's strategic plan;
- (n) participate in Hospital resource allocation decisions;
- (o) ensure a process for the regular review of the performance of the Chiefs of Service;
- (p) ensure there is a process for monitoring participation in continuing professional education for compliance with College or professional licensing body's requirements;
- (q) receive and review recommendations from Chiefs of Service regarding changes in privileges;
- (r) receive and review the performance evaluations and the recommendations from Chiefs of Service concerning re-appointments. Ensure that the evaluations and recommendations are forwarded to the Medical Advisory Committee;
- (s) Address concerns which arise regarding quality of care or conduct which contravene the By-Laws, Legislation or Standards of Behaviour and advise the Medical Advisory Committee accordingly;
- (t) advise the Professional Staff on current Policies and Procedures; and
- (u) delegate appropriate responsibility to the Chiefs of Service.

2.10 MEDICAL STAFF SERVICES

2.10.1 Services

- (1) When warranted by the professional resources of the Professional Staff, the Board, on the recommendation of the Medical Advisory Committee, may divide the Professional Staff into Services, which may include:
 - (a) in-patient;
 - (b) surgery;
 - (c) emergency and ambulatory care; and
 - (d) dental (if more than one dentist is appointed to the Dental Staff).
- (2) Any Service shall function in accordance with the Policies and Procedures.

- (3) The Board, after considering the advice of the Medical Advisory Committee, may, at any time, establish or disband a Service.

2.10.2 Chief of Service

- (1) The Board shall appoint a Chief of Service after considering the recommendations of a Selection Committee, struck by the Board. The Selection Committee membership may include:
 - (a) The Chief of Staff (who shall be Chair);
 - (b) The President of the Medical Staff;
 - (c) A Director
 - (d) The Chief Executive Officer;
 - (e) The Chief Nursing Executive;
 - (f) Such other members as the Board deems advisable.
- (2) The appointment of a Chief of Service shall be for a term of three years, but Chiefs of Service shall hold office until a successor is appointed.
- (3) The maximum number of terms for a Chief of Service shall be two; provided however that following a break in the continuous service of at least one year, the same person may be re-appointed.
- (4) In the event that the position becomes vacant within one year after appointment of a new Chief of Service, the Board may suspend section 2.10.2(3).
- (5) The Board may, at any time, revoke or suspend the appointment of a Chief of Service.

2.10.3 Duties of Chief of Service

- (1) A Chief of Service shall:
 - (a) be an *ex officio* member of the Medical Advisory Committee;
 - (b) through and with the Chief of Staff supervise the care provided by all Physicians, Dentists, and Registered Nurses in the Extended Class with respect to diagnosing, prescribing for and treating Patients of the Service;

- (c) participate in the orientation of new Professional Staff members appointed to the Service;
- (d) be responsible for the organization and implementation of a quality assurance program in the Service;
- (e) advise the Medical Advisory Committee through and with the Chief of Staff with respect to the quality of care provided to the Patients of the Service;
- (f) advise the Chief of Staff and the Chief Executive Officer of any Patient who is not receiving appropriate treatment and care;
- (g) be responsible to the Chief of Staff through and with the Chief Executive Officer for the appropriate utilization of the resources allocated to the Service;
- (h) report to the Medical Advisory Committee and to the Service on activities of the Service, including utilization of resources and quality assurance;
- (i) make recommendations to the Medical Advisory Committee regarding professional human resource needs of the Service in accordance with the Hospital's strategic plan following consultation with the Professional Staff of the Service, and the Chief of Staff;
- (j) participate in the development of the Service's mission, objectives and improvement plan;
- (k) in consultation with appropriate members of Leadership, participate in Service resource allocation decisions;
- (l) review and make recommendations to the Medical Advisory Committee regarding:
 - (i) the written performance evaluations of Professional Staff members of the Service and conduct an enhanced performance evaluation on a periodic basis; and
 - (ii) appointments, re-appointments, changes in privileges and any disciplinary actions;
- (m) establish a process for monitoring continuing professional education related to the Service;
- (n) advise the Professional Staff members of the Service regarding current Hospital and Service policies, objectives, and rules;

- (o) notify the Chief of Staff and the Chief Executive Officer of his or her absence, and, in consultation with the Chief of Staff, designate an alternate from within the Service to act during the absence; and
- (p) 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 Policies and Procedures or as assigned by the Board, the Chief of Staff or the Medical Advisory Committee or Chief Executive Officer from time to time.

2.11 MEETINGS - PROFESSIONAL STAFF

2.11.1 *Meetings of the Professional Staff*

At least four meetings of the Professional Staff will be held each year, one of which shall be the annual meeting. Meetings held in accordance with this article shall be deemed to meet the requirement to hold meetings of the Medical Staff pursuant to the *Act*.

2.11.2 *Notice of Annual Meetings*

A written notice of each annual meeting shall be circulated electronically and posted in a conspicuous place in the Hospital by the Secretary of the Professional Staff at least seven days before the meeting.

2.11.3 *Notice of Regular Meetings*

A written notice of each regular meeting shall be circulated electronically and posted in a conspicuous place in the Hospital by the Secretary of the Professional Staff at least five days before the meeting.

2.11.4 *Special Meetings*

- (1) The President of the Professional Staff may call a special meeting.
- (2) Special meetings shall be called by the President of the Professional Staff on the written request of any three members of the active Medical Staff.
- (3) Notice of such special meetings shall be as required for a regular meeting, except in cases of emergency, and shall state the nature of the business for which the special meeting is called.
- (4) The usual period of time required for giving notice of any special meeting shall be waived in cases of emergency, subject to ratification of this

action by the majority of those members present and voting at the special meeting, as the first item of business at the meeting.

2.11.5 Voting and Quorum

Only members of the active Medical Staff shall be entitled to vote at Professional Staff meetings.

A majority of the active Medical Staff members shall constitute a quorum at any annual, general or special meeting of the Professional Staff.

2.11.6 Order of Business

The order of business at any meeting of the Professional Staff not provided for in this By-Law shall be governed by the rules of order adopted by the Board.

2.11.7 Attendance at Regular Staff Meetings

Each member of the active Medical Staff shall attend at least 50 per cent of the regular Professional Staff meetings.

2.12 PROFESSIONAL STAFF ELECTED OFFICERS

2.12.1 Eligibility for Office

Only members of the active Medical Staff may be elected or appointed to any position or office.

2.12.2 Election Procedure

- (1) The officers of the Professional Staff shall be:
 - (a) the President
 - (b) the Vice President; and
 - (c) the Secretary.
- (2) A nominating committee shall be constituted through a process approved by the Medical Staff on the recommendation of the officers of the Professional Staff.
- (3) At least 30 days before the annual meeting of the Professional Staff, its nominating committee shall circulate and post in a conspicuous place at the Hospital a list of the names of those who are nominated for the offices of the Professional Staff, which are to be filled by election in accordance with this By-Law and the regulations under the Act.

- (4) Any further nominations shall be made in writing to the Secretary of the Professional Staff within 14 days after the posting of the names referred to in section (3) above. Such further nominations shall be signed by two members of the active Medical Staff and the nominee shall have signified in writing on the nomination acceptance of the nomination. Such nominations shall then be posted alongside the list referred to in section (3) above.
- (5) Terms shall be for three (3) years, however the Officers shall hold office until a successor is elected or appointed.
- (6) The maximum number of terms under subsection 2.12.2(5) of this By-law shall be two (2).
- (7) An officer may be re-elected to the same position following a break in continuous service of at least one year.
- (8) In the event that the position becomes vacant within one year after appointment or election of a new Officer, the Medical Staff and/or Board may suspend section 2.12.2(7).
- (9) The officers of the Professional Staff may be removed from office prior to the expiry of their term by a majority vote of the active Medical Staff members in attendance and voting at a Professional Staff meeting called for such purpose.
- (10) 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 active Medical Staff members present and voting at a regular meeting of the Medical Staff or at a special meeting of the Medical Staff called for that purpose. The election of such officer shall occur through a majority of those eligible to vote and follow the process in section (5). The officer so elected to office shall fill the office until the next annual meeting of the Professional Staff.

2.12.3 Duties of the President of the Professional Staff

The President of the Professional Staff shall:

- (a) be an *ex officio* non-voting member of the Board
- (b) be an *ex officio* member of the Medical Advisory Committee;
- (c) report to the Medical Advisory Committee and the Board on any issues raised by the Professional Staff;

- (d) be accountable to the Professional Staff and advocate fair process in the treatment of individual members of the Professional Staff;
- (e) preside at all meetings of the Professional Staff;
- (f) call special meetings of the Professional Staff;
- (g) be an *ex officio* member of the Joint Conference Committee;
- (h) be an *ex officio* member of the Resource Management Committee;
- (i) be a member of such other committees as may be deemed appropriate by the Board;
- (j) act as a liaison between the Professional Staff, the Chief Executive Officer and the Board with respect to matters concerning the Professional Staff; and
- (k) support and promote the vision, and purpose statement and strategic plan of the Hospital.

2.12.4 Duties of the Vice-President of the Medical Staff

The Vice-President of the Medical Staff shall,

- (a) act in the place of the President of the Professional Staff, perform his or her duties and possess his or her powers, in the absence or disability of the President (except in respect of section 2.12.3(a));
- (b) be an *ex officio* member of the Medical Advisory Committee; and
- (c) perform such duties as the President of the Professional Staff may delegate.

2.12.5 Duties of the Secretary of the Professional Staff

The Secretary of the Professional Staff shall:

- (a) be an *ex officio* member of the Medical Advisory Committee;
- (b) attend to the correspondence of the Professional Staff;
- (c) ensure notice is given and minutes are kept of all Professional Staff meetings;

- (d) make the attendance records available to the Medical Advisory Committee; and
- (e) act in the place of the Vice-President of the Professional Staff, performing his or her duties and possessing his or her powers in the absence or disability of the Vice-President.

2.13 **MEDICAL ADVISORY COMMITTEE**

2.13.1 Membership of the Medical Advisory Committee

- (1) The Medical Advisory Committee shall consist of the following voting members:
 - (a) the Chief of Staff, who shall be chair;
 - (b) the Chiefs of Service;
 - (c) the President of the Professional Staff;
 - (d) the Vice-President of the Professional Staff;
 - (e) the Secretary of the Professional Staff; and
 - (f) 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 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.
- (3) The meetings of the Medical Advisory Committee shall be chaired by:
 - (a) the Chief of Staff;
 - (b) the President of the Professional Staff, if the Chair is absent; or
 - (c) a voting member of the Medical Advisory Committee elected by the members present if the Chief of Staff and Vice-Chair are both absent or unable to act.

- (4) The Medical Advisory Committee shall hold at least ten monthly meetings in each fiscal year.
- (5) A quorum for any meeting of the Medical Advisory Committee, or a subcommittee thereof, shall be a majority of the members entitled to vote.

2.13.2 Accountability of the Medical Advisory Committee

The Medical Advisory Committee is accountable to the Board, in accordance with the *Act*.

2.13.3 Duties of the Medical Advisory Committee

- (1) The Medical Advisory Committee shall:
 - (a) elect a Vice-Chair and Secretary to the Medical Advisory Committee from among themselves;
 - (b) perform the functions as set out in the *Act*;
 - (c) supervise the practice of medicine, dentistry, and extended class nursing in the Hospital;
 - (d) review and make recommendations to the Board concerning applications for appointment and re-appointment to the Professional Staff and for a request for a change in privileges;
 - (e) in considering such applications:
 - (i) review the needs of the Hospital and the impact on available Hospital and community resources;
 - (ii) consider reports of the interviews with the applicant;
 - (iii) consider information contained within the applicant's or re-applicant's credentials file;
 - (iv) consult with the appropriate Chief of Service; and
 - (v) receive notification from the Chief of Staff when the performance evaluations and the recommendations for re-appointments have been completed;
 - (f) submit a written report to the Board at or before its next regular meeting, which includes the kind and extent of privileges it recommends applicants be granted, and, if necessary, a request that the application be deferred for further investigation;

- (g) ensure that a record of the qualifications and professional career of every Professional Staff member is maintained;
 - (h) ensure that:
 - (i) each applicant for appointment and re-appointment to the Professional Staff meets the criteria set out in this By-Law;
 - (ii) each applicant for a change in privileges continues to meet the criteria for re-appointment set out in this By-Law;
 - (i) develop a Professional Staff Human Resources Plan as required by the Board;
 - (j) appoint the Medical Staff members of all Medical Advisory Committee subcommittees;
 - (k) receive all minutes and reports from all Medical Advisory Committee subcommittees, including the Medical Quality Assurance Committee;
 - (l) ensure the Hospital has a process for handling complaints dealing with medical issues;
 - (m) review, evaluate and make recommendations on:
 - (i) the By-Laws, and Policies that affect the Professional Staff;
 - (ii) professional human resources planning and impact analyses, departmental and clinical service activities and programs;
 - (iii) the revocation, suspension or restriction of privileges of Professional Staff member; and
 - (iv) the quality of care provided in the Hospital by the Medical Staff, Dental Staff, and Extended Class Nursing Staff;
- (2) through the Chief of Staff, advise the Board on:
- (a) Professional Staff quality assurance/risk management Improvement plans and initiatives;
 - (b) education;
 - (c) clinical role of the Hospital;
 - (d) resource utilization;
 - (e) medical ethical issues; and

- (f) any matters referred to the Medical Advisory Committee by the Board.
- (3) supervise the clinical practice of medicine, dentistry, and extended class nursing in the Hospital and report in writing to the Board, at each regularly scheduled meeting of the Board, on the provision of care at the Hospital;
- (4) report to the Professional Staff at each regularly scheduled meeting of the Professional Staff; and
- (5) 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 *Act*, the Medical Advisory Committee shall make recommendations about those issues to the Hospital's Quality Committee established under section 3(1) of the *Excellent Care for All Act, 2010*.

2.14 MEDICAL ADVISORY COMMITTEE SUBCOMMITTEES

2.14.1 *Subcommittees*

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 from time to time for the Medical Advisory Committee to perform its duties under the *Act* or the By-Laws. The terms of reference for any such subcommittee may be set out in the Rules and Regulations or in a Board resolution. The Medical Quality Assurance Committee is hereby established.

2.14.2 *Composition*

The Medical Advisory Committee shall appoint the chair and all Physician members of all Medical Advisory Committee subcommittees. The Board may appoint other members.

2.14.3 *Duties*

In addition to the specific duties of each subcommittee, all subcommittees shall meet as directed by the Medical Advisory Committee and present a written report including any recommendation of each meeting to the next meeting of the Medical Advisory Committee.

2.14.4 Chair's Duties

A Medical Advisory Committee subcommittee chair shall:

- (a) call and chair the subcommittee meetings;
- (b) at the request of the Medical Advisory Committee, discuss all or part of any report of the subcommittee at a Medical Advisory Committee meeting; and
- (c) carry out such other duties as may be prescribed by the Medical Advisory Committee from time to time.

2.14.5 Medical Quality Assurance Committee Duties

- (1) The Medical Quality Assurance Committee shall recommend policies and procedures to the Medical Advisory Committee to ensure that the provisions of the Act, this By-Law, and the and Policies and Procedures of the Hospital are observed.
- (2) The committee shall:
 - (a) develop policies and procedures to govern the completion of medical records, , charts and other material relating to Patient care;
 - (b) review medical records for completeness and quality of recording;
 - (c) report in writing to the Medical Advisory Committee on:
 - (i) the review of the medical records and results thereof, and
 - (ii) the Professional Staff members who are delinquent with respect to medical records;
 - (d) review and revise forms as they pertain to Professional Staff record keeping; and
 - (e) perform other duties pertaining to medical record keeping as may be requested by the Medical Advisory Committee;
 - (f) study, analyze and consider processes to ensure the quality of pathology reports on tissues removed from Patients in the Hospital or post mortem reports;
 - (g) report to the Medical Advisory Committee and the Quality Committee of the Board on medical quality assurance duties,

including on the development of a medical quality assurance program, which includes mechanisms to:

- (i) monitor trends and activities;
- (ii) identify potential problem areas; and
- (iii) develop action plans and provide follow-up;
- (h) recommend procedures to the Medical Advisory Committee to assure that an ongoing peer review process is established for assessment of the quality of Patient care as follows:
 - (i) study, analyze and consider processes to ensure the quality of pathology reports on tissues removed from Patients in the Hospital or post mortem reports;
 - (ii) report in writing to each regular meeting of the Medical Advisory Committee and to the appropriate Chiefs of Service;
 - (iii) assure a review of all Hospital deaths to assess the quality of care that has been provided;
 - (iv) assure a review of applicable readmissions to the hospital to assess the quality of care that has been provided;
 - (v) identify the continuing educational needs of the Professional Staff and assure that actions are taken on the recommendations of the committee;
 - (vi) assure that other audits are undertaken as necessary; and
 - (vii) perform such other duties as the Medical Advisory Committee may direct concerning the quality and quantity of professional work being performed in any Service.
 - (i) perform duties related to the review, evaluation and assessment of pharmacy and therapeutics, including:
 - (i) assessing regularly the appropriateness and adequacy of medication related policies, and make policy recommendations;
 - (ii) evaluating drug utilization, new drugs and current therapies;
 - (iii) developing a procedure for the use of non-formulary drugs and a mechanism for evaluation;
 - (iv) reviewing summary reports on medication incidents; and

- (v) review all standing orders.

3. PROCESS FOR APPLICATIONS, RE-APPLICATIONS, CHANGES IN PRIVILEGES NOT RECOMMENDED TO BOARD AND MID TERM ACTION

3.1 THE MEDICAL ADVISORY COMMITTEE MEETING

Where the Medical Advisory Committee determines that an application for appointment, re-appointment or requested privileges not be granted and the applicant indicates, in writing that they wish to appeal the decision of the Medical Advisory Committee, the following process shall be implemented.

- (1) Within 14 days from the date of the Medical Advisory Committee meeting, the Medical Advisory Committee shall give written notice to the applicant of the meeting. The notice shall include:
 - (a) the time and place of the meeting;
 - (b) the purpose of the meeting;
 - (c) a statement that the applicant:
 - (i) will be provided with a statement of the matter to be considered by the Medical Advisory Committee together with any relevant documentation more than seven days prior to the meeting;
 - (ii) is entitled to attend the Medical Advisory Committee meeting and to participate fully, to answer all matters considered by the Medical Advisory Committee, and to present documents and witnesses;
 - (d) is entitled to bring legal counsel to the meeting and consult with legal counsel, but that the applicant's legal counsel and/or witnesses may give testimony but will not be entitled to participate in the meeting;
 - (e) a statement that in the absence of the applicant, the meeting may proceed.
- (2) The Medical Advisory Committee shall provide the applicant with a short but comprehensive statement of the matter to be considered by the Medical Advisory Committee, together with any relevant documentation,

including any reports and other documentation which will be reviewed at the meeting.

- (3) A record of the proceeding shall be kept in the minutes of the Medical Advisory Committee meeting.
- (4) The applicant involved shall be given full opportunity to answer each ground as well as to present documents and witnesses if so desired, provided the member provides the Medical Advisory Committee with:
 - (a) a list of witnesses; and
 - (b) a copy of all documentation in the possession, power or control of the applicant or member that is relevant to the matter(s) under considerationat least 48 hours before the meeting.
- (5) Where the Medical Advisory Committee determines that the matter has no merit, this shall be noted in the minutes of the Medical Advisory Committee meeting.
- (6) Where the Medical Advisory Committee determines that that matter has merit, the Medical Advisory Committee shall make a recommendation to the Board.
- (7) The Medical Advisory Committee shall provide to the applicant within 14 days from the date of the Medical Advisory Committee meeting, written notice of:
 - (a) the Medical Advisory Committee's recommendation and the written reasons for the recommendations; and
 - (b) the applicant's entitlement to a hearing before the Board if a written request is received by the Board and the Medical Advisory Committee within seven days of receipt by the applicant of the Medical Advisory Committee's written reasons.
- (8) The time period to provide the written notice required in paragraph (7) above may be extended if the Medical Advisory Committee, prior to the expiry of the 14 days gives written notice to the applicant that the final recommendation cannot yet be made and provides the applicant with written reasons.
- (9) The Medical Advisory Committee shall provide to the Board within 14 days from the date of the Medical Advisory Committee meeting or such later date where the time period is extended pursuant to paragraph (8) above written notice of:

- (a) the Medical Advisory Committee's recommendation and the written reasons for the recommendations; and
 - (b) where an extension was made pursuant to paragraph (8) above, the written reasons for the extension.
- (10) Service of a notice to the applicant may be made personally or by registered mail addressed to the person to be served at his/her last known address and, where the notice is served by registered mail, it shall be deemed that the notice was served on the third business day after the day of mailing unless the person to be served establishes that he/she did not, acting in good faith, through absence, accident, illness or other cause beyond his/her control receive it until a later date.
- (11) Where the applicant does not require a hearing by the Board, the Board may implement the recommendation of the Medical Advisory Committee. However, where the Medical Advisory Committee makes a recommendation with respect to an appointment, re-appointment or granting of requested privileges and:
 - (a) the applicant has not made any written or oral submission to the Board, and the concerns are raised that the Board believes the applicant should have an opportunity to address, the Board may give the applicant notice that he/she is entitled to a Board hearing in accordance with this By-Law; or
 - (b) information that has not been considered by the Medical Advisory Committee has come to the attention of the Board that the Board believes should be considered by the Medical Advisory Committee prior to the Board acting on the Medical Advisory Committee's recommendation, the Board may refer the new information back to the Medical Advisory Committee for consideration, with the Medical Advisory Committee to provide a reconsidered recommendation to the Board with respect to appointment, re-appointment or granting of requested privileges, as the case may be. The applicant shall be given notice of the reconsidered recommendation as outlined in this section and that he/she is entitled to a Board hearing in accordance with this By-Law.
- (12) Where the member continues in his or her duties at the Hospital and the Chief of Service believes the member's work should be scrutinized, the applicant or member's work shall be scrutinized in a manner to be determined by the Chief of the Service.
- (13) If at any time it becomes apparent that the member's conduct, performance or competence is such that it exposes, or is reasonably likely to expose Patient(s) to harm or injury and immediate action must

be taken to protect the Patients, then the procedures under immediate measures in an emergency situation shall be involved.

3.2 THE 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 *Act*; or
 - (b) the Medical Advisory Committee makes a recommendation to the Board that the privileges of a Professional Staff member be restricted, suspended or revoked or an appointment be revoked and the member requests a hearing.
- (2) The Board names a place and time for the hearing.
- (3) Subject to section 3.2(4), the Board hearing shall be held as soon as practicable, but not later than 28 days of the Board receiving the notice from the applicant or member requesting a hearing.
- (4) The Board may extend the time for the hearing date if it is considered appropriate.
- (5) The Board shall give written notice of the hearing to the applicant or member and to the Chair (or substitute) of the Medical Advisory Committee at least seven days before the hearing date.
- (6) The notice of the Board hearing shall include:
 - (a) the place and time of the hearing;
 - (b) the purpose of the hearing;
 - (c) a statement that the applicant or member and the Medical Advisory Committee shall be afforded an opportunity to examine prior to the hearing, any written or documentary evidence that will be provided or any report, 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, and that in his or her absence the Board may proceed with the hearing and that the applicant or member will not be entitled to any further notice of the proceeding;

- (e) a statement that the applicant or member may call witnesses and tender documents in evidence in support of his or her case; and
 - (f) a statement that the time for the hearing may be extended by the Board.
- (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 before the Board shall be afforded an opportunity to examine, prior to the hearing by at least ten (10) business days, any written or documentary evidence that will be produced, or any report the contents of which will be given in evidence at the hearing.
- (9) At least five days before the Board hearing, the applicant or member shall provide the Board and the Medical Advisory Committee with the following:
 - (a) a list of witnesses; and
 - (b) a copy of all documentation in the possession, power or control of the applicant or member that is relevant to the matter(s) under consideration.
- (10) Members of the Board holding the hearing shall not have taken part in any investigation or consideration of the subject matter of the hearing before 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 his or her representative, except upon notice to and an opportunity for all parties to participate. Despite the foregoing the Board may obtain legal advice.
- (11) 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 sections 15 and 16 of the *Statutory Powers Procedure Act*.
- (12) The Board shall consider only the reasons of the Medical Advisory Committee that have been given to the applicant or member in support of its recommendation. Where through error or inadvertence, certain reasons have been omitted in the statement delivered to the applicant or member, the Board may consider those reasons only if those reasons are given by the Medical Advisory Committee in writing to both the applicant or member, as the case may be, and the Board and the applicant or member is given a reasonable time to review the reasons and to prepare a case to meet those additional reasons.

- (13) 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 Health Human Resources Plan, Impact Analysis, strategic plan and the Hospital's ability to operate within its resources.
- (14) No member of the Board shall participate in a decision of the Hospital Board pursuant to a hearing unless he or she was present throughout the hearing and heard the evidence and argument of the parties and, except with the consent of the parties, no decision of the Board shall be given unless all applicants or members so present participate in the decision.
- (15) A written copy of the decision of the Board shall be provided to the applicant or member, as the case may be and to the Medical Advisory Committee.
- (16) Service of the notice of the decision and the written reasons to the applicant or member may be made personally or by registered mail addressed to the applicant or member at his or her last known address and, where the notice is served by registered mail, it shall be deemed that the notice was served on the third day after the day of mailing, unless the person to be served establishes that he or she did not, acting in good faith, through absence, accident, illness or other cause beyond his or her control receive it until a later date.

3.3 ADDRESSING ISSUES OF COMPETENCE DURING MID-TERM ACTION

At any time during mid-term action, if it becomes apparent that the member's conduct, behaviour, performance or competence is such that it exposes, or is reasonably likely to expose Patient(s) or others in the workplace to harm or injury and immediate action must be taken to protect the safety of Patients or staff, then the Chief of Staff, or Chief of Service may determine to invoke the procedures set out in section 4.2.

4. MID-TERM ACTION

4.1 NON-IMMEDIATE MID-TERM ACTION

Preliminary Steps in Mid-Term Review

4.1.1 Criteria for Initiation

Mid-term action may be initiated wherever a Professional Staff member is alleged to have engaged in, made or exhibited acts, statements, demeanours, behaviours or professional conduct, either within or outside of the Hospital and the same:

- (a) exposes, or is reasonably likely to expose Patients, employees or other persons in the Hospital to harm or injury;
- (b) is, or is reasonably likely to be, detrimental to Patient safety or to the delivery of quality Patient care within the Hospital;
- (c) is or is reasonably likely to be detrimental to the Hospital's operations;
- (d) is or is reasonably likely to constitute disruptive behaviour;
- (e) results in the imposition of sanctions by the College; or
- (f) is contrary to the By-Law, *Act* or any other relevant law of Canada or Ontario.

4.1.2 Initiation

- (1) Where information is provided to the Chief Executive Officer, Chief of Staff or Chief of Service, which raises concerns about any of the matters in section 23.1.1(1), the information shall be in writing and shall be directed to the Chief Executive Officer, Chief of Staff or Chief of Service.
- (2) If either the Chief Executive Officer, Chief of Staff or Chief of Service receives information which potentially has a negative effect on Patient care or workplace safety about the behaviour, performance or competence of a member, he or she shall inform the other individuals.

4.1.3 Initial Interview

- (1) An interview shall be arranged with the member.
- (2) The member shall be advised of the information about his or her behaviour, performance or competence and shall be given a reasonable opportunity to present relevant information on his or her own behalf.
- (3) A written record shall be maintained reflecting the substance of the interview and copies shall be sent to the member, the Chief Executive Officer, the Chief of Staff and Chief of Service.

- (4) If a member fails or declines to participate in the interview after being given a reasonable opportunity, the appropriate action may be initiated.

4.1.4 Investigation

- (1) The Chief of Staff, Chief of Service or Chief Executive Officer shall determine whether a further investigation is necessary.
- (2) The investigation may be assigned to an individual(s) within the hospital, the Medical Advisory Committee, a body within the hospital other than the Medical Advisory Committee or an external consultant.
- (3) Upon completion of the investigation, the individual or body who conducted the investigation shall forward a written report to the Chief Executive Officer, Chief of Staff and the Chief of Service. The member should be provided with a copy of the written report.
- (4) The Chief of Staff, Chief of Service and Chief Executive Officer shall review the report and determine whether any further action may be required.

4.1.5 Request to the Medical Advisory Committee for Recommendation for Mid-Term Action

- (1) Where it is determined that further action may be required and the matter relates to the dismissal, suspension or restriction of a member's hospital privileges and/or the quality of care in the hospital or the Hospital's workplace safety, the matter shall be referred to the Medical Advisory Committee who shall make a recommendation to the Board.
- (2) All requests for a recommendation for mid-term action must be submitted to the Medical Advisory Committee in writing and supported by reference to the specific activities or behaviour, which constitutes grounds for the request.
- (3) Where the matter is referred to the Medical Advisory Committee, a copy of any reports made by a body or consultant with respect to the matter shall be forwarded to the Medical Advisory Committee.
- (4) The Medical Advisory Committee may initiate further investigation itself, establish an Ad Hoc Committee to conduct the investigation, refer the matter to an external consultant, dismiss the matter for lack of merit or determine to have a meeting of the Medical Advisory Committee.
- (5) Where the Medical Advisory Committee establishes an Ad Hoc Committee to conduct the investigation or refers the matter to an

external consultant, that individual or body shall forward a written report of the investigation to the Medical Advisory Committee as soon as practicable after the completion of the investigation.

- (6) Upon completion of its own investigation or upon receipt of the report by the body that conducted the investigation, as the case may be, the Medical Advisory Committee may either dismiss the matter for lack of merit or determine to have a meeting of the Medical Advisory Committee.
- (7) Within twenty-one (21) days after receipt by the Medical Advisory Committee of the request for a recommendation for mid-term action, unless deferred, the Medical Advisory Committee shall determine whether a meeting of the Medical Advisory Committee is required to be held.
- (8) If additional time is needed for the investigation process, the Medical Advisory Committee may defer action on the request. The Medical Advisory Committee must act within thirty (30) days of the deferral.
- (9) If the Medical Advisory Committee determines that there is merit to proceed to a Medical Advisory Committee meeting, then the member is entitled to attend the meeting.

4.1.6 The Medical Advisory Committee Meeting

- (1) At least fourteen (14) days prior to the Medical Advisory Committee meeting the member and the Medical Advisory Committee shall be given written notice of the Medical Advisory Committee meeting. The notice shall include,
 - (a) the time and place of the meeting;
 - (b) the purpose of the meeting;
 - (c) a statement that the member will be provided with a statement of the matter to be considered by the Medical Advisory Committee together with any relevant information;
 - (d) a statement that the member is entitled to attend the Medical Advisory Committee meeting and to participate fully, to answer all matters considered by the Medical Advisory Committee and to present documents and witnesses;
 - (e) a statement that the parties are entitled to bring legal counsel to the meeting and consult with legal counsel, but that the legal counsel will not be entitled to participate in the meeting; and

- (f) a statement that in the absence of the member, the meeting may proceed.
- (2) The Medical Advisory Committee secretary shall provide the member with a short but comprehensive statement of the matter to be considered by the Medical Advisory Committee, together with any relevant documentation, including any reports and other documentation which will be reviewed at the meeting.
- (3) At the meeting of the Medical Advisory Committee, a record of the proceeding shall be kept in the minutes of the Medical Advisory Committee meeting.
- (4) The member involved shall be given full opportunity to answer each matter as well as to present documents and witnesses if so desired provided the member provides the Medical Advisory Committee with:
 - (a) a list of witnesses; and
 - (b) a copy of all documentation in the possession, power or control of the applicant or member that is relevant to the matter(s) under considerationat least forty-eight (48) hours before the meeting.
- (5) Where the Medical Advisory Committee determines that the matter has no merit, this shall be noted in the minutes of the Medical Advisory Committee.
- (6) Where the Medical Advisory Committee determines that the matter has merit, the Medical Advisory Committee shall make a recommendation to the Hospital Board.
- (7) The Medical Advisory Committee shall provide to the member, within fourteen (14) days from the date of the Medical Advisory Committee meeting, written notice of:
 - (a) the Medical Advisory Committee's recommendation and the written reasons for the recommendations; and
 - (b) the member's entitlement to a hearing before the Board if a written request is received by the Board and the Medical Advisory Committee within seven (7) days of receipt by the member of the Medical Advisory Committee's written reasons
- (8) The time period to provide the written notice required in paragraph (7) above may be extended if the Medical Advisory Committee, prior to the expiry of the fourteen (14) days gives written notice to the member that

the final recommendation cannot yet be made and provides the member with written reasons.

- (9) The Medical Advisory Committee shall provide to the Board within fourteen (14) days from the date of the Medical Advisory Committee meeting or such later date where the time period is extended pursuant to section 11.1.8 above written notice of:
 - (a) the Medical Advisory Committee's recommendation and the written reasons for the recommendations; and
 - (b) where an extension was made pursuant to section 11.1.8 above, the written reasons for the extension.
- (10) Service of a notice to the member may be made personally or by registered mail addressed to the person to be served at his/her last known address and, where the notice is served by registered mail, it shall be deemed that the notice was served on the third day after the day of mailing unless the person to be served establishes that he/she did not, acting in good faith, through absence, accident, illness or other cause beyond his/her control receive it until a later date.
- (11) Where the Medical Staff member does not require a hearing by the Board, the Board may implement the recommendation of the Medical Advisory Committee. However, where the Medical Advisory Committee makes a recommendation with respect to an appointment, re-appointment or granting of requested privileges and:
 - (a) the applicant has not made any written or oral submission to the Board, and the concerns are raised that the Board believes the applicant should have an opportunity to address, the Board may give the Medical Staff member notice that he/she is entitled to a Board hearing and shall follow the process set out in section 3.2 of this By-Law with the necessary changes to points of detail; or
 - (b) information that has not been considered by the Medical Advisory Committee has come to the attention of the Board that the Board believes should be considered by the Medical Advisory Committee prior to the Board acting on the Medical Advisory Committee's recommendation, the Board may refer the new information back to the Medical Advisory Committee for consideration, with the Medical Advisory Committee to provide a reconsidered recommendation to the Board with respect to appointment, re-appointment or granting of requested privileges, as the case may be. The Medical Staff member shall be given notice of the reconsidered recommendation as outlined in this section and entitled to a hearing and the process set out in section 3.2 of this By-Law.

- (12) Where the Medical Advisory Committee considers the matter at a Medical Advisory Committee meeting, then the procedure set out herein at sections 0 to (13) and 3.2(1) to (16) of this By-Law are to be followed.

4.2 IMMEDIATE MID-TERM ACTION IN AN EMERGENCY SITUATION

4.2.1 *Immediate Steps*

- (1) Where the behaviour, performance or competence of a Professional Staff member exposes, or is reasonably likely to expose Patient(s) staff or other persons to harm or injury and immediate action must be taken to protect the Patients, staff or other persons and no less restrictive measure can be taken, the Chief of Staff or Chief of Service, may immediately and temporarily suspend the Medical Staff member's privileges, with immediate notice to the Chief Executive Officer, and pending a Medical Advisory Committee meeting and a hearing by the Hospital Board.
- (2) The Chief of Staff or Chief of a Service shall immediately notify the member, the Medical Advisory Committee and the Hospital Board of his or her decision to suspend the member's privileges.
- (3) Arrangements, as necessary, shall be made by the Chief of Staff or Chief of Service for the assignment of a substitute physician to care for the Patients of the suspended member.
- (4) Within forty-eight (48) hours of the suspension, the individual who suspended the member shall provide the member and Medical Advisory Committee with written reasons for the suspension and copies of any relevant documents or records.

4.2.2 *The Medical Advisory Committee Meeting*

- (1) The Medical Advisory Committee shall set a date for a meeting of the Medical Advisory Committee to be held within five (5) days from the date of the suspension to review the suspension and to make recommendations to the Hospital Board.
- (2) 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;

- (c) a statement of the matter to be considered by the Medical Advisory Committee together with any relevant documentation;
 - (d) a statement that the member is entitled to attend the Medical Advisory Committee meeting and to participate fully, to answer all matters considered by the Medical Advisory Committee and to present documents and witnesses;
 - (e) a statement that the parties are entitled to bring to the meeting and consult with legal counsel, but that the legal counsel will not be entitled to participate in the meeting; and
 - (f) a statement that, in the absence of the member, the meeting may proceed.
- (3) The member may request and the Medical Advisory Committee may grant a postponement of the Medical Advisory Committee meeting.
- (4) At the meeting of the Medical Advisory Committee, a record of the proceeding shall be kept in the minutes of the Medical Advisory Committee meeting.
- (5) The staff member shall be given full opportunity to answer each matter as well as to present documents and witnesses if so desired provided the member provides the Medical Advisory Committee with:
- (a) a list of witnesses; and
 - (b) a copy of all documentation in the possession, power or control of the applicant or member that is relevant to the matter(s) under consideration.
- (6) Before deliberating on the recommendation to be made to the Hospital Board, the Chair shall require the member involved, and any other persons present who are not Medical Advisory Committee members, to retire. The Medical Advisory Committee shall not consider any matter or case to which they did not give the member a fair opportunity to answer.
- (7) The Medical Advisory Committee shall provide to the member within twenty-four (24) hours of the Medical Advisory Committee meeting written notice of:
- (a) the Medical Advisory Committee's recommendation and the written reasons for the recommendation; and
 - (b) the member's entitlement to a hearing before the Hospital Board.

- (8) The Medical Advisory Committee shall provide to the Hospital Board within twenty-four (24) hours of the Medical Advisory Committee meeting written notice of the Medical Advisory Committee's recommendation.

4.2.3 The Board Hearing

- (1) The Hospital Board names a place and time for the hearing.
- (2) The Hospital Board hearing shall be held within seven (7) days of the date of receipt by the member of the Medical Advisory Committee's recommendation and written reasons.
- (3) The Hospital Board shall provide written notice of the Hospital Board hearing to the member and to the Chair (or substitute) of the Medical Advisory Committee at the earliest possible opportunity and in any event, at least seventy-two (72) hours prior to the date of the hearing.
- (4) The notice of the Hospital Board hearing shall include,
 - (a) the date, time and place of the hearing;
 - (b) the purpose of the hearing;
 - (c) a statement that the member 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 report, the contents of which will be given in evidence at the hearing;
 - (d) a statement that the member may proceed in person or be represented by counsel, and that in his or her absence the Hospital Board may proceed with the hearing and that the member will not be entitled to any further notice of the proceeding;
 - (e) a statement that the member may call witnesses and tender documents in evidence in support of his or her case; and
 - (f) the time for the hearing may be extended by the Hospital Board.
- (5) The parties to the Hospital Board hearing are the Member, the Medical Advisory Committee and such other persons as the Hospital Board may specify.
- (6) The member requiring a hearing before the Hospital Board shall be afforded an opportunity to examine, prior to the hearing, any written or documentary evidence that will be produced, or any report the contents of which will be given in evidence at the hearing.

- (7) Members of the Hospital board holding the hearing shall not have taken part in any investigation or consideration of the subject matter of the hearing before 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 his or her representative, except upon notice to and an opportunity for all parties to participate.
- (8) The findings of fact of the Hospital Board pursuant to a hearing shall be based exclusively on evidence admissible or matters that may be noticed under sections 15 and 16 of the *Statutory Powers Procedure Act*.
- (9) The Hospital Board shall consider only the reasons of the Medical Advisory Committee that have been given to the member in support of its recommendation. Where through error or inadvertence, certain reasons have been omitted in the statement delivered to the member, the Hospital Board may consider those reasons only if those reasons are given by the Medical Advisory Committee in writing to both the member and the Hospital Board and the member is given a reasonable time to review the reasons and to prepare a case to meet those additional reasons.
- (10) No member of the Hospital Board shall participate in a decision of the Hospital Board pursuant to a hearing unless he or she was present throughout the hearing and heard the evidence and argument of the parties and, except with the consent of the parties, no decision of the Hospital Board shall be given unless all members so present participate in the decision.
- (11) The Hospital Board shall make a decision to either follow or not follow the recommendation of the Medical Advisory Committee.
- (12) A written copy of the decision of the Hospital Board and the written reasons for the decision shall be provided to the member and to the Medical Advisory Committee secretary.
- (13) Service of the notice of the decision and the written reasons to the member may be made personally or by registered mail addressed to the member at his or her last known address and, where the notice is served by registered mail, it shall be deemed that the notice was served on the third day after the day of mailing, unless the person to be served establishes that he or she did not, acting in good faith, through absence, accident, illness or other cause beyond his or her control receive it until a later date.

5. AMENDMENTS TO PROFESSIONAL STAFF BY-LAWS

Articles 2 through 5 may only be amended by the Board in accordance with the following procedure:

- (a) Amendments to these Articles will become effective only when approved by the Board.
- (b) Notice specifying the proposed amendment shall be made available for review by all Professional Staff members.
- (c) The Professional Staff shall be afforded a period of at least 30 days to comment on the proposed amendment(s).

The Medical Advisory Committee, after considering the Professional Staff members' comments, may make recommendations to the Board, concerning the proposed amendment(s).