



Hanover & District Hospital Hospital Board-Approved Professional Staff By-laws

Approved by the Corporation: June 26, 2018

and issued on the Authority of the Board of Directors.



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**Professional Staff By-laws
Hanover and District Hospital
CERTIFICATE OF ENACTMENT**

This is to certify:

- 1. That the appended copy of the Professional Staff By-laws of the Hanover and District Hospital is a true and complete copy of the By-law as passed by the Board of the Hospital at properly constituted meetings of the Board held on May 22, 2018.*
- 2. That the By-law was confirmed at a properly constituted meeting of the general membership of the Hospital Corporation duly called for the purpose held on the 26th day of June 2018.*

Date at Hanover, Ontario, of the County of Grey, the 26th day of June 2018.



Dave Cardwell, Chair of the Board



Dr. Randy Montag,
Acting Chair of the Medical Advisory Committee



Article 1

Definitions and Interpretation

1.1 Definitions

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

- a) **“Board”** means the Board of Governors of the Corporation;
- b) **“Chair of the Medical Advisory Committee also referred to as the Chief of Staff”** means the member of the Professional Staff appointed to serve as Chair of the Medical Advisory Committee pursuant to section 8.2;
- c) **“Chief Executive Officer”** means, in addition to ‘administrator’ as defined in the *Public Hospitals Act*, the President and President/Chief Executive Officer of the Corporation;
- d) **“Chief Nursing Officer”** means the senior nurse employed by the Hospital who reports directly to the President/Chief Executive Officer and is responsible for nursing services provided in the Hospital; may also be the Vice President of Patient Care Services, Chief Nursing Officer.
- e) **“Chief of a Department”** means a member of the Professional Staff appointed by the Board to be responsible for the professional standards and quality of care rendered by the members of that department at the Hospital;
- f) **“Credentials Committee”** means the committee established by the Medical Advisory Committee to review applications for appointment and reappointment to the Professional Staff and to make recommendations to the Medical Advisory Committee and if no such committee is established it shall mean the Medical Advisory Committee;
- g) **“Dental Staff”** means those Dentists appointed by the Board to attend or perform dental services for patients in the Hospital Operating Room;
- h) **“Dentist”** means a dental practitioner in good standing with the Royal College of Dental Surgeons of Ontario;
- i) **“Department”** or **“department”** means an organizational unit of the Professional Staff to which members with a similar field of practice have been assigned;
- j) **“Extended Class Nursing Staff”** means those Registered Nurses in the Extended Class who are:
 - (i) nurses that are employed by the Hospital and are authorized to diagnose, prescribe for or treat out-patients in the Hospital; and
 - (ii) nurses who are not employed by the Hospital and to whom the Board has granted Privileges to diagnose, prescribe for or treat out patients in the Hospital;
- k) **“Hospital”** means the Public Hospital operated by the Corporation;
- l) **“Impact Analysis”** means a study to determine the impact upon the resources of the Corporation of the proposed appointment of an applicant for appointment to the Professional Staff or an application by a member of the Professional Staff for reappointment or for additional Privileges;
- m) **“Medical Advisory Committee”** means the committee established pursuant to Article 9. The Medical Advisory Committee is accountable to the Board.
- n) **“Medical Staff”** means those Physicians who are appointed by the Board and who are granted Privileges to practice medicine in the Hospital;
- o) **“Midwife”** means a Midwife in good standing with the College of Midwives of Ontario;
- p) **“Midwifery Staff”** means those Midwives who are appointed by the Board and granted Privileges to practice Midwifery in the Hospital;
- q) **“Patient”** means, unless otherwise specified or the context otherwise requires, any in-patient or out-patient of the Corporation;
- r) **“Physician”** means a medical practitioner in good standing with the College of Physicians and Surgeons of Ontario;

- s) **“Policies”** means the administrative, human resources, clinical and professional policies of the Hospital and includes policies and procedures adopted by the Board pursuant to Article 2;
- t) **“Privileges”** or **“privileges”** means the right to admit in-patients, register out-patients and/or provide the clinical services which the Board has granted to a member of the Professional Staff;
- u) **“Professional Staff”** means the Medical Staff, Dental Staff, Midwifery Staff and members of Extended Class Nursing Staff who are not employees of the Corporation;
- v) **“Professional Staff Human Resources Plan”** means the Hospital’s plan from time to time which provides information and future projections with respect to the management and appointment of the Professional Staff based on the mission and strategic plan of the Corporation;
- w) **“Public Hospitals Act”** means the *Public Hospitals Act* (Ontario), and, where the context requires, includes the regulations made thereunder;
- x) **“Registered Nurse in the Extended Class”** means a member of the College of Nurses of Ontario who is a registered nurse and who holds an extended certificate of registration under the *Nursing Act, 1991*;
- y) **“Rules and Regulations”** means the Rules and Regulations governing the practice of the Medical, Dental, Midwifery and Extended Class Nursing Staff in the Hospital both generally and within a particular Department, and includes Rules and Regulations which have been approved by the Board after considering the recommendation of the Medical Advisory Committee; and
- z) **“Supervisor”** means a physician or dentist who is assigned the responsibility to oversee the work of another physician, medical student or resident or dentist respectively.

1.2 Interpretation

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

Article 2

Rules and Regulations and Policies

2.1 Rules and Regulations and Policies and Procedures

- (1) The Board, after considering the recommendation of the Medical Advisory Committee, may make Rules and Regulations as it deems necessary, including rules and regulations for patient care and safety and the conduct of members of the Medical Staff, Dental Staff, Midwifery Staff and Extended Class Nursing Staff.
- (2) The Board, after considering the recommendation of the Medical Advisory Committee, may adopt policies and procedures applicable to the Medical Staff, Dental Staff, Midwifery Staff and Extended Class Nursing Staff, including policies and procedures that are consistent with Rules and Regulations and support the implementation of Rules and Regulations.

Article 3

Appointment and Reappointment to Professional Staff

3.1 Appointment and Revocation

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

- (3) The Board may, at any time, make, revoke or suspend any appointment to the Professional Staff or restrict the Privileges of any member of the Professional Staff in accordance with the provisions of this By-law and the *Public Hospitals Act*.

3.2 Term of Appointment

- (1) Subject to subsection 3.1(3), each appointment to the Professional Staff shall be for a term of up to one (1) year.
- (2) Where a member of the Professional Staff has applied for reappointment within the time prescribed by the Medical Advisory Committee, the current appointment shall continue:
 - (a) unless subsection 3.2(2)(b) applies, until the reappointment is granted or not granted by the Board; or
 - (b) in the case of a member of the Medical Staff and where the reappointment is not granted by the Board and there is a right of appeal to the Health Professions Appeal and Review Board, until the time for giving notice of a hearing by the Health Professions Appeal and Review Board has expired or, where a hearing is required, until the decision of the Health Professions Appeal and Review Board has become final.

3.3 Qualifications and Criteria for Appointment to the Professional Staff

- (1) Only applicants who meet the qualifications and satisfy the criteria set out in this By-law are eligible to be a member of, and appointed to, the Professional Staff of the Corporation.
- (2) An applicant for appointment to the Professional Staff must meet the following qualifications:
 - (a) have adequate training and experience for the Privileges requested;
 - (b) have a demonstrated ability to:
 - (i) provide patient care at an appropriate level of quality and efficiency;
 - (ii) work and communicate with, and relate to, others in a co-operative, collegial and professional manner;
 - (iii) communicate with, and relate appropriately to, patients and patients' relatives and/or substitute decision makers;
 - (iv) participate in the discharge of staff, committee and, if applicable, teaching responsibilities, and other duties appropriate to staff category;
 - (v) meet an appropriate standard of ethical conduct and behaviour;
 - (vi) maintain an appropriate level of continuing medical education; and
 - (vii) govern himself or herself in accordance with the requirements set out in this By-law, the Hospital's mission, vision and values, Rules and Regulations and Policies;
 - (c) have up-to-date inoculations, screenings and tests as may be required by the occupational health and safety policies and practices of the Hospital, the *Public Hospitals Act* or other legislation or by the Board from time to time;
 - (d) 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;
 - (e) have current and provide proof of membership in the Canadian Medical Protective Association (CMPA) or other professional practice liability coverage appropriate to the scope and nature of the intended practice; and
 - (f) provide Certificate of Conduct from the College of Physicians and Surgeons annually.
- (3) In addition to the qualifications set out in subsection 3.3(2), an applicant for appointment to the Medical Staff must meet the following qualifications:
 - (a) be qualified to practice medicine and licensed pursuant to the laws of Ontario and have a Certificate of Registration in good standing with the College of Physicians and Surgeons of Ontario or an equivalent certificate from their most recent licensing body; and
 - (b) have a current Certificate of Professional Conduct from the College of Physicians and Surgeons of Ontario or the equivalent certificate from their most recent licensing body.

- (4) In addition to the qualifications set out in subsection 3.3(2), an applicant for appointment to the Dental Staff must meet the following qualifications:
 - (a) be qualified to practice dentistry and licensed pursuant to the laws of Ontario and have a letter of good standing from the Royal College of Dental Surgeons of Ontario or the equivalent letter from their most recent licensing body; and
 - (b) have a current Certificate of Professional Conduct from the Royal College of Dental Surgeons or the equivalent certificate from their most recent licensing body and proof of current insurance.
- (5) In addition to the qualifications set out in subsection 3.3(2), an applicant for appointment to the Midwifery Staff must meet the following qualifications:
 - (a) be qualified to practice midwifery and be licensed pursuant to the laws of Ontario and have a Certificate of Registration in good standing with the College of Midwives of Ontario or an equivalent certificate from their most recent licensing body; and
 - (b) have a current Certificate of Professional Conduct from the College of Midwives of Ontario or the equivalent certificate from their most recent licensing body and proof of current insurance.
- (6) In addition to the qualifications set out in subsection 3.3(2), an applicant for appointment to the Extended Class Nursing Staff must meet the following qualifications:
 - (a) be qualified to practice as a nurse in the extended class and hold a current, valid Annual Registration Payment Card as a registered nurse in the extended class with the College of Nurses of Ontario; and
 - (b) have a letter of good standing from the Ontario College of Nurses or their most recent licensing body and provide this information to the Human Resources Department to be put on the individuals personnel file of the Hanover & District Hospital.
- (7) All appointments will require an Impact Analysis demonstrating that the Hospital has the resources to accommodate the applicant and that the applicant meets the needs of the respective Department as described in the Professional Staff Human Resources Plan.
- (8) In addition to any other provisions of the By-law, including the qualifications set out in subsections 3.3(2), 3.3(3), 3.3(4), 3.3(5) and 3.3(6), the Board may refuse to appoint any applicant to the Professional Staff on any of the following grounds:
 - (a) the appointment is not consistent with the need for service, as determined by the Board from time to time;
 - (b) the Professional Staff Human Resources Plan and/or the Impact Analysis of the Corporation and/or Department does not demonstrate sufficient resources to accommodate the applicant; or
 - (c) the appointment is not consistent with the strategic plan and mission of the Corporation.

3.4 Application for Appointment to the Professional Staff

- (1) Upon receipt of a written request for credentialing, the President/Chief Executive Officer or delegate shall provide detailed information for the credentialing process as well as access to the mission, vision, values and strategic plan of the Corporation, the by-laws and the Rules and Regulations and appropriate Policies, to each Physician, Dentist, Midwife or Registered Nurse in the Extended Class who expresses in writing an intention to apply for appointment to the Professional Staff.
- (2) An applicant for re-appointment to the Professional Staff shall complete the on-line application in the prescribed form together with such releases, consents and undertakings as required by the Hospital from time to time to enable the Hospital to fully investigate the qualifications and suitability of the applicant.

3.5 Procedure for Processing Applications for Appointment to the Professional Staff

- (1) Upon receipt of a complete electronic application, the Manager of the Medical Records Department, shall then verify for completeness of each application received and then refer the

- application forthwith to the Chair of the Credentials Committee and then through to the Medical Advisory Committee for final approval before going to the Board of Governors.
- (2) The Credentials Committee shall review and validate all materials in the application, receive/consider recommendations of the Chief or Liaison physician of the relevant Department, ensure all required information has been provided, investigate the professional competence and verify the qualifications of the applicant, three (3) references and consider whether the qualifications and criteria required by section 3.3 are met and shall submit a report as to its assessment and recommendation to the Medical Advisory Committee at its next regular meeting.
 - (3) The Medical Advisory Committee shall:
 - (a) receive and consider the report and recommendations of the Credentials Committee;
 - (b) review the application with reference to the Professional Staff Human Resources Plan and Impact Analysis; and
 - (c) send, within sixty (60) days of the date of receipt of the complete electronic application by the Manager of Health Records, notice of its recommendations to the Board and the applicant, in accordance with the *Public Hospitals Act*.
 - (4) Notwithstanding subsection 3.5(3)(c), the Medical Advisory Committee may make its recommendation prior to the expiry of the sixty (60) day period, it indicates in writing to the Board and to the applicant that a final recommendation cannot be made within such sixty (60) day period and gives written reasons therefor.
 - (5) Where the Credentials Committee recommends the appointment, and with approval of MAC, it shall specify the category of appointment and the specific Privileges it recommends the applicant be granted.
 - (6) Where the Credentials Committee does not recommend appointment or where the recommended appointment or Privileges differ from those requested, and with support of the Medical Advisory Committee shall inform the applicant that he or she is entitled to:
 - (a) written reasons for the recommendation if a request is received by the Credentials Committee within seven (7) days of the receipt by the applicant of notice of the recommendation; and
 - (b) a hearing before the Board if a written request is received by the Board and the Credentials Committee within seven (7) days of the receipt by the applicant of the written reasons referred to in subsection 3.5(6)(a).
 - (7) Where the applicant does not request a hearing by the Board, the Board may implement the recommendation of the Medical Advisory Committee.
 - (8) Where an applicant requests a hearing by the Board, it shall be dealt with in accordance with the applicable provisions of the *Public Hospitals Act* and Article 5.
 - (9) The Board shall consider the Medical Advisory Committee recommendations within the time frame specified by the *Public Hospitals Act*.
 - (10) The Board, in determining whether to make any appointment or reappointment to the Professional Staff or approve any request for a change in Privileges, shall take into account the recommendation of the Medical Advisory Committee and such other considerations it, in its discretion, considers relevant.

3.6 Temporary Privileges

- (1) Notwithstanding subsection 3(3) and subsection 3(1), the President/Chief Executive Officer or delegate and Chair of Medical Advisory Committee may appoint a physician, dentist, or nurse practitioner or midwife who is not a member of the Medical Staff to the Temporary Medical Staff and grant temporary Privileges where there is an immediate need for the service and it is not practical for the Applicant to submit all of the information required pursuant to this Bylaw, provided the above are satisfied that the Applicant meets the criteria for appointment set out in Section 3.3.

- (2) A temporary appointment of a Physician, Dentist, Midwife or Registered Nurse in the Extended Class may be made for any reason including:
 - (a) to meet a specific singular requirement by providing a consultation and/or operative procedure;
 - (b) to meet an urgent unexpected need for a medical, dental, midwifery or extended class nursing service; or
 - (c) to cover shifts in the emergency department which cannot be covered by local physicians.
- (3) The Board may, after receiving the recommendation of the Medical Advisory Committee, continue a temporary appointment granted pursuant to section 3.6(1) for such period of time and on such terms as the Board determines.
- (4) If the term of the temporary appointment has been completed before the next Board meeting, the appointment shall be reported to the Board.
- (5) The temporary appointment shall specify the category of appointment and any limitations, restrictions or special requirements.

3.7 Application for Reappointment to the Professional Staff (on-line)

The *Public Hospitals Act* dictates that every physician appointed to the Professional Staff of a hospital shall be appointed for a period of not more than one year. Therefore, each physician is required to apply for re-appointment on an annual basis prior to the expiry of the member's Privileges. Re-appointment is available on-line. The President/Chief Executive Officer through their delegate will send an email which will serve as a reminder to re-apply for their Privileges.

- (1) Each year, each member of the Professional Staff desiring reappointment to the Professional Staff shall make their application on-line on the prescribed form.
- (2) Each application for reappointment to the Professional Staff shall contain the following information:
 - (a) a restatement or confirmation of the undertakings and acknowledgements requested as part of an application for appointment or as required by the Rules and Regulations from time to time;
 - (b) either:
 - (i) a declaration that all information on file at the Hospital from the applicant's most recent application is up-to-date, accurate and 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 pending, ongoing or completed disciplinary or malpractice proceedings restriction in Privileges or suspensions during the past year;
 - (d) the category of appointment requested and a request for either the continuation of, or any change in, existing Privileges;
 - (e) if requested, a current Certificate of Professional Conduct or equivalent from the appropriate college or licensing body; and
 - (f) such other information that the Board may require, from time to time, having given consideration to the recommendation of the Medical Advisory Committee.
 - (g) Electronic agreement (signature) of the Confidentiality pledge for the Hanover & District Hospital.
- (3) In the case of any application for reappointment in which the applicant requests additional Privileges, each application for reappointment shall identify any required professional qualifications and confirm that the applicant holds such qualifications.
- (4) Application for reappointment shall be dealt with in accordance with the *Public Hospitals Act* and section 3.5 of this By-law.

3.8 Qualifications and Criteria for Reappointment to the Professional Staff

- (1) In order to be eligible for reappointment:
 - (a) the applicant shall continue to meet the qualifications and criteria set out in section 3.3;
 - (b) the applicant shall have conducted himself or herself in compliance with this By-law, the Hospital's mission, vision and values, Rules and Regulations and Policies and code of conduct;
 - (c) the applicant shall have demonstrated appropriate use of Hospital resources in accordance with the Professional Staff Human Resources Plan and the Rules and Regulations and Policies of the Corporation; and
 - (d) there shall be a continued need for the applicant's services under the Professional Staff Human Resources Plan, the Hospitals strategic plan and an Impact Analysis shall demonstrate that there are sufficient resources to accommodate the applicant.

3.9 Application for Change of Privileges

- (1) Each member of the Professional Staff who wishes to change his or her Privileges shall complete their application on-line on the prescribed form, listing the change of Privileges requested, and providing evidence of appropriate training and competence and such other matters as the Board may require.
- (2) On receipt of such application, the application will be referred forthwith to the Credentials Committee and through the Chair of the Medical Advisory Committee for final referral to the Board.
- (3) The Credentials Committee shall investigate the professional competence, verify the qualifications of the applicant for the Privileges requested, received the report of the Chief of Department/Physician Liaison, and shall submit a report of its findings to the Medical Advisory Committee at its next regular meeting. The report shall contain a list of Privileges, if any, that it recommends that the applicant be granted.
- (4) The application shall be processed in accordance with and subject to the requirements of sections 3.8 and subsections 3.5(3) to 3.5(10) of this By-law.

3.10 Leave of Absence

- (1) Upon request of a member of the Professional Staff, a leave of absence of up to twelve (12) months 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 or delegate.
- (2) After returning from a leave of absence granted in accordance with subsection 3.10(1), the member of the Professional Staff may be required to produce a medical certificate of fitness and/or provide authorization for the release of any healthcare treatment records if requested and the Chair of the Medical Advisory Committee or delegate may impose such conditions on the Privileges granted to such member as he or she feels appropriate.
- (3) Following a leave of absence of longer than twelve (12) months, a member of the Professional Staff shall be required to make a new application for appointment to the Professional Staff in the manner and subject to the criteria set out in this By-law.

Article 4

Monitoring, Suspension and Revocation

4.1 Monitoring Practices and Transfer of Care

- (1) Any aspect of patient care or Professional Staff conduct being carried out in the Corporation may be reviewed without the approval of the member of the Professional Staff responsible for such care by the Chair of the Medical Advisory Committee or delegate or Chief of Department or delegate.
- (2) Where any member of the Professional Staff or Corporation Staff believes that a member of the Professional Staff is incompetent, attempting to exceed his or her Privileges, incapable of

providing a service that he or she is about to undertake, or acting in a manner that is disruptive and/or exposes or is reasonably likely to expose any patient, health care provider, employee or any other person at the Hospital to harm or injury, such individual shall communicate that belief forthwith to one of the Chair of the Medical Advisory Committee (or delegate), the Chief of the relevant Department (or delegate) and the President/Chief Executive Officer (or delegate), so that appropriate action can be taken.

- (3) The Chief of a Department or delegate, on notice to the Chair of the Medical Advisory Committee or delegate where he or she believes it to be in the best interest of the patient, shall have the authority to examine the condition and scrutinize the treatment of any patient in his or her Department and to make recommendations to the attending Professional Staff member or any consulting Professional Staff member involved in the patient's care and, if necessary, to the Medical Advisory Committee. If it is not practical to give prior notice to the Chair of the Medical Advisory Committee, notice shall be given as soon as possible.
- (4) If the Chair of the Medical Advisory Committee or delegate or Chief of a Department or delegate becomes aware that, in his or her opinion a serious problem exists in the diagnosis, care or treatment of a patient, the officer shall forthwith discuss the condition, diagnosis, care and treatment of the patient with the attending member of the Professional Staff. If changes in the diagnosis, care or treatment satisfactory to the Chair of the Medical Advisory Committee or delegate or the Chief of Department or delegate, as the case may be, are not made, he or she shall forthwith assume the duty of investigating, diagnosing, prescribing for and treating the patient.
- (5) Where the Chair of the Medical Advisory Committee or delegate or Chief of a Department or delegate has cause to take over the care of a patient, the Chief Executive Officer, the Chair of the Medical Advisory Committee or the Chief of the Department, as the case may be, and one other member of the Medical Advisory Committee, the attending member of the Professional Staff, and the patient or the patient's substitute decision maker shall be notified in accordance with the *Public Hospitals Act*. The Chair of the Medical Advisory Committee or delegate or the Chief of Department or delegate shall file a written report with the Medical Advisory Committee within forty eight (48) hours of his or her action.
- (6) Where the Medical Advisory Committee concurs in the opinion of the Chair of the Medical Advisory Committee or delegate or Chief of Department or delegate who has taken action under subsection 4.1(4) that the action was necessary, the Medical Advisory Committee shall forthwith make a detailed written report to the President/Chief Executive Officer of the problem and the action taken.

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

- (1) The Board may, at any time, in a manner consistent with the *Public Hospitals Act* and this By-law, revoke or suspend any appointment of a member of the Professional Staff or revoke, suspend, restrict or otherwise deal with the Privileges of a member of the Professional Staff.
- (2) Any administrative or leadership appointment of the member of the Professional Staff will automatically terminate upon the restriction, revocation or suspension of Privileges or, revocation of appointment, unless otherwise determined by the Board.
- (3) The President/Chief Executive Officer or delegate or Chair of the Medical Advisory Committee or delegate may temporarily restrict or suspend the Privileges of any member of the Professional Staff, in circumstances where in their opinion the member's conduct, performance or competence:
 - (a) fails to meet or comply with the criteria for annual reappointment;
 - (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;

- (c) is or is reasonably likely to be, detrimental to patient safety or to the delivery of quality patient care within the Hospital or impact negatively on the operations of the Hospital; or
 - (d) fails to comply with the Hospital's by-laws, Rules and Regulations, or Policies, the *Public Hospitals Act* or any other relevant law.
- (4) Where either the President/Chief Executive Officer or delegate or the Chair of the Medical Advisory Committee or delegate takes action authorized in subsection 4.2(3), they shall first consult with the other of them, or the Chief of Department or delegate. If such prior consultation is not possible or practicable in the circumstances, they shall provide immediate notice to the other of them and the Chief of Department or delegate.
 - (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 member of the Professional Staff have been restricted, suspended or revoked, by reason of incompetence, negligence or misconduct, or the member resigns from the Professional Staff during the course of an investigation into his or her competence, negligence or misconduct, the President/Chief Executive Officer shall prepare and forward a detailed written report to the member's regulatory body as soon as possible, and not later than thirty (30) days.

4.3 Referral to Medical Advisory Committee for Recommendations

- (1) Following the temporary restriction or suspension of Privileges, or the recommendation for the restriction or suspension of privileges or the revocation of an appointment of a member of the Professional Staff the following process shall be followed:
 - (a) the Chief of the Department of which the individual is a member or an appropriate alternate designated by the Chair of the Medical Advisory Committee or delegate or President/Chief Executive Officer or delegate shall forthwith submit to the Medical Advisory Committee a written report on the action taken, or recommendation, as the case may be, with all relevant materials and/or information;
 - (b) a date for consideration of the matter will be set, not more than ten (10) days from the time the written report is received by the Medical Advisory Committee;
 - (c) 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 member of the Professional Staff and to the Board, in accordance with the *Public Hospitals Act*.

- (4) The notice shall inform the member of the Professional Staff that he or she is entitled to:
 - (a) written reasons for the recommendation if a request is received by the Medical Advisory Committee within seven (7) days of the member's receipt of the notice of the recommendation; and
 - (b) a hearing before the Board if a written request is received by the Board and the Medical Advisory Committee within seven (7) days of the receipt by the member of the written reasons requested.

Article 5

Board Hearing

5.1 Board Hearing

- (1) A hearing by the Board shall be held when one of the following occurs:
 - (a) the Medical Advisory Committee recommends to the Board that an application for appointment, reappointment or requested Privileges not be granted and the applicant requests a hearing in accordance with the *Public Hospitals Act*; or
 - (b) the Medical Advisory Committee makes a recommendation to the Board that the Privileges of a member of the Professional Staff and be restricted, suspended or revoked or an appointment be revoked and the member requests a hearing.
- (2) The Board will name a place and time for the hearing.
- (3) Subject to subsection 5.1(4), the Board hearing will be held as soon as practicable but not later than twenty eight (28) days after the Board receives the written notice from the member or applicant requesting the hearing.
- (4) The Board may extend the time for the hearing date if it is considered appropriate.
- (5) The Board will give written notice of the hearing to the applicant or member and to the Medical Advisory Committee at least seven (7) days before the hearing date.
- (6) The notice of the Board hearing will include:
 - (a) the place and time of the hearing;
 - (b) the purpose of the hearing;
 - (c) a statement that the applicant or member and Medical Advisory Committee will be afforded an opportunity to examine prior to the hearing, any written or documentary evidence that will be produced, or any reports the contents of which will be given in evidence at the hearing;
 - (d) a statement that the applicant or member may proceed in person or be represented by counsel, call witnesses and tender documents in evidence in support of his or her case;
 - (e) a statement that the time for the hearing may be extended by the Board on the application of any party; and
 - (f) a statement that if the applicant or member does not attend the meeting, the Board may proceed in the absence of the applicant or member, and the applicant or member will not be entitled to any further notice in the hearing.
- (7) The parties to the Board hearing are the applicant or member, the Medical Advisory Committee and such other persons as the Board may specify.
- (8) The applicant or member requiring a hearing and the Medical Advisory Committee shall be afforded an opportunity to examine, prior to the hearing, any written or documentary evidence that will be produced, or any reports the contents of which will be used in evidence.
- (9) Members of the Board holding the hearing will not have taken part in any investigation or consideration of the subject matter of the hearing and will not communicate directly or indirectly in relation to the subject matter of the hearing with any person or with any party or their representative, except upon notice to and an opportunity for all parties to participate. Despite the foregoing, the Board may obtain legal advice.
- (10) The findings of fact of the Board pursuant to a hearing will be based exclusively on evidence admissible or matters that may be noticed under the *Statutory Powers Procedure Act*.

- (11) No member of the Board will participate in a decision of the Board pursuant to a hearing unless they are present throughout the hearing and heard the evidence and argument of the parties and, except with the consent of the parties, no decision of the Board will be given unless all members so present participate in the decision.
- (12) The Board shall make a decision to follow, amend or not follow the recommendation of the Medical Advisory Committee. The Board, in determining whether to make any appointment or reappointment to the Professional Staff or approve any request for a change in Privileges shall take into account the recommendation of the Medical Advisory Committee and such other considerations it, in its discretion, considers relevant including, but not limited to, the Professional Staff Human Resources Plan, Impact Analysis, strategic plan and the Corporation's ability to operate within its resources.
- (13) A written copy of the decision of the Board will be provided to the applicant or member and to the Medical Advisory Committee.
- (14) Service of a notice to the parties may be made personally or by registered mail addressed to the person to be served at their last known address and, where notice is served by registered mail, it will be deemed that the notice was served on the third (3rd) day after the day of mailing unless the person to be served establishes that they did not, acting in good faith, through absence, accident, illness or other causes beyond their control, receive it until a later date.

Article 6

Professional Staff Categories and Duties

6.1 Professional Staff Categories

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

6.2 Active Staff

- (1) The Active Staff shall consist of those Physicians, Dentists and Midwives appointed to the Active Staff by the Board..
- (2) Except where approved by the Board, no Physician, Dentist or Midwife with an active staff appointment at another Hospital, shall be appointed to the Active Staff.
- (3) Each member of the Active Staff shall:
 - (a) have admitting Privileges unless otherwise specified in their appointment;
 - (b) attend patients and undertake treatment and operative procedures only in accordance with the kind and degree of Privileges granted by the Board;
 - (c) be responsible to the Chief of Department to which they have been assigned for all aspects of patient care;
 - (d) act as a supervisor of other members of the Medical Staff, Dental Staff, Midwifery Staff or Extended Class Nursing Staff when requested by the Chair of the Medical Advisory Committee or delegate or the Chief of the Department to which they have been assigned;
 - (e) fulfill such on-call requirements as may be established by each Department or Division and in accordance with the Professional Staff Human Resource Plan and the Rules and Regulations and Policies;

- (f) perform such other duties as may be prescribed by the Medical Advisory Committee or requested by the Chair of the Medical Advisory Committee or Chief of the relevant Department from time to time;
- (g) if a Physician, be entitled to attend and vote at meetings of the Professional Staff and be eligible to be an elected or appointed officer of the Professional Staff; and
- (h) if a Dentist or Midwife, be entitled to attend meetings of the Professional Staff but shall not have a vote or be eligible to hold an elected or appointed office of the Professional Staff.

6.3 Courtesy Staff

- (1) The Courtesy Staff shall consist of those Physicians, Dentists and Midwives appointed by the Board to the Courtesy Staff in one or more of the following circumstances:
 - (a) the applicant meets a specific service need of the Corporation; or
 - (b) where the Board deems it otherwise advisable and in the best interests of the Corporation.
- (2) Members of the Courtesy Staff shall:
 - (a) have such limited Privileges as may be granted by the Board on an individual basis;
 - (b) attend patients and undertake treatment and operative procedures only in accordance with the kind and degree of Privileges granted by the Board;
 - (c) be responsible to the Chief of Department to which they have been assigned for all aspects of patient care; and
 - (d) be entitled to attend Professional Staff meetings but shall not have a vote at Professional Staff meetings and shall not be eligible to hold an elected or appointed office of the Professional Staff.

6.4 Locum Tenens Staff

- (1) Locum Tenens Staff consist of Physicians, Dentists or Midwives who have been admitted to the Locum Tenens Staff by the Board in order to meet specific clinical needs for a defined period of time in one or more of the following circumstances:
 - (a) to be a planned replacement for a Physician, Dentist or Midwife for specified period of time; or
 - (b) to provide episodic or limited surgical or consulting services.
- (2) The appointment of a Physician, Dentist or Midwife as a member of the Locum Tenens Staff may be for up to one (1) year subject to renewal for a further period of up to one (1) additional year. The Board, having considered the recommendation of the Medical Advisory Committee may permit renewal beyond two (2) years in exceptional circumstances.
- (3) A Locum Tenens Staff shall:
 - (a) have admitting Privileges unless otherwise specified in their appointment;
 - (b) work under the supervision of an Active Staff member assigned by the Chair of the Medical Advisory Committee or delegate; and
 - (c) attend patients and undertake treatment and operative procedures only in accordance with the kind and degree of Privileges granted by the Board.
- (4) Locum Tenens Staff shall not, subject to determination by the Board in each individual case attend or vote at Professional Staff meetings or be elected or appointed to any office of the Professional Staff.

6.5 Extended Class Nursing Staff

- (1) The Board, having given consideration to the advice of the Medical Advisory Committee, will delineate the Privileges for each member of the Extended Class Nursing Staff who is not an employee of the Corporation.
- (2) (a) Each new applicant for appointment to the Extended Class Nursing Staff shall be appointed for an initial probationary period of six (6) months.

- (b) Prior to completion of the six (6) month probationary period, a performance evaluation for a member of the Extended Class Nursing Staff shall be completed by the Chief of Department, or delegate, concerning the knowledge and skill that has been shown by the Extended Class Nursing Staff member, the nature and quality of his or her work and his or her performance and compliance with the criteria set out in subsection 3.3(2) and such report shall be forwarded to the Credentials Committee.
 - (c) The Credential Committee shall review the report referred to in subsection 6.6(2) (b) and shall make a recommendation to the Medical Advisory Committee which shall in turn make a recommendation to the Board.
- (3) A member of the Extended Class Nursing Staff shall be entitled to attend but not vote at Professional Staff meetings and shall not be eligible to hold an elected or appointed office in the Professional Staff.

6.6 Duties of Professional Staff

In addition to the duties and responsibilities set out in the By-law, each member of the Medical Staff, Dental Staff, Midwifery Staff and Extended Class Nursing Staff shall:

- (a) be accountable to and shall recognize the authority of the Board through and with the Chair of the Medical Advisory Committee, Chief of Department and Chief Executive Officer.
- (b) co-operate with and respect the authority of:
 - (i) the Chair of the Medical Advisory Committee and the Medical Advisory Committee;
 - (ii) the Chiefs of Department;
 - (iii) the Head of the applicable Division; and
 - (iv) the Chief Executive Officer; and
- (c) perform the duties, undertake the responsibility and comply with the provisions set out in this By-law and the Rules and Regulations and Policies.
- d) attend and treat patient within the limits of the Privileges granted unless the Privileges are otherwise restricted;
- e) adhere to the highest ethical standards of their profession;
- f) respect the mission, vision and values of the Corporation;
- g) fulfill the “on-call” requirements of the Department or Division as scheduled by the Chief of Department or Head of Division, as applicable;
- h) work and cooperate with others in a collegial manner consistent with the Hospital’s Mission, Vision and Values Statement;
- i) participate in quality and patient safety initiatives;
- j) prepare and complete patient records in accordance with the Rules and Regulations, Policies, applicable legislation and accepted industry standards;
- k) recognize the authority of and be accountable to the Chair of the Medical Advisory Committee, Chief of the Department/Department Liaison, the Medical Advisory Committee, President/Chief Executive Officer and the Board;
- l) serve as may be requested on various Hospital committees and Medical Advisory Committee Staff sub-committees;
- m) participate in annual and any enhanced periodic performance evaluations and provide such releases and consents as will enable such evaluations to be conducted;
- n) meet the attendance obligations, if any, for the Department and Division meetings and/or Professional Staff meetings, as applicable;
- o) participate in continuing education as required by the relevant Department and/or regulatory or licensing authority;
- p) not undertake any conduct that would be disruptive to the Department or Division or adversely affect Hospital operations or the Hospital’s reputation or standing in the community;
- q) comply with applicable legislation and the by-laws, the Rules and Regulations and the Policies of the Hospital;

- r) maintain professional practice liability insurance satisfactory to the Board and notify the Board in writing through the President/Chief Executive Officer of any change in professional liability insurance;
- s) notify the Board in writing through the President/Chief Executive Officer or delegate of any additional professional degrees or qualifications obtained by the member or of any change in the licence to practice medicine, dentistry, midwifery or extended class nursing made by their governing College or licensing authority;
- t) comply with Board supported Personnel Policy PS-E.60 Code of Conduct;

Article 7

Departments and Divisions

7.1 Professional Staff Departments

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

7.2 Divisions within a Department

A Department may be divided into such Divisions as may be approved by the Board from time to time.

7.3 Changes to Departments and Divisions

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

Article 8

Leadership Positions

8.1 Professional Staff Leadership Positions

- (1) The following positions shall be appointed in accordance with this By-law:
 - (a) Chair of the Medical Advisory Committee/Chief of Staff; and
 - (b) where the Professional Staff has been organized into Departments, Chiefs of Department.
- (2) The following positions may be appointed in accordance with this By-law:
 - (a) Vice Chair of the Medical Advisory Committee;
 - (b) Deputy Chief of Department; and
 - (c) Department Liaison.
- (3) Notwithstanding any other provision in this By-law, in the event that the term of office of any person referred to in this section shall expire before a successor is appointed the appointment of the incumbent may be extended.
- (4) An appointment to any position referred to in subsections 8.1(1) or 8.1(2) may be made on an acting or interim basis where there is a vacancy in any office referred to in this section or while the person holding any such office is absent or unable to act.
- (5) An appointment to any position referred to in subsections 8.1(1) or 8.1(2) may be revoked at any time by the Board.

8.2 Appointment of Chair of the Medical Advisory Committee

The Board shall appoint the Chief of Staff as Chair of the Medical Advisory Committee.

8.3 Responsibilities and Duties of Chair of the Medical Advisory Committee

- (1) The Chair of the Medical Advisory Committee shall:
 - (a) be a member of the Board;
 - (b) be the Chief of Staff;
 - (c) be an *ex-officio* member of all Medical Advisory Committee sub-committees; and
 - (d) report regularly to the Board on the work and recommendations of the Medical Advisory Committee.

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

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

A Vice Chair of the Medical Advisory Committee may be appointed by the Board. The Vice Chair of the Medical Advisory Committee, if appointed, shall be a member of the Medical Advisory Committee and shall act in the place of the Chair of the Medical Advisory Committee if the Chair of the Medical Advisory Committee is absent or unable to act, and shall perform such duties as assigned from time to time by the Chair of the Medical Advisory Committee.

8.5 Appointment of Chiefs of Department

The Board shall appoint a Chief of each Department through recommendation of the Medical Advisory Committee.

8.6 Duties of Chiefs of Department

A Chief of Department shall:

- (a) be a member of the Medical Advisory Committee;
- (b) make recommendations to the Medical Advisory Committee regarding appointment, reappointment, change in Privileges and any disciplinary action to which members of the Department should be subject;
- (c) advise the Medical Advisory Committee with respect to the quality of care provided by the Medical Staff, Dental Staff, Midwifery Staff and Extended Class Nursing Staff members of the Department;
- (d) hold regular meetings of the Department;
- (e) delegate responsibility to appropriate members of the Department;
- (f) report to the Medical Advisory Committee and to the Department on the activities of the Department;
- (g) perform such additional duties as may be outlined in the Chief of Department position description approved by the Board or as set out in the Rules and Regulations or as assigned by the Board, the Chair of the Medical Advisory Committee or the Medical Advisory Committee or President/Chief Executive Officer from time to time; and
- (h) in consultation with the Chair of the Medical Advisory Committee, designate an alternative to act during the absence of both the Chief of Department and the Deputy Chief of Department, if any.

8.7 Appointment and Duties of Department Chief

The Board may appoint a Department Chief or may delegate to the Medical Advisory Committee the authority to appoint one or more Department Liaisons. The Department Liaison, if appointed, is the delegate of the Chief of the Department. The Department Liaison has responsibilities and duties similar to those of the Chief of the Department as determined by the Chief of the Department.

Article 9

Medical Advisory Committee

9.1 Composition of Medical Advisory Committee

- (1) The Medical Advisory Committee shall consist of the following voting members one of whom shall be the Chair in accordance with Section 8.2:
 - (a) the member(s) of the Medical Staff who are appointed by the Board as Chair and Vice Chair of the Medical Advisory Committee;
 - (b) the Chiefs of Department;
 - (c) the President, Vice President and Secretary of the Professional Staff; and
 - (d) such other members of the Medical Staff as may be appointed by the Board from time to time.

- (2) In addition, the following shall be entitled to attend the meetings of the Medical Advisory Committee without a vote:
 - (a) the Head of the Midwifery Division;
 - (b) the Head of the Dental Division;
 - (c) the President /Chief Executive Officer;
 - (d) the Chief Nursing Officer;

9.2 Accountability of Medical Advisory Committee

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

9.3 Medical Advisory Committee Duties and Responsibilities

The Medical Advisory Committee shall meet ten (10) times per year, perform the duties and undertake the responsibilities set out in the *Public Hospitals Act*, including:

- (a) make recommendations to the Board concerning the following matters:
 - (i) every application for appointment or reappointment to the Professional Staff and any request for a change in Privileges;
 - (ii) the Privileges to be granted to each member of the Professional Staff;
 - (iii) the by-laws and Rules and Regulations respecting the Medical Staff, Dental Staff, Midwifery Staff and Extended Class Nursing Staff;
 - (iv) the revocation, suspension or restrictions of Privileges of any member of the Professional Staff; and
 - (v) the quality of care provided in the Hospital by the Medical Staff, Dental Staff, Midwifery Staff and Extended Class Nursing Staff.
- (b) supervise the clinical practice of medicine, dentistry, midwifery and extended class nursing in the Hospital;
- (c) appoint the Medical Staff members of all committees established under section 9.4;
- (d) receive reports of the committees of the Medical Advisory Committee; and
- (e) advise the Board on any matters referred to the Medical Advisory Committee by the Board.

9.4 Establishment of Committees of the Medical Advisory Committee

- (1) The Board may, on the recommendation of the Medical Advisory Committee, establish such standing and special sub-committees of the Medical Advisory Committee as may be necessary or advisable from time to time for the Medical Advisory Committee to perform its duties under the *Public Hospitals Act* or the by-laws of the Hospital.
- (2) The terms of reference and composition for any standing or special sub-committees of the Medical Advisory Committee may be set out in the Rules and Regulations or in a resolution of the Board, on recommendation of the Medical Advisory Committee. The Medical Staff members of any such sub-committee of the Medical Advisory Committee shall be appointed by the Medical Advisory Committee and other committee members may be appointed by the Board.

9.5 Quorum for Medical Advisory Committee and Sub-Committee Meeting

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

Article 10

Meetings – Professional Staff

10.1 Regular, Annual and Special Meetings of the Professional Staff

- (1) At least ten (10) meetings of the Professional Staff will be held each year, one of which shall be the annual meeting. The Annual Appointment Meeting will be part of a regular Medical Advisory Committee Meeting.

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

10.2 Quorum

Majority for quorum” means one more than half the members of the Professional Staff entitled to vote and present in person shall constitute a quorum at any annual, regular, or special meeting of the Professional Staff.

10.3 Rules of Order

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

10.4 Medical Staff Meetings

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

Article 11

Officers of the Professional Staff

11.1 Officers of the Professional Staff

1. The provisions of this Article 11 with respect to the officers of the Professional Staff shall be deemed to satisfy the requirements of the *Public Hospitals Act* with respect to officers of the Medical Staff. For greater certainty, the President, Vice President and Secretary of the Professional Staff shall be deemed to be the President, Vice President and Secretary of the Medical Staff.
2. The officers of the Professional Staff will be:
 - a. the President;
 - b. the Vice President;
 - c. the Secretary; and
 - d. such other officers as the Professional Staff may determine.
3. The officers of the Professional Staff shall be elected annually for a term of one (1) year by a majority vote of the voting members of the Professional Staff in attendance and voting at a meeting of the Professional Staff.
4. The officers of the Professional Staff may be removed from office prior to the expiry of their term by a majority vote of the voting members of the Professional Staff in attendance and voting at a meeting of the Professional Staff called for such purpose.
5. If the position of any elected Professional Staff officer that becomes vacant during the term may be filled by a vote of the majority of the members of the Professional Staff present and voting at a regular meeting of the Professional Staff or at a special meeting of the Professional Staff called for that purpose. The election of such Professional Staff member shall follow the process in section 11.3. The Professional Staff member so elected to office shall fill the office until the next annual meeting of the Professional Staff.

11.2 Eligibility for Office

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

11.3 Nominations

Subject to Section 4.02 of Corporate By-Laws, and Board Policy 318 (Board Succession), nominations for election as Professional Staff, Leadership Professionals (Section 8.1) and appointments of Chief of Department (Section 8.7) will be presented at the Annual General Meeting of the Corporation.

Recommendations to the Board must be received by the Secretary of the Board at least ninety (90) days before the date of the Annual General Meeting of the Corporation

- (1) A form signed by the current Chair of MAC (COS) and the President of the Physicians credentialed and in good standing; and
- (2) Documented in the MAC Minutes

11.4 Election Process

- (1) At least twenty-one (21) days before the annual nominating meeting of the MAC, the nominating committee shall circulate or post in a conspicuous place, a list of the names of those who are nominated to stand for the offices that are to be filled by election, in accordance with the Regulations under the *Public Hospitals Act* and this By-law.
- (2) Any further nominations shall be made in writing to the Secretary of the Professional Staff (MAC) up to seven (7) days before the annual nominating meeting of the MAC.

11.5 President of the Professional Staff

- (1) The President of the Professional Staff shall:
 - (a) preside at all meetings of the Professional Staff;
 - (b) act as a liaison between the Professional Staff, the Chief Executive Officer, and the Board with respect to matters concerning the Professional Staff; and
 - (c) support and promote the vision, mission, values and strategic plan of the Corporation.
 - (d) be a member of the Medical Advisory Committee; and
 - (e) be a non-voting Governor of the Board, attending as desired, and as a Governor, fulfill fiduciary duties to the Corporation by making decisions in the best interest of the Hospital.

11.6 Vice President of the Professional Staff

- (1) The Vice President of the Professional Staff shall:
 - (a) in the absence or disability of the President of the Professional Staff, act in place of the President, perform his or her duties and possess his or her powers as set out in subsection 11.4(1); and
 - (b) perform such duties as the President of the Professional Staff may delegate to him or her.
 - (c) be a member of the Medical Advisory Committee; and
 - (d) have the ability to attend Board meetings as desired on a non-voting basis.

11.7 Secretary of the Professional Staff

The Secretary of the Professional Staff will:

- (a) attend to the correspondence of the Professional Staff;
- (b) ensure notice is given and minutes are kept of Professional Staff meetings;
- (c) maintain the funds and financial records of the Professional Staff and provide a financial report at the annual meeting of the Professional Staff;
- (d) disburse funds at the direction of the Professional Staff, as determined by a majority vote of the Professional Staff members entitled to vote who are present and vote at a Professional Staff meeting;
- (e) be a member of the Medical Advisory Committee; and
- (f) in the absence or disability of the Vice President of the Professional Staff perform the duties and possess the powers of the Vice President as set out in subsection 11.5(1).

11.8 Other Officers

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

Article 12 Obligatory Consults

12.1 Obstetrics and Gynecology

- a) Except in an extreme emergency, another physician who is a member of the active medical staff or consultant medical staff shall be called to examine the patient, and shall express in writing and sign his/her findings on the examination, his/her diagnosis, and his/her opinion on treatment in all cases involving any of the following:
 - b) inversion;
 - c) significant ante-partum and post-partum hemorrhage not responding to usual treatment;
 - d) other intrauterine manipulations – except manual removal of placenta;
 - e) all procedures by which a known or expected pregnancy may be interrupted, except where diagnosed as spontaneous abortion and/or
 - a. ultra sound shows no fetal heart beat,
 - b. products of conception have been passed, or
 - c. Beta Hcg levels decreasing, and so documented in patient chart on Doctor's Progress Notes
 - f) all primi para breeches and premature breech presentation;
 - g) multiple gestation;
 - h) premature labour that progresses to delivery any time before 36 weeks;
 - i) severe maternal disease process (i.e. diabetes, toxemia)
- 12.2 In all cases where a serious problem of management of a patient has developed, which has placed in doubt the therapy to be used or the advisability of proposed surgery, a physician who is a member of the active medical staff or consultant medical staff shall be called to examine the patient and shall express in writing and sign his/her findings on the examination, his/her diagnosis and his/her opinion on treatment.
- 12.3 The attending physician shall have consultation with a member of the active staff or with a member of the consulting staff:
- a) on every patient who is recommended for an operation, but whose condition is such as to indicate that the patient may be a poor operative risk;
 - b) on every patient where a serious problem of diagnosis and/or management exist;
 - c) on all cases in which the By-laws and rules of the hospital and/or the Public Hospitals Acts of Ontario or the Hospital Management Regulations thereunder state that a consultation be held.
- 12.4 Midwives are also required to obtain additional consults as outlined in the College of Midwives of Ontario document titled "Indications for Mandatory Discussion, Consultation and Transfer of Care".

Article 13 Amendments

13.1 Amendments to Professional Staff By-law

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

- (a) the Professional Staff shall be afforded an opportunity to comment on the proposed amendment(s); and
- (b) the Medical Advisory Committee may make recommendations to the Board concerning the proposed amendment.

13.2 Repeal and Restatement

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