

ARNPRIOR REGIONAL HEALTH

Board-Appointed Professional Staff By-law

June 2023

Table of Contents

Table of Contents	1
Article 1	4
Definitions and Interpretation.....	4
1.1 Definitions	4
1.2 Interpretation.....	6
1.3 Delegation of Duties.....	6
1.4 Consultation with Professional Staff	6
Article 2	6
Rules and Regulations and Policies and Procedures	6
2.1 Rules and Regulations and Policies and Procedures	6
Article 3	7
Appointment and Reappointment to Professional Staff	7
3.1 Purpose of the Professional Staff Organization.....	7
3.2 Appointment and Revocation	7
3.3 Term of Appointment	7
3.4 Qualifications and Criteria for Appointment to the Professional Staff	8
3.5 Application for Appointment to the Professional Staff.....	9
3.6 Procedure for Processing Applications for Appointment to the Professional Staff..	11
3.7 Temporary Appointment	13
3.8 Application for Reappointment to the Professional Staff.....	13
3.9 Qualifications and Criteria for Reappointment to the Professional Staff.....	14
3.10 Application for Change of Privileges	15
3.11 Leave of Absence	15
Article 4	16
Monitoring, Suspension, and Revocation	16
4.1 Monitoring Practices and Transfer of Care	16
4.2 Suspension, Restriction, or Revocation of Privileges (Immediate or Non-Immediate Action)	16
4.3 Immediate Action.....	17
4.4 Non Immediate Action.....	17
4.5 Referral to Medical Advisory Committee for Recommendations.....	18
Article 5	19
Board Hearing	19
5.1 Board Hearing	19
Article 6	20
Professional Staff Categories and Duties.....	20
6.1 Professional Staff Categories	20

6.2	Active Staff.....	20
6.3	Associate Staff	21
6.4	Courtesy Staff.....	22
6.5	Locum Tenens Staff.....	22
6.6	Extended Class Nursing Staff	23
6.7	Duties of Professional Staff.....	23
Article 7		25
	Departments and Divisions.....	25
7.1	Professional Staff Departments.....	25
7.2	Changes to Departments and Divisions.....	25
7.3	Department Meetings.....	25
Article 8		25
	Leadership Positions.....	25
8.1	Professional Staff Leadership Positions.....	25
8.2	Appointment of Chief of Staff.....	26
8.3	Responsibilities and Duties of the Chief of Staff	26
8.4	Appointment of Chiefs of Department	26
8.5	Duties of Chiefs of Department	26
Article 9		27
	Medical Advisory Committee.....	27
9.1	Composition of Medical Advisory Committee	27
9.2	Accountability of Medical Advisory Committee.....	27
9.3	Medical Advisory Committee Duties and Responsibilities.....	27
9.4	Establishment of Sub-Committees of the Medical Advisory Committee	28
9.5	Quorum for Medical Advisory Committee and Sub-Committee Meeting.....	28
9.6	Meetings	28
Article 10		29
10.1	Regular, Annual and Special Meetings of the Professional Staff.....	29
10.2	Quorum.....	29
10.3	Rules of Order.....	29
10.4	Medical Staff Meetings	29
Article 11		30
	Officers of the Professional Staff.....	30
11.1	Officers of the Professional Staff.....	30
11.2	Attendance, Voting and Eligibility for Office	30
11.3	Nominations and Election Process.....	31
11.4	President of the Professional Staff	31
11.5	Vice President of the Professional Staff	31

11.6	Secretary of the Professional Staff	31
11.7	Other Officers	32
Article 12	32
Amendments	32
12.1	Amendments to Professional Staff By-law	32
12.2	Repeal and Restatement.....	32

Arnprior Regional Health Board-Appointed Professional Staff By-law

A By-law relating to the medical, dental, midwifery and extended class nursing staff of the Arnprior Regional Health (the "**Hospital**").

Be it enacted as the Professional Staff By-law of the Hospital:

Article 1 Definitions and Interpretation

1.1 Definitions

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

- (a) "**Board**" means the Board of Directors of the Hospital;
- (b) "**Chief of Staff**" means the Medical staff member appointed to serve as such in accordance with the Public Hospital Act and this by-law
- (c) "**Chief Executive Officer**" means the president and chief executive officer of the Hospital who is the 'administrator' for the purposes of the Public Hospital Act and the "officer in charge" for the purposes of the Mental health Act. *Hospital*
- (d) "**Chief Nursing Executive**" means the senior nurse employed by the Hospital who reports directly to the Chief Executive Officer and is responsible for nursing services provided in the Hospital;
- (e) "**Chief of a Department**" means a member of the Professional Staff appointed by the Board to serve as such in accordance with this by-law. *Hospital*
- (f) "**College**" means as the case may be, the College of Physicians and Surgeons of Ontario, The Royal College of Dentals Surgeons, The College of Midwives of Ontario, and/or the College of Nurses of Ontario.
- (g) "**Credentials Committee**" means a subcommittee of the Medical Advisory Committee established by the Medical Advisory Committee and tasked with reviewing applications for appointment and reappointment to the Professional Staff, and applications for a change in privileges and making recommendations to the Medical Advisory Committee on these matters, and if no such committee is established it mean the Medical Advisory Committee;
- (h) "**Dental Staff**" means:
 - i. Oral and maxillofacial surgeons to whom the board has granted the privilege of diagnosing, prescribing for, or treating patients in the Hospital; and
 - ii. Dentists to who the board has granted the privilege of attending patients in the Hospital

- (i) **"Dentist"** means a dental practitioner in good standing with the Royal College of Dental Surgeons of Ontario;
- (j) **"Department" or "department"** means an organizational unit of the Professional Staff to which members with a similar field of practice have been assigned;
- (k) **"Extended Class Nursing Staff"** means those Registered Nurses in the Extended Class who are:
 - i. 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
- (l) **"Hospital"** means the Arnprior Regional Health a Public Hospital operated by the Corporation;
- (m) **"Impact Analysis"** means a study conducted by the Chief Executive Officer in consultation with the Chief of Staff and the affected Chiefs of the Department to determine the impact upon the resources of the Hospital, including the impact on resources of a department, of a proposed appointment of an applicant for appointment to the Professional Staff or an application by a member of the Professional Staff member for additional Privileges or a change in membership category;
- (n) **"Medical Advisory Committee"** means the committee established pursuant to Article 10;
- (o) **"Medical Staff"** means those Physicians who are appointed by the Board and who are granted Privileges to practice medicine in the Hospital;
- (p) **"Midwife"** means a Midwife in good standing with the College of Midwives of Ontario;
- (q) **"Midwifery Staff"** means those Midwives appointed by the Board and granted Privileges to practice Midwifery in the Hospital;
- (r) **"Patient"** means, any in-patient or out-patient of the Hospital;
- (s) **"Physician"** means a medical practitioner in good standing with the College of Physicians and Surgeons of Ontario;
- (t) **"Policies"** means the administrative, human resources, clinical and professional policies Hospital adopted by the board, the Medical Advisory Committee, or the Chief of the Department under Article 2;
- (u) **"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;
- (v) **"Professional Staff"** means those Physicians, Dentists, , Midwives, and Registered Nurses in the Extended Class who are Hospital appointed by the board and granted privileges to practice their profession in the Hospital
- (w) **"Professional Staff Human Resources Plan"** means the Hospital plan developed for each department that provides information and future projections on the management and appointment of the Professional Staff based on the mission and strategic plan of the Hospital;
- (x) **"Public Hospitals Act"** means the Public Hospitals Act (Ontario), and, where the context requires, includes the regulations made it, and any statute that may be substituted for it, as amended from time to time
- (y) **"Registered Nurse in the Extended Class"** means a member in good standing with the College of Nurses of Ontario who is a registered nurse and who holds an extended certificate of registration under the Nursing Act, 1991; and
- (z) **"Rules"** means the Rules Hospital adopted by the Board under Article

1.2 Interpretation

In this By-law and in all other by-laws of the Hospital, 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 Hospitals and words importing one gender shall include the opposite.

Where this by-law provides for a matter to be determined, prescribed, or requested by the Board, Medical Advisory Committee, Chief of Staff, or Chief of Department, in all instances, the determination, prescription or request may be made from time to time.

1.3 Delegation of Duties

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

1.4 Consultation with Professional Staff

Where the board or Medical Advisory Committee is required to consult with the Professional Staff under this by-law, it shall be sufficient for the board or Medical Advisory Committee to receive and consider the input of the Professional Staff officers named in Section 12.1.(2).

Article 2

Rules and Regulations and Policies and Procedures

2.1 Rules and Regulations and Policies and Procedures

- (1) The Board, after consulting with the Professional Staff and considering the recommendation of the Medical Advisory Committee, may make Rules as it deems necessary, including rules for patient care and safety and the conduct of members of the Medical Staff, Dental Staff, Midwifery Staff and Extended Class Nursing Staff.
- (2) The Board, after consulting with Professional Staff and considering the recommendation of the Medical Advisory Committee, may adopt policies applicable to the Medical Staff, Dental Staff, Midwifery Staff and Extended Class Nursing Staff, that are consistent with and support the implementation of Rules
- (3) The Medical Advisory Committee, after consulting with the Professional Staff, may make Policies applicable to the Medical Staff, Dental Staff, Midwifery Staff and Extended Class nursing Staff that are consistent with this by-law and the board approved policies.
- (4) The Chief of Department, after consulting with the professional staff of the department, may adopt policies and procedures applicable to the Professional Staff of the Department, including policies and procedures that are consistent with and support the implementation of the Rules and policies.

Article 3

Appointment and Reappointment to Professional Staff

3.1 Purpose of the Professional Staff Organization

- (1) The purposes of the professional staff organization, in addition to fulfilling the responsibilities established by the laws of Ontario and this By-law are:
 - (a) to provide a structure whereby the members of the professional staff participate in the Hospital's planning, policy setting, and decision making;
 - (b) to serve as a quality assurance system for the professional care rendered to patients by the professional staff and to ensure the continuing improvement of the quality of medical care; and
 - (c) to provide a structure and process to ensure that all patients receive medical care.

3.2 Appointment and Revocation

- (1) The Board, after considering the recommendations of the Medical Advisory Committee, shall appoint annually a Medical Staff and may appoint a Dental Staff, Midwifery Staff and the non-employed members of the Extended Class Nursing Staff and shall grant such Privileges as it deems appropriate to each member of the Professional Staff so appointed.
- (2) All applications for appointment and reappointment to the Professional Staff shall be processed in accordance with the provisions of this By-law and the *Public Hospitals Act*.
- (3) The Board may, at any time, make, or revoke any appointment to the Professional Staff, refuse to appoint a Professional Staff member, or restrict or suspend the Privileges of any Professional Staff in accordance with the provisions of this By-law and the *Public Hospitals Act*.
- (4) Notwithstanding any other provision of this By-law, the Board agrees to consider applications for appointment or reappointment to the Professional Staff submitted under the board approved *Champlain LHIN Common Board Appointed Staff Credentialing Policy* for Medical Staff whose primary Hospital is within the Champlain Local Health Integration Network (LHIN).
- (5) Effective September 22, 2017, the Board no longer requires the credentialing process be completed for telemedicine physicians who utilize the Ontario Telehealth Network service of Arnprior Regional Health as these physicians are validated through the Ontario Telehealth Network.

3.3 Term of Appointment

- (1) Subject to subsection 4.2(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 member has applied for reappointment within the time prescribed by the Medical Advisory Committee, the current appointment shall continue:
 - (a) unless subsection 4.3(2)(b) applies, until the Board grants or does not grant the reappointment or:

- (b) in the case of a Medical Staff member and where the board does not grant the reappointment and there is a right of appeal to the Health Professions Appeal and Review Board, until the time for giving notice of a hearing by the Health Professions Appeal and Review Board has expired or, where a hearing is required, until the decision of the Health Professions Appeal and Review Board has become final.

3.4 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 and who is licensed pursuant to the laws of Ontario is eligible to be a member of and appointed to the Professional Staff.
- (2) An applicant for appointment to the Professional Staff shall have:
 - (a) a certificate of registration, and a certificate of professional conduct or letter of good standing from the relevant College, or the equivalent certificate(s), from their most recent licensing body;
 - (b) current membership in the Canadian Medical Protective Association or professional practice liability coverage appropriate to the scope and nature of the intended practice;
 - (c) adequate training and experience for the privileges requested;
 - (d) maintained the level of continuing professional education required by the relevant College;
 - (e) up-to-date inoculations, screenings, and tests as may be required by the occupational health and safety policies and practices of the Corporation, the Public Hospitals Act, or other legislation;
 - (f) 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. a willingness to 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 professional education required by the relevant college; and
 - (g) Demonstrated adequate control of any significant physical or behavioural impairment affecting skill, attitude or judgment that might impact negatively on patient care or the operations of the Hospital;
 - (h) A willingness to participate in the discharge of staff, committee and if applicable, teaching responsibilities and other duties as appropriate to staff category.
- (3) In addition to the qualifications set out in subsection 4.4(2), an applicant for appointment to the Medical Staff must meet the following qualifications:
 - (a) be qualified to practice medicine and licensed pursuant to the laws of Ontario and have a Certificate of Registration in good standing with the College of Physicians and Surgeons of Ontario or an equivalent certificate from their most recent licensing body; and
 - (b) have a current Certificate of Professional Conduct from the College of Physicians and Surgeons of Ontario or the equivalent certificate from their most recent licensing body.

- (4) In addition to the qualifications set out in subsection 4.4(2), an applicant for appointment to the Dental Staff must meet the following qualifications:
 - (a) be qualified to practice dentistry and licensed pursuant to the laws of Ontario and have a letter of good standing from the Royal College of Dental Surgeons of Ontario or the equivalent letter from their most recent licensing body; and
 - (b) have a current Certificate of Professional Conduct from the Royal College of Dental Surgeons or the equivalent certificate from their most recent licensing body.
- (5) In addition to the qualifications set out in subsection 4.4(2), an applicant for appointment to the Midwifery Staff must meet the following qualifications:
 - (a) be qualified to practice midwifery and be licensed pursuant to the laws of Ontario and have a Certificate of Registration in good standing with the College of Midwives of Ontario or an equivalent certificate from their most recent licensing body; and
 - (b) have a current Certificate of Professional Conduct from the College of Midwives of Ontario or the equivalent certificate from their most recent licensing body.
- (6) In addition to the qualifications set out in subsection 4.4(2), an applicant for appointment to the Extended Class Nursing Staff must meet the following qualifications:
 - (a) be qualified to practice as a nurse in the extended class and hold a current, valid Annual Registration Payment Card as a registered nurse in the extended class with the College of Nurses of Ontario; and
 - (b) have a letter of good standing from the Ontario College of Nurses or their most recent licensing body.
- (7) All applicants must agree to govern themselves in accordance with the requirements set out in this By-law, the Hospital's mission, vision and values, Rules and Policies.
- (8) All appointments shall 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 respective department as described in the Professional Staff Human Resources Plan.
- (9) In addition to any other provisions of the By-law, including the qualifications set out in subsections 4.4(2), 4.4(3), 4.4(4), 4.4(5) and 4.4(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
 - (b) the Professional Staff Human Resources Plan and/or the Impact Analysis Hospital does not demonstrate sufficient resources to accommodate the applicant; or
 - (c) the appointment is not consistent with the strategic plan and mission of the Hospital.

3.5 Application for Appointment to the Professional Staff

- (1) The Chief Executive Officer or delegate shall supply a copy of, or information on how to access, a form of the application and the mission, vision, values and strategic plan of the Hospital, the By-law and the Rules and appropriate Policies, to each Physician, Dentist, Midwife or Registered Nurse in the Extended Class who expresses in writing an intention to apply for appointment to the Professional Staff.
- (2) An applicant for appointment to the Professional Staff shall submit to the Chief Executive Officer one (1) original application in the prescribed form together with signed consents, to enable the Hospital to make inquiries of relevant colleges and other Hospitals, institutions, and facilities

where the applicant has previously provided professional services or received professional training to allow the Hospital to fully investigate the qualifications and suitability of the applicant.

- (3) An applicant may be required to visit the Hospital for an interview with the appropriate Professional Staff members and the Chief Executive Officer.
- (4) The board shall approve the prescribed form of application for appointment, re-appointment, and change in privileges after receiving the recommendation from the Medical Advisory Committee.
- (5) Each application shall contain:
 - (a) The category of appointment and a list of the Privileges which are requested.
 - (b) An up-to-date curriculum vitae, including professional education and training and a complete listing of all academic and professional positions held.
 - (c) A copy of the required licenses and Certificates of Professional Conduct or letters of good standing.
 - (d) Evidence of professional practice liability coverage including a record of past claims' history.
 - (e) An acknowledgement:
 - i. that the applicant's Privileges, if granted, shall extend to all sites of the Hospital, if appropriate in the context;
 - ii. that the applicant has been provided with copies of or access to the by-laws, Rules and Regulations and Policies and the *Public Hospitals Act* and Regulations; and
 - iii. that the failure of the applicant to provide the services as stipulated in the application or to comply with the required undertaking will constitute a breach of the applicant's obligations to the Hospital and may result in the applicant's Privileges being restricted, suspended, revoked or the applicant being denied reappointment or such other actions as are reasonable and may, depending on the circumstances, be a matter which is reportable to the relevant College.
 - (f) An undertaking to:
 - i. comply with the by-laws, Rules and Regulations and Policies of the Hospital, and the *Public Hospitals Act* and the regulations thereunder and applicable legislation;
 - ii. respect the authority of the Board, Chief of Staff, Chief of Department, the Chief Executive Officer, and Medical Advisory Committee.
 - iii. act in accordance with ethical standards of their profession;
 - iv. respect the vision, mission and values of the Hospital;
 - v. provide the Hospital three (3) months prior written notice of their intention to resign their Privileges;
 - vi. maintain membership in the Canadian Medical Protection Association or other professional practice liability coverage appropriate to the scope and nature of the intended practice, satisfactory to the Board; and
 - vii. notify the Chief of Staff and Chief of Department of any change in their license to practice or professional practice liability insurance.
 - (g) A description of:
 - i. pending, ongoing or completed disciplinary actions, competency investigations and/or performance reviews;

- ii. pending, ongoing or completed disputes with other Hospitals, health facilities or institutions regarding appointment, reappointment, change of privileges, or mid-term suspension or revocation of privileges;
 - iii. any failure to obtain, reduction in classification, or voluntary or involuntary resignation of any professional license or certification, fellowship, professional or academic appointment or privileges at any other Hospital, health facility or institution;
 - iv. any civil suit in which there was an adverse finding or that was settled by a payment by or on behalf of the applicant, which might affect his/her ability to carry out responsibilities in the Hospital including delivery of patient care;
 - v. any criminal convictions involving the applicant for which a pardon has not been granted, which might affect his/her ability to carry out responsibilities in the Hospital including delivery of patient care; and
 - vi. any pending or ongoing civil actions or criminal charges for actions, which might affect his/her ability to carry out responsibilities in the Hospital including delivery of patient care.
- (h) information regarding the applicant's health, including any impairments, medical conditions, diseases, or illnesses (including social health problems, alcohol or drug abuse or attempted suicide) that may impact on the applicant's ability to practice or that may impact staff or patient safety and current treatments therefore, and if requested an authorization to the treating health professional to release information to the Hospital.
- (i) Evidence of up- to-date inoculations, screenings and tests as required from time to time and consistent with the requirements of the Hospital's occupational health and safety policies, including N95 Mask Fit Testing.
- (j) A consent and release in favour of the Chief Executive Officer, Chief of Staff or their respective delegates enabling any one of them to contact any professional licensing authorities, or any previous Hospitals or health facilities or educational institutions where the applicant has provided services or received training for the purposes of conducting a reference check, such consent and release to authorize any medical licensing authority and/or administrator and/or person in a position of authority at any Hospital, health facility or educational institution to provide any information relating to any of the above matters including:
- i. any action or investigation, including pending matters, taken by or currently before its disciplinary committee;
 - ii. whether the applicant's privileges have been restricted, suspended, or revoked, including a voluntary surrender or restriction; and
 - iii. any issue as might be required to permit the Medical Advisory Committee to consider the applicant's suitability for Professional Staff membership.
- (6) Prior to the consideration of an applicant for appointment, each applicant shall visit the Hospital for an interview with the Chief of Staff or delegate, the Chief Executive Officer or delegate and other appropriate members of the Professional Staff

3.6 Procedure for Processing Applications for Appointment to the Professional Staff

- (1) Upon receipt of a complete application, the Chief Executive Officer shall retain a copy of the application and shall refer the original application forthwith to the Medical Advisory Committee through the Chief of Staff or delegate, who shall keep a record of each application received and then refer the original application forthwith to the chair of the Credentials Committee, with a copy to the relevant chief of department.
- (2) The Credentials Committee shall:

- (a) review all materials in the application, ensure all required information has been provided,
 - (b) investigate the qualifications, experience, professional reputation, and competence of the applicant and consider if the criteria required by this By-law are met;
 - (c) receive the recommendation of the relevant Chief(s) of Department; and
 - (d) submit a report of its assessment and recommendations to the Medical Advisory committee at its next regular meeting, together with a recommendation that the application is acceptable, not acceptable, or is deferred for further investigation. In the case of a recommendation for acceptance, the Credentials Committee shall indicate the privileges that it recommends the applicant be granted.
- (3) The Medical Advisory Committee shall:
- (a) receive and consider the report and recommendations of the Credentials Committee;
 - (b) review the application with reference to the Professional Staff Human Resources Plan and Impact Analysis; and
 - (c) send, within sixty (60) days of the date of receipt by the Chief Executive Officer of a completed application, written notice of its recommendations to the Board and the applicant, in accordance with the *Public Hospitals Act*.
- (4) Notwithstanding subsection 4.6(3)(c), the Medical Advisory Committee may make its recommendation later than sixty (60) days after receipt of the application if, prior to the expiry of the sixty (60) day period, it indicates in writing to the Board and to the applicant that a final recommendation cannot be made within such sixty (60) day period and gives written reasons.
- (5) Where the Medical Advisory Committee recommends the appointment, it shall specify the category of appointment and the specific Privileges it recommends the applicant be granted.
- (6) Where the Medical Advisory Committee does not recommend appointment or where the recommended appointment or Privileges differ from those requested, the Medical Advisory Committee shall inform the applicant that he or she is entitled to:
- (a) written reasons for the recommendation if a request is received by the Medical Advisory Committee within seven (7) days of the receipt by the applicant of notice of the recommendation; and
 - (b) a board hearing, if a written request is received by the Board and the Medical Advisory Committee within seven (7) days of the receipt by the applicant of the written reasons referred to in subsection 4.6(6)(a).
- (7) Where the applicant does not request a hearing by the Board, the Board may implement the recommendation of the Medical Advisory Committee.
- (8) Where an applicant requests a hearing by the Board, it shall be dealt with in accordance with the applicable provisions of the *Public Hospitals Act* and Article 6.
- (9) The Board shall consider the Medical Advisory Committee recommendations within the time frame specified by the *Public Hospitals Act*.
- (10) The Board, in determining whether to make any appointment or reappointment to the Professional Staff or approve any request for a change in Privileges, shall take into account the recommendation of the Medical Advisory Committee and such other considerations it, in its discretion, considers relevant including, but not limited to, the Professional Staff Human Resources Plan, Impact Analysis, strategic plan and the Hospital's ability to operate within its resources

3.7 Temporary Appointment

- (1) Notwithstanding any other provision of this By-law, the Chief Executive Officer or delegate, after consultation with the Chief of Staff or delegate may:
 - (a) grant a temporary appointment and temporary Privileges to a Physician, Dentist, Midwife or Registered Nurse in the Extended Class provided that such appointment shall not extend beyond the date of the next meeting of the Medical Advisory Committee at which time the action taken shall be reported; and
 - (b) continue a temporary appointment and temporary Privileges on the recommendation of the Medical Advisory Committee, until the next meeting of the Board,
 - (c) provided the Chief Executive Officer or delegate has satisfied himself or herself that the candidate for temporary appointment is duly licensed and in good standing with the applicable College and has acceptable professional liability insurance.
- (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 accommodate a specific program of the Ministry of Health and Long-Term Care.
- (3) The Board may, after receiving the recommendation of the Medical Advisory Committee, continue a temporary appointment granted pursuant to section 4.7(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.

3.8 Application for Reappointment to the Professional Staff

- (1) Each year, each Professional Staff member desiring reappointment to the Professional Staff shall make a written application on the prescribed form to the Chief Executive Officer to the Board , before the date specified by the Medical Advisory Committee.
- (2) Each application for reappointment to the Professional Staff shall contain the following information:
 - (a) a restatement or confirmation of the undertakings and acknowledgements requested as part of an application for appointment or as required by the Rules;
 - (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;
 - (c) if requested, a current Certificate of Professional Conduct or equivalent from the appropriate college or licensing body; and
 - (d) confirmation that the member has complied with the disclosure duties set out in section 6.7
 - (e) such other information that the Board may require respecting competence, capacity, and conduct, after considering the recommendation of the Medical Advisory Committee.
- (3) The relevant Chief(s) of Department shall review and make recommendations concerning each application for reappointment within that Department to the Medical Advisory Committee in accordance with a Board-approved performance evaluation process.
 - (4) In the case of any application for reappointment in which the applicant requests additional Privileges, each application for reappointment shall identify any required professional qualifications and confirm that the applicant holds such qualifications.
 - (5) Application for reappointment shall be dealt with in accordance with the Public Hospitals Act and section 4.6 of this By-law.

3.9 Qualifications and Criteria for Reappointment to the Professional Staff

- (1) In order to be eligible for reappointment the applicant shall:
 - (a) continue to meet the qualifications and criteria set out in section 4.4;
 - (b) have conducted himself or herself in compliance with this By-law, the Hospital's mission, vision and values, Rules and Policies;
 - (c) have demonstrated appropriate use of Hospital resources in accordance with the Professional Staff Human Resources Plan and the Rules and Policies; and
 - (d) there shall be a continued need for the applicant's services under the Professional Staff Human Resources Plan, the Hospital's strategic plan and an Impact Analysis shall demonstrate that there are sufficient resources to accommodate the applicant.
- (2) As part of the annual performance review for reappointment the Medical Advisory Committee shall consider:
 - (a) The skills, attitude, and judgment of the applicant with reference to their professional responsibilities.
 - (b) The applicant's participation in continuing education.
 - (c) The ability of the applicant to communicate with patients, their families and substitute decision makers and staff, together with information with respect to patient or staff complaints regarding the applicant, if any
 - (d) The applicant's ability to work and cooperate with, and relate to, in a collegial and professional manner, the Board, the Chief Executive Officer, the Chief of Staff, and other members of the Medical Advisory Committee, other members of the Professional Staff, the nursing staff, other healthcare practitioners and students within the Hospital and other employees of the Hospital.
 - (e) The applicant's performance and discharge of:
 - i. "on call" responsibilities;
 - ii. staff and committee responsibilities;
 - iii. clinical and, if applicable, academic responsibilities;

- iv. attendance requirements for Professional Staff meetings and committee meetings; and
 - v. monitoring patients, together with evidence of appropriate, timely and completed clinical record documentation.
- (f) Any quality of care or patient safety issues.
 - (g) The applicant's health during the past year.
 - (h) The applicant's plans for any changes in type or level of service provided and the reasons therefore.
 - (i) The applicant's succession plans and/or retirement plans, if any.
 - (j) The applicant's ability to supervise Professional Staff.
 - (k) The applicant's appropriate and efficient use of Hospital resources.
 - (l) The applicant's compliance with the Public Hospitals Act and the regulations thereunder, the Hospital's by-laws, Rules and Regulations and Policies and applicable legislation.

3.10 Application for Change of Privileges

- (1) Each Professional Staff member who wishes to change their Privileges, shall submit, on the prescribed form, to the Chief Executive Officer, an application listing the change of Privileges requested, and providing evidence of appropriate training and competence and such other matters as the Board may require.
- (2) The Chief Executive Officer shall retain a copy of each application received and shall refer the original application forthwith to the Medical Advisory Committee through the Chief of Staff or delegate, who shall then refer the original application forthwith to the chair of the Credentials Committee with a copy to the relevant Chief of Department.
- (3) The Credentials Committee shall investigate the applicant's professional competence, verify their qualifications for the privileges requested, receive the report of the Chief of Department, and prepare and submit a report of its findings to the Medical Advisory Committee at its next regular meeting. The report shall contain a list of Privileges, if any, that it recommends that the applicant be granted.
- (4) The application shall be processed in accordance with and subject to the requirements of sections 4.9 and subsections 4.6(3) to 4.6(10) of this By-law.

3.11 Leave of Absence

- (1) Upon request of a Professional Staff member to the relevant Chief of Department, the Chief of Staff may grant, a leave of absence of up to twelve (12) months after receiving the recommendation of the Medical Advisory Committee.
 - (a) in the event the extended illness or disability of the member or:
 - (b) in other circumstances acceptable to the board, upon recommendation of the Chief of Staff.
- (2) After returning from a leave of absence granted in accordance with subsection 4.11(1), the Professional Staff member may be required to produce a medical certificate of fitness from a physician acceptable to the Chief of Staff. The Chief of Staff or delegate may impose such conditions on the Privileges granted to such member as appropriate.
- (3) Following a leave of absence of longer than twelve (12) months, a 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.

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 Hospital may be reviewed by the Chief of Staff (or delegate) or Chief of Department (or delegate) without the approval of the Professional Staff member responsible for the care or conduct. Where the care or conduct involves an Extended Class Nursing Staff member, the Chief Nursing Executive may also review the care or conduct.
- (2) Where the Professional Staff member or Hospital staff believes that a the Professional Staff member is incompetent, attempting to exceed his or her Privileges, incapable of providing a service that they are about to undertake, or acting in a manner that is disruptive and/or exposes or is reasonably likely to expose any patient, health care provider, employee or any other person at the Hospital to harm or injury, such individual shall communicate that belief forthwith to one of the Chief of Staff (or delegate), the Chief of the relevant Department (or delegate) and the Chief Executive Officer (or delegate), so that appropriate action can be taken. Where the communication relates to an Extended Class Nursing Staff member, it may also be communicated to the Chief Nursing Executive.
- (3) The Chief of a Department or delegate, on notice to the Chief of Staff or delegate where they believe it to be in the best interest of the patient, shall have the authority to examine the condition and scrutinize the treatment of any patient in their Department and to make recommendations to the attending Professional Staff member or any consulting Professional Staff member involved in the patient's care and, if necessary, to the Medical Advisory Committee. If it is not practical to give prior notice to the Chief of Staff, notice shall be given as soon as possible.
- (4) If the Chief of Staff or delegate or Chief of a Department or delegate becomes aware that, in their opinion a serious problem exists in the diagnosis, care, or treatment of a patient, the officer shall immediately discuss the condition, diagnosis, care and treatment of the patient with the attending member of the Professional Staff. If changes in the diagnosis, care, or treatment satisfactory to the Chief of Staff or delegate or the Chief of Department or delegate, are not made, they shall immediately assume the duty of investigating, diagnosing, prescribing for, and treating the patient.
- (5) Where the Chief of Staff or delegate or Chief of a Department or delegate has cause to take over the care of a patient, the Chief Executive Officer, the Chief of Staff, or the Chief of the Department, 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 *Public Hospitals Act*. The Chief of Staff or delegate or the Chief of Department or delegate shall file a written report with the Medical Advisory Committee within forty eight (48) hours of their action.
- (6) Where the Medical Advisory Committee concurs in the opinion of the Chief of Staff or delegate or Chief of Department or delegate who has taken action under subsection 5.1(4) that the action was necessary, the Medical Advisory Committee shall forthwith make a detailed written report to the Chief Executive Officer and the Board of the problem, and the action taken.

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 any appointment of Professional Staff member, or suspend, or restrict the Privileges of the Professional Staff member.

- (2) Any administrative or leadership appointment of the Professional Staff member will automatically terminate upon the revocation of appointment, or restriction or suspension of privileges unless otherwise determined by the Board.
- (3) The Chief Executive Officer shall prepare and forward a detailed written report to the relevant College as soon as possible and no later than thirty (30) days after the event, where:
 - (a) by reason of incompetence, negligence, or misconduct, a professional staff member's:
 - i. application for appointment or reappointment is denied
 - ii. appointment is revoked; or
 - iii. Privileges are restricted or suspended: or
 - iv. a professional staff member resigns from the Professional staff during the course of an investigation into their competence, negligence, or misconduct.

4.3 Immediate Action

- (1) The Chief Executive Officer or delegate or Chief of Staff or delegate or Chief of Department may temporarily restrict or suspend the privileges of any Professional Staff member , in circumstances where in their opinion the member's conduct, performance or competence:
 - (a) exposes or is reasonably likely to expose any patient, health care provider, employee, or any other person at the Hospital to harm or injury; or
 - (b) is or is reasonably likely to be detrimental to patient safety or to the delivery of quality patient care within the Hospital,
 - (c) and immediate action must be taken to protect patients, healthcare providers, employees, and any other individuals at the Hospital from harm or injury.
- (2) Before the Chief Executive Officer or delegate or the Chief of Staff or delegate, Chief of the Department takes action authorized in subsection 5.2(3), they shall first consult with one of the other of them. If such prior consultation is not possible or practicable in the circumstances, the individual who takes action shall immediately provide notice to the others. The individual who takes the action shall forthwith submit a written report on the action taken with all relevant materials and information to the Medical Advisory Committee.

4.4 Non Immediate Action

- (1) The Chief Executive Officer or delegate, Chief of Staff or delegate, or Chief of Department may recommend to the Medical Advisory Committee that the appointment of any Professional Staff member be revoked, or that their privileges be restricted or suspended in any circumstances where in their opinion the Professional Staff member's conduct, performance, and 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, or Policies, the *Public Hospitals Act* or any other relevant law.
- (2) Before making a recommendation under 5.4(1) an investigation may be conducted. 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.

4.5 Referral to Medical Advisory Committee for Recommendations

- (1) Following the temporary restriction or suspension of privileges under section 5.3, or the recommendation for the restriction or suspension of privileges or the revocation of an appointment of the Professional Staff member under section 5.4 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 Chief of Staff or delegate or Chief Executive Officer or delegate shall forthwith submit to the Medical Advisory Committee a written report on the action taken, or recommendation made, 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) business 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 revocation of the appointment or a restriction or suspension of privileges on such terms as it deems appropriate. Notwithstanding the above, the Medical Advisory Committee may also refer the matter to a committee of the Medical Advisory Committee.
- (3) The Medical Advisory Committee recommends the continuation of the restriction or suspension of privileges or a revocation of appointment and/or makes further recommendations concerning the matters considered at its meeting, the Medical Advisory Committee shall within 24 hours of the Medical Advisory Committee meeting, provide the member with written notice of the Medical Advisory Committee's recommendation
- (4) The written notice shall inform the member that they are entitled to:
 - (a) written reasons for the recommendation if a request is received by the Medical Advisory Committee within seven (7) days of the member's receipt of the notice of the recommendation; and
 - (b) a hearing before the Board if a written request is received by the Board and the Medical Advisory Committee within seven (7) days of the member's receipt of the written reasons requested.

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 be restricted, suspended or an appointment be revoked, and the member requests a hearing.
- (2) The Board will name a place, date, and time for the hearing.
- (3) The board hearing shall be held:
 - (a) in the case of immediate restriction or suspension of privileges, within seven (7) days of the date the member requests the hearing under section 5.3(4)(b);
 - (b) 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 shall 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 date, 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 Hospital'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 whom the board appoints to

the Active Staff and who have completed satisfactory service as Associate Staff for at least one (1) year or who the Board, on the recommendation of the Medical Advisory Committee, appoints directly to the Active Staff.

- (2) 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 and to the Chief of Staff for all aspects of patient care;
 - (d) act as a supervisor of other members of the Medical Staff, Dental Staff, Midwifery Staff or Extended Class Nursing Staff when requested by the Chief of Staff or delegate or the Chief of the Department to which they have been assigned;
 - (e) fulfil such on-call requirements as may be established by the Medical Advisory Committee and in accordance with the Professional Staff Human Resource Plan and the Rules and Policies;
 - (f) perform such other duties as may be prescribed by the Medical Advisory Committee or requested by the Chief of Staff or Chief of the relevant 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 Associate Staff

- (1) Physicians, Dentists or Midwives who are applying for appointment to the Active Staff, subject otherwise to the determination of the Board, will be assigned to the Associate Staff.
- (2) Each member of the Associate Staff shall:
 - (a) have admitting Privileges unless otherwise specified in their appointment;
 - (b) work under the supervision of an Active Staff member named by the Chief of Staff or delegate or Chief of Department to whom he or she has been assigned;
 - (c) undertake such duties in respect of patients as may be specified by the Chief of Staff or delegate, and, if appropriate, by the Chief of the relevant Department to which they have been assigned;
 - (d) fulfil such on call requirements as may be established by the Medical Advisory Committee and in accordance with the Professional Staff Human Resources Plan and the Rules and Policies;
 - (e) perform such other duties as may be prescribed by the Medical Advisory Committee or requested by the Chief of Staff or delegate or Chief of the relevant Department from time to time;
 - (f) if a Physician, be entitled to attend Professional Staff meetings but shall not be eligible to vote at a Professional Staff meeting or be an elected or appointed officer of the Professional Staff; and
 - (g) if a Dentist or Midwife, be entitled to attend Professional Staff meetings but shall not have a vote at Professional Staff meetings and shall not be eligible to hold an elected or appointed office of the Professional Staff.

(3)

- (a) At six (6) month intervals following the appointment of an Associate Staff member to the Professional Staff, the Active Staff member by whom the Associate Staff member has been supervised shall complete a performance evaluation and shall make a written report to the Chief of Staff or delegate, concerning:
 - i. the knowledge and skill that has been shown by the Associate Staff member;
 - ii. the nature and quality of his or her work in the Hospital; and
 - iii. their performance and compliance with the criteria set out in subsection 4.4(2).
- (b) The Chief of Staff or delegate shall forward such report to the Credentials Committee.
- (c) Upon receipt of the report referred to in subsection 7.3(3)(a), the appointment of the member of the Associate Staff shall be reviewed by the Credentials Committee, which shall make a recommendation to the Medical Advisory Committee.
- (d) If any report made under subsections 7.3(3)(a) or 7.3(3)(b) is not favourable to the Associate Staff member, the Medical Advisory Committee may recommend the appointment of the Associate Staff member be terminated.
- (e) No member of the Associate Staff shall be recommended for appointment to the Active Staff unless they have been a member of the Associate Staff for at least one (1) year.
- (f) In no event shall an appointment to the Associate Staff be continued for more than two (2) years.

6.4 Courtesy Staff

- (1) The Courtesy Staff shall consist of those Physicians, Dentists and Midwives 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 Hospital; or
 - (b) where the Board deems it otherwise advisable and in the best interests of the Hospital.
- (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) have privileges to admit patients, as may be granted by the Board, only under specified circumstances;
 - (d) be responsible to the Chief of Department and Chief of Staff for all aspects of patient care; and
 - (e) 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.

6.5 Locum Tenens Staff

- (1) Locum Tenens Staff shall consist of those Physicians, Dentists or Midwives whom the board appoints to the Locum Tenens Staff in order to meet specific clinical needs for a defined period of time in one or more of the following circumstances:
 - (a) to be a planned replacement for a Physician, Dentist or Midwife for 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 and may be 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 Chief of Staff 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.

6.6 Extended Class Nursing Staff

- (1) The Board after considering 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 Hospital.
- (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 Staff, 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 4.4(2) and such report shall be forwarded to the Credentials Committee.
 - (c) The Credential Committee shall review the report referred to in subsection 7.6(2)(b) and shall make a recommendation to the Medical Advisory Committee which shall in turn make a recommendation to the Board.
- (3) A member of the Extended Class Nursing Staff shall be entitled to attend but not vote at Professional Staff meetings and shall not be eligible to hold an elected or appointed office in the Professional Staff.

6.7 Duties of Professional Staff

- (1) Each member of the Professional Staff:
 - (a) is accountable to and shall recognize the authority of the Board through and with the Chief of Staff, Chief of Department and Chief Executive Officer.
 - (b) shall co-operate with, respect the authority of and be accountable to:
 - i. the Chief of Staff and the Medical Advisory Committee;
 - ii. the Chiefs of Department;
 - iii. the Chief Executive Officer; and
 - (c) shall perform the duties, undertake the responsibility and comply with the provisions set out in this By-law and the Rules and Policies;
 - (d) Shall immediately advise the Chief of Staff and Chief Executive Officer of:
 - i. The commencement of any investigation or proceeding that would be required to be disclosed

by this By law, the credentialing policy and/or reapplication process;

- ii. any change in the member's license to practice made by the relevant College or any change in professional practice liability coverage; and
- iii. perform such other duties as may be prescribed from time to time by, or under the authority of, the Board, the Medical Advisory Committee, the Chief of Staff, or Chief of Department.

(2) Each member of the Professional Staff shall:

- (a) attend and treat patient within the limits of the Privileges granted unless the Privileges are otherwise restricted;
- (b) adhere to the highest ethical standards of their profession;
- (c) respect the mission, vision and values of the Hospital;
- (d) fulfill the "on-call" requirements of the Hospital as scheduled by the Chief of Staff or Chief of Department, as applicable;
- (e) work and cooperate with others in a collegial manner consistent with the Hospital's mission, vision and values;
- (f) participate in quality and patient safety initiatives;
- (g) prepare and complete patient records in accordance with the Rules and Regulations, Policies, applicable legislation and accepted industry standards;
- (h) serve as may be requested on various Hospital committees and Medical Advisory Committee sub-committees;
- (i) participate in annual and any enhanced periodic performance evaluations and provide such releases and consents as will enable such evaluations to be conducted;
- (j) participate in continuing education as required by the Medical Advisory Committee and/or regulatory or licensing authority;
- (k) comply with applicable legislation and the by-laws, the Rules and Regulations and the Policies of the Hospital;
- (l) 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;
- (m) notify the Board in writing through the Chief Executive Officer or delegate of any additional professional degrees or qualifications obtained by the member or of any change in the license to practice medicine, dentistry, midwifery or extended class nursing made by their governing College or licensing authority;
- (n) meet the attendance obligations, if any, for Hospital committees and/or Professional Staff meetings, as applicable;
- (o) ensure that any concerns relating to the operations of the Hospital are raised and considered through the proper channels of communication within the Hospital such as the Chief of Staff, Chiefs of Department, Medical Advisory Committee, Chief Executive Officer and/or the Board;
- (p) provide the Chief of Staff with three (3) months' notice of the members' intention to resign or restrict the member's Privileges; and
- (q) perform such other duties as may, from time to time, be prescribed by or under the authority of the Chief of Staff, Chief of Department, Chief Executive Officer and/or Medical Advisory Committee.

(3) If the Chief of Staff and/or Chief of Department request(s) a meeting with a Professional Staff

member for the purpose of interviewing that Professional Staff member about any matter, the Professional Staff member shall attend the interview at a mutually agreeable time but within fourteen (14) days of the request.

- (4) If the Professional Staff member so requests, they may bring a representative with them to the meeting. The Chief of Staff and/or Chief of Department may extend the date for attendance at the interview at their discretion. If requested by the Chief of Staff and/or Chief of Department, the Professional Staff member attending the meeting shall produce any documents requested by the Chief of Staff and/or Chief of Department for discussion at the meeting. If a criminal record check and/or vulnerable sector check is requested, the request shall be made at a meeting with the Professional Staff member where the Chief of Staff and Chief Executive Officer are both present.

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 Changes to Departments and Divisions

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

7.3 Department Meetings

- (1) Each Department shall function in accordance with the Rules and Policies.
- (2) Department meetings shall be held in accordance with the Rules and Policies.

Article 8

Leadership Positions

8.1 Professional Staff Leadership Positions

- (1) The Board shall appoint the following positions, in accordance with this By-law:
 - (a) Chief of Staff; and
 - (b) where the Professional Staff has been organized into Departments, Chiefs of Department.
- (2) 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.

- (3) An appointment to any position referred to in subsections 9.1(1) or 9.1(2) may be made on an acting or interim basis where there is a vacancy in any office referred to in this section or while the person holding any such office is absent or unable to act.
- (4) An appointment to any position referred to in subsections 9.1(1) or 9.1(2) may be revoked at any time by the Board.
- (4) Subject to annual confirmation by the Board, the appointment of a medical leader shall be for a term of up to five (5) years.
- (5) The maximum number of consecutive years of service of a medical leader shall be ten (10) years provided, however, that following a break in the continuous service of at least one year, the same person may be reappointed.
- (6) The Board shall receive and consider the input of the appropriate Professional Staff members before it makes an appointment to a Professional Staff leadership position.

8.2 Appointment of Chief of Staff

- (1) The Board shall appoint a member of the active Medical Staff to be the Chief of Staff, after giving consideration to the recommendations of the Governance Committee, which shall seek the advice of the Medical Advisory Committee.
- (2) Subject to annual confirmation by the Board, an appointment made under 9.2(1) shall be for a term of two years, but the Chief of Staff shall hold office until a successor is appointed.
- (3) The Chief of Staff shall, in consultation with the Chief Executive Officer, designate an alternate to act during their absence.

8.3 Responsibilities and Duties of the Chief of Staff

- (1) The Chief of Staff shall:
 - (a) be an ex-officio Director and as a Director, fulfill the fiduciary duties of the Hospital
 - (b) be the ex-officio Chair of the Medical Advisory Committee;
 - (c) be an ex-officio member of all Medical Advisory Committee sub-committees; and
 - (d) report regularly to the Board on the work and recommendations of the Medical Advisory Committee;
 - (e) perform such additional duties as may be outlined in the Board-approved Chief of Staff position description, or as set out in the Rules, or as assigned by the Board.

8.4 Appointment of Chiefs of Department

- (1) The Board may appoint a Chief of each Department.

8.5 Duties of Chiefs of Department

- (1) A Chief of Department shall:
 - (a) be an ex-officio 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

- (c) be subject;
- (d) 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;
- (e) conduct a written performance evaluation of all members of the Department on an annual basis as part of the reappointment process and conduct an enhanced performance evaluation on a periodic basis;
- (f) hold regular meetings of the Department;
- (g) delegate responsibility to appropriate members of the Department;
- (h) report to the Medical Advisory Committee and to the Department on the activities of the Department;
- (i) 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 Chief of Staff or the Medical Advisory Committee or Chief Executive Officer from time to time; and
- (j) in consultation with the Chief of Staff, designate an alternative to act during the absence of both the Chief of 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:
 - (a) the Chief of Staff, who shall be chair;
 - (b) the Chiefs of Department;
 - (c) the President, Vice President and Secretary of the Professional Staff;
 - (d) such other members of the active Medical Staff appointed by the Board as recommended by the Medical Staff; and
 - (e) such other members of the Medical Staff as may be appointed by the Board taking into consideration the input of the Medical Advisory Committee.
- (2) In addition, the following shall be entitled to attend the meetings of the Medical Advisory Committee without a vote:
 - (a) the Chief Executive Officer; and
 - (b) the Chief Nursing Executive.

9.2 Accountability of Medical Advisory Committee

- (1) The Medical Advisory Committee shall consider and make recommendations and report to the Board, in accordance with the *Public Hospitals Act*

9.3 Medical Advisory Committee Duties and Responsibilities

- (1) The Medical Advisory Committee shall, perform the duties and undertake the responsibilities set out in the *Public Hospitals Act* and this By-law, 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 Professional Staff member;
 - iii. the by-laws and Rules and Policies;
 - iv. the revocation of appointment, or the suspension or restrictions of Privileges of any Professional Staff member; and
 - v. the quality of care provided in the Hospital by the Medical Staff, Dental Staff, Midwifery Staff and Extended Class Nursing Staff.
 - (b) supervise the practice and behaviours of the Professional Staff in the Hospital;
 - (c) appoint the Medical Staff members of all sub-committees established under section 10.4;
 - (d) receive reports of the sub-committees of the Medical Advisory Committee; and
 - (e) advise the Board on any matters referred to the Medical Advisory Committee by the Board.
 - (f) Where the Medical Advisory Committee identifies systemic or recurring quality of care issue in making its recommendations to the Board under section of the Hospital management regulation under the *Public Hospitals Act*, make recommendations about those issues to be hospitals quality committee established under the Excellent Care for All Act.

9.4 Establishment of Sub-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 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.

9.6 Meetings

- (1) The Medical Advisory Committee shall hold at least 10 meetings each year.
- (2) Unless otherwise required by applicable law, motions arising at any Medical Advisory Committee meeting or subcommittee meeting shall be decided by consensus of the voting members present. Consensus will be considered to have been reached when no voting member objects to the subject matter of the motion before the meeting. If the chair of the meeting determines that the sense of the meeting is that consensus will not be reached, then the motion shall be decided by a majority of the

votes cast. In such cases, the chair of the meeting shall be entitled to cast a second, or tie-breaking, vote in the event of a tie. A member may attend and vote by electronic means.

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

Article 10

Meetings - Professional Staff

10.1 Regular, Annual and Special Meetings of the Professional Staff

- (1) At least four (4) meetings of the Professional Staff will be held each year, one of which shall be the annual meeting.
- (2) The President of the Professional Staff may call a special meeting of the Professional Staff. Special meetings shall be called by the President of the Professional Staff on the written request of any two (2) members of the Active Staff.
- (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 exceptional circumstances 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.
- (5) The Professional Staff officers may determine that any Professional Staff meeting may be held by telephonic or electronic means. Where a Professional Staff meeting is held by telephonic or electronic means, the word "present" in Article 11 shall mean present physically or by telephonic or electronic means, and a vote may be taken by show of hands, voice vote, or other electronic means of voting.

10.2 Quorum

A majority of the 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 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*.

10.5 Attendance at Regular Professional Staff and Committee Meetings (amended November 2013)

- (1) All physicians with active staff privileges will be expected to attend 50% of standing clinical committee meetings.
- (2) All physicians with active staff privileges will be expected to attend 50% of Medical Staff meetings.
- (3) Exceptions will be made for illness/holidays/prearranged Hospital commitments and serious medical emergencies.
- (4) All physicians are required to advise Nursing Office Administrative Assistant prior to the meeting if unable to attend meeting.
- (5) If only one physician representative sits on a clinical committee, the physician has the option of sending a replacement or notifying the administrative assistant in advance of the meeting, so an alternative meeting can be rescheduled.

Article 11

Officers of the Professional Staff

11.1 Officers of the Professional Staff

- (1) The provisions of this Article 12 with respect to the officers of the Professional Staff shall be deemed to satisfy the requirements of the *Public Hospitals Act* with respect to officers of the Medical Staff. For greater certainty, the President, Vice President, and Secretary of the Professional Staff shall be deemed to be the President, Vice President and Secretary of the Medical Staff.
- (2) The officers of the Professional Staff will be:
 - (a) the President;
 - (b) the Vice President;
 - (c) the Secretary; and
 - (d) such other officers as the Professional Staff may determine.
- (3) The officers of the Professional Staff shall be elected annually for a term of one (1) year by a majority vote of the voting members of the Professional Staff in attendance and voting at a meeting of the Professional Staff.
- (4) The officers of the Professional Staff may 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) 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. The election of such Professional Staff member shall follow the process in section 12.3. The Professional Staff member so elected to office shall fill the office until the next annual meeting of the Professional Staff.

11.2 Attendance, Voting and Eligibility for Office

- (1) All Professional Staff members are entitled to attend Professional Staff meetings.

- (2) Only Active Staff and Associate Staff members are entitled to vote at Professional Staff meetings.
- (3) 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 and Election Process

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

11.4 President of the Professional Staff

- (1) The President of the Professional Staff shall:
 - (a) preside at all 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;
 - (c) be accountable to the Professional Staff and advocate fair process in the treatment of individual members of the Professional Staff; and
 - (d) support and promote the vision, mission, values, and strategic plan of the Hospital.
- (2) The President of the Professional Staff shall:
 - (a) be an ex-officio member of the Medical Advisory Committee; and
 - (b) be an ex-officio, non-voting Director) and as a Director, fulfill fiduciary duties to the Hospital by making decisions in the best interest of the Hospital.

11.5 Vice President of the Professional Staff

- (1) The Vice President of the Professional Staff shall:
 - (a) in the absence or disability of the President of the Professional Staff, act in place of the President, perform his or her duties and possess his or her powers as set out in subsection 12.4(1); and
 - (b) perform such duties as the President of the Professional Staff may delegate to him or her.
- (2) The Vice President of the Professional Staff shall:
 - (a) be an ex-officio member of the Medical Advisory Committee.

11.6 Secretary of the Professional Staff

- (1) The Secretary of the Professional Staff shall:
 - (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; and
 - (e) in the absence or disability of the Vice President of the Professional Staff perform the duties and possess the powers of the Vice President as set out in subsection 12.5(I).
- (2) The Secretary of the Professional Staff shall:
- (a) be an ex-officio member of the Medical Advisory Committee.

11.7 Other Officers

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

Article 12

Amendments

12.1 Amendments to Professional Staff By-law

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

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

12.2 Repeal and Restatement

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