



PROFESSIONAL STAFF BY-LAWS  
OF  
BLUEWATER HEALTH

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## **ARTICLE 1. INTERPRETATION**

### **1.01 Definitions**

In this By-Law, unless the context otherwise requires:

- (a) “Appeal Board” means the Health Professions Appeal and Review Board;
- (b) “Board” means the board of directors of the Corporation, which includes the elected Directors and *ex officio* Directors;
- (c) “By-Law”, unless otherwise specified, means this Professional Staff By-Law of the Corporation;
- (d) “Chair of the Board” means the Director elected as such as required by the *Corporations Act*;
- (e) “Chief Executive Officer” means, in addition to “administrator” as defined in the *Public Hospitals Act*, the employee of the Corporation who has been duly appointed by the Board as chief executive officer of the Corporation;
- (f) “Chief Nursing Executive” means the senior employee appointed by the process established by the Chief Executive Officer and responsible to the Chief Executive Officer for the nursing functions and practices in the Hospital;
- (g) “Chief of Department” means member of the Medical Staff appointed by the Board to serve as chief of the Department;
- (h) “Chief of Professional Staff” means, in addition to “chief of staff” as referred to in Regulation 965 under the *Public Hospitals Act*, the member of the Medical Staff appointed by the Board in accordance with this By-Law;
- (i) “Clinical Human Resources Plan” means the plan developed by the Chief Executive Officer in consultation with the Chief of Professional Staff and Medical Director based on the mission and strategic plan of the Corporation and on the needs of the community, which plan provides information and future projections of this information with respect to the management and appointment of Physicians, Dentists, Midwives, and Extended Class Nurses who are or may become Professional Staff members;
- (j) “College” means, as the case may be, the College of Physicians and Surgeons of Ontario, the Royal College of Dental Surgeons of Ontario, the College of Midwives of Ontario and/or the College of Nurses of Ontario;
- (k) “Corporation” means the corporation established by the Letters Patent with the name Bluewater Health;

- (l) “Corporations Act” means the *Corporations Act* (Ontario) and, where the context requires, includes the regulations made under it and any statute that may be substituted for it, as from time to time amended;
- (m) “Critical Incident” means any unintended event that occurs when a Patient receives treatment in the Hospital that results in death, or serious disability, injury or harm to the Patient, and does not result primarily from the Patient’s underlying medical condition or from a known risk inherent in providing the treatment;
- (n) “Dental Staff” means the Dentists to whom the Board has granted Privileges;
- (o) “Dentist” means a member in good standing of the Royal College of Dental Surgeons of Ontario;
- (p) “Department” means a clinical department established by the Board in accordance with section 8.03;
- (q) “Disruptive Behaviour” means the use of inappropriate words, actions or inactions by a Professional Staff member which interferes with his/her ability to function well with others to the extent that the behaviour interferes with, or is likely to interfere with, quality healthcare delivery or Patient or workplace safety or staff recruitment, retention or the costs of providing healthcare to Patients;
- (r) “Director” means a member of the Board, whether elected or *ex officio*;
- (s) “*Ex officio*” means membership by virtue of the office and includes all rights, responsibilities, and power to vote, unless otherwise specified;
- (t) “Extended Class Nurses” means those registered nurses in the extended class to whom the Board has granted Privileges;
- (u) “Extended Class Nursing Staff” means those registered nurses in the extended class who are employed by the Hospital;
- (v) “Hospital” means the public hospital operated by the Corporation;
- (w) “Impact Analysis” means a study conducted by the Chief Executive Officer, or designate, in consultation with the Chief of Professional Staff and Medical Director, to determine the impact upon the resources of the Corporation of the proposed or continued appointment of any person to the Professional Staff;
- (x) “Letters Patent” means the letters patent of amalgamation creating the Corporation and any supplementary letters patent.
- (y) “Medical Advisory Committee” means the Medical Advisory Committee established by the Board as required by the *Public Hospitals Act*;
- (z) “Medical Director” means the medical director of a Program;

- (aa) “Medical Staff” means the Physicians to whom the Board has granted Privileges;
- (bb) “Midwife” means a member in good standing of the College of Midwives of Ontario;
- (cc) “Midwifery Staff” means the Midwives to whom the Board has granted Privileges;
- (dd) “Patient” means any in-patient or out-patient of the Hospital;
- (ee) “Physician” means a member in good standing of the College of Physicians and Surgeons of Ontario;
- (ff) “Primary Hospital” means a hospital that has been approved by the Board as a hospital whose active staff physicians are eligible for a streamlined credentialing process as contemplated under this By-Law;
- (gg) “Privileges” means those rights or entitlements conferred upon a Physician, Dentist, Midwife or Extended Class Nurse by the Board at the time of appointment or re-appointment;
- (hh) “Professional Staff” means the Medical Staff, Dental Staff, Midwifery Staff and Extended Class Nurses;
- (ii) “Professional Staff Association” means the association comprised of the Professional Staff members;
- (jj) “Program” means a clinical program established by the Board in accordance with section 8.01;
- (kk) “*Public Hospitals Act*” means the *Public Hospitals Act* (Ontario) and, where the context requires, includes the regulations made under it and any statute that may be substituted for it, as from time to time amended;
- (ll) “Vice-Chair of the Board” means the Director elected as such.

## **ARTICLE 2.     PROFESSIONAL STAFF BY-LAWS**

### **2.01     Purposes of the Professional Staff Association**

The purpose of the Professional Staff Association is to provide an organization whereby the Professional Staff members participate in the Hospital’s planning, policy setting, and decision making through their elected officers.

### **2.02     Purpose of Professional Staff By-Law**

Pursuant to the Board’s obligations under the *Public Hospitals Act*, the Board has set out in this By-Law the following:

- (a) the procedure for appointment and re-appointment to the Professional Staff;

- (b) the structure of the Professional Staff organization;
- (c) the duties and responsibilities of Professional Staff members;
- (d) the procedures for the election of Professional Staff Association officers;
- (e) a quality assurance system to monitor the professional care rendered to Patients by Professional Staff members, including a mechanism for accountability to the Board as appropriate for patient safety and for professional and ethical conduct of each individual Professional Staff member;
- (f) a system to ensure the continuing improvement of the quality of professional care provided to Patients; and
- (g) to ensure that the Hospital has a Professional Staff that will act in a unified, organized manner to ensure that Patients receive the best possible care.

### **ARTICLE 3. APPOINTMENT TO PROFESSIONAL STAFF**

#### **3.01 Appointment**

- (a) The Board shall establish from time to time criteria for appointment to the Professional Staff after considering the advice of the Medical Advisory Committee.
- (b) In making an appointment or re-appointment to the Professional Staff, the Board shall consider the Hospital's resources and whether there is a need for the services in the community.
- (c) The Board shall be entitled to grant Privileges which are specific to one of the Hospital's sites.

#### **3.02 Application For Appointment To The Professional Staff**

- (a) An application for appointment to the Professional Staff shall be processed in accordance with the provisions of the *Public Hospitals Act*, this By-Law and Hospital policy.
- (b) If requested, the Chief Executive Officer shall supply a copy of, or information on how to access, a form of the application, the *Public Hospitals Act*, the Letters Patent, this By-Law, the Hospital's mission, vision and values, and applicable Hospital policies to each applicant who expresses in writing the intention to apply for appointment to the Professional Staff.
- (c) An applicant for appointment to the Professional Staff shall submit one original written application on the prescribed form to the Chief Executive Officer.
- (d) An application from an active staff Physician, Dentist, Midwife or Extended Class Nurse with privileges at a Primary Hospital shall be processed in accordance with



Article 4. An application by a Physician for Consulting Staff Privileges shall be processed in accordance with section 3.08. All other applications shall contain:

- (i) a statement by the applicant that the applicant has read this By-Law, and the Hospital's mission, vision and values, and applicable policies;
- (ii) an undertaking that, if the applicant is appointed to the Professional Staff, the applicant will provide agreed upon services to the Hospital and will act in accordance with applicable laws, this By-Law, Hospital policies, and will meet an appropriate standard of ethical conduct and behaviour;
- (iii) an acknowledgement by the applicant that:
  - (A) the failure of the applicant to provide the agreed upon services referred to in section (ii) above constitutes a breach of his/her duties, and, based on individual circumstances, may result in the removal of the applicant's access to any and all Hospital resources, including the limiting or restricting of operating room time, and may result in other reasonable actions, which would be taken in accordance with applicable laws, this By-Law and Hospital policies; and
  - (B) the applicant's application for appointment to the Professional Staff may not be approved by the Board where the applicant refuses to acknowledge the responsibility to abide by a commitment to provide services in accordance with the Privileges granted by the Board, in accordance with applicable laws, this By-Law and Hospital policies;
- (iv) an undertaking by the applicant to participate in any orientation required by the Chief of Department, Medical Director or Chief of Professional Staff;
- (v) a list of Privileges which are requested, including without limitation, specifying the Program in which the applicant wishes to practice;
- (vi) evidence of professional liability insurance coverage or membership in the Canadian Medical Protective Association, or equivalent, satisfactory to the Board, including a record of the applicant's past claims history, including settlements, any of which may be subject to verification;
- (vii) a copy of the applicant's appropriate professional degree/qualifications;
- (viii) an up-to-date résumé, including a record of the applicant's professional education, post-graduate training, and continuing education acceptable to the Credentials Committee and a complete chronology of academic and professional career, organizational positions and committee memberships;
- (ix) a direction and signed consents authorizing the Chief Executive Officer, Chief of Professional Staff or their delegates to contact any professional regulatory or licensing authorities and any hospital, healthcare facility or

educational institution where the applicant has received training or provided services for the purposes of conducting a reference check to fully investigate the qualifications and suitability of the applicant, such direction to include names and addresses of at least three appropriate references including, without limitation:

- (A) the chief executive officer and chief of staff of the last hospital, healthcare facility or educational institution where the applicant held privileges or received training; and
  - (B) the head of department or head of training program if enrolled in a graduate training program within the past three years;
- (x) a recital and description of pending or completed disciplinary actions, competency investigations, previous or ongoing performance reviews, and details with respect to prior privileges disputes with other hospitals regarding appointment, re-appointment, change of privileges, or mid-term suspension or revocation of Privileges;
  - (xi) a statement with respect to failure to obtain, reduction in classification, revocation or voluntary or involuntary resignation of any professional license or certification, fellowship, professional academic appointment or privileges at any other hospital or healthcare facility;
  - (xii) a police criminal record check, including vulnerable sector screen, that is dated not more than six months before the application is submitted, and information regarding any criminal investigations, charges, convictions, or ongoing criminal proceedings against the applicant, unless waived by the Chief of Professional Staff or delegate in exceptional circumstances;
  - (xiii) information of any civil suit against the applicant where there was a finding of professional negligence, assault or battery, including any such suit settled by payment;
  - (xiv) a current, as may be applicable, Certificate of Professional Conduct (Physicians), Certificate of Registration (Dentists and Midwives) or Annual Registration Payment Card as a Registered Nurse in the Extended Class (Extended Class Nurses) from the College and a signed consent authorizing the College to provide:
    - (A) a description of pending, ongoing or completed:
      - (a) dispositions of a complaint or report by the Inquiries, Complaints and Reports Committee other than a disposition where either no further action was indicated or the complaint was dismissed;

- (b) proceedings before the Discipline Committee or Fitness to Practice Committee including any resolutions short of a hearing;
  - (c) reviews by the Quality Assurance Committee of the College (“QAC”) other than random peer reviews or age-triggered reviews and the status or outcome of such investigations or inquiries; and
  - (d) assessments by the QAC where the applicant’s knowledge, skill and/or judgment have been found to be unsatisfactory and have resulted in action by the QAC and the status or outcome of such investigations or inquiries, at or by the College or any other regulatory/governing body in any jurisdiction and its equivalent committees, including any matters that are being appealed;
- (B) a report on whether the applicant’s privileges have been restricted or cancelled by another hospital or healthcare institution and any other reports received from another hospital or healthcare institution; and
  - (C) a Letter of Standing;
- (xv) identification of any current privileges at any other hospital(s);
  - (xvi) particulars of any matter that the applicant objectively believes may impact on his/her ability to practice, or could reasonably be considered a concern to the Board (including any reputational risk to the Hospital), Patients, Professional Staff members or employees;
  - (xvii) an undertaking, in writing, that:
    - (A) if appointed, the applicant will accept, where appropriate, clinical, and administrative responsibilities as requested by the Board following consultation with the Chief of Professional Staff, Medical Director and/or Chief of Department;
    - (B) if appointed, the applicant will serve on committees or subcommittees to which he/she is appointed by the Board or the Medical Advisory Committee;
    - (C) if appointed, the applicant will abide by the Hospital policies as related to confidentiality of Patient information and Hospital matters; and
    - (D) if appointed, the applicant shall provide the Hospital with three months’ prior written notice of the applicant’s intention to resign or

otherwise limit his/her exercise of Privileges and that a failure to provide the required notice will result in the Chief of Department and/or Medical Director notifying the College that the applicant has failed to comply with this By-Laws and a notation of the breach of the By-Law to be placed in the applicant's file. The applicant may be exempted from the notice requirements if the Chief of Department and/or Medical Director believes, after considering the Clinical Human Resources Plan, that the notice is not required or if the Chief of Department and/or Medical Director believes that there are reasonable or compassionate grounds to grant the exemption.

- (e) If required by the Hospital, each applicant shall visit the Hospital for an interview with the Chief Executive Officer or delegate, the Chief of Professional Staff or delegate, and such other persons as the Hospital may determine.
- (f) The Chief Executive Officer shall retain a copy of the application and shall refer the original application immediately to the Medical Advisory Committee through its Chair who shall keep a record of each application received and then refer the original application forthwith to the Chair of the Credentials Committee.
- (g) In addition to any other provisions of this By-Law, the Board may refuse to appoint any applicant to the Professional Staff on any ground including, but not limited to, the following:
  - (i) the applicant is unable to provide care at a level that is consistent with the standard of care expected of Professional Staff;
  - (ii) the appointment is not consistent with the need for service, as determined by the Board from time to time;
  - (iii) the Clinical Human Resources Plan and/or Program does not demonstrate sufficient resources to accommodate the applicant;
  - (iv) the appointment is not consistent with the strategic plan;
  - (v) the applicant is not considered the best qualified applicant for the position available; and/or
  - (vi) the applicant has not demonstrated an ability to fulfill all of the criteria for appointment as set out in section 3.03.

### **3.03 Criteria For Appointment Of Professional Staff Members**

- (a) 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 Hospital.

- (b) The applicant must meet the following qualifications:
- (i) a Certificate of Registration in good standing from the appropriate College;
  - (ii) a current Certificate of Professional Conduct from the appropriate College, if applicable;
  - (iii) a demonstrated ability to provide patient care at an appropriate level of quality and efficiency;
  - (iv) a demonstrated ability to communicate, work with, and cooperate with all Professional Staff members and Hospital staff in a collegial and professional manner;
  - (v) a demonstrated ability to communicate and relate appropriately with patients and patients' relatives and/or substitute decision-makers;
  - (vi) a demonstrated ability to communicate satisfactorily in English both orally and in writing;
  - (vii) a willingness to participate in the discharge of staff obligations and any committee obligations as appropriate to membership category;
  - (viii) adequate training and experience for the Privileges requested;
  - (ix) evidence of professional practice protection coverage or a current membership in the Canadian Medical Protective Association, appropriate to the scope and nature of the applicant's intended practice and satisfactory to the Board;
  - (x) a report on, among other things, the experience, competence and reputation of the applicant from the chief of staff, medical director or chief of department in the last hospital or healthcare facility in which the applicant trained or held an appointment;
  - (xi) in the case of a certified specialist, a report from the medical director or chief of department in which training was completed and/or a report from the medical director or chief of department where he/she last practised;
  - (xii) 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 applicable laws; and
  - (xiii) evidence of continuing professional education and/or training to the level required by the appropriate College.

- (c) The applicant must agree to govern him/herself in an ethical manner, and in accordance with the requirements set out in this By-Law and the Hospital's mission, vision, values, rules, regulations and policies.
- (d) The applicant must possess adequate control of any significant physical or behavioural impairment that affects skill, attitude or judgement.
- (e) All appointments will be consistent with community need defined by the strategic plan and mission of the Hospital.
- (f) All new appointments will be contingent upon an Impact Analysis demonstrating that the Hospital has the resources to accommodate the applicant and that the applicant meets the needs of the respective Program as described in the Clinical Human Resources Plan.

### **3.04 Term**

- (a) The Board shall appoint annually a Professional Staff for the Hospital. Where, within the time prescribed therefor, a Professional Staff member has applied for re-appointment, his/her appointment shall be deemed to continue:
  - (i) until the re-appointment is granted; or
  - (ii) where he/she is served with notice that the Board refuses to grant the re-appointment, until the time for giving notice requiring a hearing by the Appeal Board has expired and, where a hearing is required, until the decision of the Appeal Board has become final.
- (b) If a Professional Staff member has left the community for a period of over 60 days, his/her Privileges will be terminated, unless granted a leave of absence pursuant to section 7.03. If the member wishes to return to the Professional Staff, he/she shall be required to reapply for Privileges.

### **3.05 Procedure for Processing Applications for Professional Staff Appointments**

- (a) The Chief Executive Officer, on receipt of a completed application, will refer the application to the relevant Medical Director and/or Chief of Department who shall in consultation with the Chief of Professional Staff make a written recommendation to the Credentials Committee.
- (b) The Credentials Committee will review each application together with the qualifications and experience of the applicant. The Credentials Committee will make a written report to the Medical Advisory Committee, having given consideration to the recommendation of the relevant Medical Director and/or Chief of Department. The Credentials Committee will:
  - (i) review the application to ensure that it contains all the information required under section 3.02 of this By-Law;

- (ii) take into consideration whether the criteria set out in section 3.03 of this By-Law have been complied with;
  - (iii) include a recommendation to appoint, or not appoint, the applicant subject to specific conditions; and
  - (iv) where applicable, include a list of the intended clinical responsibilities to be carried out by the applicant in exchange for being granted the Privileges. These responsibilities may change from time to time, subject to the approval of the relevant Medical Director and/or Chief of Department.
- (c) (i) Subject to section (ii) below and section 3.05(f), the Medical Advisory Committee will receive and consider the application and report of the Credentials Committee; review the application with reference to the Professional Staff Human Resources Plan and Impact Analysis; and send its recommendation in writing to the Board within 60 days of the date of receipt by the Chief Executive Officer of the completed application, as outlined in the *Public Hospitals Act*. The Medical Advisory Committee may make its recommendation to the Board later than 60 days after the receipt of the completed application if, prior to the expiry of the 60-day period, it indicates in writing to the Board and the applicant that a final recommendation cannot yet be made and includes written reasons for the delay.
- (ii) The applicant may, in the application, waive the 60-day response time contained in section (i) above.
- (d) If the recommendation of the Medical Advisory Committee is deferred, the Medical Advisory Committee shall consider any additional information relevant to the applicant's application that comes to its attention up to and including the date the Medical Advisory Committee's recommendation is made to the Board, provided that the relevant documentation regarding such information is provided to the applicant under section 5.04(d).
- (e) The Medical Advisory Committee shall give written notice to the applicant and the Board of its recommendation. 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:
- (i) written reasons for the recommendation, provided the request for the reasons is made within seven business days of the receipt by the applicant of the notice of the recommendation; and
  - (ii) a Board hearing, provided the request for the hearing is received by the Board and the Medical Advisory Committee within seven business days of the receipt by the applicant of the written reasons. The procedures to be

followed at a hearing are outlined in section 5.05 with necessary changes to points of detail.

- (f) Where the Medical Advisory Committee has concerns or concerns are raised about whether to recommend an appointment, reappointment or requested Privileges, the Medical Advisory Committee may provide the applicant with written notice that the applicant is entitled to attend and make a presentation to a special meeting of the Medical Advisory Committee. The procedures to be followed at such a special meeting are outlined in section 5.04 of this By-Law.
- (g) Where the applicant does not require a hearing by the Board, the Board may implement the recommendation of the Medical Advisory Committee. However, where the Medical Advisory Committee makes a recommendation with respect to an appointment, reappointment or granting of requested Privileges and:
  - (i) the applicant has not made any written or oral submissions to the Board, and concerns are raised that the Board believes the applicant should have an opportunity to address, the Board may give the applicant notice that he/she is entitled to a Board hearing and shall follow the process set out in section 5.05 of this By-Law with the necessary changes to points of detail; or
  - (ii) information that has not been considered by the Medical Advisory Committee has come to the attention of the Board that the Board believes should be considered by the Medical Advisory Committee prior to the Board acting on the Medical Advisory Committee's recommendation, the Board may refer the new information back to the Medical Advisory Committee for consideration, with the Medical Advisory Committee to provide a reconsidered recommendation to the Board with respect to appointment, reappointment or granting of requested Privileges, as the case may be. The applicant shall be given notice of the reconsidered recommendation as outlined in this section and entitled to a hearing and the process set out in section 5.05 of this By-Law, with necessary changes to points of detail.

### **3.06 Re-appointment to the Professional Staff**

- (a)
  - (i) Sections 3.02(a) and (b) shall apply to applications for re-appointment with necessary changes to points of detail.
  - (ii) The Chief Executive Officer shall provide the applicant with any updates or amendments to the documentation listed in section 3.02(b) implemented since the date of the applicant's most recent application.
  - (iii) The application for re-appointment must be received by the Chief Executive Officer on or before the date specified by the Medical Advisory Committee.



- (b) The applicant's application for re-appointment shall contain the following:
- (i) evidence of the items requested in sections 3.02(d)(vi);
  - (ii) a restatement, confirmation or declaration of the items requested in sections 3.02(d)(i), (ii), (iii) and (xvii);
  - (iii) either:
    - (A) a declaration that all information relating to sections 3.02(d)(x), (xi), (xii), 3.02(d)(xiii), (xv) and (xvi) 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
    - (B) a description of all material changes to the information requested in sections 3.02(d)(x), (xi), (xii), 3.02(d)(xiii), (xv) and (xvi) on file at the Hospital since the applicant's most recent application;
  - (iv) proof of continued registration with the College or license to practice;
  - (v) if requested, a current Certificate of Professional Conduct or equivalent from the appropriate College;
  - (vi) particulars from the applicant of, if any: complaints filed against the applicant with the College; civil suits, actions or proceedings related to the delivery of medical services by the applicant; and criminal proceedings against the applicant;
  - (vii) every three years, and, if requested, a Certificate of Professional Conduct or Letter of Standing from the College and a signed consent authorizing the College to provide:
    - (A) A description of pending, ongoing or completed:
      - (a) dispositions of a complaint or report by the Inquiries, Complaints and Reports Committee other than a disposition where either no further action was indicated or the complaint was dismissed;
      - (b) proceedings before the Discipline Committee or Fitness to Practice Committee including any resolutions short of a hearing;
      - (c) reviews by the Quality Assurance Committee of the College ("QAC") other than random peer reviews or age-triggered reviews and the status or outcome of such investigations or inquiries; and

- (d) assessments by the QAC where the applicant's knowledge, skill and/or judgment have been found to be unsatisfactory and have resulted in action by the QAC and the status or outcome of such investigations or inquiries, at or by the College or any other regulatory/governing body in any jurisdiction and its equivalent committees, including any matters that are being appealed; and a report on any action taken by a committee of the College;
- (B) a report on whether the applicant's privileges have been restricted or cancelled by another hospital or healthcare institution, and any other reports received from another hospital or healthcare institution;
- (viii) a report from the Medical Director and/or Chief of Department with which the applicant has his/her primary affiliation, reviewing the applicant's performance for the past year, which report shall contain, if available and applicable, information and evidence relating to the applicant's:
  - (A) satisfaction of the College's requirements for continuing medical education using guidelines developed by the College of Family Physicians of Canada and the Royal College of Physicians & Surgeons of Canada or other guidelines issued by these colleges, or College of Physicians & Surgeons of Ontario, or an educational program pre-approved by the Medical Director and/or Chief of Department as being equivalent;
  - (B) ability to communicate with Patients and staff, together with information regarding Patient or staff complaints regarding the applicant, if any;
  - (C) the applicant's ability to work in a collegial manner with the Board, Chief Executive Officer, Vice-Presidents, Chief Nursing Executive, Chief of Professional Staff, Medical Director, Chief of Department, other Medical Advisory Committee members, and other Professional Staff members, nursing staff, other healthcare practitioners and learners within the Hospital and other employees of the Corporation;
  - (D) satisfactory discharge of "on-call" responsibilities, if any;
  - (E) staff and committee responsibilities;
  - (F) quality of care, diagnosis and treatment performance including, but not limited to, complications, infection rate, mortality rates and any indications of performance that are available to the Medical Director and/or Chief of Department;

- (G) discharge of clinical, teaching and research responsibilities;
  - (H) ability to supervise staff and, if applicable, Students;
  - (I) monitoring of Patients, together with evidence of appropriate and completed records of personal health information;
  - (J) resource utilization that demonstrates appropriate use of Hospital's resources;
  - (K) general compliance with the *Public Hospitals Act*, applicable laws, this By-Law, and the Hospital's mission, vision, values and policies; and
  - (L) such other information that the Board may require, from time to time, having given consideration to the recommendations of the Medical Advisory Committee.
- (c) The Medical Director and/or Chief(s) of Department, or their delegate(s), may whenever deemed appropriate conduct a more comprehensive performance evaluation of the applicant by canvassing senior management, nursing staff, and other Corporation staff regarding the applicant's performance at the Hospital.
  - (d) Where the Program has a Department of which the applicant is a member, the Chief of Department shall make a recommendation to the Medical Director, which recommendation shall be considered by the Medical Director in his/her report.
  - (e) The applicant shall forward to the Chief Executive Officer a copy of the application. The Chief Executive Officer shall refer the application to the Medical Director and/or Chief of Department. Thereafter the procedure followed shall be the same procedure as set out in section 3.05 of this By-Law, with necessary changes to points of detail.
  - (f) If, in the view of the Medical Director and/or Chief(s) of Department, the applicant does not meet his/her clinical responsibilities, the Medical Director and/or Chief(s) of Department may review the applicant's continuing Professional Staff appointment, and at the Medical Director's and/or Chief(s) of Department's discretion, may make an appropriate recommendation to the Credentials Committee and Medical Advisory Committee.
  - (g) The Board may, in accordance with the *Public Hospitals Act*, this By-Law and Hospital policies:
    - (i) refuse to reappoint any applicant to the Professional Staff;
    - (ii) reduce, change or alter the applicant's Privileges; or
    - (iii) attach specific conditions to the applicant's Privileges;

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

- (A) the Hospital, based on its Clinical Human Resources Plan, Impact Analysis and strategic plan has decided that it does not have sufficient resources; or
- (B) the Hospital, based on its Clinical Human Resources Plan, Impact Analysis and strategic plan, has decided to reallocate resources to optimize Patient access and/or care; or
- (C) the Medical Director's and/or Chief(s) of Department's recommendation contained in his/her report which reviews the applicant's performance for the previous year (section 3.06(b)(viii)); or
- (D) the Hospital ceases to provide a service pursuant to section 44 of the *Public Hospitals Act* and the Board considers such action to be necessary or advisable; or
- (E) based on such other information that the Board may require, respecting competence, capacity and conduct, having given consideration to the recommendation of the Medical Advisory Committee.

### **3.07 Application for Change of Privileges**

- (a) Where a member of the Professional Staff wishes to change his/her Privileges, an application shall be submitted at least three months prior to the desired effective date of the change listing the change of Privileges which is requested, the desired effective date and if applicable, evidence of appropriate training and competence.
- (b) The application shall be processed in accordance with the provisions of the *Public Hospitals Act* and this By-law.
- (c) An applicant shall submit one original written application to the Chief Executive Officer.
- (d) The Chief Executive Officer shall retain the copy and shall refer the original application immediately to the Chief of the Professional Staff, who shall keep a record of each application received and then refer the original application forthwith to the Chair of the Credentials Committee.
- (e) Any application for re-appointment in which:
  - (i) the applicant requests a change to his/her Professional Staff category and/or Privileges and/or responsibilities; and

- (ii) the Medical Director and/or Chief(s) of Department believes that such a change is likely to:
    - (A) increase demand on the Hospital resources from the previous year;  
or
    - (B) decrease the services that the Hospital are able to provide to Patients;
- shall be reviewed by the Credentials Committee, which shall make a recommendation to the Medical Advisory Committee, on the impact, if any, of the requested change.

### **3.08 Streamlined Application for Consulting Privileges**

- (a) An application for Consulting Privileges from a Physician shall include the following:
  - (i) a letter from one of the chief of staff, chief of department or medical director (as the case may be) at the hospital where the Physician holds active staff privileges stating that, after due inquiry, the Physician is in good standing at the hospital and outlining the extent of the Privileges and any restrictions thereon;
  - (ii) evidence of professional liability insurance or membership in the Canadian Medical Protective Association, or equivalent;
  - (iii) a search by the Chief of Professional Staff of the College of Physicians and Surgeons of Ontario's website to confirm that the Physician has a licence to practice medicine in the province of Ontario and whether there are any findings or outstanding complaints against the Physician; and
  - (iv) a statement by the applicant that there are no outstanding matters with his/her College and no prior or existing hospital or healthcare privileges restrictions.
- (b) If the search by the Chief of Professional Staff under section 3.08(a)(iii) reveals that there is an outstanding complaint or adverse finding against the Physician, then this streamlined process shall not apply, and the standard application process shall apply.

## **ARTICLE 4. CROSS-CREDENTIALING OF PROFESSIONAL STAFF MEMBERS**

### **4.01 Request for Application**

- (a) Upon receiving a written request for appointment from an applicant who has privileges at a Primary Hospital, the Chief Executive Officer shall supply the applicant with a streamlined application form.

- (b) Applicants taking advantage of this streamlined application process are entitled to apply for the consulting, courtesy or locum tenens categories only.
- (c) Aside from the streamlined application process outlined in this Article 4, the Hospital shall not be entitled to provide a streamlined applicant any preferential treatment with respect to the application process.

**4.02 Contents of Application Form**

The streamlined application form shall request from the applicant the following information:

- (a) the name of the Primary Hospital at which the applicant is currently privileged, and the nature of the applicant's privileges at the Primary Hospital (i.e., Professional Staff category, type of privileges/procedures performed, etc.);
- (b) length of time privileged at the Primary Hospital;
- (c) a statement by the applicant that he/she has read this By-Law and the Hospital's mission, vision and values and applicable policies;
- (d) an undertaking that, if the applicant is appointed to the Professional Staff, the applicant will provide the services to the Hospital and will act in accordance with applicable laws, this By-Law and Hospital policies;
- (e) an acknowledgement by the applicant that:
  - (i) the failure of the applicant to provide the agreed upon services referred to in section 4.02(d) constitutes a breach of his/her duties, and the Hospital may, upon consideration of the individual circumstances, remove access by the applicant to any and all Hospital resources, including the limiting or restricting of operating room time, or take such actions as are reasonable, in accordance with applicable laws, this By-Law and Hospital policies; and
  - (ii) the Hospital may refuse to appoint an applicant to the Professional Staff where the applicant refuses to acknowledge the responsibility to abide by a commitment to provide services in accordance with the Privileges granted by the Board, and in accordance with this By-Law and Hospital policies;
- (f) a direction to the Chief Executive Officer authorizing the Chief Executive Officer, Chief of Professional Staff or their delegates to contact any professional licensing authorities, any hospital, healthcare facility or educational institution where the applicant has received training or provided services for the purposes of conducting a reference check, such direction to include names and addresses of at least three appropriate references including:
  - (i) chief executive officer and chief of staff of the last hospital where the applicant held privileges or received training; and

- (ii) head of department or head of training program if enrolled in a graduate training program within the past three years;
- (g) the nature of the Privileges requested at the Hospital (i.e. Professional Staff category, Privileges and procedures, etc.);
- (h) either:
  - (i) a declaration that all information on file at the Primary Hospital from the applicant's most recent appointment or re-appointment process is up-to-date, accurate and unamended as of the date of this application; or
  - (ii) a description of all material changes to the information on file at the Primary Hospital since the applicant's most recent appointment or re-appointment process; and
- (i) a signed authorization for the Chief Executive Officer of the Primary Hospital to release to the Hospital all relevant files relating to the applicant's qualifications, competence, privileges and practice at the Primary Hospital; and
- (j) an undertaking to provide any information or documentation that the Hospital requires from applicants that is not required from the applicant's Primary Hospital.

#### **4.03 Application Form to be provided to the Primary Hospital Chief Executive Officer**

- (a) The applicant shall provide the signed and completed streamlined application form to the Chief Executive Officer of the Primary Hospital at which the applicant is privileged, along with the signed authorization referred to in section 4.02(i).
- (b) The applicant shall then request the Chief Executive Officer of the Primary Hospital to release all of the applicant's files or make the applicant's files available to the Hospital, in the manner that the parties determine is most efficient.
- (c) The applicant shall also be required to provide a written certification signed by the Chief Executive Officer of the Primary Hospital confirming that the applicant's privileges were granted in accordance with the Primary Hospital's by-laws.

#### **4.04 Right to Require Interview**

The applicant shall be required to meet in person or by teleconference or videoconference with the Chief Executive Officer, Chief of Professional Staff or members of the Credentials Committee if deemed necessary or appropriate by the Hospital. The Hospital may also contact the Primary Hospital's chief executive officer, chief of staff or chief of department, medical director or clinical head of department or any of the references listed in the applicant's Primary Hospital file if deemed necessary or appropriate by the Hospital to assess the application.

#### **4.05 Procedure for Processing Applications for Cross-Credentiailling in Non-Emergency Situations**

- (a) The Chief Executive Officer, upon receipt of a completed application, will refer the application to the relevant Medical Director and/or Chief(s) of Department who shall in consultation with the Chief of Professional Staff make a written recommendation to the Credentials Committee.
- (b) The Credentials Committee will review each application together with the qualifications and experience of the applicant. The Credentials Committee will make a written report to the Medical Advisory Committee, having given consideration to the recommendation of the relevant Medical Director and/or Chief(s) of Department. The Credentials Committee will:
  - (i) review the application to ensure that it contains all the information required under section 3.02 of this By-Law;
  - (ii) take into consideration whether the criteria set out in section 3.03 of this By-Law have been complied with;
  - (iii) include a recommendation to appoint, or not appoint, the applicant subject to specific conditions; and
  - (iv) where applicable, include a list of the intended clinical responsibilities to be carried out by the applicant in exchange for being granted the Privileges. These responsibilities may change from time to time, subject to the approval of the relevant Medical Director and/or Chief(s) of Department.
- (c)
  - (i) Subject to section (ii) below and section 3.05(f), the Medical Advisory Committee will receive and consider the application and report of the Credentials Committee and send its recommendation in writing to the Board within 60 days of the date of receipt by the Chief Executive Officer of the completed application, as outlined in the *Public Hospitals Act*. The Medical Advisory Committee may make its recommendation to the Board later than 60 days after the receipt of the completed application if, prior to the expiry of the 60-day period, it indicates in writing to the Board and the applicant that a final recommendation cannot yet be made and includes written reasons for the delay.
  - (ii) The applicant may, in the application, waive the 60-day response time contained in section (i) above.
- (d) If the recommendation of the Medical Advisory Committee is deferred, the Medical Advisory Committee shall consider any additional information relevant to the applicant's application that comes to its attention up to and including the date the Medical Advisory Committee's recommendation is made to the Board, provided that the relevant documentation regarding such information is provided to the applicant pursuant to section 5.04(d).



- (e) The Medical Advisory Committee shall give written notice to the applicant and the Board of its recommendation.

#### **4.06 Urgent Circumstances**

If, in the reasonable belief of the Chief Executive Officer or the Chief of Professional Staff, it is necessary to grant Privileges to a Physician to respond to an urgent need to provide care or coverage for one or more Patients, the following process may be followed:

- (a) The Chief Executive Officer or the Chief of Professional Staff, or their designate(s), shall review the streamlined application to ensure that the applicant has provided the information in accordance with this section.
- (b) The Chief Executive Officer or the Chief of Professional Staff, or their designate(s), shall review the applicant's Primary Hospital file to ensure that the applicant has proper qualifications and insurance coverage to practice at the Hospital, and to confirm that there is no indication in the file of one or more incidents of misconduct or incompetence that create a greater risk to the quality of care in the Hospital than not appointing a Physician to meet the urgent need.
- (c) If the Chief Executive Officer or Chief of Professional Staff, or their designate(s), is unsatisfied as to the process by which the applicant was granted privileges at the Primary Hospital or as to the qualifications, insurance coverage or competence of the applicant, the Chief Executive Officer or his/her designate shall cause the application to be processed in accordance with the standard application process set out in Article 3.
- (d) Privileges may be granted by the Chief Executive Officer or designate or the Chief of Professional Staff under this section on a temporary basis only, not to exceed 30 days. The Chief Executive Officer or designate shall advise the applicant immediately in writing as to the decision with respect to the streamlined application.
- (e) Any application granted under this section 4.06 must be reviewed in accordance with the procedure set out in sections 4.01 to 4.04 in order for the Privileges granted to extend beyond the 30-day period.
- (f) Any application granted under this section 4.06 shall be reported to the Hospital's Medical Advisory Committee and the Board at the Medical Advisory Committee and Board meetings immediately following the urgent appointment.

#### **4.07 Right to Process**

Due to the streamlined nature of the application process, applicants who submit applications pursuant to section 3.08 and Article 4 shall not be entitled to the due process procedures and protections set out in section 3.05 of this By-Law. Any applicants wishing to benefit from the due process procedures and protections contemplated under the *Public*

*Hospitals Act* and section 3.05 shall be entitled to them, provided the applicant applies or re-applies for Privileges pursuant to the standard application process set out in Article 3.

## **ARTICLE 5. SUSPENSION/ REVOCATION OF PRIVILEGES**

### **5.01 Mid-Term Action**

- (a) Pursuant to the *Public Hospitals Act* and in accordance with this By-Law, the Board at any time may revoke or suspend any appointment of a Professional Staff member, or dismiss, suspend, restrict or otherwise deal with the Privileges of the member.
- (b) Any administrative or leadership appointment of the Professional Staff member will automatically terminate upon the restriction, revocation or suspension of Privileges, or revocation of such appointment, unless otherwise determined by the Board;
- (c) Where an application for appointment or reappointment is denied or the Privileges of a Professional Staff member have been restricted, suspended or revoked by reason of incompetence, negligence or misconduct, or the member resigns from the Professional Staff during the course of an investigation into his or her competence, negligence or misconduct, the Chief Executive Officer shall cause to be prepared a detailed written report of the circumstances thereof and shall forward such report to the appropriate College as soon as possible thereafter.

### **5.02 Non-Immediate Mid-Term Action**

#### **PRELIMINARY STEPS IN MID-TERM REVIEW**

##### **(a) CRITERIA FOR INITIATION**

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

- (i) exposes, or is reasonably likely to expose, Patients or any other person in the Hospital to harm or injury;
- (ii) is, or is reasonably likely to be, detrimental to Patient safety or to the delivery of quality Patient care within the Hospital;
- (iii) is, or is reasonably likely to be, detrimental to Hospital operations;
- (iv) constitutes, or is reasonably likely to constitute, Disruptive Behaviour;
- (v) is in violation of the Professional Staff Code of Conduct;
- (vi) results in the imposition of sanctions by the appropriate College; or

- (vii) is contrary to this By-Law, Hospital policies, the *Public Hospitals Act* or any other applicable laws.

(b) **INITIATION**

- (i) Where information is provided to the Chief Executive Officer, Chief of Professional Staff, Medical Director or Chief(s) of Department which raises concerns about any of the matters in section 5.02(a), the complainant shall be requested to submit such information in writing to the Chief Executive Officer, Chief of Professional Staff, Medical Director or Chief(s) of Department.
- (ii) If any of the Chief Executive Officer, Chief of Professional Staff, Medical Director or Chief(s) of Department receives information about the conduct, performance or competence of a member, he/she shall inform the other individuals.

(c) **INITIAL INTERVIEW**

- (i) An interview shall be arranged with the Professional Staff member. The Professional Staff member may ask a member of the Professional Staff Association to be present.
- (ii) The Professional Staff member shall be advised of the information about his/her conduct, performance or competence and shall be given a reasonable opportunity to present relevant information on his/her own behalf.
- (iii) A written record shall be maintained reflecting the substance of the interview and copies shall be sent to the Professional Staff member, Chief Executive Officer, Chief of Professional Staff, Medical Director and Chief(s) of Department.
- (iv) If the Professional Staff member fails or declines to participate in the interview after being given a reasonable opportunity, appropriate action may be initiated.

(d) **INVESTIGATION**

- (i) The Chief of Professional Staff, Medical Director, Chief(s) of Department or Chief Executive Officer, at his/her sole discretion, shall determine whether a further investigation is necessary.
- (ii) The investigation may be assigned to an individual or individuals within the Hospital, the Medical Advisory Committee, a body within the Hospital other than the Medical Advisory Committee, or an external consultant.
- (iii) Upon completion of the investigation, the individual or body who conducted the investigation shall forward a written report to the Chief

Executive Officer, Chief of Professional Staff, Medical Director and Chief(s) of Department. The Professional Staff member shall be provided with a copy of the written report.

- (iv) The Chief Executive Officer, Chief of Professional Staff, Medical Director and Chief(s) of Department shall review the report and determine whether any further action may be required including, without limitation, whether the matter should be dealt with as an immediate mid-term action pursuant to section 5.06 or referred to the Medical Advisory Committee for consideration pursuant to section 5.03.

### **5.03 Request to Medical Advisory Committee For Recommendation For Mid-Term Action**

- (a) Where it is determined that further action may be required and the matter relates to the dismissal, suspension or restriction of a Professional Staff member's Privileges and/or a matter referred to in section 5.02(b)(i), the matter shall be referred to the Medical Advisory Committee, which shall make a recommendation to the Board.
- (b) All requests for a recommendation for mid-term action must be submitted to the Medical Advisory Committee in writing and supported by reference to the specific activities or conduct which constitute grounds for the request and a copy of any reports with respect to the matter.
- (c) Where the matter is referred to the Medical Advisory Committee, a copy of the written information under section 5.02(b)(i) together with any reports made by an individual or body with respect to the matter shall be forwarded to the Medical Advisory Committee.
- (d) The Medical Advisory Committee may initiate further investigation itself, establish an ad hoc committee to conduct the investigation, refer the matter to an external consultant, dismiss the matter for lack of merit, or determine to have a meeting of the Medical Advisory Committee.
- (e) Where the Medical Advisory Committee establishes an ad hoc committee to conduct the investigation or refers the matter to an external consultant, that committee or individual shall forward a written report of the investigation to the Medical Advisory Committee as soon as practicable after the completion of the investigation.
- (f) Upon completion of its own investigation or upon receipt of the report by the committee or individual that conducted the investigation, as the case may be, the Medical Advisory Committee may either dismiss the matter for lack of merit or determine to have a special meeting of the Medical Advisory Committee.
- (g) Subject to section 5.03(h), within 21 days after receipt by the Medical Advisory Committee of the request for a recommendation for mid-term action, unless deferred, the Medical Advisory Committee shall determine whether a special meeting of the Medical Advisory Committee is required to be held.

- (h) If additional time is needed for the investigative process, the Medical Advisory Committee may defer action on the request. The Medical Advisory Committee must act within 30 days of the deferral.
- (i) If the Medical Advisory Committee determines that there is merit to proceeding to a special Medical Advisory Committee meeting, then the member is entitled to attend the meeting.
- (j) Where the Medical Advisory Committee considers the matter at a special Medical Advisory Committee meeting, then the procedures set out herein at sections 5.04 and 5.05 shall be followed.
- (k) A Medical Advisory Committee member who has participated in the suspension or investigation of the Professional Staff member's Privileges may participate, but shall not vote, at the Medical Advisory Committee meeting.

#### **5.04 The Special Medical Advisory Committee Meeting**

- (a) Where the Medical Advisory Committee determines that there is merit to proceeding to a special Medical Advisory Committee meeting, the Medical Advisory Committee shall set a date for such meeting and shall give written notice of the meeting to the member at least 14 business days prior to the meeting. This meeting shall be in camera.
- (b) The notice shall include:
  - (i) the date, time and place of the meeting;
  - (ii) the purpose of the meeting;
  - (iii) a statement that the Professional Staff member will be provided with a statement of the matter to be considered by the Medical Advisory Committee together with any documentation or witnesses that will be considered by the Medical Advisory Committee;
  - (iv) a statement that the Professional Staff member is entitled to attend the Medical Advisory Committee meeting and to participate fully to answer all matters considered by the Medical Advisory Committee and to present documents and witnesses;
  - (v) a statement that the Professional Staff member is entitled to bring legal counsel to the meeting only to provide legal advice to the member, but that the member's legal counsel will not be entitled to make any submissions and/or participate directly in the meeting including examining any witnesses;
  - (vi) a statement that counsel to the Medical Advisory Committee may attend at Medical Advisory Committee meetings, including, without limitation, in

camera deliberations, in order to provide legal advice to the Medical Advisory Committee and to ensure compliance with applicable laws and due process requirements;

- (vii) a statement that the meeting may proceed in the absence of the Professional Staff member; and
  - (viii) a statement that the meeting may result in a recommendation to the Board which may affect the Professional Staff member's Privileges.
- (c) The Medical Advisory Committee shall provide the Professional Staff member with a short but comprehensive statement of the matter to be considered by the Medical Advisory Committee, together with any relevant documentation, including any reports and other documentation which will be reviewed at the meeting.
- (d) The Professional Staff member shall be given a reasonable opportunity to answer each matter as well as to present documents and witnesses if so desired, provided at least five business days before the Medical Advisory Committee meeting, the member shall provide the Medical Advisory Committee with the following:
- (i) a list of witnesses with a brief synopsis of the purpose for which they are being called; and
  - (ii) a copy of all documentation in the possession, power or control of the member that is relevant to the matter(s) under consideration, that has not been produced by the Medical Advisory Committee and that the member will be relying on at the special meeting.
- (e) The Medical Advisory Committee shall keep minutes of the proceedings and shall provide the Professional Staff member with a copy of the approved minutes. The approved minutes shall only record the Medical Advisory Committee's reasons and recommendations.
- (f) All members of the Medical Advisory Committee who participated in any investigation of the matter under consideration may participate in the Medical Advisory Committee meeting.
- (g) Before deliberating on the recommendation to be made to the Board, the Chief of Professional Staff shall require the Professional Staff member and any other persons present who are not Medical Advisory Committee members, other than legal counsel to the Medical Advisory Committee to retire from the meeting.
- (h) The Medical Advisory Committee shall not consider any matter or case which it did not give the Professional Staff member a fair opportunity to answer.
- (i) Where the Medical Advisory Committee determines that it does not intend to make a recommendation affecting the Professional Staff member's Privileges, this shall

be noted in the minutes of the Medical Advisory Committee, and the member shall be informed of this decision.

- (j) Where the Medical Advisory Committee determines that it does intend to make a recommendation affecting the Professional Staff member's Privileges, the Medical Advisory Committee shall make such recommendation in writing to the Board.
- (k) The Medical Advisory Committee shall provide to the Professional Staff member within 14 business days following the meeting, written notice of:
  - (i) the Medical Advisory Committee's recommendation and if requested, the written reasons for the recommendation; and
  - (ii) the Professional Staff member's entitlement to a hearing before the Board if a written request is received by the Board and the Medical Advisory Committee within seven business days of the receipt by the member of the Medical Advisory Committee's written reasons.
- (l) The time period to provide the written notice required in section 5.04(k) may be extended if the Medical Advisory Committee, prior to the expiry of the 14 business days, gives written notice to the Professional Staff member that the final recommendation cannot yet be made and provides the member with written reasons.
- (m) The Medical Advisory Committee shall provide to the Board within 14 business days from the date of the Medical Advisory Committee meeting, or such later date where the time period is extended pursuant to section 5.04(l), written notice of:
  - (i) the Medical Advisory Committee's recommendation and the written reasons for the recommendation; and
  - (ii) where an extension was made pursuant to section 5.04(l), the written reasons for the extension.
- (n) Service of a notice upon the Professional Staff member may be made personally, by registered mail or courier addressed to the person to be served at his/her last known address on the Hospital's records. Where the notice is served by registered mail, it shall be deemed that the notice was served on the third day after the day of mailing unless the person to be served establishes that he/she did not, acting in good faith, through absence, accident, illness or other cause beyond his/her control receive it until a later date.
- (o) Where the Professional Staff member does not require a hearing by the Board, the Board may implement the recommendation of the Medical Advisory Committee. However, where the Medical Advisory Committee makes a recommendation with respect to the dismissal, suspension or restriction of a member's Privileges and:



- (i) the member has not made any written or oral submissions to the Board, and concerns are raised that the Board believes the member should have an opportunity to address, the Board may give the member notice that he/she is entitled to a Board hearing and shall follow the process set out in section 5.05 of this By-Law; or
  - (ii) information that has not been considered by the Medical Advisory Committee has come to the attention of the Board that the Board believes should be considered by the Medical Advisory Committee prior to the Board acting on the Medical Advisory Committee's recommendation, the Board may refer the new information back to the Medical Advisory Committee for consideration, with the Medical Advisory Committee to provide a reconsidered recommendation to the Board with respect to the dismissal, suspension or restriction of a Professional Staff member's Privileges, as the case may be. The member shall be given notice of the reconsidered recommendation as outlined in this section and entitled to a meeting and the process set out in section 5.04(a) to (r) of this By-Law.
- (p) Participation of any member of the Medical Advisory Committee in an investigation regarding an applicant does not preclude such member from participating or voting at a special meeting of the Medical Advisory Committee.
  - (q) Where, at any time after receiving written information under section 5.02(b)(ii), the Professional Staff member continues in his/her duties at the Hospital and the Medical Director and/or Chief(s) of Department believes that the member's work should be scrutinized, the member's work shall be scrutinized in a manner to be determined by the Medical Director and/or Chief(s) of Department.
  - (r) If at any time it becomes apparent that the Professional Staff member's conduct, performance or competence is such that it exposes, or is reasonably likely to expose, Patient(s) or other persons to harm or injury and immediate action must be taken to protect the Patients or other persons, then the procedures under immediate measures in an emergency situation shall be invoked (see section 5.06).

### **5.05 The Board Hearing**

- (a) Where the Professional Staff member requires a Board hearing, the Board shall appoint a date, place and time for the hearing.
- (b) The Board hearing shall commence within 30 days of the Board receiving the notice from the member requesting a hearing.
- (c) The Board shall give written notice of the hearing to the member and to the Chair (or substitute) of the Medical Advisory Committee at least seven business days before the hearing.
- (d) The notice of the Board hearing shall include:



- (i) the date, place and time of the hearing;
  - (ii) the purpose of the hearing;
  - (iii) a statement that the member and Medical Advisory Committee shall be afforded an opportunity to examine, prior to the hearing, any written or documentary evidence that will be provided or any report, the contents of which will be given in evidence at the hearing;
  - (iv) a statement that the member may proceed in person or be represented by counsel, and that in his/her absence the Board may proceed with the hearing and that the member will not be entitled to any further notice of the proceeding;
  - (v) a statement that the member may call witnesses and tender documents in evidence in support of his/her case;
  - (vi) a statement that the time for the hearing may be extended by the Board; and
  - (vii) a copy of the Board-approved rules that govern the hearing.
- (e) The parties to the Board hearing are the Professional Staff member, the Medical Advisory Committee and such other persons as the Board may specify.
- (f) The Professional Staff member requiring a hearing before the Board and his/her counsel shall be afforded an opportunity to examine, prior to the hearing, any written or documentary evidence that will be produced, or any report the contents of which will be given in evidence at the hearing.
- (g) The Professional Staff member shall be given full opportunity to answer each matter as well as to present documents and witnesses if so desired, provided that at least five business days before the Board hearing, the member shall provide the Board and the Medical Advisory Committee with the following:
- (i) a list of witnesses with a brief synopsis of the purpose for which they are being called; and
  - (ii) a copy of all additional documentation in the possession, power or control of the member that has not been produced by the Medical Advisory Committee and that the member will be relying on at the Board hearing.
- (h) Elected Directors participating in the hearing shall not have taken part in any investigation or consideration of the subject matter of the hearing before the hearing and shall not communicate directly or indirectly in relation to the subject matter of the hearing with any person or with any party or his/her representative, except upon notice to and an opportunity for all parties to participate.

- (i) A panel comprised of three or more Directors shall have the authority to make determinations regarding pre-hearing matters at the Board's discretion.
- (j) The findings of fact of the Board pursuant to a hearing shall be based exclusively on evidence admissible or matters that may be noticed under sections 15 and 16 of the *Statutory Powers Procedure Act* (Ontario).
- (k) The Board shall consider only the reasons of the Medical Advisory Committee that have been given to the Professional Staff member in support of its recommendation. Where through error or inadvertence, certain reasons have been omitted in the statement delivered to the member, the Board may consider those reasons only if those reasons are given by the Medical Advisory Committee in writing to both the applicant and the Board and the member is given a reasonable time to review the reasons and to prepare a case to meet those additional reasons.
- (l) No Director shall participate in a decision of the Board pursuant to a hearing unless he/she was present throughout the hearing and heard the evidence and argument of the parties and, except with the consent of the parties, no decision of the Board shall be given unless all Directors so present participate in the decision.
- (m) The Board shall make a decision to either follow, not follow or modify the recommendation of the Medical Advisory Committee.
- (n) A written copy of the Board decision and the written reasons for the decision shall be provided to the Professional Staff member and to the Medical Advisory Committee.
- (o) Service of the notice of the decision and the written reasons to the Professional Staff member may be made personally, by courier or by registered mail addressed to the member at his/her last known address on the Hospital's records and, where the notice is served by registered mail, it shall be deemed that the notice was served on the third day after the day of mailing unless the person to be served establishes that he/she did not, acting in good faith, through absence, accident, illness or other cause beyond his/her control, receive it until a later date.

#### **5.06 Immediate Mid-Term Action in An Emergency Situation**

- (a) Where the conduct, performance or competence of a Professional Staff member exposes, or is reasonably likely to expose, Patient(s) or other persons to harm or injury either within or outside the Hospital, or is, or is reasonably likely to be, detrimental to Patient safety or to the delivery of quality patient care, and immediate action must be taken to protect the Patients or other persons, the Chief of Professional Staff or delegate may immediately and temporarily suspend the member's Privileges.
- (b) The Chief of Professional Staff or delegate shall immediately notify the Professional Staff member, Medical Advisory Committee, Chief Executive Officer and Board of the suspension of the member's Privileges, and the suspension shall

continue pending a Medical Advisory Committee meeting and, if applicable, a Board hearing.

- (c) The Chief of Professional Staff, Medical Director or Chief(s) of Department shall make arrangements for the assignment of a substitute Professional Staff member to care for the Patients of the suspended member.
- (d) Within 48 hours of the suspension, the individual who suspended the Professional Staff member shall provide the member and Medical Advisory Committee with written reasons for the suspension and copies of any relevant documents or records.

#### **5.07 The Medical Advisory Committee Meeting in an Emergency Situation**

Where the Chief of Professional Staff or delegate has suspended a Professional Staff member's privileges under section 5.06, section 5.04 shall apply, subject to the following changes in the time frames for the process:

- (a) The Medical Advisory Committee shall set the date for a Medical Advisory Committee meeting within five business days from the date of the suspension to review the suspension and to make recommendations to the Board.
- (b) As soon as possible, and in any event, at least two business days prior to the Medical Advisory Committee meeting, the Medical Advisory Committee shall provide the member with the written notice of the Medical Advisory Committee meeting and the required information, as outlined in section 5.04(b).
- (c) The Professional Staff member shall be given a reasonable opportunity to answer each matter as well as present documents and witnesses if so desired, provided at least two business days before the Medical Advisory Committee meeting, the member shall provide the Medical Advisory Committee with the required information as outlined in sections 5.04(d)(i) and (ii).
- (d) The Medical Advisory Committee shall provide to the Professional Staff member within seven business days following the meeting, the written notice of:
  - (i) the Medical Advisory Committee's recommendation and if requested, the written reasons for the recommendation; and
  - (ii) the member's entitlement to a Board hearing if the written request is received by the Board and the Medical Advisory Committee within three business days of the receipt by the member of the Medical Advisory Committee's written reasons.
- (e) The time period to provide the written notice required may be extended if the Medical Advisory Committee, prior to the expiry of the seven business days, gives written notice to the member that the final recommendation cannot yet be made and provides the member with written reasons.

- (f) The Medical Advisory Committee shall also provide to the Board within seven business days of the Medical Advisory Committee meeting, the written notice of the Medical Advisory Committee's recommendation and the written reasons for the recommendation.

#### **5.08 The Board Hearing in an Emergency Situation**

- (a) Where the Professional Staff member requires a Board hearing, the Board shall name a place, date and time for the hearing.
- (b) The Board hearing shall commence within 14 business days of the Board receiving the notice from the member requesting the hearing.
- (c) The Board shall give written notice of the hearing to the member and to the Chair (or substitute) of the Medical Advisory Committee at the earliest reasonable opportunity and in any event, at least three business days prior to the hearing.
- (d) The notice of the Board hearing shall include:
  - (i) the date, time and place of the hearing;
  - (ii) the purpose of the hearing;
  - (iii) a statement that the member and the Medical Advisory Committee shall be afforded an opportunity to examine, prior to the hearing, any written or documentary evidence that will be produced or any report, the contents of which will be given in evidence at the hearing;
  - (iv) a statement that the member may proceed in person or be represented by counsel, and that in his/her absence the Board may proceed with the hearing and that the member will not be entitled to any further notice of the proceeding;
  - (v) a statement that the member may call witnesses and tender documents in evidence in support of his/her case;
  - (vi) the time for the hearing may be extended by the Board; and
  - (vii) a copy of the Board-approved rules that govern the hearing.
- (e) The parties to the Board hearing are the Professional Staff member, Medical Advisory Committee and such other persons as the Board may specify.
- (f) The member requiring a Board hearing and his/her counsel shall be afforded an opportunity to examine, prior to the hearing, any written or documentary evidence that will be produced, or any report the contents of which will be given in evidence at the hearing, provided that at least 48 hours before the Board hearing, the member shall provide the Board and Medical Advisory Committee with the following:

- (i) a list of witnesses with a brief synopsis of the purpose for which they are being called; and
  - (ii) a copy of all additional documentation in the possession, power or control of the member.
- (g) Elected Directors holding the hearing shall not have taken part in any investigation or consideration of the subject matter of the hearing before the hearing and shall not communicate directly or indirectly in relation to the subject matter of the hearing with any person or with any party or his/her representative, except upon notice to and an opportunity for all parties to participate.
- (h) At least 24 hours before the Board hearing, the member shall provide the Board and Medical Advisory Committee with the following:
  - (i) a list of witnesses with a brief synopsis of the purpose for which they are being called; and
  - (ii) a copy of all documentation in the possession, power or control of the member that has not been produced by the Medical Advisory Committee and that the member will be relying on at the Board hearing.
- (i) A panel comprised of three or more elected Directors shall have the authority to make determinations regarding pre-hearing matters at the Board's discretion.
- (j) The findings of fact of the Board pursuant to a hearing shall be based exclusively on evidence admissible or matters that may be noticed under sections 15 and 16 of the *Statutory Powers Procedure Act* (Ontario).
- (k) The Board shall consider only the reasons of the Medical Advisory Committee that have been given to the Professional Staff member in support of its recommendation. Where through error or inadvertence, certain reasons have been omitted in the statement delivered to the member, the Board may consider those reasons only if those reasons are given by the Medical Advisory Committee in writing to both the applicant and the Board and the member is given a reasonable time to review the reasons and to prepare a case to meet those additional reasons.
- (l) No Director shall participate in a decision of the Board pursuant to a hearing unless he/she was present throughout the hearing and heard the evidence and argument of the parties and, except with the consent of the parties, no decision of the Board shall be given unless all Directors so present participate in the decision.
- (m) The Board shall make a decision to either follow, not follow or modify the recommendation of the Medical Advisory Committee.
- (n) A written copy of the decision of the Board and the written reasons for the decision shall be provided to the Professional Staff member and Medical Advisory Committee.

- (o) Service of the notice of the decision and the written reasons to the Professional Staff member may be made personally or by registered mail addressed to the member at his/her last known address on the Hospital's records and, where the notice is served by registered mail, it shall be deemed that the notice was served on the third day after the day of mailing unless the person to be served establishes that he/she did not, acting in good faith, through absence, accident, illness or other cause beyond his/her control, receive it until a later date.

**5.09 Notification of College and Other Institutions**

The Chief Executive Officer or delegate shall give notification of any suspension, revocation or involuntary restriction of Privileges to the registrar of the appropriate College and to the dean of any educational institution in which the Professional Staff member holds a cross-appointment.

**5.10 Ceasing to Provide a Service**

For greater certainty, the process obligations and rights contained in this Article 5 shall not apply to a decision of the Board under section 44(2) of the *Public Hospitals Act*.

**ARTICLE 6. PROFESSIONAL STAFF CATEGORIES**

**6.01 Professional Staff Categories**

The Professional Staff shall be divided into the following categories:

- (a) active;
- (b) associate;
- (c) consulting;
- (d) courtesy;
- (e) locum tenens;
- (f) temporary; and
- (g) honorary.

**6.02 Active Staff**

- (a) The Active Staff shall consist of those Physicians, Dentists, Midwives and Extended Class Nurses who have been appointed by the Board.
- (b) Except where approved by the Board, no Physician with an active staff appointment at another hospital shall be appointed to the Active Staff.

- (c) Every Physician, Dentist, Midwife and Extended Class Nurse applying for appointment to the Active Staff may be assigned to the Associate Staff for a probationary period if the Board so requires.
- (d) If an Active Staff member is away from his/her practice for an extended period of time (six months in any calendar year or nine months in any 24-month period) without due reason, then the member shall be required to reapply for Privileges as an Associate Staff member upon return.
- (e)
  - (i) All Active Staff who are Physicians, Midwives or Extended Class Nurses shall have admitting Privileges unless otherwise specified in their appointment.
  - (ii) An oral and maxillofacial surgeon in the Active Staff category may be granted admitting Privileges, unless otherwise specified in his/her appointment to the Professional Staff.
  - (iii) A Dentist in the Active Staff category may be granted admitting Privileges in association with a Physician who is an Active Staff member, unless otherwise specified in his/her appointment to the Professional Staff.
- (f) The Physicians on the Active Staff shall be eligible to vote at Professional Staff Association and Program meetings, to hold office on the Professional Staff Association, and to sit on any Professional Staff committee. All other Active Staff members shall be eligible to vote at Professional Staff Association and Program meetings, and to sit on any committee of the Professional Staff, but shall not be eligible to hold office on the Professional Staff Association.
- (g) Each Active Staff member shall:
  - (i) undertake such duties in respect of those Patients classed as emergency cases as may be specified by the Chief of Professional Staff or by the Medical Director of the Program or Chief(s) of Department to which the member has been assigned;
  - (ii) undertake to maintain their primary commitment to the Hospital;
  - (iii) attend Patients, and undertake treatment and operative procedures only in accordance with the kind and degree of Privileges granted by the Board;
  - (iv) act as a supervisor of a Professional Staff member as and when requested by the Chief of Professional Staff, Medical Director or Chief(s) of the Department to which they have been assigned;
  - (v) participate on on-call roster unless otherwise exempted in accordance with a policy jointly developed by the Chief of Professional Staff and Medical Director or Chief(s) of Department which has been approved by the Medical Advisory Committee;

- (vi) be responsible to the Chief(s) of Department to which he/she has been assigned for all aspects of patient care;
- (vii) advise the Medical Director of the Program or Chief(s) of Department to which he/she has been assigned at least six weeks in advance of any planned absence from the Hospital of a duration of more than one week; and
- (viii) perform such other duties as may from time to time be prescribed by the Medical Advisory Committee or requested by the Chief of Professional Staff or Medical Director of the Program to which he/she has been assigned.

### **6.03 Associate Staff**

- (a) The Associate Staff shall consist of Physicians, Dentists, Midwives and Extended Class Nurses appointed to the Professional Staff for a probationary period of at least one year to provide the Hospital an opportunity to conduct a more complete evaluation of the Professional Staff member's qualifications, skill, expertise and collegiality in order to determine whether the member should be reappointed as an Active Staff member with an expectation, subject to applicable laws and this By-Law, of continued yearly appointments at the Hospital.
- (b)
  - (i) All Associate Staff who are Physicians, Midwives or Extended Class Nurses shall have admitting Privileges unless otherwise specified in their appointment.
  - (ii) A Dentist in the Associate Staff who is an oral and maxillofacial surgeon may be granted admitting Privileges, unless otherwise specified in his/her appointment to the Professional Staff.
  - (iii) A Dentist in the Associate Staff may be granted admitting Privileges in association with a Physician who is a Professional Staff member with admitting Privileges, unless otherwise specified in his/her appointment to the Professional Staff.
- (c) An Associate Staff member shall work for a probationary period under the supervision of an Active Staff member named by the Chief of Professional Staff or Medical Director of the Program or Chief(s) of Department to which the Associate Staff member has been assigned.
- (d) A supervisor shall carry out supervisory duties in accordance with the Hospital policies.
- (e) After six months, the appointment of an Associate Staff member will be reviewed by the supervisor. The review will include the following:
  - (i) information concerning the knowledge and skill which has been shown by the Associate Staff member;



- (ii) the nature and quality of the Associate Staff member's clinical performance in the Hospital;
- (iii) comments on the utilization of Hospital resources;
- (iv) the Associate Staff member's ability to function in conjunction with the other Professional Staff members and Hospital staff; and
- (v) those elements listed in section 3.06(b)(viii).

The report developed from the review will be provided to and reviewed with the Professional Staff member and will be copied to the Credentials Committee.

- (f) After one year, the appointment of a Professional Staff member to the Associate Staff shall be reviewed by the Credentials Committee after having received a second written report about the Associate Staff member from the supervisor, reviewing the same issues as contemplated in section 6.03(e), which Committee shall report to the Medical Advisory Committee.
- (g) The Medical Advisory Committee, after considering the report of the Credentials Committee, may recommend that the Associate Staff member be appointed to the Active Staff or another Professional Staff category, may require the Associate Staff member to be subject to a further probationary period not longer than 12 months, or may recommend a denial of re-appointment. If the applicant's promotion from Associate Staff is under review by the Medical Advisory Committee or the Board, the applicant's Associate Staff period shall be extended until such time as a final determination is made.
- (h) The Medical Director or Chief(s) of Department, upon the request of an Associate Staff member, a supervisor, the Chief of Professional Staff or on his/her own initiative, may assign the Associate Staff member to a different supervisor at any time.
- (i) At any time an unfavourable report may cause the Medical Advisory Committee to consider making a recommendation to the Board that the appointment of the Associate Staff member be terminated.
- (j) An Associate Staff member shall:
  - (i) attend Patients, and undertake treatment and operative procedures under supervision in accordance with the kind and degree of Privileges granted to him/her by the Board on the recommendation of the Medical Advisory Committee;
  - (ii) undertake such duties in respect of those Patients classed as emergency cases as may be specified by the Chief of Professional Staff, Medical Director or Chief(s) of Department;

- (iii) fulfil such on call requirements as may be established in accordance with the Clinical Human Resources Plan and Hospital rules, regulations and policies; and
  - (iv) perform such other duties as may be prescribed by the Medical Advisory Committee or requested by the Chief of Professional Staff or delegate or Medical Director from time to time.
- (k) An Associate Staff member may attend but shall not vote at Professional Staff Association or Program meetings nor be elected as an officer of the Professional Staff Association, but may be appointed to a Professional Staff committee.

#### **6.04 Consulting Staff**

- (a) Given the necessity of hospitals to provide care to their communities and the difficulties they face in finding and retaining Physicians with expertise in certain areas, the category of Consulting Privileges has been created to:
- (i) ensure that specialized expertise and services that would not otherwise be available to Patients can be made available; and
  - (ii) streamline the credentialing process for these Physicians.
- (b) Physicians with Consulting Privileges have a primary practice at another hospital but will provide their specialised expertise and services to Patients.
- (c) Physicians with Consulting Privileges shall provide consultations when requested by the Active or Associate Staff.
- (d) Physicians with Consulting Privileges:
- (i) may not admit but may treat Patients admitted by the Active or Associate Staff;
  - (ii) may, but are not required to, attend Professional Staff Association or Program meetings;
  - (iii) are not eligible to be appointed to a Professional Staff committee; and
  - (iv) are not eligible to vote at Professional Staff Association or Program meetings or to be elected as an officer of the Professional Staff Association.

#### **6.05 Courtesy Staff**

- (a) The Board may grant a Physician, Dentist, Midwife or Extended Class Nurse appointment to the Courtesy Staff in one or more of the following circumstances:
- (i) the applicant has an active staff commitment at another hospital;

- (ii) the applicant lives at such a remote distance from the Hospital that it limits full participation in Active Staff duties, but he/she wishes to maintain an affiliation with the Hospital; or
  - (iii) where the Board deems it otherwise advisable.
- (b) The Board may grant a Physician, Dentist, Midwife or Extended Class Nurse an appointment to the Courtesy Staff with such Privileges as the Board deems advisable. Privileges to admit Patients shall only be granted under specified circumstances, and shall be subject to the limitations imposed by Hospital policies.
- (c) Members of the Courtesy Staff shall:
  - (i) attend Patients and undertake treatment and operative procedures only in accordance with the Privileges granted by the Board;
  - (ii) be responsible to the Medical Director of the Program and/or Chief of the Department to which they have been assigned for all aspects of Patient care;
- (d) The circumstances supporting an appointment under this section shall be specified by the applicant on each application for re-appointment.
- (e) The Board shall ensure that the appointment of Courtesy Staff members does not result in inequitable access to the Hospital's resources or prejudice the Hospital's ability to recruit Active Staff or Associate Staff members.
- (f) Each Courtesy Staff member may attend Professional Staff Association and Program meetings but, unless the Board requires, shall not be subject to the attendance requirements and penalties as provided by this By-Law and Hospital policies.
- (g) Unless required to attend by the Chief of Professional Staff, Medical Director or Chief(s) of Department, Courtesy Staff members shall not have the right to vote at Professional Staff Association or Program meetings.
- (h) A Courtesy Staff member may be appointed to an ad hoc Professional Staff committee but may not be appointed to a Professional Staff standing committee, or be elected as an officer of the Professional Staff Association.
- (i) A specialist who is employed by or is on the staff of another hospital but who on occasion serves in the same capacity on the staff of the Hospital may be a member of the Courtesy Staff with full Privileges in the Program with which he/she is associated.

## **6.06 Locum Tenens**

- (a) The Medical Advisory Committee may recommend the appointment of a Locum Tenens in order to meet specific clinical needs for a specified period of time, in one or more of the following circumstances:
  - (i) To be a temporary replacement for a Professional Staff member;
  - (ii) To provide episodic or limited clinical services; or
  - (iii) To provide after-hours coverage.
- (b) Locum tenens applications shall be submitted a minimum of four weeks prior to the locum start date.
- (c) Locum tenens appointments shall ordinarily be limited to a maximum of three months. Any extension of this period shall be recommended to the Medical Advisory Committee by the appropriate Medical Director or Chief(s) of Department.
- (d) The credentials of each applicant shall be reviewed following the process outlined in section 3.02 of this By-Law. If there has been a lapse of one year or more since the expiry date of the applicant's most recent appointment to the Locum Tenens Staff, then upon his/her return, he/she will be required to re-apply for Privileges.
- (e) A Locum Tenens shall:
  - (i) have admitting Privileges unless otherwise specified;
  - (ii) work under the counsel and supervision of an Active Staff member who has been appointed specifically for this purpose by the Chief of Professional Staff or delegate;
  - (iii) attend Patients assigned to his/her care by the Active Staff member by whom he/she is supervised, and treat them within the Privileges granted by the Board on the recommendation of the Medical Advisory Committee;
  - (iv) undertake such duties in respect of those Patients classed as emergency cases as may be specified by the Chief of Professional Staff, or by the Medical Director or Chief(s) of Department to which the Professional Staff member has been assigned; and
  - (v) undertake other duties as approved by the Board.
- (f) Locum Tenens Staff shall not be entitled to attend or vote at Professional Staff meetings or be elected as an officer of the Professional Staff Association.

## **6.07 Temporary Staff**

- (a) A temporary appointment of a Professional Staff member to the Professional Staff may be made only for one of the following reasons:
  - (i) to meet a specific singular requirement by providing a consultation and/or operative procedure; or
  - (ii) to meet an urgent need for a medical, dental, midwifery or extended class nursing service.
- (b) Notwithstanding any other provision in this By-Law, the Chief Executive Officer, after consultation with the Chief of Professional Staff or delegate, may:
  - (i) grant a temporary appointment and temporary Privileges to an applicant who is not a Professional Staff member provided that such appointment shall not extend beyond the date of the next Medical Advisory Committee meeting, at which time the action taken shall be reported; and
  - (ii) continue the temporary appointment and temporary Privileges on the recommendation of the Medical Advisory Committee until the next Board meeting.
- (c) The Board may, after receiving the recommendation of the Medical Advisory Committee, continue a temporary appointment for such period of time and on such term as the Board determines.
- (d) If the term of the temporary appointment has been completed before the next Board meeting, the appointment shall be reported to the Board.
- (e) The temporary appointment shall specify any limitations, restrictions or special requirements.

## **6.08 Honorary Staff**

- (a) A physician, dentist, midwife and/or extended class nurse may be honoured by the Board with a position on the Honorary Staff because he/she:
  - (i) is a former Professional Staff member who has retired from active practice; or
  - (ii) has an outstanding reputation or made an extraordinary accomplishment, although is not necessarily a resident in the community.
- (b) Each Honorary Staff member shall be appointed by the Board on the recommendation of the Medical Advisory Committee.
- (c) Members of the Honorary Staff shall not:

- (i) have regularly assigned duties or responsibilities;
- (ii) be eligible to vote at Professional Staff Association or Program meetings or to hold office on the Professional Staff Association;
- (iii) be bound by the attendance requirements for Professional Staff Association or Program meetings; or
- (iv) have Privileges or provide Patient care.

**ARTICLE 7. PROFESSIONAL STAFF DUTIES**

**7.01 Duties, Collective and Individual**

**Collective Duties**

The Professional Staff has a collective responsibility to the Hospital, Board, Chief Executive Officer and Chief of Professional Staff to:

- (a) ensure that care at the Hospital is appropriately directed to meeting Patients’ needs and is consistent with sound healthcare resource utilization practices;
- (b) participate in quality, patient safety and workplace management initiatives by conducting all necessary and appropriate activities for assessing and improving the effectiveness and efficiency of care provided in the Hospital;
- (c) ensure that ethical practice standards compatible with established standards of care are observed;
- (d) provide “on call” services in accordance with duty rosters prepared by the Medical Director, Chief(s) of Department, or their delegate, of his/her Program;
- (e) provide and maintain the development of continuing medical education and continuing interdisciplinary health professional education;
- (f) promote evidence-based decision making;
- (g) ensure that any concerns relating to the operations of the Hospital are raised and considered through the established channels of communication within the Hospital such as the Chief(s) of Department, Medical Directors, Chief of Professional Staff, Medical Advisory Committee, Professional Staff Association and/or the Board; and
- (h) assist to fulfill the mission of the Hospital through contributing to the strategic planning, community needs assessment, resource utilization management and quality management activities.

## **Individual Duties**

Each Professional Staff member has individual responsibility to the Hospital, Board, Chief Executive Officer and Chief of Professional Staff to:

- (a) ensure a high professional standard of care is provided to Patients under his/her care that is consistent with sound ethical practice standards and healthcare resource utilization practices;
- (b) attend and treat Patients within the limits of the Privileges granted;
- (c) provide timely communication with all Patients' referring physicians;
- (d) obtain consultations on Patients, where appropriate;
- (e) when requested by a fellow Professional Staff member, provide timely consultations;
- (f) provide "on call" services in accordance with Program/Departmental duty rosters;
- (g) provide care, which is within the member's scope of competence to provide, to Patients in emergency situations to the best of the member's ability;
- (h) maintain involvement in continuing professional education, including interdisciplinary education;
- (i) participate in quality, complaint and Patient and workplace safety initiatives, as appropriate;
- (j) file a prescribed report with the appropriate College if:
  - (A) the Professional Staff member has reasonable grounds, obtained in the course of practicing, to believe that another member of the same or different College has sexually abused a Patient; or
  - (B) the Professional Staff member has been found guilty of an offence or if there has been a finding of professional negligence or malpractice against the Professional Staff member; and
- (k) file a report with the Chief Executive Officer if the Professional Staff member has reasonable grounds to believe that another member of the same or different College is incompetent or incapacitated;
- (l) promptly report a concern regarding a Patient's treatment or safety to the appropriate Chief of Department(s), Medical Director or Chief of Professional Staff;
- (m) abide by Hospital policies, this By-Law, and applicable laws;

- (n) work and cooperate with others in a manner consistent with the Corporation's mission, vision, values and strategic plan;
- (o) prepare and complete records of personal health information in accordance with the Hospital policies as may be established from time to time, applicable laws and accepted industry standards;
- (p) conduct himself/herself in a manner that is sensitive to the Corporation's reputation in the community, including refraining from making prejudicial or adverse public statements with respect to the Hospital or its operations which have not first been raised through any one of the following officers - the Chief of Professional Staff, Medical Director, Chief(s) of Department, President of the Professional Staff Association and/or Chief Executive Officer – and the Physician's concerns have not been satisfactorily resolved;
- (q) notify the Chief Executive Officer and Chief of Professional Staff in writing as soon as practical of any changes during the credentialing year to the information provided by the Professional Staff member to the Corporation in his/her most recent application for appointment or reappointment including, without limitation, any changes to the information set out in sections 3.02 and 3.06 as applicable;
- (r) be accountable to and recognize the authority of the Medical Director, Chief of Professional Staff, Chief(s) of Department, Chief Nursing Executive, Chief Executive Officer, Medical Advisory Committee and Board;
- (s) report any Critical Incidents with respect to a Patient under his/her care in accordance with regulations under the *Public Hospitals Act* and Hospital policy;
- (t) comply with any specific conditions attached to the member's Privileges;
- (u) comply with attendance requirements for Program/Departmental or Professional staff meetings;
- (v) serve as required on various Medical Advisory Committee and Professional Staff committees;
- (w) co-operate with any request that his/her practice be monitored;
- (x) pay such Professional Staff Association dues as may be prescribed from time to time by resolution of the Professional Staff Association;
- (y) advise the Chief of Professional Staff immediately of the commencement of any College disciplinary proceeding, proceedings to restrict or suspend privileges at other hospitals, or malpractice actions; and
- (z) perform such other duties as may be prescribed from time to time by, or under the authority of the Board, Medical Advisory Committee or Chief of Professional Staff.



## **7.02 Monitoring Practices and Transfer of Care**

- (a) Any aspect of patient care or Professional Staff conduct being carried out in the Corporation may be reviewed without the approval of the Professional Staff member responsible for such care by the Chief of Professional Staff, Medical Director, Chief(s) of Department or their respective delegate.
- (b) Where any Professional Staff member believes that a Professional Staff member is attempting to exceed his/her Privileges or is temporarily incapable of providing a service that he/she is about to undertake, or acting in a manner that exposes or is reasonably likely to expose any Patient, healthcare provider, employee or any other person at the Hospital to harm or injury, such individual shall immediately communicate the belief to the Chief(s) of Department, Medical Director, Chief of Professional Staff, and Chief Executive Officer, so that appropriate action can be taken.
- (c) The Medical Director or delegate, on notice to the Chief of Professional Staff 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/her Program 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 Professional Staff, notice shall be given as soon as possible.
- (d) If the Chief of Professional Staff or delegate or Medical Director or delegate becomes aware that, in his/her opinion a serious problem exists in the diagnosis, care or treatment of a Patient, that officer shall forthwith discuss the condition, diagnosis, care and treatment of the Patient with the attending Professional Staff member. If changes in the diagnosis, care or treatment satisfactory to the Chief of Professional Staff or delegate or Medical Director or delegate, as the case may be, are not made, that officer shall forthwith assume the duty of investigating, diagnosing, prescribing for and treating the Patient.
- (e) A Professional Staff member who has assumed responsibility for a Patient's care shall remain responsible for that Patient until the Patient's discharge from Hospital or until the care of the Patient is transferred to another Professional Staff member.
- (f) Whenever the responsibility for the care of a Patient is transferred to another Professional Staff member, or to another Program, a written notation thereof shall be made and authenticated on the Patient's record and the Professional Staff member to whom responsibility has been transferred shall be notified immediately by direct contact by the transferring Professional Staff member in accordance with this By-Law or Hospital policies. The Professional Staff member must confirm in writing that:

- (i) he/she has directly informed the Patient of the transfer to another Professional Staff member's care;
  - (ii) he/she has directly spoken to the Professional Staff member to whom he/she is transferring the Patient's care (the "Accepting Professional Staff Member");
  - (iii) the Accepting Professional Staff Member has directly confirmed to the Professional Staff member that the Accepting Professional Staff Member has accepted the transfer; and
  - (iv) he/she has communicated the Patient's vital information to the Accepting Professional Staff Member.
- (g) Pursuant to the *Public Hospitals Act*, where the Chief of Professional Staff, Medical Director or Chief(s) of Department has cause to take over the care of a Patient, the Chief Executive Officer, the most responsible Professional Staff member, the Chief of Professional Staff, the Medical Director or the Chief(s) of Department, as the case may be, and one other Medical Advisory Committee member, and if possible the Patient, or his/her substitute decision-maker, shall be notified immediately. The Chief of Professional Staff or delegate or the Medical Director shall file a written report with the Medical Advisory Committee within 48 hours of his/her action.
- (h) Where the Medical Advisory Committee concurs in the opinion of the Chief of Professional Staff or delegate or Medical Director who has taken action under subsection 7.02(d) 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.

### **7.03 Leave of Absence**

- (a) When a Professional Staff member temporarily requires or wishes to exercise a leave of absence, application for such a leave of absence from the Professional Staff may be made. Such application, stating the effective dates and reasons, shall be made to the Chief Executive Officer who in turn shall forward the application to the Medical Advisory Committee for consideration at its next regular meeting. The Medical Advisory Committee shall make its recommendation to the Board after considering the recommendation of the applicable Medical Director or Chief(s) of Department. The Board may grant a leave of absence of up to 12 months or refuse the request for a leave of absence after considering the recommendations of the Medical Advisory Committee.
- (b) If such leave of absence is granted, the Professional Staff member may make application for reappointment to the Professional Staff upon his/her return in accordance with this By-Law and, in such event, the Board may waive the usual requirement that the applicant apply to the Associate Staff, after considering the recommendations of the Medical Advisory Committee.

- (c) After returning from a leave of absence granted in accordance with subsection 7.03(a), the Professional Staff member may be required to produce a medical certificate of fitness from a physician acceptable to the Chief of Professional Staff. The Chief of Professional Staff may impose such conditions on the Privileges granted to such member as appropriate.
- (d) If a member of the Professional Staff has been granted a leave of absence pursuant to this section and wishes an extension of such leave of absence of up to 12 months, he/she may apply for such extension and the procedure in section 7.03(a) will apply to such application with necessary changes to the context.

#### **7.04 Chief Of Professional Staff**

- (a) The Board shall appoint a member of the Medical Staff to be the Chief of Professional Staff after giving consideration to the recommendations of a Selection Committee.
- (b) The membership of a Selection Committee shall include:
  - (i) the President of the Professional Staff Association unless he/she is a candidate in which case the Vice President from Bluewater Health, Sarnia, shall take his/her place;
  - (ii) three other members of the Medical Advisory Committee;
  - (iii) the Chief Nursing Executive;
  - (iv) the Chief Executive Officer;
  - (v) the Chair of the Board, who will be the chair;
  - (vi) at least two other elected Directors; and
  - (vii) such other members as the Board deems advisable, provided that Directors shall comprise a majority of the members of a Selection Committee.
- (c) The Board may at any time revoke or suspend the appointment of the Chief of Professional Staff.
- (d) In the event of a revocation or suspension, the Board may appoint an acting Chief of Professional Staff until such time as the process set out in section 7.04(a) is complied with.

#### **7.05 Duties Of The Chief Of Professional Staff**

The Chief of Professional Staff shall:

- (a) be accountable to the Board;

- (b) chair the Medical Advisory Committee and ensure accurate and complete minutes of Medical Advisory Committee meetings;
- (c) coordinate the activities of the Medical Directors of Programs and Chiefs of Departments to ensure that they discharge their statutory and regulatory responsibilities, including without limitation the oversight of Professional Staff members with respect to their respective performance (clinical, utilization and conduct) in the Hospital;
- (d) report regularly to the Board and Professional Staff about the activities, recommendations and actions of the Medical Advisory Committee and any other matters about which they should have knowledge;
- (e) receive and review recommendations from the Medical Directors and Chief(s) of Department regarding changes in Privileges;
- (f) receive and review the performance evaluations and recommendations from Medical Directors and Chief(s) of Department concerning reappointments to the Professional Staff, ensure that the evaluations and recommendations are forwarded to the Medical Advisory Committee and notify the Credentials Committee of the completion of the evaluations and the completion of the recommendations;
- (g) assign, or delegate the assignment of, a Professional Staff member to supervise the practice of medicine, dentistry, midwifery or extended class nursing of any other Professional Staff member, as appropriate, for any period of time;
- (h) assign, or delegate the assignment of, a Professional Staff member to discuss in detail with any other Professional Staff member, as appropriate, any matter which is of concern to the Chief of Professional Staff and to report the discussion to the Medical Director of the applicable Program or Chief(s) of Department;
- (i) in consultation with the Chief Executive Officer and Chair of the Board, designate an alternate from the Medical Advisory Committee to act during an extended absence;
- (j) participate in the development of the Hospital's mission, vision and values, strategic plan and quality improvement plan;
- (k) participate in Hospital resource allocation decisions;
- (l) ensure a process for the regular review of the performance of the Medical Directors and Chiefs of Department;
- (m) delegate appropriate responsibility, within the parameters of his/her responsibilities set out above, to the Medical Directors and Chiefs of Department;
- (n) be an *ex officio* member of all committees that report to the Medical Advisory Committee; and

- (o) perform such additional duties as may be outlined in the Chief of Professional Staff position description approved by the Board from time to time or as assigned by the Board, Medical Advisory Committee or Chief Executive Officer from time to time.

## **ARTICLE 8. PROFESSIONAL STAFF PROGRAMS**

### **8.01 Programs**

- (a) The Board, after considering the advice of the Medical Advisory Committee, may establish or disband Programs and Departments of the Professional Staff.
- (b) Each Professional Staff member shall be recommended by the Medical Advisory Committee, and appointed if so approved by the Board, to the Program for which he/she is qualified at the time his/her appointment to the staff is recommended.
- (c) Voting privileges shall be held only in the one Program to which the member has been appointed and is in good standing or where appropriate in one nominated program.
- (d) Any Program shall function in accordance with Hospital policies.
- (e) Whenever a separate Program is established, the Professional Staff members and, where appropriate, Patients related to such a Program shall come under the jurisdiction of that Program.

### **8.02 Medical Directors**

The Medical Director is a member of the leadership team for a designated Program. As such he/she is expected to provide leadership in Program visioning, planning, resource allocation, service excellence, research, and quality improvement. He/she is responsible for ensuring that the Professional Staff responsibilities and accountabilities as defined in this By-Law, Hospital policies and applicable laws are met within the Program. In addition, he/she is responsible for assuring that quality care is delivered, that professional practice is advanced, and that Professional Staff members function as partners in the care of Patients within the designated Program.

- (a) Selection
  - (i) The Board shall appoint members of the Active Staff to be Medical Directors after giving consideration to the recommendations of a Selection Committee and Medical Advisory Committee.
  - (ii) The membership of a Selection Committee shall include:
    - (A) the Vice-President of the Hospital responsible for the Program;
    - (B) the Program Director;

- (C) one staff member within the Program;
- (D) three Physicians within the Program plus one Physician outside the Program;
- (E) Chief of Professional Staff; and
- (F) Such other members as the Board or the Medical Advisory Committee may deem advisable.

(b) **Accountability**

The Medical Directors will report to the Chief of Professional Staff through the Medical Advisory Committee in respect of a Professional Staff member's individual performance (clinical, utilization and/or conduct) and other responsibilities.

- (c) The Board, upon the recommendation of the Medical Advisory Committee, may at any time revoke or suspend the appointment of a Medical Director.

**8.03 Departments In A Program**

When warranted by the professional resources of the Program, the Board, on the advice of the Medical Advisory Committee, after considering the recommendation of the Medical Director, may divide the Program into clinical Departments. Each Department shall have a Chief who shall report to the Medical Director of the Program, and one of the Department Chiefs may be appointed as the Medical Director of the Program.

**8.04 Assistant Medical Directors**

- (a) The Board, on the advice of the Medical Advisory Committee, after considering the recommendations of the Medical Director and a selection committee, may appoint an Assistant Medical Director for any Program who shall report to the Medical Director and through the Medical Director to the Chief of Professional Staff.
- (b) The Assistant Medical Director is expected to provide leadership in Program visioning, planning, resource allocation, service excellence, research, and quality improvement. He/she is responsible for ensuring that the Professional Staff responsibilities and accountabilities as defined in this By-Law, Hospital policies and applicable laws are met within the Program. In addition, he/she is responsible for assuring that quality care is delivered, that professional practice is advanced, and that Professional Staff members function as partners in the care of Patients within the designated Program.
- (c) The Board, upon the recommendation of the Medical Advisory Committee, may at any time revoke or suspend the appointment of an Assistant Medical Director.

## **ARTICLE 9.     PROFESSIONAL STAFF ASSOCIATION MEETINGS**

### **9.01   Notice Of Meetings**

- (a) Pursuant to the provisions of the *Public Hospitals Act*, the Professional Staff Association shall hold at least four meetings in each fiscal year to which all members of the Professional Staff, the Chief Executive Officer, and the Chair and Vice-Chair of the Board shall be invited. One of the meetings shall be identified as the annual meeting of the Professional Staff Association.
- (b) A written notice of each annual meeting shall be posted in the Professional Staff members' lounges, and circulated [electronically] by the Secretary of the Professional Staff Association at least ten business days before the meeting to each Professional Staff member.
- (c) A written notice of each regular meeting shall be posted and circulated [electronically] by the Secretary of the Professional Staff Association at least five business days before the meeting.

### **9.02   Special Meetings**

- (a) The President, or in his/her absence a Vice-President, of the Professional Staff Association may call a special meeting of the Professional Staff Association.
- (b) Special meetings shall be called by the President of the Professional Staff Association on the written request of any ten voting members of the Active Staff.
- (c) Notice of such special meetings shall be as required for a regular meeting, except in cases of emergency, and shall state the nature of the business for which the special meeting is called. Only those matters for which the meeting has been called shall be dealt with.
- (d) The usual period of time required for giving notice of any special meeting shall be waived in cases of emergency, subject to ratification of this action by the majority of those voting members present and voting at the special meeting, as the first item of business at the meeting.

### **9.03   Quorum**

Twenty members of the Professional Staff Association eligible to vote shall constitute a quorum at any annual, regular or special meeting of the Professional Staff Association.

### **9.04   Attendance At Regular Staff Meetings and Program Meetings**

Each member of the Active and Associate Staff shall attend at least 50% of the regular Professional Staff Association meetings and at least 70% of the Program meetings of the Program of which he/she is a member in each year.



## **ARTICLE 10. PROFESSIONAL STAFF ASSOCIATION ELECTED OFFICERS**

### **10.01 Eligibility For Office**

Only Physicians on the Active Staff may be elected or appointed to any position or office of the Professional Staff Association.

### **10.02 Election Procedure**

- (a) At least four weeks before the annual meeting of the Professional Staff Association, its nominating committee shall post on the Professional Staff bulletin board a list of the names of those who are nominated to stand for the offices of the Professional Staff Association which are to be filled by election in accordance with this By-Law and the regulations under the *Public Hospitals Act*. The list shall indicate the date of posting. The Active Staff of Charlotte Eleanor Englehart of Hospital of Bluewater Health will submit a name to the nominating committee for the position of Vice-President from Charlotte Eleanor Englehart Hospital of Bluewater Health.
- (b) Any further nominations shall be delivered in writing to the Secretary of the Professional Staff Association within 14 business days after the posting of the names referred to in section 10.02(a). Subject to section 10.02(f), no further nominations may be made following this time period.
- (c) Further nominations referred to in section 10.02(b) shall be signed by at least two members of the Professional Staff Association who are eligible to vote, and the nominee shall have signified in writing on the nomination his/her acceptance of it and such nominations shall then be posted alongside the list referred to in section 10.02(b).
- (d) If there is more than one nomination for any of the elected positions of the Professional Staff Association, an election shall take place.
- (e) Where an election or by-election is required, ballots will be sent electronically eight days prior to the meeting to each member of the Professional Staff eligible to vote. Each member eligible to vote shall have one vote, and all votes shall be kept strictly confidential. Voting will close 24 hours prior to the commencement of the annual meeting and the results will be presented and ratified at the annual meeting.
- (f) If no nominations for one or more of the Professional Staff Association offices are made under section 10.02(a) or (b) before or during the 14-day period leading up to the annual meeting, then nominations will be accepted from the floor at the annual meeting from Professional Staff Association members who are eligible to vote. More than one nomination for a position may come from the floor. A mover and seconder is required to make a nomination. The current President of the Professional Staff Association will confirm the nominee's willingness to accept the nomination. The nominees will then be excused from the meeting and the President of the Professional Staff Association will call for the vote.



- (g) The officers elected at the annual meeting of the Professional Staff Association shall assume office immediately following the conclusion of that meeting.
- (h) Where an office of the Professional Staff Association becomes vacant by reason of resignation or otherwise, a by-election may be held to fill the vacancy. Where a by-election is required, the procedure set out in sections 10.02(a) to (f) shall be followed with necessary changes to points of detail.

**10.03 Duties Of The President Of The Professional Staff Association**

The President of the Professional Staff Association shall:

- (a) preside at all meetings of the Professional Staff Association;
- (b) call special meetings of the Professional Staff Association;
- (c) be a member of the Medical Advisory Committee;
- (d) report to the Medical Advisory Committee and the Board on any issues raised by the Professional Staff Association;
- (e) act as a liaison between the Professional Staff, Chief Executive Officer, and Board with respect to matters concerning Professional Staff;
- (f) support and promote the values and strategic plan of the Corporation;
- (g) be an ex-officio Director;
- (h) be a member of the Joint Conference Committee;
- (i) be an *ex officio* member of all committees of the Professional Staff;
- (j) be accountable to the Professional Staff and advocate fair process in the treatment of individual members of the Professional Staff; and
- (k) have Active Staff Privileges in the Hospital.

**10.04 Duties Of The Vice-President Of The Professional Staff Association**

- (a) There shall be two Vice-Presidents of the Professional Staff Association, one from Charlotte Eleanor Englehart Hospital of Bluewater Health and one from Bluewater Health, Sarnia, and each shall:
  - (i) advocate fair process in the treatment of Professional Staff members;
  - (ii) perform such duties as the President of the Professional Staff Association may delegate to him/her;
  - (iii) usually be in office for one calendar year; and

- (iv) be a member of the Medical Advisory Committee.
- (b) One of the Vice-Presidents of the Professional Staff Association shall be selected to serve as an *ex officio* Director. The Vice-President from the Charlotte Eleanor Englehart Hospital of Bluewater Health will be selected as such *ex officio* Director unless he/she advises the President of the Professional Staff Association in writing within 14 days following the annual meeting of the Professional Staff Association that he/she does not wish to serve in this capacity, in which case the Vice-President from Bluewater Health, Sarnia, will be selected as such *ex officio* Director. The President of the Professional Staff Association shall advise the Board as to which Vice-President of the Professional Staff has been selected as such *ex officio* Director no later than the first Board meeting following the selection process referred to in this section 10.04(b).
- (c) The Vice-President of the Professional Staff Association who is not selected to serve as an *ex officio* Director according to the procedure set out in section 10.04(b) shall be encouraged to attend Board meetings.
- (d)
  - (i) The Vice-President from Bluewater Health, Sarnia, will be designated as president-elect by the Professional Staff Association and act in the place of the President of the Professional Staff Association, perform his/her duties and possess his/her powers, if the President is absent from the Hospital for a period of greater than one month.
  - (ii) If the Vice-President from Bluewater Health, Sarnia, is unable or unwilling to act in the place of the President of the Professional Staff Association, the Vice-President from Charlotte Eleanor Englehart of Hospital of Bluewater Health will be designated as president-elect by the Professional Staff Association and act in the place of the President of the Professional Staff Association, perform his/her duties and possess his/her powers, if the President is absent from the Hospital for a period of greater than one month. If the Vice-President is required to assume the President's duties under this section, such service shall not preclude the Vice-President from subsequently serving a full term as President.
- (e) In the ordinary course, it is the intention of the Professional Staff Association that the Vice-President of Bluewater Health, Sarnia, shall, following his/her term of office as Vice-President, be elected as the President of the Professional Staff Association.

#### **10.05 Duties Of The Secretary-Treasurer Of The Professional Staff Association**

The Secretary-Treasurer of the Professional Staff Association shall:

- (a) be encouraged to attend Board meetings;
- (b) perform the duties of the Professional Staff secretary;

- (c) perform duties as set out in this By-Law;
- (d) be a member of the Medical Advisory Committee;
- (e) attend to the correspondence of the Professional Staff Association;
- (f) give notice of Professional Staff Association meetings by posting a written notice thereof:
  - (i) in the case of a regular meeting of the Professional Staff Association, at least five business days before the meeting, and in the case of a special meeting of the Professional Staff, at least 24 hours before the meeting;
  - (ii) in the case of an annual meeting of the Professional Staff Association, at least ten business days before the meeting;
- (g) ensure that minutes are kept of all Professional Staff Association meetings;
- (h) ensure that a record of the attendance at each meeting of the Professional Staff Association is made;
- (i) receive the record of attendance for each meeting of each Program;
- (j) make the attendance records available to the Medical Advisory Committee;
- (k) disburse Professional Staff Association funds at the direction of the Professional Staff Association as determined by a majority vote of the Professional Staff Association members present and eligible to vote at a Professional Staff Association meeting; and
- (l) act in the place of the Vice-President of the Professional Staff Association, perform his/her duties and possess his/her powers if both Vice-Presidents are absent from the Hospital for a period of greater than one month.

**ARTICLE 11. MEDICAL ADVISORY COMMITTEE**

**11.01 Membership Of Medical Advisory Committee**

- (a) The Medical Advisory Committee shall consist of:
  - (i) the Chief of Professional Staff, who shall be the chair;
  - (ii) the President, Vice-Presidents and Secretary-Treasurer of the Professional Staff Association;
  - (iii) the Medical Directors of each Program and Chiefs of each Department.
- (b) The following shall be entitled and expected to attend meetings of the Medical Advisory Committee but shall not be Medical Advisory Committee members:

- (i) the Chief Executive Officer;
- (ii) the Chief Nursing Executive;
- (iii) the Director of Professional Staff Programs; and
- (iv) such additional employees of the Hospital as are designated from time to time by the Chief of Professional Staff in consultation with the Chief Executive Officer.

## **11.02 Duties Of The Medical Advisory Committee**

The Medical Advisory Committee shall:

- (a) report in writing and make recommendations to the Board concerning:
  - (i) every application for appointment or re-appointment to the Professional Staff and any request for a change in Privileges;
  - (ii) the Privileges to be granted to each Professional Staff member;
  - (iii) this By-Law;
  - (iv) the dismissal, suspension or restriction of Privileges of any Professional Staff member in accordance with policy adopted by the Board that ensures that the principles of natural justice are followed;
  - (v) the quality of care provided in the Hospital by the Professional Staff; and
  - (vi) Hospital policies, as may be necessary in the circumstances;
- (b) supervise the practice of medicine, dentistry and midwifery, and that of Extended Class Nurses ( as defined in section 1.01(t)), in the Hospital;
- (c) report to the Professional Staff Association at each regularly scheduled meeting of the Professional Staff Association;
- (d) through the Chief of Professional Staff, report to the Board and advise the Board on:
  - (i) professional quality assurance;
  - (ii) education;
  - (iii) clinical role of the Hospital; and
  - (iv) the Clinical Human Resource Plan;

- (e) participate in the development of the Hospital’s overall objectives and planning and make recommendations concerning allocation and utilization of Hospital resources;
- (f) develop, maintain and recommend to the Board a Clinical Human Resources Plan that takes into account the services provided by all Professional Staff members;
- (g) appoint the Professional Staff members of all Professional Staff committees;
- (h) name the Chair of each Professional Staff committee and ensure that each committee meets and functions as required and keeps minutes of its meetings;
- (i) receive, consider and act upon the reports of each of its appointed committees;
- (j) maintain a process for:
  - (i) revocation, suspension and restriction of Privileges;
  - (ii) medical quality assurance; and
  - (iii) planning and evaluation of medical education programs;
- (k) report and make recommendations to the Board concerning such matters as are from time to time prescribed by the *Public Hospitals Act*;
- (l) where it identifies systemic or recurring quality of care issues, make recommendations about those issues to the Quality Committee of the Board; and
- (m) advise the Board on any matters referred to it by the Board.

**ARTICLE 12. SUBCOMMITTEES OF THE MEDICAL ADVISORY COMMITTEE**

**12.01 Subcommittees Of The Medical Advisory Committee**

- (a) The following are the standing subcommittees of the Medical Advisory Committee:
  - (i) Credentials Committee;
  - (ii) Health Information Committee;
  - (iii) Quality and Patient Experience Committee (formerly the Medical Quality and Utilization Management Committee); and
  - (iv) By-Laws Committee.
- (b) The above committees shall report directly to the Medical Advisory Committee, except for the Health Information Committee which shall report to the Quality and Patient Experience Committee. In addition, the Program councils may present information reports to the Medical Advisory Committee for review, as well as to administration.

## **12.02 Appointment To Medical Advisory Committee Subcommittees**

Pursuant to the Hospital Management Regulation, the Medical Advisory Committee shall appoint the Professional Staff members of all subcommittees of the Medical Advisory Committee provided for in this By-Law on an annual basis. Other members of the subcommittees of the Medical Advisory Committee shall be appointed by the Board or in accordance with this By-Law.

## **12.03 Medical Advisory Committee Subcommittee Duties**

- (a) In addition to the specific duties of each subcommittee of the Medical Advisory Committee as set out in this By-Law, all such Committees shall:
  - (i) meet as directed by the Medical Advisory Committee; and
  - (ii) present a written report including any recommendations of each meeting to the next meeting of the Medical Advisory Committee.
- (b) Ad hoc committees may be appointed from time to time by the Medical Advisory Committee which will delineate their specific terms of reference and appoint their chair. An ad hoc committee will cease to exist upon the acceptance of its report.
- (c) If a vacancy occurs on any subcommittee of the Medical Advisory Committee, an appointment shall be made by the Medical Advisory Committee at its next meeting to fill the vacancy and the appointment shall extend to the end of the unexpired term of the committee member who caused the vacancy to occur.

## **12.04 Medical Advisory Committee Subcommittee Chair**

The Medical Advisory Committee shall appoint the chair of each subcommittee of the Medical Advisory Committee.

## **12.05 Subcommittee Chair Duties**

A chair of a subcommittee of the Medical Advisory Committee:

- (a) shall chair the subcommittee meetings;
- (b) shall call meetings of the subcommittee;
- (c) at the request of the Medical Advisory Committee, shall be present to discuss all or part of any report of the subcommittee; and
- (d) may request meetings with the Medical Advisory Committee.

## **12.06 Credentials Committee**

- (a) The Credentials Committee shall consist of eight Physician members of the Active Staff, including one from the Charlotte Eleanor Englehart of Hospital of Bluewater

Health, who shall not be members of the Medical Advisory Committee and a representative of the dental, midwifery or extended class nursing staff who may sit with the committee when Privileges respecting their respective profession are being considered.

- (b) The Credentials Committee shall meet as required.
- (c) The Credentials Committee shall ensure that a record of the qualifications and professional career of every Professional Staff member is maintained.
- (d) The Credentials Committee shall review the qualifications of each applicant for appointment and reappointment to the Professional Staff and of each applicant for a change in Privileges.
- (e) The Credentials Committee shall ensure that:
  - (i) each applicant for appointment to the Professional Staff meets the criteria as set out at section 3.03;
  - (ii) each applicant for reappointment to the Professional Staff meets the criteria as set out at section 3.06; and
  - (iii) each applicant for a change in Privileges continues to meet the criteria for reappointment set out at section 3.07.
- (f) The Credentials Committee shall consider the Medical Director's or Chief(s) of Department's report(s) of the interview(s) with the applicant.
- (g) The Credentials Committee shall receive notification from the Chief of Professional Staff when the performance evaluations and the recommendations for reappointments have been completed.
- (h) The Credentials Committee shall submit to the Medical Advisory Committee, at or before the meeting following its next regular meeting, and within two months of receipt of an application, a recommendation as per section (g) above, or a request that the application be deferred for further investigation.
- (i) The Credentials Committee shall act as a Nominating Committee to initiate nominations for the elected positions of the Professional Staff as required in accordance with the terms of this By-Law, such nominations to be with the consent of the nominee and to be posted at least four weeks prior to the election.
- (j) The Credentials Committee shall perform any other duties prescribed by the Medical Advisory Committee.

### **12.07 Health Information Committee Duties**

- (a) The membership and specific duties of the Health Information Committee shall be set out in terms of reference which shall be approved by the Medical Advisory Committee.
- (b) The purpose of the Health Information Committee is to recommend procedures to the Medical Advisory Committee to ensure that the provisions of the Hospital Management Regulation, this By-Law and Hospital policies are observed with respect to the completion of records of personal health information.

### **12.08 Quality and Patient Experience Committee Duties**

- (a) The membership and specific duties of the Quality and Patient Experience Committee shall be set out in terms of reference which shall be approved by the Medical Advisory Committee.
- (b) The purpose of the Quality and Patient Experience Committee is to serve as the centralized receiver and disseminator of information relating to quality of care, patient safety and risk management and to provide leadership and guidance for and to the organization on matters related to quality, patient safety, and risk management. It also ensures that the patient and family experience is central to improving quality of care throughout the Hospital.
- (c) The Quality and Patient Experience Committee is designated by resolution of the Board as a quality of care committee as set out in the regulations in the *Quality of Care Information Protection Act, 2004*.

### **12.09 By-Laws Committee**

- (a) The membership and specific duties of the By-Laws Committee shall be set out in terms of reference which shall be approved by the Medical Advisory Committee.
- (b) The purpose of the By-Laws Committee is to continue to review this By-Law in order to suggest amendments necessary in keeping with changing events and report to the Medical Advisory Committee.

## **ARTICLE 13. JOINT CONFERENCE COMMITTEE**

### **13.01 Joint Conference Committee**

The Joint Conference Committee shall continue as a means of providing liaison among the Board, the Hospital's management and the Professional Staff. The terms of reference of the Joint Conference Committee shall be set out in Hospital policy.



**ARTICLE 14. AMENDMENT OF BY-LAWS**

**14.01 Amendments**

- (a) The by-law approval process established in the Corporation's Corporate By-Law shall be followed when amending this By-Law.
- (b) Prior to submitting any amendments to this By-law to the approval process established in the Corporate By-Law, the following procedures shall be followed:
  - (i) notice specifying the proposed amendment shall be posted;
  - (ii) the Professional Staff shall be afforded a period of at least 30 days to comment on the proposed amendment; and
  - (iii) the Medical Advisory Committee may make recommendations to the Board, concerning the proposed amendment.