



Haliburton Highlands Health Services

Professional Staff By-Laws

Passed at the June 27, 2024 Annual Meeting

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Professional Staff By-Law of Haliburton Highlands Health Services

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

ARTICLE 1 – DEFINITIONS AND INTERPRETATION

1.1 Definitions

In this By-law:

- (a) **“Board”** means the board of directors of the Corporation;
- (b) **“By-law”** means this Professional Staff By-law;
- (c) **“business day”** means a day other than a Saturday, Sunday, or a statutory holiday in Ontario;
- (d) **“Chief Executive Officer”** means the president and chief executive officer of the Corporation, who is the ‘administrator’ for the purposes of the *Public Hospitals Act*, and the ‘officer in charge’ for the purposes of the *Mental Health Act*;
- (e) **“Chief Nursing Executive”** means the senior nurse employed by the Corporation, who reports directly to the Chief Executive Officer and is responsible for nursing services provided in the Hospital;
- (f) **“Chief of Department”** means the Professional Staff member appointed by the Board to serve as such in accordance with this By-law;
- (g) **“Chief of Staff”** means the Medical Staff member appointed by the Board to serve as such in accordance with the *Public Hospitals Act* and this By-law;
- (h) **“College”** means, as the case may be, the College of Physicians and Surgeons of Ontario, the Royal College of Dental Surgeons of Ontario, the College of Midwives of Ontario, and/or the College of Nurses of Ontario;
- (i) **“Corporation”** means Haliburton Highlands Health Services;
- (j) **“Credentials Committee”** means a subcommittee of the Medical Advisory Committee established by the Medical Advisory Committee and tasked with reviewing applications for appointment and reappointment to the Professional Staff, and applications for a change in privileges, and making recommendations to the Medical Advisory Committee on these matters, and if no such subcommittee is established it means the Medical Advisory Committee;
- (k) **“day”**, unless otherwise specified as a business day, means a calendar day;
- (l) **“Dental Staff”** means:
 - (i) oral and maxillofacial surgeons to whom the Board has granted the privilege of diagnosing, prescribing for, or treating Patients of the Hospital; and
 - (ii) Dentists to whom the Board has granted the privilege of attending to Patients of the Hospital.

- (m) **“Dentist”** means a dental practitioner in good standing with the Royal College of Dental Surgeons of Ontario;
- (n) **“Department”** means an organizational unit of the Professional Staff to which members with a similar field of practice have been assigned;
- (o) **“Director”** means a member of the Board.
- (p) **“Excellent Care for All Act”** means the *Excellent Care for All Act, 2010* (Ontario) and, where the context requires, includes the regulations made under it, and any statute that may be substituted for it, as amended from time to time;
- (q) **“ex officio”** means membership “by virtue of the office” and includes all rights, responsibilities, and powers to vote, unless otherwise specified;
- (r) **“Extended Class Nurse”** means a member in good standing with the College of Nurses of Ontario, who is a registered nurse and holds an extended certificate of registration under the *Nursing Act, 1991*;
- (s) **“Extended Class Nursing Staff”** means those Registered Nurses in the Extended Class who are:
- (i) employed by the Corporation and authorized to diagnose, prescribe for, or treat Patients of the Hospital; and
 - (ii) not employed by the Corporation and to whom the Board has granted privileges to diagnose, prescribe for, or treat Patients of the Hospital;
- (t) **“Hospital”** means the public hospital operated by the Corporation;
- (u) **“Impact Analysis”** means a study conducted by the Chief Executive Officer in consultation with the Chief of Staff and the affected Chief(s) of Department to determine the impact upon the resources of the Hospital, including the impact upon the resources of a Department, of a proposed appointment of an applicant to the Professional Staff or an application by a Professional Staff member for additional privileges or a change in membership category;
- (v) **“Medical Advisory Committee”** means the committee established under Article 10;
- (w) **“Medical Staff”** means those Physicians appointed by the Board and granted privileges to practice medicine at the Hospital;
- (x) **“Midwife”** means a midwife in good standing with the College of Midwives of Ontario;
- (y) **“Midwifery Staff”** means those Midwives appointed by the Board and granted privileges to practice midwifery at the Hospital;
- (z) **“Patient”** means any in-patient or outpatient of the Hospital;
- (aa) **“Physician”** means a medical practitioner in good standing with the College of Physicians and Surgeons of Ontario;

(bb) **“Policies”** means the administrative, human resources, clinical and professional policies adopted by the Board, the Medical Advisory Committee, or the Chief of Department under Article 2;

(cc) **“Professional Staff”** means those Physicians, Dentists, Midwives, and Registered Nurses in the Extended Class, who are appointed by the Board and granted privileges to practice their profession in the Hospital;

(dd) **“Professional Staff Human Resources Plan”** means the plan developed for each Department that provides information and future projections on the management and appointment of the Professional Staff based on the mission and strategic plan of the Corporation; and

(ee) **“Public Hospitals Act”** means the *Public Hospitals Act* (Ontario) and, where the context requires, includes the regulations made under it, and any statute that may be substituted for it, as amended from time to time.

1.2 Interpretation

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

1.3 Delegation of Duties

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

ARTICLE 2 – POLICIES

2.1 Policies

- (1) The Board, after consulting with the Professional Staff and considering the recommendation of the Medical Advisory Committee, may make rules as it deems necessary, including rules for Patient care and safety and the conduct of members of the Medical Staff, Dental Staff, Midwifery Staff, and Extended Class Nursing Staff.
- (2) The Board, after consulting with the Professional Staff and considering the recommendation of the Medical Advisory Committee, may adopt Policies applicable to the Medical Staff, Dental Staff, Midwifery Staff, and Extended Class Nursing Staff that are consistent with, and that support the implementation of the by-laws.
- (3) The Medical Advisory Committee, after consulting with the Professional Staff, may make Policies applicable to the Medical Staff, Dental Staff, Midwifery Staff, and Extended Class Nursing Staff that are consistent with this By-law and the Board-approved Policies.

- (4) The Chief of Department, after consulting with the Professional Staff of the Department, may adopt policies and procedures applicable to the Professional Staff of the Department, including policies and procedures that are consistent with, and support the implementation of, the Policies.

ARTICLE 3 – APPOINTMENT AND REAPPOINTMENT TO PROFESSIONAL STAFF

3.1 Appointment and Revocation

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

3.2 Term of Appointment

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

3.3 Qualifications and Criteria for Appointment

- (1) Only an applicant who meets the qualifications, satisfies the criteria, and who is licensed pursuant to the laws of Ontario is eligible to be a member of and appointed to the Professional Staff.
- (2) The Board shall establish from time to time criteria for appointment to the Professional Staff along with the form of application and reapplication after considering the advice of the Medical Advisory Committee. The criteria for appointment and application requirements are as set out in the Hospital's Comprehensive Appointment and Credentialing Policy.

3.4 Procedures for Processing Applications for Appointment

- (1) An application for appointment to the Professional Staff shall be processed in accordance with the Hospital's Comprehensive Appointment and Credentialing Policy

3.5 Reappointment

- (1) Each year, each Professional Staff member desiring reappointment to the Professional Staff shall make a written application for reappointment on the prescribed form through the Chief Executive Officer to the Board before the date specified by the Medical Advisory Committee.
- (2) An application for re-appointment to the Professional Staff shall be processed in accordance with the Hospital's Comprehensive Appointment and Credentialing Policy.
- (3) In the case of any application for reappointment in which the applicant requests additional privileges, each application for reappointment shall identify any required professional qualifications and confirm that the applicant holds such qualifications.

3.6 Qualifications and Criteria for Reappointment

- (1) To be eligible for reappointment, the applicant shall:
 - (a) continue to meet the qualifications and criteria set out in section 3.3;
 - (b) have conducted themselves in compliance with this By-law, and the Corporation's values and Policies; and
 - (c) have demonstrated appropriate use of Hospital resources in accordance with the Professional Staff Human Resources Plan and Policies.

3.7 Application for Change of Privileges

- (1) Any change of appointment category or Privileges requested by a member of the Professional Staff shall be processed in accordance with the Hospital's Comprehensive Appointment and Credentialing Policy.

3.8 Leave of Absence

- (1) Upon request of a Professional Staff member to the relevant Chief of Department, the Chief of Staff may grant a leave of absence of up to 12 months, after receiving the recommendation of the Medical Advisory Committee:
 - (a) in the event of extended illness or disability of the member, or
 - (b) in other circumstances acceptable to the Board, upon recommendation of the Chief of Staff.
- (2) Prior to returning from a leave of absence granted in accordance with section 3.8(1), the Professional Staff member may be required to produce a medical certificate of fitness from a physician acceptable to the Chief of Staff. The Chief of Staff may impose such conditions on the privileges granted to the member as appropriate.
- (3) If during a leave of absence a Professional Staff member does not apply to renew the Professional Staff members' appointment to the Professional Staff and it expires, a Professional Staff member shall be required to make a new application for appointment to the Professional Staff in the manner and subject to the criteria set out in this By-law.

3.9 Resignation

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

3.10 Impact Analysis Report

- (1) The Impact Analysis Report speaks to the effects that appointing or re-appointing an Applicant to the Professional Staff may have for the Hospital, and shall include commentary with respect to:
 - (a) the type of Appointment or re-Appointment requested;
 - (b) Whether the Appointment/re-Appointment will be funded by new or expanded funding and the source of that funding;
 - (c) The impact on the following matters as may be relevant in the circumstances, including, but not limited to:
 - (i) Bed capacity;
 - (ii) Lab use;
 - (iii) Operating room time;
 - (iv) Radiology use;
 - (v) Office use; and
 - (vi) Research space.
 - (d) The impact on nursing;
 - (e) The impact on other health professionals; and
 - (f) The anticipated net effect on the Hospital.

ARTICLE 4 – MONITORING, SUSPENSION, AND REVOCATION

4.1 Monitoring Practices and Transfer of Care

- (1) The Chief of Staff or relevant Chief of Department may review any aspect of Patient care or Professional Staff conduct in the Hospital without the consent of the Professional Staff member responsible for the care or conduct. Where the care or conduct involves an Extended Class Nursing Staff member, the Chief Nursing Executive may also review the care or conduct.
- (2) Where any Professional Staff member or Hospital staff reasonably believes that a Professional Staff member is incompetent, attempting to exceed their privileges, incapable of providing a service that they are about to undertake, or acting in a manner that exposes or is reasonably likely to expose any Patient, healthcare provider, employee, or any other individual at the Hospital, to harm or injury, the individual shall immediately communicate that belief to the Chief of Staff,

relevant Chief of Department, or Chief Executive Officer, so that appropriate action can be taken. Where the communication relates to an Extended Class Nursing Staff member, it may also be communicated to the Chief Nursing Executive.

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

4.2 Revocation of Appointment or Restriction or Suspension of Privileges

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

- (iv) a Professional Staff member resigns from the Professional Staff during the course of an investigation into their competence, negligence, or misconduct.

4.3 Immediate Mid-Term Action

- (1) The Chief Executive Officer, Chief of Staff, or Chief of Department may, in accordance with the requirements and procedures set out in Schedule A and the Hospital's Comprehensive Appointment and Credentialing Policy, temporarily restrict or suspend the privileges of any Professional Staff member, in circumstances where in their opinion the member's conduct, performance, or competence:

- (a) exposes or is reasonably likely to expose any Patient, healthcare provider, employee, or any other individual at the Hospital to harm or injury; or

- (b) is or is reasonably likely to be detrimental to Patient safety or to the delivery of quality Patient care within the Hospital,

and immediate action must be taken to protect Patients, healthcare providers, employees, and any other individuals at the Corporation from harm or injury and no less restrictive measures can be taken.

- (2) Before the Chief Executive Officer, Chief of Staff, or Chief of Department takes action authorized in section 4.3(1), they shall first consult with one of the other of them. If prior consultation is not possible or practicable under the circumstances, the individual who takes the action shall immediately provide notice to the others. The individual who takes the action shall forthwith submit a written report on the action taken with all relevant materials and information to the Medical Advisory Committee.

4.4 Non-Immediate Mid-Term Action

- (1) The Chief Executive Officer, Chief of Staff, or Chief of Department may recommend to the Medical Advisory Committee that the appointment of any Professional Staff member be revoked or that their privileges be restricted or suspended in any circumstances where in their opinion the Professional Staff member's conduct, performance, or competence:

- (a) fails to meet or comply with the criteria for annual reappointment;

- (b) exposes or is reasonably likely to expose any Patient, healthcare provider, employee, or any other individual at the Corporation to harm or injury;

- (c) is or is reasonably likely to be detrimental to Patient safety or to the delivery of quality Patient care within the Corporation or impact negatively on the operations of the Corporation;

- (d) fails to comply with the Corporation's by-laws or Policies, the *Public Hospitals Act*, or any other relevant law;

- (e) results in the imposition of sanctions by the professional college; or

- (f) constitutes abuse.

- (2) Before making a recommendation under section 4.3(1), an investigation may be conducted in accordance with the requirements and procedures set out in Schedule A and the Comprehensive Appointment and Credentialing Policy.

4.5 Referral to Medical Advisory Committee for Recommendations

- (1) Following the temporary restriction or suspension of privileges under section 4.3, or the recommendation to the Medical Advisory Committee for the restriction or suspension of privileges or the revocation of an appointment of a Professional Staff member under section 4.4, the requirements and procedures set out in Schedule A shall be followed.

ARTICLE 5 – BOARD HEARING

5.1 Board Hearing

- (1) A Board hearing shall be held when one of the following occurs:
 - (a) the Medical Advisory Committee recommends to the Board that an application for appointment, reappointment, or requested privileges not be granted and the applicant requests a hearing in accordance with the *Public Hospitals Act*; or
 - (b) the Medical Advisory Committee makes a recommendation to the Board that the privileges of a Professional Staff member be restricted or suspended, or an appointment be revoked, and the member requests a hearing.
- (2) The Board Hearing shall take place in accordance with the requirements and procedures set out in Schedule A.

ARTICLE 6 – PROFESSIONAL STAFF CATEGORIES AND DUTIES

6.1 Professional Staff Categories

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

6.2 Active Staff

- (1) The Active Staff shall consist of those Physicians, Dentists, and Midwives whom the Board appoints to the Active Staff and who have completed satisfactory service as Associate Staff for at least one year, or who the Board, on the recommendation of the Medical Advisory Committee, appoints directly to the Active Staff.
- (2) Each Active Staff member shall:
 - (a) have admitting privileges unless otherwise specified in their appointment;
 - (b) attend Patients and undertake treatment and operative procedures only in accordance with the kind and degree of privileges granted by the Board;
 - (c) be responsible to the Chief of Department to which they have been assigned for all aspects of Patient care;
 - (d) act as a supervisor of other Medical Staff, Dental Staff, Midwifery Staff, or Extended Class Nursing Staff when requested by the Chief of Staff or the Chief of the Department to which they have been assigned;
 - (e) fulfil such on-call requirements as may be established for each Department in accordance with the Professional Staff Human Resource Plan and Policies;
 - (f) undertake such duties in respect of those Patients classed as emergency cases as may be specified by the Chief of Staff;
 - (g) be eligible to vote at Professional Staff meetings, to hold office and to sit on any committee of the Professional Staff; and
 - (h) perform such other duties as may be prescribed by the Medical Advisory Committee or requested by the Chief of Staff or Chief of the relevant Department.

6.3 Associate Staff

- (1) Physicians, Dentists, or Midwives who are applying for appointment to the Active Staff, subject otherwise to the determination of the Board, will be assigned to the Associate Staff.
- (2) Each Associate Staff member shall:
 - (a) have admitting privileges unless otherwise specified in their appointment;
 - (b) work under the supervision of an Active Staff member named by the Chief of Staff or Chief of the Department to which they have been assigned;
 - (c) undertake such duties in respect of Patients as may be specified by the Chief of Staff and, if appropriate, by the Chief of the Department to which they have been assigned;
 - (d) fulfil such on call requirements as may be established for each Department in accordance with the Professional Staff Human Resources Plan and Policies;

- (e) perform such other duties as may be prescribed by the Medical Advisory Committee or requested by the Chief of Staff or Chief of the relevant Department; and
 - (f) not vote at Professional Staff meetings nor be elected a Professional Staff officer, but may be appointed to a committee of the Professional Staff.
- (3) (a) At six-month intervals following the appointment of an Associate Staff member to the Professional Staff, the Active Staff member by whom the Associate Staff member has been supervised shall complete a performance evaluation and shall make a written report to the Chief of Staff on:
- (i) the knowledge and skill that has been shown by the Associate Staff member;
 - (ii) the nature and quality of their work in the Hospital; and
 - (iii) their performance and compliance with the criteria set out in section 3.3(2).
- (4) The Chief of Staff shall forward such report to the Credentials Committee.
- (5) Upon receipt of the report, the Credentials Committee shall review the appointment of the Associate Staff member and make a recommendation to the Medical Advisory Committee.
- (6) If any report is not favourable to the Associate Staff member, the Medical Advisory Committee may recommend that their appointment be terminated.
- (7) No Associate Staff member shall be recommended for appointment to the Active Staff unless they have been an Associate Staff member for at least one year.
- (8) In no event shall an appointment to the Associate Staff be continued for more than 18 months of active practice, which shall not include leaves of absences.

6.4 Courtesy Staff

- (1) The Courtesy Staff shall consist of those Physicians, Dentists, and Midwives whom the Board appoints to the Courtesy Staff in one or more of the following circumstances:
- (a) the applicant meets a specific service need of the Hospital; or
 - (b) where the Board deems it advisable and in the best interests of the Corporation.
- (2) Courtesy Staff members shall:
- (3) have such limited privileges as may be granted by the Board on an individual basis;
- (a) attend Patients and undertake treatment and operative procedures only in accordance with the kind and degree of privileges granted by the Board;
 - (b) be responsible to the Chief of Department to which they have been assigned for all aspects of Patient care; and
 - (c) not have the right to vote at Professional Staff meetings.

6.5 Locum Tenens Staff

- (1) The Locum Tenens Staff shall consist of those Physicians, Dentists, and Midwives whom the Board appoints to the Locum Tenens Staff in order to meet specific clinical needs for a defined period of time in one or more of the following circumstances:
 - (a) to be a planned replacement for a Physician, Dentist, or Midwife for a specified period of time; or
 - (b) to provide episodic or limited surgical or consulting services.
- (2) The period of appointment shall be for a term of up to 12 months and may be subject to renewal.
- (3) A Locum Tenens Staff member shall:
 - (a) have admitting privileges unless otherwise specified in their appointment;
 - (b) attend Patients and undertake treatment and operative procedures only in accordance with the kind and degree of privileges granted by the Board; and
 - (c) undertake such duties in respect of those Patients classed as emergency cases as may be specified by the Chief of Staff.

6.6 Temporary Staff

- (1) Notwithstanding any other provision of this By-law, the Chief Executive Officer, after consulting with the Chief of Staff, may:
 - (a) grant a temporary appointment and temporary privileges to a Physician, Dentist, Midwife, or Extended Class Nurse, provided that the appointment shall not extend beyond the date of the next Medical Advisory Committee meeting at which time the action taken shall be reported;
 - (b) continue a temporary appointment and temporary privileges on the recommendation of the Medical Advisory Committee until the next Board meeting; and
 - (c) remove privileges at any time prior to any action by the Board.
- (2) A temporary appointment may be made for any reason, including:
 - (a) to meet a specific singular requirement by providing a consultation and/or operative procedure; or
 - (b) to meet an urgent unexpected need for a medical, dental, midwifery, or extended class nursing service.
- (3) The Board may, after receiving the recommendation of the Medical Advisory Committee, continue a temporary appointment granted under section 3.5(1) for such period of time and on such terms as the Board determines.
- (4) If the term of the temporary appointment has been completed before the next Board meeting, the appointment shall be reported to the Board.

- (5) The temporary appointment shall specify the category of appointment and any limitations, restrictions, or special requirements.

6.7 Modified Active Staff

- (1) The Modified Active Staff category has been created by the Board to allow the Hospital to, as required by its Professional Staff Human Resources Plan, approve privileges for members of the Professional Staff who have a current appointment to the Active Staff, and who with the agreement of the Chief of the Department and Chief of Staff, and recommendation of the Medical Advisory Committee shall reduce their Departmental responsibilities and function within a reduced scope of practice and services in their initial offer of appointment, or in their most recent reappointment provided that reduction in Departmental responsibilities and function within a reduced scope of practice can be accommodated by the Hospital and Department.
- (2) The Board's responsibility to ensure a succession plan for members of its Professional Staff may require that from time to time a Modified Active Staff member's privileges may be further reduced, revoked or not renewed in favour of granting privileges to a new or existing Active Staff member. Notice, in advance of the next reappointment cycle, will be given to the Modified Active Staff member if his/her privileges will be altered. Role and access to Hospital resources will be based on need and availability of Hospital resources.
- (3) Members of the Modified Active Staff:
 - (a) shall consist of those members appointed from time to time by the Board, who have reduced their Departmental responsibilities and function within a reduced scope of practice agreed upon by Chief of the Department and Chief of Staff and maintain clinical and academic activities within the corporation;
 - (b) shall be bound by the performance expectations for reappointment as outlined in the Hospital's Comprehensive Appointment and Credentialing Policy;
 - (c) shall be granted privileges as approved by the Board having given consideration to the Medical Advisory Committee;
 - (d) shall be granted in-patient admitting privileges and/or out-patient registration privileges, unless otherwise specified in their appointment to the Professional Staff;
 - (e) shall be eligible to apply for annual reappointment;
 - (f) shall be eligible to attend and vote at Professional Staff meetings; and
 - (g) shall be bound by the expectations for attendance at Professional Staff meetings and Department meetings as set by the Chief of the Department.

6.8 Honorary Staff

- (1) An individual may be honoured by the Board with a position on the honorary staff of the Hospital because he or she:
 - (a) is a former member of the Professional Staff who has retired from active practice; or

- (b) has an outstanding reputation or made an extraordinary accomplishment, although not necessarily a resident in the community.
- (2) Each member of the honorary staff shall be appointed by the Board on the recommendation of the Medical Advisory Committee.
- (3) Members of the honorary staff may participate in, but not chair, committees of the Medical Advisory Committee.
- (4) Members of the honorary staff shall not:
 - (a) be granted admitting or procedural Privileges, or provide direct patient care;
 - (b) have regularly assigned duties or responsibilities,
 - (c) be eligible to vote at Professional Staff meetings or to hold office; or
 - (d) be bound by the attendance requirements for Professional Staff meetings

6.9 Extended Class Nursing Staff

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

6.10 Duties of Professional Staff

- (1) Each Professional Staff member:
 - (a) is accountable to and shall recognize the authority of the Board through and with the Chief of Staff, Chief of Department, and Chief Executive Officer;
 - (b) shall attend and treat Patients within the limits of the privileges granted by the Board, unless that privileges are otherwise restricted;
 - (c) provide consultations on Patients as are required;
 - (d) shall co-operate with and respect the authority of:
 - (i) the Chief of Staff and the Medical Advisory Committee;

- (ii) the Chiefs of Department; and
 - (iii) the Chief Executive Officer;
- (e) shall perform the duties, undertake the responsibilities, and comply with the provisions set out in this By-law and Policies;
- (f) give such instruction as is required for the education of other members of the Professional Staff and Hospital staff;
- (g) comply with such matters as are, from time to time, prescribed by the *Public Hospitals Act* and the Hospital Management Regulation made thereunder;
- (h) shall immediately advise the Chief of Staff and Chief Executive Officer of:
- (i) the commencement of any investigation or proceeding that would be required to be disclosed by this By-law, the credentialing policy and/or reapplication process;
 - (ii) any change in the member's licence to practise made by the relevant College or any change in professional practice liability coverage; and
 - (iii) perform such other duties as may be prescribed from time to time by, or under the authority of, the Board, the Medical Advisory Committee, the Chief of Staff, or Chief of Department.
- (2) If the Chief of Staff and/or Chief of Department request(s) a meeting with a Professional Staff member for the purpose of interviewing that Professional Staff member about any matter, the Professional Staff member shall attend the interview at a mutually agreeable time but within 14 days of the request. If the Professional Staff member so requests, they may bring a representative with them to the meeting. The Chief of Staff and/or Chief of Department may extend the date for attendance at the interview at their discretion. If requested by the Chief of Staff and/or Chief of Department, the Professional Staff member attending the meeting shall produce any documents requested by the Chief of Staff and/or Chief of Department for discussion at the meeting. If a criminal record check and/or vulnerable sector check is requested, the request shall be made at a meeting with the Professional Staff member where the Chief of Staff and Chief Executive Officer are both present.
- (3) Whenever the responsibility for the care of a Patient is transferred to another member of the Professional Staff, the transferring member shall notify the member to whom the responsibility for care will be transferred. Once the transfer has been accepted by the member so notified, unless exceptional circumstances exist, a written notation thereof shall be made and signed on the Patient's record by the transferring member. Pursuant to the *Public Hospitals Act*, where the Chief of Staff has cause to take over the care of a Patient, the Chief Executive Officer, the attending Physician and if possible the Patient shall be notified immediately.

ARTICLE 7 – DEPARTMENTS

7.1 Departments

- (1) The Hospital is organized into three Departments:
- (a) Emergency Department

- (b) Inpatient Department
- (c) Radiology Department
- (2) The Board may organize the Professional Staff into additional Departments after considering the recommendation of the Medical Advisory Committee.
- (3) The Board shall appoint each Professional Staff member to a minimum of one of the Departments. Appointment may extend to one or more additional Departments.
- (4) The Professional Staff members affiliated with a Department shall come under the jurisdiction of the Chief of that Department.
- (5) Each Chief of Department shall convene meetings of the Medical Staff of that Department on a regular basis and at least quarterly.

7.2 Changes to Departments

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

7.3 Department Meetings

- (a) Each Department shall function in accordance with the Policies.
- (b) Department meetings shall be held in accordance with the Policies.

ARTICLE 8 – LEADERSHIP POSITIONS

8.1 General

- (1) The Board may appoint an individual on an acting or interim basis where there is a vacancy in any office referred to in this Article or while the individual holding any such office is absent or unable to act.
- (2) If the term of office of any medical leader expires before a successor is appointed, the Board may extend the appointment of the incumbent.
- (3) Subject to annual confirmation by the Board, the appointment of a medical leader shall be for a term of up to three years.
- (4) The maximum number of consecutive years of service of a medical leader shall be nine years provided, however, that following a break in the continuous service of at least one year, the same person may be reappointed.
- (5) The Board shall receive and consider the input of the appropriate Professional Staff members before it makes an appointment to a Professional Staff leadership position.
- (6) The Board may revoke any appointment to any position referred to in this Article at any time. Before a decision is made in respect of performance concerns of any medical leader referred to in this article, the individual will be given an opportunity to respond to concerns raised.

8.2 Chief of Staff

- (1) The Board shall appoint a member of the Active Staff to be Chief of Staff after considering the recommendation of the Selection Committee which shall seek the advice of the Medical Advisory Committee.
- (2) The membership of a Selection Committee may include:
 - (a) a Director of the Board who shall be chair,
 - (b) one member of the Medical Advisory Committee, who may be the President of the Medical Staff,
 - (c) the Chief Nursing Officer, and
 - (d) the Chief Executive Officer, or his or her delegates.
- (3) The Chief of Staff shall:
 - (a) Be responsible for the maintenance of standards of quality of medical care.
 - (i) Organize the Medical Staff to ensure that the quality of medical/dental care is in accordance with the policies established by the Board.
 - (ii) Advise the Medical Advisory Committee and the Board with respect to the quality of medical care.
 - (iii) Supervise the professional care provided by all members of the Medical Staff.
 - (iv) Ensure a process for continuing medical and dental education.
 - (b) Be responsible for the enforcement of the Professional Staff By-laws, regulations and policies.
 - (i) Designate, in consultation with the Chief Executive Officer, a delegate to act as his alternate during an absence.
 - (ii) Advise the Professional Staff on current Corporation policies and objectives.
 - (iii) Assign, or delegate the assignment of, a member of the Medical Staff:
 - (A) to supervise the clinical practice of any other member of the Medical Staff for any period of time;
 - (B) to make a written report to the chief of the appropriate department.
 - (iv) Discuss in detail with any member of the Medical Staff any matter which is of concern.
 - (v) Ensure, along with the President, that Medical Staff members are afforded all the necessary steps of due process whenever, for any reason, their clinical performance or professional conduct comes under question; whenever

disciplinary procedures are contemplated; or whenever their clinical privileges may be reduced, revoked, or temporarily suspended.

- (vi) Assume or assign transfer of responsibility for the direct care and treatment of any Patient where the Chief of Staff has cause to take over the care of a Patient.
- (c) Be responsible for policy, planning, development and management of activities relating to medical programs.
- (i) Be accountable to the Board together with the Hospital Administration for the overall medical management of the Medical Staff.
 - (ii) Participate with the Medical Staff in the development and implementation of the Corporation's mission, objectives, strategic and operational plans.
 - (iii) Be an Ex-officio member of all committees that report to the Medical Advisory Committee.
- (d) Be responsible for liaison with members of the Medical Staff.
- (i) Chair the Medical Advisory Committee (Medical Advisory Committee.)
 - (ii) Report in writing at each regularly scheduled meeting of the Board and the Medical Staff about Medical Advisory Committee activities and any other matters about which they should have knowledge.
 - (iii) Report to the Medical Advisory Committee on the activities of the Hospital including the utilization of resources and quality assurance.
- (e) Be responsible for liaison with Corporation Board and Hospital Administration.
- (i) Participate as an active member of the senior management team.
 - (ii) Be a member of the Executive Committee of the Board.
 - (iii) Be a member of the Joint Conference Committee.
- (f) Be responsible with other senior medical and administrative personnel for the overall allocation and utilization of hospital resources.
- (i) Be responsible to the Board through and with the Chief Executive Officer for the effective and appropriate utilization of resources.
 - (ii) Participate in the Corporation's resource allocation decisions.
 - (iii) Participate in the Corporation's utilization review processes.
- (g) perform such additional duties as may be outlined in the Board-approved Chief of Staff position description or as assigned by the Board.
- (4) The Chief of Staff shall, in consultation with the Chief Executive Officer, designate an alternate to act during their absence.

8.3 Chiefs of Department

- (1) The Board shall appoint a Chief of each Department.
- (2) A Chief of Department shall:
 - (a) be an *ex officio* member of the Medical Advisory Committee;
 - (b) make recommendations to the Medical Advisory Committee on appointment, reappointment, change in privileges, and any disciplinary action to which Department members should be subject;
 - (c) advise the Medical Advisory Committee through and with the Chief of Staff on the quality of care provided to Patients of the Department;
 - (d) review and make recommendations to the Medical Advisory Committee on the performance evaluations of Department members annually as part of the reappointment process and conduct an enhanced performance evaluation on a periodic basis;
 - (e) hold regular Department meetings;
 - (f) delegate responsibility to appropriate Department members;
 - (g) report to the Medical Advisory Committee and to the Department on the activities of the Department;
 - (h) perform such additional duties as may be outlined in the Board-approved Chief of Department position description or as assigned by the Board, Chief of Staff, Medical Advisory Committee, or Chief Executive Officer; and
 - (i) in consultation with the Chief of Staff, designate an alternate to act during their absence.

8.4 Medical Director

- (1) The Corporation maintains and operates a long-term care program operated at two sites: Minden and Haliburton.
- (2) Each of the sites as set out in (1) above shall have a Medical Director who shall be in charge of the long-term care program at their respective site. The duties of each Medical Director shall include:
 - (a) exercise general supervision and authority over the professional care provided at the Site and through and with the Chief of Staff, advise the Medical Advisory Committee with respect to the quality of medical diagnosis, care and treatment provided;
 - (b) take responsibility for ensuring that medical care practices are monitored regularly through clinical review and audits, and report quarterly as a minimum on such activities to the Medical Advisory Committee;
 - (c) advise the Chief of Staff, the Medical Advisory Committee, and the Chief Executive Officer on any matter referred to the Department Director as required by the *Public Hospitals Act*, *Regulated Health Professions Act*, the *Fixing Long-Term Care Act* or other statutory or mandatory reporting requirements; and

- (d) notify the Chief of Staff of his or her absences, and designate an alternate from within the Department.

ARTICLE 9 – MEDICAL ADVISORY COMMITTEE

9.1 Composition

- (1) The Medical Advisory Committee shall consist of the following members, each of whom shall have one vote:
 - (a) the Chief of Staff, who shall be the Chair;
 - (b) the President, Vice President and Secretary of the Professional Staff;
 - (c) at least two (2) other Members of the Medical Staff;
 - (d) the Chief of Departments; and
 - (e) the Epic Physician Lead.
- (2) In addition, the following individuals shall be entitled to attend Medical Advisory Committee meetings without a vote:
 - (a) the Chief Executive Officer;
 - (b) the Chief Nursing Executive; and
 - (c) the Medical Directors.

9.2 Recommendations

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

9.3 Duties and Responsibilities

- (1) The Medical Advisory Committee shall perform the duties and undertake the responsibilities set out in the *Public Hospitals Act* and this By-law, including:
 - (a) make recommendations to the Board on the following matters:
 - (i) every application for appointment or reappointment to the Professional Staff, and any request for a change in privileges, and in considering recommendation for appointment shall review:
 - (A) the need of the Hospital for such an appointment; and
 - (B) the impact of such an appointment on the Hospital and community resources.
 - (ii) the privileges to be granted to each Professional Staff member;
 - (iii) this By-law and Policies;

- (iv) the revocation of appointment or the suspension or restriction of privileges of any Professional Staff member; and
 - (v) the quality of care provided in the Hospital by the Medical Staff, Dental Staff, Midwifery Staff, and Extended Class Nursing Staff;
 - (b) develop a Professional Staff Human Resources Plan;
 - (c) supervise the practice and behaviours of the Professional Staff in the Hospital;
 - (d) appoint the Medical Staff members of all Medical Advisory Committee subcommittees;
 - (e) receive reports of the Medical Advisory Committee subcommittees;
 - (f) advise the Board on:
 - (A) medical quality assurance and resource management;
 - (B) education;
 - (C) clinical role of the Hospital;
 - (D) dental and medical manpower plan; and
 - (E) any matters that the Board refers to the Medical Advisory Committee; and
 - (g) where the Medical Advisory Committee identifies systemic or recurring quality of care issues in making its recommendations to the Board under section 2(a)(v) of the Hospital Management Regulation under the *Public Hospitals Act*, make recommendations about those issues to the
 - (h) Hospital's quality committee established under the *Excellent Care for All Act*.
- (2) When the case of a Patient who has been examined by, operated on by, or has received treatment from a member of the Medical Staff is to be presented at a general or Department Staff Meeting or at a meeting of the Medical Advisory Committee or Credentials Committee, the Physician who examined, operated on or treated the Patient shall be given at least forty-eight hours notice by a Medical Staff officer and shall attend such meeting prepared to present and discuss the case. Failure of a member of the Medical Staff to comply with this may result in disciplinary action being taken against him or her as provided in this By-law.

9.4 Subcommittees

- (1) The Board may, on the recommendation of the Medical Advisory Committee, establish such standing and special subcommittees of the Medical Advisory Committee as may be necessary or advisable for the Medical Advisory Committee to perform its duties under the *Public Hospitals Act* or this By-law.
- (2) The standing committees of the Medical Advisory Committee include:
 - (a) Credentials Committee;

- (b) Pharmacy & Therapeutics Committee;
 - (c) Infection and Prevention Control Committee;
 - (d) Quality Assurance Committee; and
 - (e) Medical Records Committee.
- (3) The terms of reference and composition for any standing or special subcommittees of the Medical Advisory Committee may be set out in a Board resolution, on the recommendation of the Medical Advisory Committee. The Medical Advisory Committee shall appoint the Medical Staff members of any Medical Advisory Committee subcommittee and the Board may appoint other subcommittee members.

9.5 Quorum

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

9.6 Meetings

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

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

ARTICLE 10 – PROFESSIONAL STAFF MEETINGS

10.1 Annual, Regular, and Special Meetings

- (1) The Professional Staff shall hold at least four regular meetings in each fiscal year of the Corporation, one of which shall be the annual meeting, at a time and place fixed by the Professional Staff officers.
- (2) The President of the Professional Staff may call a special meeting. The President of the Professional Staff shall call a special meeting on the written request of any 10 percent of the members of the Active Staff entitled to vote.
- (3) The Secretary of the Professional Staff shall give written notice of each Professional Staff meeting (including the annual meeting or any special meeting) to the Professional Staff at least 5 days before the meeting by posting a notice of the meeting in a conspicuous place in the Hospital or by emailing or sending it through an internal mail distribution system to each Professional Staff member. Notice of a special meeting shall state the nature of the business for which the meeting is called.

- (4) The period of time required for giving notice of any special meeting may be waived in exceptional circumstances by a majority of those Professional Staff members present and entitled to vote at the special meeting, as the first item of business of the meeting.
- (5) The Professional Staff officers may determine that any Professional Staff meeting may be held by telephonic or electronic means. Where a Professional Staff meeting is held by telephonic or electronic means, the word "present" in Article 10 shall mean present physically or by telephonic or electronic means, and a vote may be taken by show of hands, voice vote, or other electronic means of voting.

10.2 Quorum

Not less than a majority of the Professional Staff members entitled to vote and present shall constitute a quorum at any Professional Staff meeting.

10.3 Rules of Order

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

10.4 Medical Staff Meetings

- (1) Professional Staff meetings held in accordance with this Article shall be deemed to meet the requirement to hold Medical Staff meetings under the *Public Hospitals Act*.
- (2) Each member of the Active Staff of the Professional Staff shall attend at least 50 per cent of the regular Professional Staff meetings.

ARTICLE 11 – PROFESSIONAL STAFF OFFICERS

11.1 Professional Staff Officers

- (1) The provisions of this Article 12 shall be deemed to satisfy the requirements of the *Public Hospitals Act* for Medical Staff officers. For greater certainty, the President, Vice President, and Secretary of the Professional Staff shall be deemed to be the President, Vice President, and Secretary of the Medical Staff.
- (2) The Professional Staff officers shall be:
 - (a) the President;
 - (b) the Vice President;
 - (c) the Secretary; and
 - (d) such other officers as the Professional Staff may determine.
- (3) The Professional Staff officers shall be elected annually for a one-year term by a majority vote of the Professional Staff members present and voting at a Professional Staff meeting.

- (4) The Professional Staff officers may be removed from office before the expiry of their term by a majority vote of the Professional Staff members present and voting at a Professional Staff meeting called for that purpose.
- (5) If any office of the Professional Staff becomes vacant, and it is deemed expedient to fill the office before the next annual meeting of the Professional Staff, the vacancy may be filled by a majority vote of the Professional Staff members present and voting at a regular or special Professional Staff meeting. The election of the Professional Staff member shall follow the process in section 11.3. The Professional Staff member so elected to office shall fill the office until the next annual meeting of the Professional Staff.

11.2 Attendance, Voting, and Holding Office

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

11.3 Nominations and Election Process

- (1) A nominating committee shall be appointed by the Professional Staff and shall consist of three (3) members of the Professional Staff.
- (2) At least 30 days before the annual meeting of the Professional Staff, the nominating committee shall circulate or post in a conspicuous place at each site of the Hospital a list of the names of those who are nominated to stand for the offices of the Professional Staff that are to be filled by election in accordance with the *Public Hospitals Act* and this By-law.
- (3) Any further nominations shall be made in writing to the Secretary of the Professional Staff up to fourteen (14) days before the annual meeting of the Professional Staff and shall be signed by two members of the Professional Staff who are entitled to vote.
- (4) Nominees shall have signified in writing on the nomination acceptance of the nomination.

11.4 President of the Professional Staff

The President of the Professional Staff shall:

- (a) preside at all Professional Staff meetings;
- (b) act as a liaison between the Professional Staff, the Chief Executive Officer, and the Board on matters concerning the Professional Staff;
- (c) be accountable to the Professional Staff and advocate fair process on any issues raised by the Professional Staff;
- (d) be an *ex-officio* member of the Medical Advisory Committee and report to the Medical Advisory Committee on issues raised by the Professional Staff;
- (e) be an *ex-officio* non-voting Director and, as a Director, fulfill fiduciary duties to the Corporation by making decisions in the best interest of the Corporation; and

- (f) be an *ex-officio* member of the Finance, Resources and Audit Committee.

11.5 Vice President of the Professional Staff

The Vice President of the Professional Staff shall:

- (a) in the absence or disability of the President of the Professional Staff, act in place of the President, and perform their duties and possess their powers as set out in section 11.4 (other than as set out in Section 11.4(e));
- (b) perform such duties as the President of the Professional Staff may delegate to them; and
- (c) be an *ex-officio* member of the Medical Advisory Committee.

11.6 Secretary of the Professional Staff

The Secretary of the Professional Staff shall:

- (a) attend to the correspondence of the Professional Staff;
- (b) ensure notice is given and minutes are kept of Professional Staff meetings and ensure that a record of attendance is taken at each meeting of the Professional Staff;
- (c) maintain the funds and financial records of the Professional Staff and provide a financial report at the annual meeting of the Professional Staff;
- (d) disburse funds at the direction of the Professional Staff, as determined by a majority vote of the Professional Staff members present and voting at a Professional Staff meeting;
- (e) be an *ex-officio* member of the Medical Advisory Committee;
- (f) in the absence or disability of the Vice President of the Professional Staff, perform the duties and possess the powers of the Vice President as set out in section 11.5; and
- (g) perform such duties as the President of the Professional Staff may delegate.

11.7 Other Officers

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

ARTICLE 12 – AMENDMENTS

12.1 Amendments to this By-law

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

- (a) the Corporation shall provide notice specifying the proposed amendment(s) to the Professional Staff;
- (b) the Professional Staff shall be afforded an opportunity to comment on the proposed amendment(s); and

(c) the Medical Advisory Committee may make recommendations to the Board on the proposed amendment(s).

12.2 Repeal and Restatement

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

Schedule A

SCHEDULE A – PROCEDURE REGARDING REAPPOINTMENTS, REQUESTS FOR CHANGES IN APPOINTMENT CATEGORY OR PRIVILEGES AND MID-TERM ACTION

PART 1 PREAMBLE

This schedule outlines the procedures to be followed in three different circumstances. PART 2 deals with appointment, re-appointment and Requests for Changes in Privileges. PART 3 outlines the procedure when there is an immediate need to suspend or restrict privileges mid-term in an emergency situation. PART 4 is the procedure when mid-term action is required but not in an emergency situation.

PART 2 APPOINTMENT, REAPPOINTMENT AND REQUESTS FOR CHANGES IN APPOINTMENT CATEGORY OR PRIVILEGES

Recommendation for appointment, re-appointment and changes in appointment Category or Privileges:

- (a) The MAC shall review the application for an appointment, re-appointment or request for change in appointment Category or Privileges and where it deems necessary, initiate further investigation, establish an ad hoc committee to conduct further investigation or refer the matter to an external consultant.
- (b) The MAC shall make recommendation to the Board and provide notice to the member in accordance with the Public Hospitals Act and this By-law.
- (c) Service of a notice to the applicant or member may be made personally or by Registered Mail addressed to the person to be served at their last known address and, where notices 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 they did not, acting in good faith, through absence, accident, illness or other causes beyond their control, receive it until a later date.
- (d) If additional time is needed for review or the investigative process, the MAC may defer its recommendation providing it indicates in writing to the Board and the applicant or member that the recommendation cannot yet be made and gives reasons therefore, further to Section 37(5) of the Public Hospitals Act.
- (e) The MAC may, in its sole discretion, in the course of its review or investigation or in determining its recommendation, decide that there shall be a Special Meeting of the MAC where the member shall be entitled to attend such Special Meeting.
- (f) Where the MAC considers a matter at a Special Meeting, the procedures set out below at Part 5 for Special Meetings of the Medical Advisory Committee are to be followed.
- (g) The MAC, when providing notice to the applicant or member as provided for in subsection Part 2(b), shall advise the applicant or member that he/she is entitled to receive written reasons for the recommendation wherein a request therefore is received by the secretary of the MAC within seven days from receipt by the applicant or member of the MAC's recommendation and further that the applicant or member is entitled to a Hearing before the Corporation's Board if a written request is received by the Board and the MAC within

seven days from the receipt by the applicant or member of the MAC's written reasons where requested.

- (h) Where the applicant or member does not request written reasons for the MAC's recommendation or where the applicant or member does not require a Hearing by the Board, the Board may implement the recommendation of the MAC.
- (i) Where the applicant or member requires a Hearing by the Board, the Board will appoint a time and place for the Hearing and the procedures set out below at Part 6 for Board Hearings are to be followed.

PART 3 IMMEDIATE MID-TERM ACTION IN AN EMERGENCY SITUATION

- (a) The definition of mid-term action in an emergency situation is outlined in section 4.3(1) of this By-law.
- (b) If at any time it becomes apparent that a member's conduct, performance or competence is such that it exposes, or is reasonably likely to expose patient(s), staff or others to harm or injury or is reasonably likely to be detrimental to the safety of patient(s), staff or others or to the delivery of quality care, an immediate action must be taken to protect the patient(s), staff or others or to ensure the delivery of quality of care and the procedures set out herein relating to restriction/suspension/revocation of privileges shall be followed.
- (c) In addition to the steps outlined in Article 4 of this By-law, the Chief of Department or the Chief of Staff will immediately notify the member, the MAC, the President and Chief Executive Officer, the President of the Medical Staff and the Board of their decision to suspend or restrict the member's Privileges.
- (d) Arrangements will be made by the Chief of the Department or Chief of Staff for the assignment of a substitute to care for the patients of the suspended or restricted member.
- (e) Within 24 hours of suspension or restriction, the individual who suspended or restricted the member will provide the MAC, the Chief Executive Officer and the President of the Medical Staff with written reasons for the suspension or restriction and copies of any relevant documents or records.
- (f) Upon receipt of the written reasons for suspension or restriction as described above, the MAC will set a date for a Special Meeting of the MAC to be held within ten business days from the date of suspension or restriction to review the suspension or restriction and to make recommendation to the Board, as set out in Section Part 5(c) below.
- (g) The Special Meeting of the MAC shall be conducted further to the procedures set out below at Part 5 for Special Meetings of the Medical Advisory Committee.
- (h) The member may request and the MAC may grant the postponement of the Special MAC to a fixed date.
- (i) The MAC, when providing notice to the applicant or member as provided for in subsection Part 2(b), shall advise the applicant or member that he/she is entitled to receive written

reasons for the recommendation wherein a request therefore is received by the secretary of the MAC within seven days from receipt by the applicant or member of the MAC's recommendation and further that the applicant or member is entitled to a Hearing before the Corporation's Board if a written request is received by the Board and the MAC within seven days from the receipt by the applicant or member of the MAC's written reasons where requested.

- (j) Where the applicant or member does not request written reasons for the MAC's recommendation or where the applicant or member does not require a Hearing by the Board, the Board may implement the recommendation of the MAC.
- (k) Where the applicant or member requires a Hearing by the Board, the Board will appoint a time and place for the Hearing and the procedures set out below at Part 6 for Board Hearings are to be followed.

PART 4 NON-IMMEDIATE MID-TERM ACTION

The definition of a non-immediate mid-term action is outlined in section 4.4(1) of this By-law. Procedure for a non-immediate mid-term action shall include:

- (a) Information provided to the Chief Executive Officer or Chief of Staff by the Chief of Department which raises concerns about any of the matters in these By-laws relating to non-immediate mid-term action, shall be in writing and will be directed to the Chief Executive Officer and/or Chief of Staff.
- (b) Where either of the Chief Executive Officer, Chief of Staff, or Chief of Department receives information about the conduct, performance or competence of a member, that person will provide a copy of the documentation to the other two.
- (c) Upon receipt of information above, an interview will be arranged by the Chief of Staff or Chief of Department with the member, at which time the member will be advised of the information about their conduct, performance or competence and will be given a reasonable opportunity to present relevant information on their behalf.
- (d) A written record will be maintained reflecting the substance of the aforementioned interview and copies will be sent to the member, the Chief Executive Officer and the Chief of Staff and Chief of Department.
- (e) Where the member fails or declines to participate in an interview as set out above, after being given a reasonable opportunity to so participate, appropriate action may be undertaken further to the procedure as outlined in this section.
- (f) Following an interview as set out above, or where the member fails or declines to participate in an interview, the Chief of Staff, Chief of Department or Chief Executive Officer will determine whether further investigation of the matter is necessary.
- (g) If further investigation is to be undertaken, the investigation may be assigned to an individual(s) within the Corporation, the MAC, a body within the Hospital other than the MAC or an external consultant.

- (h) Upon the completion of the investigation contemplated by subsection Part 4(g) above, the individual or body who conducted the investigation will forward a written report to the Chief Executive Officer, Chief of Staff and Chief of Department. The member will be provided with a copy of the written report.
- (i) The Chief of Staff, Chief of Department and Chief Executive Officer, upon further review of the matter and any report received, will determine whether further action may be required.
- (j) Where it is determined that further action in respect of the matter may be required, the matter shall be referred to the MAC along with a proposed recommendation with respect to mid-term action in writing and supported by references to specific activities or conduct along with any reports which constitute grounds for the proposed recommendation.
- (k) The MAC, in advance of considering the proposed recommendation, may initiate further investigation itself, in respect of such matters and in such a manner as it in its sole discretion deems appropriate.
- (l) Upon completion of its own investigation or upon receipt of the proposed recommendation as set out above, the MAC may determine that no further action need be taken in respect of the matter for lack of merit or determine to have a Special Meeting of the MAC where the member is entitled to attend such Special Meeting.
- (m) Where the MAC considers the matter at a Special Meeting, then the procedures set out below at Part 5 for the Special Meeting of the MAC are to be followed.
- (n) The MAC, following a Special Meeting of the MAC, will provide the member with written notice of the MAC's recommendation and the written reasons for the recommendation and the member's entitlement to a Hearing before the Corporation's Board where a written request is received by the Board and the MAC from the member within seven days of the receipt by the member of the MAC's recommendation and written reasons.
- (o) Service of the notice of recommendation and written reasons to the member may be made personally or by Registered Mail addressed to the member at their last known address and, where notice is served by Registered Mail, it will be deemed that the notice was served on the third day after the day of mailing unless the member to be served establishes that they did not, acting in good faith, through absence, accident, illness or other causes beyond their control, receive it until a later date.
- (p) Where the applicant or member does not require a Hearing by the Board, the Board may implement the recommendation of the MAC.
- (q) Where the member requires a Hearing by the Board, the Board will appoint a time and place for the Hearing, such Board Hearing to be undertaken pursuant to the procedures set out below at Part 6 for Board Hearings.

PART 5 SPECIAL MEETINGS OF THE MEDICAL ADVISORY COMMITTEE

In the event that a Special Meeting of the MAC is required further to this schedule, such Special Meeting of the MAC will be conducted pursuant to procedures as follows:

- (a) The MAC will give the applicant or member written notice of the Special Meeting, such notice to include:
 - (i) the time and place of the meeting;
 - (ii) the purpose of the meeting;
 - (iii) a statement that the applicant or member will be provided with a statement of the matter to be considered by the MAC together with all relevant documentation;
 - (iv) a statement that the applicant or member is entitled to attend the MAC meeting and to participate fully in all matters under consideration by the MAC;
 - (v) a statement that the parties are entitled to bring legal counsel to the meeting and consult with legal counsel but that legal counsel shall not be entitled to participate in the meeting save and except in respect of making representation on behalf of the party;
 - (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 advice to the members of the Medical Advisory Committee and to ensure compliance with applicable legislation and due process requirements; and
 - (vii) a statement that, in the absence of the applicant or member, the meeting may proceed.
- (b) The date for the MAC to consider the matter under (a) above may be extended by:
 - (i) an additional five business days in the case of a referral under Part 3; or
 - (ii) any number of days in the case of referral under Part 4.
- (c) The MAC will provide the applicant or member with a statement of the particulars of the matter to be considered by the MAC, including any proposed recommendation, together with all documentation and records collected by the MAC pursuant to the performance of their duties.
- (d) The Medical Advisory Committee may:
 - (i) in the case of immediate mid-term action, set aside the restriction or suspension of privileges, if any; or
 - (ii) recommend to the Board a revocation of the appointment, or a restriction or suspension of privileges, on such terms as it deems appropriate. Notwithstanding the above, the MAC may also refer the matter to a subcommittee of the MAC.
- (e) At the Special Meeting, a record of the proceedings will be kept in the Minutes of the MAC.

- (f) The applicant or member involved will be given a full opportunity to answer each issue as well as to present documents and witnesses if so desired.
- (g) Before deliberating on the matter or the recommendation to be made to the Board, the Chief of Staff will require the member involved and any other members present who are not MAC members to retire for the duration of the discussion, except for counsel for the MAC who is permitted to stay during deliberation. The MAC will not consider any matter, fact or documentation to which it did not give the member an opportunity to respond.
- (h) No member of the MAC will participate in a decision of the MAC at a Special Meeting of the MAC unless such member was present throughout the Special Meeting, except with the consent of the parties and no decision of the MAC will be given unless all members so present participate in the decision. Where the MAC determines that the matter is without merit and as such no decision of the MAC is necessary, such determination will be noted in the Minutes of the Special MAC meeting.

PART 6 BOARD HEARINGS

In the event that a Board Hearing is required pursuant to this schedule, such Board Hearing will be conducted further to the following procedures.

- (a) The Board will name a place and time for the Hearing.
- (b) The Board Hearing will be held within thirty days of the Board receiving the written recommendation and reasons for such recommendation from the MAC unless such other time for the Hearing is agreed to as by the parties.
- (c) The Board will give written notice of the Hearing to the applicant or member and to the Chief of Staff at least seven days before the Hearing date.
- (d) The notice of the Board Hearing will include:
 - (i) the place and time of the Hearing;
 - (ii) the purpose of the Hearing;
 - (iii) a statement that the applicant or member and MAC will be afforded an opportunity to examine prior to the Hearing all written or other documentary evidence to be ruled upon at the Hearing and all reports which have been collected as part of the MAC processes;
 - (iv) a statement that the applicant or member may be represented by counsel or agent, call witnesses, cross-examine witnesses and tender documents in evidence and present arguments and submissions in support of their case;
 - (v) a statement that the time for the Hearing may be extended by the Board; and
 - (vi) a statement that if the applicant or member does not attend the Hearing, the Board may proceed in the absence of the applicant or member and the applicant or member will not be entitled to any further notice in respect of the Hearing.

- (e) The parties to the Board Hearing are the applicant or member, the MAC and such other persons as the Board may specify.
- (f) As soon as possible, and at least five business days prior to the Hearing, the parties will provide one another with copies of all written documentary material, along with the names, addresses and qualifications of all witnesses who will testify at the Hearing and a detailed summary of the evidence they will give, along with reports that have been collected by the MAC as part of the investigation process whether or not these materials will be used in evidence. The intent is that there should be full disclosure as between the parties to the Board Hearing.
- (g) The findings of fact of the Board pursuant to a Hearing will be based exclusively on evidence admissible or matters that may be noted under the Statutory Powers Procedure Act. A party at a Hearing may:
 - (i) be represented by counsel or agent;
 - (ii) call and examine witnesses and present arguments and submissions; and
 - (iii) conduct cross-examination of witnesses reasonably required for a full and fair disclosure of the facts in relation to which they have given evidence.
- (h) The Board will consider the reasons for the MAC that have been given to the applicant or member in support of its recommendations. Where through error or inadvertence, certain reasons have been omitted in the statement delivered to the applicant or member, the Board may consider those reasons only if those reasons are given by the MAC in writing to both the applicant or member and the Board, and the applicant or member is given a reasonable time to review the reasons and to prepare a case to meet those additional reasons.
- (i) No member of the Board will participate in a decision of the Board pursuant to a Hearing unless they are present throughout the Hearing and heard the evidence and argument of the parties and, except with the consent of the parties, no decision of the Board will be given unless all members so present participate in the decision.
- (j) The Board will make a decision to either follow or not follow the recommendation of the MAC.
- (k) A written copy of the decision of the Board and the written reasons for the decision will be provided to the applicant or member and to the MAC within fifteen days of the conclusion of the Hearing.
- (l) Notice to an applicant or member as provided for in this Schedule shall be made personally or by courier.