

**WOODSTOCK HOSPITAL
PROFESSIONAL STAFF
BY-LAWS**

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ARTICLE 1. DEFINITIONS

1.01 Definitions

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

- (a) “Board” means the board of directors of the Corporation;
- (b) “By-law(s)”, unless otherwise specified, means the by-laws of the Corporation;
- (c) “Chief Executive Officer” means, in addition to “administrator” as defined in section 1 of the *Public Hospitals Act*, the employee of the Corporation who has been duly appointed by the Board as Chief Executive Officer of the Corporation;
- (d) “Chief of Staff” means the member of the Medical Staff appointed by the Board to be responsible for the professional standards of the Professional Staff and the quality of professional care rendered at the Hospital;
- (e) “Chief of Department” means a member of the Professional Staff appointed by the Board to be responsible for the professional standards and quality of care rendered by the members of that department in the Hospital;
- (f) “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;
- (g) “Corporation” means Woodstock Hospital;¹
- (h) “Dental Staff” means the Dentists to whom the Board has granted Privileges to treat patients of the Hospital;
- (i) “Dentist” means a member in good standing of the Royal College of Dental Surgeons of Ontario, to whom Privileges have been granted;

- (j) “Director” means a member of the Board;
- (k) “Extended Class Nurse” means a member of the College of Nurses of Ontario who is a registered nurse and who holds an extended certificate of registration under the *Nursing Act, 1991*;
- (l) "Extended Class Nursing Staff" means those Registered Nurses in the Extended Class in the Hospital:
 - (i) who are employed by the Hospital and are authorized to diagnose, prescribe for or treat out-patients in the Hospital, and
 - (ii) who are not employed by the Hospital and to whom the Board has granted Privileges to diagnose, prescribe for or treat out-patients in the Hospital;
- (m) “Hospital” means Woodstock Hospital;
- (n) “Medical Advisory Committee” means the Medical Advisory Committee appointed by the Board and constituted in accordance with the *Public Hospitals Act*;
- (o) “Medical Staff” means the Physicians to whom the Board has granted Privileges to treat patients in the Hospital;
- (p) “Midwife” means a member in good standing of the College of Midwives of Ontario to whom Privileges have been granted;
- (q) “Midwifery Staff” means the Midwives to whom the Board has granted Privileges of assessing, monitoring, prescribing for or treating patients in the Hospital;
- (r) “Physician” means a member in good standing of the College of Physicians and Surgeons of Ontario, to whom Privileges have been granted;
- (s) “Privileges” means those rights or entitlements conferred upon a Physician, Dentist, Midwife or Extended Class Nurse at the time of appointment or re-appointment;
- (t) “Professional Staff” means those Physicians, Dentists, Midwives and Extended Class Nurses who are appointed by the Board and

who are granted specific Privileges to practice medicine, dentistry, midwifery or extended class nursing, respectively, in the Hospital;

- (u) “Professional Staff Rules” means the rules and regulations governing the practice of the Professional Staff in the Hospital both generally and within a particular Department, which have been reviewed and recommended by the Medical Advisory Committee and approved by the Board; and
- (v) “*Public Hospitals Act*” means the *Public Hospitals Act* (Ontario) and, where the context requires, includes the regulations made under it.

1.02 Interpretation

This By-law shall be interpreted in accordance with the following, unless the context otherwise specifies or requires:

- (a) Words importing the singular number include the plural and vice versa; words importing the masculine gender include the feminine and vice versa; and words importing persons include individuals, corporations, partnerships, trusts and unincorporated organizations.
- (b) The headings used in this By-law are inserted for reference purposes only and are not to be considered or taken into account in construing the terms or provisions thereof or to be deemed in any way to clarify, modify or explain the effect of any such terms or provisions.
- (c) Any references in this By-law to any law, by-law, rule, regulation, order or act of any government, governmental body or other regulatory body shall be construed as a reference thereto as amended or re-enacted from time to time or as a reference to any successor thereto.

1.03 Repeal and Replacement of By-laws

All previous by-laws relating to the Professional Staff of the Corporation are hereby repealed and replaced with this By-law.

ARTICLE 2. PROFESSIONAL STAFF

2.01 Purpose of the Professional Staff By-laws

The purposes of the Professional Staff By-laws are to:

- (a) outline clearly and succinctly the purposes and functions of the Professional Staff;
- (b) identify specific organizational units necessary to allocate the work of carrying out those functions;
- (c) identify the process for the selection of the Chief of Staff and Chiefs of Departments, and for the election of the Medical Staff Organization officers;
- (d) organize the Professional Staff in a manner that defines responsibility, authority and accountability of every component and that is designed to ensure that each Professional Staff member exercises responsibility and authority commensurate with the member's contribution to patient care, and fulfills like accountability obligations;
- (e) provide a mechanism for accountability to the Board and, as appropriate, for patient care and workplace safety and for professional and ethical conduct of each individual member holding membership in the Professional Staff; and
- (f) create a Medical Staff Organization structure that will advocate the interests of and support the rights and privileges of the Professional Staff members as provided herein.

2.02 Board Appointment

The Board shall appoint annually a Medical Staff for the Hospital and may appoint Dental Staff, Midwifery Staff and (non-employed) Extended Class Nursing Staff.

ARTICLE 3. APPOINTMENT AND REAPPOINTMENT TO MEDICAL STAFF

3.01 Application for Appointment to the Medical Staff

- (a) An application for appointment to the Medical Staff shall be processed in accordance with the provisions of the *Public Hospitals Act* and this By-law. Personal information contained in any application for appointment or reappointment is considered confidential and protected in accordance with the Corporation's confidentiality policies and the *Freedom of Information and Protection of Privacy Act*.
- (b) On request, the Chief Executive Officer (or delegate) shall supply a copy of, or provide access to, the By-laws, the Professional Staff Rules of the Hospital and the *Public Hospitals Act* to each Physician who expresses in writing the intention to apply for appointment to the Medical Staff.
- (c) An applicant for appointment to the Medical Staff shall submit one original written application to the Chief Executive Officer in any form prescribed by the Hospital.
- (d) Each application shall contain:
 - (i) an undertaking that, if he or she is appointed to the Medical Staff of the Hospital, he or she will provide the agreed-upon services to the Hospital and will be governed in accordance with the requirements set out in *Public Hospitals Act*, the By-laws, the Professional Staff Rules, and the policies as established or revised from time to time by the Hospital;
 - (ii) an acknowledgement by the applicant that:
 - (A) the failure of the applicant to provide the agreed-upon services in accordance with the *Public Hospitals Act*, the By-laws, the policies, and the Professional Staff Rules will constitute a breach of the applicant's obligations to the Hospital, and the Hospital may, upon consideration of the individual circumstances, remove access by the applicant to any and all Hospital resources, or take such actions

as are reasonable, in accordance with the *Public Hospitals Act*, the By-laws, the policies, and the Professional Staff Rules; and

- (B) the failure of the applicant to comply with the undertaking set out in clause (i) above may result in the applicant's Privileges being restricted, suspended, revoked or the applicant being denied reappointment and may, depending on the circumstances, be a matter which is reportable to the College. Any such actions by the Hospital will be in accordance with the *Public Hospitals Act*, the By-laws, the policies, and the Professional Staff Rules;
- (iii) evidence of professional liability insurance coverage satisfactory to the Board;
- (iv) a list of the Privileges which are requested and the name of the Department to which the application is being made;
- (v) an up-to-date curriculum vitae, including a record of the applicant's professional education, post-graduate training, organizational positions and committee memberships;
- (vi) a list of three appropriate referees via the standardized reference letter of the Hospital;
- (vii) have up-to-date inoculations, screenings and tests as may be required by the occupational health and safety policies and practices of the Hospital, the *Public Hospitals Act* or other legislation, as well as evidence of current immunization status as suggested in the Communicable Disease Surveillance Protocols jointly published by the Ontario Hospital Association and the Ontario Medical Association;
- (viii) relevant information regarding the applicant's health, including any impairments, medical conditions, diseases or illnesses that the applicant objectively believes may: (A) impact on his/her ability to practise or (b) expose patients and/or employees to undue risk of harm. If deemed relevant, the date of the applicant's last examination, the

name of the treating health professional and an authorization to the treating health professional to release information will be provided to the Hospital;

- (ix) information of any previous disciplinary proceeding where there was an adverse finding;
- (x) a recital and description of any current or ongoing investigation by the College or any other licensing body or other hospital or healthcare institution, including any reduction in classification or voluntary or involuntary resignation or suspension of privileges;
- (xi) information regarding any pending or completed civil suit where there was an allegation or finding of negligence or battery;
- (xii) a copy of a Canadian Police Information Centre (CPIC) criminal record check conducted within the past six months;
- (xiii) information regarding the applicant's failure to obtain any professional licence, certification, or fellowship, or privileges at any other hospital or health care institution;
- (xiv) a signed consent authorizing any medical regulatory body or referee to provide a report on:
 - (A) any action taken by any applicable committee such as discipline or fitness to practice; and
 - (B) whether his or her privileges have been restricted or cancelled by any medical regulatory body or by another hospital because of incompetence, negligence, incapacity or any act of professional misconduct; and
- (xv) a current certificate of professional conduct from the College and consent to the release of information from the registrar of the College;

- (xvi) a signed authorization to any applicable hospital, healthcare institution or regulatory body to the release of information relating to any of the above; and
 - (xvii) such additional information relating to the provision of medical services or professional conduct as, from time to time, the Medical Advisory Committee may recommend and/or the Board may approve.
- (e) Each applicant shall visit the Hospital for an interview with appropriate members of the Medical Staff and the Chief Executive Officer or his or her delegate. Physicians applying for emergency department coverage or locum tenens privileges may be excepted from the interview, subject to the discretion of the Chief of Staff.
 - (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) The Hospital and the Medical Advisory Committee shall deal with the application in accordance with the *Public Hospitals Act* and the procedures set out in Schedule "A" to this By-law.

3.02 Criteria for Appointment of Members to the Medical Staff

- (a) Only an applicant qualified to practice medicine and who holds a current, valid certificate of registration with the College is eligible to be a member of and appointed to the Medical Staff of the Hospital, unless the applicant seeks appointment to the honorary staff category only.
- (b) The applicant will have:
 - (i) a certificate of registration with the College or equivalent from the most recent licensing body;
 - (ii) provided to the Hospital a current certificate of professional conduct from the College or equivalent from the most recent licensing body;

- (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 relate to all members of the Professional Staff and Hospital staff in a co-operative, collegial and professional manner;
 - (v) a demonstrated ability to communicate and relate appropriately with patients and patients' relatives and substitute decision makers;
 - (vi) a willingness to participate in the discharge of staff obligations appropriate to membership group, including on-call obligations;
 - (vii) adequate training and experience for the Privileges requested;
 - (viii) maintained the level of continuing professional education required by the College;
 - (ix) a demonstrated ability to meet an appropriate standard of ethical conduct and behaviour;
 - (x) evidence of medical practice protection coverage satisfactory to the Board;
 - (xi) a report on, among other things, the experience, competence and reputation of the applicant from the Chief of Staff, Chief of Department, or other such persons as is appropriate to contact, in the hospitals in which the applicant trained or held an appointment; and
 - (xii) in the case of a certified specialist, a report from the Chief of Department in which training was completed, and/or a report from the Chief of the Department in which he or she last practiced.
- (c) The applicant must agree to govern himself or herself in accordance with the requirements set out in this By-law, the Professional Staff Rules of the Hospital and the Hospital policies.

- (d) The applicant must indicate to the Credentials Committee adequate control of any significant physical or behavioural impairment that might impact negatively on patient care or the operations of the Corporation;
- (e) There is a need for the services in the community. To determine this, 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 Department as described in the medical human resources plan. "Impact analysis" means a study conducted by the Chief Executive Officer, or designate, in consultation with the Chief of Staff and Chiefs of Department to determine the impact upon the resources of the Corporation of the proposed or continued appointment of any person to the Professional Staff.
- (f) The appointment is consistent with the strategic plan and mission of the Corporation.
- (g) In the event that the application reveals current civil suits, disciplinary actions, competency investigations, performance reviews, or privilege disputes, the Credentials Committee shall take into account that the matter has not been determined to be true or accurate and shall give this information appropriate weight in the context of the application process.
- (h) Any applicant may be requested to provide additional information regarding a specific concern identified on his or her application, as determined by the Credentials Committee.

3.03 Term

Each appointment to the Medical Staff shall be for one year but shall continue in effect until the Board has made appointments for the ensuing year, provided application for reappointment has been submitted by the Medical Staff member in accordance with Hospital policy.

3.04 Application for Reappointment, Criteria for Reappointment, and Performance Review

- (a) Each year the Board shall require each member of the Medical Staff to make written application for reappointment to the Medical Staff on the prescribed form to the Chief Executive Officer.
- (b) In order to be eligible for reappointment:
 - (i) The applicant shall restate or confirm the undertakings and acknowledgements requested as part of the application for appointment.
 - (ii) The applicant shall confirm the accuracy and currency of the information on file at the Hospital from the applicant's most recent application or shall provide a description of all material changes to that information.
 - (iii) The applicant shall continue to meet the qualifications and criteria set out in Section 3.02.
 - (iv) The applicant shall identify the category of appointment requested and a request for either the continuation of or change in existing Privileges.
 - (v) The applicant shall acknowledge that the Hospital will be reviewing any information maintained by the College with respect to his/her licence that is publicly available.
 - (vi) The Chief of Department's review with respect to the applicant's performance for the past year shall be satisfactory, which report shall contain, if available and applicable, information and evidence relating to whether the applicant has conducted himself or herself in compliance with this By-law, the Professional Staff Rules, and the Hospital policies as follows:
 - (A) satisfaction of the College's requirements for continuing medical education;

- (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, the Chief of Staff, Chief of Department and members of the Medical Advisory Committee, other members of the Professional Staff, the nursing staff, other healthcare practitioners within the Hospital, the Chief Executive Officer, and other employees of the Corporation;
 - (D) record of all documented patient and staff feedback during the past year;
 - (E) "on-call" responsibilities, if any;
 - (F) staff and committee responsibilities;
 - (G) quality of care issues;
 - (H) discharge of clinical responsibilities;
 - (I) ability to supervise staff;
 - (J) monitoring of patients, together with evidence of appropriate and completed clinical record documentation;
 - (K) appropriate and efficient use of Hospital resources; 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) If an applicant for reappointment shall be 65 years of age or older on the date that his or her existing appointment expires, the Chief of Department shall, in addition to the requirements set out in Section 3.04(b)(vi), conduct the following review with the applicant and make a report thereon to the Medical Advisory Committee:

- (i) a review of the applicant's performance during the past year;
- (ii) a discussion of the applicant's plans for any changes in type or level of service provided and reasons therefor;
- (iii) a discussion of the applicant's retirement plans, as applicable and in a timely manner as may be required; and
- (iv) a discussion of any other matter listed in Section 3.04(b)(vi).

3.05 Refusal of Reappointment

- (a) Pursuant to the *Public Hospitals Act*, the Board may refuse to reappoint a member of the Medical Staff in accordance with the process set out in Schedule A.
- (b) Where a member has applied for reappointment under this By-law, his or her appointment shall be deemed to continue,
 - (i) until the reappointment is granted; or
 - (ii) where he or she is served with notice that the Board refuses to grant the reappointment, until the time for giving notice requiring a hearing by the Health Professions Appeal and Review Board has expired (7 days) and, where a hearing is required, until the decision of the Health Professions Appeal and Review Board has become final.

3.06 Application for Change of Privileges

- (a) Where a Physician wishes to change his or her Privileges, an application shall be submitted listing the change of Privileges that is requested and evidence of appropriate training and competence.
- (b) The application shall be processed in accordance with the provisions of the *Public Hospitals Act* and Section 3.01(e) and 3.01(f).

ARTICLE 4. MEDICAL STAFF GROUPS

4.01 Medical Staff Groups

The Medical Staff shall be divided into the following groups:

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

4.02 Active Medical Staff

- (a) The active Medical Staff shall consist of those Physicians who have been appointed as active Medical Staff by the Board.
- (b) Except where approved by the Board, no Physician with an active Medical Staff appointment at another hospital shall be appointed to the active Medical Staff.
- (c) Every Physician applying for appointment to the active Medical Staff shall be assigned to the associate Medical Staff for a probationary period of at least 1 year, unless the Board otherwise determines.
- (d) All active Medical Staff members are responsible for ensuring that medical care is provided to all patients in the Hospital.
- (e) All active Medical Staff members shall have admitting Privileges unless otherwise specified in their appointment to the Medical Staff.
- (f) Active Medical Staff members shall be eligible to vote at Medical Staff Organization meetings, to hold office and to sit on any subcommittee of the Medical Advisory Committee.

- (g) Each member of the active Medical Staff shall:
 - (i) undertake such duties in respect of those patients classed as emergency cases as may be specified by the Chief of Staff or by the Chief of the Department to which the Physician has been assigned, including his or her proportionate share of the on-call roster as established by the Chief of Staff or Chief of Department;
 - (ii) attend patients, and undertake treatment and operative procedures only in accordance with the kind and degree of Privileges granted by the Board;
 - (iii) be responsible to the Chief of Department to which they have been assigned for all aspects of patient care; and
 - (iv) act as a supervisor of a Professional Staff member, as and when requested by the Chief of Staff or the Chief of Department, in accordance with the Professional Staff Rules.

4.03 Associate Medical Staff

- (a) Each associate Medical Staff member shall have admitting Privileges unless otherwise specified in the appointment.
- (b) An associate Medical Staff member shall work for a probationary period under the supervision of the Chief of Staff (or delegate) on the recommendation of the Chief of the Department to which the associate Medical Staff member has been assigned.
- (c) A supervisor shall carry out the duties in accordance with the Professional Staff Rules of the Hospital.
- (d) After 6 months, the appointment of a member of the associate Medical Staff will be reviewed by the supervisor. The review will include assessment of the member's knowledge and skill that has been demonstrated, the nature and quality of his or her work in the Hospital, and his or her compliance with criteria for appointment and reappointment, including the applicable information set out in Section 3.04(b)(vi) will be considered. A report developed from the review will be provided to and

reviewed with the applicant, and will be copied to the Credentials Committee for its records.

- (e) After 1 year, the appointment of a member of the associate Medical Staff will be reviewed by the Credentials Committee, which shall report to the Medical Advisory Committee. The review will include an assessment of the applicant's clinical performance and the applicable information set out in Section 3.04(b)(vi).
- (f) The Medical Advisory Committee, after considering the report of the Credentials Committee, will recommend to the Board for its consideration and determination one of: a change in category, a continuation in the associate Medical Staff category for up to an additional 6 months or a complete denial of reappointment.
- (g) The Chief of Staff, upon the request of an associate Medical Staff member or a supervisor, may assign the associate staff member to a different supervisor if the associate staff member is required to continue in the associate staff category for up to an additional 6 months.
- (h) 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 Medical Staff member be terminated.
- (i) No member of the Medical Staff shall be appointed to the associate Medical Staff for more than 18 consecutive months.
- (j) An associate Medical Staff member shall:
 - (i) attend patients, and undertake treatment and operative procedures under supervision in accordance with the kind and degree of Privileges granted by the Board; and
 - (ii) undertake such duties in respect of those patients classed as emergency cases as may be specified by the Chief of the Department to which the Physician has been assigned, including his or her proportionate share of the on-call roster as established by the Chief of Staff or Chief of Department.

- (k) A member of the associate Medical Staff shall not vote at Medical Staff Organization meetings nor be elected an officer of the Medical Staff Organization, but may be appointed to a subcommittee of the Medical Advisory Committee. However, the Medical Advisory Committee may, in exceptional circumstances, give an associate Medical Staff member the right to vote and/or be elected as an officer of the Medical Staff Organization (for example, an exception shall be made in the event that an associate Medical Staff member is appointed as Chief of Department).
- (l) Associate Medical Staff Privileges shall commence on the date that the Physician begins practising under supervision at the Hospital.

4.04 Courtesy Medical Staff

- (a) The Board may grant a Physician an appointment to the courtesy Medical Staff in one or more of the following circumstances:
 - (i) the applicant has an active Medical Staff commitment at another hospital;
 - (ii) the applicant practices at such a remote distance from the Hospital that it limits full participation in active Medical Staff duties, but he or she wishes to maintain an affiliation with the Hospital;
 - (iii) the applicant has a primary commitment to, or contractual relationship with, another community or organization;
 - (iv) the applicant requests access to limited Hospital resources or out-patient programs or facilities;
 - (v) the applicant has been a member of the active Medical Staff for 35 years or more; or
 - (vi) where the Board deems it otherwise advisable.

For clarity, Physicians who have an active medical practice in Woodstock are not permitted to be members of the courtesy Medical Staff.

- (b) The Board may grant a Physician an appointment to the courtesy Medical Staff with such limited Privileges as the Board deems advisable. Privileges to admit patients shall only be granted under specified circumstances.
- (c) Each Physician on the courtesy Medical Staff:
 - (i) shall attend patients and undertake treatment and operative procedures only in accordance with the kind and degree of Privileges granted by the Board;
 - (ii) be responsible to the Chief of Department to which they have been assigned for all aspects of patient care;
 - (iii) may attend Medical Staff Organization meetings and departmental meetings, but unless the Board so requires shall not be subject to the attendance requirements and penalties as provided by this By-law and the Professional Staff Rules;
 - (iv) unless required to attend by the Chief of Staff or the Chief of Department, shall not have the right to vote at Medical Staff Organization or departmental meetings. Where a member of the associate Medical Staff is appointed as Chief of Department, he or she shall have the right to vote at Medical Staff Organization and departmental meetings; and
 - (v) shall not hold office in the Medical Staff Organization and shall not be eligible for appointment to a subcommittee of the Medical Advisory Committee.

4.05 Locum Tenens

- (a) Locum tenens Medical Staff consist of Physicians who have been admitted to this category of Medical Staff by the Board in order to serve as a planned replacement for a Physician for a specified period of time. Each member of the Medical Staff is responsible for recommending the appointment of a locum tenens as a planned replacement for that Physician for a specified period of time. No appointment as locum tenens Medical Staff shall be for longer than 1 year.

- (b) A locum tenens shall:
 - (i) have admitting Privileges unless otherwise specified;
 - (ii) work under the supervision of a member of the active Medical Staff who has been assigned this responsibility by the Chief of Staff or delegate;
 - (iii) attend patients assigned to his or her care by the active Medical Staff member by whom he or she is supervised, and undertake treatment and operative procedures within the kind and degree of Privileges granted by the Board; and
 - (iv) undertake such duties in respect of those patients classed as emergency cases as may be specified by the Chief of Staff or by the Chief of the Department to which the Physician has been assigned.
- (c) Each Physician on the locum tenens staff may attend Medical Staff Organization meetings but, unless the Board so requires, shall not be subject to the attendance requirements and penalties as provided by this By-law and the Professional Staff Rules.
- (d) Unless required to attend by the Chief of Staff or the Chief of Department, members of the locum tenens staff shall not have the right to vote at Medical Staff Organization meetings.
- (e) Members of the locum tenens staff shall not hold office on the Medical Staff Organization but may be eligible for appointment to a subcommittee of the Medical Advisory Committee, subject to approval of the Medical Advisory Committee.

4.06 Temporary Medical Staff

- (a) A temporary appointment of a Physician to the Medical 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 unexpected need for a medical service.

- (b) Notwithstanding any other provision in this By-law, the Chief Executive Officer, after consultation with the Chief of Staff or his or her delegate, may:
 - (i) grant a temporary appointment and temporary Privileges to a Physician who is not a member of the Medical Staff provided that such appointment shall not extend beyond the date of the next meeting of the Medical Advisory Committee at which time the action taken shall be reported;
 - (ii) continue the temporary appointment and temporary Privileges on the recommendation of the Medical Advisory Committee until the next meeting of the Board; and
 - (iii) if the term of a temporary appointment has been completed before the next Board meeting, the appointment shall be reported to the Board.
- (c) A temporary appointment shall have Privileges to admit patients, unless otherwise determined by the Chief Executive Officer.
- (d) Members of the temporary staff shall not be eligible to vote at Medical Staff Organization meetings or to hold office, or be bound by the attendance requirements for Medical Staff Organization meetings.

4.07 Consulting Medical Staff

- (a) In this section:
 - (i) “Certification” means the holding of a certificate in a medical or surgical specialty issued by any professional body recognized by the Board after consultation with the Medical Advisory committee;
 - (ii) “Fellowship” means a fellowship in a professional medical college recognized by the Board after consultation with the Medical Advisory Committee.
- (b) The consulting Medical Staff shall consist of:
 - (i) specialists with a fellowship in their specialty;

- (ii) specialists with certification in their specialty; or
- (iii) medical practitioners who have been appointed by the Board to the consulting Medical Staff because each one has:
 - (A) a reputation among the members of the Medical Staff of the Hospital for performing work of high quality; and
 - (B) been recommended by the Medical Advisory Committee for the appointment.
- (c) A member of the consulting Medical Staff may give service in any case in which a consultation is required by the Professional Staff Rules of the Hospital.
- (d) Every Physician applying for appointment to the consulting Medical Staff shall be assigned to the associate Medical Staff for a probationary period.

4.08 Honorary Staff

- (a) A Physician may be honoured by the Board with a position on the honorary staff of the Hospital because he or she:
 - (i) is a former member of the Medical Staff who has retired from active practice; or
 - (ii) has an outstanding reputation or made an extraordinary accomplishment, although not necessarily a resident in the community.
- (b) Each member of the honorary staff shall be appointed by the Board on the recommendation of the Medical Advisory Committee.
- (c) Membership on the honorary staff is not restricted to Physicians.
- (d) Members of the honorary staff shall not:
 - (i) have regularly assigned duties or responsibilities;

- (ii) be eligible to vote at Medical Staff Organization meetings or to hold office;
- (iii) be bound by the attendance requirements for Medical Staff Organization meetings;
- (iv) have admitting Privileges; or
- (v) be appointed to a subcommittee of the Medical Advisory Committee.

ARTICLE 5. MEDICAL STAFF DUTIES

5.01 Duties, General

- (a) Each member of the Medical Staff is accountable to and shall recognize the authority of the Board through and with their Chief of Department, the Chief of Staff, and the Chief Executive Officer.
- (b) Each member of the Medical Staff shall:
 - (i) attend and treat patients within the limits of the Privileges granted by the Board, unless the Privileges are otherwise restricted;
 - (ii) if and when providing on-call services, respond to on-call requests for service within no more than 20 minutes;
 - (iii) immediately notify the Chief Executive Officer of any change in the Certificate of Registration with the College or the commencement of any College disciplinary proceeding, proceedings to restrict or suspend privileges at other hospitals, or malpractice actions;
 - (iv) give such instruction as is required for the education of other members of the Professional Staff and Hospital staff;
 - (v) abide by the Professional Staff Rules of the Hospital, this By-law, the Hospital policies, the *Public Hospitals Act*, all other legislative requirements, and any Hospital policies including those relating to privacy of patient records;

- (vi) co-operate with:
 - (A) the Chief of Staff and the Medical Advisory Committee;
 - (B) the Chiefs of Department;
 - (C) the Head of the applicable services; and
 - (D) the Chief Executive Officer;
- (vii) encourage patients' relatives or other appropriate persons to authorize the direction of appropriate tissues and organs for transplantation; and
- (viii) maintain involvement, as a recipient, in continuing professional education;
- (ix) participate in quality, complaint and error management initiatives, as appropriate;
- (x) prepare and complete patient records in accordance with the Hospital's policies as may be established from time to time, the *Public Hospitals Act* and accepted industry standards;
- (xi) use best efforts to provide the member's Chief of Department with 3 months' notice of the member's intention to resign or reduce the member's Privileges;
- (xii) notify the Board in writing through the Chief Executive Officer of any additional professional degrees or qualifications obtained by the member or of any change in the Certificate of Registration made by the College or change in professional liability insurance;
- (xiii) serve as required on various Hospital committees and committees of the Medical Advisory Committee;
- (xiv) provide timely communication with all patients' referring Physicians;
- (xv) obtain consultations on patients, where appropriate;

- (xvi) when requested by a fellow Professional Staff member, provide timely consultations;
 - (xvii) if and when speaking publicly on Hospital matters; clearly indicate that his/her opinions are personal unless permission is given by the Chief Executive Officer (or delegate) to speak on behalf of the Hospital; and
 - (xviii) perform such other duties as may be prescribed from time to time by, or under the authority of the Board, the Medical Advisory Committee or the Chief of Staff.
- (c) Each member of the active and associate Medical Staff groups and the courtesy Medical Staff (where required) shall attend 50% of the regular Medical Staff Organization meetings and 50% of the meetings of the department of which he or she is a member.

5.02 Chief of Staff

- (a) The Board shall appoint a member of the active Medical Staff to be the Chief of Staff after giving consideration to the recommendations of a selection committee, which shall seek the advice of the Medical Advisory Committee.
- (b) The membership of the selection committee includes:
 - (i) a Director, who shall be chair;
 - (ii) two members of the Medical Advisory Committee, one of whom shall be the President of the Medical Staff;
 - (iii) the Chief Nursing Officer;
 - (iv) the Chief Executive Officer, or his or her delegate; and
 - (v) such other members as the Board deems advisable.
- (c) The Chief of Staff shall be appointed for a term of up to three (3) years, which may be renewed in the Board's discretion.
- (d) The Board may at any time revoke or suspend the appointment of the Chief of Staff.

- (e) During any absence of the Chief of Staff, the Assistant Chief of Staff or the President of the Medical Staff shall serve as Acting Chief of Staff, as the Chief of Staff determines.

5.03 Duties of the Chief of Staff

The Chief of Staff shall:

- (a) be accountable to the Board;
- (b) organize the Professional Staff to ensure that the quality of the care given to all patients of the Hospital is in accordance with policies established by the Board;
- (c) chair the Medical Advisory Committee;
- (d) advise the Medical Advisory Committee and the Board with respect to the quality of medical and dental diagnosis, care and treatment provided to the patients of the Hospital, and the quality of Midwifery Staff assessment, care and treatment provided to the patients of the Hospital, and the quality of Extended Class Nursing Staff care provided to out-patients with respect to the ordering of diagnostic procedures;
- (e) report regularly to the Board and Medical Staff about the activities, recommendations and actions of the Medical Advisory Committee and any other matters about which they should have knowledge;
- (f) assign, or delegate the assignment of a member of the Professional Staff:
 - (i) to supervise the practice of medicine of any other member of the Medical Staff, the practice of dentistry of any other member of the Dental Staff, the practice of midwifery of any other member of the Midwifery Staff, or the practice of Extended Class Nurses with respect to the ordering of diagnostic procedures of any other member of the Extended Class Nursing Staff, as appropriate for any period of time; and

- (ii) to make a written report to the Chief of the appropriate department;
- (g) assign, or delegate the assignment of, a member of the Professional Staff to discuss in detail with any other member of the Professional Staff, as appropriate, any matter which is of concern to the Chief of Staff and to report the discussion to the Chief of the appropriate department;
- (h) supervise the professional care provided by all members of the Professional Staff;
- (i) be responsible to the Board through and with the Chief Executive Officer for the appropriate utilization of resources by all Professional Staff;
- (j) report to the Medical Advisory Committee on activities of the Hospital including the utilization of resources and quality assurance;
- (k) participate in the development of the Hospital's mission, objectives, and strategic plan;
- (l) work with the Medical Advisory Committee to plan medical human resources plan needs of the Hospital in accordance with the Hospital's strategic plan;
- (m) participate in Hospital resource allocation decisions;
- (n) ensure a process for the regular review of the performance of the Chiefs of Department;
- (o) ensure there is a process for participation in continuing Professional Staff education;
- (p) receive and review recommendations from Chiefs of Department regarding changes in Privileges;
- (q) receive and review the performance evaluations and the recommendations from Chiefs of Department concerning reappointments. Ensure that the evaluations and recommendations are forwarded to the Medical Advisory

Committee. Notify the Credentials Committee of the completion of the evaluations and the completion of the recommendations;

- (r) advise the Professional Staff on current Hospital policies, objectives and Professional Staff Rules; and
- (s) delegate responsibility to the Chiefs of Department, as appropriate.

5.04 Assistant Chief of Staff

- (a) The Board, in its discretion, may appoint a member of the active Medical Staff to be the Assistant Chief of Staff.
- (b) The appointment process for the Assistant Chief of Staff shall follow the process for the appointment of Chief of Staff, i.e., giving consideration to the recommendations of a selection committee with a substantially similar composition to that for the selection of the Chief of Staff (but which shall include the Chief of Staff) and after seeking the advice of the Medical Advisory Committee.
- (c) The Assistant Chief of Staff shall be appointed for a term of up to three (3) years, which may be renewed in the Board's discretion.
- (d) The duties of the Assistant Chief of Staff will be determined by the Chief of Staff and subject to approval of the Board, keeping in mind that the role of the Assistant Chief of Staff is to help ensure succession planning for the Chief of Staff role and to assist with the workload of the Chief of Staff.

5.05 Monitoring Aberrant Practices

Where any member of the Professional Staff or Hospital staff believes that a member of the Medical Staff is attempting to exceed his or her Privileges or is temporarily incapable of providing a service that he or she is about to undertake, the belief shall be communicated immediately to the Chief of Staff, Chief of Department and/or the Chief Executive Officer.

5.06 Viewing Therapeutic Actions, Operations or Procedures

Any therapeutic action, operation or procedure performed in the Hospital may be viewed without the permission of the Physician by:

- (a) the Chief of Staff or delegate; or
- (b) the Chief of the Department or delegate.

5.07 Transfer of Responsibility

- (a) A Medical Staff member who has assumed responsibility for a patient shall retain responsibility for that patient until such responsibility is transferred to another member of the Medical Staff, that member of the Medical Staff has accepted the responsibility, and a written transfer order is made on the patient's record. When handing over primary responsibility for patients to another Medical Staff member, the transferring Medical Staff member must facilitate a comprehensive and up-to-date exchange of information and allow for discussion to occur or questions to be asked by the Medical Staff member assuming responsibility.
- (b) Where a Department adopts a policy of transferring responsibility for all in-patients of the Department to another member of the Department at regular intervals, such policy shall be in writing and any such transfers shall be communicated in writing to all appropriate staff. Under such circumstances, a transfer order on the patient's chart is not required.
- (c) Pursuant to the *Public Hospitals Act*, where the Chief of Staff or the Chief of Department has cause to take over the care of a patient, the Chief Executive Officer, the attending Physician and the patient shall be notified as soon as possible or, in the case where the patient is mentally incompetent, the patient's substitute decision maker shall be notified as soon as possible.

ARTICLE 6. MID-TERM ACTION

6.01 Mid-Term Action

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 member of the Medical Staff or dismiss, suspend, restrict or otherwise deal with the Privileges of the member.

6.02 Non-Immediate Mid-Term Action

Initiation

- (a) Mid-term action may be initiated wherever:
 - (i) the member is alleged to have engaged in, made or exhibited acts, statements, demeanour or professional conduct, either within or outside of the Hospital, and the same exposes, or is reasonably likely to expose patients, Professional Staff or Hospital staff to harm or injury;
 - (ii) the same is, or is reasonably likely to be, detrimental to patient safety or to the delivery of quality patient care within the Hospital;
 - (iii) the same is, or is reasonably likely to be, detrimental to Hospital operations or Professional Staff or Hospital staff safety;
 - (iv) the same is, or is reasonably likely to constitute abuse or harassment;
 - (v) the same results in the imposition of sanctions by the College; or
 - (vi) the same is contrary to the By-laws, Hospital policies, the Professional Staff Rules, the *Public Hospitals Act* or any other relevant law or legislated requirement.
- (b) Where information is provided to the Chief Executive Officer, Chief of Staff, or Chief of Department, which raises concerns about any of the matters in paragraph (a), the information shall be in writing and shall be directed to the Chief Executive Officer,

Chief of Staff, and Chief of Department. The Chief Executive Officer shall ensure that there are protections in place so that Hospital staff members, who have acted in good faith in advising their superiors of information under paragraph (a), are not adversely impacted in their employment with the Hospital.

- (c) If any of the Chief Executive Officer, Chief of Staff, or Chief of Department receives information about the conduct, performance or competence of a member, he or she shall provide a copy of the documentation to the other two.

Initial Interview

- (d) An interview shall be arranged with the member by the Chief of Staff and/or Chief of Department.
- (e) The member shall be advised of the information about his or her conduct, performance or competence and shall be given a reasonable opportunity to present relevant information on his or her own behalf.
- (f) A written record shall be maintained reflecting the substance of the interview and copies shall be sent to the member, the Chief Executive Officer, the Chief of Staff, and the Chief of Department.
- (g) If the member fails or declines to participate in the interview after being given a reasonable opportunity, the appropriate action may be initiated, as outlined below.

Investigation

- (h) The Chief of Staff, the Chief of Department or Chief Executive Officer shall determine whether a further investigation is necessary.
- (i) The investigation may be assigned to an individual(s) within the Hospital, the Medical Advisory Committee, a body within the Hospital other than the Medical Advisory Committee or an external consultant, and a report will be written as soon as practicable after the completion of the investigation.

- (j) Upon completion of the investigation, the individual or body who conducted the investigation shall forward a written report to the Chief Executive Officer, the Chief of Staff, and the Chief of Department. The member will also be provided with a copy of the written report.
- (k) The Chief of Staff, Chief of Department, and Chief Executive Officer shall review the report and determine whether any further action may be required. Where the complaint and report of the preliminary investigation of the complaint is not placed before the Medical Advisory Committee, the member shall be informed of such decision. The investigation shall be terminated and no changes shall be made to the member's Privileges.

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

- (l) Where it is determined by the Chief of Department or Chief of Staff that further action may be required and the matter relates to the dismissal, suspension or restriction of a member's Privileges and/or the quality of medical care in the Hospital, the matter shall be referred to the Medical Advisory Committee, which shall make a recommendation to the Board regarding revocation, suspension or restriction of Privileges.
- (m) 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.
- (n) Where the matter is referred to the Medical Advisory Committee, a copy of any reports made by a body or consultant with respect to the matter shall be forwarded to the Medical Advisory Committee.
- (o) 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.

- (p) Where the Medical Advisory Committee establishes an Ad Hoc Committee to conduct the investigation or refers the matter to an external consultant, that individual or body shall forward a written report of the investigation to the Medical Advisory Committee as soon as practicable after the completion of the investigation.
- (q) Upon completion of its own investigation or upon receipt of the report by the body that conducted the investigation, as the case may be, the Medical Advisory Committee may either dismiss the matter for lack of merit or determine to have a meeting of the Medical Advisory Committee.
- (r) 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 meeting of the Medical Advisory Committee is required to be held.
- (s) 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.
- (t) If the Medical Advisory Committee determines that there is merit to proceed to a Medical Advisory Committee meeting, the member is entitled to attend the meeting.

The Medical Advisory Committee Meeting

- (u) At least 14 days prior to the Medical Advisory Committee meeting the member and the Medical Advisory Committee shall be given written notice of the Medical Advisory Committee meeting. The notice shall include,
 - (i) the time and place of the meeting;
 - (ii) the purpose of the meeting;
 - (iii) a statement that the member will be provided with a statement of the matter to be considered by the Medical Advisory Committee together with any relevant documentation;

- (iv) a statement that the member is entitled to attend the Medical Advisory Committee meeting and to participate fully, to answer all matters considered by the Medical Advisory Committee and to present documents and witnesses;
 - (v) a statement that the parties are entitled to bring legal counsel to the meeting and consult with legal counsel, but that the legal counsel will not be entitled to participate in the meeting; and
 - (vi) a statement that in the absence of the member, the meeting may proceed.
- (v) The Medical Advisory Committee secretary shall provide the member with a short but comprehensive statement of the matter to be considered by the Medical Advisory Committee, together with any relevant documentation, including any reports and other documentation which will be reviewed at the meeting.
 - (w) At the meeting of the Medical Advisory Committee, a record of the proceeding shall be kept in the minutes of the Medical Advisory Committee meeting.
 - (x) The member involved shall be given full opportunity to answer each ground as well as to present documents and witnesses if so desired.
 - (y) Where the Medical Advisory Committee determines that the matter has no merit, this shall be noted in the minutes of the Medical Advisory Committee.
 - (z) Where the Medical Advisory Committee determines that the matter has merit, the Medical Advisory Committee shall make a recommendation to the Board.
 - (aa) Where the Medical Advisory Committee considers the matter at a Medical Advisory Committee meeting, then the procedure for a Medical Advisory Committee hearing set out in Schedule A is to be followed.

6.03 Immediate Mid-Term Action in an Emergency Situation

Immediate Steps

- (a) Where the conduct, performance or competence of a member exposes, or is reasonably likely to expose patient(s) to harm or injury and immediate action must be taken to protect the patients and no less restrictive measure can be taken, the Chief of Staff or Chief of Department, or his or her delegate, may immediately and temporarily suspend the member's Privileges, with immediate notice to the Chief Executive Officer, or his or her delegate, and pending a Medical Advisory Committee meeting and a hearing by the Hospital Board.
- (b) The Chief of Staff or Chief of Department shall immediately notify the member, the Medical Advisory Committee, and the Board of his or her decision to suspend the member's Privileges.
- (c) Arrangements, as necessary, shall be made by the Chief of Staff or Chief of Department for the assignment of a substitute Physician to care for the patients of the suspended member.
- (d) Within 48 hours of the suspension, the individual who suspended the member shall provide the member and Medical Advisory Committee with written reasons for the suspension and copies of any relevant documents or records.

The Medical Advisory Committee Meeting

- (e) The Medical Advisory Committee shall set a date for a meeting of the Medical Advisory Committee to be held within 10 days from the date of the suspension to review the suspension and to make recommendations to the Board.
- (f) As soon as possible, and in any event, at least 48 hours prior to the Medical Advisory Committee meeting, the Medical Advisory Committee shall provide the member with a written notice of those items outlined in Section 6.02(u).
- (g) The member may request and the Medical Advisory Committee may grant a postponement of the Medical Advisory Committee meeting.

- (h) At the meeting of the Medical Advisory Committee, a record of the proceeding shall be kept in the minutes of the Medical Advisory Committee meeting.
- (i) The member shall be given full opportunity to answer each ground as well as to present documents and witnesses if so desired.
- (j) Before deliberating on the recommendation to be made to the Board, the Chair shall require the member involved, and any other persons present who are not Medical Advisory Committee members, to retire. The Medical Advisory Committee shall not consider any matter or case to which they did not give the member a fair opportunity to answer.
- (k) The Medical Advisory Committee shall provide to the member within 24 hours of the Medical Advisory Committee meeting written notice of:
 - (i) the Medical Advisory Committee's recommendation and the written reasons for the recommendation; and
 - (ii) the member's entitlement to a hearing before the Board.
- (l) The Medical Advisory Committee shall provide to the Board within 24 hours of the Medical Advisory Committee meeting written notice of the Medical Advisory Committee's recommendation.

The Board Hearing

- (m) The Board hearing shall be held in accordance with the procedures set out in Schedule A.

ARTICLE 7. MEDICAL STAFF DEPARTMENTS

7.01 Departments

- (a) When warranted by the professional resources of the Medical Staff, the Board, on the advice of the Medical Advisory Committee, may divide the Medical Staff into departments, which shall include (but not be limited to):

- (i) medicine,
 - (ii) perioperative care,
 - (iii) emergency,
 - (iv) hospitalist medicine, and
 - (v) general and family practice.
- (b) Any Medical Staff department shall function in accordance with the Professional Staff Rules.
- (c) Whenever a separate department is established, Physicians and where appropriate, Dentists, Midwives and Extended Class Nurses and patients related to such a department shall come under the jurisdiction of that department.
- (d) The Board, after considering the advice of the Medical Advisory Committee, at any time, may establish or disband departments.

7.02 Chief of Department

- (a) The Board shall appoint as Chief of Department a Physician from that department who is on the active Medical Staff, after giving consideration to the recommendations of a Selection Committee.
- (b) The membership of the Selection Committee may include:
- (i) the Chief of Staff who shall be chair;
 - (ii) a Director;
 - (iii) a member of the Medical Advisory Committee;
 - (iv) the Chief Nursing Officer;
 - (v) the Chief Executive Officer or his or her delegate; and
 - (vi) a member of the Department.
- (c) Subject to annual confirmation by the Board, an appointment as Chief of Department under this By-law shall be for a term of 3 years. The maximum number of 3-year terms a Chief of

Department may serve under this By-law shall be 2, but the Chief of Department shall hold office during his or her first or second term until a successor is appointed. Despite the maximum term limit, following a break in the continuous service of at least 1 year the same person may be reappointed.

- (d) The Board may at any time revoke or suspend the appointment of a Chief of Department.

7.03 Duties of Chief of Department

The Chief of Department shall:

- (a) through and with the Chief of Staff, supervise the professional care provided by all members of the Professional Staff;
- (b) participate in the orientation of new members of the Professional Staff appointed to the department;
- (c) be responsible for the organization and implementation of a quality improvement program in the department;
- (d) advise the Medical Advisory Committee through and with the Chief of Staff with respect to the quality of medical, and where appropriate, dental, diagnosis, care and treatment provided to the patients and out-patients of the department;
- (e) advise the Medical Advisory Committee through and with the Chief of Staff, with respect to the quality of midwifery assessment, care and treatment provided to the patients and out-patients of the department;
- (f) advise the Medical Advisory Committee through and with the Chief of Staff with respect to the quality of care provided in the hospital by Extended Class Nurses with respect to the ordering of diagnostic procedures provided to patients registered as out-patients for the purpose of obtaining the diagnostic procedures;
- (g) advise the Chief of Staff and the Chief Executive Officer of any patient who is not receiving appropriate treatment and care;

- (h) be responsible to the Chief of Staff, through and with the Chief Executive Officer, for the appropriate utilization of the resources allocated to the department;
- (i) report to the Medical Advisory Committee and to the department on activities of the department including utilization of resources and quality improvement;
- (j) make recommendations to the Medical Advisory Committee regarding medical human resource needs of the department in accordance with the Hospital's strategic plan following consultation with Medical Staff of the department and the Chief of Staff;
- (k) participate in the development of the department's mission, objectives and strategic plan;
- (l) participate in department resource allocation decisions;
- (m) review, or cause to be reviewed, the Privileges granted Professional Staff members of the department for the purpose of making recommendations for changes in the kind and degree of such Privileges;
- (n) review and make written recommendations regarding the performance evaluations of Professional Staff members of the department and concerning reappointments, and these recommendations shall be forwarded to the Medical Advisory Committee;
- (o) establish a process for continuing education related to the department;
- (p) advise the Professional Staff members of the department regarding current Hospital and departmental policies, objectives, and Professional Staff Rules;
- (q) hold regular meetings with the staff of the department; and
- (r) notify the Chief of Staff and the Chief Executive Officer of his or her absence, and designate an alternate from within the department.

7.04 Services in a Department

When warranted by the professional resources of the department, the Board, on the advice of the Medical Advisory Committee, after considering the recommendation of the Chief of the Department, may divide the department into services.

7.05 Heads of Service

- (a) When services are established under a department, the Board, on the advice of the Medical Advisory Committee, after considering the recommendation of the Chief of the Department, shall appoint a Head of Service for each service who shall be responsible to the Chief of the Department for the quality of care, rendered to patients in that service.
- (b) Subject to annual confirmation by the Board, an appointment as Head of Service under this By-law shall be for a term of 3 years. The maximum number of 3-year terms a Head of Service may serve under this By-law shall be 2, but the Head of Service shall hold office during his or her first or second term until a successor is appointed. Despite the maximum term limit, following a break in the continuous service of at least 1 year the same person may be reappointed.
- (c) The Board may at any time revoke or suspend the appointment of a Head of Service.

ARTICLE 8. MEDICAL STAFF ORGANIZATION

8.01 Purpose of the Medical Staff Organization

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

8.02 Members of the Medical Staff Organization

The Medical Staff Organization shall consist of:

- (a) all Physicians who belong to the active Medical Staff group;

- (b) those Physicians in the associate Medical Staff group who have been given the right to vote at Medical Staff Organization meetings by the Medical Advisory Committee, pursuant to Section 4.03(k); and
- (c) those Physicians in the courtesy Medical Staff group who are required to attend Medical Staff Organization meetings by the Chief of Staff, pursuant to Section 4.04(c)(iv).

8.03 Meetings of the Medical Staff Organization

Pursuant to the *Public Hospitals Act*, the Medical Staff Organization shall hold at least 4 meetings in each fiscal year of the Hospital, one of which shall be the annual meeting.

8.04 Notice of Meetings

- (a) Notice of meetings shall be sent to the Hospital email account assigned to the Medical Staff member, or such other email provided by the Medical Staff member to the Hospital, at least 10 days before the meeting.
- (b) A written notice of each regular meeting shall also be posted in the Physicians' Mail Room by the Secretary of the Medical Staff at least 5 days before the meeting.

8.05 Special Meetings

- (a) In cases of emergency, the President of the Medical Staff Organization may call a special meeting.
- (b) Special meetings shall be called by the President of the Medical Staff Organization on the written request of any 5 members of the active Medical 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.
- (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 members

present and voting at the special meeting, as the first item of business at the meeting.

8.06 Quorum

A majority of the Medical Staff Organization members entitled to vote shall constitute a quorum at any annual, general or special meeting of the Medical Staff Organization.

8.07 Order of Business

- (a) The order of business at the annual meeting of the Medical Staff Organization will be:
 - (i) call to order;
 - (ii) minutes of the previous meeting;
 - (iii) business arising from the minutes;
 - (iv) report of the Medical Advisory Committee;
 - (v) reports of the elected officers of the Medical Staff Organization;
 - (vi) election of officers for the following year;
 - (vii) appointment of Nominating Committee for following year;
 - (viii) fix a time and place for the next annual meeting, and the meetings of the Medical Staff Organization before the next annual meeting;
 - (ix) other business; and
 - (x) adjournment.
- (b) The order of business at any regular meeting of the Medical Staff Organization shall be as set out in the Professional Staff Rules.

8.08 Attendance at Medical Staff Organization Meetings

Each member of the active Medical Staff and associate Medical Staff groups and the courtesy Medical Staff (where required) shall attend at least 50% of the regular Medical Staff Organization meetings.

8.09 Department Meetings

Department meetings shall be held in accordance with Professional Staff Rules.

8.10 Attendance at Department Meetings

Each member of the active and associate Medical Staff groups and courtesy Medical Staff (where required) shall attend at least 50% of the meetings of the department of which he or she is a member.

ARTICLE 9. MEDICAL STAFF ORGANIZATION ELECTED OFFICERS

9.01 Eligibility for Office

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

9.02 Election Procedure

- (a) A Nominating Committee shall be appointed by the Medical Staff Organization at each annual meeting and shall consist of 3 members of the Medical Staff Organization.
- (b) At least 30 days before the annual meeting of the Medical Staff Organization, its Nominating Committee shall post in the Physicians' Mail Room a list of the names of those who are nominated for the offices of the Medical Staff Organization which are to be filled by election in accordance with this By-law and the *Public Hospitals Act*.
- (c) Any further nominations shall be made in writing to the Secretary of the Medical Staff within 14 days after the posting of the names referred to in paragraph (b).
- (d) Further nominations referred to in paragraph (c) shall be signed by 2 members of the Medical Staff Organization who are entitled

to vote and the nominee shall have signified in writing on the nomination acceptance of the nomination. Such nominations shall then be posted alongside the list referred to in paragraph (b).

9.03 Duties of the President of the Medical Staff Organization

The President of the Medical Staff Organization shall:

- (a) be a member of the Board and, as a Director, fulfil his or her fiduciary duties to the Hospital by making decisions in the best interest of the Hospital;
- (b) be a member of the Medical Advisory Committee;
- (c) report to the Medical Advisory Committee and the Board on any issues raised by the Medical Staff Organization;
- (d) be accountable to the Medical Staff Organization and advocate fair process in the treatment of individual members of the Medical Staff;
- (e) preside at all meetings of the Medical Staff Organization;
- (f) call special meetings of the Medical Staff Organization;
- (g) be an ex-officio member of the Joint Conference Committee;
- (h) be an ex-officio member of the Finance Committee;
- (i) during any absence of the Chief of Staff, serve as Acting Chief of Staff; and
- (j) be a member of such other committees as may be deemed appropriate by the Board.

9.04 Duties of the Vice-President of the Medical Staff Organization

The Vice-President of the Medical Staff Organization shall:

- (a) be a member of the Board and, as a Director, fulfil his or her fiduciary duties to the Hospital by making decisions in the best interest of the Hospital;

- (b) be a member of the Medical Advisory Committee;
- (c) act in the place of the President of the Medical Staff Organization, perform his or her duties and possess his or her powers, in the absence or disability of the President; and
- (d) perform such duties as the President of the Medical Staff Organization may delegate.

9.05 Duties of the Secretary of the Medical Staff Organization

The Secretary of the Medical Staff Organization shall:

- (a) be a member of the Medical Advisory Committee;
- (b) attend to the correspondence of the Medical Staff Organization;
- (c) give notice of Medical Staff Organization meetings as required under this By-law;
- (d) ensure that minutes are kept of all Medical Staff Organization meetings;
- (e) ensure that a record of the attendance at each meeting of the Medical Staff Organization is made;
- (f) receive the record of attendance for each meeting of each department of the Medical Staff;
- (g) make the attendance records available to the Medical Advisory Committee;
- (h) perform the duties of the Treasurer for Medical Staff Organization funds and be accountable therefore, when a Treasurer of the Medical Staff has not been elected; and
- (i) act in the place of the Vice-President of the Medical Staff Organization, performing his or her duties and possessing his or her powers in the absence or disability of the Vice-President.

9.06 Duties of the Treasurer of the Medical Staff Organization

- (a) The Medical Staff Organization may elect annually a Treasurer who shall keep the funds of the Medical Staff Organization in a safe manner and be accountable therefore.
- (b) The Treasurer shall disburse Medical Staff Organization funds at the direction of the Medical Staff Organization as determined by a majority vote of the Medical Staff Organization members present and entitled to vote at a Medical Staff Organization meeting.

ARTICLE 10. MEDICAL ADVISORY COMMITTEE

10.01 Membership of the Medical Advisory Committee

- (a) The Medical Advisory Committee shall consist of:
 - (i) the Chief of Staff, who shall be chair;
 - (ii) the Assistant Chief of Staff, if this role has been filled by the Board;
 - (iii) all Chiefs of Department;
 - (iv) the President of the Medical Staff Organization;
 - (v) the Vice-President of the Medical Staff Organization; and
 - (vi) the Secretary of the Medical Staff Organization.
- (b) The following personnel (or a delegate appointed by such persons from time to time) shall attend meetings of the Medical Advisory Committee on a non-voting basis:
 - (i) the Chief Executive Officer;
 - (ii) the Chief Nursing Officer; and
 - (iii) one Director selected by the Board.

10.02 Duties of the Medical Advisory Committee

- (a) The Medical Advisory Committee shall elect a Secretary to the Medical Advisory Committee from among themselves.
- (b) The Medical Advisory Committee shall perform the functions as set out in the *Public Hospitals Act*.
- (c) The Medical Advisory Committee shall:
 - (i) receive and consider the report of the Credentials Committee;
 - (ii) in considering a recommendation for appointment, review:
 - (A) the need of the Hospital for such an appointment; and
 - (B) the impact such an appointment would have on available Hospital and community resources.
 - (iii) in the case of a recommendation for appointment, specify the Privileges which it recommends the applicant be granted.
 - (iv) develop a Professional Staff human resources plan;
 - (v) through the Chief of Staff, advise the Board on:
 - (A) quality assurance for all Professional Staff members;
 - (B) education for all Professional Staff;
 - (C) clinical role of the Hospital; and
 - (D) the Professional Staff human resources plan.
 - (E) the Professional Staff Rules, and policies applicable to the Professional Staff;
 - (vi) supervise the practice of the Professional Staff; however, the duties of the Medical Advisory Committee that relate to the Extended Class Nursing Staff of the Hospital shall only be performed with respect to those members of the

Extended Class Nursing Staff who are not employees of the Hospital and to whom the Board has granted Privileges to diagnose, prescribe for or treat out-patients in the Hospital;

- (vii) make recommendations to the Board with respect to the Professional Staff By-laws, the Professional Staff Rules, and policies applicable to the Professional Staff;
 - (viii) appoint the Professional Staff members to all committees of the Medical Advisory Committee;
 - (ix) receive reports from the committees of the Medical Advisory Committee; and
 - (x) advise the Board on matters referred to the Medical Advisory Committee by the Board.
- (d) As required by the *Public Hospitals Act*, the Medical Advisory Committee shall hold at least 10 meetings each year and keep minutes of such meetings.

10.03 Accountability of Medical Advisory Committee

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

10.04 Executive Committee of the Medical Advisory Committee

- (a) The Executive Committee of the Medical Advisory Committee shall consist of:
- (i) the Chief of Staff, who shall be chair;
 - (ii) the President of the Medical Staff;
 - (iii) the Vice-President of the Medical Staff;
 - (iv) the Secretary of the Medical Staff
 - (v) the Chief of Department of Perioperative Care;
 - (vi) the Chief of Department of Hospitalist Medicine; and

- (vii) on an ad hoc basis, up to 2 other Chiefs of Department where the matter at issue is relevant to those Departments.
- (b) The Chief Executive Officer and the Chief Nursing Officer shall be invited to attend meetings of the Executive Committee of the Medical Advisory Committee but shall not have a vote.
- (c) The Executive Committee of the Medical Advisory Committee shall:
 - (i) act as an advisory committee to the Medical Advisory Committee on issues brought to the Medical Advisory Committee or referred to the Executive Committee by the Board or the Chief Executive Officer;
 - (ii) exercise the full powers of the Medical Advisory Committee in all urgent matters reporting every action at the next meeting of the Medical Advisory Committee;
 - (iii) report at each meeting of the Medical Advisory Committee; and
 - (iv) meet weekly or at the call of the chair.

ARTICLE 11. MEDICAL ADVISORY SUBCOMMITTEES

11.01 Medical Advisory Subcommittees

The following Medical Advisory Subcommittees are hereby established:

- (a) Credentials Committee;
- (b) Medical Records/Quality Assurance Committee;
- (c) Infection Control Committee;
- (d) Utilization Committee;
- (e) Pharmacy and Therapeutics Committee; and
- (f) Peer Review Committee.

11.02 Appointment to Medical Advisory Subcommittees

Pursuant to the *Public Hospitals Act*, the Medical Advisory Committee shall appoint the medical members of all Medical Advisory Subcommittees provided for in this By-law of the Hospital. Other members of Medical Advisory Subcommittees shall be appointed by the Board or in accordance with this By-law.

11.03 Medical Advisory Subcommittees Duties

In addition to the specific duties of each Medical Advisory Subcommittees as set out in this By-law, all Medical Advisory Subcommittees shall:

- (a) meet as directed by the Medical Advisory Committee; and
- (b) present a written report including any recommendations of each meeting to the next meeting of the Medical Advisory Committee.

11.04 Medical Advisory Subcommittees Chair

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

11.05 Medical Advisory Subcommittee Chair Duties

A Medical Advisory Subcommittee Chair:

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

11.06 Credentials Committee Duties

- (a) The Credentials Committee shall ensure that a record of the qualifications and professional career of every member of the Professional Staff is maintained.

- (b) The Credentials Committee shall establish the authenticity of and investigate the qualifications of each applicant for appointment and re-appointment to the Professional Staff and each applicant for a change in Privileges.
- (c) The Credentials Committee shall ensure that:
 - (i) each applicant for appointment to the Professional Staff meets the criteria required by this By-law;
 - (ii) each applicant for reappointment to the Professional Staff meets the criteria required by this By-law; and
 - (iii) each applicant for a change in Privileges continues to meet the criteria for reappointment set out in this By-law.
- (d) The Credentials Committee shall consider reports of the interviews with the applicant.
- (e) The Credentials Committee shall consult with the appropriate Chief of Department.
- (f) The Credentials Committee shall receive notification from the Chief of Staff when the performance evaluations and the recommendations for re-appointments have been completed.
- (g) The Credentials Committee shall submit a written report to the Medical Advisory Committee at or before its next regular meeting. The report shall include the kind and extent of Privileges requested by the applicant, and, if necessary, a request that the application be deferred for further investigation.
- (h) The Committee shall perform any other duties prescribed by the Medical Advisory Committee.

11.07 Medical Records/Quality Assurance Committee

- (a) The Medical Records Committee shall recommend procedures to the Medical Advisory Committee to ensure that the provisions of the *Public Hospitals Act*, this By-law and the Professional Staff Rules are observed, including:

- (i) the development of rules to govern the completion of medical records;
 - (ii) a review of medical records for completeness and quality of recording;
 - (iii) a report in writing to each regular meeting of the Medical Advisory Committee with respect to:
 - (A) the review of the medical records and the results thereof, and
 - (B) the names of delinquent members of the Professional Staff;
 - (iv) a review and revision of forms as they pertain to Professional Staff record keeping;
 - (v) the retention of medical records and notes, charts and other material relating to patient care.
- (b) The Committee shall perform any other duties pertaining to medical record keeping as may be requested by the Medical Advisory Committee.
- (c) The Committee shall develop a medical quality assurance program which includes mechanisms to:
- (i) monitor trends and activities;
 - (ii) identify potential problem areas; and
 - (iii) develop action plans and provide follow-up.
- (d) The Committee shall report to the Medical Advisory Committee and through the Chief of Staff to the Quality Assurance Committee of the Board.
- (e) The Committee shall receive reports of and monitor the functioning of Medical Advisory Subcommittees reporting to the Medical Advisory Committee.

- (f) The Committee shall review, evaluate and make recommendations on the following matters affecting the Professional Staff:
 - (i) Privileges;
 - (ii) medical manpower planning, impact analysis;
 - (iii) departmental and service activities;
 - (iv) process for handling complaints; and
 - (v) Hospital By-law, Professional Staff Rules, and policies.
- (g) The Committee shall recommend procedures to the Medical Advisory Committee to assure that an ongoing peer review process is established for assessment of the quality of patient care as follows:
 - (i) study, record, analyze and consider the agreement or disagreement between the pre-operative and diagnosis shown on the Hospital records, and the pathology reports on tissues removed from patients in the Hospital or post mortem reports;
 - (ii) review or cause to be reviewed regularly medical records;
 - (iii) report in writing to each regular meeting of the Medical Advisory Committee and to the appropriate Chiefs of Department;
 - (iv) assure a review of all Hospital deaths to assess the quality of care that has been provided;
 - (v) identify the continuing educational needs of the Professional Staff and assure that actions are taken on the recommendations of the Committee; and
 - (vi) assure that other department medical audits are undertaken as necessary.
- (h) The Committee shall perform such further duties as the Medical Advisory Committee may direct concerning the quality and

quantity of professional work being performed in any department of the Medical Staff of the Hospital.

11.08 Infection Control Committee Duties

The Infection Control Committee shall:

- (a) make recommendations to the Medical Advisory Committee on infection control matters related to:
 - (i) the Occupational Health and Safety Program;
 - (ii) immunization programs;
 - (iii) visitor restrictions or instructions both in general terms and in special circumstances;
 - (iv) patient restrictions or instructions;
 - (v) educational programs for all persons carrying on activities in the Hospital;
 - (vi) isolation procedures;
 - (vii) aseptic and antiseptic techniques;
 - (viii) environmental sanitation in the Hospital.
- (b) make recommendations to the Chief Executive Officer with respect to infection control matters related to the Occupational Health and Safety Program;
- (c) make recommendations to the Chief Executive Officer with respect to infection control matters related to the Health Surveillance Program;
- (d) follow-up and evaluate the results of each of its recommendations made under paragraphs (a), (b), and (c);
- (e) develop, monitor and evaluate an infection control system which includes a reporting system by which all infections, including post discharge infections will come to the Committee's attention;
- (f) review reports from all departments in the Hospital;

- (g) meet at least quarterly and at the call of the Committee Chair as required; and
- (h) perform such other duties as may from time to time be requested by the Medical Advisory Committee.

11.09 Utilization Committee Duties

The Utilization Committee shall:

- (a) review utilization patterns in the Hospital and identify where improvements in utilization patterns could be achieved;
- (b) monitor overall trends in admissions, length of stay and day program volumes and provide appropriate information to Chiefs of Department;
- (c) review the reports from each department's utilization review;
- (d) ensure that Chiefs of Department are educated about utilization review issues and about their responsibility for reporting regularly to their departments on utilization trends;
- (e) report findings and make recommendations to the Medical Advisory Committee and Hospital management through the Medical Advisory Committee on a regular basis at least quarterly;
- (f) monitor response to those Committee recommendations which are approved by the Medical Advisory Committee and Hospital management and report back on progress achieved;
- (g) report annually to the Medical Staff Organization on the Committee's activities;
- (h) comment on the resource implications of proposed additions to the Professional Staff; and
- (i) perform such other duties as may be requested from time to time by the Medical Advisory Committee.

11.10 Pharmacy and Therapeutics Committee Duties

The Pharmacy and Therapeutics Committee shall:

- (a) serve in an advisory capacity to the Medical Staff Organization by assessing regularly the appropriateness and adequacy of medication-related policies and make policy recommendations to the Medical Advisory Committee regarding drug utilization to ensure safe, effective and economical use of drugs;
- (b) evaluate drug utilization, new drugs and current therapeutics and develop a formulary which is suited to the Hospital's needs, and periodically assess the effectiveness of and adherence to the formulary;
- (c) develop a procedure for the use of non-formulary drugs and mechanisms for their evaluation;
- (d) periodically analyze a summary of medication errors and their causative factors and make appropriate recommendations regarding prevention to the medical, nursing and/or pharmacy staffs;
- (e) develop an adverse drug reaction reporting program, review all these reports and ensure that a summary is circulated to medical and nursing staffs when the need arises;
- (f) develop protocols governing programs such as total parenteral nutrition, investigational drugs, self-medication, or ensure that such protocols have been developed after appropriate committee review;
- (g) identify and/or arrange appropriate educational programs for the Professional Staff to enhance their knowledge of drug therapy and practices;
- (h) perform such other relevant duties as the Medical Advisory Committee may direct; and
- (i) meet quarterly or more frequently at the call of the Committee Chair.

11.11 Peer Review

- (a) The Peer Review Committee shall:

- (i) aid the delivery of a high standard of care to Hospital patients by the Professional Staff;
- (ii) maintain an atmosphere of harmony and mutual respect between the Professional Staff and the Hospital and patients;
- (iii) be a duly constituted subcommittee of the Medical Advisory Committee for the purpose of arbitrating disputes between:
 - (A) Chief of Staff and members of the Professional Staff;
 - (B) Members of the Professional Staff and Chief of Staff; and
 - (C) Individual members of the Professional Staff.
- (b) The Chair of the Committee shall receive any disputes in a written letter.
- (c) The Chair will call a meeting, at his/her discretion, to discuss the dispute.
- (d) Findings of the Peer Review Committee shall be communicated to the Medical Advisory Committee via the Chair.
- (e) Compliance with recommendations shall be monitored by the Chair, who shall reconvene the Peer Review Committee if necessary and/or communicate successful resolution to the Medical Advisory Committee.

ARTICLE 12. DENTAL STAFF

12.01 Appointment

- (a) The Board, on the advice of the Medical Advisory Committee, may appoint one or more Dentists to the Dental Staff of the Hospital and shall delineate the Privileges for each Dentist and assign the Dentist to a group of staff in accordance with the group descriptions in ARTICLE 4.

- (b) The appointment, reappointment, and change in Privileges for the Dental Staff shall be done in accordance with the appointment, reappointment, and change in Privileges process for Physicians outlined in ARTICLE 3, with necessary changes.
- (c) The mid-term action process for Physicians outlined in ARTICLE 6 applies to members of the Dental Staff.
- (d) Members of the Dental Staff who are oral and maxillofacial surgeons who hold a current specialty certificate from the College shall have Admitting Privileges and the Privileges to diagnose, prescribe for and treat patients in the Hospital, unless otherwise specified by the Board.

12.02 Head of Dental Service

- (a) Where the Board has appointed more than one Dentist to the Dental Staff, one of the members of the Dental Staff shall, subject to annual confirmation by the Board, be appointed by the Board annually to be the Head of Dental Service.
- (b) The Board may at any time revoke or suspend the appointment of the Head of Dental Service.

12.03 Duties of the Head of Dental Service

The Head of Dental Service shall supervise the professional care given by all members of the Dental Staff and shall be responsible to the Chief of Staff for the quality of care rendered to patients by members of the Dental Staff.

12.04 Medical Staff Organization Meetings

- (a) A member of the Dental Staff may attend Medical Staff Organization meetings but shall not be eligible to vote at a Medical Staff Organization meeting.
- (b) A member of the Dental Staff is not eligible to hold an office in the Medical Staff Organization.

12.05 Dental Staff Duties

- (a) Each member of the Dental Staff shall have the duties as described for the Physicians in ARTICLE 5, with necessary changes.
- (b) The sections of ARTICLE 5 regarding monitoring aberrant practices, viewing procedures, and transfer of responsibility apply to Dental Staff.

ARTICLE 13. MIDWIFERY STAFF

13.01 Appointment

- (a) The Board, on advice of the Medical Advisory Committee, may appoint, annually, one or more midwives to the Midwifery Staff of the Corporation and shall delineate the Privileges for each Midwife.
- (b) The appointment, reappointment, and change in Privileges for the Midwifery Staff shall be done in accordance with the appointment, reappointment, and change in Privileges process for Physicians outlined in ARTICLE 3, with necessary changes.
- (c) The mid-term action process for Physicians outlined in ARTICLE 6 applies to members of the Midwifery Staff.

13.02 Midwifery Staff Groups

- (a) The Midwifery Staff shall be divided into the following groups:
 - (i) active;
 - (ii) associate;
 - (iii) courtesy;
 - (iv) locum tenens; and
 - (v) temporary.

13.03 Active Midwifery Staff

- (a) The active Midwifery Staff shall consist of those midwives who have been appointed by the Board.
- (b) Except where approved by the Board, no Midwife with an active midwifery staff appointment at another Hospital shall be appointed to the active Midwifery Staff.
- (c) Every Midwife applying for appointment to the active Midwifery Staff shall be assigned to the associate Midwifery Staff for a probationary period of at least 1 year, unless the Board determines otherwise.
- (d) All active Midwifery Staff members are responsible for assuring that midwifery care is provided to all patients of midwives in the Hospital.
- (e) All active Midwifery Staff members shall have Admitting Privileges unless otherwise specified in their appointment to the Midwifery Staff.
- (f) Each member of the active Midwifery Staff shall:
 - (i) undertake such duties in respect of those patients classed as emergency cases as may be specified by the Chief of Staff to which the Midwife has been assigned;
 - (ii) attend patients, and undertake treatment and procedures only in accordance with the kind and degree of Privileges granted by the Board; and
 - (iii) act as a supervisor of the Midwifery Staff when requested by the Chief of Staff.

13.04 Associate Midwifery Staff

- (a) Each associate Midwifery Staff member shall have Admitting Privileges unless otherwise specified in the appointment.
- (b) An associate Midwifery Staff member shall work for a probationary period under the supervision of an active Medical or Midwifery Staff member named by the Chief of Staff or the

Chief of the Department (of Obstetrics/Gynaecology) to which the associate Midwifery Staff member has been assigned.

- (c) A supervisor shall carry out the duties in accordance with the Professional Staff Rules of the Corporation.
- (d) After 6 months, the appointment of a member of the associate Midwifery Staff will be reviewed by the supervisor. The review will include assessment of the member's clinical performance and the applicable information set out in Section 3.04(b)(vi), with necessary changes, will be considered. A report developed from the review will be provided to and reviewed with the applicant, and will be copied to the Credentials Committee.
- (e) After 1 year, the appointment of a member of the associate Midwifery Staff will be reviewed by the Credentials Committee, which shall report to the Medical Advisory Committee. The review will include an assessment of the applicant's clinical performance and the applicable information set out in Section 3.04(b)(vi), with necessary changes.
- (f) The Medical Advisory Committee, after considering the report of the Credentials Committee, will recommend to the Board for its consideration and determination one of: a change in category, a continuation in the associate Midwifery Staff category for up to an additional 6 months or a complete denial of reappointment.
- (g) The Chief of Staff, upon the request of an associate Midwifery Staff member or a supervisor, may assign the associate Midwifery Staff member to a different supervisor if the associate Midwifery Staff member is required to continue in the associate Midwifery Staff category for up to an additional 6 months.
- (h) 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 Midwifery Staff member be terminated.
- (i) No member of the Midwifery Staff shall be appointed to the associate staff for more than 18 consecutive months.
- (j) An associate Midwifery Staff member shall:

- (i) attend patients, and undertake treatment and procedures under supervision in accordance with the kind and degree of Privileges granted by the Board on the recommendation of the Medical Advisory Committee; and
- (ii) undertake such duties in respect of those patients classed as emergency cases as may be specified by the Chief of the Department to which the Midwife has been assigned.

13.05 Courtesy Midwifery Staff

- (a) The Board may grant a Midwife an appointment to the courtesy Midwifery Staff in one or more of the following circumstances:
 - (i) the applicant has an active midwifery staff commitment at another hospital;
 - (ii) the applicant lives at such a remote distance from the Corporation that it limits full participation in the active Midwifery Staff duties, but he or she wishes to maintain an affiliation with the Corporation;
 - (iii) the applicant has a primary commitment to, or contractual relationship with, another community or organization; or
 - (iv) where the Board deems it otherwise advisable.
- (b) The Board may grant a Midwife an appointment to the courtesy Midwifery Staff with such Privileges as the Board deems advisable. Admitting Privileges shall be granted under specified circumstances.
- (c) The circumstances leading to an appointment under this section shall be specified by the Midwife on each application for reappointment.

13.06 Locum Tenens

- (a) The Medical Advisory Committee upon the request of a member of the Midwifery Staff may recommend the appointment of a locum tenens as a planned replacement for that Midwife for a specified period of time.

- (b) A locum tenens shall:
 - (i) have Admitting Privileges unless otherwise specified;
 - (ii) work under the counsel and supervision of a member of the active Medical or Midwifery Staff who has been assigned this responsibility by the Chief of Staff or his or her delegate;
 - (iii) attend patients assigned to his or her care by the active medical or Midwifery Staff member by whom he or she is supervised, and shall treat them within the Privileges granted by the Board; and
 - (iv) undertake such duties in respect of those patients classed as emergency cases as may be specified by the Chief of Staff or by the Chief of the Department to which the midwife has been assigned.

13.07 Temporary Midwifery Staff

- (a) A temporary appointment of a Midwife to the Midwifery Staff may be made only for one of the following reasons:
 - (i) to meet a specific singular requirement by providing a consultation and/or procedure; or
 - (ii) to meet an urgent unexpected need for a midwifery service.
- (b) Notwithstanding any other provision to this By-law, the Chief Executive Officer, after consultation with the Chief of Staff or his or her delegate, may grant a temporary appointment to a Midwife who is not a member of the Midwifery Staff provided that such appointment shall not extend beyond the date of the next meeting of the Board.
- (c) A temporary appointment shall not have Privileges to admit patients.

13.08 Midwifery Staff Duties

- (a) Each member of the Midwifery Staff shall have the duties as described for the Physicians in ARTICLE 5, with necessary changes.
- (b) Each member of the active and associate Midwifery Staff groups and the courtesy Midwifery Staff (where required) shall attend 50% of the meetings of the department of which he or she is a member.
- (c) The sections of ARTICLE 5 regarding monitoring aberrant practices, viewing procedures, and transfer of responsibility apply to Midwifery Staff.

13.09 Midwifery Staff: Function Within Medical Staff Department

The Midwifery Staff shall function within the Obstetrics/Gynaecology Department.

13.10 Head Midwife

- (a) Where the Board has appointed more than one Midwife to the Midwifery Staff, one of the members of the Midwifery Staff shall, subject to annual confirmation by the Board, be appointed by the Board upon the recommendation of the Medical Advisory Committee annually for a term of three years to be the Head Midwife, upon the recommendation of the Chief of Obstetrics/Gynaecology.
- (b) The Board may at any time revoke or suspend the appointment of the Head Midwife.

13.11 Duties of the Head Midwife

The Head Midwife shall supervise the professional care given by all members of the Midwifery Staff and shall be responsible to the Chief of Obstetrics/Gynaecology for the quality of care rendered to patients by members of the Midwifery Staff.

13.12 Medical Staff Organization Meetings

- (a) A member of the Midwifery Staff may attend Medical Staff Organization meetings but shall not be eligible to vote at a Medical Staff Organization meeting.
- (b) A member of the Midwifery Staff is not eligible to hold office in the Medical Staff Organization.

ARTICLE 14. EXTENDED CLASS NURSING STAFF

14.01 Appointment

- (a) The Board, on the advice of the Medical Advisory Committee, may appoint annually one or more Registered Nurses in the Extended Class to the Extended Class Nursing Staff of the Hospital and shall delineate the Privileges for each Registered Nurse in the Extended Class.
- (b) The appointment, reappointment, and change in Privileges for the Extended Class Nursing Staff shall be done in accordance with the appointment, reappointment, and change in Privileges process for Physicians outlined in ARTICLE 3, with necessary changes.
- (c) The mid-term action process for Physicians outlined in ARTICLE 6 applies to members of the Extended Class Nursing Staff.

14.02 Extended Class Nursing Staff Groups

- (a) The Extended Class Nursing Staff shall be divided into the following groups:
 - (i) active;
 - (ii) associate;
 - (iii) courtesy;
 - (iv) locum tenens; and
 - (v) temporary.

14.03 Active Extended Class Nursing Staff

- (a) The active Extended Class Nursing Staff shall consist of those Extended Class Nurses who have been appointed by the Board.
- (b) Except where approved by the Board, no Extended Class Nurses with an active extended class nursing staff appointment at another hospital shall be appointed to the active staff.
- (c) Every Extended Class Nurse applying for appointment to the active staff shall be assigned to the associate staff for a probationary period of at least 1 year, unless the Board determines otherwise.
- (d) All active staff members are responsible for assuring that extended class nursing care is provided to all out-patients of Extended Class Nurses who receive care in the Hospital.
- (e) All active staff members may refer patients to the Hospital for tests and procedures which they are authorized to order unless otherwise specified in their appointment to the Extended Class Nursing Staff.
- (f) Each member of the active Extended Class Nursing Staff shall:
 - (i) refer patients for out-patient tests and procedures only in accordance with the kind and degree of Privileges granted by the Board; and
 - (ii) act as a supervisor of the Extended Class Nursing Staff when requested by the Chief of Staff or Chief of Department.

14.04 Associate Extended Class Nursing Staff

- (a) Each associate staff member may refer patients to the Hospital for diagnostic tests and procedures which they are authorized to order unless otherwise specified in the appointment.
- (b) An associate staff member shall work for a probationary period under the supervision of an active Medical or Extended Class Nursing Staff member named by the Chief of Staff or the Chief

of the Department to which the associate staff member has been assigned.

- (c) A supervisor shall carry out the duties in accordance with the Professional Staff Rules.
- (d) After 6 months, the appointment of a member of the associate Extended Class Nursing Staff will be reviewed by the supervisor. The review will include assessment of the member's clinical performance and the applicable information set out in Section 3.04(b)(vi), with necessary changes, will be considered. A report developed from the review will be provided to and reviewed with the applicant, and will be copied to the Credentials Committee.
- (e) After 1 year, the appointment of a member of the associate Extended Class Nursing Staff will be reviewed by the Credentials Committee, which shall report to the Medical Advisory Committee. The review will include an assessment of the applicant's clinical performance and the applicable information set out in Section 3.04(b)(vi), with necessary changes.
- (f) The Medical Advisory Committee, after considering the report of the Credentials Committee, will recommend to the Board for its consideration and determination one of: a change in category, a continuation in the associate Extended Class Nursing Staff category for up to an additional 6 months or a complete denial of reappointment.
- (g) The Chief of Staff, upon the request of an associate Extended Class Nursing Staff member or a supervisor, may assign the associate Extended Class Nursing Staff member to a different supervisor if the associate Extended Class Nursing Staff member is required to continue in the associate Extended Class Nursing Staff category for up to an additional 6 months.
- (h) 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 Extended Class Nursing Staff member be terminated.

- (i) No member of the Extended Class Nursing Staff shall be appointed to the associate staff for more than 18 consecutive months.
- (j) An associate Extended Class Nursing Staff member shall refer patients for diagnostic tests and procedures under supervision in accordance with the kind and degree of Privileges granted by the Board on the recommendation of the Medical Advisory Committee.

14.05 Courtesy Registered Nurses in the Extended Class Nursing Staff

- (a) The Board may grant an Extended Class Nurse an appointment to the courtesy Extended Class Nursing Staff in one or more of the following circumstances:
 - (i) the applicant has an active extended class nursing staff commitment at another hospital; or
 - (ii) the applicant practices at such a remote distance from the Corporation that it limits full participation in the active Extended Class Nursing Staff duties, but he or she wishes to maintain an affiliation with the Corporation; or
 - (iii) the applicant has a primary commitment to, or contractual relationship with, another community or organization; or
 - (iv) where the Board deems it otherwise advisable.
- (b) The Board may grant an Extended Class Nurse an appointment to the courtesy staff with such Privileges as the Board deems advisable. Privileges to refer patients for out-patient procedures shall be granted under specified circumstances. The circumstances leading to an appointment under this section shall be specified by the Extended Class Nurse on each application for reappointment.

14.06 Locum Tenens

- (a) The Medical Advisory Committee upon the request of a member of the Extended Class Nursing Staff may recommend the appointment of a locum tenens as a planned replacement for that

Registered Nurse in the Extended Class for a specified period of time.

- (b) A locum tenens shall:
 - (i) have Privileges to refer patients for diagnostic out-patient tests and procedures unless otherwise specified; and
 - (ii) work under the counsel and supervision of a member of the active Medical or Extended Class Nursing Staff who has been assigned this responsibility by the Chief of Staff or his or her delegate.

14.07 Temporary Extended Class Nursing Staff

- (a) A temporary appointment of a Registered Nurse in the Extended Class to the Extended Class Nursing Staff may be made only for one of the following reasons:
 - (i) to meet a specific singular requirement by providing a consultation and/or test or procedure; or
 - (ii) to meet an urgent unexpected need for a Registered Nurse in the Extended Class service.
- (b) Notwithstanding any other provision to this By-law, the Chief Executive Officer, after consultation with the Chief of Staff or his or her delegate, may grant a temporary appointment to a Registered Nurse in the Extended Class who is not a member of the Extended Class Nursing Staff provided that such appointment shall not extend beyond the date of the next meeting of the Board.

14.08 Extended Class Nursing Staff Duties

- (a) Each member of the Extended Class Nursing Staff shall have the duties as described for the Physicians in ARTICLE 5, with necessary changes.
- (b) The sections of ARTICLE 5 regarding monitoring aberrant practices, viewing procedures, and transfer of responsibility apply to Extended Class Nursing Staff.

- (c) Each member of the active and associate staff groups and the courtesy staff (where required) shall attend 50% of the meetings of the department of which she or he is a member.

14.09 Extended Class Nursing Staff: Function Within Professional Staff Department

Each Extended Class Nursing Staff member shall function within the department to which he or she is associated.

14.10 Senior Registered Nurse in the Extended Class

- (a) Where the Board has appointed more than one Registered Nurse in the Extended Class to the Extended Class Nursing Staff, one of the members of the Extended Class Nursing Staff shall, subject to annual confirmation by the Board, be appointed by the Board upon the recommendation of the Medical Advisory Committee annually for a term of three years to be the Senior Registered Nurse in the Extended Class upon the recommendation of the Chief of Staff.
- (b) The Board may at any time revoke or suspend the appointment of the Senior Registered Nurse in the Extended Class.

14.11 Duties of the Senior Registered Nurse in the Extended Class

The Senior Registered Nurse in the Extended Class shall supervise the professional care given by all members of the Extended Class Nursing Staff and shall be responsible to the Chief of Staff for the quality of care provided by members of the Extended Class Nursing Staff.

14.12 Medical Staff Organization Meetings

- (a) A member of the Extended Class Nursing Staff may attend Medical Staff Organization meetings but shall not be eligible to vote at a Medical Staff Organization meeting.
- (b) A member of the Extended Class Nursing Staff is not eligible to hold office in the Medical Staff Organization.

ARTICLE 15. AMENDMENTS

15.01 Amendments to By-laws

- (a) The Board may pass or amend the By-laws of the Corporation from time to time.
- (b) Where:
 - (i) it is intended to pass or amend the By-laws at a meeting of the Board, written notice of such intention shall be sent by the Secretary to each Director at his or her address as shown on the records of the Corporation by ordinary mail not less than 10 days before the meeting;
 - (ii) the notice of intention required by clause (i) is not provided, any proposed By-laws or amendments to the By-laws may nevertheless be moved at the meeting and discussion and voting thereon adjourned to the next meeting, for which no notice of intention need be given.
- (c) Subject to paragraph (d), a By-law or amendment to a By-law passed by the Board has full force and effect:
 - (i) from the time the motion was passed, or
 - (ii) from such future time as may be specified in the motion.
- (d)
 - (i) Any amendment to a By-law passed by the Board shall be presented for confirmation at the next annual meeting or to a special general meeting of the members of the Corporation called for that purpose. The notice of such annual meeting or special general meeting shall refer to the By-law or amendment to be presented.
 - (ii) The members at the annual meeting or at a special general meeting may confirm the By-law as presented or reject or amend it, and if rejected it thereupon ceases to have effect and if amended it takes effect as amended.
- (e) In any case of rejection, amendment, or refusal to approve a By-law or part of a By-law in force and effect in accordance with any part of this section, no act done or right acquired under any such

By-law is prejudicially affected by any such rejection, amendment or refusal to approve.

15.02 Professional Staff By-law Amendments

Prior to submitting any amendments to the Professional Staff By-law to the process established in Section 15.01, the following procedures shall be followed:

- (a) notice specifying the proposed By-law or amendment thereto shall be posted;
- (b) the Professional Staff shall be afforded an opportunity to comment on the proposed By-law or amendment thereto; and
- (c) the Medical Advisory Committee shall make recommendations to the Board, concerning the proposed By-law or amendment thereto.

ENACTED as By-Law No. 1 this 24th day of June, 2003 and amended this 28th day of June, 202.

Chair

Secretary

CONFIRMED by the Members this 24th day of June, 2003 and amendments confirmed this 28th day of June, 2022.

Chair

Secretary

SCHEDULE “A”

MEDICAL ADVISORY COMMITTEE AND BOARD PROCESS FOR APPLICATIONS, REAPPLICATIONS AND CHANGES IN PRIVILEGES

INTRODUCTION

This schedule outlines the procedures for dealing with recommendations from the Medical Advisory Committee for appointment, reappointment and changes in Privileges that differ from the applicant’s request.

It should be noted that a Physician’s appointment and/or Privileges will continue throughout the investigation until all appeals consistent with the *Public Hospitals Act* are completed.

PART A – THE MEDICAL ADVISORY COMMITTEE MEETING

- (1) In the case of an application for appointment, reappointment or change in Privileges, within 60 days from the date of the application, the Medical Advisory Committee shall give written notice to the Board and the applicant, as the case may be, of its recommendation.
- (2) The notice referred to in subsection (1) shall,
 - (a) include the written reasons for the recommendation; and
 - (b) inform the applicant, as the case may be, that he or she is entitled to a hearing before the Board if a written request is received by the Board and the Medical Advisory Committee within 7 days of the receipt by the applicant, as the case may be, of the written reasons under clause (a).
- (3) The time period to provide the written notice required in subsection (1) may be extended, if, prior to the expiry of the time period, the Medical Advisory Committee gives written notice to the Board and the applicant, as the case may be, that the final recommendation cannot yet be made and provides written reasons therefore.

- (4) Service of a notice to the applicant may be made personally or by registered mail addressed to the person to be served at his or her last known address and, where the notice is served by registered mail, it shall be deemed that the notice was served on the third day after the day of mailing unless the person to be served establishes that he or she did not, acting in good faith, through absence, accident, illness or other cause beyond his or her control receive it until a later date.
- (5) Where the applicant does not require a hearing by the Board, the Board may implement the recommendation of the Medical Advisory Committee.
- (6) Where the applicant requires a hearing by the Board, the Board shall appoint a place and a time for the hearing.
- (7) Where the applicant continues in his or her duties at the Hospital and the Chief of Department believes the applicant's work should be scrutinized, the applicant's work shall be scrutinized in a manner to be determined by the Chief of the Department.
- (8) If at any time it becomes apparent that the applicant's conduct, performance or competence is such that it exposes, or is reasonably likely to expose, patient(s) to harm or injury and immediate action must be taken to protect the patients, then the procedures under immediate measures in an emergency situation shall be invoked (see Section 6.03).

PART B – THE BOARD HEARING

- (1) The Board shall name a place and time for the hearing.
- (2) The Board hearing shall be held within 14 days of the Board receiving the notice from the applicant requesting a hearing.
- (3) The Board shall give written notice of the hearing to the applicant and to the Chair (or substitute) of the Medical Advisory Committee at least 7 days before the hearing date.
- (4) The notice of the Board hearing shall include,
 - (a) the place and time of the hearing;
 - (b) the purpose of the hearing;

- (c) a statement that the applicant 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;
 - (d) a statement that the applicant may proceed in person or be represented by counsel, and that in his or her absence the Board may proceed with the hearing and that the applicant will not be entitled to any further notice of the proceeding;
 - (e) a statement that the applicant may call witnesses and tender documents in evidence in support of his or her case; and
 - (f) a statement that the time for the hearing may be extended by the Board.
- (5) The parties to the Board hearing are the applicant, the Medical Advisory Committee and such other persons as the Board may specify.
- (6) As soon as possible, the applicant shall be provided with copies of all written documentary material, including reports, that have been collected by the Credentials Committee or Medical Advisory Committee as part of the investigative process, whether or not these materials will be used in evidence. The applicant shall also be provided 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. The intent is that the applicant shall have full disclosure.
- (7) At least 5 days before the Board hearing, the applicant shall provide the Board and the Medical Advisory Committee with the following:
- (a) a list of witnesses; and
 - (b) a copy of all documentation in the possession, power or control of the applicant that is relevant to the matter(s) under consideration.
- (8) (a) Subject to paragraph (b) below, members of the Board holding the hearing will not have taken part in any investigation or consideration of the subject matter of the hearing and will not communicate directly or indirectly in relation to the subject matter

of the hearing with any person or with any party or their representative, except upon notice to and an opportunity for all parties to participate.

- (b) Despite the foregoing, the Board may seek legal advice, which legal advice shall be independent from the Medical Advisory Committee's legal counsel, and in such case, the nature of the advice should be made known to the parties in order that they may make submissions as to the law.
- (9) 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*.
- (10) A party at a hearing may:
- (a) be represented by counsel or agent;
 - (b) call and examine witnesses and present arguments and submissions; and
 - (c) conduct cross-examination of witnesses reasonably required for a full and fair disclosure of the facts in relation to which they have given evidence.
- (11) The Board shall consider only the reasons of the Medical Advisory Committee that have been given to the applicant in support of its recommendation. Where through error or inadvertence, certain reasons have been omitted in the statement delivered to the applicant, the Board may consider those reasons only if those reasons are given by the Medical Advisory Committee in writing to both the applicant, as the case may be, and the Board and the applicant is given a reasonable time to review the reasons and to prepare a case to meet those additional reasons.
- (12) No member of the Board shall participate in a decision of the Board pursuant to a hearing unless he or she was present throughout the hearing and heard the evidence and argument of the parties and, except with the consent of the parties, no decision of the Board shall be given unless all applicants so present participate in the decision.

- (13) The Board will make a decision to either accept, reject or modify the recommendation of the Medical Advisory Committee.
- (14) A written copy of the decision of the Board and the written reasons for the decision, shall be provided to the applicant, as the case may be, and to the Medical Advisory Committee secretary.
- (15) Service of the notice of the decision and the written reasons to the applicant may be made personally or by registered mail addressed to the applicant at his or her last known address and, where the notice is served by registered mail, it shall be deemed that the notice was served on the third day after the day of mailing unless the person to be served establishes that he or she did not, acting in good faith, through absence, accident, illness or other cause beyond his or her control receive it until a later date.