



Health Sciences North  
Horizon Santé-Nord

## **Credentialed Professional Staff By-Law**

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## Introduction, Definitions & Interpretations

### Introduction

Whereas the Board of Directors of Health Sciences North- Horizon Sante-Nord deems it expedient that all By-Laws of the Hospital heretofore enacted concerning the Medical Staff of the Hospital be cancelled and revoked and the following By-Law adopted for regulating the affairs of the Professional Staff of the Hospital.

Recognizing that the Medical Advisory Committee is responsible to the Board of Directors for the quality of care provided by the Credentialed Professional Staff, Professional Staff practicing in the Hospital are hereby organized in conformity with this By-Law hereinafter stated.

The Board of Directors is required, pursuant to the *Public Hospital's Act*, to credential and appoint on an annual basis all Physicians, Dentists, Midwives and Extended Class Nurses (non-employees) who practice at the hospital.

### Definitions

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

"Affiliation Agreement" means the agreement entered into between the Northern Ontario School of Medicine and the Hospital regarding their joint relationship with respect to patient care, teaching and research.

"Chief Executive Officer" means in addition to "administrator" as defined in Section 1 of the *Public Hospital's Act*, the President of Chief Executive Officer of the Hospital.

"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.

"Dental Staff" means the Dentists to whom the Board of Directors has granted Privileges to practice dentistry at the Hospital.

"Dentist" means a dental practitioner in good standing with the Royal College of Dental Surgeons of Ontario.

"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*.

"Extended Class Nursing Staff" means Extended Class Nurses (non-hospital employees) to whom the Board of Directors has granted Privileges.

"Board of Directors" means the Board of Directors of the Hospital. "Hospital" means Health Sciences North.

"Medical Staff" means those physicians who are appointed by the Board of Directors and who are granted Privileges to practice medicine in the Hospital.

"Medical Staff Rules and Regulations" means provisions approved by the Board of Directors concerning the practice and professional conduct of the members of the Professional Staff.

"Midwife" means a Midwife in good standing with the College of Midwives of Ontario.

"Midwifery Staff" means those Midwives who are appointed by the Board of Directors and who are granted Privileges to practice in the Hospital.

"Physician" means a member in good standing of the College of Physicians and Surgeons of Ontario.

"Privileges" mean those rights or entitlements conferred upon a Physician, Dentist, Midwife or Extended

Class Nurse at the time of appointment or re-appointment.

"Medical Advisory Committee" serves the role of the Medical Advisory Committee as required by the *Public Hospital's Act*.

"Professional Services" means professional disciplines other than rehabilitation and nursing.

"Professional Staff" means, for the purposes of this By-Law the Physicians, Dentists, Midwives and Extended Class Nurses who are required by the *Public Hospital's Act* to be appointed by the Board of Directors and who are granted specific Privileges to practice medicine, dentistry, midwifery or extended class nursing, respectively, in the Hospital.

"*Public Hospital's Act*" means the *Public Hospital's Act R.S.O. 1990, c.P-40 (Ontario)* and, where the context requires, includes the regulations made under it, including Hospital Management Regulation 965.

"Medical School" means the Northern Ontario School of Medicine.

### **Affiliation Agreement**

Members of the Active or Associate Staff may hold an appointment at the Northern Ontario School of Medicine.

Members of the Active or Associate Staff holding appointments with the Medical School, shall be jointly appointed by the Medical School and the Hospital in accordance with the terms and conditions of the Affiliation Agreement between the parties.

### **Interpretation**

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

- a) All terms which are contained in the By-Law and which are defined in the *Public Hospital's Act* shall have the meanings given to such terms in the *Public Hospital's Act*.
- b) The use of the singular number shall include the plural and vice versa and the use of any gender shall include the masculine, feminine and neuter genders.
- c) 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.
- d) Any references herein 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.

## **Mission, Vision, Values**

### **Our Mission**

Improve the health of northerners by working with our partners to advance quality care, education, research and health promotion.

### **Our Vision**

Globally recognized for patient-centered innovation.

### **Our Values**

Excellence, Respect, Accountability, Engagement

## **Article 15 - Professional Staff**

### **15.1 The Professional Staff Part of these By-Laws**

These By-Laws:

- (a) govern the appointment, organization, duties and responsibilities of the medical staff, dental staff, midwifery staff and registered nurses in the extended class, all members of the Professional Staff, where not employed by the Hospital;
- (b) recognize that the Medical Advisory Committee is responsible to the Board of Directors for the quality of care provided by the Medical and Credentialed Professional Staff practicing in the Hospital are hereby organized in conformity with this By-Law hereinafter stated;
- (c) define the relationship and responsibilities of the Professional Staff to the Management and Board;
- (d) recognize that members of the Active or Associate Professional Staff may hold an appointment at the Northern Ontario School of Medicine;
- (e) outline how the requirements of the *Public Hospital's Act* and its regulations are put into force.

### **15.2 Purpose of the Professional Staff Portion of the By-Laws**

The purposes of the Professional Staff Part of these By-Laws are:

- (a) to outline clearly and succinctly the purposes and functions of the Professional Staff;
- (b) to identify specific organizational units (departments, services, committees, programs, etc.) necessary to allocate the work of carrying out those functions;
- (c) to designate a process for the selection of officials of the Professional Staff, including the Chief of Staff, Chiefs of Departments and Heads of Services;
- (d) to assign responsibility, define authority, and describe the manner of accountability to the Board of all officials, organizational units and each member of the Professional Staff for patient care, and for professional and ethical conduct;
- (e) to maintain and support the rights and privileges of the Professional Staff as provided herein;
- (f) to provide clear direction to the medical staff that it must provide medical care to all patients within the Hospital;
- (g) to identify a professional staff organization with responsibility, authority and accountability so as to ensure that each Professional Staff member conducts themselves in a manner consistent with the requirements of the *Public Hospital's Act* and its regulations, these By-Laws and such rules and regulations, or any amendments thereto, which become effective when approved by the Board.

### **15.3 Purpose of the Medical Staff Organization**

The purposes of the Medical Staff Organization are:

- (a) to ensure input and advice with respect to the delivery of quality medical care to patients by the Medical Staff;
- (b) to ensure a process whereby the members of the Medical Staff participate through the receipt of information and through input in the Hospital's planning, policy setting and decision making, and;

- (c) to maintain and support the rights and privileges of the Medical Staff

#### **15.4 Professional Staff Resource Plan**

- (a) The Medical Advisory Committee will recommend to the Board for approval, on an annual basis, a Professional Staff Resource Plan for each department of the Professional Staff, as recommended by the chief of the clinical department and medical directors with the advice of the Administration of the Hospital and appropriate Regional Partners, where relevant and subject to available resources. This plan will be consistent with the strategic directions of the Hospital as established by the Board, and the *Public Hospital's Act*, Section 44(2) regarding cessation of services.
- (b) A component of the Professional Staff Resource Plan shall be a recruitment plan, which shall include an impact analysis.

#### **15.5 Appointment**

- (a) The Board shall appoint annually a Professional Staff for the Corporation;
- (b) The Board shall establish from time to time criteria for appointment to the Professional Staff along with the form or application and reapplication after considering the advice of the Medical Advisory Committee. An application for appointment to the Professional Staff shall be processed in accordance with the Hospital's *Professional Staff Appointment and Credentialing Policy*;
- (c) In making an appointment or reappointment to the Professional Staff, the Board shall consider the recommendation of the Medical Advisory Committee, the Corporation's Professional Staff Resource Plan, the strategic direction of the hospital, available human, physical and financial resources and whether there is a need for the services in the community;
- (d) The Board shall grant privileges to members of the Professional Staff upon the recommendation of the Medical Advisory Committee;
- (e) In addition to any other provisions of the By-Laws, the Board may refuse to appoint any applicant to the Professional Staff on any of the following grounds:
  - i) the appointment is not consistent with the need for service, as determined by the Board from time to time
  - ii) upon initial appointment only, the Professional Staff Human Resources Plan of the Corporation and/or Department does not demonstrate sufficient resources to accommodate the applicant, and/or;
  - iii) the appointment is not consistent with the plan of the Department
- (f) Where the Board of the Hospital determines that the Hospital shall cease to provide a service or the Minister directs the Hospital to cease to provide a service, the Board of Directors may:
  - i) refuse the application of a member for appointment or reappointment to the Professional Staff;
  - ii) revoke the appointment of any member, and;
  - iii) cancel or substantially alter the privileges of any member as long as such determination relates to the termination of the service.

## 15.6 Appointment to the Professional Staff

The Board shall appoint each member of the Professional Staff to the Hospital for a one year period, but shall continue beyond one year where the member has submitted an application for reappointment during the appointed year, except for Term Staff who may be appointed for shorter specific time intervals.

## 15.7 Mid-Term Action Regarding Revocation/Suspension/Restriction of Privileges

In circumstances where there are concerns about the conduct, performance or competence of a member of the Professional Staff, the Board may, at any time, in a manner consistent with the *Public Hospital's Act* and in accordance with the regulations thereunder, these By-Laws, the Rules and Regulations of the Professional Staff, and policies of the Hospital, revoke or suspend any appointment of a member of the Professional Staff or revoke, suspend or restrict or otherwise deal with the Privileges of the member.

- (a) **Immediate Action in Emergency Situations** – In circumstances where, in the opinion of the Chief of Staff or the Chief of the relevant clinical Department, the conduct, performance or competence of a member of the Professional Staff exposes or is reasonably likely to expose Patient(s) or Staff to physical or emotional harm or injury and immediate action must be taken to protect the Patient(s) or Staff, and no less restrictive measure can be taken, the Chief of the Department or Chief of Staff will take action. This may require immediate and temporary suspension of the Privileges of the member of the Professional Staff by the Chief of Staff or Chief of the relevant clinical Department with immediate notice to the President and Chief Executive Officer and the President of the Medical Staff, pending the consideration of the suspension by the MAC and the Board in keeping with the procedures outlined in Schedule A of the By-Laws, respecting Mid-Term Action in an Emergency Situation.
- (b) **Non-Immediate Mid-Term Action** – In circumstances where, in the opinion of the Chief of the relevant clinical Department, the conduct, performance or competence of a member of the Professional Staff:
  - i) fails to comply with the criteria for annual reappointment;
  - ii) exposes or is reasonably likely to expose Patient(s) or Staff to harm or injury;
  - iii) is reasonably likely to be, detrimental to Patient or Staff safety or to the delivery of quality Patient care within the Hospital;
  - iv) results in the imposition of sanctions by the professional college;
  - v) has violated the By-Laws, Rules and Regulations of the Professional Staff, policies of the Hospital, the *Public Hospital's Act*, the regulations made thereunder, or any other relevant law or legislated requirement.
  - vi) constitutes abuse, or;
  - vii) is, or is reasonably likely to be, detrimental to the operations of the Hospital, and;
  - viii) where an immediate action is not required to be taken, action may be initiated in keeping with the procedures in Schedule A of these By-Laws, respecting Non-Immediate Mid-Term Action.

## 15.8 Reappointment

- (a) Each year, the Board shall require each member of the Professional Staff, save and except a member appointed to the Term Staff, to make written application, on the prescribed form to the President and Chief Executive Officer, for reappointment to the Professional Staff.

- (b) An application for reappointment to the Professional Staff shall be processed in accordance with the Hospital's *Comprehensive Appointment and Credentialing Policy*.
- (c) The Chief(s) of Department(s) shall review and submit a written report to the Credentials Committee concerning each application for reappointment within the department. Each report shall include information concerning the knowledge and skill which has been shown by the Professional Staff member, the nature and quality of his/her work in the Hospital, including comments on the utilization of Hospital resources and the Professional Staff member's ability to function in conjunction with the other members of the Hospital staff, and shall detail efforts made in conjunction with the staff member to address any reported shortcomings.

#### **15.9 Refusal to Reappoint**

Pursuant to the *Public Hospital's Act*, the Board may refuse to reappoint a member of the Professional Staff.

#### **15.10 Revocation or Suspension of Appointment to the Professional Staff**

Pursuant to the *Public Hospital's Act*, the Board may, at any time, revoke or suspend any appointment of a member of the medical staff. Where the Board revokes or suspends the appointment of a member of the Medical Staff at a time other than the annual reappointment to the medical staff, the Board will follow the procedure for Mid-Term Action respecting physicians' privileges, as identified in Schedule "A", herein, which Schedule forms a part hereof.

#### **15.11 Application for Change of Privileges**

- (a) Any change of privileges requested by a member of the Professional Staff shall be processed in accordance with the Hospital's *Professional Staff Appointment and Credentialing Policy*.
- (b) The Medical Advisory Committee is entitled to request any additional information or evidence that it deems necessary for consideration of the application for change in privileges.

## **Article 16 - Categories of Professional Staff**

### **16.1 Professional Staff**

The Professional Staff shall be divided into the following categories:

- (a) Active
- (b) Associate
- (c) Courtesy
- (d) Temporary
- (e) Clinical Fellow Staff
- (f) Locum
- (g) Term Staff
- (h) Honourary Staff

## **16.2 Active Staff**

- (a) The Active Professional Staff shall consist of those members who have been appointed by the Board, following a period of Associate Professional Staff membership as provided for in the By-Law.
- (b) All Active Professional Staff are responsible for assuring that professional care is provided to their patients in the Hospital.
- (c) All Active Professional Staff shall have admitting privileges.
- (d) Each member of the Active Professional Staff shall:
  - i) hold voting privileges within their primary department. The decision to grant additional voting privileges in a secondary department resides with the secondary department;
  - ii) attend patients admitted to Hospital by the member, and undertake necessary treatment and operative procedures only in accordance with the kind and degree of privileges granted by the Board and be subject to the rules and regulations of the Department to which he/she is assigned;
  - iii) 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 Department to which the active staff member has been assigned;
  - iv) participate in an on-call duty roster as directed by the Chief of Staff or Chief of Department, unless otherwise exempted by the Professional Staff Rules and Regulations;
  - v) act as a supervisor of a member of the Professional Staff as and when requested by the Chief of Staff or the Chief of Department;
  - vi) be eligible to vote at Professional Staff meetings and to hold office, and;
  - vii) attend no less than seventy percent (70%) of the meetings of the Department of which he/she is a member, annually (to be tracked by the Chief of Department or Head of Service).
- (e) A dentist in the Active Staff category, who is not an oral and maxillofacial surgeon, may be granted admitting privileges in association with a physician who is a member of the Professional Staff with Active staff privileges.

## **16.3 Associate Staff**

- (a) The Associate Staff shall consist of physicians, dentists, or midwives newly appointed to the Professional Staff by the Board. This shall be for a period of twelve (12) months.
- (b) Each Associate Professional Staff member shall have admitting privileges unless otherwise specified in the appointment.
- (c) An Associate Professional Staff member shall work for a probationary period under the supervision of an Active Professional Staff member named by the Chief of Staff or the Chief of Department to which the Associate Professional Staff member has been assigned.

- (d) After three (3) and six (6) months, the member of the Associate Staff shall be reviewed by the Department Chief who shall submit a report, and where requested, a written report, to the Credentials Committee.
- (e) At the end of a twelve (12) month Associate appointment, the Department Chief may recommend a change of status to the Active Staff category. As part of the change of status process, the member of the Associate Staff shall be reviewed by the Department Chief who shall submit a written report to the Credentials Committee.
- (f) Any such change of status of appointment to the Active Staff will be in effect only for the period of time remaining in the current appointment year and may be carried out without requirement of a written application for reappointment by the physician. Thereafter, the physician will complete written application for all further reappointments at the regularly scheduled times;
- (g) If the report and recommendation made as part of the change of status process are not favourable to the Associate Staff member, the Chief of the Department or the Medical Advisory Committee may recommend an extension of Associate status not to exceed twelve (12) months or a denial of continued appointment;
- (h) Should the extended period of the Associate status be in effect beyond the date of the next annual reappointment time, the appointment as Associate status shall be deemed to continue until completion of the extended period or unless revoked by the Board as per Section 16.3(g);
- (i) Each report and recommendation as in subsection 16.3 (e) shall be reviewed by the Credentials Committee of the Medical Advisory Committee;
- (j) At any time, an unfavourable report may cause the Medical Advisory Committee to make a recommendation that the appointment of the associate staff member be terminated;
- (k) The Chief of Department, upon the request of an Associate Professional Staff member or a supervisor, may assign the Associate Professional Staff member to a different supervisor for a further probationary period;
- (l) An Associate Professional Staff member shall:
  - i) attend patients, and undertake treatment and operative procedures under supervision only in accordance with the kind and degree of privileges granted by the Board;
  - ii) be subject to the Professional Staff By-Laws, Rules and Regulations of the Department to which he/she is assigned, and Hospital policies;
  - iii) 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 Active staff member has been assigned;
  - iv) participate in an on call roster as directed by the Chief of Staff or Chief of Department unless otherwise exempted by the Professional Staff Rules and Regulation;
  - v) be entitled to vote at Professional Staff meetings;
  - vi) not be eligible to be elected a Professional Staff Officer, but may be appointed to a committee of the Professional Staff, and;
  - vii) attend no less than seventy percent (70%) of the meetings of the Department of which he/she is a member.

#### **16.4 Courtesy Staff**

- (a) The Courtesy Staff shall consist of those members of the Professional Staff who are granted privileges by the Board to provide support to patients and/or members of patients' families.
- (b) Courtesy Staff:
  - i) may provide patients and their families with information;
  - ii) shall be eligible for annual reappointment as provided in these By-Laws;
  - iii) may review and receive patient record and progress notes as well as outpatient records of their patients, and;
  - iv) shall be eligible to attend Department, Service and Professional Staff Organization meetings.
- (c) Courtesy Staff shall not:
  - i) have admitting privileges or procedural privileges, or provide direct patient care;
  - ii) input information into the patient record and progress notes nor make or record any orders;
  - iii) be eligible to vote or be bound by attendance requirements of Department, Service or Professional Staff Organization meetings.

#### **16.5 Temporary Staff**

- (a) Temporary staff shall be an appointment to the Professional Staff of the Hospital 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 Professional service.
- (b) Notwithstanding any other provisions of the By-Law, the President and Chief Executive Officer, after consultation with and upon the advice of the Chief of Staff or his/her delegate, may:
  - i) grant temporary privileges to a Physician, Dentist, Midwife, or Extended Class Nurse who is not a member of the Professional Staff provided that such privileges shall not extend beyond the date of the next meeting of the MAC at which time the action taken shall be reported;
  - ii) on the recommendation of the MAC at its next meeting, continue the temporary privileges until the next meeting of the Board, and;
  - iii) remove temporary privileges at any time prior to any action by the Board.
- (c) Temporary Staff shall not be eligible to :
  - i) vote at Professional Staff meetings;
  - ii) hold office, and;
  - iii) sit on a committee requiring Professional Staff.

## **16.6 Clinical Fellow Staff**

- (a) Clinical Fellow Staff appointed by the Board shall include the graduates in Medicine, appropriately qualified with an educational or independent licence issued by the College and registered by the Post-Graduate Education Office, Northern Ontario School of Medicine at Laurentian University, or by another accredited University.
- (b) Clinical Fellow Staff who are part of the International Medical Graduates Program must undergo a Pre-Entry Assessment Program (PEAP) as outlined in the CPSO certificate.
- (c) Clinical Fellow Staff
  - i) may attend upon patients and write orders under the supervision of a designated member of the Active staff
  - ii) shall perform such other duties as specified by the designated member of the Active Staff to which the Clinical Fellow Staff member is assigned, and;
  - iii) may attend Professional Staff organization meetings.
- (d) Clinical Fellow Staff shall not:
  - i) be eligible to hold an elected or appointed office or serve on committees of the Medical Advisory Committee;
  - ii) be eligible to vote or be bound by attendance requirements of department, service and Professional Staff organization meetings, and;
  - iii) have admitting privileges.

## **16.7 Locum Staff**

- (a) The Medical Advisory Committee, upon the request of a member of the medical staff, may recommend the appointment of a locum tenens as a planned replacement for that physician for a specified period of time. The term of the locum is to be as requested by the Chief of the Department to which the physician is to be assigned.
- (b) A locum tenens shall:
  - i) have admitting privileges unless otherwise specified;
  - ii) work under the counsel and monitoring of the Chief of the applicable Department, or designate, who will have discussed this responsibility with the Chief of Staff, or his or her delegate;
  - iii) 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 Department to which the physician has been assigned.

## **16.8 Term Staff**

- (a) Term staff will consist of applicants who have been granted admitting and/or procedural privileges as approved by the Board having given consideration to the recommendation of the Chief of Department and the Medical Advisory Committee in order to meet a specific, clinical need for a defined period of time not to exceed one (1) year. The specific, clinical need(s) shall be identified by the Medical Advisory Committee and approved by the President and Chief

Executive Officer of the Hospital. Appointments shall be for a period not to exceed one (1) year and such appointment does not imply or provide for any continuing professional staff appointment or right of renewal.

(b) Term Staff:

- i) may be required to work under the supervision of an Active staff member identified by the Chief of Department;
- ii) may be required to undergo a probationary period as appropriate and as determined by the Chief of Department;
- iii) shall, if replacing another member of the Professional Staff, attend that Professional Staff member's patient;
- iv) shall undertake such duties in respect of those patients classed as emergency cases and of outpatient department clinics as may be specified by the Chief of Department due to the number that the Professional Staff is assigned;
- v) shall, unless otherwise specified in the granting of privileges by the Board, have admitting privileges and attend patients admitted to Hospital by the member, and undertake necessary treatment and operative procedures.

(c) Term staff will not, subject to determination by the Board in each individual case:

- i) be eligible for reappointment;
- ii) attend or vote at meetings of the Professional staff or be an officer of the Professional staff or committee chair, and;
- iii) be bound by the expectations for attendance at Professional staff, departmental and service meetings.

## 16.9 Honorary Staff

(a) A physician may be honoured by the Board with honorary staff privileges because he or she:

- i) is a long-standing member of the medical staff who has retired, or is in the process of retiring from active practice, or;
- ii) has an outstanding reputation or made an extraordinary accomplishment, although not necessarily a resident of the community.

(b) physicians who are recommended for Honorary Staff shall have the endorsement of their Chief of Department.

(c) each member of the Honorary Staff shall be appointed by the Board, on the recommendation of the Medical Advisory Committee.

(d) Members of the Honorary Staff may:

- i) be granted certain admitting privileges by the Board on the recommendation of the Medical Advisory Committee. If granted privileges involving direct patient care, they shall reapply for those privileges annually;
- ii) hold privileges that may include the following, which must be specified as to what privileges are included:

- Admitting privileges
  - Consulting privileges
  - Surgical assisting privileges
  - Specific surgical or anaesthesia privileges (i.e., full anaesthesia privileges, full surgical privileges, minor surgical procedures, etc.)
- iii) be requested to serve on a Committee of the Medical Staff, but shall not be obliged to accept such an appointment, and;
- (e) Be granted the category of Past Honourary Physician after resigning from the medical staff, on the recommendation of the Medical Advisory Committee. Physicians in this category will have no medical staff privileges and will be fully retired. The Past Honourary Physician title acknowledges past contributions. A list is maintained for reference and historical acknowledgement.
- (f) Since any physician granted Honourary Staff privileges must be retired or in the process of retiring, he/she shall not be included as part of the complement calculation for any department or for the underserviced area program designation.
- (g) Members of the Honourary Staff shall not:
- i) have regularly assigned duties or responsibilities, but may be asked to assume certain duties or responsibilities;
  - ii) be eligible to vote at medical meetings, or hold office, nor;
  - iii) be bound by attendance requirements for medical staff meetings.

#### **16.10 Rules of the Professional Staff**

Members of the Professional Staff in their treatment and attendance upon patients within the Hospital shall be under the jurisdiction of the Chief of Staff or the Chief of the Department concerned and through him/her to the Medical Advisory Committee. They shall be required to conform with all general and departmental staff rules.

#### **16.11 Leave of Absence**

A physician temporarily discontinuing his/her medical staff privileges at the Hospital shall request a leave of absence from the Medical Staff. This request shall be submitted in writing through the Chief of Department/Service to the Chief of Staff, for the Medical Advisory Committee's consideration and must indicate the reason for this request. This request shall be for the duration of no more than a six month period. Under special circumstances, this leave of absence time period may be extended for a specified period. A leave of absence cannot be used to keep a position open thus preventing a Department/Service from recruiting a replacement while a physician looks for another position, or while a physician tries another position before accepting a new position.

## Article 17 - Professional Staff Duties

### 17.1 Duties, General

- (a) Each member of the Professional Staff is accountable to and shall recognize the authority of the Board through and with their Chief of Department, the Chief of Staff and Vice President, Medical and Academic Affairs.
- (b) Each member of the Professional Staff shall:
  - i) attend and treat patients within the limits of the privileges granted by the Board, unless the privileges are otherwise restricted;
  - ii) ensure a high professional standard of care is provided to patients under their care that is consistent with sound health care resource utilization practices;
  - iii) prepare and complete patient records in accordance with the Hospital's Policies as may be established from time to time, applicable legislation and accepted industry standards;
  - iv) participate in quality management initiatives, as appropriate;
  - v) notify the President and Chief Executive Officer of the Hospital and/or Chief of Staff of any change in the license to practice medicine made by Certificate of Registration with the College of Physicians and Surgeons of Ontario;
  - vi) abide by the Policies and Procedures of the Hospital, and Rules and Regulations of the Professional Staff, this By-Law, the *Public Hospitals Act* and the Regulations thereunder and all other legislated requirements, recognizing that the Professional Staff Bylaw supercedes individual policies and procedures;
  - vii) at all times maintain a professional and respectful workplace and abide by the Professional Staff Code of Conduct;
  - viii) abide by the terms of any confidentiality agreement required to be signed by members of the Professional Staff with respect to the medical information systems;
  - ix) serve, if requested by the MAC, on subcommittees of the MAC;
  - x) give such instruction as is required for the education and evaluation of other members of the Professional Staff, Hospital staff and students;
  - xi) facilitate patients' relatives or other appropriate persons to authorize the direction of appropriate tissues and organs for transplantation;
  - xii) 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 or Chief of Department.
- (c) Every member of the Professional Staff shall cooperate with:
  - i) the Chief of Staff and the Medical Advisory Committee;
  - ii) the Chief of Department to which the physician has been assigned;
  - iii) the Program Medical Director

- iv) the President and Chief Executive Officer
  - v) the other members of the multi-disciplinary health team.
- (d) Every member of the Professional Staff shall communicate immediately to the appropriate Department Chief or the Chief of Staff any situation where he believes a member of the Professional Staff is:
- i) attempting to exceed his/her privileges;
  - ii) appears to temporarily unable to perform his/her professional duties in the Hospital due to incapacity;
  - iii) demonstrating unprofessional conduct as defined by the professional College.

## **17.2 Review and Interpretation**

- (a) Any member of the Professional Staff, the President and Chief Executive Officer of the Hospital, or the Board may request a review or discussion concerning the intent or application/interpretation of any section of the Professional Staff part of this Bylaw, the Professional Staff Rules or the Professional Staff Regulations.
- (b) A request for review or discussion shall be submitted in writing to the Chief of Staff and the President of the Medical Staff, giving reasons for the request.
- (c) Within thirty (30) days of receiving the request, the Chief of Staff shall convene a meeting with the individual(s) submitting the request, the President of the Medical Staff and such others as may be appropriate.
- (d) In the event that the matter cannot be resolved in this forum, the matter may be forwarded to the Medical Advisory Committee, or another mutually agreeable alternative for resolution.
- (e) The Hospital Board will make the final interpretation.

## Article 18 - Chief of Staff

### 18.1 Chief of Staff

- (a) The Board shall appoint a Physician who is a member or shall apply to become a member of the active staff or associate staff to be the Chief of Staff after giving consideration to the recommendation of the Selection Committee.
- (b) Subject to annual confirmation by the Board, an appointment made under subsection (a) shall be for a term of three (3) years but the Chief of Staff shall hold office until a successor is appointed. An appointment as Chief of Staff may be renewed for a single additional three (3) year term and appointed thereafter following a break of one year.
- (c) The Chief of Staff shall be subject to an annual performance review by the Board of the Hospital with respect to issues related to strategic planning, medical governance, education and research; and shall be subject to an annual performance review by the President and Chief Executive Officer with respect to any managerial responsibilities arising out of the Chief of Staff's role as a member of the senior management team.
- (d) The membership of the Selection Committee to act in the selection of the Chief of Staff at the Hospital may be as follows:
  - i) the Chair or delegate of the Board of the Hospital;
  - ii) three members of the Medical Advisory Committee, one of whom must be the President or Vice-President of the Medical Staff Association or one member at large;
  - iii) the President and Chief Executive Officer, or his or her delegate;
  - iv) the Chief Nursing Executive, or his or her delegate, and;
  - v) such other members as may from time to time be selected by the Board.

### 18.2 Duties of the Chief of Staff

The Chief of Staff shall have the following duties to the Board and Medical Advisory Committee as well as administrative duties.

- (a) Duties to the Board and MAC:

The Chief of Staff shall be responsible to the Board of the Hospital through the Chair for the Professional Staff organization of the Hospital. The Chief of Staff shall:

- i) be responsible for establishing and monitoring the credentialing and disciplining processes for the Professional Staff;
- ii) ensure that the process regarding credentialing of Professional staff is fair and executed in a timely manner;
- iii) be responsible for the disciplinary action or mediation of the Professional Staff in conjunction with the Department Chiefs;
- iv) be responsible for ensuring compliance with the *Public Hospitals Act*, regulations and By-laws of the Hospital with respect to Professional Staff;
- v) be responsible to the Board for the supervision and quality of all the Professional Staff

diagnosis, care and treatment given to patients within the Hospital according to the policies established by the Board;

- vi) assist in ensuring appropriate cost-effective use of Hospital resources;
- vii) through, and with the Department Chiefs, advise the MAC and the Board of the Hospital, and the President and Chief Executive Officer of the Hospital with respect to the quality of medical diagnosis, care and treatment provided to the patients of the Hospital;
- viii) the Chief of Staff, shall ensure that the Medical Advisory Committee fulfills its responsibility as defined in the *Public Hospitals Act*, and these Bylaws;
- ix) be a member of all committees that report to the Medical Advisory Committee;
- x) be a member of the Executive Committee of the Board;
- xi) work with the Department Chiefs to ensure that the annual evaluation and appointment process of the Professional Staff is completed;
- xii) work, as needed, with the Department Chiefs in any Professional Staff discipline problems;
- xiii) assign, or delegate the assignment of, a member of the Professional Staff to supervise the practice of medicine, dentistry, midwifery, extended class nursing or other professional activities of any other member of the Professional Staff for any period of time;
- xiv) supervise and evaluate Chiefs of Department with respect to expected role. Under extraordinary conditions, the Chief of Staff may suspend the Chief of Department from the role of Chief of Department and, pending review, appoint an acting Chief of Department, and;
- xv) investigate, report and disclose critical incidents pursuant to the Hospital Management Regulation under the *Public Hospitals Act*.

### **18.3 Appointment of the Deputy Chief of Staff**

The Board, in consultation with the Chief of Staff, may appoint a physician with Active Staff privileges to be the deputy Chief of Staff upon the recommendation of the Chief of Staff and after giving consideration to seek the advice of the Medical Advisory Committee.

## **Article 19 - Professional Staff Departments**

### **19.1 Departments and Programs**

- (a) The Professional Staff shall be divided into departments which shall include:
  - i) Anaesthesia and Critical Care
  - ii) Cardiovascular Sciences
  - iii) Diagnostic Imaging
  - iv) Emergency Medicine
  - v) Family/Child
  - vi) Family Medicine
  - vii) Laboratory Medicine and Pathology
  - viii) Medicine
  - ix) Oncology
  - x) Psychiatry
  - xi) Surgery
- (b) Whenever a separate department is established, professional staff and patients related to such a department shall come under the jurisdiction of that department.
- (c) The Board, after considering the advice of the Medical Advisory Committee, may at any time establish or disband Departments of the Professional Staff.
- (d) Services within Professional Staff Departments:
  - i) When warranted by the professional resources of a Department, the Board, on the advice of the Medical Advisory Committee, may divide a Department into Services.
  - ii) When Services are established under a Department, the Board, on the advice of the Medical Advisory Committee, shall appoint a Head of each Service, who shall be responsible to the Chief of the Department for the quality of medical care rendered to patients in his service.
  - iii) The procedure for recommending a Head of each Service shall be similar to that for Chief of Department as defined in the Professional Staff Rules.
  - iv) The appointment of a Head of Service shall be for one year. Subject to annual confirmation by the Medical Advisory Committee, the Head of Service shall continue to hold office until a successor is appointed.

### **19.2 Organization of Departments**

- (a) Each department shall be organized as a division of the staff as a whole with a departmental chief who shall be responsible to the Medical Advisory Committee.

- (b) The Professional Staff of each department shall hold meetings in accordance with these By-Laws.
- (c) Clinical departments and services that have a full complement of physicians as defined in the Rules and Regulations shall ensure adequate coverage of the Emergency Department and the Hospital 7 days/week, 24 hours/day.
- (d) Any physician with Active, or Associate Staff privileges in the clinical department has a duty to take call in such a manner as is established within the clinical department concerned, in keeping with his/her privileges and in accordance with the Rules and Regulations.
- (e) Any Department or Service shall function in accordance with the Professional Rules and Regulations.

### **19.3 Department Meetings**

- (a) The essential purpose of staff meetings and departmental meetings is to improve patient care by actions arising out of discussion of matters of scientific, educational or clinical interest.
- (b) Each department shall meet at least six (6) times yearly.
- (c) Minutes shall be kept of each departmental meeting and shall be forwarded to the Medical Advisory Committee.

### **19.4 Appointment of Chief of Department/Head of Service**

- (a) Appointments

The Board shall appoint a Chief of Department/Head of Service for each of the Departments/Services as set out in subsection 19.1 (a). The Board may appoint a Chief of Department/Service as follows:

- i) a physician who is a member of the Active staff or Associate Staff from that Department/Service, who shall be recommended by the Department/Service to the Medical Advisory Committee who may recommend the appointee to the Board for appointment;
- ii) at the request of any two Active members of the Department/Service or on the advice of the Medical Advisory Committee, a selection committee will be established for the purpose of recommending a member of the Active or Associate medical staff to be the Chief of Department/Head of Service;
- iii) A Selection Committee established under Section 19.4(a)(ii) shall be comprised of:
  - (a) the Chief of Staff;
  - (b) a representative of the Department/Service concerned who shall be elected by the Active Staff of the Department/Service
  - (c) a member of the Medical Advisory Committee as appointed by the Medical Advisory Committee, and;
  - (d) the Chief Executive Officer or designate.
- iv) Subject to annual confirmation by the Board, an appointment of Chief of Department/Head of Service shall be for a term of three (3) years and renewable after

assessment of the appointment by the Department/Service.

#### **19.5 Duties of the Chief of Department**

(a) The Chief of Department shall:

- i) be a member of the Medical Advisory Committee
- ii) through and with the Chief of Staff fulfill the obligations set forth in the *Public Hospital's Act*;
- iii) 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 outpatients of the department;
- iv) advise the Chief of Staff and the President and Chief Executive Officer of the Hospital of any patient who is not receiving appropriate treatment and care;
- v) supervise the professional care provided by members of the department;
- vi) under emergency conditions, and whenever possible in consultation with the Chief of Staff, restrict or suspend temporarily, any and all privileges of any members of his staff until such time as an emergency meeting of the Medical Advisory Committee and/or its Executive can be arranged in accordance with section 14.7 (a) of these By- Laws;
- vii) report to the Medical Advisory Committee and to the department on activities of the department including utilization of resources and quality management;
- viii) make recommendations to the Medical Advisory Committee regarding professional staff human resource needs of the department in accordance with the Hospital's strategic plan following consultation with Professional Staff of the department, the Chief of Staff and, where appropriate, Heads of Services and Program Medical Directors;
- ix) participate in the development of the department's mission, objectives and strategic plan;
- x) participate in department resource allocation decisions;
- xi) review or cause to be reviewed the privileges granted members of the department for the purpose of making recommendations for changes in the kind and degree of such privileges;
- xii) review and submit written recommendations annually regarding the performance of all members of the department to the Credentials Committee as part of the reappointment process;
- xiii) review and submit at three (3) and six (6) months written recommendations regarding the performance of Associate members of the department to the Credentials Committee
- xiv) participate in the orientation of new members of the Medical, Dental and Midwifery Staff appointed to the department;
- xv) encourage continuing medical education related to the department;
- xvi) advise the members of the department regarding current Hospital and Departmental

policies, goals, and rules;

- xvii) hold at least six (6) monthly departmental meetings in each year;
  - xviii) hold regular meetings with Heads of Services within the department, if such services exist;
  - xix) ensure minutes of each departmental meeting including attendance and Quality Management reports are kept and made available to the Medical Advisory Committee through the Chief of Staff;
  - xx) at the discretion of the Chief of Department, delegate appropriate responsibility to the Heads of Services within the department;
  - xxi) ensure there exists a process for the selection of representatives from the department to those committees of the Medical Advisory Committee which name within their composition a member of that department;
  - xxii) notify the Chief of Staff and the President and Chief Executive Officer of the Hospital of the Chief of Department's absence, and designate an alternate from within the department.
- (b) A Chief of Department wishing to resign from his or her appointment shall submit his or her resignation in writing to the Chair of the Board of the Hospital; however, the resignation shall not be effective until sixty days (60) have passed since tendering resignation, and a replacement has been appointed.
- (c) Where the Chief of Department is no longer able to fulfill his/her duties, these duties shall fall to the Chief of Staff, who may delegate such duties to a member of the Department until a new Chief is appointed.

#### **19.6 Duties of the Head of Service**

The Head of a Service is the delegate of the Chief of the Department. As such, the Head of the Service has responsibilities and duties similar to those of the Chief of the Department. These responsibilities and duties, however, focus on the quality of care and operation of the Service as delegated by the Chief of Department.

## **Article 20 - Medical Advisory Committee**

### **20.1 Medical Advisory Committee**

(a) Composition:

- i) the Chief of Staff who shall be Chair;
- ii) the Deputy Chair of the Medical Advisory Committee, if so appointed;
- iii) the President of the Medical Staff;
- iv) the Vice-President of the Medical Staff;
- v) the Secretary of the Medical Staff;
- vi) all Chiefs of Departments.

(b) The following shall have the right of attendance without a vote:

- i) the Chief Nursing Officer and other clinical Vice-Presidents;
- ii) the President and Chief Executive Officer of the Hospital;
- iii) the Vice-President of Medical Affairs;
- iv) at least one Program Director where not a physician;
- v) the Program Medical Directors, where physicians, and;
- vi) other resource people may be invited to attend at the discretion of the Chair. Service Heads must follow the Medical Affairs policy currently in effect regarding attendance at Medical Advisory Committee meetings.

(c) In the absence of the Chair or Deputy Chair, the members of the Medical Advisory Committee shall elect from amongst themselves a member to serve as Chair.

### **20.2 Duties of the MAC**

The MAC is responsible for the following activities: credentials, recommendation with respect to the Professional Staff part of these By-Laws, education, quality, ethics, discipline and conflict resolution. The MAC shall establish Committees as directed by the *Public Hospitals Act*. Membership and duties of the Committees of the Medical Advisory Committee shall be set out in the Credentialed Professional Staff Rules and Regulations.

The MAC shall:

- (a) report and make recommendations to the Board in writing on matters concerning the quality of professional care and the practice of Professional Staff or other professions licensed under the *Regulated Health Professions Act, 1991* (Ontario) in the Hospital, in relation to the professionally recognized standards of Hospital professional care, including quality assurance, peer review, resource utilization and unusual incidents;
- (b) report and make recommendations to the Board concerning such matters as prescribed by the *Public Hospitals Act* and by the Hospital Management Regulations thereunder, including matters involving competence, conduct or physical or mental ability or capacity of a

- member of the Professional Staff;
- (c) through the Chief of Department provide supervision over the practice of medicine, dentistry, midwifery, and extended class nursing in the Hospital;
  - (d) participate in the development of the Hospital's overall objectives and planning, and make recommendations considering allocation and utilization of Hospital resources;
  - (e) appoint such committees as are required for the supervision, review and analysis of all the clinical work in the Hospital;
  - (f) name the Chair of each of the Committees it appoints and ensure that each meets and functions as required, and is keeping Minutes of its meetings;
  - (g) receive, consider and act upon the Report from each of its appointed Committees;
  - (h) inform the Professional Staff at each regular meeting of the Professional Staff of any business transacted by the MAC and refer to the Professional Staff such items as, in the opinion of the MAC, require discussion and approval of the Professional Staff as a whole;
  - (i) advise and co-operate with the Board and the President and Chief Executive Officer in all matters relating to the professional, clinical and technical services;
  - (j) recommend to the Board clinical and general rules respecting the Professional Staff as may be necessary under the circumstances, and;
  - (k) advise the Board on any matters referred to it by the Board.

## **Article 21 - Committees of the Medical Advisory Committee**

### **21.1 Committees Reporting to the Medical Advisory Committee**

The Board will put in place standing and special committees as may be necessary from time to time to comply with their duties under the *Public Hospitals Act* or the By-Laws of the Hospital or as they deem appropriate from time to time. The duties of these Committees are outlined in the Professional Staff Rules. The Board shall appoint the following standing committees following the annual meeting:

- (a) Credentials Committee;
- (b) Medical Records Committee;
- (c) Infection Control Committee;
- (d) Medical Education Committee;
- (e) Medical Human Resources Planning Committee
- (f) Transfusion Committee;
- (g) Point of Care Testing Committee;
- (h) Pharmacy and Therapeutics Committee;
- (i) Medical Quality Assurance Committee;
- (j) Utilization Committee.

### **21.2 Committees Established by the Medical Advisory Committee**

- (a) The Medical Advisory Committee may establish other committees as required to fulfill its duties;
- (b) Each committee appointed by the Medical Advisory Committee shall work within a mandate described by the Medical Advisory Committee.
- (c) The Medical Advisory Committee shall establish and revise the terms of reference for any Medical Advisory Committee Staff Committee formed under section (a), which terms of reference shall be set forth in the Professional Staff Rules and Regulations. The Medical Advisory Committee shall present the revised terms of reference to the Board for approval.
- (d) The MAC may, at any meeting, appoint any Special Committee, prescribe its terms of reference and name the Chair and Vice-Chair.
- (e) The MAC may, by resolution, at any time, dissolve and reconstitute the membership of any special committee.
- (f) Unless otherwise directed by the MAC, each Committee of the MAC shall meet as specified in its terms of reference and report to the MAC.

### **21.3 Appointment to MAC Committees**

Pursuant to the Hospital Management Regulation, the Medical Advisory Committee shall appoint the medical members of all MAC Committees provided for in this Bylaw. Other members of MAC Committees shall be recommended by the Medical Advisory Committee. The Chief of Staff shall

be an ex-officio member of all Professional Staff Committees, without vote.

#### **21.4 MAC Committee Duties**

In addition to the specific duties of each MAC Committee as set out in this By-Law and the Professional Staff Rules, all MAC Committees shall:

- (a) meet as directed by the Medical Advisory Committee;
- (b) present a written report including any recommendations of each meeting to the next meeting of the Medical Advisory Committee;
- (c) perform such other duties, not specified in this By-Law, as may from time to time be directed by the Medical Advisory Committee;
- (d) review their Terms of Reference every three (3) years, or more frequently if necessitated by changing needs. Reviewed Terms of Reference will be submitted, with modifications if any, to the Medical Advisory Committee.

#### **21.5 MAC Committee Chair**

- (a) The Medical Advisory Committee shall appoint a physician as the Chair of each MAC Committee where possible. Physicians named as Committee Chairs must be members of the Active Professional Staff.
- (b) The Chair shall hold office for one year and may be reappointed annually by the Medical Advisory Committee.

#### **21.6 Duties of the Chair of the Committees of the Medical Advisory Committee**

Each Chair of a committee of the Medical Advisory Committee shall:

- (a) chair the committee meetings;
- (b) call meetings of the committee;
- (c) be a voting member of the committee which they chair;
- (d) report to the Medical Advisory Committee through the Committee minutes;
- (e) at the request of the Medical Advisory Committee, be present to discuss all or part of any report of the committee, and;
- (f) request meetings with the Medical Advisory Committee when appropriate.

#### **21.7 Committee Duties**

- (a) The duties of all MAC Committees shall be as specified in the Rules and Regulations.
- (b) The composition and Terms of Reference for all MAC Committees shall be developed by the Committee and approved by the Medical Advisory Committee.

#### **21.8 Credentials Committee**

- (a) Composition

- i) the Chief of staff;
  - ii) the Chief Nursing Officer (as needed)
  - iii) such other professional staff members as appointed by the Medical Advisory Committee.
- (b) Credentials Committee Duties
- i) the Committee shall ensure that a record of the qualifications and professional career of every member of the Professional Staff is maintained.
  - ii) the Committee shall establish the authenticity and investigate the qualifications of each applicant for appointment and reappointment to the medical, dental, midwifery and registered nurse extended class staff and each applicant for a change in privileges.
  - iii) The Committee shall:
    - (a) ensure that each applicant for appointment to the Professional Staff meets the criteria as set out in the Comprehensive Appointment and Credentialing Policy;
  - iv) ensure that each applicant for a change in privileges continues to meet the criteria for reappointment set out in the Comprehensive Appointment and Credentialing Policy. the Committee shall consider reports of the interview with the applicant.
  - v) the Committee shall consult with the appropriate Chief of Department.
  - vi) the Committee shall submit a written report to the MAC 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.
  - vii) the Committee shall perform any other duties prescribed by the MAC.

## **Article 22 - Meetings - Medical Staff Organization**

### **22.1 Annual Meeting**

- (a) An Annual meeting of the Medical Staff shall be held at a date, time and place to be agreed upon and approved by the President of the Medical Staff.
- (b) A written notice of each annual meeting shall be posted by the Secretary of the Medical Staff at least fourteen days (14) days before the meeting.

### **22.2 Quarterly Staff Meeting**

The meetings of the Medical Staff shall be held at least four (4) times in each fiscal year of the Hospital, one (1) of which shall be the annual meeting.

### **22.3 Notice or Regular Meeting**

- (a) Regular meetings of the Medical Staff shall be held at a date, time and place to be agreed upon and approved by the President of the Medical Staff.
- (b) A written notice of each regular meeting shall be posted by the Secretary of the Professional Staff at least fourteen (14) days before the meeting.

### **22.4 Special Meetings**

- (a) In cases of emergency, the President of the Medical Staff may call a special meeting.
- (b) Special meetings shall be called by the President of the Professional Staff on the written request of any ten (10) members of the Active or (Associate) 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 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.

### **22.5 Attendance at Meetings**

- (a) The Secretary of the Professional Staff shall:
  - i) be responsible for the making of a record of the attendance at each meeting of the Medical Staff;
  - ii) each member of the Active and Associate Medical Staff groups shall attend no less than fifty (50%) percent of the regular Medical Staff meetings.

### **22.6 Quorum**

- (a) Twenty (20) Active Medical Staff members present shall constitute a quorum at any general or special meeting of the Medical Staff.
- (b) In any case where a quorum of the Medical Staff has not arrived at the place named for the meeting within fifteen minutes after the time named for the start of the meeting, those members of the Medical Staff who have presented themselves shall be given credit for attendance at the meeting for the purpose of satisfying the attendance requirement of these By-Laws.

## **22.7 Voting**

- (a) There shall be only one (1) vote cast by any one Active staff member on any question and the same shall be so cast by the member personally present.
- (b) Unless as otherwise expressed by these By-Laws, every question shall be decided by a majority vote.
- (c) If there is an equality of votes, the chair shall rule that the motion has been defeated.
- (d) Unless a poll is demanded by ten (10) percent of the members who can vote and who are present at any meeting, a declaration by the presiding officer thereat that a resolution is carried, or is not carried, by a particular majority shall be conclusive.
- (e) If a poll be demanded as aforesaid, it shall be taken in such a manner as the presiding officer in such meeting directs.
- (f) Voting at all elections shall be by secret ballots.
- (g) No member of the Medical Staff shall vote by proxy.

## **22.8 Order of Business**

The order of business at any meeting of the Medical Staff shall be as defined in the Rules and Regulations of the Professional Staff.

## **22.9 Election Procedure**

- (a) A Nominating Committee shall be appointed by the Medical Staff (at each annual meeting) and shall consist of three physician members of the Active Staff of the Professional Staff appointed at the Hospital.
- (b) The Nominating Committee shall undertake its selection activities further to the following criteria:
  - i) an officer should have knowledge and understanding of the needs and operations of the hospitals; and
  - ii) a member nominated as President, Vice-President or Secretary shall be a physician, who shall have an understanding of their responsibility to act in good faith and in the best interest of the Medical Staff Association to avoid or declare situations of actual or perceived conflict of interest.
- (c) At least thirty days before the annual meeting of the Medical Staff, the Nominating Committee shall post a list of the names of nominated officers of the Medical Staff which are to be filled by election in accordance with these bylaws and the regulations under the *Public Hospitals Act*.
- (d) Further nominations may be made, in writing, where signed by two members of the Medical Staff entitled to vote, to the Secretary of the Medical Staff within fourteen days of the posting referred to at subsection (c) above and the nominee shall have signified in writing on the nomination his or her acceptance of it. Such nominations shall be posted or circulated in the same manner as above.

## **Article 23 - Medical Staff Elected Officers**

### **23.1 Elected Officers**

The elected officers of the Medical Staff shall be President, Vice-President, Secretary and Treasurer. These officers shall be elected at the annual meeting of the Medical Staff. It is the intent of these By-Laws that these officers hold office for one (1) year. Their term of office in each position shall not exceed six (6) years but they shall remain in office until their successors are elected.

### **23.2 Eligibility for Office**

Only members of the Active Medical Staff may be elected or appointed to any position or office. Failure to perform the duties as set out in these By-laws may result in a vote of non-confidence at the next scheduled quarterly medical staff meeting. The remaining executive shall appoint a replacement until the next annual meeting of the medical staff.

### **23.3 Duties of the President of the Medical Staff**

The President of the Medical Staff shall:

- (a) preside at all meetings of the Medical Staff;
- (b) call special meetings of the Medical Staff;
- (c) be a voting member of the Medical Advisory Committee and its Executive;
- (d) be a non-voting members of the Board;
- (e) report to the Medical Advisory Committee and the Board on any issues raised by the Medical Staff;
- (f) be accountable to the Medical Staff and advocate fair process in the treatment of individual members of the Medical Staff;
- (g) ensure that the Board is informed when a majority vote of the Medical Staff at any properly constituted meeting of the Medical Staff is opposed to a rule or rule change proposed by the Medical Advisory Committee;
- (h) report to the Medical Staff at its regular meetings;
- (i) conduct the elections of Medical Staff Officers, and;
- (j) represent the Medical Staff on various task forces or at functions as may be requested from time to time.

### **23.4 Duties of the Vice-President of the Medical Staff**

The Vice-President of the Medical Staff shall:

- (a) act in the place of the President of the Medical Staff, perform the President's duties and possess the President's powers, in the absence or disability of the President.
- (b) perform such duties as the President of the Medical Staff may delegate;
- (c) be a non-voting member of the Board;

- (d) be a voting member of the Medical Advisory Committee

### **23.5 Duties of the Secretary/Treasurer**

The Secretary/Treasurer of the Medical Staff shall:

- (a) be a member of the Medical Advisory Committee;
- (b) attend to the correspondence of the Medical Staff;
- (c) give notice of Medical Staff meetings by posting a written notice thereof;
  - i) in the case of a regular meeting or special meeting of the Medical Staff at least five (5) days before the meeting;
  - ii) in the case of an annual meeting of the Medical Staff, at least ten (10) days before the meeting;
- (d) ensure that minutes are kept of all Medical Staff meetings;
- (e) ensure that a record of attendance at each meeting of the Medical Staff is made;
- (f) act in the place of the Vice-President of the Medical Staff performing the Vice-President's duties and possessing the Vice-President's powers in the absence or disability of the Vice- President, and;
- (g) disburse medical staff funds at the direction of the Medical Staff Executive.

## **Article 24 - Dental Staff**

### **24.1 Appointment**

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.

### **24.2 Criteria for Appointment to the Dental Staff**

Only an applicant qualified to practice dentistry and licensed pursuant to the laws of Ontario is eligible to be a member of and appointed to the dental staff of the Hospital.

The applicant will have:

- a) a letter of good standing from the Royal College of Dental Surgeons of Ontario;
- b) a demonstrated ability to provide patient care at an appropriate level of quality and efficiency;
- c) a demonstrated ability to communicate, work with and relate to all members of the dental, medical and Hospital staff in a cooperative a professional manner;
- d) a demonstrated ability to communicate and relate appropriately with patients and patient's relatives;
- e) a willingness to participate in the discharge of staff obligations appropriate to the membership group;
- f) a report on, among other things, the experience, competence and reputation of the applicant from the Chief of Staff or the Chief of Department/Service in the last hospital in which the applicant trained or held an appointment;
- g) evidence of dental practice protection coverage satisfactory to the Board; and
- h) adequate training and experience for the privileges requested.

The applicant must agree to govern himself or herself in accordance with the requirements set out in this By-law, the Rules and Regulations and the Hospital policies and agrees to participate in the discharge of staff obligations appropriate to his/her membership group and to use hospital resources responsibly.

The application must indicate to the Credentials Committee adequate control of any significant physical or behavioural impairment that affects skill, attitude or judgement.

The applicant must ensure that there is a need for the services in the community and recognition that it conforms to the Medical Human Resources Plan of the Hospital, subject to impact analysis.

### **24.3 Revocation of Appointment to the Dental Staff**

The Board, at any time, may revoke or suspend any appointment of a member of the dental staff.

### **24.4 Term**

Each appointment to the dental staff shall be for a period of one year, but shall continue in effect until the Board has made appointments for the ensuing year.

During his/her first year, the dental staff member will be an Associate Staff member and will require

a three (3), six (6) and 12 (twelve) evaluation prior to being recommended for Active Dental Staff.

#### **24.5 Application**

An application for appointment to the dental staff shall be processed in the same manner as an application to the medical staff:

Each application shall contain:

- a) a statement by the applicant that he/she has read this By-law and the Rules and Regulations of the Hospital, the *Public Hospital's Act* and the Hospital Management Regulation thereunder;
- b) an undertaking that if appointed to the dental staff, he/she will govern himself/herself in accordance with the requirements set out in this By-law and the Rules and Regulations of the Hospital;
- c) evidence of dental practice protection coverage satisfactory to the Board;
- d) a list of the privileges which are requested;
- e) an up-to-date curriculum vitae;
- f) a list of four appropriate referees;

## **Article 25 - Amendments to By-Law**

### **25.1 Amendments to By-Law**

- (a) The Board may pass or amend the By-Law of the Corporation from time to time.
- (b) (i) Where it is intended to pass or amend the By-Law at a meeting of the Board,  
  
written notice of such intention shall be sent by the Secretary to each Director at his/her address as shown on the records of the Corporation by ordinary mail not less than ten (10) days before the meeting.
- (ii) Where the notice of intention required by clause (i) above is not provided, any proposed By-Law or amendments to the By-Law 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) below, a By-Law or an amendment to the 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) A By-Law or an 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.  
  
The Members at the annual meeting or at a special general meeting may confirm the By-Law as presented or reject or amend them, and if rejected they thereupon cease to have effect and if amended, they take effect as amended.
- (e) In any case of rejection, amendment, or refusal to approve the By-Law or part of the 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 approval.

### **25.2 Amendments to Professional Staff Part of the By-Law**

Prior to submitting the Professional Staff part of the By-Law to the process established in Section 24.1, a Task Force of the Medical Staff Association, chaired by the Chief of Staff, will consider any proposed amendment(s) and submit its recommendations to the Medical Advisory Committee and Professional Staff within six (6) months or within a timeframe as recommended by the Board.

## **Article 26 - Professional Staff Rules and Regulations**

### **26.1 Rules and Regulations**

- (a) The Board shall require that appropriate Professional Staff Rules and Regulations are formulated.
- (b) The Board may establish, modify or revoke one or more Professional Staff Rules and Regulations.
- (c) The Medical Advisory Committee may make recommendations to the Board for the establishment of one or more Professional Staff Rules and Regulations to be applicable to a group or category or to a specific department of the Professional Staff or to all physicians and dentists on the Professional Staff.
- (d) The Medical Advisory Committee shall ensure that, prior to making any recommendation to the Board with respect to a Rule, the members of the Active Professional Staff, or a specific department when appropriate, have an opportunity to comment on the proposed recommendation.
- (e) The President of the Medical Staff shall ensure that the Board is informed when a majority vote of the Professional Staff at any properly constituted meeting of the Professional Staff is opposed to a Rule or Rule change proposed by the Medical Advisory Committee.

## **Schedule A - Procedure Regarding Appointments, Reappointments, Requests for Changes in Privileges and Mid-term Action**

### **1. Preamble**

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

It should be noted that a member's appointment and/or privileges shall continue throughout the review or investigation of circumstances relating to reappointment and until all appeals consistent with the *Public Hospitals Act* are completed.

The procedure for recommendations from the Medical Advisory Committee in respect of original Applications for Appointment shall be as set out in these By-Laws and undertaken pursuant to the *Public Hospitals Act*.

### **2. Appointment, Reappointment and Requests for Changes in Privileges**

Recommendation for Appointment, Reappointment and Changes in Privileges

- (a) The Credentials Committee shall forward to the Medical Advisory Committee a report in respect of an appointment, a reappointment or request for change in privileges consistent with the Committee's terms of reference and such report shall be in writing and supported by references to the specific credentials, activities or conduct which may constitute the basis for the report.
- (b) The Medical Advisory Committee may; initiate further investigation, establish an ad hoc committee to conduct further investigation, refer the matter back to the Credentials Committee with direction or to an external consultant, or act upon the report and make recommendation to the Board.
- (c) Where the Medical Advisory Committee makes recommendation to the Board, it should provide notice to the member in accordance with the *Public Hospitals Act* and these By-Laws.
- (d) Upon completion of its own investigation or upon receipt of the report of the body or consultant that conducted the investigation as the case may be, the Medical Advisory Committee shall make a recommendation to the Board in respect of the reappointment or privileges requested and provide notice to the member as set out at subsection (c) above.
- (e) Service of a notice to the applicant or member may be made personally or by Registered Mail addressed to the person to be served at their last known address and, where notices served by Registered Mail, it shall be deemed that the notice was served on the third day after the day of mailing unless the person to be served establishes that they did not, acting in good faith, through absence, accident, illness or other causes beyond their control, receive it until a later date.
- (f) If additional time is needed for review or the investigative process, the Medical Advisory Committee may defer its recommendation providing it indicates in writing to the Board

and the applicant or member that the recommendation cannot yet be made and gives reasons therefore, further to Section 37(5) of the *Public Hospitals Act*.

- (g) The Medical Advisory Committee may, in its sole discretion, in the course of its review or investigation or in determining its recommendation, decide that there shall be a Special Meeting of the Medical Advisory Committee where the member shall be entitled to attend such Special Meeting.
- (h) Where the Medical Advisory Committee considers a matter at a Special Meeting, the procedures set out below at Section 5 for “Special Meetings of the Medical Advisory Committee” are to be followed.
- (i) The Medical Advisory Committee, when providing notice to the applicant or member as provided for in subsection 2(c) and subsection 2(d), shall advise the applicant or member that he/she is entitled to receive written reasons for the recommendation wherein a request therefore is received by the secretary of the Medical Advisory Committee within seven days from receipt by the applicant or member of the Medical Advisory Committee’s recommendation and further that the applicant or member is entitled to a Hearing before the Hospital’s Board if a written request is received by the Board and the Medical Advisory Committee within seven days from the receipt by the applicant or member of the Medical Advisory Committee’s written reasons where requested.
- (j) Where the applicant or member does not request written reasons for the Medical Advisory Committee’s recommendation or where the applicant or member does not require a Hearing by the Board, the Board may implement the recommendation of the Medical Advisory Committee.
- (k) Where the applicant or member requires a Hearing by the Board, the Board will appoint a time and place for the Hearing and the procedures set out below at Section 6 for “the Board Hearing” are to be followed.

### **3. Immediate Mid-term Action in an Emergency Situation**

- a. The definition of mid-term action in an emergency situation is outlined in Article 15.7 (a) of these By-Laws.
- b. If at any time it becomes apparent that a member’s conduct, performance or competence is such that it exposes, or is reasonably likely to expose patient(s), staff or others to harm or injury or is, or is reasonably likely to be detrimental to the safety of patient(s), staff or others or to the delivery of quality care, an immediate action must be taken to protect the patient(s), staff or others or to ensure the delivery of quality of care and the procedures set out herein relating to suspension/revocation of privileges shall be followed.
- c. In addition to the steps outlined in Article 15.7 (a), the Chief of Department or the Chief of Staff will immediately notify the member, the Medical Advisory Committee, the President and CEO, the President of the Medical Staff and the Board of their decision to suspend the member’s privileges.
- d. Arrangements will be made by the Chief of the Department or Chief of Staff for the assignment of a substitute to care for the patients of the suspended member.
- e. Within 24 hours of suspension, the individual suspending the member will provide the member, the Medical Advisory Committee, the President and CEO and the President of the Medical Staff with written reasons for the suspension and copies of any and all relevant documents or records.

- f. Upon receipt of the written reasons for suspension as described above, the Medical Advisory Committee will set a date for a Special Meeting of the Medical Advisory Committee to be held within five days from the date of suspension to review the suspension and to make recommendation to the Board.
- g. The Special Meeting of the Medical Advisory Committee shall be conducted further to the procedures set out below at Section 5 for "the Special Meeting of the Medical Advisory Committee.
- h. The member may request and the Medical Advisory Committee shall grant, the postponement of the Special Medical Advisory Committee to a fixed date at a minimum of four (4) weeks after the date of receipt by the member of any and all documentation to be considered.
- i. The Medical Advisory Committee, when providing notice to the applicant or member as provided for in subsection 2(c) and subsection 2(d), shall advise the applicant or member that he/she is entitled to receive written reasons for the recommendation wherein a request therefore is received by the secretary of the Medical Advisory Committee within seven days from receipt by the applicant or member of the Medical Advisory Committee's recommendation and further that the applicant or member is entitled to a Hearing before the Hospital's Board if a written request is received by the Board and the Medical Advisory Committee within seven days from the receipt by the applicant or member of the Medical Advisory Committee's written reasons where requested.
- j. Where the applicant or member does not request written reasons for the Medical Advisory Committee's recommendation or where the applicant or member does not require a Hearing by the Board, the Board may implement the recommendation of the Medical Advisory Committee.
- k. Where the applicant or member requires a Hearing by the Board, the Board will appoint a time and place for the Hearing and the procedures set out below at Section 6 for "the Board Hearing" are to be followed.

#### **4. Non-immediate Mid-term Action**

The definition of a non-immediate mid-term action is outlined in Article 15.7 (b) of these By-Laws. Procedure for a non-immediate mid-term action shall include:

- a. Information provided to the President and Chief Executive Officer or Chief of Staff by the Chief of Department which raises concerns about any of the matters in these By-Laws relating to non-immediate mid-term action, shall be in writing and will be directed to the President and Chief Executive Officer and/or Chief of Staff.
- b. Where either of the President and Chief Executive Officer, Chief of Staff, or Chief of Department receives information about the conduct, performance or competence of a member, that person will provide a copy of the documentation to the other two and the member.
- c. Upon receipt of information above, an interview will be arranged by the Chief of Staff or Chief of Department with the member, at which time the member will be advised of the information about their conduct, performance or competence and will be given a reasonable opportunity to present relevant information on their behalf.
- d. A written record will be maintained reflecting the substance of the aforementioned interview and copies will be sent to the member, the President and Chief Executive Officer and the Chief of Staff and Chief of Department.

- e. Where the member fails or declines to participate in an interview as set out above, after being given a reasonable opportunity to so participate, appropriate action may be undertaken further to the procedure as outlined in this section.
- f. Following an interview as set out above, or where the member fails or declines to participate in an interview, the Chief of Staff, Chief of Department or President and Chief Executive Officer will determine whether further investigation of the matter is necessary.
- g. If further investigation is to be undertaken, the investigation may be assigned to an individual(s) within the Hospital, the Medical Advisory Committee, a body within the Hospital other than the Medical Advisory Committee or an external consultant.
- h. Upon the completion of the investigation contemplated by subsection 4(g) above, the individual or body who conducted the investigation will forward a written report to the President and Chief Executive Officer, Chief of Staff and Chief of Department. The member will be provided with a copy of the written report.
- i. The Chief of Staff, Chief of Department and President and Chief Executive Officer, upon further review of the matter and any report received, will determine whether further action may be required.
- j. Where it is determined that further action in respect of the matter may be required, the matter shall be referred to the Medical Advisory Committee along with a proposed recommendation with respect to mid-term action in writing and supported by references to specific activities or conduct along with any reports which constitute grounds for the proposed recommendation.
- k. The Medical Advisory Committee, in advance of considering the proposed recommendation, may initiate further investigation itself, in respect of such matters and in such a manner as it in its sole discretion deems appropriate.
- l. Upon completion of its own investigation or upon receipt of the proposed recommendation as set out above, the Medical Advisory Committee may determine that no further action need be taken in respect of the matter for lack of merit or determine to have a Special Meeting of the Medical Advisory Committee where the member is entitled to attend such Special Meeting.
- m. Where the Medical Advisory Committee considers the matter at a Special Meeting, then the procedures set out below at Section 5 for the Special Meeting of the Medical Advisory Committee are to be followed.
- n. The Medical Advisory Committee, following a Special Meeting of the Medical Advisory Committee, will provide the member with written notice of the Medical Advisory Committee's recommendation and the written reasons for the recommendation and the member's entitlement to a Hearing before the Hospital's Board where a written request is received by the Board and the Medical Advisory Committee from the member within seven days of the receipt by the member of the Medical Advisory Committee's recommendation and written reasons.
- o. Service of the notice of recommendation and written reasons to the member may be made personally or by Registered Mail addressed to the member at their last known address and, where notice is served by Registered Mail, it will be deemed that the notice was served on the third day after the day of mailing unless the member to be served establishes that they did not, acting in good faith, through absence, accident, illness or other causes beyond their control, receive it until a later date.

- p. Where the applicant or member does not require a Hearing by the Board, the Board may implement the recommendation of the Medical Advisory Committee.
- q. Where the member requires a Hearing by the Board, the Board will appoint a time and place for the Hearing, such Board Hearing to be undertaken pursuant to the procedures set out below at Section 6 for “the Board Hearing”.

## **5. Special Meetings of the Medical Advisory Committee**

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

- a. The Medical Advisory Committee will give the applicant or member written notice of the Special Meeting, such notice to include:
  - i. the time and place of the meeting;
  - ii. the purpose of the meeting;
  - iii. a statement that the applicant or member will be provided with a statement of the matter to be considered by the Medical Advisory Committee together with all relevant documentation;
  - iv. a statement that the applicant or member is entitled to attend the Medical Advisory Committee meeting and to participate fully in all matters under consideration by the Medical Advisory Committee;
  - v. a statement that the parties are entitled to bring legal counsel to the meeting and consult with legal counsel but that legal counsel shall not be entitled to participate in the meeting save and except in respect of making representation on behalf of the party;
  - vi. a statement that, in the absence of the applicant or member, the meeting may proceed.
- b. The Medical Advisory Committee will provide the applicant or member with a statement of the particulars of the matter to be considered by the Medical Advisory Committee, including any proposed recommendation, together with any and all documentation and records collected by the Medical Advisory Committee or Credentials Committee pursuant to the performance of their duties, and a complete list of any and all invited attendees.
- c. At the Special Meeting, a record of the proceedings will be kept in the Minutes of the Medical Advisory Committee.
- d. The applicant or member involved will be given a full opportunity to answer each issue as well as to present documents and witnesses if so desired.
- e. Before deliberating on the matter or the recommendation to be made to the Board, the Chief of Staff will require the member involved and any other members present who are not Medical Advisory Committee members to retire for the duration of the discussion. The Medical Advisory Committee will not consider any matter, fact or documentation to which it did not give the member an opportunity to respond.
- f. No member of the Medical Advisory Committee will participate in a decision of the Medical Advisory Committee at a Special Meeting of the Medical Advisory Committee

unless such member was present throughout the Special Meeting, except with the consent of the parties and no decision of the Medical Advisory Committee will be given unless all members so present participate in the decision. Where the Medical Advisory Committee determines that the matter is without merit and as such no decision of the Medical Advisory Committee is necessary, such determination will be noted in the Minutes of the Special Medical Advisory Committee meeting.

## 6. Board Hearings

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

- a. The Board will name a place and time for the Hearing.
- b. The Board Hearing will be held within thirty days of the Board receiving the written recommendation and reasons for such recommendation from the Medical Advisory Committee unless such other time for the Hearing is agreed to as by the parties.
- c. The Board will give written notice of the Hearing to the applicant or member and to the Chief of Staff at least seven days before the Hearing date.
- d. The notice of the Board Hearing will include:
  - i) the place and time of the Hearing;
  - ii) the purpose of the Hearing;
  - iii) a statement that the applicant or member and Medical Advisory Committee will be afforded an opportunity to examine prior to the Hearing all written or other documentary evidence to be ruled upon at the Hearing and all reports which have been collected as part of the Credentials Committee and Medical Advisory Committee processes;
  - (iv) a statement that the applicant or member may be represented by counsel or agent, call witnesses, cross-examine witnesses and tender documents in evidence and present arguments and submission in support of their case;
  - (v) a statement that the time for the Hearing may be extended by the Board; and
  - (vi) a statement that if the applicant or member does not attend the Hearing, the Board may proceed in the absence of the applicant or member and the applicant or member will not be entitled to any further notice in respect of the Hearing.
- e. The parties to the Board Hearing are the applicant or member, the Medical Advisory Committee and such other persons as the Board may specify.
- f. As soon as possible, and at least twenty (20) business days prior to the Hearing, the parties will provide one another with copies of all written documentary material, along with the names, addresses and qualifications of all witnesses who will testify at the Hearing and a detailed summary of the evidence they will give, along with reports that have been collected by the Credentials Committee or Medical Advisory Committee as part of the investigation process whether or not these materials will be used in evidence. The intent is that there should be full disclosure as between the parties to the Board Hearing.

- (f) The findings of fact of the Board pursuant to a Hearing will be based exclusively on evidence admissible or matters that may be noted under the *Statutory Powers Procedure Act*. A party at a Hearing may:
- i) be represented by counsel or agent;
  - ii) call and examine witnesses and present arguments and submission, and;
  - iii) conduct cross-examination of witnesses reasonably required for a full and fair disclosure of the facts in relation to which they have given evidence.
- (h) The Board will consider the reasons for the Medical Advisory Committee that have been given to the applicant or member in support of its recommendations. Where through error or inadvertence, certain reasons have been omitted in the statement delivered to the applicant or member, the Board may consider those reasons only if those reasons are given by the Medical Advisory Committee in writing to both the applicant or member and the Board, and the applicant or member is given a reasonable time to review the reasons and to prepare a case to meet those additional reasons.
- (i) No member of the Board will participate in a decision of the Board pursuant to a Hearing unless they are present throughout the Hearing and heard the evidence and argument of the parties and, except with the consent of the parties, no decision of the Board will be given unless all members so present participate in the decision.
- (j) The Board will make a decision to either follow or not follow the recommendation of the Medical Advisory Committee.
- (k) A written copy of the decision of the Board and the written reasons for the decision will be provided to the applicant or member and to the Medical Advisory Committee within fifteen days of the conclusion of the Hearing.
- (l) Service on the applicant or member will be as set out in these By-Laws.

Approved by Medical Staff:	April 3, 2013
Approved by Medical Advisory Committee:	April 16, 2013
Approved by Board of Directors:	June 11, 2013
Approved by Board of Directors/Corporation AGM:	June 27, 2013