

**Kingston Health
Sciences Centre**

Centre des sciences de
la santé de Kingston

**RESTATED
PROFESSIONAL STAFF
BY-LAW**

APPROVED BY THE BOARD: May 8, 2023

CONFIRMED BY THE MEMBERS: May 8, 2023

TABLE OF CONTENTS

| | |
|---|-------------|
| ARTICLE 1 INTERPRETATION..... | A-1 |
| 1.1 Definitions..... | A-1 |
| 1.2 Interpretation | A-6 |
| ARTICLE 2 PURPOSES | A-6 |
| 2.1 The Purpose of the Professional Staff By-Law are to:..... | A-6 |
| 2.2 Rules and Regulations..... | A-7 |
| ARTICLE 3 APPOINTMENT AND REAPPOINTMENT TO THE MEDICAL, DENTAL, MIDWIFERY OR EXTENDED CLASS NURSING STAFF..... | A-7 |
| 3.1 Appointment to the Medical, Dental, Midwifery, or Extended Class Nursing Staff ... | A-7 |
| 3.2 Application for Appointment to the Medical, Dental, Midwifery, or Extended Class Nursing Staff | A-8 |
| 3.3 Criteria for Appointment to the Medical, Dental, Midwifery or Extended Class Nursing Staff | A-13 |
| 3.4 Procedure for Processing Applications for Medical, Dental, Midwifery or Extended Class Nursing Staff Appointments..... | A-16 |
| 3.5 Reappointment to the Medical, Dental, Midwifery or Extended Class Nursing Staff | A-18 |
| 3.6 Temporary Privileges | A-21 |
| 3.7 Emergency Privileges..... | A-22 |
| ARTICLE 4 NON-IMMEDIATE MID TERM ACTION | A-22 |
| 4.1 Initiation of Non-Immediate Mid-Term Action | A-22 |
| 4.2 Request to Medical Advisory Committee for Recommendation Mid-Term Action.. | A-23 |
| 4.3 Medical Advisory Committee Meeting..... | A-24 |
| 4.4 The Board Hearing..... | A-27 |
| 4.5 Notification of College and Partners | A-29 |
| 4.6 Addressing Issues of Competence during Mid-Term Action..... | A-29 |
| ARTICLE 5 IMMEDIATE MID-TERM ACTION IN EMERGENCY SITUATION | A-30 |
| 5.1 Initiation of Immediate Mid-Term Action | A-30 |
| 5.2 The Medical Advisory Committee Meeting..... | A-30 |
| 5.3 The Board Hearing..... | A-32 |
| 5.4 Notification of College and Partners | A-33 |
| ARTICLE 6 CATEGORIES OF MEDICAL STAFF..... | A-33 |
| 6.1 Categories..... | A-33 |
| 6.2 Attending Staff..... | A-33 |
| 6.3 Associate Staff..... | A-35 |
| 6.4 Clinical Associate Staff..... | A-36 |
| 6.5 Consultant Staff..... | A-36 |
| 6.6 Honorary Staff..... | A-37 |
| 6.7 House Staff..... | A-37 |

ARTICLE 7 MEDICAL, DENTAL, MIDWIFERY AND EXTENDED CLASS NURSING STAFF DUTIES AND RESPONSIBILITIES..... A-38

- 7.1 Individual Duties and Responsibilities of Medical, Dental, Midwifery and Extended Class Nursing Professional Staff..... A-38
- 7.2 Approval Requirement for Major Commitments A-40

ARTICLE 8 DEPARTMENTS AND HEADS OF DEPARTMENTS A-41

- 8.1 Departments A-41
- 8.2 Appointment of the Head of Department A-42
- 8.3 Terms of Reference and Responsibilities of the Head of Department A-43
- 8.4 Performance Evaluation of Heads of Department..... A-46
- 8.5 Appointment of Deputy Head of Department A-47
- 8.6 Terms of Reference and Responsibilities of the Deputy Head of Department A-48
- 8.7 Divisions and Services in a Department A-48
- 8.8 Appointment of Division Chairs and Service Chiefs A-48
- 8.9 Terms of Reference and Responsibilities of Division Chairs and Service Chiefs The Division Chair and the Service Chief shall: A-48

ARTICLE 9 PROGRAMS AND PROGRAM MEDICAL DIRECTORS A-49

- 9.1 Programs..... A-49

ARTICLE 10 MEDICAL ADVISORY COMMITTEE A-49

- 10.1 Composition of Medical Advisory Committee A-49
- 10.2 Accountability of Medical Advisory Committee A-50
- 10.3 Medical Advisory Committee Duties and Responsibilities A-50
- 10.4 Medical Advisory Committee Chair A-52
- 10.5 Vice-Chair of the Medical Advisory Committee A-52
- 10.6 Establishment of Subcommittees of the Medical Advisory Committee A-52
- 10.7 Medical Advisory Committee Subcommittees A-52
- 10.8 Composition of Medical Advisory Committee Executive Committee A-53
- 10.9 Duties and Responsibilities of the Medical Advisory Committee Executive Committee A-54
- 10.10 Composition and Terms of Reference of Subcommittees of the Medical Advisory Committee A-54
- 10.11 General Composition and Duties of the Medical Advisory Committee Subcommittees A-54
- 10.12 Voting..... A-55
- 10.13 Quorum..... A-55

ARTICLE 11 CHIEF OF STAFF A-55

- 11.1 Appointment of Chief of Staff A-55
- 11.2 Selection Committee A-55
- 11.3 Term of Office..... A-56
- 11.4 Role of Chief of Staff A-56
- 11.5 Responsibilities and Duties of Chief of Staff..... A-56

| | |
|--|-------------|
| ARTICLE 12 OFFICERS OF THE MEDICAL STAFF ASSOCIATION | A-59 |
| 12.1 Purpose of the Medical Staff Association | A-59 |
| 12.2 Officers of the Medical Staff Association | A-59 |
| 12.3 President of the Medical Staff Association | A-60 |
| 12.4 The Vice-President of the Medical Staff Association | A-60 |
| 12.5 The Vice-President/Secretary/Treasurer of the Medical Staff Association | A-61 |
| 12.6 Past President of the Medical Staff Association | A-61 |
| 12.7 Medical Staff Association Nominations Committee..... | A-61 |
| 12.8 Medical Staff Association Officer Vacancies | A-62 |
| ARTICLE 13 MEETINGS OF THE MEDICAL STAFF ASSOCIATION..... | A-63 |
| 13.1 Annual Meeting..... | A-63 |
| 13.2 Regular Meetings | A-63 |
| 13.3 Notice of Regular Meetings | A-64 |
| 13.4 Special Meetings | A-64 |
| 13.5 Quorum..... | A-64 |
| 13.6 Agenda | A-64 |
| 13.7 Attendance..... | A-64 |
| ARTICLE 14 DENTAL STAFF SERVICES..... | A-64 |
| 14.1 Application | A-64 |
| 14.2 Dental Service | A-65 |
| 14.3 Categories..... | A-65 |
| 14.4 Attending Dental Staff | A-65 |
| 14.5 Associate Dental Staff..... | A-66 |
| 14.6 Consultant Dental Staff | A-67 |
| 14.7 Appointment..... | A-67 |
| 14.8 Admitting Privileges | A-67 |
| 14.9 Chief of the Dental Service | A-68 |
| 14.10 Dental Clinical Resource Plan..... | A-68 |
| 14.11 Meetings | A-68 |
| ARTICLE 15 MIDWIFERY STAFF | A-68 |
| 15.1 Application | A-68 |
| 15.2 Midwifery Service..... | A-69 |
| 15.3 Appointment..... | A-69 |
| 15.4 Criteria for Appointment to the Midwifery Staff..... | A-69 |
| 15.5 Categories of the Midwifery Staff..... | A-69 |
| 15.6 Active Midwifery Staff | A-70 |
| 15.7 Leader of the Midwifery Service | A-71 |
| 15.8 Duties of the Leader of the Midwifery Service..... | A-71 |
| ARTICLE 16 EXTENDED CLASS NURSING STAFF | A-72 |
| 16.1 Application | A-72 |
| 16.2 Extended Class Nursing Staff Categories | A-73 |
| 16.3 Active Extended Class Nursing Staff..... | A-73 |
| 16.4 Temporary Privileges | A-73 |

| | | |
|---|---|-------------|
| 16.5 | Duties and Responsibilities of Extended Class Nursing Staff | A-74 |
| 16.6 | Extended Class Nursing Staff Disability..... | A-74 |
| 16.7 | Monitoring Aberrant Practices | A-74 |
| 16.8 | Extended Class Nursing Staff Function Within the Medicine Program | A-75 |
| 16.9 | Attendance by Extended Class Nursing Staff at Medical Staff Meetings..... | A-75 |
| 16.10 | Eligibility to Hold a Medical Staff Office..... | A-75 |
| ARTICLE 17 RULES AND PROCEDURES..... | | A-75 |
| 17.1 | Rules of Order | A-75 |
| ARTICLE 18 AMENDMENTS TO BY-LAW..... | | A-75 |
| 18.1 | Amendments to By-Law | A-75 |
| SCHEDULE “A”..... | | A-77 |
| SCHEDULE “B”..... | | B-1 |

PROFESSIONAL STAFF BY-LAW

KINGSTON HEALTH SCIENCES CENTRE

NOTE: THIS BY-LAW IS NOT INTENDED TO SUBSTANTIVELY MODIFY THE CURRENT PROFESSIONAL STAFF PROVISIONS OF THE KHSC BY-LAW BUT IS INTENDED TO SEPARATE THE PROFESSIONAL STAFF PROVISIONS FROM THE ADMINISTRATIVE CORPORATE PROVISIONS.

A By-Law relating to matters respecting the professional staff of Kingston Health Sciences Centre (the “**Corporation**”) and related matters.

Be it enacted as a By-Law of the Corporation (the “**By-Law**”) as follows:

ARTICLE 1 INTERPRETATION

1.1 Definitions

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

- (a) “**Act**” means the *Not-for-Profit Corporations Act, 2010* (Ontario) and where the context requires, includes the regulations made under it and any statute that may be substituted therefor, as from time to time amended;
- (b) “**Application**” means the application for membership prescribed by the Board;
- (c) “**Admitting Privileges**” means the privileges granted to members of the Medical, Dental, Midwifery Staff and Extended Class Nursing Staff related to the admission of inpatients, registration of outpatients, and the diagnosis, assessment and treatment of inpatients and outpatients at the Kingston Health Science Centre hospital sites;
- (d) “**Affiliation Agreement**” means the affiliation agreement entered into between the Corporation and the University and as may be amended from time to time;
- (e) “**Board**” means the board of directors of the Corporation;
- (f) “**Certification**” means the holding of a certificate in a medical or surgical specialty issued by any professional body recognized by the Board after consultation with the Medical Advisory Committee;
- (g) “**Chair**” means the Chair of the Board;
- (h) “**Chair of the Medical Advisory Committee**” means the member of the Medical Advisory Committee appointed by the Board as Chief of Staff, who shall serve as chair of the Medical Advisory Committee;
- (i) “**Chief Executive Officer**” means, in addition to “administrator” as defined in the *Public Hospitals Act*, the President and Chief Executive Officer of the Corporation;

- (j) “**Chief Nursing Executive**” means the senior nurse employed by the Hospital who reports directly to the Chief Executive Officer and is responsible for nursing services provided in the Hospital;
- (k) “**Chief of Staff**” means the physician appointed by and responsible to the Board for quality of medical care, diagnosis and treatment, and reporting regularly to the Board on the work and recommendations of the Medical Advisory Committee and its component parts and sub-committees; and to the Medical Advisory Committee on the decisions and policies of the Board;
- (l) “**Clinical Responsibilities**” means those activities related to the delivery of patient care, diagnosis and treatment at the hospital sites;
- (m) “**College**” means the relevant regulatory body, as the case may be, the College of Physicians and Surgeons of Ontario (“**CPSO**”), the Royal College of Dental Surgeons of Ontario, the College of Midwives of Ontario, and/or the College of Nurses of Ontario;
- (n) “**College of Family Physicians**” means the College of Family Physicians of Canada, the national examining and certifying body for family medicine practitioners in Canada and accrediting family medicine training programs in Canada;
- (o) “**Conflict of Commitment**” arises when a medical staff member’s activities or commitments demonstrably interfere with his/her primary teaching, research, and clinical responsibilities to the Corporation because they detract from rather than enhance the medical staff member’s ability to meet his/her responsibilities to the Corporation;
- (p) “**Corporation**” means the Kingston Health Sciences Centre with head office located in Kingston, Ontario;
- (q) “**Dean**” means the Dean of the Faculty of Health Sciences and Director, School of Medicine, Queen’s University;
- (r) “**Dental Staff**” means the Dentists who have been appointed by the Board to the Dental Staff;
- (s) “**Dentist**” means a dental practitioner in good standing with the College of Dental Surgeons of Ontario;
- (t) “**Department**” means an organizational unit of the medical staff in the hospital to which members with a similar field of practice have been appointed and, where relevant, the corresponding department of the University’s School of Medicine, Faculty of Health Sciences. The departments are listed in Article 8 of this By-Law and as the Board may amend from time to time;
- (u) “**Deputy Head of Department**” means the physician appointed by the Board on recommendation of the Medical Advisory Committee to be responsible to the appropriate Head of Department as outlined in this By-Law and to perform duties in the absence of the Head;

- (v) “**Director**” means an individual elected or appointed to the Board;
- (w) “**Disruptive Behaviour**” occurs when the use of inappropriate words, actions or inactions by a Professional Staff member physician and other credentialed staff, learners, employees, volunteers, contractors and employees of contractors, and other individuals working on the hospital premises interferes with his/her ability to function well with others to the extent that the behaviour interferes with, or is likely to interfere with, quality health care delivery or patient or workplace safety or staff recruitment, retention or the costs of providing healthcare to patients;
- (x) “**Division**” means an academic and clinical organizational structure within some Departments which coordinates academic activities relating to patient care, research and teaching at the hospital sites;
- (y) “**Division Chair**” means the Physician appointed by a Head of Department to take responsibility for a defined Division within a Department;
- (z) “**Effective Date**” means the date Service Ontario issues letters patent incorporating the Corporation;
- (aa) “*ex-officio*” means membership “by virtue of office” and includes all rights, responsibilities, and power to vote unless otherwise specified;
- (bb) “**Extended Class Nursing Staff**” means those Registered Nurses in the Extended Class who are:
 - (i) nurses that are employed by the Hospital and are authorized to diagnose, prescribe for or treat out-patients in the Hospital; and
 - (ii) nurses who are not employed by the Hospital and to whom the Board has granted privileges to diagnose, prescribe for or treat out-patients in the Hospital;
- (cc) “**Faculty of Health Sciences**” means the Faculty of Health Sciences at Queen’s University;
- (dd) “**Head of Department**” means the Physician appointed by the Board to be responsible for the professional standards and quality of medical care, diagnosis and treatment rendered by the members of that Department in the Hospital; the Head of Department serves simultaneously as the head of the corresponding department of the University’s School of Medicine, Faculty of Health Sciences;
- (ee) “**Health Human Resources Plan**” means the plan developed by the Chief Executive Officer, (or delegates), in consultation with the Heads of Department and/or Program Medical Directors and Division Chairs and/or Service Chiefs, and with the appropriate academic department based on the mission and strategic plan of the Corporation and on the regional needs of the community, which provides information and future projections of this information with respect to the management and appointment of Physicians, Dentists, Midwives, or Extended Class Nurses who are or may become members of the Medical, Dental, Midwifery and Extended Class Nursing Staff;

- (ff) “**Hospital**” means the public hospital operated on multiple sites by the Corporation;
- (gg) “**Hospital Volunteer Services**” means the auxiliary association(s) and voluntary support organization(s) of the Corporation;
- (hh) “**House Staff**” means residents and fellows recognized within the hospital sites who are enrolled in a Faculty of Health Sciences program at a recognized University, and who are licensed by the applicable regulatory college;
- (ii) “**Impact Analysis**” means a study to determine the impact upon the resources of the Corporation in consultation with Chief of Staff (or delegate), the Medical Advisory Committee, Department Heads and other administrative and medical leaders, of the proposed or continued appointment of any person to the Medical Staff, Dental Staff, Extended Class Nursing Staff, or Midwifery Staff;
- (jj) “**In-camera**” means a meeting that is held in private and is not open to the public;
- (kk) “**Liaison Committee**” means the liaison committee established pursuant to subsection 3 of the Affiliation Agreement with Queen’s University;
- (ll) “**Medical Advisory Committee**” means the medical advisory committee established by the Board as required by the *Public Hospitals Act*;
- (mm) “**Medical Staff**” means the Physicians who have been appointed to the Medical Staff by the Board;
- (nn) “**Medical Staff Association**” means the organized body of voting members of the Medical Staff of the Hospital, as prescribed by the *Public Hospitals Act*, as described further in Article 12;
- (oo) “**Midwife**” means a midwife in good standing with the College of Midwives of Ontario;
- (pp) “**Midwifery Staff**” means the Midwives who have been appointed to the Midwifery Staff by the Board;
- (qq) “**Patient**” means, unless otherwise specified or the context otherwise means any inpatient or outpatient of the Corporation;
- (rr) “**Person**” means and includes any individual, corporation, partnership, firm, joint venture, syndicate, association, trust, government, government agency, board, commission or authority, or any other form of entity or organization;
- (ss) “**Physician**” means a medical practitioner in good standing with the College of Physicians and Surgeons of Ontario;
- (tt) “**Policies**” means the administrative, medical and professional practice policies of the Hospital;

- (uu) “**Principal**” means the Principal of Queen’s University;
- (vv) “**Privilege or privileges**” means the clinical services and involvement in education and research, where applicable, which the Board has granted to a member of the Medical, Dental, Extended Class Nursing and Midwifery Staff;
- (ww) “**Professional Staff**” means the Medical Staff, Dental Staff, Midwifery Staff and Extended Class Nursing Staff;
- (xx) “**Program**” means an organizational unit of the hospital sites with the objective of organizing patient care populations with aligned resources, expertise, and infrastructure to support leadership of clinical practice, research and education;
- (yy) “**Program Medical Director**” means the physician who is responsible for the management of the program within allocated budgetary resources;
- (zz) “**Program Operational Director**” means the hospital management employee who is responsible for the management of the program within the allocation budgetary resources;
- (aaa) “**Public Hospitals Act**” means the *Public Hospitals Act* (Ontario), and, where the context requires, includes the regulations made under it and any statute that may be substituted therefore, as from time to time amended;
- (bbb) “**Regional Partners**” means the health care institutions and agencies with whom the hospital has developed collaborative relationships for the provision of patient care, education, and research;
- (ccc) “**Registered Nurse in the Extended Class**” means a member of the College of Nurses of Ontario who is a registered nurse and holds an extended certificate of registration under the *Nursing Act, 1991*;
- (ddd) “**Royal College**” means the Royal College of Physicians and Surgeons of Canada, the national examining and certifying body for medical specialists in Canada and for accrediting Canadian specialty training programs in Canada;
- (eee) “**Rules & Regulations**” mean the rules and regulations of the Corporation adopted in accordance with this By-Law;
- (fff) “**School of Medicine**” means Queen’s University School of Medicine, Faculty of Health Sciences;
- (ggg) “**SEAMO**” means the Southeastern Ontario Academic Medical Organization, whose members are The Clinical Teachers’ Association of Queen’s University; the University; Kingston Health Sciences Centre; and Providence Care, an association created to establish policies to enable the delivery of clinical service, health education and research and associated management responsibilities of the alternative funding contact between the members of SEAMO and the Minister of Health and Long-Term Care;

- (hhh) “**Service**” means a unit of physicians responsible for providing a defined hospital service within a department or division of the hospital;
- (iii) “**Service Chief**” means a physician, dentist or midwife appointed by a Head of Department to take responsibility for a defined hospital service within a department;
- (jjj) “**Students**” means students duly enrolled in any of the faculties or schools of the University, including undergraduates, graduate students, post-graduate (residents), fellows and post doctoral fellows;
- (kkk) “**University**” means Queen’s University at Kingston.

1.2 Interpretation

In this By-Law and in all other By-Laws of the Corporation, unless the context otherwise requires, words importing the singular number shall include the plural number and vice versa and references to persons shall include firms and corporations and words importing one gender shall include the opposite. To the extent a definition or provision in this by-law conflicts with a definition or provision of the corporate by-laws of the Corporation, the corporate by-laws shall prevail.

ARTICLE 2 PURPOSES

There shall be a Professional Staff of the Hospital whose appointment and functions shall be as set out in the Professional Staff By-Law of the Corporation as follows:

2.1 The Purpose of the Professional Staff By-Law are to:

- (a) outline clearly and succinctly the purposes and functions of the Medical, Dental, Midwifery and Extended Class Nursing Staff;
- (b) identify specific organizational units necessary to allocate the work of carrying out those functions;
- (c) identify the process for the selection of the Chief of Staff (as per Board Policy), Heads of Department, Deputy Heads of Department, Program Medical Directors, Division Chairs and Service Chiefs, and for the election of the Medical Staff Association officers;
- (d) provide an organization for the Medical, Dental, Midwifery and Extended Class Nursing Staff that defines responsibility, authority and accountability and that is designed to ensure that each member exercises responsibility and authority commensurate with the member’s contribution to patient care and fulfils like accountability obligations;
- (e) provide a mechanism for accountability to the Board and as appropriate for patient and workplace safety, patient care and professional and ethical behaviours of each individual member of the Medical, Dental, Midwifery and Extended Class Nursing; and

- (f) create a structure that will advocate the interests of and support the rights and privileges of the Medical, Dental, Midwifery and Extended Class Nursing Staff as provided herein.

2.2 Rules and Regulations

The Medical Advisory Committee, and where appropriate, a Department, Program, Division or Service with the approval of the Medical Advisory Committee, may make Rules and Regulations, as well as corresponding Policies and procedures, as it deems necessary to supervise the patient care and safety provided by the, Medical, Dental, Midwifery and Extended Class Nursing Staff and to ensure that the behaviour of the members is consistent with the mission, vision, values of the Hospital, the *Public Hospitals Act*, and the By-Law. Such Rules and Regulations, or any amendments thereto, will become effective when approved by the Medical Advisory Committee on the advice of the By-Laws Committee. The Professional Staff Rules and Regulations pursuant to the Professional Staff By-Laws will be approved by the Board on the recommendation of the Medical Advisory Committee following the advice of the By-Laws Committee.

ARTICLE 3 APPOINTMENT AND REAPPOINTMENT TO THE MEDICAL, DENTAL, MIDWIFERY OR EXTENDED CLASS NURSING STAFF

3.1 Appointment to the Medical, Dental, Midwifery, or Extended Class Nursing Staff

- (a) Physicians, dentists, midwives and extended class nurses who wish to practise at the Hospital will participate in the appointment process as set out herein.
- (b) The Board will appoint annually a Medical Staff for the hospital, and may appoint annually a Dental, Midwifery and Extended Class Nursing Staff for the Hospital.
- (c) All new appointments will be contingent upon an Impact Analysis demonstrating that the Hospital has the resources to accommodate the applicant and that the applicant meets the needs of the respective Department and/or Program as described in the Health Human Resources Plan.
- (d) Where the Board of the Hospital determines that the Hospital shall cease to provide a service or the Ministry of Health directs the Hospital to cease to provide a service, the Board, with reasonable notice, may:
 - (i) refuse the application of a member for appointment or reappointment to the Medical, Dental, Midwifery, or Extended Class Nursing Staff;
 - (ii) revoked the appointment of any members; and
 - (iii) cancel or substantially alter the privileges of any member as long as such determination relates to the termination of the service.

3.2 Application for Appointment to the Medical, Dental, Midwifery, or Extended Class Nursing Staff

- (a) An application for appointment will be processed in accordance with the provisions of the *Public Hospitals Act*, this By-Law, the Affiliation Agreement and the Rules and Regulations.
- (b) The Chief Executive Officer (or delegate) will supply a copy of this By-Law, the Rules and Regulations, the Affiliation Agreement, and the *Public Hospitals Act*, to each physician, dentist, midwife or extended class nurse who expresses in writing an intention to apply for appointment.
- (c) Each applicant for membership will submit on the prescribed forms a written application to the Chief Executive Officer.
- (d) Each application (except for House Staff paragraph 3.2(g)) must contain the following:
 - (i) confirmation by the applicant that he/she has read this By-Law, the Rules and Regulations, the relevant provisions of the Affiliation Agreement and the *Public Hospitals Act* and the applicable Medical and Hospital policies that were included in the application;
 - (ii) an undertaking that, if the applicant is appointed to the Medical, Dental, Midwifery, or Extended Class Nursing Staff of the Hospital,
 - (A) the applicant understands the requirements for accepting Clinical Responsibilities as requested by the Board following consultation with the Medical Advisory Committee and/or Head of Department and/or Program Medical Director;
 - (B) the applicant will provide the services to the Hospital as stipulated in the application including “on-call” responsibilities, will act in accordance with the *Public Hospitals Act*, will abide by and be guided by the Hospital’s By-Law, its Rules and Regulations, and the applicable Medical and Hospital policies as established or revised by the Hospital from time to time, and will act in accordance with ethical standards of the profession;
 - (C) the applicant will abide by the Hospital’s Policies as related to confidentiality of patient information and the Hospital matters. Any physician, dentist, midwife or extended class nurse who speaks publicly regarding hospital matters must indicate that his/her opinions are personal unless permission is given by the Chief Executive Officer (or delegate) to speak on behalf of the Hospital; and
 - (D) if appointed, the applicant will provide the Chief of Staff with written notice, except within extenuating circumstances, of his/her intent to resign (three (3) months’ notice) or to reduce his/her privileges (six (6) months’ notice) by providing such notice to his/her Head of Department.

- (iii) an acknowledgement by the applicant that:
 - (A) failure to provide the agreed upon services as stipulated in the application in accordance with applicable Legislation, this By-Law, and the Rules and Regulations and the applicable Medical and Hospital policies will constitute a breach of his/her obligations to the Hospital, and the Hospital may, upon consideration of the individual circumstances, remove access by the applicant to any and all of the Hospital's resources, or take such actions as are reasonable, in accordance with this By-Law and the Rules and Regulations;
 - (B) failure to comply with the undertaking set out in clause (i) above may result in his/her privileges being restricted, suspended, revoked or the applicant being denied reappointment and may, depending on the circumstances, be a matter which is reportable to the applicable regulatory College. Any such actions by the Hospital will be in accordance with the applicable Legislation, this By-Law and the Rules and Regulations;
 - (C) concurrent with the provision of application, where applicable, the University and the Kingston Health Sciences Centre will be notified of the applicant's application for privileges;
 - (D) a copy of his/her curriculum vitae and any other documents or information provided or disclosed to the Hospital by the applicant or any other party as a result of the application for appointment to the Medical, Dental, Midwifery or Extended Class Nursing Staff of the Hospital shall be shared, as appropriate, with the University as part of the joint appointment process; and
 - (E) the failure to maintain his/her academic appointment, where such academic appointment is a condition of his/her hospital appointment, shall result in the applicant's privileges being restricted, suspended, revoked or the applicant being denied reappointment. Any such actions by the Hospital will be in accordance with the applicable Legislation, this By-Law and the Rules and Regulations;
- (iv) evidence of professional liability insurance coverage or membership in the Canadian Medical Protective Association satisfactory to the Board;
- (v) information of any previous disciplinary proceeding where there was an adverse finding;
- (vi) information of any civil suit where there was a finding of negligence or battery;
- (vii) a recital and description of any current or ongoing investigation by the applicable regulatory College or any other licensing body or other hospital or healthcare institution, including any reduction in classification or voluntary or involuntary resignation of privileges;

- (viii) a copy of the applicant’s current registration or licence to practise in Ontario;
- (ix) an up-to-date *curriculum vitae*, including a record of the applicant’s professional education and post-graduate training, acceptable to the Credentials Committee, and a chronology of academic and professional career, organizational positions and committee memberships;
- (x) a current, as may be applicable, Certificate of Professional Conduct (Physicians), Certificate of Registration (Dentists and Midwives) or Annual Registration Payment Card as a Registered Nurse in the Extended Class from the applicable regulatory College and a signed consent authorizing the applicable regulatory College to provide:
 - (A) a report on any action taken by a committee of the applicable regulatory College, or any other licensing body; and
 - (B) a report on whether the applicant’s privileges have been restricted or cancelled by the applicable regulatory College or any other licensing body or by another hospital or healthcare institution because of incompetence, negligence or any act of professional misconduct;
- (xi) information regarding the applicant’s failure to obtain any professional licence or Certification, fellowship, professional academic appointment or privileges at any other hospital or health care institution, including any reduction in classification or voluntary or involuntary resignation of privileges at any other hospital or health care institution;
- (xii) evidence of current immunization status as suggested in the Communicable Disease Surveillance Protocols jointly published by the Ontario Hospital Association and the Ontario Medical Association and required by the Hospital or as required by law;
- (xiii) the name of the Department(s) to which the application is being made;
- (xiv) a completed “Delineation of Privileges” form for each Department to which the applicant wishes privileges;
- (xv) relevant information regarding the applicant’s health, including any impairments, medical conditions, diseases or illnesses that the applicant objectively believes may:
 - (A) impact on his/her ability to practice; or
 - (B) expose patients and/or employees to undue risk of harm.

If deemed relevant, the date of the applicant’s last examination, the name of the treating health professional and an authorization to the treating health professional to release information will be provided to the Hospital;

- (xvi) evidence of adequate control of any significant physical or behavioural impairment that affects skill, attitude or judgement;
- (xvii) a copy of a Canadian Police Information Centre (“**CPIC**”) criminal record check conducted within the last six months;
- (xviii) a direction to the Chief Executive Officer (or delegate) authorizing him/her to contact any previous hospital or healthcare institution where the applicant has provided services for the purposes of conducting a reference check which must include names and addresses of at least three (3) appropriate references including:
 - (A) the Chief of Staff of the last hospital or healthcare institution where the applicant held privileges or received training;
 - (B) the Head of the previous Department and/or service of the last hospital or healthcare institution where the applicant held privileges or received training;
 - (C) the director or head of the post-graduate residency training program if the applicant was enrolled in a post-graduate training program within the past three (3) years; and
 - (D) the dean (or delegate) of the last educational institution in which the applicant held an appointment or was trained (applicable to physicians who have graduated within the last three (3) years).
- (e) In addition to any other provisions of the By-Law, the Board acting fairly and reasonably may refuse to appoint any applicant to the Medical, Dental, Midwifery or Extended Class Nursing 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) the Health Human Resources Plan of the Hospital and/or Department and/or Program does not demonstrate sufficient resources to accommodate the applicant;
 - (iii) the appointment is not consistent with the strategic plan of the Hospital;
 - (iv) the failure of the applicant to obtain an academic appointment where such academic appointment was a condition of the applicant’s appointment to the Medical or Dental Staff;
 - (v) the applicant was not considered the best qualified applicant for the position available; and
 - (vi) the applicant has not demonstrated an ability to fulfill all of the criteria for appointment as set out in section 3.3.

- (f) Each applicant shall, where requested, visit the Hospital for an interview with the Head of Department and, where appropriate, other members of the Medical, Dental, Midwifery or Extended Class Nursing Staff, Chief of Staff or delegate and the Chief Executive Officer or delegate.

It is recognized that it is not useful or possible to maintain in a By-Law an accurate and comprehensive list of procedural privileges for each individual member of the Medical, Dental, Midwifery or Extended Class Nursing Staff. When an applicant is appointed and requests privileges, it is expected that only procedures generally considered to be within the scope and competence of a trained specialist in the applicant's field shall form part of the granting of privileges. If an applicant wishes to apply for privileges in an area or areas that would generally not be thought to be within the scope of his/her specialty, then he/she should set them out in the application. If the applicant wishes to apply for a limited subset of privileges for which he/she would reasonably be expected to be capable of performing based on his/her specialist, similarly, he should specify this in the application process.

- (g) Each application by a House Staff member shall be provided by the University's post-graduate education office for the Hospital and shall contain:
- (i) confirmation by the applicant that he/she has read this By-Law, the Rules and Regulations, the relevant provisions of the Affiliation Agreement, the *Public Hospitals Act*, and the applicable Medical and Hospital policies that were included in the application;
 - (ii) an undertaking that, if the applicant is appointed to the Medical, Dental, Midwifery or Extended Class Nursing Staff of the Hospital, he/she will act in accordance with the *Public Hospitals Act*, this By-Law, the applicable Medical and Hospital policies and the Rules and Regulations, as established or revised by the Hospital from time to time and in accordance with ethical standards of the profession as established from time to time;
 - (iii) evidence of professional liability insurance coverage or membership in the Canadian Medical Protective Association, or equivalent, satisfactory to the Board, any of which may be subject to verification;
 - (iv) information as to whether the applicant is currently the subject of an investigation by the applicable regulatory College or any other licensing body;
 - (v) a copy of the applicant's current registration or licence to practise in Ontario;
 - (vi) evidence of current immunization status as suggested in the Communicable Disease Surveillance Protocols jointly published by the Ontario Hospital Association and the Ontario Medical Association, and required by the Hospital or as required by law;
 - (vii) evidence of adequate control of any significant physical or behavioural impairment that affects skill, attitude or judgement;

- (viii) relevant information regarding the applicant's health, including any impairments, medical conditions, diseases or illnesses that the applicant objectively believes may:
 - (A) impact on his/her ability to practise; or
 - (B) expose patients and/or employees to undue risk of harm,
 if deemed relevant, the date of the applicant's last examination, the name of the treating health professional and an authorization to the treating health professional to release relevant information to the Hospital;
- (ix) information regarding criminal charges or convictions of an offence that may be relevant to the applicant's:
 - (A) ability and/or suitability to practise his/her regulated health profession; or
 - (B) ability to comply with the Hospital's Rules and Regulations;
- (x) provide evidence a criminal record check conducted within the last three months; and
- (xi) provide a letter from the University registrar or postgraduate dean as appropriate.

3.3 Criteria for Appointment to the Medical, Dental, Midwifery or Extended Class Nursing Staff

- (a) Each applicant for appointment to the Medical, Dental, Midwifery or Extended Class Nursing Staff will meet the following criteria:
 - (i) be a registrant in good standing with the applicable regulatory College; and
 - (ii) hold a current academic appointment in the Faculty of Health Sciences, if applying for a Regular Attending Staff category position.
- (b) Each physician practising in a specialty recognized by the Royal College must hold either a:
 - (i) Royal College certificate; or
 - (ii) if the physician has successfully completed postgraduate medical training and has received evidence of eligibility to undertake the appropriate Certification examination of the Royal College, a College certificate of registration permitting the practice of that specialty, provided the applicant:
 - (A) at all times complies with any terms, conditions, or preconditions attached to that College certificate of registration;

- (B) obtains a Royal College Certificate within seven (7) years of being appointed to the Medical Staff;
- (C) at the discretion of the Board, upon advice from the Medical Advisory Committee, hold a restricted Certification of Registration from the College of Physicians and Surgeons of Ontario:
 - a. authorizing practice in Ontario in the specialty of their certification, from another country, at the rank of Assistant Professor and attain promotion to the rank of Associate Professor at Queen’s University, as such determined by Queen’s University condition of appointment which is typically within seven (7) years;
 - b. once eligible, complete a practice assessment by the College of Physicians and Surgeons of Ontario, that assessment completed within seven (7) years; or
 - c. authorizing practice in Ontario in specialty of their certification, from another country, at the rank of Associate Professor or Professor. Within eighteen (18) months of becoming eligible for Royal College of Physicians and Surgeons of Canada membership attain academic certification from the Royal College of Physicians and Surgeons of Canada.

The Chief of Staff of delegate, in consultation with the respective Department Head, can provide an exemption from the requirement for certification by the Royal College of Physicians and Surgeons of Canada if the physician continues to hold a restricted academic licence with the College of Physicians and Surgeons of Ontario.

Existing medical staff appointees who do not possess subspecialty certification will be exempt from the requirement to attain certification. This will apply in the following circumstances: a) where subspecialty certification did not exist prior to 2013; b) where the Royal College introduces a new subspecialty certification process by examination in the future for subspecialties that did not have exams prior to 2013; or c) the College of Family Physicians of Canada introduces a new special competence program where no such program existed prior to 2013.

- (D) at all times complies with the undertakings provided to the Hospital.
- (c) Each physician practising in a specialty or subspecialty recognized by the American Board of Medical Specialties must hold and maintain either an:
 - (i) American Board Certificate; or
 - (ii) if the physician has successfully completed postgraduate medical training and has received evidence of eligibility to undertake the appropriate Certification examination of the American Board of Medical Specialties, a College certificate of registration permitting the practice of that specialty, provided the applicant:

- (A) at all times complies with any terms, conditions, or preconditions attached to that College certificate of registration;
 - (B) obtains and subsequently maintains an American Board Certificate within seven (7) years of being appointed to the Medical Staff; and
 - (C) at all times complies with the undertakings provided to the Hospital.
- (d) Physicians practising in the specialty or areas of special competence recognized by the College of Family Physicians should hold either:
- (i) Certification by the College of Family Physicians; or
 - (ii) Certification by the College of Family Physicians and Certificate of Special Competence; or
 - (iii) if he/she has successfully completed postgraduate medical training and has received evidence of eligibility to undertake the Certification examination of the College of Family Physicians, a College certificate of registration permitting the practice of that specialty, provided he/she:
 - (A) at all times complies with any terms, conditions, or preconditions attached to that College certificate of registration;
 - (B) obtains a College of Family Physicians Certificate within seven (7) years of being appointed to the Medical Staff;

The Chief of Staff or delegate, in consultation with the respective Department Head, can provide an exemption from the requirement for certification by the Royal College of Physicians and Surgeons of Canada if the physician continues to hold a restricted academic licence with the College of Physicians and Surgeons of Ontario.
 - (C) at all times complies with the undertakings provided to the Hospital.
- (e) If the physician has foreign specialty Certification and is seeking Canadian specialty Certification from the College of Family Physicians, a College certificate of registration permitting the practice of that specialty, provided that he/she:
- (i) at all times complies with any terms, conditions, or preconditions attached to that College certificate of registration;
 - (ii) obtains a College of Family Physicians Certificate within seven (7) years of being appointed to the Medical Staff; and
 - (iii) at all times complies with the undertakings provided to the Hospital.

- (f) Physicians practising in the specialty or areas of added qualification recognized by the American Board of Family Medicine should hold and maintain either:
 - (i) Certification by the College of Family Physicians; or
 - (ii) Certification by the American Board of Family Medicine and a Certification of Added Qualifications; or
 - (iii) If he/she has successfully completed postgraduate medical training and has received evidence of eligibility to undertake the Certification examination of the American Board of Family Medicine, a College certificate of College registration permitting the practice of that specialty, provided he/she:
 - (A) at all times complies with any terms, conditions or preconditions attached to that College certificate of registration;
 - (B) obtains and subsequently maintains an American Board of Family Medicine Certificate within seven (7) years of being appointed to the Medical Staff; and
 - (C) at all times complies with the undertakings provided to the Hospital.
- (g) A physician who is expected to participate in patient care will have demonstrated the ability to provide patient care at an appropriate level of quality and efficiency.
- (h) The physician must agree in writing to read and abide by the *Public Hospitals Act* and its Regulations, this By-Law, applicable Medical and Hospital policies and the Rules and Regulations.
- (i) All appointments will be consistent with community need and the strategic plan and mission of the Hospital.
- (j) Prior to forwarding an application to the Credentials Committee, all new appointments will be contingent upon an Impact Analysis demonstrating that the Hospital has the resources to accommodate the applicant-and that the applicant meets the needs of the respective Department and/or Program, as described in the Health Human Resources Plan.
- (k) The physician will provide evidence of membership in the Canadian Medical Protective Association, or evidence of individual liability insurance coverage comparable to the above, any of which is subject to verification.

3.4 Procedure for Processing Applications for Medical, Dental, Midwifery or Extended Class Nursing Staff Appointments

- (a) The Credentials Committee will assess each application together with the qualifications and experience of the applicant. The Credentials Committee will make a written report to the Medical Advisory Committee, having given consideration to the recommendation of the Head of the relevant Department. The Credentials Committee will:

- (i) review the application to ensure that it contains all the information required under section 3.2 of this By-Law;
 - (ii) take into consideration whether the criteria set out in section 3.3 of this By-Law have been complied with; and
 - (iii) include a recommendation to the Medical Advisory Committee to appoint, not appoint, or appoint the applicant subject to specified conditions.
- (i) (i) Subject to clause (ii) below and clause (c)(ii) the Medical Advisory Committee will receive and consider the application and report of the Credentials Committee and send its recommendation in writing to the Board within sixty (60) days of the date of receipt by the Chief Executive Officer of the completed application, as outlined in the *Public Hospitals Act*. The Medical Advisory Committee may make its recommendation to the Board later than sixty (60) days after the receipt of the completed application if, prior to the expiry of the sixty (60) day period, it indicates in writing to the Board and the applicant that a final recommendation cannot yet be made and includes written reasons for the delay.
 - (ii) The applicant may, in the application, waive the sixty (60) day response time contained in clause (i) above.
- (c) The Medical Advisory Committee shall give written notice to the Board of its recommendation. In the event that the recommendation is prejudicial to the applicant, the applicant will be given written notice that he/she is entitled to:
- (i) written reasons for the recommendation, provided the request for such reasons is made within seven (7) days of the receipt by the applicant of the notice of the recommendation;
 - (ii) a hearing before the Board, provided the request for such a hearing is received by the Board and the Medical Advisory Committee within seven (7) days of the receipt by the applicant of the written reasons. The procedures to be followed at such a hearing are outlined in section 4.4 of this By-Law with necessary changes to points of detail.
- (d) Where the Medical Advisory Committee has concerns or concerns are raised about whether to recommend an appointment, the Medical Advisory Committee may provide the applicant with written notice that he/she is entitled to attend a meeting of the Medical Advisory Committee to make a presentation to the Medical Advisory Committee. The procedures to be followed at such a meeting are outlined in paragraphs 4.3(a)-(k) of this By-Law.
- (e) Where the applicant does not require a hearing by the Board, the Board may implement the recommendation of the Medical Advisory Committee. However, where the Medical Advisory Committee makes a recommendation with respect to an appointment and:

- (i) the applicant has not made any written or oral submissions to the Board, and concerns are raised that the Board believes the applicant should have an opportunity to address, the Board may give the applicant notice that he/she is entitled to a Board hearing and shall follow the process set out in section 4.4 of this By-Law with the necessary changes to points of detail; or
- (ii) information that has not been considered by the Medical Advisory Committee has come to the attention of the Board that the Board believes should be considered by the Medical Advisory Committee prior to the Board acting on the Medical Advisory Committee's recommendation, the Board may refer the new information back to the Medical Advisory Committee for consideration, with the Medical Advisory Committee to provide a reconsidered recommendation to the Board with respect to the appointment. The applicant shall be given notice of the reconsidered recommendation as outlined in this section and entitled to a meeting and the process set out in paragraphs 4.4(a)-(l) of this By-Law with necessary changes to points of detail.

3.5 Reappointment to the Medical, Dental, Midwifery or Extended Class Nursing Staff

- (a) Paragraphs 3.2(a) and (c) shall apply to applications for reappointment with necessary changes to points of detail. In light of the duration of the academic appointments and the Hospital's annual reappointment process, the Hospital's reappointment process will include confirmation that the applicant has satisfied the requirements of the academic appointment process unless otherwise notified.
- (b) The Chief Executive Officer (or delegate) shall provide the applicant with any updates or amendments to the documentation listed in paragraph 3.2(b) implemented since the date of the applicant's most recent application.
- (c) The Medical, Dental, Midwifery or Extended Class Nursing Staff member's application for reappointment shall contain the following:
 - (i) a restatement or confirmation of the items requested in clauses 3.2(d)(i), (ii), (iii), (iv), (xiii) and (xiv);
 - (ii) either:
 - (A) a declaration that all information relating to clauses 3.2(d)(v), (vi), (vii), (x), (xi), (xv), (xvi) and (xvii) on file at the Hospital from the member's most recent application is up-to-date, accurate and unamended as of the date of the current application; or
 - (B) a description of all material changes to the information requested in clauses 3.2(d)(v), 3.2(d)(v), (vi), (vii), (x), (xi), (xv), (xvi) and (xvii) on file at the Hospital since the member's most recent application;
 - (iii) an acknowledgement that the Head of Department will be reviewing the information maintained by the applicable regulatory College with respect to his/her

licence that is publicly available and that the member may be required to provide full disclosure as contemplated in clause 3.2(d)(i), in the event that the information discloses new restrictions, referrals or findings;

- (iv) Every three (3) years, a Certificate of Professional Conduct (Physicians), Certificate of Registration (Dentists and Midwives) or Annual Registration Payment Card as a Registered Nurse in the Extended Class from the applicable regulatory College and a signed consent authorizing the applicable regulatory College to provide:
 - (A) a report on any action taken by a committee of the applicable regulatory College;
 - (B) a report on whether the applicant's privileges have been restricted or cancelled by the applicable regulatory College or by another hospital or healthcare institution because of incompetence, negligence or any act of professional misconduct; and
 - (C) any information required to be provided to the applicable regulatory College in order to obtain the Certificate of Registration;
- (v) a report from the Head of Department reviewing the member's* performance for the past year, which shall contain, if available and applicable, information and evidence relating to the applicant's:
 - (A) changes in his/her responsibilities or role within the Department;
 - (B) meeting the standard for continuing professional development recognized by the applicable regulatory College;
 - (C) demonstration of professional attitudes and behaviours including communication skills;
 - (D) record of all documented patient and staff feedback during the past year;
 - (E) compliance with "on-call" responsibilities;
 - (F) willingness to participate in the discharge of staff obligations and any Committee obligations as appropriate to membership group;
 - (G) quality of care issues;
 - (H) discharge of responsibilities which may include but are not limited to clinical care, teaching and research;
 - (I) ability to supervise staff and students;

- (J) monitoring of patients, together with evidence of appropriate and completed clinical record documentation;
- (K) appropriate use of Hospital's resources;
- (L) demonstrated ability to communicate satisfactorily in English both orally and in writing;
- (M) adequate training and experience for the Privileges requested on the applicant's "Delineation of Privileges" form and/or application for reappointment;
- (N) evidence of professional practice protection coverage satisfactory to the Board; and
- (O) compliance with the *Public Hospitals Act*, this By-Law, applicable Medical and Hospital policies and the Rules and Regulations.

(d) Any application for reappointment in which:

- (i) the Medical, Dental, Midwifery or Extended Class Nursing Staff member requests a change to his/her category and/or privileges and/or responsibilities; and
- (ii) the Head of Department believes that such a change is likely to:
 - (A) increase demand on Hospital's resources from the previous year; or
 - (B) decrease the services that the Hospital is able to provide to its patients,

shall be identified by the Credentials Committee, which shall inform the Medical Advisory Committee, on the impact, if any, of the requested change.

(e) The Board may, acting fairly and reasonably, in accordance with the *Public Hospitals Act*, this By-Law and the Rules and Regulations,

- (i) refuse to reappoint any member to the Medical, Dental, Midwifery or Extended Class Nursing Staff on any reasonable ground, including, but not limited to, the following:
 - (A) the Department and/or Program, based on the Health Human Resources Plan, Impact Analysis and strategic plan have decided that the Hospital does not have sufficient resources; or
 - (B) the Department and/or Program, based on its Impact Analysis and strategic plan have decided to reallocate resources to optimize patient access and/or care; or

- (C) the Head of Department's recommendation contained in his/her report, which reviews the member's performance for the previous year (clause (c)(v)); or
- (D) the Medical or Dental Staff member's academic status has been lost or reduced;
- (ii) reduce, change or alter the member's privileges; and
- (iii) attach specific conditions to the member's privileges;
- (f) The Medical, Dental, Midwifery or Extended Class Nursing Staff member shall forward to the Chief Executive Officer (or delegate) a copy of the application. Thereafter the procedure followed shall be the same procedure as set out in section 3.4 of the By-Law with necessary changes to points of detail.
- (g) Each application for reappointment by a House Staff member shall be provided by the University's post-graduate education office for the Hospital and shall contain:
 - (i) a restatement or confirmation of the items requested in clauses 3.2(g)(i), (ii), (iii) and (v);
 - (ii) either:
 - (A) a declaration that all information relating to clauses 3.2(g)(iv), (v), (viii), (ix) and (x) on file at the University's post-graduate education office from the House Staff member's most recent application is up-to-date, accurate and unamended as of the date of the current application; or
 - (B) a description of all material changes to the information requested in clauses 3.2(g)(iv), (v), (viii), (ix) and (x) on file at the University's post-graduate education office since the House Staff member's most recent application; and
 - (iii) an acknowledgement that the University or Hospital will be reviewing the information maintained by the College with respect to his/her licence that is publicly available and that the House Staff member may be required to provide full disclosure as contemplated in paragraph 3.2(d), in the event that the information discloses new restrictions, referrals or findings.

3.6 Temporary Privileges

Temporary privileges may be granted to individuals who have applied for appointment to the Medical, Dental, Midwifery or Extended Class Nursing Staff and whose applications are under consideration. The Chief Executive Officer, or delegate, shall have authority to grant temporary privileges to an applicant not ordinarily to exceed 90 days upon receipt of evidence of competence, ethical standing and appropriate licensure, and on the recommendation of a Head of Department.

Such appointments will be reviewed by the Credentials Committee and reported to the Board at the earliest possible time.

3.7 Emergency Privileges

The Chief Executive Officer or delegate, in consultation with the Head of the appropriate Department, shall have authority to grant privileges to a physician, dentist, midwife or extended class nurse in an emergency situation. The appointment shall be specific in terms of privileges granted and the duration. All such appointments shall be reported to and reviewed by the Credentials Committee and reported to the Board at the earliest possible time.

ARTICLE 4 NON-IMMEDIATE MID TERM ACTION

4.1 Initiation of Non-Immediate Mid-Term Action

- (a) Mid-term action may be initiated in circumstances where, in the opinion of the Chief Executive Officer, Chief of Staff and/or the Head of Department, the conduct, performance or competence of a physician, dentist, midwife or extended class nurse:
 - (i) exposes, or is reasonably likely to expose, patients or employees or other persons in the Hospital to harm or injury; or
 - (ii) is, or is reasonably likely to be, detrimental to patient safety or to the delivery of quality patient care within the Hospital; or
 - (iii) is, or is reasonably likely to constitute, Disruptive Behaviour; or
 - (iv) results in the imposition of sanctions by the applicable regulatory College; or
 - (v) is contrary to the By-Law, applicable Medical and Hospital policies, Rules and Regulations, the *Public Hospitals Act*, or any other relevant law of Canada or Ontario.
- (b) Where information is provided to the Chief Executive Officer, Chief of Staff, Head of Department or Program Medical Director which raises concerns about any of the matters in paragraph 4.1(a), the information shall be put into writing along with any supporting documentation and shall be directed to the Chief Executive Officer or delegate, Chief of Staff, Head of Department and Program Medical Director and the recipient of the information shall provide copies of the information and documentation to the other persons named above.
- (c) An interview shall be arranged with the physician, dentist, midwife or extended class nurse and the Chief Executive Officer (or delegate) and/or Chief of Staff and/or Head of Department.

- (d) The physician, dentist, midwife or extended class nurse shall be advised of the information about his/her behaviour, performance or competence and shall be given a reasonable opportunity to present relevant information on his/her own behalf.
- (e) A written record shall be maintained reflecting the substance of the interview and copies shall be sent to the physician, dentist, midwife or extended class nurse, the Chief Executive Officer (or delegate), Chief of Staff, Head of Department.
- (f) If the physician, dentist, midwife or extended class nurse fails or declines to participate in the interview after being given a reasonable opportunity, the appropriate action may be initiated.
- (g) The Chief of Staff and/or Head of Department and/or Chief Executive Officer or delegate shall determine whether a further investigation is necessary.
- (h) 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.
- (i) Upon completion of the investigation, the individual or body who conducted the investigation shall forward a written report to the Chief Executive Officer (or delegate), Chief of Staff, Head of Department and the Program Medical Director. The physician, dentist, midwife or extended class nurse shall also be provided with a copy of the written report.
- (j) The Chief Executive Officer and Chief of Staff shall review the report and determine whether any further action may be required including, without limitation, whether the matter should be dealt with as an immediate mid-term action pursuant to Article 55, or referred to the Medical Advisory Committee for consideration pursuant to section 4.2.

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

- (a) Where it is determined that further action may be required and the matter relates to the dismissal, suspension or restriction of a Medical, Dental, Midwifery or Extended Class Nursing Staff member's Hospital privileges and/or the quality of care, diagnosis and treatment and/or patient or workplace safety in the Hospital, the matter shall be referred to the Medical Advisory Committee who shall make a recommendation to the Board.
- (b) All requests for a recommendation for mid-term action must be submitted to the Medical Advisory Committee in writing and supported by reference to the specific activities or behaviour which constitute grounds for the request.
- (c) Where the matter is referred to the Medical Advisory Committee, a copy of any reports made by a body or consultant with respect to the matter shall be forwarded to the Medical Advisory Committee.
- (d) The Medical Advisory Committee may initiate further investigation itself, establish an Ad Hoc Committee to conduct the investigation, refer the matter to an external consultant,

dismiss the matter for lack of merit or determine to have a meeting of the Medical Advisory Committee.

- (e) Where the Medical Advisory Committee establishes an Ad Hoc Committee to conduct the investigation or refers the matter to an external consultant, that individual or body shall forward a written report of the investigation to the Medical Advisory Committee as soon as is practicable after the completion of the investigation.
- (f) Upon completion of its own investigation or upon receipt of the report by the body that conducted the investigation, as the case may be, the Medical Advisory Committee may either dismiss the matter for lack of merit or determine to have a meeting of the Medical Advisory Committee.
- (g) Within twenty-one (21) days after receipt by the Medical Advisory Committee of the request for a recommendation for mid-term action, unless deferred, the Medical Advisory Committee shall determine whether a meeting of the Medical Advisory Committee is required to be held.
- (h) If additional time is needed for the investigative process, the Medical Advisory Committee may defer action on the request. The Medical Advisory Committee must act within thirty (30) days of the deferral.
- (i) If the Medical Advisory Committee determines that there is merit to proceed to a Medical Advisory Committee meeting, then the Medical, Dental, Midwifery or Extended Class Nursing Staff member is entitled to attend the meeting.
- (j) Where the Medical Advisory Committee considers the matter at a Medical Advisory Committee meeting, then the procedure set out herein at section 4.3 is to be followed.
- (k) Members of the Medical Advisory Committee who participated in any investigation may participate in the Medical Advisory Committee meeting contemplated in section 4.3.

4.3 Medical Advisory Committee Meeting

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

- (iv) a statement that the member is entitled to attend the Medical Advisory Committee meeting and to participate fully, to answer all matters considered by the Medical Advisory Committee, and to present documents and witnesses;
 - (v) the member's legal counsel may attend to provide confidential legal advice to the member, but will not be entitled to make submissions and/or participate directly in the meeting;
 - (vi) counsel to the Medical Advisory Committee may attend at Medical Advisory Committee meetings, including, without limitation, In-Camera deliberations in order to provide advice to the members of the Medical Advisory Committee and to ensure compliance with applicable Legislation and due process requirements; and
 - (vii) a statement that in the absence of the member, the meeting may proceed.
- (b) The Medical, Dental, Midwifery or Extended Class Nursing Staff member may request and the Medical Advisory Committee may grant a postponement of the Medical Advisory Committee meeting. The request for postponement of the meeting must be made in writing at least twenty-four (24) hours prior to the Medical Advisory Committee meeting.
 - (c) At least seven (7) business days prior to the Medical Advisory Committee meeting the Medical Advisory Committee shall provide the Medical, Dental, Midwifery or Extended Class Nursing Staff member with a short but comprehensive statement of the matter to be considered by the Medical Advisory Committee, together with any relevant documentation, including any reports and other documentation which will be reviewed at the meeting.
 - (d) The Medical, Dental, Midwifery or Extended Class Nursing Staff member involved shall be given full opportunity to answer each ground as well as to present documents and witnesses if so desired, provided the member provides the Medical Advisory Committee with:
 - (i) a list of witnesses; and
 - (ii) a copy of all documentation in the possession, power or control of the member that is relevant to the matter(s) under consideration;
 - (iii) at least five (5) business days before the meeting.
 - (e) Participation of any member of the Medical Advisory Committee in an investigation regarding an applicant does not preclude them from chairing, participating or voting at the Medical Advisory Committee meeting.
 - (f) The Rules established by the Board pursuant to clause 4.4(j) shall be applicable to the Medical Advisory Committee meeting.
 - (g) A record of the proceeding shall be kept in the minutes of the Medical Advisory Committee meeting.

- (h) Where the Medical Advisory Committee determines that the matter has no merit, this shall be noted in the minutes of the Medical Advisory Committee.
- (i) Where the Medical Advisory Committee determines that the matter has merit, the Medical Advisory Committee shall make a recommendation to the Board.
- (j) The Medical Advisory Committee shall provide to the Medical, Dental, Midwifery or Extended Class Nursing Staff member within fourteen (14) days from the date of the Medical Advisory Committee meeting written notice of:
 - (i) the Medical Advisory Committee's recommendation and the written reasons for the recommendation; and
 - (ii) the member's entitlement to a hearing before the Board if a written request is received by the Board and the Medical Advisory Committee within seven (7) days of the receipt by the member of the Medical Advisory Committee's written reasons.
- (k) The time period to provide the written notice required in paragraph (h) above may be extended if the Medical Advisory Committee, prior to the expiry of the fourteen (14) days, gives written notice to the Medical, Dental, Midwifery or Extended Class Nursing Staff member that the final recommendation cannot yet be made and provides the member with written reasons.
- (l) The Medical Advisory Committee shall provide to the Board within fourteen (14) days from the date of the Medical Advisory Committee meeting, or such later date where the time period is extended pursuant to paragraph 4.3(k) above, written notice of:
 - (i) the Medical Advisory Committee's recommendation and the written reasons for the recommendation; and
 - (ii) where an extension was made pursuant to paragraph 4.3(k) above, the written reasons for the extension.
- (m) Service of a notice to the Medical, Dental, Midwifery or Extended Class Nursing Staff member may be made personally or by registered mail addressed to the person to be served at his/her last known address and, where the notice is served by registered mail, it shall be deemed that the notice was served on the third day after the day of mailing unless the person to be served establishes that he/she did not, acting in good faith, through absence, accident, illness or other cause beyond his/her control receive it until a later date.
- (n) Where the Medical, Dental, Midwifery or Extended Class Nursing Staff member does not require a hearing by the Board, the Board may implement the recommendation of the Medical Advisory Committee. However, where the Medical Advisory Committee makes a recommendation with respect to the dismissal, suspension or restriction of a member's Hospital privileges and:
 - (i) the member has not made any written or oral submissions to the Board, and concerns are raised that the Board believes the member should have an opportunity

to address, the Board may give the member notice that he/she is entitled to a Board hearing and shall follow the process set out in section 4.4 of this By-Law; or

- (ii) information that has not been considered by the Medical Advisory Committee has come to the attention of the Board that the Board believes should be considered by the Medical Advisory Committee prior to the Board acting on the Medical Advisory Committee's recommendation, the Board may refer the new information back to the Medical Advisory Committee for consideration, with the Medical Advisory Committee to provide a reconsidered recommendation to the Board with respect to the dismissal, suspension or restriction of a member's Hospital privileges, as the case may be. The member shall be given notice of the reconsidered recommendation as outlined in this section and entitled to a meeting and the process set out in paragraphs 4.3(a)-(k) of this By-Law.

4.4 The Board Hearing

- (a) Where the Medical, Dental, Midwifery or Extended Class Nursing Staff member requires a hearing by the Board, the Board shall appoint a place and a time for the hearing.
- (b) The Board Chair shall appoint a panel comprised of a subset of the Board, normally three in number, to conduct the hearing. If the Board Chair is a member of the panel, the Board Chair may also chair the panel. Otherwise the Board Chair shall select one of the panel members to serve as the panel chair. The panel shall be authorized to hear and determine all matters relating to the procedure and merits of the issues that are the subject of the hearing, including issues as to its jurisdiction. A decision of the majority of the panel shall be determinative.
- (c) The Board panel hearing shall be held within fourteen (14) days of the Board receiving the notice from the Medical, Dental, Midwifery or Extended Class Nursing Staff member requesting a hearing.
- (d) The Board panel shall give written notice of the hearing to the Medical, Dental, Midwifery or Extended Class Nursing Staff member and to the Chair (or substitute) of the Medical Advisory Committee at the earliest possible opportunity and in any event, at least seven (7) days before the hearing date. The notice of the Board hearing shall include:
 - (i) the place and time of the hearing;
 - (ii) the purpose of the hearing;
 - (iii) a statement that the member and the Medical Advisory Committee shall be afforded, at least seven (7) days before the hearing, an opportunity to examine a list of the witnesses the Medical Advisory Committee intends to call to provide evidence and any written or documentary evidence that will be provided or any report, the contents of which will be given in evidence at the hearing;

- (iv) a statement that the member may proceed in person or be represented by counsel, and that in his/her absence the Board may proceed with the hearing and that the member will not be entitled to any further notice of the proceeding;
 - (v) a statement that subject to paragraph (f) below the member may call witnesses and tender documents in evidence in support of his/her case; and
 - (vi) a statement that the time for the hearing may be extended by the Board panel.
- (e) The parties to the Board panel hearing are the Medical, Dental, Midwifery or Extended Class Nursing Staff member, the Medical Advisory Committee and such other persons as the Board may specify. The Chief of Staff, or delegate, may attend the hearing to instruct counsel for the Medical Advisory Committee. In the event the hearing is triggered by the immediate suspension of the member by the Chief of Staff pursuant to section 4.1, the Vice-Chair, or delegate, of the Medical Advisory Committee may attend the hearing for the purpose of instructing counsel.
- (f) The Medical, Dental, Midwifery or Extended Class Nursing Staff member, the Board panel and the Medical Advisory Committee shall provide each other, at least five (5) days before the hearing, with the following:
- (i) a list of witnesses; and
 - (ii) a copy of all documentation in the possession, power or control of the member that is relevant to the matter(s) under consideration.
- (g) Directors holding the hearing shall not have taken part in any investigation or consideration of the subject matter of the hearing before the hearing and shall not communicate directly or indirectly in relation to the subject matter of the hearing with any person or with any party or his/her representative, except upon notice to and opportunity for all parties to participate.
- (h) A panel comprised of a subset of the Board or the Chair shall have the authority to make determinations regarding pre-hearing matters at the Board's discretion.
- (i) The findings of fact of the Board pursuant to a hearing shall be based exclusively on evidence admissible or matters that may be noticed under sections 15 and 16 of the *Statutory Powers Procedure Act* (Ontario).
- (j) Pursuant to the *Statutory Powers Procedure Act* (Ontario), the Board may establish Rules in relation to, without limitation, the following:
- (i) the exchange of documents;
 - (ii) oral or written examination of a party;
 - (iii) the exchange of witness statements and reports of expert witnesses;

- (iv) the provisions of particulars; and
- (v) any other form of disclosure.
- (k) The Board panel shall consider only the reasons of the Medical Advisory Committee that have been given to the Medical, Dental, Midwifery or Extended Class Nursing Staff member in support of its recommendation. Where, through error or inadvertence, certain reasons have been omitted in the statement delivered to the member, the Board panel may consider those reasons only if those reasons are given by the Medical Advisory Committee in writing to both the member and the Board panel and the member is given reasonable time to review the reasons and to prepare a case to meet those additional reasons.
- (l) No member of the Board panel shall participate in a decision of the Board panel pursuant to a hearing unless he/she was present throughout the hearing and heard the evidence and argument of the parties.
- (m) The Board panel shall make a decision to either follow or not follow the recommendation of the Medical Advisory Committee.
- (n) A written copy of the decision of the Board panel and the written reasons for the decision shall be provided to the Medical, Dental, Midwifery or Extended Class Nursing Staff member and to the Medical Advisory Committee.
- (o) Service of the notice of the decision and the written reasons to the Medical, Dental, Midwifery or Extended Class Nursing Staff member may be made personally or by registered mail addressed to the member at his/her last known address and, where the notice is served by registered mail, it shall be deemed that the notice was served on the third day after the day of mailing unless the person to be served establishes that he/she did not, acting in good faith, through absence, accident, illness or other cause beyond his/her control receive it until a later date.

4.5 Notification of College and Partners

Notice of any suspension, revocation or restriction of privileges shall be given by the Chief Executive Officer or delegate to the Registrar of the College within which the member is registered and shall be given to the Dean, or similarly named officer of any educational institution in which the member holds a cross appointment between that institution and the Hospital.

4.6 Addressing Issues of Competence during Mid-Term Action

At any time during mid-term action if it becomes apparent that the Medical, Dental, Midwifery or Extended Class Nursing Staff member's behaviour, performance or competence is such that it exposes, or is reasonably likely to expose, patient(s) or employees or other persons in the Hospital (collectively "**Other Persons**") to harm or injury and immediate action must be taken to protect Other Persons, then the Chief of Staff, or Head of Department, or his/her delegate may determine to invoke the procedures set out in Article 5.

ARTICLE 5
IMMEDIATE MID-TERM ACTION IN EMERGENCY SITUATION

5.1 Initiation of Immediate Mid-Term Action

- (a) Where the behaviour, performance or competence of a Medical, Dental, Midwifery or Extended Class Nursing Staff member exposes, or is reasonably likely to expose, patient(s) or employees or Other Persons to harm or injury and immediate action must be taken to protect the patients or Other Persons and no less restrictive measure can be taken, the Chief of Staff, or Head of Department, or his/her delegate, may immediately and temporarily suspend the member's privileges, with immediate notice to the President of the Medical Staff Association, Chief Executive Officer or delegate, and pending a Medical Advisory Committee meeting and a hearing by the Board.
- (b) The Chief of Staff or Head of Department shall immediately notify the Medical, Dental, Midwifery or Extended Class Nursing Staff member, the Medical Advisory Committee, and the Board of his/her decision to suspend the member's privileges.
- (c) Arrangements, as necessary, shall be made by the Chief of Staff or Head of Department for the assignment of a substitute to care for the patients of the suspended Medical, Dental, Midwifery or Extended Class Nursing Staff member.
- (d) Within forty-eight (48) hours of the suspension, the individual who suspended the Medical, Dental, Midwifery or Extended Class Nursing Staff member shall provide the member and the Medical Advisory Committee with written reasons for the suspension and copies of any relevant documents or records.
- (e) The Chief of Staff (or delegate) who suspended the Medical, Dental, Midwifery or Extended Class Nursing Staff member's privileges pursuant to paragraph 5.1(a) may not participate in the deliberations of Medical Advisory Committee meeting contemplated in section 5.2.

5.2 The Medical Advisory Committee Meeting

- (a) The Medical Advisory Committee shall set a date for a meeting of the Medical Advisory Committee to be held within five (5) days from the date of the suspension to review the suspension and to make recommendations to the Board.
- (b) As soon as possible, and in any event at least forty-eight (48) hours prior to the Medical Advisory Committee meeting, the Medical Advisory Committee shall provide Medical, Dental, Midwifery or Extended Class Nursing Staff member with a written notice of:
 - (i) the time and place of the meeting;
 - (ii) the purpose of the meeting;

- (iii) a statement that the member will be provided with a statement of the matter to be considered by the Medical Advisory Committee together with any relevant documentation;
 - (iv) a statement that the member is entitled to attend the Medical Advisory Committee meeting and to participate fully, to answer all matters considered by the Medical Advisory Committee, and to present documents and witnesses;
 - (v) the member's legal counsel may attend to provide confidential legal advice to the member, but will not be entitled to make submissions and/or participate directly in the meeting;
 - (vi) counsel to the Medical Advisory Committee may attend at Medical Advisory Committee meetings, including, without limitation, In-Camera deliberations in order to provide advice to the members of the Medical Advisory Committee and to ensure compliance with applicable Legislation and due process requirements; and
 - (vii) a statement that in the absence of the member, the meeting may proceed.
- (c) The Medical, Dental, Midwifery or Extended Class Nursing Staff member may request and the Medical Advisory Committee may grant a postponement of the Medical Advisory Committee meeting. The request for postponement of the meeting must be made in writing at least twenty-four (24) hours prior to the Medical Advisory Committee meeting.
- (d) The Medical, Dental, Midwifery or Extended Class Nursing Staff member shall be given full opportunity to answer each ground as well as to present documents and witnesses if so desired and to receive all documents relevant to the matter from the Medical Advisory Committee, provided the member provides the Medical Advisory Committee with:
- (i) a list of witnesses; and
 - (ii) a copy of all documentation in the possession, power or control of the applicant or member that is relevant to the matter(s) under consideration.

In the event that the parties agree to a postponement of the meeting required to be held pursuant to paragraph 5.2(a) above, the member, and the Medical Advisory Committee shall provide each other, at least five (5) days before the hearing, the list and documents listed above.

- (e) A record of the proceeding shall be kept in the minutes of the Medical Advisory Committee meeting.
- (f) Before deliberating on the recommendation to be made to the Board, the Chair of the Medical Advisory Committee shall require the Medical, Dental, Midwifery or Extended Class Nursing Staff member involved, and any other persons present who are not Medical Advisory Committee members, to retire. The Medical Advisory Committee shall not consider any matter or case to which they did not give the member a fair opportunity to answer.

- (g) The Medical Advisory Committee shall provide to the Medical, Dental, Midwifery or Extended Class Nursing Staff member within two business days of the Medical Advisory Committee meeting written notice of:
 - (i) the Medical Advisory Committee's recommendation and the written reasons for the recommendation; and
 - (ii) the member's entitlement to a hearing before the Board.
- (h) The Medical Advisory Committee shall provide to the Board within two business days of the Medical Advisory Committee meeting written notice of the Medical Advisory Committee's recommendation and the written reasons for the recommendation.

5.3 The Board Hearing

- (a) The Board shall appoint a place and time for the hearing.
- (b) The Board Chair shall appoint a panel comprised of a subset of the Board, normally three in number, to conduct the hearing. If the Board Chair is a member of the panel, the Board Chair may also chair the panel. Otherwise the Board Chair shall select one of the panel members to serve as the panel chair. The panel shall be authorized to hear and determine all matters relating to the procedure and merits of the issues that are the subject of the hearing, including issues as to its jurisdiction. A decision of the majority of the panel shall be determinative.
- (c) The Board hearing shall be held within seven (7) days of the date of receipt by the Medical, Dental, Midwifery or Extended Class Nursing Staff member of the Medical Advisory Committee's recommendation and written reasons.
- (d) The Board shall give written notice of the hearing to the Medical, Dental, Midwifery or Extended Class Nursing Staff member and to the Chair (or substitute) of the Medical Advisory Committee at the earliest possible opportunity and in any event at least seventy-two (72) hours before the hearing date. The notice of the Board hearing shall include:
 - (i) the date time and place of the hearing;
 - (ii) the purpose of the hearing;
 - (iii) a statement that the Medical, Dental, Midwifery or Extended Class Nursing Staff member and the Medical Advisory Committee shall be afforded at least seventy-two (72) hours before the hearing an opportunity to examine a list of the witnesses the Medical Advisory Committee intends to call to provide evidence and any written or documentary evidence that will be produced or any report, the contents of which will be given in evidence at the hearing;
 - (iv) a statement that the Medical, Dental, Midwifery or Extended Class Nursing Staff member may proceed in person or be represented by counsel, and that in his/her

absence the Board may proceed with the hearing and that the Medical, Dental, Midwifery or Extended Class Nursing Staff member will not be entitled to any further notice of the proceeding;

- (v) a statement that subject to paragraph (e) below, the Medical, Dental, Midwifery or Extended Class Nursing Staff member may call witnesses and tender documents in evidence in support of his/her case; and
 - (vi) a statement that the time for the hearing may be extended by the Board.
- (e) The procedure outlined in paragraphs 4.4(e) through to (o) relating to the Board panel hearing process shall be followed.

5.4 Notification of College and Partners

Section 4.5 with necessary changes to points of detail applies to this Article 5.

ARTICLE 6 CATEGORIES OF MEDICAL STAFF

6.1 Categories

- (a) The responsibilities of the Hospital for patient care, research and teaching make it necessary and appropriate to divide the Medical Staff into several different categories and to determine certain limitations on eligibility for appointments and Privileges. The categories established are:
- (i) Attending;
 - (ii) Associate;
 - (iii) Clinical Associate;
 - (iv) Consultant;
 - (v) Honorary;
 - (vi) House Staff; and
 - (vii) such categories as may be determined by the Board from time to time having given consideration to the recommendation of the Medical Advisory Committee.
- (b) Appointments to these categories will be consistent with the established Health Human Resources Plan and will be subject to completion of an Impact Analysis.

6.2 Attending Staff

- (a) The Attending Staff shall consist of those physicians who carry out functions that are central and essential to the mission of the Hospital and the Department.

(b) The Attending Staff shall be divided into the following sub-categories:

- (i) Regular; and
- (ii) Term.

(c) Regular Attending Staff

In addition to the criteria for membership defined in sections 3.2, 3.3 and 3.5, members of the Regular Attending Staff:

- (i) must hold an appointment as an Assistant Professor, or higher level, at the University's School of Medicine, Faculty of Health Sciences;
- (ii) shall be appointed to a Department for purposes of primary affiliation;
- (iii) may have the privilege to admit and attend patients and undertake treatment and operative procedures but only in accordance with the privileges recommended by the Head of Department and approved by the Medical Advisory Committee and the Board provided however that Regular Attending Staff shall not restrict or refuse the provision of healthcare services to an individual based on geographic area in which such individual resides in Ontario;
- (iv) shall limit their practice to work within the scope of the Department(s) to which they have been appointed and in accordance with any restrictions prescribed by the Board;
- (v) shall attend and are eligible to vote at meetings of the Medical Staff and the Department and are expected to serve on Committees as requested; and
- (vi) may undertake such academic, clinical, research and administrative duties and responsibilities as outlined in clauses 3.2(d)(i) and (ii), and 3.5(c)(i) and (ii).

(d) Term Attending Staff

- (i) In addition to the criteria for membership defined in sections 3.2, 3.3 and 3.5, members of the Term Attending Staff shall be governed by the same requirements as defined for Regular Attending Staff in paragraph 6.3(c) except that:
 - (A) the appointment shall be for a specified and limited term, beyond which there is no expectation of renewal; and
 - (B) should the term exceed one year, the reappointment process will be followed.
- (ii) Members of the Term Attending Staff may be appointed as locum tenens or to fulfil a specific institutional need, which is expected to be limited in duration.

- (iii) The Term Attending Staff may undertake such academic, clinical, research and administrative duties and responsibilities as outlined in clauses 3.2(d)(i) and (ii) and 3.5(c)(i) and (ii).

6.3 Associate Staff

- (a) The Associate Staff shall consist of those physicians who carry out functions that are important and valuable to the mission of the Hospital and the Department.
- (b) The Associate Staff shall be divided into the following sub-categories:
 - (i) Regular; and
 - (ii) Term.
- (c) Regular Associate Staff:
 - (i) shall, in addition to the criteria for membership defined in sections 3.2, 3.3 and 3.5, be appointed to a Department for purposes of primary affiliation;
 - (ii) may have the privilege to admit and attend patients and undertake treatment and operative procedures but only in accordance with the privileges recommended by the Head of Department and approved by the c Medical Advisory Committee and the Board provided however that Regular Associate Staff shall not restrict or refuse the provision of healthcare services to an individual based on geographic area in which such individual resides in Ontario;
 - (iii) shall limit their practice to work within the scope of the Department(s) to which they have been appointed and in accordance with any restrictions prescribed by the Board;
 - (iv) shall attend and are eligible to vote at meetings of the Medical Staff and the Department and are expected to serve on Committees as requested; and
 - (v) may undertake such academic, clinical, research and administrative duties and responsibilities as outlined in clauses 3.2(d)(i) and (ii) and 3.5(c)(i) and 3.5(c)(ii).
- (d) Term Associate:
 - (i) shall, in addition to the criteria for membership defined in sections 3.2, 3.3 and 3.5, be governed by the same requirements as defined for Regular Associate Staff in paragraph 6.2(c) except that the members shall be appointed for a specified and limited term, beyond which there is no expectation of renewal;
 - (ii) shall be subject to the reappointment process should the term exceed one year;
 - (iii) may be appointed as locum tenens or to fulfil a specific institutional need which is expected to be limited in duration; and

- (iv) may undertake such academic, clinical, research and administrative duties and responsibilities as outlined in clauses 3.2(d)(i), 3.2(d)(ii), 3.5(c)(i) and 3.5(c)(ii).

6.4 Clinical Associate Staff

- (a) Members of the Clinical Associate Staff shall be legally qualified physicians appointed by the Board for some special purpose and with specified limitations as to the duration of appointment and privileges.
- (b) Members of the Clinical Associate Staff shall be appointed to a Department for purposes of primary affiliation.
- (c) Members of the Clinical Associate Staff shall not be required to attend staff meetings, shall not have a vote, shall not hold office, but may be required to attend departmental or divisional meetings, or to serve on Committees. Clinical Associates shall not admit patients.
- (d) Members of the Clinical Associate Staff shall function under the direct supervision of an identified member of the Attending Staff who will be responsible for the care of the patients.
- (e) A member of the Clinical Associate Staff may be:
 - (i) a physician employed by a Department to assist in care of patients or in the operating room;
 - (ii) a physician serving a fellowship or a course of study or awaiting qualifying examinations or the results thereof;
 - (iii) a physician not ordinarily a member of the Medical Staff, but whose appointment for a limited period is desirable for special reasons; and
 - (iv) a physician whom the Medical Advisory Committee and the Board wish to appoint.
- (f) A member of the Clinical Associate Staff may undertake such academic, clinical, research and administrative duties and responsibilities as outlined in clauses 3.2(d)(i) and (ii) and 3.5(c)(i) and (ii).

6.5 Consultant Staff

The Consultant Staff:

- (a) May have an appointment at the University's School of Medicine, Faculty of Health Sciences.
- (b) Shall consist of physicians not otherwise members of the Medical Staff with special academic, clinical or research knowledge, skills and experience whom the Hospital or members of the Medical Staff may wish to consult.

- (c) May act as consultant for any patient under the care of a member of the Medical Staff but shall not admit or care for patients.
- (d) Shall not have voting privileges but may serve on Hospital Committees.
- (e) Shall have a Department of primary affiliation but need not name an alternate; and
- (f) May undertake such academic, clinical, research and administrative duties and responsibilities as outlined in clauses 3.2(d)(i) and (ii) and 3.5(c)(i) and (ii).

6.6 Honorary Staff

- (a) An individual may be appointed to the Honorary Staff by the Board on the recommendation of the Medical Advisory Committee in recognition of significant and sustained contributions to medicine, to the Hospital or to a significant body of colleagues such as the Medical Staff.
- (b) The Honorary Staff shall consist of distinguished individuals whose continuing association with the Hospital will enhance the institution.
- (c) Honorary Staff members shall have no right to use Hospital resources, to treat patients, or to participate in or vote on Hospital Committees.

6.7 House Staff

- (a) Residents and fellows as members of the House Staff:
 - (i) may undertake such academic, clinical, research and administrative duties and responsibilities as outlined in clauses 3.2(d)(i) and (ii), and 3.5(g)(i) and (ii);
 - (ii) shall be appointed annually or for any shorter period to the House Staff by the Board upon the recommendation of the Medical Advisory Committee;
 - (iii) shall participate in the care of patients under, and subject to the supervision and direction of the Medical Staff, and in concurrence with the guidelines provided by the College;
 - (iv) shall be registered in a postgraduate program of the University for the purpose of fulfilling the requirements for a College Certificate of Registration, including International Medical Graduate residency programs or pre-residency clerkships, and/or fulfilling the specialty or sub-specialty requirements to obtain a Royal College or College of Family Physicians Certificate; and
 - (v) shall be on the educational registry or fully licensed by the College.
- (b) A resident who is under review, suspension or investigation by the University may have their privileges at the Hospital temporarily suspended by the Chief of Staff or delegate. The temporary suspension will be re-evaluated on the completion of the review or investigation.

ARTICLE 7
MEDICAL, DENTAL, MIDWIFERY AND EXTENDED CLASS NURSING STAFF
DUTIES AND RESPONSIBILITIES

7.1 Individual Duties and Responsibilities of Medical, Dental, Midwifery and Extended Class Nursing Professional Staff

Each member of the Medical, Dental, Midwifery or Extended Class Nursing Staff has individual responsibility to the Hospital and the Board to:

- (a) Ensure a high professional standard of care is provided to patients under their care that is consistent with sound healthcare resource utilization practices.
- (b) Practice at the highest professional, ethical and behavioural standards within the limits of the privileges provided.
- (c) Perform only those acts, procedures, treatment and operations for which the Credentialed Professional Staff member is competent and in accordance with the degree of privileges and procedure granted by the Board.
- (d) Participate in quality and patient safety initiatives by conducting all necessary and appropriate activities for assessing and improving the effectiveness, efficiency and safety of care provided in the Hospital.
- (e) Ensure that ethical practice standards compatible with those of contemporary clinical practice are observed.
- (f) Promote evidence-based decision-making.
- (g) Ensure that any concerns, including patient and staff safety, relating to the operations of the Hospital are raised and considered through the proper channels of communication within the Hospital such as the Chief of Staff and/or Chief of Medical & Academic Affairs, respective Vice President, Medical Leaders, Vice President Research, Head of Department, Division Chair, Medical Advisory Committee and/or the Board.
- (h) Assist to fulfill the mission of the Hospital through contributing to the strategic planning, community needs assessment, resource utilization management and quality management activities.
- (i) Adhere to the College of Physicians and Surgeons of Ontario's Physician Behaviour in the Professional Environment Policy and complying with the Hospital's Code of Behaviour and Physician Behaviour Policy by conscientiously providing professionalism in creating a respectful workplace that is inclusive and aligns with the Hospital's values.
- (j) Provide and maintain involvement in continuing medical, nursing, allied health professional and interdisciplinary professional education.

- (k) Contribute to academic activities of research, undergraduate and postgraduate medical education, and health professional education in accordance with the mission of the Hospital within the parameters of a mutual agreement as determined within the Department in which the physician, dentist, midwife or extended class nurse is appointed.
- (l) In undertaking clinical research or clinical investigation, abide by the policies of the respective Research Institute(s) and Hospital policies.
- (m) Recognize the authority of the Service Chiefs, Division Chairs, Deputy Heads of Department, Heads of the Department, Program Medical Directors, the Chief of Staff or delegate, Chief of Medical & Academic Affairs, the Medical Advisory Committee and the Board.
- (n) Ensure compliance with the *Public Hospitals Act*, Rules and Regulations, and other applicable legislation including but not limited to the *Occupational Health and Safety Act*, the By-Laws, Rules and Regulations, Hospital policies and ethical guidelines and the Hospital's mission, vision and values of the Corporation.
- (o) Participate in on call (days, evenings and weekends) roster and provide emergency care as determined by their Division Chair and/or Head of the Department of their primary affiliation and comply with the on-call responsibilities outlined in the KHSC On Call policy.
- (p) Participate in quality, complaint and patient and workplace safety initiatives, as appropriate.
- (q) Prepare and complete patient records in a timely fashion in accordance with the Policies as may be established, applicable Legislation and applicable Professional Regulatory Guideline.
- (r) Provide the Chief of Staff or delegate with written notice, except within extenuating circumstances, of the member's intention to resign three (3) months prior or reduce their privileges six (6) months prior by providing such notice to their Head of Department.
- (s) Comply with any specific conditions attached to the exercise of the member's privileges.
- (t) Notify the Board in writing through the Chief of Staff or delegate of any additional professional degrees or qualifications obtained or of any change in the licence to practice made by the applicable regulatory College or change in professional liability insurance or increase the Physician's scope of practice or a requirement for additional privileges that will impact Hospital's resources.
- (u) Immediately notify and provide written description to the Department Head and the Chief of Staff/Medical Affairs office, of any changes to the information provided by the Credentialed Professional Staff Member to the Hospital, in his/her most recent application for appointment or reappointment including, without limitation:

- (i) investigations, dispositions, proceedings, assessments (excluding peer assessments under a College QA program), reviews, privileges restrictions or disputes before a regulatory college, hospital or health care facility;
 - (ii) changes regarding the Credentialed Professional Staff Member's health which may impact his/her ability to practice or expose patients, physicians, or other employees to risk of harm;
 - (iii) information regarding criminal investigations, charges, or convictions; and
 - (iv) information of any civil suit where there was a finding of professional negligence or battery.
- (v) Any changes in status at the University.
 - (w) Provide timely communication with all patients' referring physicians.
 - (x) Obtain consultations on patients, where appropriate.
 - (y) When requested, provide timely consultations.
 - (z) Report any critical incidents with respect to a patient under their care in accordance with the Regulations under the *Public Hospitals Act* and Hospital By-Laws.
 - (aa) Communicate immediately to the Chief of Staff or delegate and the Department Head any situation where he/she believes another Member of the Credentialed Professional Staff is:
 - (i) attempting to exceed his/her privileges;
 - (ii) temporarily unable to perform his/her professional duties with respect to a patient in the Hospital; or
 - (iii) demonstrating disruptive behaviour and/or unprofessional conduct as defined by the Hospital or respective College.
 - (bb) Serve, as able, on various Hospital and Medical Staff Committees.
 - (cc) Conduct oneself in accordance with Part IV ("**Conflict of Interest**") of Regulation 114/94 of the *Medicine Act*, 1991 (appended to this By Law as Schedule "A").

7.2 Approval Requirement for Major Commitments

- (a) If a Medical, Dental, Midwifery or Extended Class Nursing Staff member plans to undertake an activity which will involve a commitment of more time than is allowable in the relevant Department, the member must disclose and seek approval, from Department Head, to undertake the activity. The Department Head will inform the Chief of Staff, if the commitment is anticipated to result in a gap in health care delivery at the Hospital. The disclosure shall specify:

- (i) the nature of the work;
 - (ii) an estimate of the time required to perform the work;
 - (iii) the extent, if any, of the use of Hospital facilities, supplies, support staff or students;
 - (iv) any other external activities that have already been approved in that year or which are continuing from an earlier year; and
 - (v) the impact the activity will have on teaching, research and service responsibilities.
- (b) The person to whom the Medical, Dental, Midwifery or Extended Class Nursing Staff member reports shall evaluate the request in light of the extent to which the activity will enhance or detract from the fulfillment of the primary teaching, research, and clinical service responsibilities of the member's role description (i.e., if the external activity represents a Conflict of Commitment).
- (c) The person to whom the Medical, Dental, Midwifery or Extended Class Nursing Staff member reports shall consider the request for approval as soon as is possible and shall render a decision in writing within ten (10) days. The decision must reflect consistency of treatment among the members in the Department.
- (d) If it is deemed that the activity or change in role description represents a Conflict of Commitment, the person to whom the Medical, Dental, Midwifery or Extended Class Nursing Staff member reports may require, in granting approval, that the member take full or partial released time, which may affect remuneration. Moreover, if a member wishes to continue such activity indefinitely, the member may be required to relinquish his/her status as a member.
- (e) If approval is denied, the Medical, Dental, Midwifery or Extended Class Nursing Staff member shall be provided with the reasons for the denial in the letter of denial.
- (f) If the decision prejudices the Medical, Dental, Midwifery or Extended Class Nursing Staff member's privileges at the Hospital, the member may appeal the decision to the Medical Advisory Committee pursuant to the process set out in the Professional Staff By-Law.

ARTICLE 8 DEPARTMENTS AND HEADS OF DEPARTMENTS

8.1 Departments

- (a) Each member of the Medical, Dental, Midwifery or Extended Class Nursing Staff shall have an appointment of primary affiliation to one of the following Departments, which are normally aligned with a Program, and may also be appointed to additional Departments and Programs as appropriate:
- (i) Anaesthesiology and Perioperative Medicine;

- (ii) Critical Care Medicine;
 - (iii) Diagnostic Radiology;
 - (iv) Emergency Medicine;
 - (v) Family Medicine;
 - (vi) Medicine;
 - (vii) Obstetrics & Gynaecology;
 - (viii) Oncology;
 - (ix) Ophthalmology;
 - (x) Pathology & Molecular Medicine;
 - (xi) Paediatrics;
 - (xii) Physical Medicine & Rehabilitation;
 - (xiii) Psychiatry;
 - (xiv) Surgery; and
 - (xv) Urology.
- (b) The Board may, from time to time, on the recommendation of the Medical Advisory Committee, increase, decrease or otherwise vary the number or name of Departments of the Hospital. Departments may develop a Division and/or Service structure appropriate to their needs. Such requests by the Department shall be submitted to the Medical Advisory Committee for approval.
- (c) Each Medical, Dental, Midwifery or Extended Class Nursing Staff member will be appointed to a minimum of one of the Departments. Appointment may extend to one or more additional Departments. These cross appointments are dependent on educational preparation, interest and working affiliation with members of other Departments and the Health Human Resources Plans of the Departments.

8.2 Appointment of the Head of Department

In accordance with the Hospital & University Affiliation Agreement prior to the appointment of a Head of Department, a Selection Committee shall be convened to determine suitable applicants. The Board, upon the recommendation of the Selection Committee, will appoint the Head of a Department, subject to annual confirmation by the Board, for a term of up to five years. The Board, upon the recommendation of the Selection Committee, may reappoint the Head of a Department, subject to annual confirmation by the Board, for a term of up to five years.

8.3 Terms of Reference and Responsibilities of the Head of Department

- (a) The Head of Department shall be a member of the Attending Staff in good standing.
- (b) The Head of Department shall also be the Head of the corresponding Department of the University's School of Medicine, Faculty of Health Sciences.
- (c) The Head of Department is accountable to the Board, through and with the Chief of Staff, for the management of the clinical service and related teaching and research provided in the Hospital by a Department.
- (d) The Head of Department is accountable to the Principal, through the Dean, for the teaching, education and research work of the Department of the University's School of Medicine, Faculty of Health Sciences.
- (e) The Head of Department shall carry out the following clinical, teaching, education, research and administrative responsibilities:
 - (i) provide duty rosters and provision for emergency care such as to ensure adequate coverage of the patient care responsibilities of the Department at all times, as defined by the Medical Advisory Committee;
 - (ii) advise the Chief of Staff/Medical Advisory Committee Chair, and Chief Executive Officer of any critical incident of patient care;
 - (iii) at the request of the Chief of Staff, report on the quality of medical diagnosis, care and treatment provided to all patients of the Department, and any related administrative details;
 - (iv) ensure within the Department compliance with the By-Law and Rules and Regulations, applicable Medical and Hospital policies including policies related to quality assurance and chart reviews;
 - (v) address and advise the Chief of Staff wherever a Medical, Dental, Midwifery or Extended Class Nursing Staff member of the Department is alleged to have engaged in, made or exhibited acts, statements, demeanour, behaviours or professional conduct, either within or outside of the healthcare facilities, and the same, in the judgement of the Head of the Department;
 - (A) exposes, or is reasonably likely to expose, patients, employees or other persons in the Hospital to harm or injury; or
 - (B) is, or is reasonably likely to be, detrimental to patient safety or to the delivery of quality patient care within the Hospital; or
 - (C) is, or is reasonably likely to be, detrimental to the Hospital's operations; or
 - (D) is, or is reasonably likely to constitute, Disruptive Behaviour; or

- (E) results in the imposition of sanctions by the applicable regulatory College;
or
 - (F) is contrary to the By-Law, Rules and Regulations, the *Public Hospitals Act*, applicable Medical and Hospital policies or any other relevant law of Canada or Ontario;
- (vi) participate in the development of and revisions to the Hospital's overall Policies, goals, planning and resource allocation;
 - (vii) advise members of the Department, associate House Staff and support staff of current Hospital and Departmental Policies, regulations, objectives and other issues of importance to members of the Department;
 - (viii) interpret Hospital and Departmental Rules and Regulations, objectives and other issues of importance to members of the Department;
 - (ix) participate in the orientation of new members of the Department, which shall include the By-Law, Rules and Regulations, applicable Medical and Hospital policies, Departmental Rules and Regulations, objectives and other issues of importance to members of the Department;
 - (x) lead in the recruitment of new members of the Department;
 - (xi) at the request of the Chief of Staff, submit a plan of organization for the Department for review and approval by the Medical Advisory Committee, which may include delegation of specific responsibilities;
 - (xii) take steps to ensure an effective working relationship between the Department and associate Programs, Divisions and Services;
 - (xiii) take steps to ensure an effective working relationship between the Department other Professional Staff and Health Professionals and students;
 - (xiv) take steps to ensure optimum utilization of resources by the Department, and to advise the Medical Advisory Committee accordingly;
 - (xv) take steps to ensure accountability for the details and deliverables in accordance with the standards set by the Governing Committee of SEAMO, where applicable;
 - (xvi) hold monthly Departmental meetings, at a minimum nine (9) times a year, and ensure the maintenance and circulation of minutes accurately documenting those meetings, as are required to maintain optimum communication with Departmental staff;
 - (xvii) implement within the Department actions taken by the Medical Advisory Committee and Board;

- (xviii) prepare such reports and perform such duties pertaining to his/her Department as may be required by the Medical Advisory Committee, the Chief of Staff or the Board;
 - (xix) establish quality continuing education related to the Department, with the advice of the appropriate faculty program directors and education oriented committees;
 - (xx) promote, report on and oversee the conduct of research undertaken by members of the Department with the advice of the research oriented committees and the Vice-President of Health Sciences Research and CEO of the Research Institute(s);
 - (xxi) collaborate with the Hospital in the management of any complaint relating to a physician, dentist, midwife or extended class nurse;
 - (xxii) take disciplinary measures and hold department members accountable, as appropriate, in regards to matters of patient care, unprofessional behaviour and academic responsibilities;
 - (xxiii) receive reports of Medical Advisory Committee standing and ad hoc committees;
 - (xxiv) work with other Heads of Department in collaboration with the Program Medical Directors, the Division Chairs, the Service Chiefs and the Medical Director and the Hospital's Management in forming and recommending Policy to the Board;
 - (xxv) ensure that the resources of the Hospital allocated for the Department are appropriately distributed among the members of the Department;
 - (xxvi) provide a written performance evaluation of all Regular Attending members of the Department on an annual basis (to coincide with the annual reappointment process) and submit a report to the Credentials Committee (paragraph 3.5(b) to be submitted with the annual hospital reappointment form);
 - (xxvii) designate a member of the Regular Attending Staff to act as Deputy Head in consultation with the Chief of Staff. The Deputy Head shall act a Head of Department when the Head is unavailable and shall perform such other duties as may be delegated from time to time; and
 - (xxviii) cooperate with the associated Program Medical Director(s) with respect to recruitment, the oversight of Medical Staff resources, overall quality of medical care and utilization, and Departmental strategic direction if he/she is not one and the same person as the Program Medical Director. If the Head of Department is also a Program Medical Director, the responsibilities of the Program Medical Director as set out in Article 9 of this By-Law are in addition and/or complementary to the Head of Department's duties set out in Article 8.
- (f) In addition to duties included elsewhere in this By-Law, with Department members' assistance, the Head of Department shall:

- (i) develop with the Chief of Staff, Program Medical Directors, Division Chairs, Service Chiefs and Chief Executive Officer (or delegate), the Department's goals, objectives and strategic plan, including the Health Human Resources Plan;
- (ii) participate in the organization and implementation of, with the Chief of Staff, Program Medical Directors, Division Chairs, Service Chiefs and Chief Executive Officer (or delegate), clinical utilization management review within the Department;
- (iii) participate in the development of, with the Chief of Staff, Program Medical Directors, Division Chairs, Service Chiefs and Chief Executive Officer (or delegate), and Regional Partners, a recruitment plan, including appropriate Impact Analysis in keeping with the approved Health Human Resources Plan of the Department;
- (iv) develop with members of the Department a mutually agreed upon accountability statement related to items of patient care and academic responsibility which shall serve as a component of the individual member's annual evaluation;
- (v) develop and maintain a process to both promote and document quality management and patient safety improvements in the Department including a continuous learning process of members of the Department; and
- (vi) other duties assigned by the Chief of Staff, Board and/or Medical Advisory Committee from time to time.

8.4 Performance Evaluation of Heads of Department

- (a) Heads of Department will be subject to annual confirmation by the Board to coincide with the Head of Department's date of appointment. As part of the annual performance evaluation, the Chief of Staff, Dean (or delegate) and the Head of the Department will review the previous mutually agreed upon accountability statement related to:
 - (i) quality of care, diagnosis and treatment/quality assurance;
 - (ii) the Department's achievement of utilization benchmarks/objectives and productivity targets;
 - (iii) academic matters;
 - (iv) leadership/administrative skills development;
 - (v) clinical resource planning; and
 - (vi) patient and workplace safety.
- (b) At the beginning of the fifth year of the Head of Department's first term, a formal review of the performance of the Head of the Department will be undertaken in preparation for the

decision regarding reappointment of the Head of Department for a second five year term. This may be undertaken by the Chief of Staff in partnership with the Dean of Faculty of Health Sciences, Queen's University, or delegated to be undertaken by another member of the Medical Advisory Committee Executive and should include formal assessment of the Head of Department by peers/colleagues, persons who are accountable to the Head of Department and persons to whom the Head of Department is accountable in addition to the Chief of Staff. Under exceptional circumstances where it is known that the Head of Department will continue beyond the second five-year term, a formal evaluation should occur at the beginning of the final year of the Head of Department's second five-year term.

- (c) The duties of Heads of Department as set out in section 8.3(b) of this By-Law, and the specific duties, if any, as determined at the time of appointment, will be used as the criteria against which the performance of the Head of Department will be evaluated.
- (d) A review of the Head of Department's performance may be initiated at other times by the Chief of Staff on the basis of a request from:
 - (i) the Board; or,
 - (ii) any of the standing sub-committees of the Medical Advisory Committee; or,
 - (iii) the Chief Executive Officer.
- (e) The method of formal evaluation will vary according to the size and nature of the Department and will be mutually developed by the Chief of Staff and Head of Department.
- (f) In preparation for the annual performance evaluation, the Head of Department will prepare a brief summary of:
 - (i) the Department's objectives over the past year;
 - (ii) the attainment or status of these objectives; and
 - (iii) the objectives for the year ahead.

8.5 Appointment of Deputy Head of Department

- (a) A Deputy Head of Department will be appointed by the Board upon the recommendation of the Head of Department and the Medical Advisory Committee. These appointments shall normally be for the same term as the Head of Department, plus an additional three (3) months, and shall be renewable.
- (b) When bringing forward the recommendation of the Deputy Head of Department, the Head of Department shall demonstrate a process of consultation within the Department, and where appropriate, between Departments and Programs.
- (c) Notwithstanding any other provisions in this By-Law, the office of the Deputy Head of Department may be revoked, at any time, by the Board.

8.6 Terms of Reference and Responsibilities of the Deputy Head of Department

The Deputy Head of Department shall:

- (a) be a member of the Attending Staff;
- (b) as a delegate of the Head of Department, be responsible to the Head of Department and act in that capacity during the Head of Department's absence;
- (c) assist the Head of Department in the administration and direction of the professional operation of the Department, and in assessment of quality of care, diagnosis and treatment; and
- (d) assume such other duties as are delegated by the Head of Department. Identified responsibilities shall be reported in writing to the Chief of Staff, the Chief Executive Officer and the Medical Advisory Committee each time a Deputy Head of Department is appointed.

8.7 Divisions and Services in a Department

Where applicable, within six months of the appointment or reappointment of a new Head of Department, that Head of Department shall present to the Medical Advisory Committee, for its approval, a Divisional and Service leadership structure for the Department and the specific members of the Medical, Dental, Midwifery or Extended Class Nursing Staff assigned within that structure. That leadership structure will generally be Divisional.

8.8 Appointment of Division Chairs and Service Chiefs

- (a) A Division Chair and Service Chief may be appointed by the Head of Department. This appointment shall normally be for the same term as the Head of Department, plus an additional three months, and shall be renewable.
- (b) Division Chairs and Service Chiefs may be service specific, site specific, or function specific, as deemed necessary by the Head of Department.
- (c) In bringing forward the appointment for a Division Chair and/or Service Chief, the Head of Department shall demonstrate a process of consultation within the Department, and where appropriate, between Departments and Programs.

8.9 Terms of Reference and Responsibilities of Division Chairs and Service Chiefs The Division Chair and the Service Chief shall:

- (a) be a member of the Attending Staff;
- (b) as a delegate of the Head of Department, be responsible to the Head of Department;

- (c) assist the Head of Department in the administration and direction of quality of medical care, diagnosis and treatment, and operation of the Division and/or Service and the specific subspecialty; and
- (d) assume such other duties as are delegated by the Head of Department. Identified responsibilities shall be reported in writing to the Chief of Staff, the Chief Executive Officer and the Medical Advisory Committee each time a Division Chair and/or Service Chief is appointed.

**ARTICLE 9
PROGRAMS AND PROGRAM MEDICAL DIRECTORS**

9.1 Programs

The Program Medical Structure shall be set out by the Hospital in Policy.

**ARTICLE 10
MEDICAL ADVISORY COMMITTEE**

10.1 Composition of Medical Advisory Committee

- (a) The Medical Advisory Committee shall consist of the following voting members:
 - (i) Chief of Staff, who shall be chair;
 - (ii) Vice-Chair of the Medical Advisory Committee;
 - (iii) President of the Medical Staff Association;
 - (iv) Vice-President of the Medical Staff Association;
 - (v) Vice-President/Secretary of the Medical Staff Association;
 - (vi) Head of each Department;
 - (vii) Program Medical Director of each Program if he/she is not also the Head of a Department;
 - (viii) Service Chief - Oral and Maxillofacial Surgery and Dentistry;
 - (ix) Department of Family Medicine physician elected by the Medical Staff Association;
 - (x) Chair of the Joint Physician Quality Committee;
 - (xi) Chair - Credentials Committee; and
 - (xii) any other Physician(s) as deemed necessary from time to time by the Medical Advisory Committee.

- (b) In addition, the Medical Advisory Committee shall consist of the following ex officio non-voting members:
 - (i) President Chief Executive Officer;
 - (ii) Executive Vice President & Chief Nursing Executive;
 - (iii) Vice Dean-Clinical (or designate);
 - (iv) Executive Vice President Quality, Partnerships and Regional Vice President Cancer Care;
 - (v) Chief of Medical & Academic Affairs;
 - (vi) Lead of Midwifery; and
 - (vii) Others as deemed necessary from time to time by the Medical Advisory Committee.
- (c) Medical Advisory Committee members who are the subject of an investigation, meeting or hearing pursuant to Article 4 or Article 5 of this By-Law or any appeal of a decision of the Board pursuant to Article 4 or Article 5 of this By-Law shall not be entitled to attend or participate in meetings of the Medical Advisory Committee or any of its Committees until such time as the matter which gave rise to the above-noted proceedings is fully resolved.

10.2 Accountability of Medical Advisory Committee

The Medical Advisory Committee is accountable to the Board, in accordance with the *Public Hospitals Act*, as amended and the Regulations pertaining thereto. (See Schedule “B” and *Public Hospitals Act*).

10.3 Medical Advisory Committee Duties and Responsibilities

The Medical Advisory Committee shall, in addition to those matters set out in subsections 34(7) and 35(2) and section 37 of the *Public Hospitals Act* (appended to this By-Law as Schedule “B”) and is accountable to the Board, in accordance with the *Public Hospitals Act*:

- (a) Make recommendations to the Board concerning the following Medical, Dental, Midwifery and Extended Class Nursing Staff matters:
 - (i) every application for appointment or reappointment to the Medical, Dental, Midwifery and Extended Class Nursing Staff;
 - (ii) the Privileges to be granted to each member of the Medical, Dental, Midwifery and Extended Class Nursing Staff;
 - (iii) the By-Law respecting any Medical, Dental, Midwifery and Extended Class Nursing Staff;

- (iv) the dismissal, suspension or restriction of Privileges of any member of the Medical, Dental, Midwifery and Extended Class Nursing Staff;
 - (v) the quality of care, diagnosis and treatment provided in the Hospital by the Medical, Dental, Midwifery and Extended Class Nursing Staff;
 - (vi) the quality of, diagnosis and treatment provided in the Hospital by members of the Medical, Dental, Midwifery and Extended Class Nursing Staff in respect of the ordinary ordering of diagnostic procedures; and
 - (vii) the clinical and general Rules regarding the Medical, Dental, Midwifery and Extended Class Nursing Staff.
- (b) Supervise the practice of the Medical, Dental, Midwifery and Extended Class Nursing Staff;
 - (c) Appoint the Medical Staff members of all Committees of the Medical Advisory Committee that are established by the Board;
 - (d) Receive reports from the Committees of the Medical Advisory Committee and appropriate senior leadership relating to the Medical Advisory Committee's oversight of the Hospital's education research, related programs and other activities that may impact the quality of care provided by the Medical, Dental, Midwifery and Extended Class Nursing Staff;
 - (e) Advise the Board on any matter referred to the Medical Advisory Committee by the Board;
 - (f) Recognize the impact of Hospital's resources, accountability agreements and of regionalization;
 - (g) Make recommendations to Administration and to the Board on matters of patient care, Medical, Dental, Midwifery and Extended Class Nursing Staff education and research;
 - (h) Contribute to the development of the Health Human Resources Plan;
 - (i) Facilitate the development and maintenance of the Rules and Regulations and Policies for the Medical, Dental, Midwifery and Extended Class Nursing Staff;
 - (j) Include in its duties an assessment of present and future facilities, programs or procedures of the Hospital, particularly with respect to the needs of the patients and the Medical, Dental, Midwifery and Extended Class Nursing Staff;
 - (k) Appoint one or more members of the Medical Staff to advise the Joint Occupational Health and Safety Committee (JOHSC) established under the Occupational Health and Safety Act where the Medical Advisory Committee is requested to do so by the JOHSC; and
 - (l) Appoint the standing committees of the Medical Advisory Committee as hereinafter specified annually and from time to time assign the duties, functions and powers of these committees.

10.4 Medical Advisory Committee Chair

- (a) The Chair of the Medical Advisory Committee shall call regular meetings of the Medical Advisory Committee, at a minimum ten (10) times each fiscal year, and ensure the maintenance and circulation of minutes documenting those meetings and shall report for the Medical Advisory Committee at the meetings of the Medical Staff Association and the Board.
- (b) The Chair of the Medical Advisory Committee may call special meetings of the Medical Advisory Committee upon forty-eight (48) hours' notice or at the written request of five voting members of the Medical Advisory Committee, three of whom shall be Heads of Departments.
- (c) If the Chair of the Medical Advisory Committee becomes vacant for any reason, the Vice-Chair of the Medical Advisory Committee shall act until a new Chief of Staff and/or Chair is appointed, unless otherwise stated by the Board.

10.5 Vice-Chair of the Medical Advisory Committee

- (a) The Vice-Chair of the Medical Advisory Committee shall perform such duties as assigned from time to time by the Chair of the Medical Advisory Committee.
- (b) The Vice-Chair of the Medical Advisory Committee shall be selected from amongst the Head of Department members of the Medical Advisory Committee by the Chief of Staff in consultation with the Board Chair and Chief Executive Officer.

10.6 Establishment of Subcommittees of the Medical Advisory Committee

- (a) The Medical Advisory Committee shall establish an Executive Committee (i.e., Medical Advisory Committee Executive Committee).
- (b) The Medical Advisory Committee may establish such other standing and special subcommittees as may be necessary from time to time to comply with their duties under the *Public Hospitals Act* or the By-Law of the Hospital or as they may deem appropriate from time to time.
- (c) The terms of reference for the standing and special sub-committees not set out below shall be set out in the Medical Staff Rules and Regulations.

10.7 Medical Advisory Committee Subcommittees

In accordance with the *Public Hospitals Act*, the standing subcommittees of the Medical Advisory Committee are as follows:

- (a) Medical Advisory Committee Executive Committee;
- (b) Ambulatory Clinics Committee;

- (c) By-Law Committee;
- (d) Credentials Committee;
- (e) Infection Prevention and Control Committee;
- (f) Physician Quality Committee and its Utilization Sub-Committee;
- (g) Medical Advisory Committee Nominations Committee;
- (h) Perioperative Services Executive Committee and Perioperative Services Committee;
- (i) Patient Records Committee;
- (j) Pharmaceuticals and Therapeutics Committee;
- (k) Physician Behaviour Advisory Committee (ad hoc);
- (l) Resource Review Committee;
- (m) Resuscitation Committee;
- (n) Transfusion Medicine Committee; and
- (o) Point of Care Testing Advisory Committee.

10.8 Composition of Medical Advisory Committee Executive Committee

- (a) The Medical Advisory Committee Executive Committee shall be comprised of the following voting members:
 - (i) Chair - Chief of Staff;
 - (ii) Vice-Chair of the Medical Advisory Committee;
 - (iii) Two members-at-large - Heads of Departments;
 - (iv) President of Medical Staff Association or, in his/her absence, a Vice-President of Medical Staff Association designated by the President of the Medical Staff Association; and
 - (v) such other members as may be appointed or invited from time to time by the Medical Advisory Committee.
- (b) The President and Chief Executive Officer, the Executive Vice President and Chief Nursing Executive, and Chief Medical & Academic Affairs shall be ex officio non-voting members.

10.9 Duties and Responsibilities of the Medical Advisory Committee Executive Committee

The Medical Advisory Committee Executive Committee shall:

- (a) identify the Medical Advisory Committee's information needs and priorities, deal with and expedite routine matters, and plan its agenda so as to optimize committee members' time and skills;
- (b) perform the role of the Medical Advisory Committee in matters of administrative urgency, reporting their actions at the next meeting of the Medical Advisory Committee and the Board;
- (c) be responsible for ensuring that the decisions made by the Medical Advisory Committee are implemented;
- (d) be responsible to the Medical Advisory Committee and report to it at each regular meeting;
- (e) nominate members of the Medical Staff to serve on the standing committees of the Board in accordance with the By-Law;
- (f) select the members of the Medical Advisory Committee Nominations Committee;
- (g) keep minutes of all meetings;
- (h) review at monthly meetings all minutes and recommendations arising from subcommittee meetings of the Medical Advisory Committee; and
- (i) perform such other duties as may be assigned by the Medical Advisory Committee.

10.10 Composition and Terms of Reference of Subcommittees of the Medical Advisory Committee

With the exception of the Medical Advisory Committee Executive Committee, the composition and terms of reference of these subcommittees of the Medical Advisory Committee are included in the Rules and Regulations.

10.11 General Composition and Duties of the Medical Advisory Committee Subcommittees

Unless otherwise stated, Medical Advisory Committee subcommittees shall:

- (a) have members selected by the Medical Advisory Committee from amongst the Medical Staff as specified for each subcommittee, upon recommendation of the Medical Advisory Committee Nominations Committee;
- (b) have a Chair, who shall be a member of the Medical Staff, elected by the Medical Advisory Committee on recommendation of the Medical Advisory Committee Nominations Committee;

- (c) meet as often as necessary to fulfill their duties and to meet the requirements of the *Public Hospitals Act*, this By-Law, the Rules and Regulations, and other relevant Legislation, applicable Medical and Hospital policies and as requested by the Chair of the Medical Advisory Committee;
- (d) keep minutes of all meetings with records of attendance, copies of which shall be forwarded to the Executive of the Medical Advisory Committee;
- (e) report to the Medical Advisory Committee at least annually or more often as necessary or as requested by the Chair of the Medical Advisory Committee; and
- (f) have as members ex-officio, the Chair of the Medical Advisory Committee, the Chief of Medical and Academic Affairs and the Chief Executive Officer. The ex-officio members of the Medical Advisory Committee shall only count towards quorum if he/she is present.

10.12 Voting

All members of the Medical Advisory Committee and its subcommittees shall have voting privileges unless otherwise stated in the terms of reference of the Medical Advisory Committee/subcommittee.

10.13 Quorum

Except where stated in the regulations, a quorum shall be greater than forty percent (40%) of all members of the Medical Advisory Committee/subcommittee.

ARTICLE 11 CHIEF OF STAFF

11.1 Appointment of Chief of Staff

- (a) The Board, unless it determines otherwise, will appoint as Chief of Staff a Physician who meets the requirements to become a member of the Regular Attending Staff. The position of Chief of Staff will be open to all Regular Attending Staff members.
- (b) The appointment will be made with consideration being given to the advice of a Selection Committee appointed for the express purpose of recommending a candidate for the position to the Board, following consultation with the Medical Advisory Committee.
- (c) The work of the Selection Committee will include, but not be limited to, establishing and clarifying criteria to be used in the selection, overseeing the process to obtain candidates, interviewing candidates and agreeing on a process by which to make a final recommendation.

11.2 Selection Committee

Prior to the appointment of the Chief of Staff, a Selection Committee shall be convened to determine suitable applicants. The Chair of the Selection Committee shall be a member of the

Board and membership shall include the President or Vice-President of the Medical Staff Association, and two (2) members of the Medical Advisory Committee.

11.3 Term of Office

- (a) The Chief of Staff will, subject to annual confirmation by the Board, serve for five years, which is renewable. In any case the appointment will be until a successor is appointed. In reappointing the Chief of Staff to a second term, the Board shall give consideration to the performance evaluation of such person.
- (b) Notwithstanding any other provisions contained in the By-Law, the office of the Chief of Staff may at any time be revoked or suspended by resolution of the Board.

11.4 Role of Chief of Staff

The Chief of Staff will:

- (a) provide leadership in the establishment of an interdisciplinary approach to patient and family centred care and service;
- (b) collaborate with representatives of other disciplines to create an environment that promotes commitment to continuous improvement of patient care outcomes;
- (c) enhance education and research throughout the organization; and
- (d) champion and participate in organization and development at a strategic and project level.

11.5 Responsibilities and Duties of Chief of Staff

- (a) The Chief of Staff is accountable to the Board for two major responsibilities:
 - (i) supervising and overseeing, through and with the Medical Advisory Committee, the quality of care provided by the Medical, Dental, Midwifery and Extended Class Nursing Staff to all patients in the Hospital; and
 - (ii) chairing the Medical Advisory Committee Executive Committee and the Medical Advisory Committee. In chairing, it is also the responsibility of the Chief of Staff to report regularly to the Board on the work and recommendations of the Medical Advisory Committee and its component parts and subcommittees, and similarly to the Medical Advisory Committee, and its component parts and subcommittees, on the decisions and Policies of the Board.
- (b) In addition, the Chief of Staff has the following other specific duties:
 - (i) the Chief of Staff will be a member of the Board, (non-voting) and such Committees of the Board as provided in the By-Law, and such other Committees as determined by the Board from time to time.

- (ii) the Chief of Staff will participate in the management and operations of the Hospital as a member of the Executive Committee in support of the Chief Executive Officer. As a member of the, Executive Committee it is also the responsibility of the Chief of Staff to report regularly to the Executive Committee on issues raised by the Medical Advisory Committee and Departments, and similarly to the Medical Advisory Committee and Departments on the decisions made by the Executive Committee.
- (iii) As Chair of the Medical Advisory Committee, the Chief of Staff will:
 - (A) organize, set priorities and supervise the agenda of the Medical Advisory Committee;
 - (B) ensure issues raised at the Medical Advisory Committee or to the Chief of Staff are directed to the appropriate Medical Advisory Committee Subcommittees;
 - (C) ensure, assist and develop appropriate communication between the Medical Advisory Committee and its Subcommittees and Hospital Committees and Departments and/or Programs and Heads of Department and/or Program Medical Directors and Program Operational Directors; and
 - (D) continuously monitor functioning of the Medical Advisory Committee, including recommending on and reporting to the Medical Advisory Committee on changes to the Medical Advisory Committee Subcommittee structures, functions, procedures and operations.
- (iv) Through and with the Heads of Departments, the Chief of Staff ensures adequate supervision of any member of the Medical, Dental, Midwifery and Extended Class Nursing Staff for any period of time when:
 - (A) a Physician, Dentist, Midwife or Extended Class Nurse begins practice at the Hospital or is performing a new procedure; and
 - (B) concerns arise about the quality of care, diagnosis and treatment or behaviours of a specific Physician, Dentist, Midwife or Extended Class Nurse.
- (v) Through and with the Heads of Departments, the Chief of Staff will supervise the care given to all inpatients and outpatients, by:
 - (A) ensuring the adequate review of appointments recommended by the Medical Advisory Committee to the Board;
 - (B) ensuring that quality assurance reporting, accountability and assessment structures exist and operate so as to identify individual problems with patient care;

- (C) consulting and acting with Heads of Departments on any issue of individual patient care and patient and workplace safety; and
 - (D) investigating and acting, as appropriate, in consultation with the Heads of Departments and Hospital Management, on complaints involving the Medical, Dental, Midwifery and Extended Class Nursing Staff.
- (vi) The Chief of Staff will investigate and act, as appropriate, on matters of patient care, patient and workplace safety, professionalism issues, academic responsibilities or conflicts with Hospital employees and the Medical, Dental, Midwifery and Extended Class Nursing Staff. This duty includes implementing procedures to monitor and ensure compliance with the By-Law, applicable Medical and Hospital policies, Rules and Regulations and procedures.
 - (vii) Through the Head of a Department, the Chief of Staff, when necessary, assumes or assigns to any other member of the Medical, Dental, Midwifery and Extended Class Nursing Staff responsibility for the direct care and treatment of any patient of the Hospital under the authority of the *Public Hospitals Act*, and notifies the responsible, Chief Executive Officer or delegate, and, if possible, the patient of this reassignment of care.
 - (viii) The Chief of Staff will collaborate with the Heads of Departments and the Program Medical Directors in the development, periodic review and revision of departmental Health Human Resources Plans and clinical utilization management review activities.
 - (ix) The Chief of Staff, working through Heads of Departments and the Program Medical Directors, will encourage participation of Medical, Dental, Midwifery and Extended Class Nursing Staff in continuing education and professional development.
 - (x) As described in section 8.3 of this By-Law, the Chief of Staff will carry out the performance evaluation of all Heads of Departments.
 - (xi) As Medical Liaison, the Chief of Staff will as appropriate:
 - (A) represent and advance the interests of the Faculty of Health Sciences in its relations with affiliated and partner health institutions;
 - (B) play a lead role in achieving the regional goals of the Faculty of Health Sciences in academic and clinical endeavours;
 - (C) represent academic interests in the course of advancing Hospital restructuring;
 - (D) liaise with the Vice Dean-Clinical to ensure that Departmental staffing plans include defined job definitions of members and an associated annual report system;

- (E) liaise with Associate Deans and Vice President Health Sciences Research to facilitate and enable medical education (undergraduate, postgraduate and continuing medical education) and research;
 - (F) represent the Hospital on the Liaison Committee with respect to any matters concerning the implementation of the Affiliation Agreement and relations between the Hospital and the University; and
 - (G) liaise in matters pertaining to physician human resources in the academic health sciences centre.
- (xii) The Chief of Staff will designate a member of the Regular Attending Staff to act as an alternate during an absence or disability of the Chief of Staff in consultation with the Chief Executive Officer.

ARTICLE 12 OFFICERS OF THE MEDICAL STAFF ASSOCIATION

12.1 Purpose of the Medical Staff Association

The purpose of the Medical Staff Association is to provide an organization whereby the members of the Medical, Dental, Midwifery and Extended Class Nursing Staff participate in the Hospital's planning, policy setting, and decision making through their elected officers.

12.2 Officers of the Medical Staff Association

- (a) The officers of the Medical Staff Association will be:
 - (i) the President;
 - (ii) the Vice-President;
 - (iii) the Vice-President/Secretary/Treasurer; and
 - (iv) immediate Past President of the Medical Staff Association.
- (b) With the exception of the immediate Past President of the Medical Staff Association, who shall be an ex-officio officer of the Medical Staff, these officers will be elected at the annual meeting of the Medical Staff Association by a majority vote of the Attending members of the Hospital.
- (c) The officers will be elected for a one (1) year term, up to a maximum two (2) consecutive terms. A member of the Medical Staff may be elected to that same office following a break of at least three (3) years.
- (d) The President shall normally become the Past President on completion of office at the annual meeting or on retirement. The Vice-President normally will succeed the President on completion of the term or on the death, resignation or retirement of the President. The

Vice-President/Secretary /Treasurer normally will succeed the Vice-President on completion of the term or on the death, resignation or retirement of the Vice-President.

- (e) The Officers of the Medical Staff Association shall be nominated from the Regular Attending Staff at the Hospital.
- (f) The Officers of the Medical Staff Association shall propose the annual dues for the Medical, Dental, Midwifery and Extended Class Nursing Staff, for approval at each annual meeting of the Medical Staff Association.

12.3 President of the Medical Staff Association

The President of the Medical Staff Association shall:

- (a) be elected at the annual meeting of the Medical Staff Association;
- (b) serve for a one-year term, up to a maximum two (2) consecutive terms;
- (c) be an ex-officio non-voting member of the Board and as a Director, fulfil fiduciary duties to the Hospital by making decisions in the best interest of the Hospital;
- (d) be a member of Committees of the Board as designated by the By-Law, and all Committees of the Medical Advisory Committee and the Medical Staff Association as deemed appropriate by the Medical Advisory Committee;
- (e) act as a liaison between the Medical, Dental, Midwifery and Extended Class Nursing Staff, the Chief Executive Officer, and the Board with respect to all matters concerning the Medical, Dental, Midwifery and Extended Class Nursing Staff;
- (f) call and preside at all Medical Staff Association meetings; and
- (g) be a member of the Medical Advisory Committee and Medical Advisory Committee Executive Committee at the Hospital.

12.4 The Vice-President of the Medical Staff Association

The Vice-President of the Medical Staff Association will:

- (a) be elected at the annual meeting of the Medical Staff Association;
- (b) serve for a one-year term, up to a maximum of two (2) consecutive terms;
- (c) act in the place of the President of the Medical Staff Association and perform the duties and possess the powers of the President, in the absence or disability of the President;
- (d) be a member of the Medical Advisory Committee;

- (e) in the event of the absence of the President of the Medical Staff Association and if designated by the President of the Medical Staff Association, be a member of the Medical Advisory Committee Executive Committee; and
- (f) perform such additional duties as requested by the President of the Medical Staff Association.

12.5 The Vice-President/Secretary/Treasurer of the Medical Staff Association

The Vice-President/Secretary/Treasurer of the Medical Staff Association will:

- (a) be elected at the annual meeting of the Medical Staff Association;
- (b) serve for a one-year term, up to a maximum two (2) consecutive terms;
- (c) attend to the correspondence of the Medical Staff Association;
- (d) maintain the financial records of the Medical Staff Association and provide a financial report at the annual meeting of the Medical Staff Association;
- (e) ensure notification of all members of the Medical Staff Association at least forty-eight (48) hours prior to each regular meeting;
- (f) ensure that minutes are kept of Medical Staff Association meetings;
- (g) act in the absence of the Vice-President of the Medical Staff Association, performing the duties and possessing the powers of the Vice-President in the absence or disability of the Vice-President of the Medical Staff Association;
- (h) be a member of the Medical Advisory Committee;
- (i) In the event of the absence of the President of the Medical Staff Association and if designated by the President of the Medical Staff Association, be a member of the Medical Advisory Committee Executive Committee; and
- (j) call meetings on order of the President of the Medical Staff Association.

12.6 Past President of the Medical Staff Association

The Past President of the Medical Staff Association shall:

- (a) serve for a one-year term, up to a maximum two (2) consecutive terms; and
- (b) be the Chair of the Medical Staff Association Nominations Committee

12.7 Medical Staff Association Nominations Committee

- (a) The Medical Staff Association Nominations Committee shall nominate the President, Vice-President and Vice-President/Secretary/Treasurer of the Medical Staff Association

and the Community Physician from the Regular Associate Staff or the ensuing term effective 1 July to 30 June.

- (b) The Medical Staff Association Nominations Committee shall consist of:
 - (i) the immediate Past President of the Medical Staff Association who shall chair the Medical Staff Association Nominations Committee;
 - (ii) a Past President of the Medical Staff Association elected at a previous annual meeting of the Medical Staff Association; and
 - (iii) a Member-at-Large of the Regular Associate Staff, nominated by the Medical Staff Association Nominations Committee, elected at the previous annual meeting of the Medical Staff Association, and who will serve a one-year term and may be re-elected to one subsequent term.
- (c) The report of the Medical Staff Association Nominations Committee shall be circulated with the notice of the annual meeting of the Medical Staff Association.

12.8 Medical Staff Association Officer Vacancies

- (a) When vacancies occur during the term of office, they will be filled for the balance of the term through an election process.
- (b) This election process will be by mail or electronic ballot.
- (c) Within fourteen (14) days of a vacancy, the nominating committee, consisting of the remaining Officers of the Medical Staff Association will, by mail, call for nominations from the Attending Staff members to stand for the vacant position.
- (d) In order for a nomination to be valid, each nomination must be signed by at least two (2) members of any of the Attending or Associate Staff, and the nominee must signify in writing on the form their acceptance of it, or as otherwise determined by the Medical Staff Association Nominations Committee.
- (e) Within five (5) business days of the completion of the nomination period, ballots will be mailed to the Attending and Associate Staff members at the last address according to the records, or as otherwise determined by the Medical Staff Association Nominations Committee.
- (f) Ballots must be received by the nominating committee by 1700 hours on the tenth (10th) business day following the ballot mailing, or as otherwise determined by the Medical Staff Association Nominations Committee.
- (g) Election results will be posted within two (2) business days of the close of the balloting period and will be announced at the next meeting of the Medical Staff Association, or as otherwise determined by the Medical Staff Association Nominations Committee.

ARTICLE 13
MEETINGS OF THE MEDICAL STAFF ASSOCIATION

13.1 Annual Meeting

The annual meeting of the combined Medical Staff Association shall normally be held in May. The purpose of the annual meeting shall be to:

- (a) receive annual reports from:
 - (i) the President of the Medical Staff Association;
 - (ii) the Chair of the Medical Advisory Committee;
 - (iii) the Medical Staff Association Nominations Committee; and
 - (iv) a report of the Medical Staff Fund from the Vice-President/Secretary/Treasurer of the Medical Staff Association;
- (b) elect:
 - (i) the officers of the Medical Staff Association;
 - (ii) the members of the Medical Staff Association Nominations Committee;
 - (iii) the Community Physician to serve on the Medical Advisory Committees; and
 - (iv) the Member-at-Large to serve on the Professional Staff By-Law Committee for the ensuing term, effective 1 July to June 30; and
- (c) fix a time for the next Annual meeting and Regular meetings of the combined Medical Staff Association for the ensuing term.

13.2 Regular Meetings

The regular meetings of the combined Medical Staff Association shall be held at least four (4) times a year with the last meeting coinciding with the Annual Medical Staff Association Meeting. The purpose of the Regular meeting shall be to:

- (a) receive reports from the President of the combined Medical Staff Association;
- (b) receive a report from the Chair of the Medical Advisory Committee;
- (c) receive a report from the Chief Executive Officer;
- (d) consider subjects of economic, scientific or special clinical interest; and
- (e) consider other matters that may come before it from time to time.

13.3 Notice of Regular Meetings

Notice of Regular meetings of the Medical Staff Association shall be by mail or electronic mail at least two weeks in advance of the date of the meeting.

13.4 Special Meetings

Special meetings of the Medical Staff Association may be called at any time by the President of the Medical Staff Association. The President of the Medical Staff Association may do so at the request of the Chair of the Medical Advisory Committee, the Chair of the Board, or the Chief Executive Officer of the Hospital, and also at the written request of fifteen members of attending and associate staff. At least forty-eight (48) hours' notice shall be given of the special meeting.

13.5 Quorum

A quorum at all Medical Staff Association meetings shall consist of twenty-five members entitled to vote except for voting upon amendments to this By-Law.

13.6 Agenda

The agenda for the Medical Staff Association Meeting shall be drawn up by the President of the Medical Staff Association. Any member of the Medical, Dental or Midwifery Staff may submit an item in writing at least forty-eight (48) hours prior to the meeting with a request that this item be included in the agenda. The President of the Medical Staff Association shall include this item if it pertains to a subject properly discussed by the Medical Staff.

13.7 Attendance

Medical, Dental and Midwifery Staff are expected to attend the Medical Staff Association meetings. If a Physician, Dentist or Midwife is unable to attend because of other obligations, he/she shall notify the Vice-President/ Secretary/Treasurer, and may be excused. Failure to attend at least 50% of the Medical Staff Association meetings could result in suspension of privileges.

ARTICLE 14 DENTAL STAFF SERVICES

14.1 Application

- (a) For the purpose of brevity only, certain sections of this By-Law will apply, with substitution of the words "Dental" for "Medical" and "Dentist" for "Physician", to form sections of Article 14 - Dental Staff where the content requires.
- (b) The applicable sections include: Purposes of the By-Law (section 2.1), Application for Appointment (section 3.2), Criteria for Appointment to the Medical Staff (section 3.3), Procedure for Processing Applications (section 3.4), Reappointment to the Medical Staff (section 3.5), Categories of the Medical Staff (section 6.1), Suspension and Revocation of Privileges (Article 4 and Article 5), Duties and Responsibilities (Article 7), Heads/Deputy Heads/Division Chairs/Service Chiefs and their Duties (sections 8.3, 8.6, 8.8 and 8.9),

Medical Advisory Committee's Duties and Responsibilities (section 10.3), Establishment of Committees of the Medical Advisory Committee (section 10.6), Appointment of Chief of Staff (section 11.1) Responsibilities and Duties of the Chief of Staff (section 11.5).

14.2 Dental Service

The Dental Staff will function in the Dental Service as part of the Department of Surgery.

14.3 Categories

- (a) The responsibilities of the Hospital for patient care, research and teaching make it necessary and appropriate to divide the Dental Staff into several different categories and to determine certain limitations on eligibility for appointments and Privileges. The categories established are:
 - (i) Attending;
 - (ii) Associate;
 - (iii) Consultant; and
 - (iv) such categories as may be determined by the Board from time to time having given consideration to the recommendation of the Medical Advisory Committee.
- (b) Appointments to these categories will be consistent with the established Health Human Resources Plan and will be subject to completion of an Impact Analysis.

14.4 Attending Dental Staff

- (a) The Attending Dental Staff shall consist of those Dentists and Oral and Maxillofacial Surgeons who carry out functions that are central and essential to the mission of the Hospital and the Department.
- (b) The Attending Dental Staff shall be divided into the following sub-categories:
 - (i) Regular; and
 - (ii) Term.
- (c) Regular Attending Dental Staff

In addition to the criteria for membership defined in sections 3.2, 3.3 and 3.5, members of the Regular Attending Dental Staff:

- (i) may have an appointment at the University's School of Medicine, Faculty of Health Sciences;
- (ii) shall hold a specialty certificate from the College or have made successful application to sit the certification examinations at the Royal College of Dentists of

Canada with the expectation that they will pass these examinations within five years of being appointed to the Dental Staff;

- (iii) may have the privilege to attend patients and undertake treatment and operative procedures but only in accordance with the privileges recommended by the Head of Department and approved by the Medical Advisory Committee and the Board;
- (iv) shall limit their practice to work within the scope of the Department to which they have been appointed and in accordance with any restrictions prescribed by the Board; and
- (v) shall attend and are eligible to vote at meetings of the Medical Staff and the Department and are expected to serve on Hospital Committees as requested subject to paragraph 14.11(a).

(d) Term Attending Dental Staff

In addition to the criteria for membership defined in sections 3.2, 3.3 and 3.5, members of the Term Attending Dental Staff shall be governed by the same requirements as defined for Regular Attending Dental Staff in paragraph 14.5(c) except that:

- (i) the appointment shall be for a specified and limited term, beyond which there is no expectation of renewal; and
- (ii) Members of the Term Attending Dental Staff may be appointed as locum tenens or to fulfil a specific institutional need, which is expected to be limited in duration.

14.5 Associate Dental Staff

(a) The Associate Dental Staff shall be divided into the following sub-categories:

- (i) Regular; and
- (ii) Term.

(b) Regular Associate Dental Staff

- (i) shall, in addition to the criteria for membership defined in sections 3.2, 3.3 and 3.5, be appointed to the Department of Surgery for purposes of primary affiliation;
- (ii) will have completed one postgraduate year of training acceptable to the Head of Department and to the Credentials Committee;
- (iii) may have the privilege to attend patients and undertake treatment and operative procedures but only in accordance with the privileges recommended by the Head of Department and approved by the Medical Advisory Committee and the Board;

- (iv) shall limit their practice to work within the scope of the Department to which they have been appointed and in accordance with any restrictions prescribed by the Board; and
 - (v) shall attend and are eligible to vote at meetings of the Medical Staff and the Department and are expected to serve on Committees as requested subject to paragraph 14.11(a).
- (c) Term Associate Dental Staff:
- (i) shall, in addition to the criteria for membership defined in sections 3.2, 3.3 and 3.5 be governed by the same requirements as defined for Regular Associate Staff in paragraph 14.4(b) except that the members shall be appointed for a specified and limited term, beyond which there is no expectation of renewal; and
 - (ii) may be appointed as locum tenens or to fulfil a specific institutional need which is expected to be limited in duration.

14.6 Consultant Dental Staff

The Consultant Dental Staff:

- (a) shall consist of Dentists and Oral and Maxillofacial Surgeons not otherwise members of the Attending or Associate Dental Staff with special clinical or academic knowledge, skills and experience whom the Hospital or other members of the Dental Staff may wish to consult;
- (b) may act as consultant for any patient under the care of a member of the Dental Staff or Medical Staff but may not admit or care for patients; and
- (c) shall not have voting privileges but may serve on Hospital Committees.

14.7 Appointment

- (a) The Board, having given consideration to the advice of the Medical Advisory Committee, may on an annual basis appoint one or more Dentists or Oral and Maxillofacial Surgeons to the Dental Staff of the Hospital. As part of the appointment, the Board will specify the Privileges for each Dentist or Oral and Maxillofacial Surgeons.
- (b) In addition to the criteria set out in section 14.1 of the Professional Staff By-Law, an Oral and Maxillofacial Surgeon must provide evidence of current valid specialty certificate of registration from the Royal College of Dental Surgeons of Ontario authorizing him/her to practise in oral and maxillofacial surgery.

14.8 Admitting Privileges

Dentists will not be eligible to hold Admitting Privileges. Oral and Maxillofacial Surgeons shall have Admitting Privileges unless otherwise specified in their appointment to the Dental Staff.

14.9 Chief of the Dental Service

- (a) The Medical Advisory Committee, on the recommendation of the Chief of Surgery, will assign a member of the Attending Dental Staff as Chief of the Dental Service.
- (b) Appointment and duties of the Chief of Dental Service are as outlined in sections 8.8 and 8.9.

14.10 Dental Clinical Resource Plan

The Medical Advisory Committee will recommend to the Board for approval, on an annual basis, a Dental Clinical Resource Plan for the Dental Service as recommended by the Vice-President Medical in consultation with the Chief of Surgery, Chief of the Dental Service, Division Chairs and Service Chiefs in collaboration with appropriate Regional Partners. This plan will be consistent with the strategic directions of the Corporation as established by the Board.

14.11 Meetings

- (a) Medical Staff Meetings

Regular Associate and Attending Dental Staff shall be eligible to vote at Medical Staff Association meetings and sit on any Committee save and except that a Dentist, other than the Service Chief — Oral and Maxillofacial Surgery and Dentistry, may not be a voting member of the Medical Advisory Committee and is not entitled to vote at the elections for Medical Staff Association Officers or eligible to hold an office on the Medical Staff Association.

- (b) Dental Staff Meetings

Dental Staff members are expected to attend seventy (70) percent of the meetings of the Dental Service.

ARTICLE 15 MIDWIFERY STAFF

15.1 Application

- (a) For the purpose of brevity only, certain sections of this By-Law will apply, with substitution of the words “Midwifery” for “Medical” and “Midwife” for “Physician”, to form sections of Article 15 - Midwifery Staff.
- (b) The applicable sections include: Purposes of the By-Law (section 2.1), Application for Appointment (section 3.2), Criteria for Appointment to the Medical Staff (section 3.3), Procedure for Processing Applications (section 3.4), Reappointment to the Medical Staff (section 3.5), Categories of the Medical Staff (section 6.1), Suspension and Revocation of Privileges (Article 4 and Article 5), Duties and Responsibilities (Article 7), Heads/Deputy Heads/Division Chairs/Service Chiefs and their Duties (sections 8.3, 8.6, 8.8 and 8.9), Medical Advisory Committee’s Duties and Responsibilities (section 10.3), Establishment

of Committees of the Medical Advisory Committee (section 10.6), Appointment of Chief of Staff (section 11.1) Responsibilities and Duties of the Chief of Staff (section 11.5).

15.2 Midwifery Service

The Midwifery Staff will function within the Department of Obstetrics and Gynaecology and the Department of Paediatrics.

15.3 Appointment

The Board, having given consideration to the advice of the Medical Advisory Committee may, on an annual basis, appoint one or more Midwives to the Midwifery Staff of the Hospital and will delineate the Privileges for each Midwife.

15.4 Criteria for Appointment to the Midwifery Staff

- (a) Each applicant for appointment to the Midwifery Staff must hold a current valid certificate of registration with the College of Midwives of Ontario.
- (b) Notwithstanding the qualifications noted above:
 - (i) The individual should meet the needs of the respective Departments and will be assessed on the basis of credentials, experience and such other factors as the Board may, from time to time, consider relevant or as set out in the Rules and Regulations of the Midwifery Staff.
 - (ii) At the time of application, the individual will accept in writing the mission statement and philosophy of the Hospital, and agree in writing to abide by the requirements of the *Public Hospitals Act*, By-Law, applicable Medical and Hospital policies and Rules and Regulations of the Midwifery Staff of the Hospital.
 - (iii) The recommendation of a Midwife's appointment will include mutually agreed upon clinical and academic responsibilities. These responsibilities may change from time to time throughout the term of the Midwife's appointment with the approval of the Head of Department with the advice of Leader (Head Midwife) of the Midwifery Service.
- (c) If in the view of the Head of Obstetrics and Gynaecology, the Head of Paediatrics and the Leader (Head Midwife) of the Midwifery Service the individual does not meet the previously agreed upon clinical and academic responsibilities, the Head of Obstetrics and Gynaecology, the Head of Paediatrics and the Leader of the Midwifery Service will review the Midwife's continuing Midwifery Staff appointment and at their discretion, will make an appropriate recommendation to the Board.

15.5 Categories of the Midwifery Staff

The Midwifery Staff shall be:

- (a) Active.

15.6 Active Midwifery Staff

- (a) The Active Midwifery Staff shall consist of those Midwives who carry out functions that are central and essential to the mission of the Hospital and the Department.
- (b) The Active Midwifery Staff shall be divided into the following sub-categories:
 - (i) Regular; and
 - (ii) Term.
- (c) Regular Active Midwifery Staff

In addition to the criteria for membership defined in sections 3.2, 3.3 and 3.5, members of the Regular Active Midwifery Staff:

- (i) Shall be appointed by the Board to the Department of Obstetrics and Gynecology and the Department of Paediatrics and will be responsible to the Heads of these Departments and the Medical Advisory Committee for all aspects of care of the mother and baby respectively;
 - (ii) may have the privilege to attend and admit patients and undertake treatment and procedures only in accordance with the privileges recommended by the Head of the Department of Obstetrics and Gynaecology and the Head of the Department of Paediatrics and approved by the Medical Advisory Committee and the Board provided however that Regular Active Midwifery Staff shall not restrict or refuse the provision of healthcare services to an individual based on the geographic area in which such individual resides in Ontario;
 - (iii) shall limit their practice to work within the scope of the Departments to which they have been appointed and in accordance with any restrictions prescribed by the Board;
 - (iv) shall be responsible for assuring that midwifery care is provided to all patients of Midwives in the Hospital; and
 - (v) shall attend and are eligible to vote at meetings of the Medical Staff Association and are expected to serve on Hospital Committees as requested.
- (d) Term Active Midwifery Staff

In addition to the criteria for membership defined in sections 3.2, 3.3, and 3.5, members of the Term Active Midwifery Staff shall be governed by the same requirements as defined for Regular Active Midwifery Staff in paragraph 15.6(c) except that:

- (i) the appointment shall be for a specified and limited term, beyond which there is no expectation of renewal;
- (ii) should the term exceed one year, the reappointment process will be followed; and
- (iii) Members of the Term Active Midwifery Staff may be appointed as locum tenens or to fulfil a specific institutional need which is expected to be limited in duration.

15.7 Leader of the Midwifery Service

- (a) The Board, unless it determines otherwise, will appoint a Leader of the Midwifery Service, who is on the Regular Active Staff or is eligible for appointment to the Regular Active Staff.
- (b) The Leader of the Midwifery Service will be appointed by the Board having given consideration to the recommendation of the Medical Advisory Committee, following a search process. It is expected that the Leader of the Midwifery Service will be a shared appointment between the Hospital and its Regional Partners if applicable.
- (c) Such appointment may be revoked at any time or renewed by the Board.
- (d) The Leader of the Midwifery Service will report to the Head of the Department of Obstetrics and Gynaecology and the Head of the Department of Paediatrics.
- (e) The Leader of the Midwifery Service will be responsible to the Head of the Department of Obstetrics and Gynaecology and the Head of the Department of Paediatrics, Chief of Staff and Board.
- (f) A mutually acceptable search procedure will be established by the search committee and approved by the Medical Advisory Committee.

15.8 Duties of the Leader of the Midwifery Service

The Leader of the Midwifery Service will:

- (a) supervise the midwifery care provided by all members of the Midwifery Staff in the Service;
- (b) participate in the orientation of new members appointed to the Midwifery Staff;
- (c) undertake the organization and implementation of a quality improvement program for Midwifery;
- (d) advise the Head of the Department of Obstetrics and Gynaecology and the Head of Paediatrics with respect to the quality of Midwifery care, and treatment provided to patients of the Departments;
- (e) advise the Head of the Department of Obstetrics and Gynaecology and the Head of Paediatrics of any patient who is not receiving appropriate Hospital treatment and care;

- (f) advise the Head of the Department of Obstetrics and Gynaecology and the Head of Paediatrics regarding the appropriate utilization of resources under the care of a Midwife;
- (g) make recommendations to the Head of Obstetrics and Gynaecology and the Head of Paediatrics regarding Midwifery needs of the Departments and of the Hospital;
- (h) participate in the development of the Departments' and the Service's mission, objectives and strategic plan;
- (i) notify the Head of the Department of Obstetrics and Gynaecology and the Head of Paediatrics of their absence, and designate an alternate from within the Midwifery Staff;
- (j) ensure that a process is in place for the participation of members of the Midwifery Staff in the continued professional educational requirements of the College of Midwives;
- (k) review and make recommendations annually regarding the performance of members of the Midwifery Staff and concerning reappointments and Privileges; and
- (l) ensure consistent standards of Midwifery Service, research and teaching are applied across the Hospital and its Regional Partners if applicable.

**ARTICLE 16
EXTENDED CLASS NURSING STAFF**

16.1 Application

- (a) This By-Law only applies to those members of the Extended Class Nursing Staff who are not employees of the Hospital and to whom the Board has granted privileges to diagnose, prescribe for or treat out-patients in the Hospital.
- (b) For the purpose of brevity only, certain sections of this By-Law will apply, with substitution of the words "Extended Class Nursing" for "Medical" and "Extended Class Nurse" for "Physician", to form sections of Article 16 — Extended Class Nursing Staff.
- (c) The applicable sections include: Purposes of the By-Law (section 2.1), Application for Appointment (section 3.2), Criteria for Appointment to the Medical Staff (section 3.3), Procedure for Processing Applications (section 3.4), Reappointment to the Medical Staff (section 3.5), Categories of the Medical Staff (section 6.1), Suspension and Revocation of Privileges (Article 4 and Article 5), Duties and Responsibilities (Article 7), Heads/Deputy Heads/Division Chairs/Service Chiefs and their Duties (sections 8.3, 8.6, 8.8 and 8.9), Medical Advisory Committee's Duties and Responsibilities (section 10.3), Establishment of Committees of the Medical Advisory Committee (section 10.6), Appointment of Chief of Staff (section 11.1) Responsibilities and Duties of the Chief of Staff (section 11.5).
- (d) With respect to Extended Class Nursing Staff the following substitutions and/ or additions will apply to the By-Law:

- (i) Each applicant for membership to Extended Class Nursing Staff will submit on the prescribed forms a written application to the Chief Nursing Executive and Medical Director. (Paragraph 3.2(c) —Application for Appointment);
- (ii) In addition to the procedure for the processing of applications for Professional Staff Appointments set out in section 3.4, an application for appointment to the Extended Class Nursing Staff will be forwarded to the Credentials Committee with concurrent notification of the Nursing Practice Council by the Chief Nursing Executive;
- (iii) In addition to the procedure for the processing of applications for Professional Staff Appointments set out in section 3.4, all new appointments to the Extended Class Nursing Staff shall be based upon the recommendations of the Medical Advisory Committee and the Chief Nursing Executive. The Medical Advisory Committee shall take due account of the limitations on resources available to provide the staff facilities and resources required by the Extended Class Nurse. A recommendation that a new appointment not be made may be based solely upon such limitations; and
- (iv) In addition to the roles and responsibilities assigned to the Chief of Staff, Head of Department and Chief Executive Officer in the sections of the By-Law set out above in paragraph 16.1(c), the Chief Nursing Executive is also included in the appointment, reappointment, suspension and revocation of privileges, evaluation and supervision of Extended Class Nursing Staff.

16.2 Extended Class Nursing Staff Categories

The Extended Class Nursing Staff shall be:

- (a) Active.

16.3 Active Extended Class Nursing Staff

The Active Extended Class Nursing Staff shall be:

- (a) Regular; and
- (b) Appointed to an applicable Department.

16.4 Temporary Privileges

- (a) Temporary privileges may be granted to individuals who have applied for appointment to the Extended Class Nursing Staff and whose applications are under consideration.
- (b) The Chief Executive Officer shall have the authority to grant temporary privileges to an Extended Class Nurse who is not a member of the Extended Class Nursing Staff, not ordinarily to exceed ninety (90) days, upon receipt of evidence of competence, ethical

standing and appropriate licensure and on the recommendation of the Head of Department of Family Medicine and the Chief Nursing Executive.

- (c) Such appointments will be reviewed by the Credentials Committee and reported to the Board at the earliest possible time.

16.5 Duties and Responsibilities of Extended Class Nursing Staff

- (a) Extended Class Nursing Staff may be permitted to:
 - (i) register patients as out-patients of the Hospital;
 - (ii) order laboratory or imaging tests on such out-patients;
 - (iii) access the Hospital's laboratory or imaging services in respect of such out-patients;
 - (iv) deliver diagnoses in respect of such out-patients for those illnesses within their scope of practice;
 - (v) independently order and administer certain drugs for such out-patients as outlined by the College; and
 - (vi) conduct pre-operative histories and physicals in accordance with the Hospital's protocols affecting admissions and outpatient procedures.
- (b) Extended Class Nursing Staff shall not order drugs, or laboratory or imaging tests, unless in the opinion of the Extended Class Nurse it is medically necessary to do so.
- (c) Extended Class Nursing Staff performing controlled acts within the Hospital will perform such controlled acts pursuant to medical directives.
- (d) Extended Class Nursing Staff shall sit on Medical Staff, nursing staff and hospital committees as requested.

16.6 Extended Class Nursing Staff Disability

If for any reason an Extended Class Nurse either agrees voluntarily to cease caring for patients registered with the Hospital or is asked by the Chief Nursing Executive and the Head of Family Medicine to do so, they shall inform the Chief of Staff, the Chief Executive Officer, the Medical Advisory Committee and the President of the Medical Staff Association, in writing, of the reason for the Extended Class Nurse's withdrawal from Hospital practice. A copy shall be sent to the Extended Class Nurse involved.

16.7 Monitoring Aberrant Practices

Where anyone believes that a member of the Extended Class Nursing Staff is attempting to exceed his/her privileges or is temporarily incapable of providing a service that he/she is about to undertake, the belief shall be communicated immediately to the Chief Nursing Executive, the Head of Department of Family Medicine, the Chief of Staff and to the Chief Executive Officer.

16.8 Extended Class Nursing Staff Function Within the Medicine Program

The Extended Class Nursing Staff shall function within an applicable Department.

16.9 Attendance by Extended Class Nursing Staff at Medical Staff Meetings

A member of the Extended Class Nursing Staff may attend Medical Staff meetings, but shall not be eligible to vote at a Medical Staff meeting.

16.10 Eligibility to Hold a Medical Staff Office

A member of the Extended Class Nursing Staff is not eligible to hold an office of the Medical Staff.

ARTICLE 17 RULES AND PROCEDURES

17.1 Rules of Order

Any questions of procedure at or for any meetings of the Professional Staff, or of any committee, which have not been provided for in this By-Law or by the Act or by the *Public Hospitals Act* or regulations thereunder, or the Rules adopted from time to time by the Board or the Professional Staff Rules and Regulations, shall be determined by the chair of such meeting in accordance with the rules of procedure adopted by resolution of the Board, or failing such resolution, adopted by the chair of the meeting.

ARTICLE 18 AMENDMENTS TO BY-LAW

18.1 Amendments to By-Law

- (a) Amendments to this By-Law must follow the process set out in the Act, Section 14 of the administrative By-Law of the Corporation, and in addition the following procedures shall be followed:
 - (i) proposals to amend the By-Law shall be submitted in writing to the Medical Advisory Committee Executive Committee, which will determine if the proposed amendment merits further consideration (all Board-proposed amendments are deemed to merit further consideration);
 - (ii) proposals to amend the By-Law meriting further consideration shall be forwarded by the Medical Advisory Committee Executive Committee to the By-Law Committee, which shall study and report its recommendations to the Medical Advisory Committee within sixty (60) days of receipt;
 - (iii) a notice of motion in writing setting out the proposed change shall be given at a regular meeting of the Medical Advisory Committee and final approval of the changes deferred until a subsequent meeting;

- (iv) a notice of adoption of the motion together with clear reference to the proposed amendments shall be circulated by the President of the Medical Staff Association to the Professional Staff within fourteen (14) days of the adoption of the motion;
- (v) unless twenty (20) or more members of the Attending or Associate Staff indicate in writing to the President of the Medical Staff Association their disapproval within thirty (30) days of notification, stating the reason for such disapproval, the changes will be sent back to the Medical Advisory Committee for a recommendation of approval by the Board;
- (vi) in the event that the President of the Medical Staff Association receives written disapproval from by twenty (20) or more members of the Attending or Associate Staff within the said thirty (30) days of notification, a special meeting will be called by the President of the Medical Staff Association to consider the motion. Such special meetings will be held within thirty (30) days of notification and written notice of at least fourteen (14) days thereof in advance of the meeting shall be given to the Professional Staff;
- (vii) if the majority of the members of the Professional Staff present at such special meeting vote to reject such motion, the motion will be referred to the Medical Advisory Committee for further consideration setting out the reasons for the rejection;
- (viii) the Medical Advisory Committee will consider the motion and the reasons for rejection and shall then make a recommendation to the Board, in respect of the proposed amendments, through the Chief of Staff; and
- (ix) the President of the Medical Staff Association shall prepare a report which shall accompany the Medical Advisory Committee's recommendation to the Board, which shall outline any concerns of the Medical Staff Association that have not been adopted by the Medical Advisory Committee recommendation

CERTIFICATE OF ENACTMENT

THE UNDERSIGNED HEREBY CERTIFY THAT THE FOREGOING BY-LAW was enacted by the Board the 8th day of May, 2023 and confirmed by the members the 8th day of May, 2023.

DATED as of this 23rd day of June, 2023.

Sherril L M/ Callaghan

Chair

Michelle

Secretary

SCHEDULE "A"

Excerpts from *Medicine Act, 1991*

ONTARIO REGULATION 114/94
Amended to O. Reg. 122/03
PART IV - CONFLICTS OF INTEREST

15. In this Part,

“benefit” means any benefit, gift, advantage or emolument of any kind, whether direct or indirect, and includes:

- (a) the receipt of any benefit from the services of any person or reimbursement of the cost of those services,
- (b) the benefit or receipt of the payment or reduction of any amount of any debt or financial obligation,
- (c) the receipt of any consultation fee or other fee for services rendered, except in accordance with a written contract for each service where,
 - (i) a copy of the contract is available and produced to the College on demand,
 - (ii) each contracted service is within the normal scope of the member’s specialty, and
 - (iii) each service is supported by records adequate to satisfy the College that it was in fact performed,
- (d) the acceptance of any loan except in accordance with a written evidence of indebtedness,
 - (i) executed at the time of transfer of funds,
 - (ii) witnessed at the time of actual execution by an individual whose name is legibly recorded on the document,
 - (iii) available and produced to the College on demand, and
 - (iv) that provides for a fixed term of loan and fixes a set interest rate, both of which are reasonable having a view to prevailing market rates at the time of the loan,
- (e) the acceptance of a loan that is interest free or related in any way to a referral made by the member,
- (f) the acceptance of credit unless the credit is unrelated in any way to a referral of patients to the creditor and the credit is extended pursuant to an agreement in writing,

- (i) executed at the time of the transaction,
- (ii) witnessed at the time of actual execution by an individual whose name is legibly recorded on the agreement,
- (iii) available and produced to the College on demand, and
- (iv) that provides for a fixed term of credit and fixes a set interest rate, both of which are reasonable having a view to prevailing market rates at the time of the transaction;

“medical goods or services” includes medical goods, appliances, materials, services and equipment, and drugs and laboratory services;

“member of his or her family” means any person connected with a member by blood relationship, marriage or adoption, and,

- (a) persons are connected by blood relationship if one is the child or other descendant of the other or one is the brother or sister of the other,
- (b) persons are connected by marriage if one is married to the other or to a person who is connected by blood relationship to the other, and
- (c) persons are connected by adoption if one has been adopted, either legally or in fact, as the child of the other or as the child of a person who is connected by blood relationship (otherwise than as a brother or sister) to the other;

“supplier” means a person who,

- (a) sells or otherwise supplies medical goods or services, or
 - (b) is registered or licensed under any Act regulating a health profession. O. Reg. 241/94, s. 2.
16. It is a conflict of interest for a member where the member, or a member of his or her family, or a corporation wholly, substantially, or actually owned or controlled by the member or a member of his or her family,
- (a) receives any benefit, directly or indirectly, from,
 - (i) a supplier to whom the member refers his or her patients or their specimens, or
 - (ii) a supplier who sells or otherwise supplies any medical goods or services to the patients of the member;
 - (b) rents premises to,
 - (i) a supplier to whom the member refers patients or their specimens, or

- (ii) a supplier who sells or otherwise supplies any medical goods or services to the patients of the member,

except where,

- (iii) the rent is normal for the area in which the premises are located, and
- (iv) the amount of the rent is not related to the volume of business carried out in the premises by the tenant;

- (c) rents premises from,

- (i) a supplier to whom the member refers his or her patients or their specimens, or
- (ii) a supplier who sells or otherwise supplies any medical goods or services to the patients of the member,

except where,

- (iii) the rent is normal for the area in which the premises are located, and
- (iv) the amount of the rent is not related to the referral of patients to the landlord; or

- (d) sells or otherwise supplies any drug, medical appliance, medical product or biological preparation to a patient at a profit, except,

- (i) a drug sold or supplied by a member to his or her patient that is necessary,

- (A) for an immediate treatment of the patient,

- (B) in an emergency, or

- (C) where the services of a pharmacist are not reasonably readily available, or

- (ii) despite subclause (i), an allergy preparation prepared by a member for his or her patient that is sold or supplied by the member for a price that does not exceed the total of,

- (A) the true cost of production of the preparation, and

- (B) the fee for the professional component, for the member's review of the case, for the prescription of the material and for the general supervision of the member's laboratory in preparing the material. O. Reg. 241/94, s. 2.

- 17(1) It is a conflict of interest for a member to order a diagnostic or therapeutic service to be performed by a facility in which the member or a member of his or her family has a proprietary interest unless,

- (a) the fact of the proprietary interest is disclosed to the patient before a service is performed;
or
 - (b) the facility is owned by a corporation the shares of which are publicly traded through a stock exchange and the corporation is not wholly, substantially or actually owned or controlled by the member, a member of his or her family or a combination of them.
O. Reg. 241/94, s. 2.
- 17(2) A member who or whose family has a proprietary interest in a facility where diagnostic or therapeutic services are performed shall inform the College of the details of the interest. O. Reg. 241/94, s. 2.

SCHEDULE “B”

Excerpts from
The *Public Hospitals Act*
R.S.O. 1990, Chapter P.40

Report to administrator and board

34(7) Where the medical advisory committee concurs in the opinion of the officer of the medical staff who has taken action under subsection (3) or (4) that the action was necessary, the secretary of the medical advisory committee shall forthwith make a detailed written report to the administrator and the board of the problem and the action taken. R.S.O. 1990, c. P.40, s. 34 (7); 2010, c. 14, s 20 (1).

Medical advisory committee Duties

35(2) The medical advisory committee shall consider and make recommendations to the board respecting any matter referred to it under section 37 and perform such other duties as are assigned to it by or under this or any other Act or by the board. R.S.O. 1990, c. P.40, s. 35 (2).

Medical staff appointment, hospital privileges, etc.

37(1) Every physician is entitled to apply for an appointment or a reappointment to any group of the medical staff of a hospital established by its By-Laws or for a change in hospital privileges and, upon receipt of a written request, an administrator shall supply an appropriate application form. R.S.O. 1990, c. P.40, s. 37 (1).

Term of appointment

37(2) Every physician appointed to the medical staff of a hospital shall be appointed for a period of not more than one year. R.S.O. 1990, c. P.40, s. 37 (2).

Idem

37(3) Each application shall be submitted to the administrator who shall immediately refer such application to the medical advisory committee. R.S.O. 1990, c. P.40, s. 37 (3).

Recommendation of medical advisory committee

37(4) Each application shall be considered by the medical advisory committee which shall make a recommendation thereon in writing to the board within sixty days from the date of the application. R.S.O. 1990, c. P.40, s. 37 (4).

Idem

37(5) Despite subsection (4), a medical advisory committee may make its recommendation later than sixty days after the date of the application if, prior to the expiry of the sixty-day period, it

indicates in writing to the board and the applicant that a final recommendation cannot yet be made and gives written reasons therefor. R.S.O. 1990, c. P.40, s. 37 (5).

Notice of recommendation

37(6) The medical advisory committee shall give written notice to the applicant and the board of its recommendation. R.S.O. 1990, c. P.40, s. 37 (6).

Idem

37(7) A notice under subsection (6) shall inform the applicant that he/she is entitled to,

- (a) written reasons for the recommendation if a request is received by the medical advisory committee within seven days of the receipt by the applicant of a notice of the recommendation; and
- (b) a hearing before the board if a written request is received by the board and the medical advisory committee within seven days of the receipt by the applicant of the written reasons under clause (a),

and the applicant may so require such reasons and hearing. R.S.O. 1990, c. P.40, s. 37 (7).