



MANITOULIN HEALTH CENTRE (M.H.C.)
PROFESSIONAL STAFF BY-LAWS

Approved – June 2017

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Manitoulin Health Centre
PROFESSIONAL STAFF BY-LAW, 2012

Article 1 - Definitions and Interpretation

1.1 Definitions

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

- (a) “**Board**” means the Board of Directors of the Corporation;
- (b) “**Chair of the Medical Advisory Committee**” means the member of the Professional Staff appointed to serve as Chair of the Medical Advisory Committee pursuant to section 9.2;
- (c) “**Chief Executive Officer**” means, in addition to ‘administrator’ as defined in the *Public Hospitals Act*, the President and Chief Executive Officer of the Corporation;
- (d) “**Chief Nursing Officer**” means the senior employee of the Hospital who reports directly to the Chief Executive Officer and is responsible for nursing services provided in the Hospital, being the Vice-President Clinical Services and Chief Nursing Officer of the Corporation.
- (e) “**Chief of a Department**” means a member of the Professional Staff appointed by the Board to be responsible for the professional standards and quality of care rendered by the members of that department at the Hospital;
- (f) “**Chief of Staff**” means the member of the Professional Staff appointed by the Board to serve as Chief of Staff in accordance with the regulations under the *Public Hospitals Act*;
- (g) “**Credentials Committee**” means the committee established by the Medical Advisory Committee to review applications for appointment and reappointment to the Professional Staff and to make recommendations to the Medical Advisory Committee and if no such committee is established it shall mean the Medical Advisory Committee;
- (h) “**Dental Staff**” means those Dentists appointed by the Board to attend or perform dental services for patients in the Hospital;
- (i) “**Dentist**” means a dental practitioner in good standing with the Royal College of Dental Surgeons of Ontario;
- (j) “**Department**” or “**department**” means an organizational unit of the Professional Staff to which members with a similar field of practice have been assigned;

- (k) **“Division”** or “division” means an organizational unit of a Department.
- (l) **“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 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 patients in the Hospital;
- (m) **“Head of a Division”** means the member of the Professional Staff appointed to be in charge of one of the organized divisions of a Department;
- (n) **“Hospital”** means the Public Hospital operated by the Corporation;
- (o) **“Impact Analysis”** means a study to determine the impact upon the resources of the Corporation of the proposed appointment of an applicant for appointment to the Professional Staff or an application by a member of the Professional Staff for additional privileges;
- (p) **“Medical Advisory Committee”** means the committee established pursuant to Article 10;
- (q) **“Medical Staff”** means those Physicians who are appointed by the Board and who are granted privileges to practice medicine in the Hospital;
- (r) **“Midwife”** means a Midwife in good standing with the College of Midwives of Ontario;
- (s) **“Midwifery Staff”** means those Midwives who are appointed by the Board and granted privileges to practice Midwifery in the Hospital;
- (t) **“Patient”** means, unless otherwise specified or the context otherwise requires, any in-patient or outpatient of the Corporation;
- (u) **“Physician”** means a medical practitioner in good standing with the College of Physicians and Surgeons of Ontario;
- (v) **“Physician’s Assistant”** means a medical paraprofessional in good standing as a recognized Physician’s Assistant in Ontario;
- (w) **“Policies”** means the administrative, human resources, clinical and professional policies of the Hospital and includes policies and procedures adopted by the Board pursuant to Article 2;

(x) “**Professional Staff**” means the Medical Staff, Dental Staff, Midwifery Staff and members of Extended Class Nursing Staff and Physician’s Assistants who are not employees of the Corporation;

(y) “**Professional Staff Human Resources Plan**” means the plan developed for each Department under section 8.4;

(z) “**Public Hospitals Act**” means the *Public Hospitals Act* (Ontario), and, where the context requires, includes the regulations made thereunder;

(aa) “**Registered Nurse in the Extended Class**” means a member of the College of Nurses of Ontario who is a registered nurse and who holds an extended certificate of registration under the *Nursing Act, 1991*; and

(bb) “**Rules and Regulations**” means the Rules and Regulations governing the practice of the Medical, Dental, Midwifery and Extended Class Nursing Staff in the Hospital both generally and within a particular Department, and includes Rules and Regulations which have been approved by the Board after considering the recommendation of the Medical Advisory Committee.

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.

Article 2 - Rules and Regulations and Policies

2.1 Rules and Regulations and Policies and Procedures

(1) The Board, after consulting with any relevant Professional Staff Association which may exist within the organization, and/or considering the recommendation of the Medical Advisory Committee, may make Rules and Regulations as it deems necessary, including rules and regulations for patient care and safety and the conduct of members of the Professional Staff.

(2) The Board, after considering the recommendation of the Medical Advisory Committee, may adopt policies and procedures applicable to the Professional Staff, including policies and procedures that are consistent with Rules and Regulations and support the implementation of Rules and Regulations.

Article 3 - Honorary Staff Designation

3.1 Honorary Staff

(1) An individual may be honoured by the Board by being designated as a member of the Honorary Staff of the Corporation, for such term as the Board deems appropriate, because he or she:

(a) is a former member of the Professional Staff who has retired from active practice; and/or

(b) has contributed to the Hospital and has an outstanding reputation or made an extraordinary accomplishment.

(2) Members of the Honorary Staff:

(a) shall not have privileges or provide patient care;

(b) shall not have regularly assigned clinical, academic or administrative duties or responsibilities;

(c) may attend, but shall not vote at, Professional Staff meetings, and shall not be eligible to hold elected or appointed offices in the Professional Staff; and

(d) shall not be bound by the attendance requirements of the Professional Staff.

Article 4 - Appointment and Reappointment to Professional Staff

4.1 Appointment and Revocation

(1) The Board, after considering the recommendations of the Medical Advisory Committee, shall appoint annually a Professional Staff, which may include appointments of Medical, Dental, Midwifery, members of the Extended Class Nursing (those not working directly as hospital employees within the organization) and Physician's Assistant designation and shall grant such privileges as it deems appropriate to each member of the Professional Staff so appointed.

(2) All applications for appointment and reappointment to the Professional Staff shall be processed in accordance with the provisions of this By-law and the *Public Hospitals Act*.

(3) The Board may, at any time, make, revoke or suspend any appointment to the Professional Staff or restrict the privileges of any member of the Professional Staff in accordance with the provisions of this By-law and the *Public Hospitals Act*.

4.2 Term of Appointment

(1) Subject to subsection 4.1(3), each appointment to the Professional Staff shall be for a term of up to one (1) year.

(2) Where a member of the Professional Staff has applied for reappointment within the time prescribed by the Medical Advisory Committee, the current appointment shall continue:

(a) unless subsection 4.2(2)(b) applies, until the reappointment is granted or not granted by the Board; or

(b) in the case of a member of the Medical Staff and where the reappointment is not granted by the Board and there is a right of appeal to the Health Professions Appeal and Review Board, until the time for giving notice of a hearing by the Health Professions Appeal and Review Board has expired or, where a hearing is required, until the decision of the Health Professions Appeal and Review Board has become final.

4.3 Qualifications and Criteria for Appointment to the Professional Staff

(1) Only applicants who meet the qualifications and satisfy the criteria set out in this By-law are eligible to be a member of, and appointed to, the Professional Staff of the Corporation.

(2) An applicant for appointment to the Professional Staff must meet the following qualifications:

(a) have adequate training and experience for the privileges requested;

(b) have a demonstrated ability to:

(i) provide patient care at an appropriate level of quality and efficiency;

(ii) work and communicate with, and relate to, others in a co-operative, collegial and professional manner;

(iii) communicate with, and relate appropriately to, patients and patients' relatives and/or substitute decision makers;

(iv) participate in the discharge of staff, committee and, if applicable, teaching responsibilities, and other duties appropriate to staff category;

(v) meet an appropriate standard of ethical conduct and behaviour; and

(vi) govern himself or herself in accordance with the requirements set out in this By-law, the Hospital's mission, vision and values, Rules and Regulations and Policies; and quality initiatives.

(c) have maintained the level of continuing professional education required by the applicant's regulatory College, where applicable;

(d) have up-to-date inoculations, screenings and tests as may be required by the occupational health and safety policies and practices of the Hospital, the *Public Hospitals Act* or other legislation;

(e) demonstrate adequate control of any significant physical or behavioural impairment affecting skill, attitude or judgment that might impact negatively on patient care or the operations of the Corporation; and

(f) have current membership in the Canadian Medical Protective Association or professional practice liability coverage appropriate to the scope and nature of the intended practice.

(3) In addition to the qualifications set out in subsection 4.3(2), an applicant for appointment to the Professional Staff as a Physician must meet the following qualifications:

(a) be qualified to practice medicine and licensed pursuant to the laws of Ontario and have a Certificate of Registration in good standing with the College of Physicians and Surgeons of Ontario or an equivalent certificate from their most recent licensing body; and

(b) have a current Certificate of Professional Conduct from the College of Physicians and Surgeons of Ontario or the equivalent certificate from their most recent licensing body.

(4) In addition to the qualifications set out in subsection 4.3(2), an applicant for appointment to the Professional Staff as a Dentist must meet the following qualifications:

(a) be qualified to practice dentistry and licensed pursuant to the laws of Ontario and have a letter of good standing from the Royal College of Dental Surgeons of Ontario or the equivalent letter from their most recent licensing body; and

(b) have a current Certificate of Professional Conduct from the Royal College of Dental Surgeons or the equivalent certificate from their most recent licensing body.

(5) In addition to the qualifications set out in subsection 4.3(2), an applicant for appointment to the Professional Staff as a Midwife must meet the following qualifications:

(a) be qualified to practice midwifery and be licensed pursuant to the laws of Ontario and have a Certificate of Registration in good standing with the College of Midwives of Ontario or an equivalent certificate from their most recent licensing body; and

(b) have a current Certificate of Professional Conduct from the College of Midwives of Ontario or the equivalent certificate from their most recent licensing body.

(6) In addition to the qualifications set out in subsection 4.3(2), an applicant for appointment to the Professional Staff as a Registered Nurse in the Extended Class must meet the following qualifications:

(a) be qualified to practice as a nurse in the extended class and hold a current, valid Annual Registration Payment Card as a registered nurse in the extended class with the College of Nurses of Ontario; and

(b) have a letter of good standing from the Ontario College of Nurses or their most recent licensing body.

(7) In addition to the qualifications set out in subsection 4.3(2), an applicant for appointment to the Professional Staff as a Physician's Assistant must meet the following qualifications:

(a) be qualified to practice as a Physician's Assistant in the Province of Ontario and have a defined limited scope of practice, as determined by all sponsoring physicians and delineated within appropriate medical directives.

(8) All appointments will be considered against the clinical needs of the hospital. If the Board so requires, an Impact Analysis demonstrating that the Hospital has the resources to accommodate the applicant may be requested prior to the appointment decision.

(9) In addition to any other provisions of the By-law, including the qualifications set out in subsections 4.3(2), 4.3(3), 4.3(4), 4.3(5) and 4.3(6), the Board may refuse to appoint any applicant to the Professional Staff on any of the following grounds:

(a) the appointment is not consistent with the need for service, as determined by the Board from time to time;

(b) the clinical needs and/or the Impact Analysis of the Corporation and/or Department does not demonstrate sufficient resources to accommodate the applicant; or

(c) the appointment is not consistent with the strategic plan and mission of the Corporation.

4.4 Application for Appointment to the Professional Staff

(1) The Chief Executive Officer or delegate shall supply a copy of, or information on how to access a form of the application for appointment. When it is seen advisable to do so, the Chief Executive Officer or delegate shall supply a copy of the mission, vision, values and strategic plan of the Corporation, the bylaws and the Rules and Regulations and appropriate Policies, to any Physician, Dentist, Midwife, Registered Nurse in the Extended Class, or Physician's Assistant who expresses in writing an intention to apply for appointment to the Professional Staff.

(2) An applicant for appointment to the Professional Staff shall submit to the Chief Executive Officer one (1) original application in the prescribed form together with signed consents to enable the Hospital to make inquiries of the applicable College and other hospitals, institutions and facilities where the applicant has previously provided professional services or received professional training to allow the Hospital to fully investigate the qualifications and suitability of the applicant.

(3) Prior to the consideration of an applicant for appointment, any applicant may be requested to visit the Corporation for an interview, at the discretion of the Chief of Staff or delegate. In addition, if requested by any member of the Medical Advisory Committee, the applicant shall meet with the Chief Executive Officer or delegate and any other members of the Professional Staff.

4.5 Procedure for Processing Applications for Appointment to the Professional Staff

(1) Upon receipt of a complete application, the Chief Executive Officer shall deliver each original application forthwith to the Medical Advisory Committee through the Chief of Staff or delegate, who shall keep a record of each application;

(2) The Medical Advisory Committee shall review all materials in the application, receive the recommendations from the relevant members of the Professional Staff, ensure all required information has been provided, investigate the professional competence and verify the qualifications of the applicant, consider whether the qualifications and criteria required by section 4.3 are met, and determine a recommendation for the Board, in the form of a motion.

(3) The Medical Advisory Committee shall:

(a) send, within sixty (60) days of the date of receipt of a complete application, notice of its recommendations to the Board and the applicant, in accordance with the *Public Hospitals Act*.

(4) Notwithstanding subsection 4.5(3), the Medical Advisory Committee may make its recommendation later than sixty (60) days after receipt of the application if, prior to the expiry of the sixty (60) day period, it indicates in writing to the Board and to the applicant that a final recommendation cannot be made within such sixty (60) day period and gives written reasons thereof.

(5) Where the Medical Advisory Committee recommends the appointment, it shall specify the category of appointment and the specific privileges it recommends the applicant be granted.

(6) Where the Medical Advisory Committee does not recommend appointment or where the recommended appointment or privileges differ from those requested, the Medical Advisory Committee shall inform the applicant that he or she is entitled to:

(a) written reasons for the recommendation if a request is received by the Medical Advisory Committee within seven (7) days of the receipt by the applicant of 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 (7) days of the receipt by the applicant of the written reasons referred to in subsection 4.5(6)(a).

(7) Where the applicant does not request a hearing by the Board, the Board may implement the recommendation of the Medical Advisory Committee.

(8) Where an applicant requests a hearing by the Board, it shall be dealt with in accordance with the applicable provisions of the *Public Hospitals Act* and Article 6.

(9) The Board shall consider the Medical Advisory Committee recommendations within the period specified by the *Public Hospitals Act*.

(10) The Board, in determining whether to make any appointment or reappointment to the Professional Staff or approve any request for a change in privileges shall take into account the recommendation of the Medical Advisory Committee and such other considerations it, in its discretion, considers relevant including, but not limited to an Impact Analysis, the organization's Strategic Plan, any changes that have occurred or are being contemplated in the scope of services being provided, and the Corporation's ability to operate within its resources.

4.6 Temporary Appointment

(1) Notwithstanding any other provision of this By-law, the Chief Executive Officer or delegate, in consultation with the Chief of Staff or delegate may:

(a) grant a temporary appointment and temporary privileges to any Professional, provided that such appointment shall not extend beyond the date of the next meeting of the Medical Advisory Committee at which time the action taken shall be reported; and

(b) continue a temporary appointment and temporary privileges on the recommendation of the Medical Advisory Committee, until the next meeting of the Board.

(2) A temporary appointment may be made for any reason including:

(a) to meet a specific singular requirement by providing a consultation and/or operative procedure; or

(b) to meet an unexpected need for such clinical services as can be provide by the Professional.

(3) The Board may, after receiving the recommendation of the Medical Advisory Committee, continue a temporary appointment granted pursuant to section 4.6(1) for such period of time and on such terms as the Board determines.

(4) If the term of the temporary appointment has been completed before the next Board meeting, the appointment shall be reported to the Board.

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

4.7 Application for Reappointment to the Professional Staff

(1) Each year, each member of the Professional Staff desiring reappointment to the Professional Staff shall make written application on the prescribed form to the Chief Executive Officer before the date specified by the Medical Advisory Committee.

(2) Each application for reappointment to the Professional Staff shall contain the following information:

(a) a restatement or confirmation of the undertakings and acknowledgements requested as part of an application for appointment or as required by the Rules and Regulations from time to time;

(b) either:

i) a declaration that all information on file at the Hospital from the applicant's most recent application is up-to-date, accurate and unamended as of the date of the current application; or

(ii) a description of all material changes to the information on file at the Hospital since the applicant's most recent application, including without limitation: an updated curriculum vitae including any additional professional qualifications acquired by the applicant since the previous application, additional relevant continuing medical education undertaken, new information concerning hospital physician leadership positions and/or participation within hospital committees, and information regarding any completed disciplinary or malpractice proceedings restriction in privileges or suspensions during the past year;

(c) a report of the Chief of Staff on competency issues , which may be in accordance with any performance evaluation process approved by the Board from time to time, which shall include recommendation with respect to reappointment with the Hospital;

(d) the category of appointment requested and a request for either the continuation of, or any change in, existing privileges;

(e) if requested, a current Certificate of Professional Conduct or equivalent from the appropriate college or licensing body;

(f) confirmation that the member has complied with the disclosure duties set out in s.7.7(d); and

(g) such other information that the Board may require, respecting competency, capacity and conduct, having given consideration to the recommendation of the Medical Advisory Committee.

(3) In the case of any application for reappointment in which the applicant requests additional privileges, each application for reappointment shall identify any required professional qualifications and confirm that the applicant holds such qualifications.

(4) Application for reappointment shall be dealt with in accordance with the *Public Hospitals Act* and section 4.5 of this By-law.

4.8 Qualifications and Criteria for Reappointment to the Professional Staff

(1) In order to be eligible for reappointment:

(a) the applicant shall continue to meet the qualifications and criteria set out in section 4.3;

(b) the applicant shall have conducted himself or herself in compliance with these By-laws, the Hospital's values, all applicable Rules, Regulations, and Policies; and

(c) the applicant shall have demonstrated appropriate use of Hospital resources in accordance with all applicable policies, processes and medical directives of the Corporation.

4.9 Application for Change of Privileges

(1) Each member of the Professional Staff who wishes to change his or her privileges shall submit, on the prescribed form to the Chief Executive Officer or delegate, an application listing the change of privileges requested, and providing evidence of appropriate training and competence and such other matters as the Board may require.

(2) The Chief Executive Officer or delegate shall refer any such application forthwith to the Medical Advisory Committee through the Chief of Staff or delegate, who shall keep a copy of each application received.

(3) The Medical Advisory Committee shall investigate the professional competence, verify the qualifications of the applicant for the privileges requested, received the report of the Chief of Staff, and shall submit a report of its findings to the Medical Advisory Committee at its next regular meeting.

(4) The application shall be processed in accordance with and subject to the requirements of sections 4.8 and subsections 4.5(3) to 4.5(10) of this By-law.

4.10 Leave of Absence

(1) Upon request of a member of the Professional Staff to the Chief of Staff, a leave of absence of up to twelve (12) months may be granted, after receiving the recommendation of the Medical Advisory Committee, by the Chief of Staff,

(a) in the event of extended illness or disability of the member, or

(b) in other circumstances acceptable to the Board, upon recommendation of the Chief of Staff.

(2) After returning from a leave of absence granted in accordance with subsection 4.10(1), the member of the Professional Staff may be required to produce a medical certificate of fitness from a physician acceptable to the Chief of Staff or delegate. The Chief of Staff or delegate may impose such conditions on the privileges granted to such member as appropriate.

(3) Following a leave of absence of longer than twelve (12) months, a member of the Professional Staff shall be required to make a new application for appointment to the Professional Staff in the manner and subject to the criteria set out in this By-law.

Article 5 - Monitoring, Suspension and Revocation

5.1 Monitoring Practices and Transfer of Care

(1) Any aspect of patient care or Professional Staff conduct being carried out in the Corporation may be reviewed without the approval of the member of the Professional Staff responsible for such care by the Chief of Staff or delegate.

(2) Where any member of the Professional Staff or Corporation staff reasonably believes that a member of the Professional Staff is incompetent, attempting to exceed his or her privileges, incapable of providing a service that he or she is about to undertake, or acting in a manner that exposes or is reasonably likely to expose any patient, health care provider, employee or any other person at the Hospital to harm or injury, such individual shall communicate that belief forthwith to either the Chief of Staff or the Chief Executive Officer, so that appropriate action can be taken.

(3) If the Chief of Staff or delegate becomes aware that, in his or her opinion a serious problem exists in the diagnosis, care or treatment of a patient, the officer shall forthwith discuss the condition, diagnosis, care and treatment of the patient with the attending member of the Professional Staff. If changes in the diagnosis, care or treatment satisfactory to the Chief of Staff or delegate are not made, he or she shall forthwith assume the duty of investigating, diagnosing, prescribing for and treating the patient.

(4) Where the Chief of Staff or delegate has cause to take over the care of a patient, the Chief Executive Officer and one other member of the Medical Advisory Committee, the attending member of the Professional Staff, and the patient or the patient's substitute decision maker shall be notified in accordance with the *Public Hospitals Act*. The Chief of Staff or delegate shall file a written report with the Medical Advisory Committee within forty eight (48) hours of his or her action.

(5) Where the Medical Advisory Committee concurs with such action taken under subsection 5.1(4), the Medical Advisory Committee shall forthwith make a detailed written report to the Chief Executive Officer and the Board of the problem and the action taken.

5.2 Suspension, Restriction or Revocation of Privileges

(1) The Board may, at any time, in a manner consistent with the *Public Hospitals Act* and this By-law, revoke or suspend any appointment of a member of the Professional Staff or revoke, suspend, restrict or otherwise deal with the Privileges of a member of the Professional Staff.

(2) Any administrative or leadership appointment of the member of the Professional Staff will automatically terminate upon the restriction, revocation or suspension of privileges or, revocation of appointment, unless otherwise determined by the Board.

(3) Where an application for appointment or reappointment is denied or, the privileges of a member of the Professional Staff have been restricted, suspended or revoked, by reason of incompetence, negligence or misconduct, or the member resigns from the Professional Staff during the course of an investigation into his or her competence, negligence or misconduct, the Chief Executive Officer shall prepare and forward a detailed written report to the member's regulatory body as soon as possible, and not later than thirty (30) days.

5.3 Immediate Action

(1) The Chief Executive Officer or delegate or Chief of Staff or delegate may temporarily restrict or suspend the privileges of any member of the Professional Staff, in circumstances where in their opinion the member's conduct, performance or competence:

(a) exposes or is reasonably likely to expose any patient, health care provider, employee or any other person at the Hospital to harm or injury; or

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

and immediate action must be taken to protect patients, health care providers, employees and any other person at the Hospital from harm or injury.

(2) Before the Chief Executive Officer or delegate, the Chief of Staff or delegate takes action authorized in subsection 5.3(1), they shall first consult with one of the other of them. If such prior consultation is not possible or practicable under the circumstances, the person who takes the action authorized in subsection 5.3(1) shall provide immediate notice to the others. The person who takes the action authorized in subsection 5.3(1) shall forthwith submit a written report on the action taken with all relevant materials and/or information to the Medical Advisory Committee.

5.4 Non-Immediate Action

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

- (a) fails to meet or comply with the criteria for annual reappointment; or
- (b) exposes or is reasonably likely to expose any patient, health care provider, employee or any other person at the Hospital to harm or injury; or
- (c) is or is reasonably likely to be, detrimental to patient safety or to the delivery of quality patient care within the Hospital or impact negatively on the operations of the Hospital; or
- (d) fails to comply with the Hospital's by-laws, Rules and Regulations, or Policies, the *Public Hospitals Act* or any other relevant law, which includes the Personal Health Information and Protection Act (PHIPA), and the Health Information Protection Act (HIPA).

(2) Prior to making a recommendation as referred to in subsection 5.4(1), an investigation may be conducted. Where an investigation is conducted it may be assigned to an individual within the Hospital other than the Medical Advisory Committee or an external consultant.

5.5 Referral to Medical Advisory Committee for Recommendations

(1) Following the temporary restriction or suspension of privileges under section 5.3, or the recommendation to the Medical Advisory Committee for the restriction or suspension of privileges or the revocation of an appointment of a member of the Professional Staff under section 5.4, the following process shall be followed;

- (a) the Chief of Staff or delegate, or Chief Executive Officer or delegate, shall forthwith submit to the Medical Advisory Committee a written report on the action taken, or recommendation, as the case may be, with all relevant materials and/or information;
- (b) a date for consideration of the matter will be set, not more than ten (10) days from the time the written report is received by the Medical Advisory Committee;
- (c) 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 the member with a written notice of,
 - (i) the time and place of the meeting;
 - (ii) the purpose of the meeting; and
 - (iii) a statement of the matter to be considered by the Medical Advisory Committee together with any relevant documentation.

(2) The date for the Medical Advisory Committee to consider the matter under 5.5(1) may be extended by,

- (a) an additional five (5) days in the case of a referral under 5.3; or
 - (b) any number of days in the case of a referral under 5.4,
- if the Medical Advisory Committee considers it necessary to do so.

(3) The Medical Advisory Committee may:

(a) set aside the restriction or suspension of privileges; or

(b) recommend to the Board a suspension or revocation of the appointment or a restriction, suspension or revocation of privileges on such terms as it deems appropriate. Notwithstanding the above, the Medical Advisory Committee may also refer the matter to a sub-committee of the Medical Advisory Committee.

(4) If the Medical Advisory Committee recommends the continuation of the restriction or suspension or a revocation of privileges or recommends a revocation of appointment and/or makes further recommendations concerning the matters considered at its meeting, the Medical Advisory Committee shall within twenty-four (24) hours of the Medical Advisory Committee meeting provide the member with written notice of the Medical Advisory Committee's recommendation.

(5) The written notice shall inform the member that he or she is entitled to:

(a) written reasons for the recommendation if a request is received by the Medical Advisory Committee within seven (7) days of the member's receipt of the 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 (7) days of the receipt by the member of the written reasons requested.

(6) If the member requests written reasons for the recommendation under 5.5(5), the Medical Advisory Committee shall provide the written reasons to the member within forty-eight (48) hours of receipt of the request.

Article 6 - Board Hearing

6.1 Board Hearing

(1) A hearing by the Board shall be held when one of the following occurs:

(a) the Medical Advisory Committee recommends to the Board that an application for appointment, reappointment or requested privileges not be

granted and the applicant requests a hearing in accordance with the *Public Hospitals Act*, or

(b) the Medical Advisory Committee makes a recommendation to the Board that the privileges of a member of the Professional Staff and be restricted, suspended or revoked or an appointment be revoked and the member requests a hearing.

(2) The Board will name a place and time for the hearing.

(3) In the case of immediate suspension or revocation of privileges, the Board hearing shall be held within seven (7) days of the date the applicant or members requests the hearing under 6.1(1). In the case of non-immediate suspension or revocation of privileges the Board hearing will be held as soon as practicable but not later than twenty eight (28) days after the Board receives the written notice from the member or applicant requesting the hearing.

(4) The Board may extend the time for the hearing date if it is considered appropriate.

(5) The Board will give written notice of the hearing to the applicant or member and to the Medical Advisory Committee at least five (5) days before the hearing date.

(6) The notice of the Board hearing will include:

(a) the place and time of the hearing;

(b) the purpose of the hearing;

(c) a statement that the applicant or member and Medical Advisory Committee will be afforded an opportunity to examine prior to the hearing, any written or documentary evidence that will be produced, or any reports the contents of which will be given in evidence at the hearing;

(d) a statement that the applicant or member may proceed in person or be represented by counsel, call witnesses and tender documents in evidence in support of his or her case;

(e) a statement that the time for the hearing may be extended by the Board on the application of any party; and

(f) a statement that if the applicant or member does not attend the meeting, the Board may proceed in the absence of the applicant or member, and the applicant or member will not be entitled to any further notice in the hearing.

(7) The parties to the Board hearing are the applicant or member, the Medical Advisory Committee and such other persons as the Board may specify.

(8) The applicant or member requiring a hearing and the Medical Advisory Committee shall be afforded an opportunity to examine, prior to the hearing, any written or documentary evidence that will be produced, or any reports the contents of which will be used in evidence.

(9) Members of the Board holding the hearing will not have taken part in any investigation or consideration of the subject matter of the hearing and will not communicate directly or indirectly in relation to the subject matter of the hearing with any person or with any party or their representative, except upon notice to and an opportunity for all parties to participate. Despite the foregoing, the Board may obtain legal advice.

(10) The findings of fact of the Board pursuant to a hearing will be based exclusively on evidence admissible or matters that may be noticed under the *Statutory Powers Procedure Act*.

(11) No member of the Board will participate in a decision of the Board pursuant to a hearing unless they are present throughout the hearing and heard the evidence and argument of the parties and, except with the consent of the parties, no decision of the Board will be given unless all members so present participate in the decision.

(12) The Board shall make a decision to follow, amend or not follow the recommendation of the Medical Advisory Committee. The Board, in determining whether to make any appointment or reappointment to the Professional Staff or approve any request for a change in privileges shall take into account the recommendation of the Medical Advisory Committee and such other considerations it, in its discretion, considers relevant including, but not limited to, the considerations set out in sections 4.3, 4.8 and 4.9 respectively.

(13) A written copy of the decision of the Board will be provided to the applicant or member and to the Medical Advisory Committee.

(14) Service of a notice to the parties may be made personally or by registered mail addressed to the person to be served at their last known address and, where notice is served by registered mail, it will be deemed that the notice was served on the third (3rd) day after the day of mailing unless the person to be served establishes that they did not, acting in good faith, through absence, accident, illness or other causes beyond their control, receive it until a later date.

Article 7 - Professional Staff Categories and Duties

7.1 Professional Staff Categories for Physicians

(1) The Physician complement of the Professional Staff shall be divided into the following groups:

- (a) Active;
- (b) Associate;
- (c) Courtesy;
- (d) Locum Tenens; and
- (e) such categories as may be determined by the Board from time to time having given consideration to the recommendation of the Medical Advisory Committee.

7.2 Active Staff - Physicians

(1) The physicians designated as Active Staff shall consist of those appointed to the Active Staff by the Board and who have completed satisfactory service as Associate Staff of at least one (1) year or who the Board, on the recommendation of the Medical Advisory Committee, appoints directly to the Active Staff.

(2) Except where approved by the Board, no physician with an active staff appointment at another Hospital, shall be appointed to the Active Staff.

(3) Each member of the Active Staff shall:

- (a) have admitting privileges unless otherwise specified in their appointment;
- (b) attend patients and undertake treatment and operative procedures only in accordance with the kind and degree of privileges granted by the Board and in accordance with the scope of services, policies, processes and medical directives of the Hospital;
- (c) be responsible to the Chief of Staff for all aspects of patient care;
- (d) act as a supervisor of other members of the Professional Staff when requested by the Chief of Staff;
- (e) fulfil such on-call requirements as may be established by any medical Department or Division;
- (f) participate in sub-committees of the Medical Advisory Committee and Hospital Program Committees, as well as act as Professional Staff liaisons to other clinical programs of the Hospital as assigned by the Medical Advisory Committee, or the Chief of Staff, or the President of the Medical Staff;
- (g) perform such other duties as may be prescribed by the Medical Advisory Committee or requested by the Chief of Staff from time to time;

(h) as a Physician, be entitled to attend and vote at meetings of the Professional Staff and be eligible to be an elected or appointed officer of the Professional Staff.

7.3 Associate Staff - Physicians

(1) Physicians who are applying for appointment to the Active Staff, subject otherwise to the determination of the Board (see 7.2), will be assigned to the Associate Staff. In no event shall an appointment to the Associate Staff extend beyond two (2) years.

(2) Each member of the Associate Staff shall:

(a) have admitting privileges unless otherwise specified in their appointment;

(b) work under the supervision of an Active Staff member named by the Chief of Staff or delegate to whom he or she has been assigned;

(c) undertake such duties in respect of patients as may be specified by the Chief of Staff ;

(d) fulfil such on call requirements as may be established;

(e) perform such other duties as may be prescribed by the Medical Advisory Committee or requested by the Chief of Staff or delegate from time to time;

(f) as a Physician, be entitled to attend and vote at Professional Staff meetings but shall not be eligible to be an elected or appointed officer of the Professional Staff; and

(3) (a) at six (6) month intervals following the appointment of an Associate Staff member to the Professional Staff, the Active Staff member by whom the Associate Staff member has been supervised shall provide a report to the Medical Advisory Committee concerning:

(i) the knowledge and skill that has been shown by the Associate Staff member;

(ii) the nature and quality of his or her work in the Corporation; and

(iii) his or her performance and compliance with the criteria set out in subsection 4.3(2).

(b) upon receipt of the report referred to in subsection 7.3(3)(a), the appointment of the member of the Associate Staff shall be reviewed by the Medical Advisory Committee.

(c) if any report made under subsections 7.3(3)(a) or 7.3(3)(b) is not favourable to the Associate Staff member, the Medical Advisory Committee may recommend the appointment of the Associate Staff member be terminated. If the report is favourable, the relationship will continue between the Corporation and the Associate Staff member.

(d) no member of the Associate Staff shall be recommended for appointment to the Active Staff unless they have been a member of the Associate Staff for at least one (1) year. In no event shall an appointment to the Associate Staff be continued for more than two (2) years.

7.4 Courtesy Staff – Physicians

(1) The Board may grant a physician an appointment to the courtesy staff in one or more of the following circumstances:

- (a) the applicant has an active staff commitment at another Corporation, or
- (b) the applicant lives at such a remote distance from the Corporation that it limits full participation in active staff duties, but he or she wishes to maintain an affiliation with the Corporation, or
- (c) the applicant has a primary commitment to, or contractual relationship with, another community or organization, or
- (d) the applicant requests access to limited Corporation resources or out-patient programs or facilities, or
- (e) where the Board deems it otherwise advisable.

(2) The Board may grant a physician an appointment to the courtesy staff with such privileges as the Board deems advisable. Privileges to admit patients shall only be granted under specified circumstances.

The circumstances leading to an appointment under this section shall be specified by the physician on each application for re-appointment.

(3) Courtesy Staff shall be entitled to attend Professional Staff meetings but shall not have a vote and shall not be eligible to hold an elected or appointed office of the Professional Staff.

7.5 Locum Tenens Staff – Physicians

(1) Locum Tenens Staff consist of Physicians who have been admitted to the Locum Tenens Staff by the Board in order to meet specific clinical needs for a defined period of time in one or more of the following circumstances:

- (a) to be a planned replacement for a Physician for specified period of time; or
- (b) to provide episodic services.

(2) The appointment of a Physician as a member of the Locum Tenens Staff may be for up to one (1) year, subject to renewal, which The Board having considered the recommendation of the Medical Advisory Committee, may permit.

(3) A Locum Tenens Staff shall:

- (a) have admitting privileges unless otherwise specified in their appointment;
- (b) work under the counsel of members of the Active Staff; and
- (c) attend patients and undertake treatment and procedures in accordance with the kind and degree of privileges granted by the Board.

(4) Locum Tenens Staff shall not, subject to any determination by the Board or Medical Staff in any individual case, attend at Professional Staff meetings. Locum Tenens Staff shall not vote and will neither be elected nor appointed to any office of the Professional Staff.

7.6 Extended Class Nursing Staff, Midwives, Physician's Assistants Staff, and Dental Staff

(1) The Board, having given consideration to the advice of the Medical Advisory Committee, will delineate the privileges for each member of Extended Class Nursing Staff, Midwives, Physician's Assistants Staff, and Dental Staff who is not an employee of the Corporation; such privileges shall be aligned with the scope of practice for each professional, on an individual basis.

(2) (a) each new applicant for appointment to the Extended Class Nursing Staff, Midwives, Physician's Assistants Staff shall be appointed for an initial probationary period of one (1) year.

(b) prior to completion of the one (1) year probationary period, a performance evaluation summary for a member of the Extended Class Nursing Staff, Midwives, Physician's Assistants Staff shall be presented to the Medical Advisory Committee by the Chief of Staff, or delegate, concerning the knowledge and skill that has been shown by the Extended Class Nursing Staff, Midwives, Physician's Assistants Staff member, the nature and quality of his or her work and his or her performance and compliance with the criteria set out in subsection 4.3(2).

(c) The Medical Advisory Committee which shall in turn make a recommendation to the Board on any reappointments to the Extended Class Nursing Staff, Midwives, and Physician's Assistants Staff.

(3) Members of the Extended Class Nursing Staff, Midwives, Physician's Assistants Staff may, at the discretion of the President of the Medical Staff, be entitled to attend but not vote at Professional Staff meetings and shall not be eligible to hold an elected or appointed office in the Professional Staff.

(4) Members appointed as Dental Staff Members shall hold such qualifications that allow them to perform dental services for patients under the care of the hospital and shall act in consultation with, and at the request of, an Active, Associate or Locum member of the Professional Staff and shall not practice autonomously within the hospital. Privileges for Dental Staff Members shall be for a one year period.

7.7 Duties of all Professional Staff

Each member of the Professional Staff:

(a) is accountable to and shall recognize the authority of the Board through and with the Chief of Staff and Chief Executive Officer.

(b) shall co-operate with and respect the authority of the Chief of Staff, the Medical Advisory Committee, and the Chief Executive Officer;

(c) shall perform the duties, undertake the responsibility and comply with the provisions set out in this By-law and the Rules and Regulations and Policies.

(d) shall forthwith advise the Chief of Staff of the commencement of any College disciplinary proceeding, proceedings to restrict or suspend privileges at other hospitals, or malpractice actions.

7.8 Chief of Staff

(a) The Board shall appoint a member of the active medical staff to be the Chief of Staff after giving consideration to the advice of the Medical Advisory Committee and a recommendation of the medical staff.

(b) subject to annual confirmation by the Board, an appointment made under subsection 7.8 (a) shall be for a term of three (3) years but the Chief of Staff shall hold office until a successor is appointed.

(c) the usual maximum number of terms under subsection 7.8(a) shall be two, provided however that following a break in the continuous service of at least one year the same person may be re-appointed. However, the Board may grant, after due consideration of any recommendation from Medical Advisory Committee,

any number of terms to an incumbent Chief of Staff, if it believes it is in the best interests of the organization to do so.

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

(e) The Chief of Staff shall be a non-voting member of the Board. The Chief of Staff may, however, attend and vote at any committee of the Board, except for the Board's Executive Committee.

7.9 Duties of the Chief of Staff

The Chief of Staff shall:

(a) be accountable to the Board;

(b) organize the Professional Staff to ensure that the quality of the medical care given to all patients of the Corporation is in accordance with policies established by The Board and in accordance with professional standards of practice;

(c) chair the Medical Advisory Committee;

(d) advise the Medical Advisory Committee and the Board with respect to the quality of medical care for treating patients of the Corporation;

(e) report regularly to the Board and medical staff about the activities, recommendations and actions of the Medical Advisory Committee and any other matters about which they should have knowledge;

(f) assign, or delegate the assignment of, a member of the Professional Staff, to supervise the practice of medicine of any other member of the Professional Staff, as appropriate under these By-laws for any period of time required,

(g) in consultation with the Chief Executive Officer, designate an alternate to act during an absence;

(h) supervise the processes to ensure professional care is provided by all members of the Professional Staff in the Corporation;

(i) be responsible to the Board through and with the Chief Executive Officer for the appropriate utilization of resources by all members of the Professional Staff;

(j) report to the Medical Advisory Committee on activities of the Corporation including the utilization of resources and quality assurance;

- (k) participate in the development of the Corporation's mission, objectives, and strategic plan;
- (l) work with the Medical Advisory Committee to plan medical manpower needs of the Corporation in accordance with the Corporation's strategic plan;
- (m) participate in Corporation resource allocation decisions;
- (n) to ensure medical staff participate in medical staff committees, hospital committees and programs, as well as medical rounds;
- (o) ensure there is a process for participation in continuing Professional Staff education;
- (p) provide input to the Medical Advisory Committee concerning competency issues of the Professional Staff. Notify The Board of all recommendations from the Medical Advisory Committee;
- (q) advise the Professional Staff on current Corporation policies, objectives and rules;
- (r) delegate appropriate responsibility to the members of the Professional Staff; and
- (s) liaise externally with other provider agencies and health care entities to further the Mission of the Hospital and to report back to the Medical Advisory Committee and the Board when appropriate.

Article 8 - Departments and Divisions

8.1 Professional Staff Departments

(1) The Professional Staff may be organized into such Departments as may be approved by the Board from time to time.

(2) Each Professional Staff member will be appointed to a minimum of one (1) of the Departments. Appointment may extend to one (1) or more additional Departments.

8.2 Divisions Within a Department

A Department may be divided into such Divisions as may be approved by the Board from time to time.

8.3 Changes to Departments and Divisions

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

8.4 Professional Staff Human Resources Plan

Each Department may be directed by The Board to develop a Professional Staff Human Resources Plan in accordance with the Hospital Strategic Plan. The Plan shall be developed by the Chief of the Department, after receiving and considering the input of the members of the Professional Staff in the Department, and shall be approved by the Board. Each Department's Plan shall include,

- (a) the required number and expertise of the Professional Staff ;
- (b) reasonable on-call requirements for members of the Professional Staff of the Department;
- (c) a process for equitably distributing changes of resources to the members of the Professional Staff within the Department;
- (d) a process for making decisions with respect to changes of in the Department resources; and
- (e) a dispute resolution process regarding decisions made under subsection (d) above.

8.5 Appointment of Chiefs of Department

The Board shall appoint a Chief of each Department, where appropriate.

8.6 Duties of Chiefs of Department

A Chief of Department shall:

- (a) be a member of the Medical Advisory Committee;
- (b) make recommendations to the Medical Advisory Committee regarding appointment, reappointment, change in privileges and any disciplinary action to which members of the Department should be subject;
- (c) advise the Medical Advisory Committee with respect to the quality of care provided by the Professional members of the Department;

- (d) advise the Medical Advisory Committee on an annual basis as part of the reappointment process;
- (e) hold regular meetings of the Department;
- (f) delegate responsibility to appropriate members of the Department;
- (g) report to the Medical Advisory Committee and to the Department on the activities of the Department;
- (h) perform such additional duties as may be assigned by the Board, the Chief of Staff, the Medical Advisory Committee or Chief Executive Officer from time to time; and
- (i) in consultation with the Chief of Staff, designate an alternative to act during planned absences.

8.7 Appointment and Duties of Deputy Chiefs of Departments

The Board may appoint a Deputy Chief of Department. The Deputy Chief of Department, if appointed, is the delegate of the Chief of Department. The Deputy Chief of Department has responsibilities and duties similar to those of the Chief of Department as determined by the Chief of Department.

Article 9 - Medical Advisory Committee

9.1 Composition of Medical Advisory Committee

(1) The Medical Advisory Committee shall consist of the following voting members:

- (a) the Chief of Staff (who shall act as Chair of the Medical Advisory Committee);
- (b) the Chiefs of Departments (if any);
- (c) the President, Vice President and Secretary of the Professional Staff; and
- (d) other members of the Medical Staff as appointed by the Board from time to time. It is recognized that balanced representation from both the Little Current and Mindemoya physician's groups is to be established.

(2) In addition, the Chief Executive Officer and Chief Nursing Officer shall attend the meetings of the Medical Advisory Committee and vote on all motions, except those concerning recommendations pursuant to appointments to the Professional Staff.

9.2 Recommendations of Medical Advisory Committee

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

9.3 Medical Advisory Committee Duties and Responsibilities

The Medical Advisory Committee shall, perform the duties and undertake the responsibilities set out in the *Public Hospitals Act*, including:

- (a) physician members of the Medical Advisory Committee shall comprise the membership of the Credentials Committee;
- (b) make recommendations to the Board concerning the following matters:
 - (i) every application for appointment or reappointment to the Professional Staff and any request for a change in privileges;
 - (ii) the privileges to be granted to each member of the Professional Staff;
 - (iii) the by-laws and Rules and Regulations respecting the Medical Staff, Dental Staff, Midwifery Staff, Extended Class Nursing Staff, and Physician's Assistants Staff;
 - (iv) the revocation, suspension or restrictions of privileges of any member of the Professional Staff; and
 - (v) the quality of care provided in the Hospital by all members of the Professional Staff;
- (c) supervise the clinical practice of medicine, dentistry, midwifery, extended class nursing, and physician's assistant processes in the Hospital;
- (d) appoint the Medical Staff members of all committees established under section 10.4;
- (e) receive any reports of the sub-committees of the Medical Advisory Committee, or other committees, groups or individuals, which are required annually (where specified) or from time to time;
- (f) advise the Board on any matters referred to the Medical Advisory Committee by the Board;

(g) review the briefing reports from any individuals or committees that function under the direction of the Medical Advisory Committee and ensure that these individuals or committees are actively engaged at least annually (unless stipulated elsewhere in these By-laws);

(h) the Medical Advisory Committee shall oversee the medically relevant activities that are performed on its behalf that relate to Performance Measurement (Health Records and Utilization). These activities may be delegated to an individual or committee by the Medical Advisory Committee;

(i) the Medical Advisory Committee shall direct and review any medically relevant quality assurance activities, as is appropriate under legal obligations, or as specifically directed by the Board or by motion of the Medical Advisory Committee to be performed.

In addition, the Medical Advisory Committee shall review such information from either the Quality Improvement or Quality Assurance Committees of the Hospital, as is brought forward for review by the Chief of Staff, the CEO, the President of the Medical Staff, or the Chief Nursing Officer;

(j) where the Medical Advisory Committee identifies systemic or recurring quality of care issues in making its recommendations to the Board under subsection 2(a)(v) of the Hospital Management Regulation (965) under the *Public Hospitals Act*, the Medical Advisory Committee shall make recommendations about those issues to The Board's Quality Committee (being the quality committee established at MHC under subsection 3(1) of the *Excellent Care for All Act*).

9.4 Establishment of Sub-Committees of the Medical Advisory Committee

(1) The Board may establish such standing sub-committees and special sub-committees of the Medical Advisory Committee as may be necessary or advisable from time to time for the Medical Advisory Committee to perform its duties under *the Public Hospitals Act* or the by-laws of the Hospital. Prior to the Board establishing a sub-committee, due consideration of any input from the Medical Advisory Committee shall be given;

(2) the terms of reference and composition for any standing or special sub-committees of the Medical Advisory Committee may be set out in the Rules and Regulations or in a resolution of the Board, following due consideration of any recommendations of the Medical Advisory Committee.; and

(3) The Medical Advisory Committee may establish by motion its own sub-committees, in addition to those directed by the Board, from time to time.

9.5 Standing Sub-Committees and other Oversight Activities of the Medical Advisory Committee

(1) The following standing Medical Advisory Committee sub-committees are hereby established, to aid the Medical Advisory Committee in their work:

- (a) Credentials Committee
- (b) Infection Control Committee
- (c) Pharmacy and Therapeutics Committee; and
- (d) Transfusion Review Committee

(2) Appointment to Medical Advisory Committee sub-committees

(a) Pursuant to the Hospital Management Regulation, the Medical Advisory Committee shall appoint the Professional Staff members of all Medical Advisory Committee sub-committees provided for in this By-law of the Corporation, while other members may be appointed by the Board or CEO.

(3) Medical Advisory Committee sub-committees Duties

(a) in addition to the specific duties of each, as set out in this By-law, Medical Advisory Committee sub-committees shall meet at least annually, or as otherwise directed by the Medical Advisory Committee; and

(b) present a briefing report to the Chief of Staff, including any recommendations of each meeting to the next meeting of the Medical Advisory Committee.

(4) Standing Medical Advisory Committee sub-committees - Chairs

(a) The Medical Advisory Committee shall appoint the chair of each Medical Advisory Committee sub-committee, if the Chair is to be a member of the Professional Staff. There is no obligation for the Chair to be a physician. Where the Medical Advisory Committee advises the CEO to appoint a non-Professional Staff member as the Chair, the CEO shall be responsible to appoint the Chair.

(5) Medical Advisory Committee sub-committees Chair Duties

A Medical Advisory Committee sub-committee Chair:

(a) shall chair the meetings,

(b) shall call the meetings,

(c) at the request of the Medical Advisory Committee, shall be present to discuss all or part of any report of the sub-committee, and

(d) carry out such further and other duties as may be prescribed by the Medical Advisory Committee from time to time.

(6) Credentials Committee Duties *(also see Medical Advisory Committee)*

(a) The Credentials Committee shall be recognized as being those voting physician members that comprise the Medical Advisory Committee and shall ensure that a record of the qualifications and professional career of every member of the Professional Staff is maintained;

(b) The Credentials Committee shall establish the authenticity of and investigate the qualifications of each applicant for appointment and re-appointment to the Professional Staff and each applicant for a change in privileges and shall ensure that all applicants meet the appropriate criteria as is established within these By-Laws;

(c) The Credentials Committee shall consider reports of the interviews with the applicant;

(d) The Credentials Committee shall consult with the appropriate Chief of Departments, where applicable;

(e) The Credentials Committee shall receive notification from the Chief of Staff if any performance evaluations are performed and when the recommendations for re-appointment have been completed;

(f) The Credentials Committee shall submit a report to the Medical Advisory Committee on the extent of privileges requested by the applicant, and, if necessary, a request that the application be deferred for further investigation; and

(g) The Committee shall perform any other duties prescribed by the Medical Advisory Committee.

(7) Infection Control Committee Duties

The Infection Control Committee shall:

(a) Make recommendations to the Medical Advisory Committee on infection control matters related to:

i) the Occupational Health and Safety Program;

- ii) immunization programs;
- iii) visitor restrictions or instructions both in general terms and in special circumstances;
- iv) patient restrictions or instructions;
- v) educational programs for all persons carrying on activities in the Corporation;
- vi) isolation procedures;
- vii) aseptic and antiseptic techniques;
- viii) environmental sanitation in the Corporation.

(b) Make recommendations to the Chief Executive Officer with respect to:

- i) infection control matters related to the Occupational Health and Safety Program;
- ii) infection control matters related to the Health Surveillance Program.

(c) Follow-up and evaluate the results of each of its recommendations;

(d) Develop, monitor and evaluate an infection control system which includes a reporting system which come infections, including post discharge infections will come to the Committee's attention;

(e) Review reports from all departments and programs in the Corporation;

(f) Meet at least quarterly and at the call of the Committee Chair as required; and

(g) Perform such other duties as may from time to time be requested by the Medical Advisory Committee.

(8) Pharmacy and Therapeutics Committee Duties

The Pharmacy and Therapeutics Committee shall:

(a) Serve in an advisory capacity to the medical, dental, midwifery and extended class nursing staff by assessing regularly the appropriateness and adequacy of medication-related policies and make policy recommendations to the Medical Advisory Committee regarding drug utilization to ensure safe, effective and economical use of drugs;

(b) Evaluate drug utilization, new drugs and current therapeutics and develop a formulary which is suited to the Corporation's needs, and periodically assess the effectiveness of and adherence to the formulary.

(c) Develop a procedure for the use of non-formulary drugs and mechanisms for their evaluation.

(d) Periodically analyse a summary of medication errors and their causative factors and make appropriate recommendations regarding prevention to members of the Professional Staff and nursing and/or pharmacy staffs.

(e) Develop an adverse drug reaction reporting program, review all these reports and ensure that a summary is circulated to Professional Staff and nursing staffs when the need arises.

(f) Review all standing orders annually, or more often if deemed necessary.

(g) Develop protocols governing programs such as total parenteral nutrition, investigational drugs, self-medication, or ensure that such protocols have been developed after appropriate committee review.

(h) Identify and/or arrange appropriate educational programs for all clinical staff to enhance their knowledge of drug therapy and practices.

(i) Perform such other duties as the Medical Advisory Committee may direct.

(j) Meet quarterly or more frequently at the call of the Committee Chair.

(9) Transfusion Review Committee

The Transfusion Review Committee shall:

(a) review the utilization patterns that pertain to transfusion medicine, as directed by the Laboratory Medical Director, to a degree that satisfies all obligated requirements as stated in the Ontario Laboratory Accreditation program, and report at least annually to the Medical Advisory Committee.

In addition to the standing sub-committees, the following functions shall be completed on behalf of and under the direction of the Medical Advisory Committee, which may be delegated to specific individuals by motion of the Medical Advisory Committee:

(10) Health Records Quality Duties

(a) the development of rules to govern the completion of medical records,

(b) a review of medical records for completeness and quality of recording;

(c) a report at least annually to the Medical Advisory Committee with respect to the review of the medical records and the results thereof, and the names of members of the Professional Staff who are delinquent with respect to the rules governing medical records;

(d) a review and revision of forms as they pertain to medical staff record keeping;

(e) the retention of medical records and notes, charts and other material relating to patient care; and

(f) any other duties pertaining to medical record keeping as may be requested by the Medical Advisory Committee from time to time.

(11) Utilization Duties

(a) review utilization patterns in the Corporation and identify where improvements in utilization patterns could be achieved;

(b) monitor overall trends in admissions, length of stay and day program volumes and provide appropriate information to other members of the Professional Staff;

(c) review the reports from each department's utilization review;

(d) ensure that Chief of Staff is educated about utilization review issues and about their responsibility for reporting regularly to the medical staff;

(e) report findings and make recommendations to the Medical Advisory Committee and Corporation management;

(f) monitor response to those recommendations which are approved by the Medical Advisory Committee and Corporation management and report back on progress achieved;

(g) report annually to the medical staff on the Committee's activities;

(h) comment on the resource implications of proposed additions to the medical staff; and

(i) perform such other duties as may be requested from time to time by the Medical Advisory Committee.

(12) The Medical Advisory Committee shall appoint Active members of the Professional Staff to act as expert stakeholder members to the following Hospital Program Committees:

Laboratory, Radiology, Obstetrics, Emergency Services, Operating Room/Procedural Services, In-Patient Medicine, and those other committees that

may be named from time to time by the Hospital that requires input from the Professional Staff (eg. Accreditation).

The Chairs of these Hospital committees shall ensure that these committees meet at least annually and that a briefing report shall be provided by the Chair following any meeting of the committee to the Chief of Staff for review at next meeting of the Medical Advisory Committee.

(13) The Medical Advisory Committee shall appoint Active members of the Professional Staff to act as liaisons to other Hospital program or activity, which shall include Diabetes Education, Chemotherapy, Cardiac Rehabilitation, Emergency Measures Planning, and any other such group as is determined by the Medical Advisory Committee from time to time. The Professional Staff liaison shall report any relevant issues to the CEO and Medical Advisory Committee on an as required basis.

9.6 Quorum for Medical Advisory Committee and any Sub-Committee Meeting

A quorum for any meeting of those committees described within these By-Laws shall be a simple majority of the members entitled to vote.

Article 10 - Meetings – Professional Staff

10.1 Regular and Special Meetings of the Professional Staff

(1) At least one (1) meeting of the Professional Staff will be held each year;

(2) The President of the Professional Staff may call a special meeting of the Professional Staff, from time to time;

(3) Notification of each meeting of Professional Staff shall be given by the Secretary of the Professional Staff to the Professional Staff at least fourteen (14) days in advance of the meeting. Notice of any special meetings shall state the nature of the business for which the special meeting is called.

(4) The period of time required for giving notice of any special meeting may be waived in cases of emergency by the majority of those members of the Professional Staff present and entitled to voting at the special meeting, as the first item of business of the meeting.

10.2 Quorum

A simple majority of members of the Professional Staff entitled to vote and present in person shall constitute a quorum at any regular or special meeting of the Professional Staff.

10.3 Rules of Order

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

10.4 Medical Staff Meetings

Meetings of the Professional Staff held in accordance with this Article shall be deemed to meet the requirement to hold meetings of the Medical Staff pursuant to the *Public Hospitals Act*.

Article 11 - Officers of the Professional Staff

11.1 Officers of the Professional Staff

(1) The provisions of this Article 11 with respect to the officers of the Professional Staff shall be deemed to satisfy the requirements of the *Public Hospitals Act* with respect to officers of the Medical Staff. For greater certainty, the President, Vice President and Secretary of the Professional Staff shall be deemed to be the President, Vice President and Secretary of the Medical Staff.

(2) The officers of the Professional Staff will be:

- (a) the President;
- (b) the Vice President;
- (c) the Secretary;
- (d) the Treasurer; and
- (e) such other officers as the Professional Staff may determine.

(3) The officers of the Professional Staff shall be elected annually for a term of one (1) year by a majority vote of the voting members of the Professional Staff in attendance and voting at a meeting of the Professional Staff. It is recognized that balanced

representation from both the Little Current and Mindemoya physician's groups is to be attempted when electing officers.

(4) The officers of the Professional Staff may serve any number of terms in office.

(5) The officers of the Professional Staff may be removed from office prior to the expiry of their term by a majority vote of the voting members of the Professional Staff in attendance and voting at a meeting of the Professional Staff called for such purpose.

(6) If the position of any elected Professional Staff officer that becomes vacant during the term may be filled by a vote of the majority of the members of the Professional Staff present and voting at a regular meeting of the Professional Staff or at a special meeting of the Professional Staff called for that purpose.

11.2 Eligibility for Office

Only Physicians who are members of the Active Staff may be elected or appointed to any position or office of the Professional Staff.

11.3 President of the Professional Staff

(1) The President of the Professional Staff shall:

(a) preside at all meetings of the Professional Staff;

(b) act as a liaison between the Professional Staff, the Chief Executive Officer, and the Board with respect to matters concerning the Professional Staff;

(c) support and promote the values and strategic plan of the Corporation.

(d) be a member of the Medical Advisory Committee, in the capacity as Vice-Chair; and

(e) be an *ex-officio* Director of the Board and as a Director, fulfill fiduciary duties to the Corporation.

11.4 Vice President of the Professional Staff

(1) The Vice President of the Professional Staff shall:

(a) in the absence or disability of the President of the Professional Staff, act in place of the President, perform his or her duties and possess his or her powers as set out in subsection 12.4(1);

(b) perform such duties as the President of the Professional Staff may delegate to him or her; and

(c) be a member of the Medical Advisory Committee;

11.5 Secretary of the Professional Staff

The Secretary of the Professional Staff will:

(a) attend to the correspondence of the Professional Staff;

(b) ensure notice is given and minutes are kept of Professional Staff meetings;

(c) be a member of the Medical Advisory Committee; and

(d) in the absence or disability of the Vice President of the Professional Staff perform the duties and possess the powers of the Vice President as set out in subsection 11.4.

11.6 Treasurer of the Professional Staff

The Treasurer of the Professional Staff will:

(a) maintain the funds and financial records of the Professional Staff and provide a financial report at the annual meeting of the Professional Staff;

(b) disburse funds at the direction of the Professional Staff, as determined by a majority vote of the Professional Staff members entitled to vote who are present and vote at a Professional Staff meeting; and

(c) be a member of the Medical Advisory Committee.

Article 12 - Other Officers

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

Article 13 - Amendments

13.1 Amendments to Professional Staff By-law

Prior to submitting amendments to this By-law to the approval processes applicable to the Corporation's by-laws;

(a) notice specifying the proposed By-law or amendments thereto shall be made available for review by the Professional Staff;

(b) the Professional Staff shall be afforded an opportunity to comment on the proposed amendment(s); and

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

13.2 Repeal and Restatement

This By-law repeals and restates in its entirety the by-laws of the Corporation previously enacted with respect to the Professional Staff.