

PART B

PEMBROKE REGIONAL HOSPITAL INC.

AMENDED AND RESTATED PROFESSIONAL STAFF

BY-LAW 2011-1

Approvals:
Medical Advisory Committee
Board of Directors
Catholic Health Corporation of Ontario

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**PART B OF BYLAWS FOR
PEMBROKE REGIONAL HOSPITAL INC.**

WHEREAS the Professional Staff of the Hospital is responsible to the Board for the quality of the professional care in the Hospital and must accept and assume this responsibility subject to the By-laws and Rules and Regulations approved thereunder of the Hospital;

AND WHEREAS it is recognized that the best interests of the Patient are enhanced and protected by such combined effort;

NOW THEREFORE BE IT RESOLVED that the Professional Staff practicing in the Hospital hereby be organized as the Professional Staff of the Hospital in conformity with the By-laws contained herein; the Rules and Regulations of the Hospital; and within the Mission Statement of the Hospital.

1. DEFINITIONS

(1) In this By-law:

- (a) **“Board”** means the Board of Directors of the Hospital;
- (b) **“President & Chief Executive Officer”** means, in addition to “administrator” as defined in the *Public Hospitals Act* (Ontario) and the Regulations thereunder, the person appointed pursuant to the By-laws to be President & Chief Executive Officer of the Hospital;
- (c) **“Chief Nursing Officer”** means the senior employee responsible to the President & Chief Executive Officer for the nursing functions in the Hospital;
- (d) **“Chief of Department”** means the physician associated with each Department who supervises and has authority over the professional care given by all members of the Professional Staff in his or her Department and serves as a representative of the Department at the MAC and Program Management Team or Care Coordination Council;
- (e) **“Chief of Staff”** means the physician responsible to the Board for professional practice, supervision of Professional Staff credentials, and the quality of diagnosis, medical care and medical treatment provided to the patients of the Corporation;
- (f) **“Medical Director”** means the physician responsible for the medical staff administration of the respective Clinical Program;
- (g) **“Dental Staff”** means all dentists or oral surgeons appointed by the Board to attend any patients in the Hospital;
- (h) **“Department”** means a group of physicians under a Professional Staff Program that has a particular interest or a specialty in common and that

organizes itself into that Department to promote the improvement of medical care in that particular interest or specialty; corresponds to “medical department” as defined in the *Public Hospitals Act*;

- (i) “**Extended Class Nursing Staff**” means those registered nurses in the extended class to whom the Board has granted Privileges with respect to the ordering of diagnostic Procedures for out-patients in the Hospital;
- (j) “**Hospital**” means the Pembroke Regional Hospital Inc.;
- (k) “**MAC**” means the Medical Advisory Committee of the Hospital;
- (l) “**Medical Staff**” means all physicians who are appointed by the Board to attend any patients in the Hospital;
- (m) “**Midwifery Staff**” means the midwives to whom the Board has granted Privileges of assessing, monitoring, prescribing for or treating patients in the Hospital;
- (n) “**Patient**” means, unless otherwise specified, any inpatient, outpatient, or other Patient in the Hospital;
- (o) “**Privileges**” means the rights and entitlements granted to a member of the professional staff to practice in one of the categories set out in Article 4;
- (p) “**Procedures**” means the specific clinical acts which a professional is authorized to perform within the scope of the Privileges granted;
- (q) “**Professional Staff**” means a member of the Medical, Dental, Midwifery, Extended Class Nursing Staff and/or Ancillary Staff;
- (r) “**Program**” means the group of Patients, hospital staff and professional staff organized according to specific Patient populations under the Program Management model;
- (s) “**Program Director**” means the senior employee of the Corporation responsible for managing and co-ordinating the services provided by the respective Programs; Program Director may be a “Nurse who is a Manager”, as referenced in the *Public Hospitals Act*; and
- (t) “**Supervisor**” means a member of the Professional Staff who is assigned the responsibility to oversee the work of another member of the Professional Staff respectively.

2. PROFESSIONAL STAFF

(1) Professional Staff By-laws

- (a) These Professional Staff By-laws:

- (i) govern the appointment, organization, duties and responsibilities of the Professional Staff;
 - (ii) define the relationship and responsibilities of the Professional Staff to the Management and Board; and
 - (iii) outline how the requirements of the *Public Hospitals Act* and its regulations are put into force.
- (2) Purpose of the Professional Staff By-laws
- (a) The purposes of the Professional Staff By-laws are:
 - (i) to outline clearly and succinctly the purposes and functions of the Professional Staff;
 - (ii) to identify specific organizational units (departments, services, committees, programs, etc.) necessary to allocate the work of carrying out those functions;
 - (iii) to designate a process for the selection of officials of the Professional Staff, including the Chief of Staff, and Chiefs of Department;
 - (iv) to assign responsibility, define authority, and describe the manner of accountability to the Board of all officials, organizational units and each member of the Professional Staff for Patient care, and for professional and ethical conduct;
 - (v) to maintain and support the rights and Privileges of the Professional Staff as provided herein;
 - (vi) to identify a Professional Staff organization with responsibility, authority and accountability so as to ensure that each Professional Staff member conducts him- or herself in a manner consistent with the requirements of the *Public Hospitals Act* and its regulations, these By-laws and such rules and regulations, or any amendments thereto, which become effective when approved by the Board.
- (3) Purposes of the Professional Staff

The purposes of the Professional Staff, in addition to fulfilling the responsibilities established by the Laws of the Province of Ontario and these By-laws, are:

- (a) to provide a structure whereby the members of the Professional Staff participate in the Hospital's planning, policy setting and decision making; and

- (b) to serve as a quality assurance system for medical care rendered to Patients by the Hospital's Professional Staff and to ensure the continuing improvement of the quality of professional care.

(4) Professional Staff Resource Plan

The MAC will recommend to the Board for approval, on an annual basis, a professional staff resource plan for each department of the Professional Staff. This plan will be consistent with the strategic directions of Pembroke Regional Hospital Inc. as established by the Board, and the *Public Hospitals Act*, Section 44(2) regarding cessation of services.

(5) Appointment

- (a) The Board shall annually appoint a Professional Staff for the Hospital.
- (b) The Board shall regularly establish criteria for appointment to the Professional Staff after considering the advice of the MAC.
- (c) In making an appointment to the Professional Staff, the Board shall consider the Corporation's resources and whether there is a need for the services in the community.
- (d) Notwithstanding the other requirements of this By-law, a person who is not a physician may be honoured by the Professional Staff by appointment to the Honorary Staff.

(6) Application for Appointment to the Professional Staff

- (a) An application for appointment to the Professional Staff shall be processed in accordance with the provisions of this By-law; the Professional Staff Rules and Regulations; and where applicable, the *Public Hospitals Act*.
- (b) On request, the President & Chief Executive Officer shall supply a copy of the By-laws, the Professional Staff Rules and Regulations, and the *Public Hospitals Act* to each applicant who expresses in writing the intention to apply for appointment to the Professional Staff.
- (c) An applicant for appointment to the Professional Staff shall submit to the President & Chief Executive Officer on the prescribed forms, one original written application and one copy of the application, together with a consent for release of the required information.
- (d) Each application shall contain:
 - (i) a statement by the applicant that he or she has read and will abide by the *Public Hospitals Act* and its regulations, these By-laws and the Rules and Regulations of the Professional Staff and policies of the Hospital, and the Mission Statement of Hospital.

- (ii) an undertaking that, if the applicant is appointed to the Professional Staff, the applicant will provide the agreed upon services to the Hospital and will act in accordance with the *Public Hospitals Act*, the regulations thereunder, the By-laws, Rules and Regulations and policies of the Hospital, and the Mission Statement of the Hospital, all as currently established or amended or revised from time to time;
- (iii) a current, certificate of Professional Conduct (physicians), certificate of registration (dentists and midwives) or annual registration payment card (registered Nurse in the Extended Class) and a signed consent which shall include but not be limited to authorizing any college to provide:
 - (A) a report on any action taken by its disciplinary or fitness to practice committee;
 - (B) a report on whether the applicant's privileges have been curtailed or cancelled by the college or by another hospital because of incompetence, negligence or any act of professional misconduct;
- (iv) reports on experience and competence including:
 - (A) a report from the Chief of Staff or Chief of Department in the last hospital in which the applicant held an appointment;
 - (B) if the applicant has completed training within the past five years, a report from the director or head of the program in which the applicant has completed training;
 - (C) the President & Chief Executive Officer of the last hospital where the applicant held privileges;
- (v) an up-to-date curriculum vitae, including a record of the applicant's professional education, post-graduate training, history of academic and professional career, institutional positions and committee memberships and continuing medical education;
- (vi) evidence of current immunization status, including all testing as prescribed by the Professional Staff Rules and Regulations, policy of the Hospital;
- (vii) evidence of medical practice liability insurance coverage satisfactory to the Board and appropriate to the scope and nature of the intended practice;

- (viii) where there has been an adverse finding or the applicant did voluntarily or involuntarily resign or restrict their privileges, the applicant shall provide a description of disciplinary actions, voluntary restriction of privileges, competency investigations, performance reviews and details with respect to prior privileges disputes with other hospitals regarding appointment, re-appointment, change in privileges, or mid-term suspension or revocation of privileges;
 - (ix) information of any civil suit related to professional practice where there was a finding of negligence or battery;
 - (x) information regarding any criminal proceedings or convictions involving the applicant which may impact the applicant's ability to practice;
 - (xi) information regarding the applicant's health, including any impairments, medical conditions, diseases or illnesses that the applicant believes may impact on the applicant's ability to practice in accordance with the Privileges and Procedures requested, along with authorization to the treating health professional to release relevant information to the Chief of Staff, such information as released by a treating health professional to not form part of the applicant's credentialing file;
 - (xii) a list of Privileges which the applicant is requesting;
 - (xiii) a list of three (3) current, appropriate references;
 - (xiv) an undertaking, in writing, that the applicant understands the requirements for accepting clinical and administrative responsibilities as requested by the Board following consultation with the MAC and/or Department Chief;
 - (xv) an undertaking, in writing, that if appointed, the applicant will abide by the Hospital's policies as related to confidentiality of Patient information and confidential Hospital matters. No member will make statements on behalf of the Hospital to the news media or public without the express authority of the President & Chief Executive Officer or delegate.
- (e) Each applicant may be required to visit the Hospital for an interview with appropriate members of the Professional Staff and the Administration.
 - (f) The President & Chief Executive Officer shall retain a copy of the application and shall refer the original application immediately to the Chief of Staff and to the Chair of the Credentials Committee.
- (7) Criteria for Appointment of Members to the Professional Staff

- (a) Only an applicant who is a registrant in good standing of the relevant college and qualified to practice medicine, dentistry, midwifery, or extended class nursing and licensed pursuant to the laws of Ontario, is eligible to be a member of and appointed to the Professional Staff of the Hospital except as otherwise provided for in this By-law.
- (b) The applicant will have:
 - (i) a current, certificate of Professional Conduct (physicians), certificate of registration (dentists and midwives) or annual registration payment card (registered Nurse in the Extended Class);
 - (ii) a demonstrated ability to provide Patient care at an appropriate level of quality and efficiency;
 - (iii) a willingness to participate in the discharge of staff obligations appropriate to membership group, including without limitation, a demonstrated ability to communicate, work with, and relate to members of the administrative staff, Professional and Hospital staff, Patients and Patients' families in a co-operative and professional manner;
 - (iv) a report on, among other things, the experience, competence and reputation of the applicant from the Chief of Staff or other responsible professional Supervisor in the last Hospital in which the applicant trained or held an appointment;
 - (v) adequate training and experience for the Privileges requested;
 - (vi) in the case of a certified specialist, a report from the supervising physician in which training was completed, and/or a report from the supervising physician in which he or she last practiced;
 - (vii) evidence of practice protection coverage satisfactory to the Board;
 - (viii) a demonstrated ability to communicate and relate appropriately with Patients and Patient's relatives; and
 - (ix) the applicant's agreement to provide reasonable "on-call" coverage as required by relevant roster or schedule.
- (c) The applicant must agree to govern himself/herself in accordance with the requirements set out in the *Public Hospitals Act*, the Hospital Management Regulation thereunder, this By-law, the Professional Staff Rules and Regulations of the Hospital, and Hospital policies.
- (d) The applicant must indicate to the Credentials Committee adequate control of any physical or behavioural impairment that affects skill, attitude or judgement.

- (e) There is a need for the services in the community and an appropriate impact analysis has been completed which confirms the Hospital's ability to provide those services.
- (f) The individual should meet the needs of the respective department as described in a professional staff resource plan, and will be assessed on the basis of credentials and 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 Professional Staff.

(8) Appointment Term

- (a) Subject to Article 2, each appointment to the Professional Staff shall be for a period of not more than one year. Provided that where, within the time prescribed therefor, a member has applied for re-appointment, his or her appointment shall be deemed to continue,
 - (i) until the re-appointment is granted; or
 - (ii) where he or she is served with notice that the Board refuses to grant the re-appointment, until the time for giving notice requiring a hearing by the Appeal Board has expired and, where a hearing is required, until the decision of the Appeal Board has become final.

(9) Processing of Application

(a) President & Chief Executive Officer Review

The President & Chief Executive Officer shall refer the original application immediately to the Chief of Staff who shall keep a record of each application received and then refer the original forthwith to the Chair of the Credentials Committee, and to the Program(s) and Medical Department(s) involved.

(b) Department Review

The Chief of Department, after review with the Program Director and Clinical Director, shall review and make recommendations concerning each application for reappointment within his or her respective Department to the Credentials Committee.

(c) Credentials Committee Review

The Credentials Committee shall:

- (i) investigate each application submitted under the provisions of subsection 2(6)(a), together with the qualifications, experience and professional reputation of the applicant; and
- (ii) make a written report thereon to the MAC at its next regular meeting.

- (d) The MAC 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 President & Chief Executive Officer or delegate of the completed application, as outlined in the *Public Hospitals Act*. The MAC may make its recommendation to the Board later than sixty (60) days after the receipt of the 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.
 - (e) Where the MAC recommends to the Board that an application for appointment not be granted, it will give written notice to the applicant and the Board of its recommendation and the applicant will be given written notice that they are entitled to written reasons for the recommendation and a hearing before the Board pursuant to the provision of the *Public Hospitals Act* if such a hearing is required. The procedures to be followed are outlined in Schedule 1, section 5 of these By-laws.
 - (f) Where the MAC recommends to the Board that an application for reappointment or any requested change in Privileges not be granted, it will give written notice to the applicant and the Board of its recommendation and the applicant will be given written notice that they are entitled to written reasons for the recommendation and a hearing before the Board pursuant to the provision of the *Public Hospitals Act* if such a hearing is required. The procedures to be followed are outlined in Schedule A, section 1 of these By-laws.
 - (g) Where the MAC recommends to the Board that an application for appointment, re-appointment or requested Privileges be denied, the Board shall not consider such recommendation of the MAC until it is determined as to whether a hearing is required.
- (10) Refusal to Appoint
- (a) Pursuant to section 37 of the *Public Hospitals Act*, the Board may refuse to appoint an applicant to the Professional Staff.
- (11) Application for Change of Privileges
- (a) Where a Professional Staff member wishes to change his or her Privileges or Procedures, an application shall be submitted to the MAC and the Chief of Staff listing the change of Privileges which is requested and evidence of appropriate training and competence.
 - (b) The application shall be processed in accordance with the provisions of the *Public Hospitals Act* and the Regulations thereunder, and in consideration of the impact on Hospital resources of the requested change in status.

- (c) An applicant shall submit one original written application and one copy of the application to the President & Chief Executive Officer of the Corporation.
- (d) The President & Chief Executive Officer of the Corporation shall retain the copy and shall refer the original application immediately to the Chief of Staff, the Chief of Department and the Clinical Director of the appropriate Clinical Program, who shall keep a record of each application received and then refer the original application forthwith to the Chair of the Credentials Committee.

(12) Reappointment to the Professional Staff

- (a) Each year the Board shall require each member of the Professional Staff to make written application for reappointment to the Professional Staff on the prescribed form to the President & Chief Executive Officer of the Corporation in the same manner as set out and prescribed under subsection (6).
- (b) The Credentials Committee shall review and make written recommendations to the MAC concerning each application for reappointment within the Clinical Department.
- (c) The applications for reappointment to the Professional Staff shall be processed in the same manner as set out in section (9). For reappointment purposes, the Certificate of Professional Conduct from the College and consent to the release of information from the Registrar of the College will be required every three years.

(13) Criteria for Reappointment to the Professional Staff

- (a) The applicant continues to meet the criteria set out at section 2(7) and provides the documentation listed in section 2(6).
- (b) The applicant demonstrates an appropriate use of the Corporation's resources.

(14) Refusal to Reappoint

- (a) Pursuant to section 37 of the *Public Hospitals Act*, the Board may refuse to re-appoint a member of the Professional Staff.

3. Suspension/Revocation of Privileges

(1) Suspension/Revocation of Privileges

In circumstances where there are concerns about the conduct, performance or competence of a member of the Professional Staff, the Board may, at any time, in a manner consistent with the *Public Hospitals Act* and in accordance with the

regulations thereunder, these By-laws, the Rules and Regulations of the Professional Staff, and policies of the Hospital, revoke or suspend any appointment of a member of the Professional Staff or revoke, suspend or restrict or otherwise deal with the Privileges of the member.

- (a) **Immediate Action In Emergency Situations** - In circumstances where, in the opinion of the Chief of Staff or the Chief of the relevant clinical Department, the conduct, performance or competence of a member of the Professional Staff exposes or is reasonably likely to expose Patient(s) to harm or injury and immediate action must be taken to protect the Patient(s), and no less restrictive measure can be taken, the Chief of the Department or Chief of Staff will take action. This may require immediate and temporary suspension of the Privileges of the member of the Professional Staff with immediate notice to the President & Chief Executive Officer and the President of the Professional Staff, pending the consideration of the suspension by the MAC and the Board in keeping with the procedures outlined in Schedule 1 of these By-laws, respecting Mid-Term Action in an Emergency Situation.
- (b) **Non-Immediate Mid-Term Action** - In circumstances where, in the opinion of the Chief of the relevant clinical Department, the conduct, performance or competence of a member of the Professional Staff:
 - (i) fails to comply with the criteria for annual reappointment;
 - (ii) exposes or is reasonably likely to expose Patient(s) to harm or injury; or
 - (iii) is, or is reasonably likely to be, detrimental to Patient safety or to the delivery of quality Patient care within the Hospital;
 - (iv) results in the imposition of sanctions by the professional college;
 - (v) has violated the By-laws, Rules and Regulations of the Professional Staff, policies of the Hospital, the *Public Hospitals Act*, the regulations made thereunder, or any other relevant law or legislated requirement;
 - (vi) constitutes abuse; or
 - (vii) is, or is reasonably likely to be, detrimental to the operations of the Hospital.
- (c) If immediate action is not required to be taken, action may be initiated in keeping with the procedures in Schedule 1 of these By-laws, respecting Non-Immediate Mid-Term Action.

4. Professional staff categories

(1) Introduction

(a) The responsibilities of the Hospital for Patient care make it necessary and appropriate to divide the Professional Staff into several different categories and to determine certain limitations on eligibility for appointments and Privileges. The categories established are:

- (i) Active;
- (ii) Associate;
- (iii) Courtesy;
- (iv) Locum Tenens;
- (v) Temporary;
- (vi) Honorary;
- (vii) Senior; and
- (viii) Term.

and other such categories as may be determined by the Board from time to time having given consideration to the recommendation of the MAC.

(b) Appointments to these categories will be consistent with the needs of the respective Department as described in the professional staff resource plan.

(2) Active Staff

(a) The Active Staff shall consist of those Professional Staff who have been appointed by the Board, following a period of Associate Staff membership as provided for in the By-laws, to be responsible for assuring that professional care is provided to all patients in the Hospital.

(b) All Active Staff shall have full admitting Privileges, subject to section 11 of Regulation 965 of the *Public Hospitals Act* in regards to the admitting Privileges of Dental Staff.

(c) Each member of the Active Staff shall:

- (i) undertake such duties in respect of those patients classed as emergency cases, as may be specified by the Chief of Department or the Chief of Staff;
- (ii) attend patients, and undertake treatment and operative procedures only in accordance with the kind and degree of Privileges and Procedures granted by the Board;

- (iii) act as a Supervisor when requested by the Chief of Department or the Chief of Staff and/or the MAC;
 - (iv) will have completed a prerequisite of at least one year on the Associate Staff unless, in respect of any particular member, a waiver of such requirement is consented to by the Board;
 - (v) undertake such reasonable clinical and administrative duties and responsibilities as outlined in these By-laws and as determined by the Chief of Department;
 - (vi) will participate on such "on-call" schedules and provide coverage for patients of the hospital as reasonably required;
 - (vii) be granted admitting and procedural Privileges as approved by the Board having given consideration to the recommendation of the Chief of Department and MAC, where the member is a physician or midwife;
 - (viii) where the member is a dentist who does not have a Specialist Certificate of Registration, be granted co-admitting and co-procedural Privileges with the appropriate member of the Medical Staff as approved by the Board having given consideration to the recommendation of the Chief of Department and MAC;
 - (ix) be eligible for annual reappointment as provided in these By-laws .
 - (x) be bound by the expectations for attendance, as established by the MAC, at Professional Staff and departmental meetings; and
 - (xi) perform such other duties as may be prescribed by the MAC from time to time.
- (d) Active Staff physicians shall be eligible to vote at Professional Staff meetings, to hold office and to sit on any committee requiring Professional Staff.
- (3) Associate Staff
- (a) Applicants who are applying for appointment to the Active Staff, subject otherwise to the determination of the Board, will be assigned to the Associate Staff for a period of at least one-year and will not extend beyond two years.
 - (b) Each member of the Associate Staff shall:
 - (i) be granted admitting and procedural Privileges as approved by the Board having given consideration to the recommendation of the Chief of Department and MAC, and for Dental Staff, subject to

section 11 of Regulation 965 of the *Public Hospitals Act* in regards to the admitting Privileges of Dental Staff.

- (ii) undertake such reasonable clinical and administrative duties and responsibilities as outlined in these By-laws and as determined by the Chief of Department;
 - (iii) work with the counsel and under the supervision of the Chief of Department or delegated staff member;
 - (iv) be bound by the expectations for attendance at Professional Staff meetings according to Professional Staff designation; and
 - (v) perform such other duties as may be prescribed by the MAC from time to time.
- (c) From time to time and at least every 6 months during the probationary period, after appointment to the Professional Staff of an Associate Staff member, the Department Chief and the Active Staff member by whom the member has been supervised shall make a written report to the Credentials Committee, including:
- (i) information concerning the knowledge and skill which has been shown by the Associate Staff member;
 - (ii) the nature and quality of the member's work in the Hospital;
 - (iii) comments on the utilization of Hospital resources; and
 - (iv) the Associate Staff member's ability to function in conjunction with the other members of the Hospital staff.
- (d) After one year, the appointment of a member to the Associate Staff shall be reviewed by the Credentials Committee who shall report to the MAC.
- (e) If any report made at any time under this section is not favourable to the Associate Staff member, the member may request reassignment or the Chief of Department may assign him or her to the supervision of a different staff member for a further period of up to 6 months.
- (f) At any time an unfavourable report may cause the MAC to consider making a recommendation that the appointment of the Associate Staff member will be terminated.
- (g) After one year, the appointment of the Professional Staff member to the Associate Staff will be reviewed by the Credentials Committee, which will report to the MAC. The MAC, after considering the report of the Credentials Committee, will recommend to the Board either a change in category, continuation in the Associate Staff category for a further period

of time not to exceed an additional year of practice, or denial of reappointment.

- (h) Associate Staff shall not be eligible to vote at Professional Staff meetings nor to hold office but may be appointed to sit on a committee requiring Professional Staff.

(4) Courtesy Staff

- (a) The Board may grant a physician an appointment to the courtesy Professional Staff in one or more of the following circumstances:
 - (i) the applicant has an active Professional Staff commitment at another hospital;
 - (ii) the applicant lives at such a remote distance from the Hospital that it limits full participation in active Professional Staff duties, but he/she wishes to maintain an affiliation with the Hospital; or
 - (iii) the applicant has a primary commitment to, or contractual relationship with, another community or organization; or
 - (iv) the applicant requests limited access to Hospital resources or outpatient programs or facilities; or
 - (v) where the Board deems it otherwise advisable.
- (b) The Board may grant a physician an appointment to the courtesy Professional Staff with such privileges as the Board deems advisable. Privileges to admit patients shall only be granted under specified circumstances.
- (c) The circumstances leading to an appointment under this section shall be specified by the physician on each application for reappointment.
- (d) Each physician on the courtesy Professional Staff may attend Professional Staff and departmental meetings but unless the Board so requires shall not be subject to the attendance requirements and penalties as provided by these Bylaws and the Professional Staff Rules and Policies.
- (e) Courtesy Staff shall not be eligible to:
 - (i) vote at Professional Staff meetings;
 - (ii) hold office;
 - (iii) sit on a committee requiring Professional Staff.

(5) Locum Tenens

- (a) The MAC may upon application by a member of the Active Staff, recommend the appointment of a Locum Tenens as a planned replacement for such member for a specified period of time, to be confirmed in a written agreement.
- (b) The credentials of each Locum Tenens shall be reviewed by the Credentials Committee.
- (c) A Locum Tenens, subject to Board approval, shall:
 - (i) work under the counsel and supervision of the member of the Active Staff named by the Chief of Staff or his or her delegate;
 - (ii) attend patients assigned to his or her care by the member of the Active Staff named by the Chief of Staff or his or her delegate and shall treat such patients within the kind and degree of professional Privileges granted to him or her by the Board on the recommendation of the MAC; and
 - (iii) undertake such duties in respect of those patients classed as emergency cases as may be specified by the Chief of Department or his or her delegate, to which the Locum Tenens has been assigned.
- (d) Locum Tenens shall not be eligible to:
 - (i) vote at Professional Staff meetings;
 - (ii) hold office;
 - (iii) sit on a committee requiring Professional Staff.
- (6) Temporary Staff
 - (a) A temporary appointment may be made only for one of the following reasons:
 - (i) to meet a specific singular requirement by providing a consultation and/or operative procedure; or
 - (ii) to meet an urgent unexpected need for a Professional service.
 - (b) Notwithstanding any other provision of this By-law, the President & Chief Executive Officer, after consultation with the Chief of Staff or his or her delegate, may:
 - (i) grant temporary Privileges to a Physician, Dentist, Midwife or Nurse in the Extended Class who is not a member of the Professional Staff provided that such Privileges shall not extend

beyond the date of the next meeting of the MAC at which time the action taken shall be reported;

- (ii) on the recommendation of the MAC at its next meeting, continue the temporary Privileges until the next meeting of the Board; and
- (iii) remove temporary Privileges at anytime prior to any action by the Board.

(c) Temporary Staff shall not be eligible to:

- (i) vote at Professional Staff meetings;
- (ii) hold office;
- (iii) sit on a committee requiring Professional Staff.

(7) Honorary Staff

(a) An individual may be honoured by the Board by an appointment to the Honorary Staff because of:

- (i) former membership on the Active Staff; or
- (ii) former membership on the Term Staff; or
- (iii) identification by the Board as an individual determined to be qualified for such appointment.

(b) Each member of the Honorary Staff shall:

- (i) be granted the Privileges of providing supportive care to a Patient upon request by the responsible physician without the privilege to write orders or otherwise direct Patient care;
- (ii) be eligible for annual reappointment as provided in these By-laws; and
- (iii) be eligible to attend Professional Staff meetings.

(c) An Honorary Staff member will not:

- (i) be granted admitting or procedural Privileges, or provide direct Patient care;
- (ii) have regularly assigned clinical and administrative duties and responsibilities;
- (iii) vote at meetings of the Professional Staff or be an officer of the Professional Staff or be a committee Chair; and

- (iv) be bound by the expectations for attendance at Professional Staff and departmental meetings.

(8) Senior Staff

- (a) The Senior Staff category has been created by the Board to allow the Hospital to, as required by its medical human resource plan, approve privileges for members of the Professional Staff who are no longer eligible for appointment to the Active Staff, provided that:
 - (i) the applicant's training, experience and qualifications are not otherwise represented in the Department; and
 - (ii) the Hospital is unable to attract an applicant with like skills, training and experiences and the failure to appoint the applicant to the Senior Staff would be prejudicial of the health and welfare of members of the community.
- (b) The Board's responsibility to ensure a succession plan for members of its Professional Staff may require that from time to time a Senior Staff member's privileges may be reduced, or not renewed in favour of granting privileges to a new or existing Active Staff member.
- (c) Members of the Senior Staff:
 - (i) shall consist of those members appointed from time to time by the Board, who are seventy (70) years of age or older and maintain clinical activities within the corporation;
 - (ii) shall be granted privileges as approved by the Board having given consideration to the recommendation of the Chief of Department and the MAC;
 - (iii) shall be granted in-Patient and/or out-Patient admitting privileges, unless otherwise specified in their appointment to the Professional Staff;
 - (iv) shall be eligible to apply for annual reappointment;
 - (v) shall be eligible to attend and vote at meetings of the Professional Staff Organization;
 - (vi) shall be bound by the expectations for attendance at Professional Staff Organization, Department and Service meetings.
- (d) At the time of retirement, a Senior Staff member may apply for appointment to the Honorary Staff.

(9) Term Staff

- (a) Term staff will consist of applicants who have been granted admitting and/or procedural Privileges as approved by the Board having given consideration to the recommendation of the Chief of Department and the MAC in order to meet a specific clinical need for a defined period of time not to exceed one (1) year. The specific clinical need shall be identified by the MAC and approved by the President & Chief Executive Officer of the Hospital. Appointments shall be for a period not to exceed one (1) year and such appointment does not imply or provide for any continuing Professional Staff appointment.
- (b) Each member of the Term Staff:
 - (i) may be required to work under the supervision of an Active staff member identified by the Chief of Department;
 - (ii) shall be considered to be probationary for the first 12 months of Term status;
 - (iii) shall, if replacing another member of the Professional Staff, attend that Professional Staff member's Patient;
 - (iv) shall undertake such duties in respect of those patients classed as emergency cases, as may be specified by the Chief of Department or the Chief of Staff;
 - (v) shall attend patients, and undertake treatment and operative procedures only in accordance with the kind and degree of Privileges and Procedures granted by the Board;
 - (vi) shall, unless otherwise specified in the grant of Privileges by the Board, have admitting Privileges; and
 - (vii) shall undertake such clinical and other responsibilities as outlined in these By-laws and as determined by the Chief of Department.
- (c) Term staff will not, subject to determination by the Board in each individual case:
 - (i) be eligible for re-appointment;
 - (ii) attend or vote at meetings of the Professional Staff or be an officer of the Professional Staff or committee chair; and
 - (iii) be bound by the expectations for attendance at Professional staff and departmental meetings.

(10) Eligibility For Professional Staff Appointment

- (a) Professional Staff members will be eligible for appointment to Active Staff until such time as the member reaches the age of seventy (70). Upon reaching the age of seventy, the member of the Professional Staff may:
 - (i) retire;
 - (ii) apply for appointment to the Senior Staff; or
 - (iii) apply for appointment to the Honorary Staff.

5. PROFESSIONAL STAFF DUTIES

(1) Duties, General

- (a) Each member of the Professional Staff is accountable to and shall recognize the authority of the Board through the Chief of Staff, and the President & Chief Executive Officer.
- (b) Each member of the Professional Staff shall:
 - (i) attend and treat patients within the limits of the Privileges granted by the Board, unless the Privileges are otherwise restricted;
 - (ii) notify the President & Chief Executive Officer of any change in the Certificate of Registration with the College of Physicians and Surgeons of Ontario, Royal College of Dental Surgeons of Ontario, and College of Midwives of Ontario or College of Nurses of Ontario;
 - (iii) give such instruction as is required for the education of other members of the Professional Staff and Hospital staff;
 - (iv) abide by the Professional Staff Rules and Regulations, this By-law, the *Public Hospitals Act* and the Regulations made thereunder and all other legislated requirements;
 - (v) comply with such matters as are, from time to time, prescribed by the *Public Hospitals Act*, and by the Hospital Management Regulation made thereunder;
 - (vi) provide consultations on patients as are required; and
 - (vii) perform such other duties as may be prescribed from time to time by, or under the authority of the Board, through the MAC, the Chief of Staff, and the Chiefs of Department.
- (c) Each member of the active and associate Professional Staff groups, where required, shall attend 50 percent of the regular Professional Staff meetings and 50 percent of the meetings of the Clinical Program and Medical Department with which he or she has a primary affiliation. Failure to

attend meetings according to this By-law is considered sufficient grounds for the Board to deny renewal of Privileges.

- (d) Any member of a committee of the MAC who has a conflict of interest in a decision or recommendation to be made by the committee is expected to declare it to the committee and refrain from voting:
- (e) Whenever a question arises regarding a possible conflict of interest, the committee shall examine the issue and act accordingly.

6. Appointment of the Chief of Staff

(1) Appointment of the Chief of Staff

- (a) The Board shall appoint a Physician who is or who shall apply to become a member of the Active Staff as the Chief of Staff after giving consideration to the recommendation of the Board Selection Committee. The Selection Committee shall be comprised of:
 - (i) Two Board members, one of whom shall be chair;
 - (ii) The Chief Nursing Officer;
 - (iii) the President & Chief Executive Officer; and
 - (iv) members of the MAC whose numbers will equal the sum of (i), (ii) and (iii),

and will develop and initiate a process to recruit and hire the Chief of Staff.

- (b) Subject to annual reappointment by the Board, the Chief of Staff will be eligible to serve two consecutive three (3) year terms. However, following a break in the continuous service of at least one year, the same person may be reappointed. The Chief of Staff shall hold office until a successor is appointed.
- (c) On special resolution of the Board the maximum term of a Chief of Staff may be extended.
- (d) The Board may conduct an annual performance appraisal of the Chief of Staff and in reappointing the Chief of Staff will give consideration to the outcome of the annual performance appraisal.
- (e) The appointment of a member of the Active Staff as Chief of Staff, shall not be considered as part of that individual's annual appointment and granting of Privileges by the Board.
- (f) The Board may revoke or suspend the appointment of the Chief of Staff at any time.

(2) Responsibilities of the Chief of Staff

The Chief of Staff shall:

- (a) be responsible for establishing and monitoring the credentialing and disciplining processes for the Professional Staff;
- (b) ensure that the process regarding credentialing of Professional staff is fair and executed in a timely manner;
- (c) be responsible for the disciplinary action or mediation of the Professional Staff in conjunction with the Department Chiefs;
- (d) be responsible for ensuring compliance with the *Public Hospitals Act* (Ontario), regulations and By-laws of the Hospital with respect to Professional Staff;
- (e) be responsible to the Board for the supervision and quality of all the Professional Staff diagnosis, care and treatment given to patients within the Hospital according to the policies established by the Board;
- (f) assist in ensuring appropriate cost-effective use of Hospital resources;
- (g) through, and with the Department Chiefs, advise the MAC and the Board with respect to the quality of medical diagnosis, care and treatment provided to the patients of the Hospital;
- (h) chair the MAC;
- (i) act as an *Ex-officio* member of all Committees of the MAC;
- (j) be a non-voting *Ex-officio* member of the Board;
- (k) be a member of:
 - (i) the MAC Executive; and
 - (ii) other committees as designated;
- (l) work with the Department Chiefs to ensure that the annual evaluation and appointment process of the Professional Staff is completed;
- (m) work, as needed, with the Department Chiefs in any Professional Staff discipline problems;
- (n) assign, or delegate the assignment of, a member of the Professional Staff to supervise the practice of medicine, dentistry, midwifery, extended class nursing or other professional activities of any other member of the Professional Staff for any period of time;

- (o) supervise and evaluate Chiefs of Department with respect to expected role. Under extraordinary conditions, the Chief of Staff may suspend the Chief of Department from the role of Chief of Department and, pending review, appoint an acting Chief of Department;
- (p) act as Professional Practice Representative for Professional Staff;
- (q) investigate and report serious incidents.

When necessary, the Chief of Staff shall:

- (a) subject to Article 3, assume, or assign to any other member of the Professional Staff, responsibility for the direct care and treatment of any Patient in the Hospital under the authority of the *Public Hospitals Act* and notify the attending Professional Staff member, the President & Chief Executive Officer and the Patient, Patient's guardian or power of attorney;
- (b) report to the Board, the Professional Staff, and President & Chief Executive Officer any matters of which they should have knowledge;
- (c) recommend to the President & Chief Executive Officer on the appointment, by the President & Chief Executive Officer, of a member of the Professional Staff to act for him or her during his or her absence or inability to act.

7. Professional Staff Departments

(1) Professional Staff Departments

- (a) When warranted by the professional resources of the Professional Staff, the Board, on the advice of the MAC, shall divide the Professional Staff into Departments which shall include:
 - (i) ambulatory
 - (ii) anaesthesia;
 - (iii) internal medicine & critical care;
 - (iv) diagnostic imaging;
 - (v) emergency;
 - (vi) laboratory;
 - (vii) family practice;
 - (viii) obstetrics
 - (ix) psychiatry;

- (x) rehabilitation;
 - (xi) surgery;
 - (xii) Hospitalist and;
- (b) Each Department shall function in accordance with this By-law, the Hospital's policies and Professional Staff Rules and Regulations.
 - (c) Each Professional 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 Resource Plans of the Departments.
 - (d) The Professional Staff members affiliated with a Medical Service shall come under the jurisdiction of the Chief of that Department.
 - (e) The Chief of each Department is expected to convene at least four meetings per year of the Professional Staff of that Service.
 - (f) The Board, having given consideration to the recommendation of the MAC, may at anytime create, dissolve or reorganize Departments as may be required, all these actions to reflect changing situations of the Hospital.
- (2) Appointment of Chief of Department
- (a) Appointment
 - (i) The Board of the Hospital shall appoint or reappoint a Chief for each Department after considering the recommendation of the Selection Committee and election by the Professional Staff.
 - (ii) The membership of the Selection Committee may include:
 - (A) The Chief of Staff who shall be chair;
 - (B) Two Board members;
 - (C) The Chief Nursing Officer;
 - (D) The President & Chief Executive Officer;
 - (E) Members of the Professional Staff as chosen at the Annual Professional Staff Meeting and whose numbers will equal the sum of (B), (C) and (D); and
 - (iii) Process

- (A) At least thirty days before the annual meeting of the Professional Staff, the Selection Committee shall post a list of the names of those who are nominated for Chiefs of Department.
 - (B) Any further nominations shall be made in writing to the Secretary of the Professional Staff within 14 days after the posting of the names.
 - (C) Further nominations shall be signed by two members of the Professional Staff who are entitled to vote.
 - (D) The nominee shall have signified in writing on the nomination, acceptance of the nomination
 - (E) Nominations shall then be posted alongside the Selection Committee's list.
- (iv) The appointed Chief of a Department will be eligible to serve two consecutive three (3) year terms. Subject to annual confirmation by the MAC, the Chief of a Department shall continue to hold office until a successor is appointed.
 - (v) The maximum number of terms under subsection (iv) shall be two three year terms save and except when the Board votes by a two-thirds (2/3) majority to extend the number of terms. However, following a break in the continuous service of at least one year, the same person may be reappointed.
- (b) Duties of the Chief of Department
 - (i) The Chief of Department shall:
 - (A) through and with the Chief of Staff supervise the professional care provided by members of the Professional Staff in the Department;
 - (B) participate in the orientation of new members of the Professional Staff appointed to the Department;
 - (C) have a responsibility for ensuring quality of care through a quality assurance program in the Department.
 - (D) advise the MAC through and with the Chief of Staff with respect to the quality of medical, and where appropriate dental, diagnosis, care and treatment provided to the patients and outpatients of the Department;

- (E) advise the Chief of Staff and the President of the Hospital of any Patient who is not receiving appropriate treatment and care;
- (F) be responsible to the Chief of Staff and the President & Chief Executive Officer for the appropriate utilization of the resources allocated to the Department;
- (G) report to the MAC and to the department on activities of the Department including utilization of resources and quality management;
- (H) make recommendations to the MAC regarding medical human resource needs of the department in accordance with the Hospital's strategic plan following consultation with Professional Staff of the Department, the Chief of Staff;
- (I) participate in the development of the department's mission, objectives and strategic plan;
- (J) review or cause to be reviewed the Privileges granted to members of the Department including all members of the Professional Staff for the purpose of making recommendations for changes in the kind and degree of such Privileges;
- (K) review and make written recommendations regarding the performance evaluations of all Professional Staff members of the Department annually and concerning re-appointments, and these recommendations shall be forwarded to the MAC;
- (L) be a member of the MAC and shall attend at least eighty (80) percent of the MAC meetings annually;
- (M) establish a process for continuing medical education related to the Department;
- (N) advise all Professional Staff members of the Department regarding current Hospital and Departmental policies, objectives, and rules;
- (O) hold regular meetings with the Professional Staff of the Department;
- (P) notify the Chief of Staff and the President of the Hospital of the Chief of Department's absence, and designate an alternate from within the Department; and

(Q) delegate appropriate responsibility within the Department.

(c) Resignation

A Chief of Department wishing to resign from his or her appointment shall submit his or her resignation in writing to the Chair of the Board of the Hospital; however, the resignation shall not be effective until sixty days (60) have passed since tendering resignation, or a replacement has been appointed.

8. Professional staff meetings

(1) General

- (a) The purpose of the Professional Staff organization, in addition to fulfilling the responsibilities established by legislation and this By-law, is to provide a structure whereby the members of the Professional Staff participate in the Hospital's planning, policy setting and decision making.
- (b) The Annual Meeting of the Professional Staff shall be held at a time and place stated in the Rules of the Professional Staff.
- (c) The elected Officers of the Professional Staff shall be elected at the Annual Meeting of the Professional Staff.

(2) Regular and Special Meetings of Professional Staff

- (a)
 - (i) Regular meetings of the Professional Staff shall be held in conformity with the Regulations made under the *Public Hospitals Act*; and
 - (ii) A written notice of each regular meeting shall be posted by the Secretary of the Professional Staff as required by this By-law.
- (b)
 - (i) Special meetings of the Professional Staff shall be called by the President of the Professional Staff on the written request of any five members of the Active Staff;
 - (ii) in cases of emergency, the President of the Professional Staff may call a special meeting of the Staff;
 - (iii) notice of such special meetings shall be as required for a regular meeting, except in cases of emergency, and shall state the nature of the business for which the special meeting is called; and
 - (iv) the usual period of time required for giving notice of any special meeting shall be waived in cases of emergency, subject to ratification of this action by the majority of those members present and voting at the special meeting, as the first item of business at the meeting.

(3) Quorum at Professional Staff Meetings

- (a) A majority of the members of the Professional Staff entitled to vote shall constitute a quorum at any general or special meeting of the Professional Staff.
- (b) In any case where a quorum of the Professional Staff has not arrived at the place named for the meeting within thirty minutes after the time named for the start of the meeting, those members of the Professional Staff who have presented themselves shall be given credit for their attendance at the meeting for the purpose of satisfying the attendance requirements of these By-laws.

(4) Attendance at Professional Staff Meetings

- (a) The Secretary of the Professional Staff shall:
 - (i) be responsible for the making of a record of the attendance at each meeting of the Professional Staff;
 - (ii) receive the record of attendance for each meeting of each Professional Department of the Professional Staff; and
 - (iii) make such records available to the MAC.
- (b) Each Member of the Active and Associate Staff groups shall annually attend fifty (50%) of the Professional Staff meetings.
- (c) If any member of the Professional Staff, without reasons acceptable to the MAC, does not attend the required number of meetings in the calendar year, the Committee may recommend to the Board that the delinquent member:
 - (i) be reprimanded; or
 - (ii) work within a certain restriction upon his or her Privileges for a specified period of time; or
 - (iii) be suspended from the Professional Staff of the Hospital for a specified period of time; or
 - (iv) be removed from the Professional Staff of the Hospital.

(5) Order of Business at Professional Staff Meetings

- (a) The order of business at the Annual Meeting of the Professional Staff shall be:
 - (i) minutes of the previous Annual Meeting;

- (ii) business arising from the Minutes;
 - (iii) reports from Standing Committees;
 - (iv) reports from Special Committees;
 - (v) report of the MAC, with recommendations for improvement of the professional work of the Hospital based on the work done and results obtained during the past year;
 - (vi) reports of the elected officers of the Professional Staff;
 - (vii) nominations for the elected officers of the Professional Staff;
 - (viii) election of officers of the Professional Staff for the following year;
 - (ix) any new business; and
 - (x) adjournment.
- (b) The order of business at a regular Professional Staff meeting shall be:
- (i) Minutes of the last regular meeting and of any special meeting since the last regular meeting;
 - (ii) business arising from the Minutes, and unfinished business;
 - (iii) report of the Secretary of the Professional Staff;
 - (iv) reports from Committees on non-clinical matters;
 - (v) the report of the MAC which shall include recommendations for the improvement of the professional work of the Hospital and which may include reports from any standing or special Committees;
 - (vi) any new business; and
 - (vii) adjournment.
- (c) The order of business at a special meeting of the Professional Staff shall be:
- (i) reading of the Notice calling the meeting;
 - (ii) the business for which the meeting was called; and
 - (iii) adjournment.
- (d) The order of business at an emergency special meeting of the Professional Staff shall be:

- (i) waiving of the Notice of the meeting by the majority of members present and voting at the meeting;
- (ii) the business for which the meeting was called; and
- (iii) adjournment.

9. PROFESSIONAL STAFF ELECTED OFFICERS

(1) Elected Officers of the Professional Staff

- (a) The Professional Staff with Active Staff Privileges shall hold elections on an annual basis to fill the following offices:
 - (i) President
 - (ii) Vice-President
 - (iii) Secretary
- (b) No person may serve as President, Vice-President or Secretary for more than three consecutive annual terms in the one office, provided however, that following a break in continuous service in that office of at least one annual term, the same person may be re-elected or re-appointed to that office. Unless otherwise directed by MAC, the term for Past President shall be one year.
- (c) Any officer of the Professional Staff who was elected to that office by the Professional Staff shall cease to hold that office upon resolution of the Professional Staff.

(2) Election Procedure for Elected Officers of the Professional Staff

- (a) Any physician member of the Active Staff may serve as an elected officer of the Professional Staff.
- (b) A Nominating Committee shall be appointed by the Professional Staff at each annual meeting and shall consist of four members of the Professional Staff.
- (c) At least thirty days before the annual meeting of the Professional Staff, its Nominating Committee shall post a list of the names of those who are nominated for the offices of the Professional Staff which are to be filled by election in accordance with this By-law and the regulations under the Public Hospitals Act.
- (d) Any further nominations shall be made in writing to the Secretary of the Professional Staff within 14 days after the posting of the names.

- (e) Further nominations shall be signed by two members of the Professional Staff who are entitled to vote.
- (f) The nominee shall have signified in writing on the nomination, acceptance of the nomination.
- (g) Nominations shall then be posted alongside the list referred in subsection (c).

(3) President of the Professional Staff

The President of the Professional Staff shall:

- (a) preside at all meetings of the Professional Staff;
- (b) call special meetings of the Professional Staff;
- (c) be a member of the MAC;
- (d) in all matters not assigned to the MAC or Chief of Staff act as liaison between the Professional Staff and the President & Chief Executive Officer and the Board;
- (e) be a non-voting *Ex-officio* Member of the Board, including membership on Board Committees as assigned, and as a Director fulfil his or her fiduciary duties to the Corporation;
- (f) be an *Ex-officio* member of the Joint Conference Committee;
- (g) be an *Ex-officio* member of the Finance Committee of the Board;
- (h) advocate fair process in the treatment of individual members of the Professional Staff.

(4) Vice-President of the Professional Staff

The Vice-President of the Professional Staff shall:

- (a) in the absence or disability of the President act in the place of the President, perform his or her duties and possess his or her powers;
- (b) perform such duties as the President of the Professional Staff may delegate to him or her; and
- (c) be an *Ex-officio* Member of the MAC.

(5) Secretary of the Professional Staff

The Secretary of the Professional Staff shall:

- (a) be an *Ex-officio* Member of the MAC and may act as Secretary of that Committee;
- (b) attend to the correspondence of the Professional Staff;
- (c) give notice of Professional Staff meetings by posting a written notice thereof;
 - (i) in the case of a regular meeting of the Professional Staff 7 days before the meeting;
 - (ii) in the case of an Annual Meeting of the Professional Staff at least 10 days before the meeting;
 - (iii) in the case of an emergency special meeting of the Professional Staff, the form of Notice shall be at the discretion of the President;
- (d) perform the duties of Treasurer for Professional Staff funds and be accountable therefore, where a Professional Staff Treasurer has not been elected; and

10. MEDICAL ADVISORY COMMITTEE

(1) MAC

- (a) The MAC shall consist of:
 - (i) the Chief of Staff, who shall be the Chair;
 - (ii) All Department Chiefs;
 - (iii) the President of the Professional Staff;
 - (iv) the Vice-President of the Professional Staff; and
 - (v) the Secretary of the Professional Staff who may act as Secretary of the MAC.
- (b) The President & Chief Executive Officer and Chief Nursing Officer shall attend meetings of the MAC without power to vote.
- (c) The MAC may invite any non-voting member that the MAC sees fit on a temporary or an on-going basis.
- (d) A quorum at any meeting of the MAC shall be a majority of the voting members.
- (e) The MAC shall meet at the call of the Chair and shall have at least eight monthly meetings each year and keep Minutes of these meetings.

(2) Duties of the MAC

The MAC is responsible for the following activities: credentials, By-laws (professional), education, quality, ethics, discipline and conflict resolution. The MAC shall establish Committees as directed by the *Public Hospitals Act*. Hospital committees crossing program lines and with a primarily clinical focus should also report through the MAC. Membership and duties of the Committees of the Medical Advisory shall be set out in the Professional Staff Rules and Regulations.

The MAC shall:

- (a) report and make recommendations to the Board in writing on matters concerning the quality of professional care and the practice of Professional Staff or other professions licensed under the *Regulated Health Professions Act, 1991* (Ontario) in the Hospital, in relation to the professionally recognized standards of Hospital professional care, including quality assurance, peer review, resource utilization and unusual incidents;
- (b) report and make recommendations to the Board concerning such matters as prescribed by the *Public Hospitals Act* and by the Hospital Management Regulations thereunder, including matters involving competence, conduct or physical or mental ability or capacity of a member of the Professional Staff;
- (c) through the Chief of Department provide supervision over the practice of medicine, dentistry, midwifery, and extended class nursing in the Hospital;
- (d) participate in the development of the Hospital's overall objectives and planning, and make recommendations considering allocation and utilization of Hospital resources;
- (e)
 - (i) appoint such committees as are required for the supervision, review and analysis of all the clinical work in the Hospital;
 - (ii) name the Chair of each of the Committees it appoints and ensure that each meets and functions as required, and is keeping Minutes of its meetings;
 - (iii) receive, consider and act upon the Report from each of its appointed Committees;
- (f) inform the Professional Staff at each regular meeting of the Professional Staff of any business transacted by the MAC and refer to the Professional Staff such items as, in the opinion of the MAC, require discussion and approval of the Professional Staff as a whole;
- (g) advise and co-operate with the Board and the President & Chief Executive Officer in all matters relating to the professional, clinical and technical services;

- (h) recommend to the Board clinical and general rules respecting the Professional Staff as may be necessary under the circumstances; and
 - (i) advise the Board on any matters referred to it by the Board.
- (3) Procedures for Meetings of the MAC and its Committees
- (a) The procedures to be followed at all meetings of the MAC and its Committees shall be the same as those that are generally provided for the Corporation, except as specifically provided in subsections (3)(b), (c) and (d).
 - (b) Notice of general meetings shall be given in writing by the Professional Staff Secretary seven (7) days in advance of the meeting. Notice of special meetings may be given by telephone by the Professional Staff Secretary not less than forty-eight hours in advance of the special meeting. The Notice of special meeting shall state the purpose for which the meeting is called, and at such meeting the giving of the Notice shall be reported by the Secretary and the meeting, subject to the quorum requirement, shall be declared to be properly constituted.
 - (c) A quorum at any meeting shall be a majority of the voting members of the Committee.
 - (d) Minutes shall be kept for all meetings of the MAC and its Committees. A member of a Committee is entitled to see, during normal business hours, Minutes or proceedings of meetings of their Committee. Members of the Professional Staff may, during normal business hours, under special circumstances and as authorized by the Chair of MAC, see Minutes or proceedings or portions thereof of meetings of the MAC; failing that, access to the Minutes or proceedings of the meetings of the MAC may be authorized by resolution of the MAC. Members of the Board shall have access to the Minutes and proceedings and portions thereof of the meetings of the MAC and its Committees only by resolution of the Board.
 - (e) Every Member of the MAC shall respect the confidentiality of matters brought before the MAC or any MAC committee, or of any matter dealt with in the course of the Professional Staff member's activities in the Hospital.
 - (f) When the case of a Patient who has been examined by, operated on by, or has received treatment from, a member of the Professional Staff, is to be presented at a general or Department Staff Meeting or at a meeting of the MAC or Credentials Committee, the member of the professional staff who examined, operated on or treated the Patient shall be given at least forty-eight hours notice by a Professional Staff officer and shall attend such meeting prepared to present and discuss the case. Failure of a member of the Professional Staff to comply with this may result in disciplinary action being taken against him or her as provided in subsection 8 (4) (c).

(4) Committees of the MAC

- (a) The MAC shall establish:
 - (i) The Credentials Committee;
 - (ii) The Medical Care Committee; and
 - (iii) such other standing and special committees as may be necessary from time to time to comply with their duties under the *Public Hospitals Act* or the By-laws of the Hospital or as they may deem appropriate from time to time.
- (b) The MAC may, at any meeting, appoint any Special Committee, prescribe its terms of reference and name the Chair and Vice-Chair.
- (c) The MAC may, by resolution, at any time, dissolve and reconstitute the membership of any special committee.
- (d) Unless otherwise directed by the MAC, each Committee of the MAC shall meet as specified in its terms of reference and report to the MAC.
- (e) The Chair of the MAC shall be *Ex-officio* on all Committees of the MAC in addition to those where he or she is specifically designated as a member of the Committee, and he or she shall count toward the quorum requirement when he or she is in attendance at a Committee meeting.
- (f) Any member of the Professional Staff may serve as a member of any Committee of the MAC.

(5) MAC Committee Duties

- (a) In addition to the specific duties of each MAC Committee as set out in this By-law, all MAC Committees shall:
 - (i) meet as directed by the MAC; and
 - (ii) submit a written report including any recommendations of each meeting to the next meeting of the MAC.

(6) MAC Committee Chair

- (a) The Chair of each MAC committee shall be selected by the committee.

(7) MAC Committee Chair Duties

- (a) A MAC Committee Chair:
 - (i) shall chair the MAC Committee meetings,

- (ii) shall call meetings of the MAC Committee,
- (iii) at the request of the MAC, shall be present to discuss all or part of any report of the Committee, and
- (iv) may request meetings with the MAC.

(8) Credentials Committee Duties

- (a) The Credentials Committee shall ensure that a record of the qualifications and professional career of every member of the Professional Staff is maintained.
- (b) The Credentials Committee shall establish the authenticity and investigate the qualifications of each applicant for appointment and reappointment to the medical and dental staff and each applicant for a change in privileges.
- (c) The Credentials Committee shall ensure that:
 - (i) each applicant for appointment to the professional staff meets the criteria as set out in section 2 (7);
 - (ii) each applicant for a change in privileges continues to meet the criteria for reappointment set out at section 2(12).
- (d) The Credentials Committee shall consider reports of the interview with the applicant.
- (e) The Credentials Committee shall consult with the appropriate Chief of Department.
- (f) The Credentials Committee shall submit a written report to the MAC at or before its next regular meeting. The report shall include the kind and extent of privileges requested by the applicant, and, if necessary, a request that the application be deferred for further investigation.
- (g) The Committee shall perform any other duties prescribed by the MAC.

(9) Medical Care Committee Duties

- (a) The Medical Care Committee shall:
 - (i) Develop a continuous quality improvement process which includes mechanisms to:
 - (A) monitor trends and activities;
 - (B) identify potential problems;
 - (C) develop action plans and provide follow-up.

- (ii) report to the MAC and to the Patient Care, Quality and Risk Management Committee of the Board.
- (iii) Recommend procedures to the MAC to assure that an ongoing peer review process is established for assessment of the quality of Patient care as follows:
- (iv) study, record, analyze, and consider the agreement or disagreement between the pre-operative diagnosis reports on tissues removed from the patients in the Hospital or post-mortem reports
- (v) review or cause to be reviewed regularly medical records;
- (vi) report in writing to each regular meeting of the MAC and to the appropriate Chiefs of Department;
- (vii) assure a review of all Hospital deaths to assess the quality of care that has been provided;
- (viii) identify the continuing clinical educational needs of the Professional Staff and assure that actions are taken on the recommendations of the Committee; and
- (ix) assure that department medical audits are undertaken as necessary.
- (x) Periodically analyze a summary of medication errors and their causative factors and make appropriate recommendations regarding prevention to the medical, nursing, and/or pharmacy staff;
- (xi) Develop an adverse drug reaction reporting program, review all reports and ensure that a summary is circulated to medical and nursing staff when the need arises;
- (xii) Perform such further duties as the MAC may direct concerning the quality and quantity of professional work being performed in any department of the Professional Staff of the Hospital.

11. PROFESSIONAL STAFF RULES

(1) Professional Staff Rules

- (a) The Board shall require that appropriate clinical and general rules respecting the Professional Staff as may be necessary in the circumstances be formulated and that they be submitted to the Board for its approval.
- (b) The Board may modify or revoke one or more Professional Staff rules.
- (c) The MAC may make recommendations to the Board for the establishment of one or more Professional Staff rules to be applicable to a group or

category of the Professional Staff or other professionals or to a Medical Department.

- (d) The MAC shall ensure that prior to making any recommendations to the Board in respect to a rule, the members of the Active Professional Staff, or a specific Medical Department when appropriate, will have an opportunity to comment on the proposed recommendation regarding a rule.
- (e) The President of the Professional Staff shall ensure that the Board is informed when the majority vote of the Professional Staff at any properly constituted meeting of the Professional Staff, is opposed to a rule or rule change proposed by the MAC.

12. AMENDMENT TO BY-LAWS

(1) Amendments to By-law

The Board may pass or amend the By-laws of the Corporation from time to time.

- (a) Notice of motion to pass a new By-law or to amend this or any other By-law shall be given in the notice calling the meeting of the Board at which it is intended to present the By-law or amendment.
- (b) Members of the Board shall receive the proposed By-law or amendment not less than fourteen days prior to the above Board meeting.
- (c) The MAC shall be provided an opportunity to consider and make recommendations to the Board on any proposed amendments to the Professional Staff By-laws prior to consideration by the Board of the proposed amendment.
- (d) A By-law or an amendment passed by the Board is effective only until the next Annual meeting of the Corporation unless in the meantime it is confirmed at a meeting of the Corporation called for that purpose.
- (e) The notice calling the meeting of the Corporation shall make clear reference to the By-law or the amendment, as the case may be, that will be placed before the Members for confirmation at the meeting.
- (f) The Members at the meeting of the Corporation may confirm, reject, amend or otherwise deal with any By-law or amendment passed by the Board and submitted to the meeting for confirmation.
- (g) Any amendment to the portion of the By-laws relating to an action by the Corporation requiring approval by way of Special Resolution (as defined in the Act) is not effective until it has been confirmed by at least two-thirds of the votes cast at a general meeting of Members duly called for considering it.

- (h) In any case of rejection, amendment, or refusal to approve the By-laws or part of the By-laws in force and effect in accordance with any part of this section, no act done or right acquired under any such By-laws is prejudicially affected by any such rejection, amendment or refusal to approval.

The By-law or the amendment if not so confirmed by the Corporation ceases to have effect from the date of the annual or special meeting and in that case no new By-law or amendment of the same or like substance has any effect until it is first confirmed at a meeting of the Corporation.

(2) Amendments to Professional Staff By-law

Prior to submitting the Professional Staff part of the By-law to the process established in subsection (1), the following Procedures shall be followed:

- (a) a notice shall be sent to all members of the Professional Staff advising them of the proposed amendments to the Professional Staff part of the By-law not less than thirty (30) days in advance of the matter being considered by the Board;
- (b) a copy of the proposed Professional Staff part of the By-law or amendments thereto shall be posted in the Professional Staff room and shall be made available on request not less than fourteen days in advance of the matter being considered by the Board;
- (c) the Professional Staff shall be afforded an opportunity to comment on the proposed Professional Staff part of the By-law or amendment thereto; and
- (d) the MAC shall make recommendations to the Board, concerning the proposed Professional Staff part of the By-law or amendment thereto.

Schedule A - PROCEDURE REGARDING REAPPOINTMENTS, REQUESTS FOR CHANGES IN PRIVILEGES AND MID-TERM ACTION

Preamble

This schedule outlines the procedures to be followed in three different circumstances. Section 1 deals with Reappointment and Requests for Changes in Privileges. Section 2 outlines the procedure when there is an immediate need to suspend Privileges mid-term in an emergency situation. Section 3 is the procedure when mid-term action is required but not in an emergency situation.

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

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

1. Reappointment And Requests For Changes In Privileges

(1) Recommendation for Reappointment and Changes in Privileges

- (a) The Credentials Committee shall forward to the MAC a recommendation in respect of a reappointment or request for change in Privileges consistent with the Committee's terms of reference and such recommendation shall be in writing and supported by references to the specific activities or conduct which constitute the basis for the recommendation.
- (b) The MAC may; initiate further investigation, establish an ad hoc committee to conduct further investigation, refer the matter back to the Credentials Committee with direction or to an external consultant, or make recommendations to the Board.
- (c) Where the MAC makes a recommendation to the Board, it should provide notice to the member in accordance with subsection 2 (9) (e) of these By-laws.
- (d) Upon completion of its own investigation or upon receipt of the report of the body or consultant that conducted the investigation as the case may be, the MAC shall make a recommendation to the Board in respect of the reappointment or Privileges requested and provide notice to the member as set out at subsection 1 (c) above.
- (e) Service of a notice to the applicant or member may be made personally or by Registered Mail addressed to the person to be served at their last known address and, where notices served by Registered Mail, it shall be deemed that the notice was served on the third day after the day of mailing unless the person to be served establishes that they did not, acting in good

faith, through absence, accident, illness or other causes beyond their control, receive it until a later date.

- (f) If additional time is needed for review or the investigative process, the MAC may defer its recommendation providing it indicates in writing to the Board and the applicant or member that the recommendation cannot yet be made and gives reasons therefore, further to Section 37(5) of the *Public Hospitals Act*.
- (g) The MAC may, in its sole discretion, in the course of its review or investigation or in determining its recommendation, decide that there shall be a Special Meeting of the MAC where the member shall be entitled to attend such Special Meeting.
- (h) Where the MAC considers a matter at a Special Meeting, the procedures set out below at Section 4 for “Special Meetings of the MAC” are to be followed.
- (i) The MAC, when providing notice to the applicant or member as provided for in subsection 1(c) and subsection 1(d), shall advise the applicant or member that he/she is entitled to receive written reasons for the recommendation, wherein a request by the applicant or member is received by the secretary of the MAC within seven days from receipt by the applicant or member of the MAC’s recommendation and further that the applicant or member is entitled to a Hearing before the Hospital’s Board if a written request is received by the Board and the MAC within seven days from the receipt by the applicant or member of the MAC’s written reasons where requested.
- (j) Where the applicant or member does not request written reasons for the MAC’s recommendation or where the applicant or member does not require a Hearing by the Board, the Board may implement the recommendation of the MAC.
- (k) Where the applicant or member requires a Hearing by the Board, the Board will appoint a time and place for the Hearing and the procedures set out below at Section 5 for “the Board Hearing” are to be followed.

2. Immediate Mid-Term Action In An Emergency Situation

- (1) The definition of mid-term action in an emergency situation is outlined in Article 3 of these By-laws.
- (2) If at any time it becomes apparent that a member’s conduct, performance or competence is such that it exposes, or is reasonably likely to expose Patient(s), staff or others to harm or injury or is, or is reasonably likely to be, detrimental to the safety of Patient(s), staff or others or to the delivery of quality care, an immediate action must be taken to protect the Patient(s), staff or others or to

ensure the delivery of quality of care and the procedures set out herein relating to suspension/revocation of Privileges shall be followed.

- (3) In addition to the steps outlined in Article 3, the Chief of Department or the Chief of Staff will immediately notify the member, the MAC, the President & Chief Executive Officer, the President of the Professional Staff and the Board of their decision to suspend the member's Privileges.
 - (4) Arrangements will be made by the Chief of the Department or Chief of Staff for the assignment of a substitute to care for the patients of the suspended member.
 - (5) Within 24 hours of suspension, the individual who suspended the member will provide the MAC, the President & Chief Executive Officer and the President of the Professional Staff with written reasons for the suspension and copies of any relevant documents or records.
 - (6) Upon receipt of the written reasons for suspension as described above, the MAC will set a date for a Special Meeting of the MAC to be held within five days from the date of suspension to review the suspension and to make recommendations to the Board.
 - (7) The Special Meeting of the MAC shall be conducted further to the procedures set out below at Section 4 for Special Meetings of the MAC.
 - (8) The member may request and the MAC may grant the postponement of the Special MAC meeting to a fixed date.
 - (9) The MAC, when providing notice to the applicant or member, shall advise the applicant or member that he/she is entitled to receive written reasons for the recommendation wherein a request by the applicant or member is received by the secretary of the MAC within seven days from receipt by the applicant or member of the MAC's recommendation and further that the applicant or member is entitled to a Hearing before the Hospital's Board if a written request is received by the Board and the MAC within seven days from the receipt by the applicant or member of the MAC's written reasons where requested.
 - (10) Where the applicant or member does not request written reasons for the MAC's recommendation or where the applicant or member does not require a Hearing by the Board, the Board may implement the recommendation of the MAC.
 - (11) Where the applicant or member requires a Hearing by the Board, the Board will appoint a time and place for the Hearing and the procedures set out below at Section 5 for "the Board Hearing" are to be followed.
3. Non-Immediate Mid-Term Action
- (1) The definition of a non-immediate mid-term action is outlined in Article 3 of these By-laws.

- (2) Procedure for a non-immediate mid-term action shall include:
- (3) Information provided to the President & Chief Executive Officer or Chief of Staff by the Chief of Department which raises concerns about any of the matters in these By-laws relating to non-immediate mid-term action, shall be in writing and will be directed to the President & Chief Executive Officer and/or Chief of Staff.
- (4) Where either of the President & Chief Executive Officer, Chief of Staff, or Chief of Department receives information about the conduct, performance or competence of a member, that person will provide a copy of the documentation to the other two.
- (5) Upon receipt of information above, an interview will be arranged by the Chief of Staff or Chief of Department with the member, at which time the member will be advised of the information about their conduct, performance or competence and will be given a reasonable opportunity to present relevant information on their behalf.
- (6) A written record will be maintained reflecting the substance of the aforementioned interview and copies will be sent to the member, the President & Chief Executive Officer and the Chief of Staff and Chief of Department.
- (7) Where the member fails or declines to participate in an interview as set out above, after being given a reasonable opportunity to so participate, appropriate action may be undertaken further to the procedure as outlined in this section.
- (8) Following an interview as set out above, or where the member fails or declines to participate in an interview, the Chief of Staff, Chief of Department or President & Chief Executive Officer will determine whether further investigation of the matter is necessary.
- (9) If further investigation is to be undertaken, the investigation may be assigned to an individual(s) within the Hospital, the MAC, a body within the Hospital other than the MAC or an external consultant.
- (10) Upon the completion of the investigation contemplated by subsection 3(g) above, the individual or body who conducted the investigation will forward a written report to the President & Chief Executive Officer, Chief of Staff and Chief of Department. The member will be provided with a copy of the written report.
- (11) The Chief of Staff, Chief of Department and President & Chief Executive Officer, upon further review of the matter and any report received, will determine whether further action may be required.
- (12) Where it is determined that further action in respect of the matter may be required, the matter shall be referred to the MAC along with a proposed recommendation with respect to mid-term action in writing and supported by references to specific activities or conduct along with any reports which constitute grounds for the proposed recommendation.

- (13) The MAC, in advance of considering the proposed recommendation, may initiate further investigation itself, in respect of such matters and in such a manner as it in its sole discretion deems appropriate.
- (14) Upon completion of its own investigation or upon receipt of the proposed recommendation as set out above, the MAC may determine that no further action need be taken in respect of the matter for lack of merit or determine to have a Special Meeting of the MAC where the member is entitled to attend such Special Meeting.
- (15) Where the MAC considers the matter at a Special Meeting, then the procedures set out below at Section 4 for the Special Meeting of the MAC are to be followed.
- (16) The MAC, following a Special Meeting of the MAC, will provide the member with written notice of the MAC's recommendation and the written reasons for the recommendation and the member's entitlement to a Hearing before the Hospital's Board where a written request is received by the Board and the MAC from the member within seven days of the receipt by the member of the MAC's recommendation and written reasons.
- (17) Service of the notice of recommendation and written reasons to the member may be made personally or by Registered Mail addressed to the member at their last known address and, where notice is served by Registered Mail, it will be deemed that the notice was served on the third day after the day of mailing unless the member to be served establishes that they did not, acting in good faith, through absence, accident, illness or other causes beyond their control, receive it until a later date.
- (18) Where the applicant or member does not require a Hearing by the Board, the Board may implement the recommendation of the MAC.
- (19) Where the member requires a Hearing by the Board, the Board will appoint a time and place for the Hearing, such Board Hearing to be undertaken pursuant to the procedures set out below at Section 5, Board Hearings.

4. Special Meetings Of The MAC

- (1) In the event that a Special Meeting of the MAC is required further to this Schedule, such Special Meeting of the MAC will be conducted pursuant to procedures as follows:
 - (a) The MAC will give the applicant or member written notice of the Special Meeting, such notice to include:
 - (i) the time and place of the meeting;
 - (ii) the purpose of the meeting;

- (iii) a statement that the applicant or member will be provided with a statement of the matter to be considered by the MAC together with all relevant documentation;
 - (iv) a statement that the applicant or member is entitled to attend the MAC meeting and to participate fully in all matters under consideration by the MAC;
 - (v) a statement that the parties are entitled to bring legal counsel to the meeting and consult with legal counsel but that legal counsel shall not be entitled to participate in the meeting save and except in respect of making representation on behalf of the party;
 - (vi) a statement that, in the absence of the applicant or member, the meeting may proceed.
- (b) The MAC will provide the applicant or member with a statement of the particulars of the matter to be considered by the MAC, including any proposed recommendation, together with all documentation and records collected by the MAC or Credentials Committee pursuant to the performance of their duties.
 - (c) At the Special Meeting, a record of the proceedings will be kept in the Minutes of the MAC.
 - (d) The applicant or member involved will be given a full opportunity to answer each issue as well as to present documents and witnesses if so desired.
 - (e) Before deliberating on the matter or the recommendation to be made to the Board, the Chair of the MAC will require the member involved and any other members present who are not MAC members to retire for the duration of the discussion. The MAC will not consider any matter, fact or documentation to which it did not give the member an opportunity to respond.
 - (f) No member of the MAC will participate in a decision of the MAC at a Special Meeting of the MAC unless such member was present throughout the Special Meeting, except with the consent of the parties and no decision of the MAC will be given unless all members so present participate in the decision. Where the MAC determines that the matter is without merit and as such no decision of the MAC is necessary, such determination will be noted in the Minutes of the Special MAC meeting.

5. Board Hearings

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

- (2) The Board will name a place and time for the Hearing.
- (3) The Board Hearing will be held within thirty days of the Board receiving the written recommendation and reasons for such recommendation from the MAC unless such other time for the Hearing is agreed to by the parties.
- (4) The Board will give written notice of the Hearing to the applicant or member and to the Chair of the MAC at least seven days before the Hearing date.
- (5) 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 MAC will be afforded an opportunity to examine prior to the Hearing all written or other documentary evidence to be ruled upon at the Hearing and all reports which have been collected as part of the Credentials Committee and MAC processes;
 - (d) a statement that the applicant or member may be represented by counsel or agent, call witnesses, cross-examine witnesses and tender documents in evidence and present arguments and submissions in support of their case;
 - (e) a statement that the time for the Hearing may be extended by the Board; and
 - (f) a statement that if the applicant or member does not attend the Hearing, the Board may proceed in the absence of the applicant or member and the applicant or member will not be entitled to any further notice in respect of the Hearing.
- (6) The parties to the Board Hearing are the applicant or member, the MAC and such other persons as the Board may specify.
- (7) As soon as possible, and at least five business days prior to the Hearing, the parties will provide one another with copies of all written documentary material, along with the names, addresses and qualifications of all witnesses who will testify at the Hearing and a detailed summary of the evidence they will give, along with reports that have been collected by the Credentials Committee or MAC as part of the investigation process whether or not these materials will be used in evidence. The intent is that there should be full disclosure as between the parties to the Board Hearing.
- (8) The findings of fact of the Board pursuant to a Hearing will be based exclusively on evidence admissible or matters that may be noted under the *Statutory Powers Procedure Act*. A party at a Hearing may:

- (g) be represented by counsel or agent;
 - (h) call and examine witnesses and present arguments and submissions; and
 - (i) conduct cross-examination of witnesses reasonably required for a full and fair disclosure of the facts in relation to which they have given evidence.
- (9) The Board will consider the reasons for the MAC that have been given to the applicant or member in support of its recommendations. Where through error or inadvertence, certain reasons have been omitted in the statement delivered to the applicant or member, the Board may consider those reasons only if those reasons are given by the MAC in writing to both the applicant or member and the Board, and the applicant or member is given a reasonable time to review the reasons and to prepare a case to meet those additional reasons.
- (10) 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.
- (11) The Board will make a decision to either follow or not follow the recommendation of the MAC.
- (12) A written copy of the decision of the Board and the written reasons for the decision will be provided to the applicant or member and to the MAC within fifteen days of the conclusion of the Hearing.