



# **St. Mary's of the Lake Hospital**

**St. Mary's of the Lake Hospital and Mental Health Services sites**

## MEDICAL STAFF BY-LAW

DECEMBER, 2010

Approved by Catholic Health Corporation of Ontario  
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## TABLE OF CONTENTS

|                  | <b>Page</b>  |
|------------------|--|
| <b>ARTICLE 1</b> | <b>INTRODUCTION, DEFINITIONS &amp; INTERPRETATION ..... 1</b>                                      |
| 1.1              | INTRODUCTION ..... 1   |
| 1.2              | DEFINITIONS..... 1   |
| 1.3              | AFFILIATION AGREEMENT ..... 5  |
| 1.4              | INTERPRETATION..... 5  |
| <b>ARTICLE 2</b> | <b>MISSION VISION AND VALUES STATEMENTS..... 7</b>   |
| 2.1              | ACKNOWLEDGEMENT ..... 7  |
| 2.2              | MISSION ..... 7  |
| 2.3              | VISION ..... 7   |
| <b>ARTICLE 3</b> | <b>PURPOSE OF THIS BY-LAW ..... 8</b>  |
| 3.1              | PURPOSE OF THIS BY-LAW ..... 8   |
| <b>ARTICLE 4</b> | <b>APPOINTMENT AND REAPPOINTMENT TO<br/>PROFESSIONAL STAFF..... 9</b>                              |
| 4.1              | APPOINTMENT AND REVOCATION..... 9  |
| 4.2              | TERM OF APPOINTMENT ..... 9  |
| 4.3              | QUALIFICATIONS AND CRITERIA FOR APPOINTMENT TO<br>THE PROFESSIONAL STAFF ..... 9                   |
| 4.4              | APPLICATION FOR APPOINTMENT TO THE PROFESSIONAL<br>STAFF..... 11                                   |
| 4.5              | PROCEDURE FOR PROCESSING APPLICATIONS FOR<br>APPOINTMENT TO THE PROFESSIONAL STAFF ..... 12        |
| 4.6              | TEMPORARY APPOINTMENT..... 13  |
| 4.7              | APPLICATION FOR REAPPOINTMENT TO THE<br>PROFESSIONAL STAFF ..... 14                                |
| 4.8              | QUALIFICATIONS AND CRITERIA FOR REAPPOINTMENT TO<br>THE PROFESSIONAL STAFF ..... 15                |
| 4.9              | APPLICATION FOR CHANGE OF PRIVILEGES ..... 15  |
| 4.10             | LEAVE OF ABSENCE ..... 16  |
| <b>ARTICLE 5</b> | <b>MONITORING, SUSPENSION AND REVOCATION..... 17</b>   |
| 5.1              | MONITORING PRACTICES AND TRANSFER OF CARE ..... 17   |
| 5.2              | SUSPENSION, RESTRICTION OR REVOCATION OF<br>PRIVILEGES (IMMEDIATE OR NON-IMMEDIATE ACTION)..... 18 |
| 5.3              | REFERRAL TO PROFESSIONAL ADVISORY COMMITTEE FOR<br>RECOMMENDATIONS ..... 19                        |
| <b>ARTICLE 6</b> | <b>BOARD HEARING ..... 21</b>  |
| 6.1              | BOARD HEARING..... 21  |
| <b>ARTICLE 7</b> | <b>CATEGORIES AND GENERAL DUTIES OF THE<br/>PROFESSIONAL STAFF ..... 24</b>                        |

# TABLE OF CONTENTS

(continued)

|                   | <b>Page</b>  |
|-------------------|--|
| 7.1               | CATEGORIES..... 24   |
| 7.2               | ASSOCIATE STAFF..... 24  |
| 7.3               | ATTENDING STAFF ..... 25   |
| 7.4               | CLINICAL ASSOCIATE STAFF ..... 27  |
| 7.5               | CONSULTANT STAFF..... 27   |
| 7.6               | HONORARY STAFF ..... 28  |
| 7.7               | HOUSE STAFF ..... 28   |
| 7.8               | LOCUM TENENS APPOINTMENT..... 29   |
| 7.9               | EXTENDED CLASS NURSING STAFF ..... 29  |
| 7.10              | GENERAL DUTIES OF PROFESSIONAL STAFF MEMBERS..... 29                                 |
| <b>ARTICLE 8</b>  | <b>CLINICAL DEPARTMENTS OR DIVISIONS..... 32</b>                                     |
| 8.1               | CLINICAL DEPARTMENTS AND MAJOR CLINICAL<br>PROGRAMS..... 32                          |
| 8.2               | CLINICAL DEPARTMENTS..... 32   |
| 8.3               | HOSPITAL DEPARTMENTAL OR CLINICAL PROGRAM<br>MEETINGS ..... 33                       |
| 8.4               | HEADS OF DEPARTMENTS ..... 33  |
| 8.5               | RESPONSIBILITIES OF THE HEADS OF DEPARTMENTS ..... 34                                |
| 8.6               | DEPUTY DEPARTMENT HEADS..... 38  |
| 8.7               | DUTIES OF DEPUTY DEPARTMENT HEADS ..... 38   |
| 8.8               | PERFORMANCE EVALUATION OF HEADS OF DEPARTMENT<br>AND DEPUTY DEPARTMENT HEADS..... 38 |
| 8.9               | PROGRAM CLINICAL LEADER/DIRECTOR ..... 40  |
| 8.10              | SERVICES..... 40   |
| <b>ARTICLE 9</b>  | <b>PROFESSIONAL ADVISORY COMMITTEE ..... 41</b>                                      |
| 9.1               | MEMBERSHIP OF THE PROFESSIONAL ADVISORY<br>COMMITTEE..... 41                         |
| 9.2               | PROFESSIONAL ADVISORY COMMITTEE DUTIES AND<br>RESPONSIBILITIES ..... 42              |
| <b>ARTICLE 10</b> | <b>COMMITTEES OF THE PROFESSIONAL ADVISORY<br/>COMMITTEE..... 45</b>                 |
| 10.1              | STANDING COMMITTEES ..... 45   |
| 10.2              | AD HOC COMMITTEES ..... 46   |
| 10.3              | QUORUM..... 46   |
| <b>ARTICLE 11</b> | <b>CHIEF OF STAFF..... 47</b>  |
| 11.1              | CHIEF OF STAFF SELECTION ..... 47  |
| 11.2              | DUTIES OF CHIEF OF STAFF..... 47   |
| 11.3              | PERFORMANCE EVALUATION OF CHIEF OF STAFF ..... 51                                    |
| <b>ARTICLE 12</b> | <b>PATIENT RECORDS ..... 52</b>  |

**TABLE OF CONTENTS**  
(continued)

|                   |  | <b>Page</b> |
|-------------------|--|-------------|
| 12.1              | PATIENT RECORDS .....                                  | 52          |
| <b>ARTICLE 13</b> | <b>OFFICERS OF THE MEDICAL STAFF ASSOCIATION .....</b> | <b>53</b>   |
| 13.1              | OFFICERS OF THE MEDICAL STAFF ASSOCIATION (MSA).....   | 53          |
| 13.2              | ELIGIBILITY FOR OFFICE .....                           | 53          |
| 13.3              | NOMINATIONS AND ELECTION PROCESS.....                  | 54          |
| 13.4              | PRESIDENT OF THE MSA .....                             | 54          |
| 13.5              | VICE PRESIDENT OF THE MSA .....                        | 54          |
| 13.6              | SECRETARY OF THE MSA.....                              | 55          |
| 13.7              | OTHER OFFICERS.....                                    | 55          |
| <b>ARTICLE 14</b> | <b>AMENDMENTS .....</b>                                | <b>56</b>   |
| 14.1              | AMENDMENTS TO THIS BY-LAW .....                        | 56          |

# ARTICLE 1

## INTRODUCTION, DEFINITIONS & INTERPRETATION

### 1.1 INTRODUCTION

1.1.1 Whereas the Board (hereinafter defined) of the Corporation (hereinafter defined) deems it expedient that the by-laws of the Hospital heretofore enacted concerning the Professional Staff (hereinafter defined) of the Hospital be cancelled and revoked and the following By-law be adopted for regulating the affairs of the Professional Staff of the Hospital.

1.1.2 Recognizing that the Professional Advisory Committee is responsible to the Board for the quality of medical care provided by the Professional Staff, Professional Staff practising in the Hospital (hereinafter defined) are hereby organized in conformity with this By-law hereinafter stated.

1.1.3 The Board is required pursuant to the *Public Hospitals Act* to credential and appoint on an annual basis all Professional Staff.

### 1.2 DEFINITIONS

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

1.2.1 “**Affiliation Agreement**” means the agreement entered into between the University and the Hospital regarding their joint relationship with respect to Patient care, teaching and research, as amended from time to time.

1.2.2 “**Attending Staff**” means the Physicians and Dentists described in section 7.3.

1.2.3 “**Board**” means the Board of Directors of the Corporation.

1.2.4 “**Chief of Staff**” means the Physician appointed by the Board to be the Chief of the Professional Staff.

1.2.5 “**Clinical Programs**” refer to the multidisciplinary organization of clinical services at the Hospital. Each program is co-lead by a Clinical Program Director/Leader (physician) and an Administrative Director/Leader.

1.2.6 “**College**” means, as the case may be, the CPSO, the Royal College of Dental Surgeons of Ontario and/or the College of Nurses of Ontario.

1.2.7 “**College of Family Physicians**” means the College of Family Physicians of Canada, the national examining and certifying body for family medicine practitioners in Canada and accrediting family medicine training programs in Canada.

1.2.8 “**Corporation**” means the legal entity known as Providence Care Centre, which operates Providence Manor and the Hospital.

1.2.9 “**CPSO**” means the College of Physicians and Surgeons of Ontario;

1.2.10 “**Credentials Committee**” means the committee established by the Professional Advisory Committee to review applications for appointment and reappointment to the Professional Staff and to make recommendations to the Professional Advisory Committee.

1.2.11 “**Dental Staff**” means the Dentists to whom the Board has granted privileges to practise dentistry at the Hospital.

1.2.12 “**Dentist**” means a dental practitioner in good standing with the Royal College of Dental Surgeons of Ontario.

1.2.13 “**Department**” means a major area of clinical practice to which members of the Professional Staff with a similar field of practice, have been assigned.

1.2.14 “**Disruptive Behaviour**” has the meaning ascribed to it in the Corporation’s Code of Conduct and applicable College guidelines.

1.2.15 “**Division**” means an academic and clinical organizational structure within a Department which coordinates academic activities relating to Patient care, research and teaching at the Hospital.

1.2.16 “**Extended Class Nurse**” means a member of the College of Nurses of Ontario who is a registered nurse and who holds an extended certificate of registration under the *Nursing Act*, 1991.

1.2.17 “**Extended Class Nursing Staff**” means those Extended Class Nurses in the Hospital, who are:

- (a) employed by the Hospital and are authorized to diagnose, prescribe for or treat outpatients in the Hospital; or
- (b) not employed by the Hospital and to whom the Board has granted privileges to diagnose, prescribe for or treat outpatients in the Hospital.

1.2.18 “**Faculty of Health Sciences**” means the Faculty of Health Sciences at the University.

1.2.19 “**Head of Department**” means the Physician appointed by the Board to be responsible for the professional standards and quality of medical care rendered by the members of that Department at the Hospital. The Head of Department serves simultaneously as the head of the corresponding department of the University’s School of Medicine, Faculty of Health Sciences.

1.2.20 “**Head of Division**” means the member of the Professional Staff appointed to be in charge of one of the organized divisions of a Department.

1.2.21 “**Heads of Service**” shall have the meaning ascribed to it in subsection 8.10.2.

1.2.22 “**Health Ethics Guide**” means the Health Ethics Guide of the Catholic Health Association of Canada as approved from time to time by the Canadian Conference of Catholic Bishops.

1.2.23 “**Hospital**” means the division of the Corporation known as St. Mary’s of the Lake Hospital operating at two sites and comprising the hospital historically known as St. Mary’s of the Lake Hospital and the hospital more recently known as Providence Care Mental Health Services.

1.2.24 “**House Staff**” means interns, residents and fellows recognized as such within the Hospital who are enrolled in the Faculty of Health Sciences and who are:

- (a) on the educational registry of the CPSO; or
- (b) licensed by the CPSO to practice medicine.

1.2.25 “**Impact Analysis**” means a study to determine the impact upon the resources of the Corporation of the proposed or continued appointment of any person to the Professional Staff.

1.2.26 “**including**” means “including without limitation” and the term “including” shall not be construed to limit any general statement which it follows to the specific or similar items or matters immediately following it.

1.2.27 “**Medical Staff**” means those Physicians who are appointed by the Board and who are granted privileges to practise medicine at the Hospital.

1.2.28 “**Mission Vision and Values**” means the mission vision and values of the Corporation.

1.2.29 “**MSA**” or “**Medical Staff Association**” means the medical staff association of the Hospital.

1.2.30 “**Patient**” means, unless otherwise specified or the context otherwise requires, any in-patient or outpatient of the Hospital;

1.2.31 “**Person Power Plan**” means in respect of any Department (and each Division and Clinical Program within it) the approved plan developed by a Head of that Department (or delegate) on behalf of his/her Department members in consultation with the Chief of Staff and President and Chief Executive Officer (or their delegates), and with the appropriate academic department, based on the Mission Vision and Values and Strategic Plan and on the regional needs of the community, which provides information and future projections of this

information with respect to the management and appointment of existing and future Professional Staff.

1.2.32 “**Physician**” means a medical practitioner in good standing with the CPSO.

1.2.33 “**Physician Assistants**” are persons trained, certified, and licensed to take medical histories, conduct physical examinations, and diagnose and treat medical problems under the supervision of physicians.

1.2.34 “**President and Chief Executive Officer**” means the President and Chief Executive Officer of the Corporation, who for greater certainty is the administrator as defined in Section 1 of the *Public Hospitals Act*.

1.2.35 “**Principal Documents**” means the *Public Hospitals Act*, this By-law, the Mission Vision and Values, the Health Care Ethics Guide, the Rules and Regulations, the relevant policies and procedures of the Hospital, including those relating to confidentiality of Patient records, the Code of Conduct of the Corporation, the Code of Ethics for Physicians and relevant excerpts of the Affiliation Agreement (if applicable).

1.2.36 “**Privileges**” mean those rights or entitlements conferred upon a Professional Staff member at the time of appointment or reappointment.

1.2.37 “**Professional Advisory Committee**” means the committee of the Board which serves as the medical advisory committee as required by the *Public Hospitals Act*.

1.2.38 “**Professional Staff**” means the Medical Staff, Dental Staff and members of the Extended Class Nursing Staff, who are not employees of the Hospital, and other professionals who are required by the *Public Hospitals Act* to be appointed by the Board in order to practice their profession and who have been granted specific Privileges to practise their profession in the Hospital.

1.2.39 “**Program Clinical Director/Leader**” means the member of the Professional Staff appointed to be in charge of one of the organized Clinical Programs.

1.2.40 “**Public Hospitals Act**” means the *Public Hospitals Act* (Ontario) and all regulations made thereunder including the Hospital Management Regulation 965.

1.2.41 “**Quality Committee**” means the Quality in Care, Education and Research Committee of the Board or such other committee of the Board which serves as the Quality Committee for the purposes of the *Excellent Care For All Act, 2010* (Ontario).

1.2.42 “**Royal College**” means the Royal College of Physicians and Surgeons of Canada, the national examining and certifying body for medical specialists in Canada and for accrediting Canadian specialty training programs in Canada.

1.2.43 “**Rules and Regulations**” means the rules, regulations, policies and procedures of the Hospital governing the Professional Staff both generally and within a particular Department as established or revised by the Corporation from time to time.

1.2.44 “**SEAMO**” means the Southeastern Ontario Academic Medical Organization whose members are The Clinical Teachers’ Association of Queens University; the University; Kingston General Hospital; Hotel Dieu Hospital; and Providence Care, an association created to establish policies to enable the delivery of clinical service, health education and research and associated management responsibilities of the alternative funding contract between the Members of SEAMO and the Minister of Health and Long-Term Care pursuant to An Agreement to Establish SEAMO, as Amended, October 31, 2001.

1.2.45 “**Strategic Plan**” means the strategic plan of the Corporation.

1.2.46 “**University**” means Queen’s University at Kingston.

### **1.3 AFFILIATION AGREEMENT**

1.3.1 Members of the Attending Staff shall hold a Geographic Full-Time or Adjunct appointment with the Faculty of Health Sciences.

1.3.2 Members of the Attending Staff, holding Geographic Full-Time or Adjunct appointments with the Faculty of Health Sciences, shall be jointly appointed by the University and the Hospital in accordance with the terms and conditions of the Affiliation Agreement.

1.3.3 Departments and Divisions with Geographic Full-Time Attending Staff will provide undergraduate and graduate medical education under the auspices of the Faculty of Health Sciences. Medical care in teaching areas is the function of a team of Attending Staff, House Staff, other Professional Staff and medical students and based on the principle of graded responsibility commensurate with competence and level of training.

### **1.4 INTERPRETATION**

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

1.4.1 The use of the singular number shall include the plural and vice versa and the use of any gender shall include the masculine, feminine and neuter genders.

1.4.2 The headings used in this By-law are inserted for reference purposes only and are not to be considered or taken into account in construing the terms or provisions thereof or to be deemed in any way to clarify, modify or explain the effect of any such terms or provisions.

1.4.3 Any references herein to any law, By-law, rule, regulation, order or act of any government, governmental body or other regulatory body shall be construed as a reference thereto as amended or re-enacted from time to time or as a reference to any successor thereto.

1.4.4 Unless otherwise specified, a reference to an “Article”, “section” or “subsection” is to the applicable article, section or subsection hereof.

1.4.5 Subject to compliance with applicable law and the provisions of the Administrative By-law, whenever this By-law confers upon the President and Chief Executive Officer or Chief of Staff a right or power, such right or power may, with the consent of the President and Chief Executive Officer or Chief of Staff as applicable, be exercised by his or her specified delegate.

## **ARTICLE 2**

### **MISSION VISION AND VALUES STATEMENTS**

#### **2.1 ACKNOWLEDGEMENT**

The members of the Professional Staff acknowledge the Mission Vision and Values and undertake to practise and promote the values contained in it while providing service at the Hospital.

#### **2.2 MISSION**

Trusting in Providence and strengthened by the spirit and tradition of our Founders, The Sisters of Providence of St. Vincent de Paul, we enhance the quality of life by meeting the physical, emotional, social, and spiritual needs of each person.

We work with our partners to innovate and excel in education and research.

We treat each person with respect, dignity and compassion.

#### **2.3 VISION**

Providence Care will lead the way in compassion and discovery.

#### **2.4 VALUES**

**RESPECT and DIGNITY** – We believe in the inherent worth and excellence of all people.

**COMPASSION** – We are sympathetic and conscious of the needs of others, and have a deep desire to respond.

**STEWARDSHIP** – We embrace our role in the responsible management of all that is entrusted to our care.

**ARTICLE 3**  
**PURPOSE OF THIS BY-LAW**

**3.1 PURPOSE OF THIS BY-LAW**

3.1.1 Pursuant to the Board's obligations under the *Public Hospitals Act*, the Board has set out in this By-law the following:

- (a) the structure of the Professional Staff organization;
- (b) the duties and responsibilities of the members of the Professional Staff;
- (c) the procedures with respect to the election of the Professional Staff officers;
- (d) a quality assurance system to monitor the medical care rendered to Patients by the members of the Professional Staff;
- (e) a system to ensure the continuing improvement of the quality of medical care provided to the Patients; and
- (f) a mechanism for accountability to the Board and as appropriate for Patient care, Patient and workplace safety, and professional and ethical behaviours of each individual member of the Professional Staff.

## **ARTICLE 4**

### **APPOINTMENT AND REAPPOINTMENT TO PROFESSIONAL STAFF**

#### **4.1 APPOINTMENT AND REVOCATION**

4.1.1 The Board, after considering the recommendations of the Professional Advisory Committee, shall appoint annually a Medical Staff and may appoint a Dental Staff and the non-employed members of the Extended Class Nursing Staff and shall grant such Privileges as it deems appropriate to each member of the Professional Staff so appointed.

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

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

#### **4.2 TERM OF APPOINTMENT**

4.2.1 Subject to subsection 4.1.3, each appointment to the Professional Staff shall be for a term of up to one (1) year.

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

- (a) unless subsection 4.2.2(b) applies, until the reappointment is granted or not granted by the Board; or
- (b) in the case of a member of the Medical Staff and where the reappointment is not granted by the Board and there is a right of appeal to the Health Professions Appeal and Review Board, until the time for giving notice of a hearing by the Health Professions Appeal and Review Board has expired or, where a hearing is required, until the decision of the Health Professions Appeal and Review Board has become final.

#### **4.3 QUALIFICATIONS AND CRITERIA FOR APPOINTMENT TO THE PROFESSIONAL STAFF**

4.3.1 Only applicants who meet the qualifications and satisfy the criteria set out in this By-law are eligible to be members of, and appointed to, the Professional Staff.

4.3.2 An applicant for appointment to the Professional Staff must meet the following qualifications:

- (a) have adequate training and experience for the Privileges requested;
- (b) have a demonstrated ability to:
  - (i) provide Patient care at an appropriate level of quality and efficiency;
  - (ii) work and communicate with, and relate to, others in a co-operative, collegial and professional manner;
  - (iii) communicate with, and relate appropriately to, Patients and Patients' relatives and/or substitute decision makers;
  - (iv) participate in the discharge of staff, committee and, if applicable, teaching responsibilities, and other duties appropriate to the staff category;
  - (v) meet an appropriate standard of ethical conduct and behaviour;
  - (vi) maintain an appropriate level of continuing medical education; and
  - (vii) govern himself or herself in accordance with the requirements set out in this By-law, the Mission Vision and Values and Rules and Regulations,
  - (viii) The applicant shall sign an undertaking that if he is appointed to the Professional Staff of the hospital, he will govern himself or herself in accordance with the Health Ethics Guide, the By-laws, the corporate policies and procedures, the Hospital's Mission, Vision and Values, the Rules and Regulations, the Regulated Health Professionals Act, and the Public Hospitals Act; and he will practice medicine in the Hospital in accordance with the Health Ethics Guide, and will confine his practice to the privileges granted to him or her in the discipline of his training.
- (c) have up-to-date inoculations, screenings and tests as may be required by the occupational health and safety policies and practices of the Hospital, the *Public Hospitals Act* or other legislation or by the Board from time to time;
- (d) declare and provide evidence of adequate control of any significant physical or behavioural impairment affecting skill, attitude or judgment that might impact negatively on Patient care or the operations of the Corporation; and
- (e) have current membership in the Canadian Medical Protective Association or other professional practice liability coverage appropriate to the scope and nature of the intended practice.

4.3.3 In addition to the qualifications set out in subsection 4.3.2, an applicant for appointment to the Medical Staff must meet the following qualifications:

- (a) be qualified to practice medicine and licensed pursuant to the laws of Ontario and have a Certificate of Registration in good standing with the CPSO
- (b) have a current Certificate of Professional Conduct from the CPSO or the equivalent certificate from their most recent licensing body.

4.3.4 In addition to the qualifications set out in subsection 4.3.2, an applicant for appointment to the Dental Staff must meet the following qualifications:

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

4.3.5 In addition to the qualifications set out in subsection 4.3.2, an applicant for appointment to the Extended Class Nursing Staff must meet the following qualifications:

- (a) be qualified to practice as a nurse in the extended class and hold a current, valid Annual Registration Payment Card as a registered nurse in the extended class with the College of Nurses of Ontario; and
- (b) have a letter of good standing from the Ontario College of Nurses or their most recent licensing body.

4.3.6 All appointments will require an Impact Analysis demonstrating that the Hospital has the resources to accommodate the applicant and that the applicant meets the needs of the respective Department as described in the Person Power Plan.

4.3.7 In addition to any other provisions of the By-law, including the qualifications set out in subsections 4.3.2, 4.3.3, 4.3.4, and 4.3.5, the Board may refuse to appoint any applicant to the Professional Staff on any of the following grounds:

- (a) the appointment is not consistent with the need for service, as determined by the Board from time to time;
- (b) the Person Power Plan and/or the Impact Analysis does not demonstrate that the Corporation and the Department have sufficient resources to accommodate the applicant; or
- (c) the appointment is not consistent with the Strategic Plan.

#### **4.4 APPLICATION FOR APPOINTMENT TO THE PROFESSIONAL STAFF**

4.4.1 The President and Chief Executive Officer shall supply a copy of, or information on how to access a form of the application, the Mission Vision and Values and Strategic Plan, the bylaws of the Corporation, the Rules and Regulations and the Health Ethics Guide to each Physician, Dentist or Extended Class Nurse who expresses in writing an intention to apply for appointment to the Professional Staff.

4.4.2 An applicant for appointment to the Professional Staff shall submit to the President and Chief Executive Officer one (1) original application in the prescribed form together with such releases, consents and undertakings as are required by the Hospital from time to time to enable the Hospital to fully investigate the qualifications and suitability of the applicant.

4.4.3 Prior to the consideration by the Professional Advisory Committee of an applicant for appointment, each applicant shall visit the Hospital for an interview with the Chair of the Professional Advisory Committee, the President and Chief Executive Officer and other appropriate members of the Professional Staff.

#### **4.5 PROCEDURE FOR PROCESSING APPLICATIONS FOR APPOINTMENT TO THE PROFESSIONAL STAFF**

4.5.1 Upon receipt of a complete application, the President and Chief Executive Officer shall deliver each original application forthwith to the Professional Advisory Committee through the Chair of the Professional Advisory Committee (or delegate), who shall keep a record of each application received and then refer the original application forthwith to the chair of the Credentials Committee with a copy to the relevant Head of Department.

4.5.2 The Credentials Committee shall review all materials in the application, receive the recommendation of the relevant Head of Department, ensure all required information has been provided, investigate the professional competence and verify the qualifications of the applicant, consider whether the qualifications and criteria required by section 4.3 are met and shall submit a report as to its assessment and recommendation to the Professional Advisory Committee at its next regular meeting.

4.5.3 The Professional Advisory Committee shall:

- (a) receive and consider the report and recommendations of the Credentials Committee;
- (b) review the application with reference to the Person Power Plan and Impact Analysis; and
- (c) send, within sixty (60) days of the date of receipt by the President and Chief Executive Officer of a complete application, notice of its recommendations to the Board and the applicant, in accordance with the *Public Hospitals Act*.

4.5.4 Notwithstanding subsection 4.5.3(c), the Professional Advisory Committee may make its recommendation later than sixty (60) days after receipt of the complete application if, prior to the expiry of the sixty (60) day period, it indicates in writing to the Board and to the applicant that a final recommendation cannot be made within such sixty (60) day period and gives written reasons therefor.

4.5.5 Where the Professional Advisory Committee recommends the appointment, it shall specify the category of appointment and the specific Privileges it recommends the applicant be granted.

4.5.6 Where the Professional Advisory Committee does not recommend the appointment or where the recommended appointment or Privileges differ from those requested, the Professional Advisory Committee shall inform the applicant that he or she is entitled to:

- (a) written reasons for the recommendation if a request is received by the Professional Advisory Committee within seven (7) days of the receipt by the applicant of notice of the recommendation; and
- (b) a hearing before the Board if a written request is received by the Board and the Professional Advisory Committee within seven (7) days of the receipt by the applicant of the written reasons referred to in subsection 4.5.6(a).

4.5.7 Where the applicant does not request a hearing by the Board, the Board may implement the recommendation of the Professional Advisory Committee.

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

4.5.9 The Board shall consider the Professional Advisory Committee recommendations within the time frame specified by the *Public Hospitals Act*.

4.5.10 The Board, in determining whether to make any appointment or reappointment to the Professional Staff or approve any request for a change in Privileges shall take into account the recommendation of the Professional Advisory Committee and such other considerations it, in its discretion, considers relevant including the Person Power Plan, Impact Analysis, Strategic Plan and the Corporation's ability to operate within its resources.

## **4.6 TEMPORARY APPOINTMENT**

4.6.1 Notwithstanding any other provision of this By-law, the President and Chief Executive Officer, after consultation with the Chair of the Professional Advisory Committee (or delegate) may:

- (a) grant a temporary appointment and temporary Privileges to a Physician, Dentist or Extended Class Nurse provided that such appointment shall not extend beyond the date of the next meeting of the Professional Advisory Committee at which time the action taken shall be reported; and

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

4.6.2 A temporary appointment of a Physician, Dentist or Extended Class Nurse may be made for any reason including:

- (a) to meet a specific singular requirement by providing a consultation and/or operative procedure; or
- (b) to meet an urgent unexpected need for a medical, dental, midwifery or extended class nursing service.

4.6.3 The Board may, after receiving the recommendation of the Professional Advisory Committee, continue a temporary appointment granted pursuant to subsection 4.6.1(b) for such period of time and on such terms as the Board determines.

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

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

#### **4.7 APPLICATION FOR REAPPOINTMENT TO THE PROFESSIONAL STAFF**

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

4.7.2 Each application for reappointment to the Professional Staff shall contain the following information:

- (a) a restatement or confirmation of the undertakings and acknowledgements requested as part of an application for appointment or as required by the Rules and Regulations from time to time;
- (b) either:
  - (i) a declaration that all information on file at the Hospital from the applicant's most recent application is up-to-date, accurate and unamended as of the date of the current application; or
  - (ii) a description of all material changes to the information on file at the Hospital since the applicant's most recent application, including: an updated curriculum vitae including any additional professional qualifications acquired by the applicant since the previous application and information regarding any pending, ongoing or

completed disciplinary or malpractice proceedings restriction in Privileges or suspensions during the past year;

- (c) a report of the relevant Head of Department or Departments, as the case may be, in accordance with a performance evaluation process approved by the Board from time to time, which report shall include the Head of Department's recommendation with respect to reappointment with the Hospital;
- (d) the category of appointment requested and a request for either the continuation of, or any change in, existing Privileges;
- (e) if requested, a current Certificate of Professional Conduct or equivalent from the appropriate College or licensing body; and
- (f) such other information that the Board may require, from time to time, having given consideration to any recommendation of the Professional Advisory Committee.

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

4.7.4 Application for reappointment shall be dealt with in accordance with the *Public Hospitals Act* and section 4.7.

#### **4.8 QUALIFICATIONS AND CRITERIA FOR REAPPOINTMENT TO THE PROFESSIONAL STAFF**

4.8.1 In order to be eligible for reappointment:

- (a) the applicant shall continue to meet the qualifications and criteria set out in section 4.3;
- (b) the applicant shall have conducted himself or herself in compliance with this By-law, the Mission Vision and Values and Rules and Regulations;
- (c) the applicant shall have demonstrated appropriate use of Hospital resources in accordance with the Person Power Plan and the Rules and Regulations; and
- (d) there shall be a continued need for the applicant's services under the Person Power Plan and the Strategic Plan.
- (e) The applicant shall sign an undertaking that if he is re-appointed to the Professional Staff of the Hospital, he will govern himself in accordance with the Health Ethics Guide, the By-laws, the corporate policies and procedures, the Hospital's Mission, Vision and Values, the Rules and Regulations, the

Regulated Health Professionals Act, and the Public Hospitals Act; and he will practice medicine in the Hospital in accordance with the Health Ethics Guide, and will confine his practice to the privileges granted to him in the discipline of his training.

#### **4.9 APPLICATION FOR CHANGE OF PRIVILEGES**

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

4.9.2 The President and Chief Executive Officer shall refer any such application forthwith to the Professional Advisory Committee through the Chair of the Professional Advisory Committee (or delegate), who shall keep a copy of each application received and shall then refer the original application forthwith to the chair of the Credentials Committee and the relevant Head of Department.

4.9.3 The Credentials Committee shall investigate the professional competence, verify the qualifications of the applicant for the Privileges requested, receive the report of the Head of Department, and shall submit a report of its findings to the Professional Advisory Committee at its next regular meeting. The report shall contain a list of Privileges, if any, that it recommends that the applicant be granted.

4.9.4 The application shall be processed in accordance with and subject to the requirements of sections 4.8 and subsections 4.5.3 to 4.5.10.

#### **4.10 LEAVE OF ABSENCE**

4.10.1 Upon request of a member of the Professional Staff, a leave of absence of up to twelve (12) months may be granted by the Board in the event of extended illness or disability of the member, or in other circumstances acceptable to the Board, upon recommendation of the Chair of the Professional Advisory Committee (or delegate).

4.10.2 After returning from a leave of absence granted in accordance with subsection 4.10.1, the member of the Professional Staff may be required to produce a medical certificate of fitness and/or provide authorization for the release of any healthcare treatment records if requested and the Chair of the Professional Advisory Committee (or delegate) may impose such conditions on the Privileges granted to such member as he or she feels appropriate.

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

## **ARTICLE 5**

### **MONITORING, SUSPENSION AND REVOCATION**

#### **5.1 MONITORING PRACTICES AND TRANSFER OF CARE**

5.1.1 Any aspect of Patient care or Professional Staff conduct being carried out in the Hospital may be reviewed without the approval of the member of the Professional Staff responsible for such care by the Chair of the Professional Advisory Committee (or delegate) or Head of Department (or delegate).

5.1.2 Where any member of the Professional Staff or Hospital staff believes that a member of the Professional Staff is incompetent, attempting to exceed his or her Privileges, incapable of providing a service that he or she is about to undertake, or acting in a manner that is disruptive and/or exposes or is reasonably likely to expose any Patient, health care provider, employee or any other person at the Hospital to harm or injury, such individual shall communicate that belief forthwith to at least one of the Chair of the Professional Advisory Committee (or delegate), the relevant Head of Department (or delegate) and the President and Chief Executive Officer, so that appropriate action can be taken.

5.1.3 The Head of Department (or delegate), on notice to the Chair of the Professional Advisory Committee (or delegate) where he or she believes it to be in the best interest of the Patient, shall have the authority to examine the condition and scrutinize the treatment of any Patient in his or her Department and to make recommendations to any Professional Staff member involved in the Patient's care.

5.1.4 If the Head of Department (or delegate) or Chair of the Professional Advisory Committee (or delegate) becomes aware that, in his or her opinion a serious problem exists in the diagnosis, care or treatment of a Patient, they shall forthwith discuss the condition, diagnosis, care and treatment of the Patient with the attending member of the Professional Staff; where the Head of Department (or delegate) or the Chair of the Professional Advisory Committee (or delegate) who has become responsible under this section is unable to discuss the problem with the attending member of the Professional Staff, the Head of Department (or delegate) or Chair of the Professional Advisory Committee (or delegate), as the case may be, shall proceed with his or her duties as prescribed in this subsection 5.1.4 as if he or she had the discussion with the attending member of the Professional Staff.

5.1.5 If changes in the diagnosis, care or treatment satisfactory to the Chair of the Professional Advisory Committee (or delegate) or the Head of Department (or delegate), as the case may be, are not made, he or she shall forthwith assume the duty of investigating, diagnosing, prescribing for and treating the Patient, and notify the attending member of the Professional Staff, the President and Chief Executive Officer and, if possible, the Patient, that the attending member of the Professional Staff who was in attendance will cease forthwith to have any hospital privileges as the attending member of the Professional Staff for the Patient.

5.1.6 Where the Head of Department (or delegate) or Chair of the Professional Advisory Committee (or delegate) takes action as described in subsections 5.1.4 or 5.1.5, the Chair of the Professional Advisory Committee (or delegate) or Head of Department (or delegate), as the case may be, shall inform two members of the Professional Advisory Committee within twenty-four (24) hours of his or her action under subsections 5.1.4 or 5.1.5 and shall file a written report with the secretary of the Professional Advisory Committee within forty-eight hours (48) of his or her action under subsections 5.1.4 or 5.1.5.

5.1.7 Where the Professional Advisory Committee concurs in the opinion of the Chair of the Professional Advisory Committee (or delegate) or Head of Department (or delegate) who has taken action under subsection 5.1.4 or 5.1.5 that the action was necessary, the Secretary of the Professional Advisory Committee shall forthwith make a detailed written report to the Board and President and Chief Executive Officer of the problem and the action taken.

## **5.2 SUSPENSION, RESTRICTION OR REVOCATION OF PRIVILEGES (IMMEDIATE OR NON-IMMEDIATE ACTION)**

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

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

5.2.3 The President and Chief Executive Officer or Chair of the Professional Advisory Committee may temporarily restrict or suspend the Privileges of any member of the Professional Staff, in circumstances where in their opinion the member's conduct, performance or competence:

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

5.2.4 Where either the President and Chief Executive Officer or the Chair of the Professional Advisory Committee takes action authorized in subsection 5.2.3, they shall first consult with the other of them, and the Head of Department (or delegate). If such prior consultation is not possible or practicable in the circumstances, they shall provide immediate notice to the other of them and the Head of Department (or delegate).

5.2.5 The suspension or restriction of Privileges:

- (a) may be immediate, if necessary; or
- (b) if not immediately necessary, may occur after an appropriate investigation is conducted; or
- (c) may be recommended to the Professional Advisory Committee.

5.2.6 Where an investigation is conducted, the investigation may be assigned to an individual within the Hospital, the Professional Advisory Committee, a body within the Hospital other than the Professional Advisory Committee or an external consultant.

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

### **5.3 REFERRAL TO PROFESSIONAL ADVISORY COMMITTEE FOR RECOMMENDATIONS**

5.3.1 Following the temporary restriction or suspension of Privileges, or the recommendation for the restriction or suspension of Privileges or the revocation of an appointment of a member of the Professional Staff the following process shall be followed:

- (a) the Head of Department of which the individual is a member or an appropriate alternate designated by the Chair of the Professional Advisory Committee or President and Chief Executive Officer shall forthwith submit to the Professional Advisory Committee a written report on the action taken, or recommendation, as the case may be, with all relevant materials and/or information;
- (b) a date for consideration of the matter will be set, not more than ten (10) days from the time the written report is received by the Professional Advisory Committee;
- (c) the member shall be advised of the date upon which the Professional Advisory Committee will be considering the matter and may make submissions to the Professional Advisory Committee for consideration; and
- (d) the timeframe for the Professional Advisory Committee considering the matter may be extended if the Professional Advisory Committee considers it appropriate to do so.

5.3.2 When considering the matter, the Professional Advisory Committee may:

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

5.3.3 If the Professional Advisory Committee recommends the continuation of the restriction or suspension or a revocation of Privileges or recommends a revocation of appointment and/or makes further recommendations concerning the matters considered at its meeting, the Professional Advisory Committee shall give written notice of its recommendation to the member of the Professional Staff and to the Board, in accordance with the *Public Hospitals Act*.

5.3.4 The notice shall inform the member of the Professional Staff that he or she is entitled to:

- (a) written reasons for the recommendation if a request is received by the Professional Advisory Committee within seven (7) days of the member's receipt of the notice of the recommendation; and
- (b) a hearing before the Board if a written request is received by the Board and the Professional Advisory Committee within seven (7) days of the receipt by the member of the written reasons requested.

## **ARTICLE 6**

### **BOARD HEARING**

#### **6.1 BOARD HEARING**

- 6.1.1 A hearing by the Board shall be held when one of the following occurs:
- (a) the Professional Advisory Committee recommends to the Board that an application for appointment, reappointment or requested Privileges not be granted and the applicant requests a hearing in accordance with the *Public Hospitals Act*; or
  - (b) the Professional Advisory Committee makes a recommendation to the Board that the Privileges of a member of the Professional Staff and be restricted, suspended or revoked or an appointment be revoked and the member requests a hearing.
- 6.1.2 The Board will name a place and time for the hearing.
- 6.1.3 Subject to subsection 5.3.4(b), the Board hearing will be held as soon as practicable but not later than twenty eight (28) days after the Board receives the written notice from the member or applicant requesting the hearing.
- 6.1.4 The Board may extend the time for the hearing date if it is considered appropriate by the Board.
- 6.1.5 The Board will give written notice of the hearing to the applicant or member and to the Professional Advisory Committee at least seven (7) days before the hearing date.
- 6.1.6 The notice of the Board hearing will include:
- (a) the place and time of the hearing;
  - (b) the purpose of the hearing;
  - (c) a statement that the applicant or member and Professional Advisory Committee will be afforded an opportunity to examine prior to the hearing, any written or documentary evidence that will be produced, or any reports the contents of which will be given in evidence at the hearing;
  - (d) a statement that the applicant or member may proceed in person or be represented by counsel, call witnesses and tender documents in evidence in support of his or her case;

- (e) a statement that the time for the hearing may be extended by the Board on the application of any party; and
- (f) a statement that if the applicant or member does not attend the meeting, the Board may proceed in the absence of the applicant or member, and the applicant or member will not be entitled to any further notice in the hearing.

6.1.7 The parties to the Board hearing are the applicant or member, the Professional Advisory Committee and such other persons as the Board may specify.

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

6.1.9 Members of the Board holding the hearing will not have taken part in any investigation or consideration of the subject matter of the hearing and will not communicate directly or indirectly in relation to the subject matter of the hearing with any person or with any party or his, her or its representative, except upon notice to and where there is an opportunity for all parties to participate. Despite the foregoing, the Board may obtain legal advice and communicate in relation to the subject matter of the hearing with its legal counsel. Despite this subsection 6.1.9, no member of the Board shall be disqualified from participating as a member of the Board in a hearing referred to in this Article 6 by virtue of information contained in a written report received under subsection 5.1.7.

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

6.1.11 No member of the Board will participate in a decision of the Board pursuant to a hearing unless he or she is 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 of the Board so present participate in the decision.

6.1.12 The Board shall make a decision to follow, amend or not follow the recommendation of the Professional Advisory Committee. The Board, in determining whether to make any appointment or reappointment to the Professional Staff or approve any request for a change in Privileges shall take into account the recommendation of the Professional Advisory Committee and such other considerations it, in its discretion, considers relevant including the Person Power Plan, Impact Analysis, Strategic Plan and the Corporation's ability to operate within its resources.

6.1.13 A written copy of the decision of the Board will be provided to the applicant or member and to the Professional Advisory Committee.

6.1.14 Service of a notice to the parties may be made personally or by registered mail addressed to the person to be served at their last known address and, where notice is served by registered mail, it will be deemed that the notice was served on the third (3rd) day after the day of mailing unless the person to be served establishes that they did not, acting in good faith,

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

**ARTICLE 7**  
**CATEGORIES AND GENERAL DUTIES OF THE PROFESSIONAL**  
**STAFF**

**7.1 CATEGORIES**

7.1.1 The responsibilities of the Hospital for Patient care, research and teaching make it necessary and appropriate to divide Professional Staff into several different categories and to determine certain limitations on eligibility for appointments and Privileges.

7.1.2 The Medical Staff and Dental Staff shall be divided into the following categories:

- (a) Associate;
- (b) Attending;
- (c) Clinical Associate;
- (d) Consultant;
- (e) Honorary;
- (f) House Staff;
- (g) Locum Tenens.

7.1.3 The Extended Class Nursing Staff may be divided into such categories as the Board may from time to time determine having given consideration to the recommendation of the Professional Advisory Committee, provided that Extended Class Nursing Staff may not be members of the Attending Staff.

7.1.4 Appointments to these categories will be consistent with the established Person Power Plan of each Department and will be subject to completion of an Impact Analysis.

**7.2 ASSOCIATE STAFF**

7.2.1 The Associate Staff shall consist of those Physicians and Dentists who carry out functions that are important and valuable to the Mission Vision and Values, the Strategic Plan and the mission and strategic plan of the Department of which he or she is a member.

7.2.2 The Associate Staff shall be divided into the following sub-categories:

(a) Regular Associate

In addition to the qualifications and criteria set out in subsection 4.3.2, members of the Regular Associate Staff:

- (i) shall be appointed to a Department for purposes of primary affiliation;
- (ii) will normally have completed two postgraduate years of training acceptable to the Head of Department and to the Credentials Committee;
- (iii) may have the privilege to admit and attend Patients in an inpatient or outpatient setting and undertake treatment and operative procedures but only in accordance with the Privileges recommended by the Head of Department and approved by the Professional Advisory Committee and the Board;
- (iv) shall limit their practice to work within the scope of the Department(s) to which they have been appointed and in accordance with any restrictions prescribed by the Board;
- (v) if a Physician: be entitled to attend and vote at meetings of the MSA and is expected to serve on committees as requested and be eligible to hold an elected or appointed office of the MSA; and
- (vi) if a Dentist: be entitled to attend meetings of the MSA but shall not have a vote or be eligible to hold an elected or appointed office of the MSA.

(b) Term Associate

In addition to the qualifications and criteria set out in subsection 4.3.2, members of the Term Associate Staff shall be governed by the same requirements as defined for Regular Associate Staff in subsection 7.2.2(a) except that the members shall be appointed for a specified and limited term, beyond which there is no expectation of renewal.

Members of the Term Associate Staff may be appointed as locum tenens or to fulfill a specific institutional need which is expected to be limited in duration.

### **7.3 ATTENDING STAFF**

7.3.1 The Attending Staff shall consist of those Physicians and Dentists who carry out functions that are central and essential to the Mission Vision and Values, Strategic Plan and the mission and strategic plan of the Department to which he or she is a member.

7.3.2 The Attending Staff shall be divided into the following sub-categories:

(a) Regular Attending

In addition to the qualifications and criteria set out in subsection 4.3.2, members of the Regular Attending Staff:

- (i) must hold an appointment at the Faculty of Health Sciences and be recommended annually for appointment by the University;
- (ii) if a Physician, shall hold a specialty certificate from the Royal College or the College of Family Physicians or have made successful application to sit the certification examinations at the Royal College or the College of Family Physicians with the expectation that they will pass these examinations within five (5) years of being appointed to the Professional Staff;
- (iii) shall be appointed to a Department for purposes of primary affiliation;
- (iv) may have the privilege to admit and attend Patients in inpatient and outpatient settings and undertake treatment and operative procedures but only in accordance with the Privileges recommended by the Head of Department and approved by the Professional Advisory Committee and the Board;
- (v) shall limit their practice to work within the scope of the Department(s) to which they have been appointed and in accordance with any restrictions prescribed by the Board;
- (vi) if a Physician: be entitled to attend and vote at meetings of the MSA and is expected to serve on committees as requested; and, should attend 50% of meetings of the MSA and 50% of meetings of the Department of which he or she is a member; and
- (vii) if a Dentist: be entitled to attend meetings of the MSA but shall not have a vote or be eligible to hold an elected or appointed office of the MSA; and, shall attend 50% of meetings of the Department of which he or she is a member.

(b) Term Attending

In addition to the qualifications and criteria set out in subsection 4.3.2, members of the Term Attending Staff shall be governed by the same requirements as defined for Regular Attending Staff in subsection 7.3.2(a) except that:

- (i) the appointment shall be for a specified and limited term, beyond which there is no expectation of renewal; and

- (ii) should the term exceed one (1) year, the reappointment process will be followed.

Members of the Term Attending Staff may be appointed as locum tenens or to fulfill a specific institutional need which is expected to be limited in duration.

## **7.4 CLINICAL ASSOCIATE STAFF**

7.4.1 Members of the Clinical Associate Staff shall be legally qualified Physicians and Dentists appointed by the Board for some special purpose and with specified limitations as to the duration of appointment and Privileges.

7.4.2 Members of the Clinical Associate Staff are not required to attend MSA meetings. Clinical Associate Staff may be required to attend Department or Division meetings. Clinical Associate Staff shall not admit Patients.

7.4.3 Members of the Clinical Associate Staff shall function under the direct supervision of an identified member of the Attending Staff who will be responsible for the care of the Patients.

7.4.4 A member of the Clinical Associate Staff may be a Physician or Dentist:

- (a) employed by a Department to assist in care of Patients;
- (b) serving a fellowship or a course of study or awaiting qualifying examinations or the results thereof;
- (c) not ordinarily a member of the Professional Staff or Dental Staff but for special reasons, it is desired to appoint the Physician to the Medical Staff, Dentist to the Dental Staff, as applicable, for a limited period;
- (d) whom the Professional Advisory Committee and the Board wish to appoint.

## **7.5 CONSULTANT STAFF**

7.5.1 The Consultant Staff:

- (a) may have an appointment at the Faculty of Health Sciences;
- (b) shall consist of Physicians and Dentists not otherwise members of the Medical Staff or Dental Staff, as applicable, with special clinical or academic knowledge, skills and experience whom the Hospital or members of the Medical Staff or Dental Staff, as applicable, may wish to consult;
- (c) may act as consultant for any Patient under the care of a member of the Medical Staff or Dental Staff, as appropriate, but may not admit or care for Patients;

- (d) shall not attend or vote at meetings of the MSA but cannot be elected or appointed to any position or office of the MSA;
- (e) shall have a Department of primary affiliation.

## **7.6 HONORARY STAFF**

### **7.6.1 The Honorary Staff:**

- (a) shall be appointed by the Board in recognition of their significant contributions to medicine or dentistry to the Hospital;
- (b) shall consist of distinguished Physicians, scientists, dentists or others whose continued association with the Hospital will enhance the institution;
- (c) must not have regularly assigned clinical, academic or administrative duties and responsibilities at the Hospital;
- (d) shall not admit Patients; and
- (e) may be invited to attend meetings or conferences of the MSA and the Department in advisory capacities, but shall not be entitled to vote.

## **7.7 HOUSE STAFF**

### **7.7.1 Residents, interns and fellows:**

- (a) shall be appointed annually or for any shorter period to the House Staff by the Board upon the recommendation of the Professional Advisory Committee;
- (b) shall participate in the care of Patients under, and subject to the supervision and direction of a member of the Medical Staff or Dental Staff, as appropriate, and as directed by the Chief of Staff, and in concurrence with the guidelines provided by the applicable College;
- (c) shall be registered in a postgraduate program of the University for the purpose of fulfilling the requirements for a Certificate of Registration from the appropriate College; and
- (d) shall be on the educational registry of the appropriate College or fully licensed by the appropriate College.

**7.7.2** House Staff shall not admit Patients or be elected or appointed to any position or office of the MSA. Although not required to attend MSA meetings, House Staff are encouraged to attend MSA meeting when available for professional development purposes.

## **7.8 LOCUM TENENS APPOINTMENT**

7.8.1 The Professional Advisory Committee, upon the request of an Attending Staff member, may recommend to the Board the appointment of a locum tenens to provide temporary coverage for an Attending Staff member for a period not to exceed ninety (90) days. This appointment may be renewed in exceptional circumstances. This coverage may include weekends, holidays or during leaves of absence. During such coverage, locum tenens staff members have the specific Privileges of their Attending Staff counterparts, but are not required to attend MSA meetings and cannot vote thereat. In addition, they cannot be elected or appointed to any position or office of the MSA.

## **7.9 EXTENDED CLASS NURSING STAFF**

7.9.1 The Board, having given consideration to the advice of the Professional Advisory Committee, will delineate the Privileges for each member of the Extended Class Nursing Staff who is not an employee of the Corporation.

7.9.2 Each new applicant for appointment to the Extended Class Nursing Staff shall be appointed for an initial probationary period of six (6) months.

7.9.3 Prior to completion of the six (6) month probationary period, a performance evaluation for a member of the Extended Class Nursing Staff shall be completed by the Head of Department or delegate concerning the knowledge and skill that has been shown by the Extended Class Nursing Staff member, the nature and quality of his or her work and his or her performance and compliance with the criteria set out in subsection 4.3.2 and such report shall be forwarded to the Credentials Committee.

7.9.4 The Credential Committee shall review the report referred to in subsection 7.9.3 and shall make a recommendation to the Professional Advisory Committee which shall in turn make a recommendation to the Board.

7.9.5 A member of the Extended Class Nursing Staff shall be entitled to attend but not vote at Professional Staff meetings and shall not be eligible to hold an elected or appointed office in the MSA.

## **7.10 GENERAL DUTIES OF PROFESSIONAL STAFF MEMBERS**

7.10.1 Each member of the Professional Staff:

- (a) is accountable to and shall recognize the authority of the Board through and with the Head of Department, Chief of Staff, and President and Chief Executive Officer;
- (b) shall co-operate with:
  - (i) the Chief of Staff and the Professional Advisory Committee;

- (ii) the Head of Department to which the Professional Staff member has been assigned;
  - (iii) the President and Chief Executive Officer; and
  - (iv) the other members of the Professional Staff, the nursing staff, other health care practitioners and learners within the Hospital and other employees of the Hospital; and
- (c) shall perform the duties, undertake the responsibility and comply with the provisions set out in the By-laws and the Rules and Regulations.

7.10.2 Every member of the Professional Staff shall:

- (a) attend and treat Patients to a high professional and ethical standard within the limits of his/her Privileges (including as such the Privileges may be restricted);
- (b) ensure that the clinical care he/she provides is supportive of meeting Patients' needs and is consistent with sound health care resource utilization practices and is consistent with his/her Privileges;
- (c) work and cooperate with others in a manner consistent with the Mission Vision and Values;
- (d) participate in quality improvement and Patient and workplace safety management initiatives;
- (e) give such instruction as is required for the education of other members of the Professional Staff and Hospital staff;
- (f) abide by the Principal Documents;
- (g) maintain involvement, as a recipient, in continuing professional and interdisciplinary professional education;
- (h) contribute to academic activities within the parameters of a mutual agreement as determined within the Department in which the Professional Staff member is appointed;
- (i) provide "on call" services in accordance with duty rosters prepared by the Head of Department;
- (j) prepare and complete Patient records in accordance with the applicable Principal Documents and accepted professional standards;
- (k) advise the President and Chief Executive Officer, the Head of Department and Chief of Staff immediately of any change in his/her Certificate of

Registration with the appropriate College and any other material changes to the information he/she provided to the Hospital pursuant to subsection 4.4.2;

- (l) serve as required on various Hospital and Professional Staff committees;
- (m) conduct oneself in a manner that is sensitive to the Hospital's reputation or standing in the community, including refraining from making prejudicial or adverse public statements with respect to the Hospital or its operations which have not first been addressed through the proper communication channels identified above and such official channels have not satisfactorily resolved the Professional Staff member's concerns;
- (n) discuss, as necessary, Patients and/or their families or other appropriate persons about their options with respect to tissue and organ transplantation; and
- (o) perform such other professional duties as may be required from time to time by or under the authority of the Board, the Professional Advisory Committee or the Chief of Staff.

**ARTICLE 8**  
**CLINICAL DEPARTMENTS OR DIVISIONS**

**8.1 CLINICAL DEPARTMENTS AND MAJOR CLINICAL PROGRAMS**

8.1.1 Professional Staff may be organized into such Departments as may be approved by the Board from time to time including those listed in subsection 8.2.1. All Departments shall be affiliated with the Faculty of Health Sciences and shall function in accordance with the Rules and Regulations.

8.1.2 The Board may, on the recommendation of the Professional Advisory Committee, create such additional Departments or Divisions, amalgamate Departments or Divisions, or disband Departments or Divisions. When warranted by the professional resources of the Professional Staff, the Board on the advice of the Professional Advisory Committee, may divide requirements for the Professional Staff into Departments and Clinical Programs. The Board may also, at any time, modify Departments and Clinical Programs after considering the advice of the Professional Advisory Committee and terms of the Affiliation Agreement.

**8.2 CLINICAL DEPARTMENTS**

8.2.1 There shall be the following Departments of primary affiliation;

- (a) Medicine, including Geriatric Medicine;
- (b) Family Medicine, including Complex Continuing Care Medicine;
- (c) Physical Medicine and Rehabilitation;
- (d) Psychiatry, including Specialty Psychiatry Services; and
- (e) Pathology and Molecular Medicine.

Whenever a separate Department is established, Professional Staff and Patients related to such Department shall come under the jurisdiction of that Department.

8.2.2 Each Attending Staff member will be appointed to a minimum of one of the Departments of primary affiliation. 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 Person Power Plans.

### **8.3 HOSPITAL DEPARTMENTAL OR CLINICAL PROGRAM MEETINGS**

8.3.1 All Departments shall hold Departmental meetings, with a frequency determined by the Head of Department. Minutes shall be kept of each meeting. These shall be forwarded to the Professional Advisory Committee at the discretion of the Head of Department or, if requested, by the Professional Advisory Committee.

8.3.2 All Departments, Divisions, and Clinical Programs shall hold meetings at regular intervals and shall be conducted by the Head of Department, Head of Division or Program Clinical Director/Leader, as applicable. Such meetings are to be designed to review and improve Patient care and co-ordinate the continuous quality improvement processes and business matters relating to such Department, Division and Clinical Program as applicable. House Staff will be encouraged to attend the clinical and scientific portions of such meetings.

### **8.4 HEADS OF DEPARTMENTS**

8.4.1 Each Head of Department shall be appointed by the Board on the recommendation of a search committee.

8.4.2 The Heads of Department are appointed for a period of up to five (5) years by the Board after considering the recommendation of the Principal of the University made in accordance with the Affiliation Agreement and after consultation with the Professional Advisory Committee. The appointment is confirmed annually by the Board on the recommendation of the Professional Advisory Committee.

8.4.3 The maximum number of terms under subsection 8.8.3 shall be two (2), provided that under extraordinary circumstances after serving ten (10) years, the Head of Department may be given consideration for an additional appointment and the Search Committee may recommend to the Board and the University that the incumbent should be appointed without going through a more extensive search process. The Board and the University shall decide whether to accept the recommendation of the Search Committee or ask the Search Committee to conduct a broader search.

8.4.4 The Board may at any time revoke or suspend the appointment of a Head of Department.

8.4.5 The Head of Department is responsible, unless authority has been designated to the Deputy Department Head, to the Board for the operation and management of the Department, including clinical and related teaching and research provided in the Hospital by his or her Department. The Head of Department reports to the Board through the Chief of Staff and the Professional Advisory Committee.

8.4.6 The Head of Department shall be a member of the Attending Staff in good standing.

8.4.7 The Head of Department shall also be the Head of the corresponding Department of the University's School of Medicine, Faculty of Health Science.

8.4.8 The Head of Department is accountable to the Board, through and with the Chief of Staff, for the management of the Clinical Program and related teaching and research provided in the Hospital by his or her Department.

## **8.5 RESPONSIBILITIES OF THE HEADS OF DEPARTMENTS**

8.5.1 In addition to duties included elsewhere in this By-law, with Department members' assistance, the Head of Department shall, in collaboration with the Program Clinical Director/Leader:

- (a) develop, with the Chief of Staff, Heads of Service, and President and Chief Executive Officer, the Department's goals, objectives and strategic plan including a Person Power Plan for presentation to the Board through the Professional Advisory Committee;
- (b) participate in the organization and implementation, with the Chief of Staff, Heads of Service, and President and Chief Executive Officer, of clinical utilization management and resource utilization review within the Department;
- (c) participate in the development, with the Chief of Staff, Heads of Service and President and Chief Executive Officer, and other relevant health care providers in the region, of a recruitment plan, including appropriate Impact Analysis, in keeping with the approved Person Power Plan of the Department;
- (d) develop with members of the Department a mutually agreed upon accountability statement related to items of Patient care, Patient and workplace safety and academic responsibility which serve as the basis for individual member's annual evaluation; and
- (e) develop and maintain a process to both promote and document quality management and Patient safety improvements in the Department including a continuous learning process of members of the Department.

8.5.2 The Head of Department shall specifically carry out the following academic, clinical, research and administrative responsibilities:

- (a) through and with the Chief of Staff and in communication with the Program Clinical Leader/Director supervise the professional care provided by all members of the Professional Staff with respect to diagnosing, prescribing for or treating out Patients in the Hospital;
- (b) provide duty rosters and provision of emergency care such as to ensure adequate coverage of the Patient care responsibilities of the Department at all times, as defined by the Professional Advisory Committee;

- (c) advise the President and Chief Executive Officer, Chief of Staff and Program Clinical Leader/Director of any Patient who is not receiving the most appropriate Hospital treatment or care;
- (d) report annually, or at the request of the Chief of Staff to the Professional Advisory Committee through and with the Chief of Staff and in communication with the Program Clinical Leader/Director, on the quality of medical, and where appropriate, dental, diagnosis, care and treatment provided to all Patients of the Department, and any related administrative details;
- (e) report annually, or at the request of the Chief of Staff, to the Professional Advisory Committee through and with the Chief of Staff and in communication with the Program Clinical Leader/Director on the quality of care provided by Extended Class Nurses with respect to diagnosing, prescribing of and treating out-Patients in the Hospital;
- (f) enforce within the Department compliance with this By-law and the Rules and Regulations, including policies related to quality assurance and chart reviews;
- (g) participate in the development of and revisions to the Hospital overall policies, goals, planning and resource allocation;
- (h) be responsible for the organization and implementation of a continuous quality assurance program and Patient and workplace safety program in the Department and cooperate with the Program Clinical Leader/Director to ensure that it is integrated with similar programs adopted by other Departments;
- (i) develop and maintain a process to both promote and document quality management and Patient and workplace safety improvements in the Department including a continuous learning process of members of the Department;
- (j) advise the Chief of Staff and the Program Clinical Leader/Director wherever a Professional Staff member is alleged to have engaged in, made or exhibited acts, statements, demeanour, behaviours or professional conduct, either within or outside of the Hospital, and the same, in the judgment of the Head of Department;
  - (i) exposes or is reasonably likely to expose Patients, employees or other persons in the Hospital to harm or injury; or
  - (ii) is, or is reasonably likely to be, detrimental to Patient safety or to the delivery of quality Patient care within the Hospital; or

- (iii) is, or is reasonably likely to be, detrimental to the Hospital's operations; or
- (iv) constitutes, or is reasonably likely to constitute Disruptive Behaviour; or
- (v) is reasonably likely to result in the imposition of sanctions by the College; or
- (vi) is contrary to the Principal Documents or applicable law;
- (k) advise members of the Department, associated House Staff and support staff of current Hospital and Departmental policies, rules, objectives and other issues of importance to members of the Department;
- (l) interpret the Rules and Regulations, objectives and other issues of importance to members of the Department;
- (m) participate through and with the Program Clinical Leader/Director in the orientation of new members of the Professional Staff appointed to the Department;
- (n) participate in the recruitment of new members of the Department;
- (o) submit a plan of organization for the Department for review by the Professional Advisory Committee and approval of the President and Chief Executive Officer, which may include delegation of specific responsibilities;
- (p) ensure an effective working relationship between the Departments/Programs and other professional groups;
- (q) be responsible to the Chief of Staff, through and with the President and Chief Executive Officer, for the appropriate utilization of resources allocated to the Department;
- (r) be a member of the Professional Advisory Committee;
- (s) report to the Professional Advisory Committee and the Program Clinical Leader/Director, and to the Department on activities of the Department including utilization of resources and quality assurance;
- (t) make recommendations to the Professional Advisory Committee, through and with the Program Clinical Leader/Director, regarding medical human resource needs of the Department in accordance with the strategic plan of the Department following consultation with Professional Staff of the Department, the Chief of Staff and, where appropriate, Heads of Service;
- (u) participate in the Governing Committee of SEAMO;

- (v) ensure accountability for the details and deliverables in accordance with the standards set by the Hospital and University;
- (w) ensure accountability of the Department for contributing to the mission of the University in education, research, clinical services and administration;
- (x) hold regular meetings with Department staff and, where appropriate, with the Heads of Service within the Department and Program Clinical Leader/Directors;
- (y) implement within the Department actions taken by the Professional Advisory Committee and the Board;
- (z) prepare such reports and perform such duties pertaining to his/her Department as may be required by the Professional Advisory Committee, the President and Chief Executive Officer or the Board;
- (aa) establish a process for quality continuing education related to the Department through and with the Program Clinical Leader/Director and with the advice of the appropriate University faculty program directors and education oriented committees of the Hospital;
- (bb) promote, report on and oversee the conduct of research undertaken by members of the Department with the advice of the research oriented committees of the Hospital;
- (cc) collaborate with the Corporation in the management of any complaint relating to a member of the Professional Staff;
- (dd) receive reports of Professional Staff standing and ad hoc committees;
- (ee) work with other Heads of Department in collaboration with the Program Clinical Leaders/Directors and management in forming and recommending policy to the Board;
- (ff) ensure that the resources of the Hospital allocated for the Department are appropriately distributed among the members of the Department;
- (gg) review or cause to be reviewed in communication with the Program Clinical Leader/Director, the Privileges granted to Professional Staff of the Department for the purpose of making recommendations for changes in the kind and degree of such Privileges;
- (hh) prepare written performance evaluations of all Professional Staff members of the Department in communication with the Program Clinical Leader/Director on an annual basis and provide recommendations regarding the performance evaluations to the Credentials Committee as part of the annual reappointment process;

- (ii) cooperate with the associated Clinical Program Leader/Director(s) with respect to recruitment, the oversight of Professional Staff resources, overall quality of medical care, treatment, diagnosis and utilization, and Departmental strategic direction if he/she is not one and the same person as the Clinical Program Leader/Director;
- (jj) notify the Chief of Staff, the Program Clinical Leader/Director, and President and Chief Executive Officer of his or her absence and designate an alternate from within the Department;
- (kk) delegate appropriate responsibility within the Department and in communication with the Program Clinical Leader/Director; and
- (ll) other duties as assigned by the Board or Professional Advisory Committee from time to time.

## **8.6 DEPUTY DEPARTMENT HEADS**

8.6.1 Subject to annual confirmation by the Board on the recommendation of the Professional Advisory Committee and the Head of Department, a Deputy Department Head is appointed by the Board for a five (5) year term on the recommendation of the Head of Department and in consultation with the Professional Advisory Committee.

8.6.2 The Deputy Department Head reports to the Board through the Head of Department and Chief of Staff and Professional Advisory Committee.

8.6.3 The Deputy Department Head reports through the Head of Department to the Faculty of Health Sciences in accordance with the Affiliation Agreement.

## **8.7 DUTIES OF DEPUTY DEPARTMENT HEADS**

8.7.1 The Deputy Department Heads are authorized to act as the delegates of the Head of Department. As such, they have responsibilities and duties similar to those of the Head of Department. These responsibilities and duties are determined by the Head of Department.

## **8.8 PERFORMANCE EVALUATION OF HEADS OF DEPARTMENT AND DEPUTY DEPARTMENT HEADS**

8.8.1 Notwithstanding the five (5) year term of appointment of each Head of Department, each such appointment is subject to annual confirmation by the Board to coincide with his/her date of appointment. As part of the annual performance evaluation, the Chief of Staff, Dean of the School of Medicine (or delegate) and the Head of Department, will review the previously mutually agreed upon accountability statement related to:

- (a) quality of medical care, diagnosis and treatment/quality assurance;

- (b) the Department's achievement of utilization benchmarks/objectives and productivity targets;
- (c) academic matters;
- (d) leadership/administrative skills development;
- (e) clinical resource planning; and
- (f) Patient and workplace safety.

8.8.2 In the third year of a Head of Department's five (5) year term, a review of the performance of the Head of Department will be undertaken. This may be undertaken by the Chief of Staff or delegated to be undertaken by another member of the Professional Advisory Committee and may be undertaken jointly with one or more other hospitals affiliated with the University and should include formal assessment of the Head of Department by peers/colleagues, persons who are accountable to the Head of Department and persons to whom the Head of Department is accountable, in addition to the Chief of Staff.

8.8.3 At the beginning of the final year of the Head of Department's first term, a formal evaluation similar to that set out in subsection 8.8.2 will be undertaken in preparation for the decision regarding reappointment of the Head of Department for a second term. Subject to the provisions of subsection 8.4.3, the maximum number of terms for Heads of Department shall be two (2), provided, however, that following a break in the continuous services of at least one (1) year, the same person may be again appointed.

8.8.4 The duties of Heads of Department as set out in section 8.5, and the specific duties, if any, as determined at the time of appointment, will be used as the criteria against which the performance of the Heads of Department will be evaluated.

8.8.5 A review of the Head of Department's performance may be initiated at other times by the Chief of Staff on the basis of a request from:

- (a) the Board; or,
- (b) any of the standing committees of the Professional Advisory Committee; or,
- (c) the President and Chief Executive Officer.

8.8.6 The method of formal evaluation will vary according to the size and nature of the Department and will be mutually developed by the Chief of Staff and Head of Department.

8.8.7 In preparation for the annual performance evaluation, the Head of Department will prepare a brief summary of:

- (a) the Department's objectives over the past year;
- (b) the attainment or status of these objectives; and

(c) the objectives for the year ahead.

## **8.9 PROGRAM CLINICAL LEADER/DIRECTOR**

8.9.1 Selection of the Program Clinical Leader/Director will involve a Department-wide call for applications for consideration, an interview process with the Vice President, Patient and Client Care & Chief Nursing Executive, Chief of Staff, Head of Department of the respective Clinical Program and other members as appropriate.

8.9.2 The Program Clinical Leader/Director will have a reporting relationship to the Vice President, Patient and Client Care & Chief Nursing Executive. In the event that the Program Clinical Lead/Director is not also the Head of Department, he or she will also have a reporting relationship to the Head of Department (or delegate) and through the departmental structure to the Chief of Staff.

8.9.3 The Program Clinical Leader/Director is expected to collaborate with the Head of Department (or delegate) in the responsibilities as described in subsection 8.5.1.

8.9.4 A review of the leadership and management performance of the Program Clinical Leader/Director will receive feedback from the Chief of Staff, Head of Department, Administrative Leader/Director and Department members. This will be submitted to the Vice President, Patient and Client Care & Chief Nursing Executive. Evaluations will be conducted every two years.

## **8.10 SERVICES**

8.10.1 When warranted by the professional resources of the Department, the Board, on the advice of the Professional Advisory Committee, after considering the recommendation of the Head of Department and Program Clinical Leader/Director, may divide the Department into Services.

8.10.2 When Services are established under a Department, the Board, on the advice of the Professional Advisory Committee, after considering the recommendation of the Head of Department and Program Clinical Leader/Director, shall appoint a Chief for each Service (“Head of Service”) who shall be responsible to the Head of Department for the quality of medical care rendered to Patients in that Service.

8.10.3 The appointment of a Head of Service shall be for a term of three (3) years, but the Head of Service shall continue to hold office until a successor is appointed.

8.10.4 The maximum number of terms under subsection 8.10.3 shall be two (2), provided however that following a break in the continuous service of at least one (1) year, the same person may be again appointed.

8.10.5 The Board may at any time revoke or suspend the appointment of a Head of Service.

**ARTICLE 9**  
**PROFESSIONAL ADVISORY COMMITTEE**

**9.1 MEMBERSHIP OF THE PROFESSIONAL ADVISORY COMMITTEE**

9.1.1 The Professional Advisory Committee shall consist of the following voting members:

- (a) Chief of Staff;
- (b) President of the MSA;
- (c) Vice-President of the MSA;
- (d) Secretary of the MSA;
- (e) Head or Deputy Head of each Department of the Hospital;
- (f) Clinical Director/Leader of each Program of the Hospital; and
- (g) Chairs of the Professional Advisory Committee Standing Committees.

9.1.2 The following shall be entitled to attend meetings of the Professional Advisory Committee as ex-officio non-voting members:

- (a) President and Chief Executive Officer;
- (b) Vice President, Patient and Client Care & Chief Nursing Executive;
- (c) Vice President, Quality, Partnerships and Community Programs;
- (d) Director of Professional Practice; and
- (e) Director of Quality and Risk Management.

9.1.3 In addition, one non-Professional Staff representative each from the Patient Records and Registration Department, the Pharmacy Department and the Clinical Performance Quality and Safety Committee shall be entitled to attend the meetings of the Professional Advisory Committee but shall not have a vote save and except as set out in subsection 9.1.4.

9.1.4 The Professional Advisory Committee may, by a motion, grant the non-voting members set out in subsections 9.1.2 and 9.1.3 a vote relating to any matter before the Professional Advisory Committee save and except for those matters set out in Sections 34(7), 35(2) and 37 of the *Public Hospitals Act* and subsections 9.2.2(a) and 9.2.2(b) of this By-law.

9.1.5 The ex-officio members and those individuals listed in subsection 9.1.3 shall not be entitled to attend meetings of the Professional Advisory Committee where the purpose of the meeting relates to the suspension, revocation or restriction of a Professional Staff member's Privileges.

9.1.6 In September of each year, the Professional Advisory Committee may consider a recommendation for guests to attend meetings and receive minutes but not to be involved in the voting process. This would normally include the Director of Quality and Risk Management, a non-clinical representative of Clinical Support Services, a representative of the University faculty and others as necessary.

9.1.7 The Chief of Staff will be the Chair of the Professional Advisory Committee.

## **9.2 PROFESSIONAL ADVISORY COMMITTEE DUTIES AND RESPONSIBILITIES**

9.2.1 The Professional Advisory Committee, through the Chief of Staff, is accountable to the Board.

9.2.2 In addition to those matters set out in Sections 34(7), 35(2) and 37 of the *Public Hospitals Act*, the Professional Advisory Committee shall:

- (a) receive and consider the report of the Credentials Committee and in considering a recommendation for appointment, review the need of the Hospital for such appointment and the impact the appointment would have on available Hospital and community resources;
- (b) make recommendations to the Board concerning the following matters:
  - (i) every application for appointment or reappointment to the Professional Staff and any request for a change in Privileges;
  - (ii) Privileges to be granted to each member of the Professional Staff;
  - (iii) by-laws and Rules and Regulations respecting the Medical Staff, Dental Staff, and Extended Class Nursing Staff;
  - (iv) suspension, revocation or restriction of Privileges of any member of the Professional Staff;
  - (v) quality of care provided in the Hospital by the Professional Staff;
  - (vi) the clinical and general rules regarding the Medical Staff, Dental Staff, and Extended Class Nursing Staff;
- (c) supervise the clinical practice of medicine, dentistry and extended class nursing in the Hospital;

- (d) through the Chair of the Professional Advisory Committee, advise the Board and make recommendations on:
  - (i) clinical role of the Hospital;
  - (ii) utilization of Hospital resources, including fiscal resources and beds; and
  - (iii) education and research;
- (e) appoint the Chairs and Professional Staff members of all committees of the Professional Advisory Committee;
- (f) receive reports from the committees of the Professional Advisory Committee;
- (g) develop, maintain and recommend to the Board a clinical resource plan;
- (h) accept reports on the activities and general policies of the Departments;
- (i) name the Chair of each committee of the Professional Advisory Committee and ensure that each such committee meets and functions as required and keeps minutes of its meetings, and receives and acts upon reports received by or produced by the Committee;
- (j) appoint one or more members of the Professional Staff to advise the Occupational Health and Safety Committee where the Professional Advisory Committee is requested to do so by the Occupational Health and Safety Committee;
- (k) report in writing to the Board, through the Chair of the Professional Advisory Committee, at each regularly scheduled meeting of the Board, respecting the quality of care provided by the Professional Staff in the Hospital and advise the Board on any matters referred to it by the Board;
- (l) report in writing to the Professional Staff at each regularly scheduled meeting of the MSA;
- (m) advise the Board on any matters referred to the Professional Advisory Committee by the Board; and
- (n) make recommendations to the Quality Committee where it identifies systemic or recurring quality of care issues in making its recommendations to the Board under subsection 9.2.2(b)(v).

9.2.3 The Professional Advisory Committee shall meet monthly and not less than ten (10) times in each fiscal year and shall maintain a permanent record of attendance, proceedings and actions of these meetings.

9.2.4 A voting member of the Professional Advisory Committee shall not miss more than three (3) meetings in each calendar year. The Chair of the Professional Advisory Committee will remind members in writing if they have missed two (2) meetings, stressing to them the importance of attending. If a member repeatedly misses meetings, without a satisfactory reason for such absences, the Professional Advisory Committee, as a whole, will discuss the disciplinary action to be taken. The disciplinary action taken is within the discretion of the Professional Advisory Committee.

9.2.5 A quorum shall consist of fifty per cent (50%) of the voting members set out in subsection 9.1.1. If a quorum is present at the beginning of a meeting and some members leave, thereby reducing the number present to less than a quorum, the meeting may continue unless one of the remaining members objects, provided that only agenda items approved while there was a quorum can be addressed. No new item can be introduced after quorum has been lost.

## **ARTICLE 10**

### **COMMITTEES OF THE PROFESSIONAL ADVISORY COMMITTEE**

#### **10.1 STANDING COMMITTEES**

10.1.1 There shall be the following Standing Committees of the Professional Advisory Committee:

- (a) Clinical Performance, Quality and Safety Committee;
- (b) Credentials Committee;
- (c) Credentials Committee for Regulated Non Medical Health Professionals;
- (d) Joint Infection Control Committee;
- (e) Medical Quality Assurance Committee;
- (f) Patient Records Committee;
- (g) Pharmacy and Therapeutics Committee;

10.1.2 Pursuant to the Hospital Management Regulation 965, the Professional Advisory Committee shall appoint the Professional Staff members of all Standing Committees of the Professional Advisory Committee provided for in this By-law. Other members of the Standing Committees may also be appointed by the Professional Advisory Committee.

10.1.3 Chairs of the Standing Committees shall be appointed annually by the Professional Advisory Committee from among eligible members of the MSA.

10.1.4 Each Standing Committee shall meet at the call of its chair based on need (as directed by the Professional Advisory Committee). Each committee shall present a written report including any recommendations of each meeting to the next meeting of the Professional Advisory Committee.

10.1.5 The terms of reference for each Standing Committee shall be determined by the Professional Advisory Committee from time to time. Within those terms of reference, the Standing Committee Chairs shall establish goals and objectives for their committees annually and ensure that these goals and objectives are attained.

## **10.2 AD HOC COMMITTEES**

10.2.1 Special working groups or task forces (referred to herein as “ad hoc committees”) shall be appointed from time to time by the Professional Advisory Committee with their terms of references stated at the time of appointments.

## **10.3 QUORUM**

10.3.1 A quorum for any meeting of a Standing Committee or an ad hoc committee shall be a majority of the members entitled to vote. If a quorum is present at the beginning of a meeting and some members leave, thereby reducing the number present to less than a quorum, the meeting may continue unless one of the remaining members objects, provided that only agenda items approved while there was a quorum can be addressed. No new item can be introduced after quorum has been lost.

## **ARTICLE 11**

### **CHIEF OF STAFF**

#### **11.1 CHIEF OF STAFF SELECTION**

11.1.1 The Board shall appoint a member of the Attending Medical Staff to be Chief of Staff after giving consideration to the recommendations of a Selection Committee (which shall seek the advice of the Professional Advisory Committee).

11.1.2 The membership of a Selection Committee shall include:

- (a) the Chair of the Board, who usually shall chair the Selection Committee;
- (b) the two (2) members of the Professional Advisory Committee, one (1) of whom may be the President of the MSA, as selected by the Board;
- (c) the President and Chief Executive Officer;
- (d) the Vice President, Patient and Client Care & Chief Nursing Executive;
- (e) such other members as the Board deems advisable; and
- (f) the Dean of Faculty of Health Sciences.

11.1.3 The Selection Committee shall invite applications from qualified persons.

11.1.4 Subject to annual confirmation by the Board, an appointment of the Chief of Staff shall be for a pre-determined term of between three (3) and five (5) years, but the Chief of Staff shall hold office until a successor is appointed.

11.1.5 The Chair of the Board, in consultation with the Board and other advisable input, may reappoint the Chief of Staff for a second term without a formal Selection Committee as described in subsection 11.1.2.

11.1.6 The maximum number of consecutive terms for the Chief of Staff shall be two (2), provided that following a break in the continuous service of at least one (1) year, the same person may be again appointed.

11.1.7 The Board at any time may revoke or suspend the appointment of the Chief of Staff.

#### **11.2 DUTIES OF CHIEF OF STAFF**

11.2.1 The Chief of Staff shall:

- (a) be accountable to the Board;
- (b) serve as the Chair of the Professional Advisory Committee and, as such, shall:
  - (i) serve as a member of the Board and its committees as required by the Board;
  - (ii) report on behalf of the Professional Advisory Committee (including conveying its concerns, interests and recommendations) at each Board meeting as requested or required about the activities, recommendations and actions of the Professional Advisory Committee and any other matters about which it should have knowledge; and
  - (iii) serve as a professional expert and resource for the Board as required;
- (c) receive and review the performance evaluations and the recommendations from the Heads of Department concerning reappointments and changes in Privileges. Ensure that the evaluation and recommendations are forwarded to the Professional Advisory Committee. Notify the Credentials Committee of the completion of the evaluations and completion of recommendations;
- (d) advise the Professional Advisory Committee and the Board with respect to the quality of care and treatment provided to Patients by the Professional Staff;
- (e) provide guidance and assistance to the President and Chief Executive Officer and the Board in matters relating to the practice of medicine, dentistry, and the ordering of diagnostic procedures by Extended Class Nursing Staff, at the Hospital;
- (f) bring to the attention of the senior leadership team, as necessary, issues raised by the Professional Advisory Committee and the Professional Staff members;
- (g) supervise the professional care provided by all members of the Professional Staff;
- (h) investigate and resolve, as necessary, complaints from Patients and/or their families involving Professional Staff members;
- (i) investigate and respond, as necessary, to interpersonal problems which might arise from time to time within the Professional Staff or between the Professional Staff, administration, nursing or other departments or services and to concerns that arise about the quality of care and treatment of Patients, or behaviours of a specific member of the Professional Staff;

- (j) provide guidance and support to members of the Professional Staff, acting as liaison between administration and the Professional Staff members;
- (k) assign, or delegate the assignment of the following, to, a member of the Professional Staff:
  - (i) supervise the practice of any other member of the Professional Staff, as appropriate, for any period of time and make a written report to the appropriate Head of Department; and
  - (ii) discuss in detail with any other member of the Professional Staff, any matter which is of concern to the Chief of Staff and to report the discussion to the appropriate Head of Department and Program Clinical Director/Leader;
- (l) where necessary:
  - (i) assume or assign to any member of the Professional Staff responsibility for the direct care and treatment of any Patient in the Hospital; and
  - (ii) notify the attending Professional Staff member, the President and Chief Executive Officer, and where possible, the Patient or guardian or attorney for personal care;
- (m) assist with the development of policies and procedures pertinent to the Professional Staff and Patient care at the Hospital and interpret and communicate such policies to the members of the Professional Staff;
- (n) participate in the future development of the Mission Vision and Values, objectives and Strategic Plan;
- (o) work with the Heads of Department and Heads of Division in the development, periodic review and revision of Person Power Plans and clinical utilization management review activities;
- (p) be responsible to the Board through and with the President and Chief Executive Officer for the appropriate utilization of resources by all Professional Staff;
- (q) participate in resource and strategic planning through membership on the senior leadership team and relevant Board committees;
- (r) report to the Professional Advisory Committee on activities of the Hospital, including the utilization of resources and quality assurance;
- (s) ensure, assist and encourage appropriate functioning and reporting of all standing committees of the Professional Advisory Committee;

- (t) support effective communication between all Departments and non-medical departments and services within the Hospital;
- (u) support, foster and encourage communication and collaboration in all components of the Hospital;
- (v) monitor compliance with and recommend changes to this By-law as may become necessary, consistent with applicable law and local needs;
- (w) support, foster and encourage excellence within the Hospital in achieving its mandated clinical and academic roles;
- (x) ensure there is a process for participation in continuing medical, dental, and extended class nursing education;
- (y) participate in and support the President and Chief Executive Officer in activities that relate to linkages and liaisons with the University, other hospitals and agencies throughout the Southeastern Ontario region;
- (z) as Academic Medical Liaison, the Chief of Staff will as appropriate:
  - (i) represent and advance the interests of the Faculty of Health Sciences in its relations with affiliated and partner health institutions;
  - (ii) play a lead role in achieving the regional goals of the Faculty of Health Sciences in academic and clinical endeavours;
  - (iii) represent academic interests in the course of advancing restructuring of the Hospital;
  - (iv) liaise with the Associate Dean - Clinical, Faculty of Health Sciences to ensure that Departmental staffing plans include defined job definitions of members and an associated annual report system;
  - (v) liaise with Associate Deans of Faculty of Health Sciences to facilitate and enable medical education (undergraduate, postgraduate and continuing medical education) and research;
  - (vi) represent the Hospital on the liaison committee with respect to any matters concerning the implementation of the Affiliation Agreement and relations between the Hospital and the University; and
  - (vii) liaise with the Associate Deans of the Faculty of Health Sciences in matters pertaining to physician human resources in the Hospital.
- (aa) participate on University/Hospital committees as required;

- (bb) delegate appropriate responsibility to the Heads of Department and Clinical Program Leaders/Directors;
- (cc) in consultation with the President and Chief Executive Officer, designate an alternate to act during an absence; and
- (dd) ensure a process for annual review of the performance of the Heads and Deputy Heads of Departments as contemplated by section 8.8 and, in cooperation with the President and Chief Executive Officer, ensure a process for annual review of the performance of the Program Clinical Leaders/Directors as contemplated in section 8.9.

### **11.3 PERFORMANCE EVALUATION OF CHIEF OF STAFF**

As per the Corporation's Administrative By-law, the Board shall annually review and evaluate the performance of the Chief of Staff, based on short-term and long-term goals and objectives established by the Board for the Chief of Staff, from time to time. The committee shall consult with and involve the University and other members of the Professional Staff as it believes is appropriate to conduct a full and accurate evaluation of the Chief of Staff. The annual review of the Chief of Staff shall be completed in accordance with Board approved policy.

## **ARTICLE 12**

### **PATIENT RECORDS**

#### **12.1 PATIENT RECORDS**

12.1.1 Each Member of the Professional Staff shall complete the records of each of his or her Patients within fourteen (14) days of such Patient's discharge. Professional Staff with incomplete records fourteen (14) days after discharge of a Patient shall be notified in writing by the Patient Records and Registration Services with copies of such notice being sent to the President and Chief Executive Officer, the Chair of the Professional Advisory Committee and the Head or Deputy Head of the Department.

12.1.2 Failure to complete the Patient records within thirty (30) days will lead to the reporting of the Professional Staff member's name to the Professional Advisory Committee by the President and Chief Executive Officer. The Professional Advisory Committee may recommend to the Board that the Board suspend all Privileges of the Professional Staff member until such time as these records have been completed. The suspension process will follow the process set out in Article 5.

**ARTICLE 13**  
**OFFICERS OF THE MEDICAL STAFF ASSOCIATION**

**13.1 OFFICERS OF THE MEDICAL STAFF ASSOCIATION (MSA)**

13.1.1 The provisions of this Article 13 with respect to the officers of the Medical Staff Association shall be deemed to satisfy the requirements of the *Public Hospitals Act* with respect to officers of the Medical Staff.

13.1.2 The officers of the MSA will be:

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

13.1.3 The officers of the MSA shall be elected annually for a term of one (1) year by a majority vote of the voting members of the MSA in attendance and voting at a meeting of the MSA.

13.1.4 The officers of the MSA may serve a maximum three (3) consecutive years in office. An officer may be again elected to the same position following a break in continuous service of at least one (1) year.

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

13.1.6 If the position of any elected MSA officer that becomes vacant during the term, it may be filled by a vote of the majority of the members of the MSA present and voting at a regular meeting of the MSA or at a special meeting of the MSA called for that purpose. The election of such MSA member shall follow the process in section 13.3. The MSA so elected to office shall fill the office until the next annual meeting of the MSA.

**13.2 ELIGIBILITY FOR OFFICE**

13.2.1 Notwithstanding any provision of this By-law, only Professional Staff who are members of the Attending and Associate Staff shall be entitled to vote at meetings of the MSA.

13.2.2 Notwithstanding any other provision of this By-law, only Physicians who are members of the Attending and Associate Staff may be elected or appointed to any position or office of the MSA.

### **13.3 NOMINATIONS AND ELECTION PROCESS**

13.3.1 A nominating committee shall be constituted through a process approved by the MSA on recommendation of the officers of the MSA.

13.3.2 At least twenty-one (21) days before each annual meeting of the MSA, the nominating committee shall circulate or post in a conspicuous place at each site of the Hospital, a list of the names of those who are nominated to stand for the offices of the MSA that are to be filled by election, in accordance with the Regulations under the *Public Hospitals Act* and this By-law.

13.3.3 Any further nominations shall be made in writing to the Secretary of the MSA up to seven (7) days before the annual meeting of the Professional Staff.

### **13.4 PRESIDENT OF THE MSA**

13.4.1 The President of the MSA shall:

- (a) preside at all meetings of the MSA;
- (b) act as a liaison between the MSA, the President and Chief Executive Officer, and the Board with respect to matters concerning the Professional Staff; and
- (c) support and promote the Vision Mission and Values and Strategic Plan.

13.4.2 The President of the MSA shall:

- (a) be a member of the Professional Advisory Committee; and
- (b) be an ex-officio Director of the Board and as a Director, fulfill fiduciary duties to the Corporation by, among other things, contributing to the decision making of the Board in a manner that is in the best interest of the Corporation.

### **13.5 VICE PRESIDENT OF THE MSA**

13.5.1 The Vice President of the MSA shall:

- (a) in the absence or disability of the President of the MSA, act in place of the President, perform his or her duties and possess his or her powers as set out in subsection 13.4.1; and

- (b) perform such duties as the President of the MSA may lawfully delegate to him or her.

13.5.2 The Vice President of the MSA shall be a member of the Professional Advisory Committee.

### **13.6 SECRETARY OF THE MSA**

13.6.1 The Secretary of the MSA will:

- (a) attend to the correspondence of the MSA;
- (b) ensure notice is given and minutes are kept of MSA meetings;
- (c) maintain the funds and financial records of the MSA and provide a financial report at the annual meeting of the MSA;
- (d) disburse funds at the direction of the MSA, as determined by a majority vote of the MSA members voting thereon;
- (e) be a member of the Professional Advisory Committee; and
- (f) in the absence or disability of the Vice President of the MSA perform the duties and possess the powers of the Vice President as set out in subsection 13.5.1.

### **13.7 OTHER OFFICERS**

13.7.1 The duties of any other officers of the MSA shall be determined by the MSA.

**ARTICLE 14**  
**AMENDMENTS**

**14.1 AMENDMENTS TO THIS BY-LAW**

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

- (a) the MSA shall be afforded an opportunity to comment on the proposed amendment(s); and
- (b) the Professional Advisory Committee may make recommendations to the Board concerning the proposed amendment.

14.1.2 This By-law repeals and restates in its entirety the by-laws of the Hospital previously enacted with respect to the Professional Staff, without prejudice to any action properly taken thereunder prior to their repeal.

**SIGNATURES**

Certified as having been approved and recommended by the Providence Care Centre Board of Directors

on the 14<sup>th</sup> day of December, 2010.

Chair Board of Directors: \_\_\_\_\_  
(GLEN WOOD)

Secretary of the Board: \_\_\_\_\_  
(DALE KENNEY)

Certified as having been approved by the members of Providence Care Centre  
on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Chair Board of Directors: \_\_\_\_\_  
(GLEN WOOD)

Secretary of the Board: \_\_\_\_\_  
(DALE KENNEY)