



**LONDON HEALTH SCIENCES CENTRE  
CREDENTIALLED  
PROFESSIONAL STAFF BY-LAW**

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## **CREDENTIALLED PROFESSIONAL STAFF BY-LAW OF LONDON HEALTH SCIENCES CENTRE**

(hereinafter referred to as the "Corporation")

### **PREAMBLE**

**WHEREAS** London Health Sciences Centre is an acute care teaching hospital (the "Corporation") operating under the authority granted to it by the Province of Ontario. It functions under legislation contained in the *Public Hospitals Act* and all other pertinent and appropriate provincial and federal acts and regulations to provide care and treatment for those persons who require hospitalization or treatment. In addition to this "caring" function the Corporation has the following objectives:

- (a) In affiliation with Western University and other educational institutions to participate in programs for the training, education and qualification of undergraduate and graduate students in the health disciplines as may be considered necessary or advisable. In achieving this objective, the Hospital assumes its role as a university teaching hospital and health science centre.
- (b) To encourage, promote and carry on medical and health care research through the London Health Sciences Centre Research Institute. In addition, to encourage, promote support and carry on medical research in association with The University of Western Ontario and other teaching hospitals and research funding agencies and other health science related agencies or institutions.
- (c) To collaborate with community-based health agencies so that a continuum of care is offered to patients.
- (d) To assist in the promotion and maintenance of the health status of persons residing in the region served by the Corporation.
- (e) To accept donations, gifts, legacies and bequests for use in promoting the objectives and the carrying on of the work of the Corporation.
- (f) To perform such lawful acts as are deemed necessary to promote the attainment of these objects.

**AND WHEREAS** the governing body of the Corporation deems it expedient that all By-Laws of the Corporation heretofore enacted be cancelled and revoked and that the following By-Law be adopted for regulating the affairs of the Corporation.

**NOW THEREFORE BE IT ENACTED** that all By-Laws of the Corporation heretofore enacted be cancelled and revoked and that the following By-Law be substituted in lieu thereof.

## ARTICLE 1 - DEFINITIONS AND INTERPRETATION

### 1.1 Definitions

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

- (a) **“Act”** means the *Not-for-profit Corporations Act* (Ontario) as amended or replaced from time to time, and where the context requires, includes the Regulations made under it.
- (b) **“Acting”** means an individual who is temporarily fulfilling the duties of an office while the incumbent is absent or incapacitated.
- (c) **“Application”** means the application for membership prescribed by the Board.
- (d) **“Board”** means the Board of Directors of the Corporation.
- (e) **“By-Law”** means any By-Law of the Corporation from time to time in effect.
- (f) **“Chair of the Department of Schulich Medicine & Dentistry”** means a member of the Professional Staff appointed by the Schulich School of Medicine & Dentistry at Western University as the Chair of one of its academic departments.
- (g) **“Chair of the Medical Advisory Committee”** means a Physician member of the Credentialed Professional Staff who is appointed by the Board to the chair role of the Medical Advisory Committee and is accountable to the Board and shall be an ex-officio non-voting member of the Board.
- (h) **“Chief Executive Officer”** (CEO) means, in addition to ‘administrator’ as defined in Section 1 of the *Public Hospitals Act*, the CEO of the Corporation.
- (i) **“College”** means, as the case may be, the provincial and/or national accreditation bodies.
- (j) **“Committee”** means a committee of the Board or as otherwise specified in this By-Law, in addition to the Credentialing Committee.
- (k) **“Corporate Medical Executive”** means the senior physician executive of the Corporation.
- (l) **“Corporate Nursing Executive”** means the senior nursing executive of the Corporation who is accountable to the CEO and shall be an ex-officio non-voting member of the Board.

- (m) “**Corporation**” means London Health Sciences Centre with the Head Office at 800 Commissioners Road East, London, Ontario, N6A 5W9 until the Head Office is determined otherwise by the Board.
- (n) “**Credentialed Professional Staff**” means those Physicians, Dentists, Midwives and Registered Nurses in the Extended Class who are appointed by the Board and who are granted specific privileges to practise medicine, dentistry, midwifery or nursing, respectively.
- (o) “**Credentialed Professional Staff Appointment**” means the appointment of a Credentialed Professional Staff member to the Professional Staff.
- (p) “**Credentialed Professional Staff Human Resources Plan**” means the plan developed by the CEO, or delegate in consultation with the Chair of the Medical Advisory Committee, Department Head, and other Medical Leaders based on the mission and strategic plan of the Corporation and on the needs of the community, which plan provides information and future projections of this information with respect to the management and appointment of Physicians, Dentists, Midwives, and Registered Nurse in the Extended Class who are or may become members of the Credentialed Professional Staff.
- (q) “**Credentialed Professional Staff Organization**” includes the organized body of the Credentialed Professional Staff as defined by the *Public Hospitals Act*.
- (r) “**Credentialing Committee**” means a subcommittee of the Medical Advisory Committee that reviews the applications for privileges and recommends to the Medical Advisory Committee the appointments to the Credentialed Professional Staff in accordance with the provisions of the *Public Hospitals Act*, this By-Law, and the Rules and Regulations; if no such subcommittee is established it means the Medical Advisory Committee.
- (s) “**Dean**” means the Dean of Schulich School of Medicine & Dentistry at Western University.
- (t) “**Delegate**” means a person who replaces and has the authority to make decision on behalf of the individual.
- (u) “**Dental Staff**” means:
  - (i) Oral and maxillofacial surgeons to whom the Board has granted the privilege of diagnosing, prescribing for, or treating patients in the Hospital; and
  - (ii) Dentists to whom the Board has granted the privilege of attending to patients in the Hospital.



- (v) **“Dentist”** means a dental practitioner in good standing with the Royal College of Dental Surgeons of Ontario.
- (w) **“Department”** means an organizational unit of the Credentialed Professional Staff to which members with a similar field of practice have been assigned.
- (x) **“Department Head”** means a member of the Credentialed Professional Staff 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.
- (y) **“Director”** means a member of the Board.
- (z) **“Disruptive Behaviour”** occurs when the use of inappropriate words, actions or inactions by a Credentialed Professional Staff member interferes with; their ability to collaborate or function well with others; hospital operations; quality healthcare delivery; the safety of others; staff recruitment or retention; or the cost of providing healthcare to patients. Disruptive Behavior may be demonstrated through a single act, but more commonly through a pattern of events<sup>1</sup>.
- (aa) **“Excellent Care for All Act”** means the *Excellent Care for All Act, 2010* (Ontario) and the regulations made under it and any statute that may be substituted for it, as amended from time to time.
- (bb) **“Executive Leadership”** means the employees of the Corporation who hold senior executive positions and report to the CEO and/or Medical Advisory Committee Chair.
- (cc) **“Ex-officio”** means membership or appointment by virtue of the office and includes all rights, responsibilities and power to vote except where otherwise specifically provided.
- (dd) **“Health and Safety Guidelines”** means the Hospital’s health and safety guidelines as may be amended from time to time including, without limitation, infection protection and control and other occupational health and safety measures, practices and policies implemented by the Hospital to protect staff, patients and other persons.
- (ee) **“Hospital”** means London Health Sciences Centre, including the Children’s Hospital.

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<sup>1</sup> The definition of “Disruptive Behaviour” is taken from the CPSO “Physician Behaviour in the Professional Environment” Policy (reviewed and updated: May 2016) as modified by the italicized language, which has been added to reflect the Jury’s recommendations in Dupont.

- (ff) **“Impact Analysis”** means a study conducted by the CEO, or delegate, in consultation with the Chair of the Medical Advisory Committee, Department Head and other Medical and Administrative Leaders to determine the impact upon the resources of the Corporation of the proposed or continued appointment of any person to the Credentialed Professional Staff.
- (gg) **“London Health Sciences Centre” (LHSC)** means the corporation named London Health Sciences Centre, a public hospital and an acute care teaching hospital.
- (hh) **“London Health Sciences Centre Research Institute” (LHSCRI)** means the London Health Sciences Research Institute.
- (ii) **“Medical Leader”** means a Physician, Dentist, Midwife or Registered Nurse in an Extended Class who provides leadership to a Service or Program.
- (jj) **“Medical Staff”** means those Physicians who are appointed by the Board and who are granted privileges to practise medicine in the Hospital.
- (kk) **“Midwife”** means a Midwife in good standing with the College of Midwives of Ontario.
- (ll) **“Midwifery Staff”** means those Midwives who are appointed by the Board and who are granted privileges to practise midwifery in the Hospital.
- (mm) **“Patient”** means any in-patient or out-patient of the Corporation.
- (nn) **“Person”** means and includes any individual, corporation, partnership, or any other form of entity or organization.
- (oo) **“Physician”** means a medical practitioner in good standing with the College of Physicians and Surgeons of Ontario.
- (pp) **“Physician Leaders”** means a physician member of the Credentialed Professional Staff appointed to be in charge of one of the organized divisions of a Department.
- (qq) **“Policies”** means the Board, administrative, and clinical policies of the Corporation.
- (rr) **“Privileges”** means the bundle of rights granted to members of the Professional Staff related to the admission of in-patients, registration of out-patients, and/or the diagnosis, assessment and treatment of the patients.

- (ss) **“Program”** means a cluster of patient-centred services which optimize patient care, education and research and is consistent with the Mission, Vision and Values of the Corporation.
- (tt) **“Public Hospitals Act”** means the *Public Hospitals Act* (Ontario), and, where the context requires, includes the Regulations made under it, and any statute that may be substituted for it, as amended from time to time.
- (uu) **“Registered Nurse in the Extended Class”** or **“RN (EC)”** 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* (Ontario) and who has been granted privileges by the Hospital.
- (vv) **“Rules and Regulations”** means the Rules and Regulations governing the practice of the Credentialed Professional Staff in the Hospital both generally and within a particular Department, which have been established respectively by the Credentialed Professional Staff in general and/or by the Credentialed Professional Staff of the Department, in particular.
- (ww) **“Schulich Medicine & Dentistry”** means the Schulich School of Medicine & Dentistry at Western University.
- (xx) **“Service”** means an organizational unit of a Department which is based on a sub-specialty area of clinical practice.
- (yy) **“Specialty”** also means, unless otherwise specified, “subspecialty”.
- (zz) **“Statutory Powers Procedure Act”** means the *Statutory Powers Procedure Act 1990* (Ontario) and, where the context requires, includes the regulations made under it.
- (aaa) **“University”** and **“Western”** mean The University of Western Ontario, London, Ontario, Canada (Western University).
- (bbb) **“Working Day”** means any day from Monday to Friday between 08:00 and 17:00.

## 1.2 Interpretation

In this By-Law, unless the content otherwise requires, words importing the singular number include the plural number and *vice versa*; and “including” or “include(s)” means “including (or include(s)) without limitation”. Where this By-Law provides for a matter to be determined, prescribed, or requested by the Board, Medical Advisory Committee, Chair of the Medical Advisory Committee, or Department Head, in all instances, the determination, prescription, or request may be made from time to time.

### **1.3 Delegation of Duties**

Where any of the CEO, Chair of the Medical Advisory Committee, Corporate Medical Executive, Corporate Nursing Executive, Department Head, or Physician Leader shall be responsible for the duties assigned to them under this By-Law, they may delegate to others the performance of any such duties including the duty to attend and perform their duties on the Board or at Board Committees. They may delegate to others the performance of any such duties including the duty to attend and perform their duties at Board Committees, but shall not delegate their duties with regards to the Board without prior approval of the Board. The individuals performing the delegated duties will be identified as *acting leaders* for a specific limited period of time.

### **1.4 Consultation with Credentialed Professional Staff**

Where the Board or Medical Advisory Committee is required to consult with the Credentialed Professional Staff under this By-Law, it shall be sufficient for the Board or Medical Advisory Committee to receive and consider the input of the Credentialed Professional Staff officers named in Section 12.1 (b).

## **ARTICLE 2 - RULES AND REGULATIONS**

### **2.1 Rules and Regulations**

- (a) The Board, after consulting with and considering the recommendations of the Medical Advisory Committee, may make Rules and Regulations, as it deems necessary, including rules and regulations to ensure patient care and safety are provided and ensure the conduct of the Members of the Credentialed Professional Staff is consistent with the Mission, Vision and Values of the Hospital, the *Public Hospitals Act*, and this By-Law.
- (b) The Board, after consulting with the Credentialed Professional Staff and considering the recommendations of the Medical Advisory Committee, may adopt policies and procedures applicable to the Credentialed Professional Staff, including policies and procedures that are consistent with the Rules and Regulations and that support the implementation of the Rules and Regulations.
- (c) The Medical Advisory Committee, after consulting with the Credentialed Professional Staff, may make administrative, human resources, clinical and professional policies applicable to the Credentialed Professional Staff that are consistent with this By-Law, the Rules and Regulations and the Board-approved Policies.
- (d) The Department Head, after consulting with the Credentialed Professional Staff of the Department, may adopt policies and procedures applicable to the Credentialed Professional Staff of the Department, including policies

and procedures that are consistent with, and support the implementation of, the rules and policies.

## **ARTICLE 3 - CREDENTIALLED PROFESSIONAL STAFF DUTIES AND RESPONSIBILITIES**

### **3.1 Collective Duties and Responsibilities**

Collectively, the Credentialed Professional Staff practicing within the jurisdiction of the Corporation have responsibility and accountability to the Board for:

- (a) Ensuring that care at the Hospital is appropriately directed to meeting patients' needs and is consistent with sound health care resource utilization practices.
- (b) Participating in quality and patient safety initiatives by conducting all necessary and appropriate activities for assessing and improving the effectiveness, efficiency and safety of care provided in the Hospital.
- (c) Ensuring that ethical practice standards compatible with those of contemporary clinical practice are observed.
- (d) Providing and maintaining undergraduate and postgraduate medical education and health professional education in accordance with the mission of the Corporation.
- (e) Providing and maintaining the development of continuing medical education and continuing interdisciplinary health professional education.
- (f) Providing, maintaining and participating in medical, clinical health services and outcomes research.
- (g) Promoting evidence-based decision making.
- (h) Ensuring that any concerns, including patient and staff safety, relating to the operations of the Hospital are raised and considered through the proper channels of communication within the Hospital such as Physician Leaders, Department Head, Corporate Nursing Executive, Corporate Medical Executive, Chair of the Medical Advisory Committee, CEO, Credentialed Professional Staff Organization, Medical Advisory Committee and/or the Board.
- (i) Assisting to fulfill the mission of the Corporation through contributing to the strategic planning, community needs assessment, resource utilization management and quality management activities.

- (j) Contributing to the development and ensuring compliance with the *Public Hospitals Act*, and other applicable legislation including but not limited to the *Occupational Health and Safety Act*, the By-Laws, Rules and Regulations, Policies and ethical guidelines and the Mission, Vision and Values of the Corporation.

### **3.2 Individual Duties and Responsibilities**

Each Member of the Credentialed Professional Staff has an individual responsibility and is accountable to the Corporation and the Board to:

- (a) Ensure a high professional standard of care is provided to patients under their care that is consistent with sound healthcare resource utilization practices.
- (b) Practice at the highest professional and ethical standards within the limits of the privileges provided.
- (c) Perform only those acts, procedures, treatments and operations for which the Credentialed Professional Staff Member is competent and in accordance with the kind and degree of Privileges granted by the Board.
- (d) Maintain involvement, as a recipient, in continuing medical and/or interdisciplinary professional education.
- (e) Contribute to academic activities within the parameters of a mutual agreement as determined within the Department in which the Credentialed Professional Staff Member is appointed.
- (f) Recognize the authority of the Physician Leader, Department Head, the Chair of the Medical Advisory Committee, Corporate Medical Executive, Corporate Nursing Executive, Vice President of Research, CEO, the Medical Advisory Committee and the Board.
- (g) Comply with the *Public Hospitals Act*, and other applicable legislation including but not limited to the *Occupational Health and Safety Act*, the Hospital's By-Laws, Rules and Regulations, Policies and ethical guidelines and the Hospital's Mission, Vision and Values.
- (h) Hold and maintain in good standing, including by paying all dues when payable, membership in the applicable accreditation bodies if such membership is required for appointment pursuant to Section 4.3 of this By-Law.
- (i) Participate in quality of care and patient safety initiatives, as required by the Department Head, Chair of the Medical Advisory Committee, Corporate Nursing Executive, Corporate Medical Executive and/or the Hospital.

- (j) Prepare and complete patient records in accordance with the Hospital's Policies as may be established from time to time, and accepted industry standards.
- (k) Provide the Chair of the Medical Advisory Committee and Department Head with three (3) months' written notice of the Member's intention to resign or change the Member's privileges.
- (l) Work and cooperate with others in a manner consistent with the Hospital's Mission, Vision and Values.
- (m) Notify the Board in writing through the Chair of the Medical Advisory Committee or the CEO of:
  - (i) any additional professional degrees or qualifications obtained by the Member;
  - (ii) any change in the Certificate of Registration to practice medicine made by the College; or
  - (iii) change in professional liability insurance.
- (n) Immediately notify and provide a written description to the Medical Advisory Committee Chair of any changes to the information provided by the Credentialed Professional Staff Member to the Corporation in their most recent application for appointment or reappointment including, without limitation:
  - (i) investigations, dispositions, proceedings, assessments (excluding peer assessments under a College QA program), reviews, privileges, restrictions or disputes before a regulatory college, hospital or health care facility, affiliated academic, teaching or research institution;
  - (ii) changes regarding the Credentialed Professional Staff Member's health which may impact their ability to practice or expose patients, physicians, or other employees to risk of harm;
  - (iii) information regarding criminal investigations, charges, or convictions;
  - (iv) information of any civil suit where there was a finding of professional negligence or battery; and
  - (v) any information that raises concerns regarding an applicant's appointment at the University or any other academic institution or

any information regarding concerns regarding ethical or other conduct regarding a research project.

- (o) Notify the Board, in writing through the Chair of the Medical Advisory Committee or CEO of any change in status with the University.
- (p) Serve as required on various Hospital and Credentialed Professional Staff committees.
- (q) Participate as a member of an on-call rotation for a designated service as required by the service.
- (r) Provide timely communication with all patients' referring physicians.
- (s) Obtain consultations on patients, where appropriate.
- (t) When requested by a fellow Credentialed Professional Staff Member, provide timely consultations.
- (u) If referring a patient to a private office, practice, or clinic will do so with full honesty and transparency with respect to all factors, including but not limited to:
  - (i) time to referral;
  - (ii) the cost of treatment or procedure, and whether it is an insured or uninsured service; and
  - (iii) whether or not the patient will remain a patient of the Hospital;
  - (iv) endeavour to secure from the next of kin of a deceased patient, or from another appropriate authority, a written consent for the performance of a post-mortem examination on the body of a deceased patient.
- (v) Complete, or cause to be completed, the "Recorded Consideration" section of the Notification of Death form indicating whether organs and/or tissues of the deceased patient were considered for transplantation.
- (w) In undertaking any research, abide by the policies of the LHSC Research Institute.
- (x) Report any critical incidents with respect to a patient under their care in accordance with the regulations under the *Public Hospitals Act*.



- (y) Communicate immediately to the Chair of the Medical Advisory Committee and Department Head, any situation where they believe another Member of the Credentialed Professional Staff is:
  - (i) attempting to exceed their privileges;
  - (ii) temporarily unable to perform their professional duties with respect to a patient in the Hospital; or
  - (iii) demonstrating disruptive behaviour and/or unprofessional conduct as defined by the Hospital or respective College.
- (z) Cooperate and participate in the performance evaluation process conducted by their Department Head and, if applicable, any investigation into their practice conducted in accordance with the By-Law and/or Rules and Regulations.
- (aa) Ensure the appropriate, timely and comprehensive entry of health records in accordance with the Hospital's Physician, Dentist and Midwife (Credentialed Staff) Chart Completion Policy as may be established from time to time, by Legislation, and accepted industry standards.

#### **ARTICLE 4 - APPOINTMENT AND REAPPOINTMENT TO THE CREDENTIALLED PROFESSIONAL STAFF**

##### **4.1 Appointment to the Credentialed Professional Staff**

- (a) Professional Staff who wish to practice at the Hospital will participate in the appointment process as set out herein.
- (b) The Board, after consideration of the recommendation of the Medical Advisory Committee (MAC), will appoint annually a Professional Staff for the Corporation and grant such privileges as it deems appropriate to each Professional Staff member so appointed. Unless revoked by the Board, appointments to the Professional Staff shall be for the period from July 1st or any date thereafter, of any year until June 30th of the following year or for such shorter period of time as the Board may determine.
- (c) Where the Board of the Hospital determines that the Hospital shall cease to provide a service or the applicable Minister directs the Hospital to cease to provide a service, the Board of Directors may:
  - (i) refuse the application of a member for appointment or reappointment to the Credentialed Professional Staff or for a change in Hospital privileges;
  - (ii) revoke the appointment of any member; and

- (iii) cancel or substantially alter the privileges of any member as long as such determination relates to the termination of the service.
- (d) All new appointments will be contingent upon the need for services in the community and the completion of a full financial 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 Credentialed Professional Staff Human Resources Plan.

#### **4.2 Application for Appointment to the Credentialed Professional Staff**

- (a) An application for appointment to the Credentialed Professional Staff will be processed in accordance with the provisions of the *Public Hospitals Act*, this By-Law, and the Rules and Regulations.
- (b) The Chief Executive Officer or delegate will supply a copy, or information on how to access, the prescribed application, the By-Laws, Rules and Regulations, Policies and ethical guidelines of the Corporation, and the *Public Hospitals Act* to each applicant who expresses in writing an intention to apply for appointment to the Credentialed Professional Staff<sup>2</sup>.
- (c) Each applicant for membership to the Credentialed Professional Staff will submit on the prescribed forms one (1) application to the Chief Executive Officer, or delegate.
- (d) Each application must contain the following:
  - (i)
    - (a) confirmation by the applicant that the applicant has read the *Public Hospitals Act*, the Hospital's By-Laws, Rules and Regulations, Policies and ethical guidelines, as well as the Mission, Vision and Values that were included in the application; as well, confirmation by the applicant that the applicant will participate in quality and patient safety initiatives by conducting all necessary and appropriate activities for assessing and improving the effectiveness, efficiency and safety of care provided in the Hospital; and
    - (b) an undertaking to complete the application in a candid, honest, thorough and accurate manner.
  - (ii) an undertaking that, if the applicant is appointed to the Credentialed Professional Staff of the Hospital, the applicant:

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<sup>2</sup> The Hospital's application may refer the applicant to the Hospital's website for some or all of the above information.

- (a) will provide the agreed upon services to the Hospital as described in the applicant's 'initial offer of appointment' and thereafter as agreed upon as between the applicant/Member and the relevant Department Head;
  - (b) will act in accordance with the *Public Hospitals Act*, the Hospital's By-Laws, Rules and Regulations, Policies and ethical guidelines, and the Hospital's Mission, Vision and Values, as established or revised by the Hospital from time to time and in accordance with ethical standards of the profession as established from time to time; and
  - (c) comply with the Health and Safety Guidelines and workplace conduct policies (provide Corporation's policy).
- (iii) an acknowledgement by the applicant that:
- (a) the failure of the applicant to provide the agreed upon services in accordance with the *Public Hospitals Act*, the Hospital's By-Laws, Rules and Regulations, Policies and ethical guidelines, and the Hospital's Mission, Vision and Values will constitute a breach of the applicant's obligations to the Hospital, and the Hospital may, upon consideration of the individual circumstances, remove access by the applicant to any and all Hospital resources, or take such actions as are reasonable, in accordance with the *Public Hospitals Act*, the Hospital's By-Laws, Rules and Regulations, Policies, and ethical guidelines; and the Hospital's Mission, Vision and Values;
  - (b) the failure of the applicant to comply with the undertaking set out in clause 4.2 (d) (ii) may result in the applicant's privileges being restricted, suspended, revoked or the applicant being denied reappointment and may, depending on the circumstances, be a matter which is reportable to the College. Any such actions by the Hospital will be in accordance with the *Public Hospitals Act*, the Hospital's By-Laws, Rules and Regulations, Policies and ethical guidelines and the Hospital's Mission, Vision and Values;
  - (c) concurrent with the provision of the application, where applicable, the University will be notified of the applicant's application for privileges and shall be provided with any information that the University requests related to the applicant's University appointment;

- (d) a copy of the applicant's résumé and any other documents or information provided or disclosed to the Hospital by the applicant or any other party as a result of the application for appointment to the Credentialed Professional Staff of the Hospital may be shared with the University;
  - (e) the failure of the applicant to maintain an academic appointment where such academic appointment is a condition of the applicant's Hospital appointment may result in the applicant's privileges being restricted, suspended, revoked or the applicant being denied reappointment; and
  - (f) the end of a term appointment and/or the end of a service contract also ends the applicant's privileges with the Corporation.
- (iv) a statement of current professional liability insurance coverage or membership in the Canadian Medical Protective Association (CMPA), in the appropriate risk category, or equivalent, satisfactory to the Board, including a declaration, of any civil claim, suit or settlement for alleged malpractice resulting in a payment by the applicant, or on their behalf by the CMPA;
  - (v) an up-to-date résumé, including a record of the applicant's professional education, post-graduate training, and continuing education acceptable to the Credentials Committee and a chronology of academic and professional career, organizational positions and committee memberships;
  - (vi) evidence of current immunization status as suggested in the Communicable Disease Surveillance Protocols jointly published by the Ontario Hospital Association and the Ontario Medical Association and as required by the Hospital/Credentialed Professional Staff policy;
  - (vii) a current, as the case may be, Certificate of Professional Conduct (Physicians), Certificate of Registration (Dentists and Midwives) or Annual Registration Payment Card as a RN EC from the College and a signed consent authorizing the College or any other prior regulatory body to provide:
    - (a) a report on any pending, ongoing or completed:
      - (i) investigations by the Inquiries, Complaints and Reports Committee ("ICRC");

- (ii) dispositions of a complaint or report by the ICRC other than a disposition where either no further action was indicated or the complaint was dismissed, including a description of Specified Continuing Education or Remediation Programs (“SCERPs”) reached by voluntary agreement;
  - (iii) proceedings before the Discipline Committee or Fitness to Practice Committee including any resolutions short of a hearing; and
  - (iv) assessments and/or reviews by the Quality Assurance Committee (“QAC”) where the applicant’s knowledge, skill and/or judgement have been found to be unsatisfactory and have resulted in any action by the QAC whether reached by a voluntary agreement or specified or imposed by the QAC and the status or outcome of such action.
- (b) a report on whether the applicant’s registration has been restricted or cancelled by the College because of incompetence, negligence or any act of professional misconduct; and/or
- (c) a letter of standing.
- (viii)
  - (a) subject to clause (b) below, a recital and description of pending or completed disciplinary actions, voluntary restriction of privileges, competency investigations, performance reviews, and details with respect to prior privileges disputes with other hospitals regarding appointment, reappointment, change of privileges, or midterm suspension or revocation of privileges;
  - (b) the applicant will not have to provide any recital or description where there was no adverse finding relating to the above, provided the applicant did not voluntarily or involuntarily resign or restrict the applicant’s privileges or provide an undertaking of any kind while under review or in anticipation of an investigation or performance review; and
  - (c) “Pending” with respect to any disciplinary action, competency investigation, performance review or privilege dispute means that the matter has been considered by the other Hospital’s medical or administrative leaders and has been referred to the other Hospital’s Medical Advisory Committee for further investigation.

- (ix) a statement with respect to failure to obtain, reduction in classification or voluntary or involuntary resignation of any professional registration, Certificate of Registration, or certification, professional academic appointment or privileges at any other hospital or health care institution;
- (x) the name of the Department, Program or Service to which the application is being made; a list of the procedures which are requested which shall be presented to the Medical Advisory Committee for approval;
- (xi) information regarding the applicant's health, including any impairments, medical conditions, diseases or illnesses that the applicant objectively believes may impact on the applicant's ability to undertake the privileges and procedures requested by the applicant, expose patients or employees to risk of harm, and current treatments therefore, as well as the date of the applicant's last examination, the name of the treating health professional and an authorization to the treating health professional to release relevant information to the Hospital. Any information provided by the applicant's treating physician to the Department Head will not become part of the applicant's credentialing file and will not be provided to the Credentials Committee unless, in the sole discretion of the Department Head:
  - (a) the Department Head reasonably believes that the information provided by the applicant's treating physician discloses a condition or situation that adversely impacts the applicant's ability to practice and/or expose patients or employees to risk of harm; and
  - (b) the applicant agrees to the release of the information to the University. In the event that the applicant refuses to authorize the Department Head to release the information to the University the applicant will be deemed to have withdrawn the application for appointment.
- (xii) information regarding any criminal, proceedings or convictions involving the applicant which may impact the applicant's ability to practice and/or expose patients or employees to risk of harm;
- (xiii) information of any civil suit related to medical practice conduct where there was a finding of negligence or battery, including any such suit settled by a payment;
- (xiv) reports on experience and competence including:

- (a) a report from the Chair of the Medical Advisory Committee or Department Head in the last hospital in which the applicant held an appointment;
  - (b) if the applicant has completed training within the past five (5) years, a report from the director or head of the program in which the applicant has completed training; and
  - (c) the Chief Executive Officer of the last hospital where the applicant held privileges.
- (xv) a list of three (3) current, appropriate references;
- (xvi) a signed authorization in the form approved by the Board authorizing any applicable hospital, healthcare institution or regulatory body to release information relating to any of the above;
- (xvii) such additional information relating to the provision of medical services or professional conduct as, from time to time, the Medical Advisory Committee may recommend and/or the Board approves; and
- (xviii) an undertaking, in writing, that:
- (a) the applicant understands the requirements for accepting clinical, academic, research, and administrative responsibilities as requested by the Board following consultation with the Medical Advisory Committee and/or Department Head;
  - (b) if appointed, the applicant will act in accordance with the *Public Hospitals Act*, and other applicable legislation including but not limited to the *Occupational Health and Safety Act*, and abide by and be guided by the requirements set out in the Hospital's By-Laws, including quality and patient safety initiatives and the Hospital's Mission, Vision and Values, and will act in accordance with ethical standards of the profession;
  - (c) if appointed, the applicant will serve on committees or subcommittees to which they are appointed by the Board or the Medical Advisory Committee;
  - (d) if appointed, the applicant will abide by the Corporation's Policies as related to confidentiality of patient information and Corporation matters. No Credentialed Professional Staff

Member will make statements on behalf of the Corporation to the news media or public without the express authority of the Chief Executive Officer; and

- (e) if appointed, the applicant will use best efforts to provide the Hospital with no less than three (3) months written notice of the applicant's intention to resign or otherwise limit their exercise of privileges and that a failure to provide the required notice will result in the Department Head notifying the College that the applicant has failed to comply with the Hospital's By-Laws and a notation of the breach of the By-Laws in the applicant's file.

The applicant may be exempted from the notice requirements if the Department Head believes, after considering the Credentialed Professional Staff Human Resources Plan, that the notice is not required or if the Department Head believes that there are reasonable or compassionate grounds to grant the exemption.

- (e) In addition to any other provisions of this By-Law, the Board may refuse to appoint any applicant to the Credentialed Professional Staff on any of the following grounds:
  - (i) if applicable, the applicant was not granted an academic appointment;
  - (ii) the appointment is not consistent with the need for service, as determined by the Board from time to time;
  - (iii) the Credentialed Professional Staff Human Resources Plan of the Corporation and/or Department does not demonstrate sufficient resources to accommodate the applicant;
  - (iv) the appointment is not consistent with the strategic plan of the Corporation or the academic plan of the Department;
  - (v) the applicant was not considered the best qualified applicant for the position available;
  - (vi) the applicant has not demonstrated an ability to fulfill all of the criteria for appointment; or
  - (vii) the applicant is unable to provide care at a level that is consistent with the standard of care expected of the Credentialed Professional Staff members at the Hospital.



#### **4.3 Criteria for Appointment to the Credentialed Professional Staff**

Each applicant for appointment to the Credentialed Professional Staff will meet the following qualifications:

- (a) The applicant, with the exception of Honorary Staff, shall be a registrant in good standing of the appropriate College.
- (b) Where required, and while applicants may not be required to hold an appointment with Schulich Medicine & Dentistry, whether or not the applicant is granted such an appointment shall be considered by the Credentialing Committee in assessing the application and, all things being equal, preference will be given to applicants who are granted a University appointment.
- (c) For Medical Staff appointed in the categories of active, associate, modified active, term, or supportive as outlined in Article 7 of this By-Law practising in a specialty recognized by the Royal College of Physicians and Surgeons of Canada must:
  - (i) hold and maintain in good standing independent registration by the College of Physicians and Surgeons of Ontario; or;
  - (ii) at the discretion of the Board upon the advice of the Medical Advisory Committee and the recommendation of the Credentials Committee, hold a restricted Certificate of Registration from the College of Physicians and Surgeons of Ontario issued under the College of Physicians and Surgeons of Ontario's Restricted Certificates of Registration policy.
- (d) Medical Staff appointed in the categories of active, associate, modified active, or term, or supportive as outlined in Article 7 of this By-Law practising as Family Physicians must:
  - (i) hold independent registration with the College of Physicians and Surgeons of Ontario; and
  - (ii) hold certification by the College of Family Physicians of Canada or equivalent;
  - (iii) or at the discretion of the Board upon the advice of the Medical Advisory Committee and the recommendation of the Credentials Committee, hold a restricted Certificate of Registration from the College of Physicians and Surgeons of Ontario issued under the College of Physicians and Surgeons of Ontario's Restricted Certificates of Registration policy.

- e) Medical Staff appointed in the categories of active, associate, modified active, term, or supportive as outlined in Article 7 of this By-Law who are members in the Department of Emergency Medicine must:
  - (i) hold and maintain in good standing independent registration with the College of Physicians and Surgeons of Ontario; or
  - (ii) certification in Emergency Medicine by the College of Family Physicians of Canada, or equivalent; or
  - (iii) at the discretion of the Board upon the advice of the Medical Advisory Committee and the recommendation of the Credentials Committee, hold a restricted Certificate of Registration from the College of Physicians and Surgeons of Ontario issued under the College of Physicians and Surgeons of Ontario's Restricted Certificates of Registration policy.
- f) Physician members practicing under a restricted registration must supply a copy of the letter from the Dean supporting their appointment, where required by the College of Physicians and Surgeons of Ontario. In addition, a copy of that annual report of performance by the Department Head as required by the College of Physicians and Surgeons of Ontario will be submitted and kept as part of the Member's credentials file.
- g) Physician members practicing under supervision of a physician supervisor must supply a copy of the College of Physicians and Surgeons of Ontario approved plan of supervision, where required by the College of Physicians and Surgeons of Ontario, as provided by the Department Head in which they hold their appointment.
- h) Each time the Physician member writes their college examinations they shall report the outcome to the Department Head in which they are appointed. A copy of the results should be sent to the Credentials Committee to form part of the Credentials file. At any time, should a member not be successful in passing their examination, whether or not they continue to be eligible to rewrite their examinations, a review of their appointment will be triggered, which may result in a recommendation that their appointment be revoked.
- i) Medical Staff practicing in a specialty recognized by the Royal College of Physicians and Surgeons of Canada, or practicing as Family Physicians, or who are members of the Department of Emergency Medicine, may in exceptional circumstances, be exempted in whole or in part from requirements set out under Section 4.3 (d) and (e), upon recommendation of the Credentialing Committee, Medical Advisory Committee (MAC) and/or at the sole discretion of the Board.

- (j) Any applicant who is expected to participate in patient care will have demonstrated the ability to provide patient care at an appropriate level of quality and efficiency and an applicant will be judged by:
  - (i) their demonstrated ability to work and co-operate with and relate to others in a collegial and professional manner;
  - (ii) their demonstrated ability to communicate and relate appropriately with patients and patients' relatives;
  - (iii) their willingness to participate in the discharge of staff, committee and, if applicable, teaching responsibilities and obligations appropriate to membership category;
  - (iv) if applicable, their interest and aptitude towards scholarly activities;
  - (v) their ethical performance and/or behaviour; and
  - (vi) if applicable, whether the applicant satisfactorily meets the College's requirements for continuing education.
- (k) The applicant must agree to abide by the *Public Hospitals Act*, the Hospital's By-Laws, Rules and Regulations, Policies, including policies regarding workplace conduct and Health and Safety Guidelines, and the Hospital's Mission, Vision and Values.
- (l) The applicant must indicate to the Credentials Committee adequate control of any significant physical or behavioural impairment that affects skill, attitude or judgement with respect to the privileges and/or procedures requested and that, pursuant to clause 4.2 (d) (xii), as applicable, was disclosed to the Credentials Committee by the Department Head.
- (m) All appointments will be consistent with community need defined by the strategic plan and mission of the Hospital.
- (n) All new appointments will be contingent upon a full financial 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 Credentialed Professional Staff Human Resources Plan.

#### **4.4 Procedure for Processing Appointment for Credentialed Professional Staff**

- (a) All applicants for appointment and reappointment to the Credentialed Professional Staff shall be processed in accordance with the *Public Hospitals Act*, this By-Law, and the Credentialed Professional Staff Credentialing Procedure.

- (b) Chief Executive Officer, or delegate, on receipt of a completed application on the prescribed forms, will refer the application to the relevant Department Head who shall make a recommendation to the Credentials Committee.
- (c) The Credentials Committee will review each application together with the qualifications and experience of the applicant. The Credentials Committee will make a written report to the Medical Advisory Committee, having given consideration to the recommendation of the Department Head and, if applicable, the advice of the Chair of the academic department. The Credentials Committee will:
  - (i) review the application to ensure that it contains all the information required under Article 4.2 of this By-Law;
  - (ii) take into consideration whether the criteria set out in Article 4.3 of this By-Law have been complied with;
  - (iii) if applicable, take into consideration the impact, if any, that may result if the applicant does not hold an appointment in Schulich Medicine & Dentistry; and
  - (iv) include a statement of eligibility to appoint or not appoint the applicant. In case of a recommendation for acceptance, the Credentials Committee shall indicate the type of privileges that the applicant would be granted.
- (d) Subject to clause (ii) below, the Medical Advisory Committee will receive and consider the application and report of the Credentials Committee and send its recommendation in writing to the Board within sixty (60) days of the date of receipt of the candidate's completed application to the CEO, or delegate, as outlined in the *Public Hospitals Act*. The Medical Advisory Committee may make its recommendation to the Board later than sixty (60) days after the receipt of the completed application if, prior to the expiry of the sixty (60) day period, it indicates in writing to the Board and the applicant that:
  - (i) a final recommendation cannot yet be made and includes written reasons for the delay; and
  - (ii) the applicant may, in the application, waive the sixty (60) day response time contained in clause (i) above.
- (e) Where the Medical Advisory Committee recommends to the Board that an application for appointment not be granted, it will give written notice to the applicant and the Board of its recommendation and the applicant will be

given written notice that they are entitled to written reasons for the recommendation and a hearing before the Board pursuant to the provision of the *Public Hospitals Act* if such a hearing is required. The procedures to be followed are outlined in Article 5 of this By-Law.

- (f) Where the Medical Advisory Committee recommends to the Board that an application for reappointment or any requested change in privileges not be granted, it will give written notice to the applicant and the Board of its recommendation and the applicant will be given written notice that they are entitled to written reasons for the recommendation and a hearing before the Board pursuant to the provision of the *Public Hospitals Act* if such a hearing is required. The procedures to be followed are outlined in Article 5 of this By-Law.
- (g) Where the Medical Advisory Committee recommends to the Board that an application for appointment, re-appointment or requested privileges not be granted, the Board shall not consider such recommendation of the Medical Advisory Committee until it is determined as to whether a hearing is required.
- (h) Pursuant to section 37 of the *Public Hospitals Act*, the Board may refuse to appoint an applicant to the Credentialed Professional Staff.

#### **4.5 Temporary Appointment/Privileges**

- (a) Notwithstanding any other provision of this By-law, the Chief Executive Officer, after consulting with the Chair of the Medical Advisory Committee, may:
  - (i) grant a temporary appointment and temporary privileges to a Physician, Dentist, Midwife, or Registered Nurse in the Extended Class, provided that the appointment shall not extend beyond the date of the next Medical Advisory Committee meeting at which time the action taken shall be reported;
  - (ii) continue the temporary appointment and temporary privileges on the recommendation of the Medical Advisory Committee until the next Board meeting; and
  - (iii) remove a temporary appointment and temporary privileges at any time prior to any action by the Board.
- (b) A temporary appointment may be made for any reason, including:
  - (i) to meet a specific singular requirement by providing a consultation and/or operative procedure; or

- (ii) to meet an urgent unexpected need for a medical, dental, midwifery, or extended class nursing service.
- (c) In the case of (b) (i) or (ii) above, a formal application in accordance with the Professional Staff Credentialing Policy and Professional Staff Credentialing Procedure is not required.
- (d) The Board may, after receiving the recommendation of the Medical Advisory Committee, continue a temporary appointed for such period of time and on such terms as the Board determines.
- (e) If the term of the temporary appointment has been completed before the next Board meeting, the appointment shall be reported to the Board.
- (f) The temporary appointment shall specify the category of appointment and any limitations, restrictions, or special requirements.
- (g) Before temporary privileges may be granted, the Corporation must be in receipt of:
  - (i) confirmation of registration with the appropriate regulatory body; and
  - (ii) confirmation of professional liability insurance through the Canadian Medical Protective Association or other relevant professional practice insurance coverage appropriate for the scope of patient services to be provided.

#### **4.6 Reappointment and Performance Review**

- (a) (i) Paragraph 4.2 (a) shall apply to applications for reappointment with necessary changes to points of detail; and
- (ii) The Chief Executive Officer, or delegate, shall provide the applicant with information as to how to access any updates or amendments to the documentation listed in paragraph 4.2 (b) implemented since the date of the applicant's most recent application.
- (b) The Medical Advisory Committee shall establish and approve a process for the regular performance review of each Member of the Credentialed Professional Staff.
- (c) The applicant's application for reappointment shall contain the following:
  - (i) a restatement, confirmation or declaration of the items requested in clauses 4.2 (d) (i), (ii), (iii), (iv), (vi), (vii), (viii), (x), (xi), (xii), (xiii), (xiv) and (xviii);

- (ii) either:
  - (a) a declaration that all information relating to clauses 4.2 (d) (i), (ii), (iii), (iv), (vi), (vii), (viii), (x), (xi), (xii), (xiii), (xiv) and (xviii) on file at the Hospital from the applicant's most recent application is up-to-date, accurate and unchanged as of the date of the current application; or
  - (b) a description of all material changes to the information requested in clauses 4.2 (d) (i), (ii), (iii), (iv), (vi), (vii), (viii), (x), (xi), (xii), (xiii), (xiv) and (xviii) on file at the Hospital since the applicant's most recent application.
- (iii) an acknowledgement that the Hospital will be reviewing the information maintained by the College with respect to their Certificate of Registration that is publicly available and that the Applicant may be required to provide full disclosure as contemplated in clause 4.2 (d) (vii), in the event that the information discloses new restrictions, referrals or findings;
- (iv) a report from the Department Head reviewing the applicant's performance for the past year, which report shall contain information and evidence relating to the applicant's:
  - (a) ability to communicate with patients and staff, together with any information regarding patient, employee or other Credentialed Professional Staff member regarding the applicant, standard of care, disruptive behaviour, or other matters, if any;
  - (b) the applicant's health, relative to the ability to fulfill the role within the organization during the past year;
  - (c) the applicant's plans for any changes in type or level of service provided and reasons therefore;
  - (d) the applicant's retirement report beginning in the year in which a retirement date has been determined and updated each time there is an agreed upon change in conditions of their appointment. Retirement dates should be determined as far in advance as possible but no later than twelve (12) months in advance of the appointee giving up their Active or Modified Active status in order to help with succession planning;

- (e) the applicant's ability to work in a collegial manner with the Board, medical and administrative leadership, staff, students, other members of the Credentialed Professional Staff, and volunteers within the Corporation;
  - (f) "on-call" responsibilities, if any;
  - (g) staff and committee responsibilities;
  - (h) quality of care issues;
  - (i) discharge of clinical, teaching and research responsibilities;
  - (j) monitoring of patients, together with evidence of appropriate and completed clinical record documentation;
  - (k) appropriate and efficient use of Hospital resources;
  - (l) general compliance with the *Public Hospitals Act* and the Hospital's Mission, Vision and Values, the Hospital's By-Laws, Rules and Regulations, Policies, including policies regarding workplace conduct and Health and Safety Guidelines, and ethical guidelines;
  - (m) changes to the Member's affiliation with Schulich Medicine & Dentistry or any concerns identified by the University regarding the Credentialed Professional Staff member's performance, if any; and
  - (n) such other information that the Board may require, from time to time, having given consideration to the recommendations of the Medical Advisory Committee.
- (v) where the Department has a Service of which the applicant is a member, the Medical Leader of the Service shall make a recommendation to the Department Head, which recommendation shall be considered by the Department Head in their report; and
- (vi) where appropriate, the Department Head shall seek input from the appropriate Chair of the Department of Schulich Medicine & Dentistry.
- (d) Any application for reappointment in which:
- (i) the applicant requests a change to their Credentialed Professional Staff category; and



- (ii) the Department Head believes that such a change is likely to increase demand on Hospital resources from the previous year, shall be subject to a Credentialed Professional Staff human resources review, including a full financial impact assessment.
- (e) The applicant shall forward to the Chief Executive Officer, or delegate the application for reappointment. The Chief Executive Officer or delegate shall refer the application to the Department Head. Thereafter the procedure followed shall be the same procedure as set out in Article 4.4 of this By-Law, with necessary changes to points of detail.
- (f) Where the applicant holds a University appointment, the Department Head will review the clinical and academic responsibilities and performance of the applicant, and the Department Head will make a recommendation on the appropriate division of the applicant's clinical and academic responsibilities to the Medical Advisory Committee, through the Credentials Committee.
- (g) If, in the view of the Department Head, the applicant does not meet the previously agreed upon clinical and academic responsibilities, the Department Head may review the applicant's continuing Credentialed Professional Staff Appointment, and at the Department Head's discretion, may make an appropriate recommendation to the Medical Advisory Committee.
- (h) The Board may, in accordance with the *Public Hospitals Act*, refuse to reappoint any applicant to the Credentialed Professional Staff on any grounds except those barred by legislation, including the following:
  - (i) the Department and/or Clinical Services, based on its Credentialed Professional Staff Human Resources Plan does not have sufficient resources;
  - (ii) the Department Head's recommendation contained in their report which reviews the applicant's performance for the previous year;
  - (iii) if membership in either the Royal College of Physicians and Surgeons of Canada or the College of Family Physicians of Canada is required for appointment pursuant to Section 4.3 of this By-Law, if the applicant has failed to hold and maintain in good standing, whether for failure to pay dues or otherwise, membership in the applicable College, and
  - (iv) the applicant's Clinical Academic appointment has been changed from full-time.

#### **4.7 Application for Change in Privileges or Procedural Privileges**

- (a) Each Credentialed Professional Staff member who wishes to change their privileges shall submit to the Chief Executive Officer an application on the prescribed form listing the change of privileges requested, and provide evidence of appropriate training and competence, and such other matters as the Board may require.
- (b) The Chief Executive Officer shall retain a copy of each application received and shall refer the original application forthwith to the Medical Advisory Committee, through the Chair of the Medical Advisory Committee, who shall then refer the original application forthwith to the Chair of the Credentials Committee, with a copy to the relevant Department Head.
- (c) The Credentials Committee shall investigate the applicant's professional competence, verify their qualifications for the privileges requested, receive the report of the Department Head, and prepare and submit a report of its findings to the Medical 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.
- (d) The application shall be processed in accordance with the requirements of Sections 4.2 and 4.4 of this By-Law.

#### **4.8 Leave of Absence**

- (a) Subject to paragraph (c) below, when a member of the Credentialed Professional Staff temporarily ceases to practise for a period of twelve (12) months or less, application for a leave of absence from the Credentialed Professional Staff may be made for medical, parental leave, education, training, sabbatical, or other reasons. Such application, stating the effective dates and reasons, shall be made to the Chief Executive Officer or designate who in turn shall forward the application to the Medical Advisory Committee for consideration at its next regular meeting. The Medical Advisory Committee shall make its recommendation to the Board in respect of the leave that pertains to the balance of the member's current appointment. Any request for a leave of absence that extends beyond the current appointment must be requested in the Credentialed Professional Staff member's reapplication.
- (b) If such leave of absence is granted, the Credentialed Professional Staff member may make an application for re-appointment to the Credentialed Professional Staff in accordance with this By-Law.

- (c) Notwithstanding other provisions contained in this By-Law, in the event the leave of absence is for any reason other than medical or parental leave, the granting of the leave is conditional upon:
  - (i) the Credentialed Professional Staff member coordinating coverage for their clinical responsibilities; and
  - (ii) the Department Head confirming in writing to the Chair of Medical Advisory Committee that the absence will not negatively impact the Department's ability to meet its on-call responsibilities.
- (d) Upon the Credentialed Professional Staff member's return from a leave of absence, the relevant Department Head and the Credentialed Professional Staff member shall be required to jointly sign an agreed upon transition plan that will be considered by the Chair of the Medical Advisory Committee to ensure the member's clinical competencies were not prejudiced during their absence.

## **ARTICLE 5 - MONITORING, SUSPENSION, RESTRICTION AND REVOCATION OF APPOINTMENT**

### **5.1 Monitoring Practices and Transfer of Care**

- (a) Any aspect of patient care or Credentialed Professional Staff conduct may be reviewed without the approval of the Professional Staff member by the Chair of the Medical Advisory Committee or the Department Head, or their delegate. If any actions are taken under this article, prompt notice shall be given to the impacted Credentialed Professional Staff, unless there is a *bona fide* reason not to provide such notice promptly. In these circumstances, notice shall be given once the *bone fide* reason not to provide prompt notice has been addressed, or a conclusion has been reached that the matter is unworthy of investigation. Reasons not to provide prompt notice may include a serious risk or imminent harm of patients or staff.
- (b) Where any Credentialed Professional Staff member or Hospital staff reasonably believes that a Credentialed Professional Staff member is incompetent, attempting to exceed their privileges, incapable of providing a service that they are about to undertake, or acting in a member that exposes or is reasonably likely to expose any patient, health care provider, employee or any other person at the Hospital to harm or injury, such individual shall communicate that belief forthwith to one of the Chair of the Medical Advisory Committee, the Department Head, or the CEO, so that appropriate action can be taken. Where the information relates to a RN EC staff member, it may also be communicated to the Chief Nursing Executive.

- (c) The Department Head, on notice to the Chair of the Medical Advisory Committee, or the Chair of the Medical Advisory Committee where they believe 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 their Program and to make recommendations to the attending Credentialed Professional Staff member or any consulting Credentialed Professional Staff member involved in the patient's care and, if necessary, to the Medical Advisory Committee. If it is not practical to give prior notice to the Chair of the Medical Advisory Committee, then notice shall be given as soon as possible.
- (d) If the Chair of the Medical Advisory Committee and/or Department Head become aware that, in their opinion, a serious problem exists in the diagnosis, care or treatment of a patient, the officer shall forthwith discuss the condition, diagnosis, care and treatment of the patient with the attending Credentialed Professional Staff member. If changes in the diagnosis, care or treatment satisfactory to the Chair of the Medical Advisory Committee or the Department Head, as the case may be, are not made, they, or their delegate, shall assume the duty of investigating, diagnosing, and treating the patient.
- (e) Where the Chair of the Medical Advisory Committee and/or Department Head have cause to take over the care of a patient, the CEO, the Chair of the Medical Advisory Committee, or Department Head, as the case may be, the attending Credentialed Professional Staff member, and the patient or the patient's substitute decision maker shall be notified as in accordance with the Medical Advisory Committee within forty-eight (48) hours of their action.
- (f) Where the Medical Advisory Committee concurs in the opinion of the Chair of the Medical Advisory Committee and/or Department Head, who has taken action under Section 5.1 (d) that the action was necessary, the Medical Advisory Committee shall forthwith make a detailed written report to the CEO and the Board of the problem and the action taken.

## **5.2 Suspension, Restriction or Revocation of Privileges**

- (a) The Board may, at any time, in a manner consistent with the *Public Hospitals Act* and this By-Law suspend, restrict, or revoke the appointment of a Credentialed Professional Staff member. Any administrative or leadership appointment of the Credentialed Professional Staff member shall automatically terminate upon the suspension, restriction, or revocation of privileges unless otherwise determined by the Board.
- (b) If the Chair of the Medical Advisory Committee and/or the Department Head request a meeting with a Credentialed Professional Staff member for the purpose of interviewing that Credentialed Professional Staff

member about any matter, the Credentialed Professional Staff member shall attend the interview at a mutually agreeable time but within fourteen (14) days of the request. If the Credentialed Professional Staff member so requests, they may bring a representative with them to the meeting. The Chair of the Medical Advisory Committee and/or Department Head may extend the date for attendance at the interview at their discretion. If requested by the Chair of the Medical Advisory Committee and/or the Department Head, the Professional Staff member attending the meeting shall produce any documents requested by the Chair of the Medical Advisory Committee and/or Department Head for discussion at the meeting.

- (c) Where an application for appointment or reappointment is denied or the privileges of a Credentialed Professional Staff member have been suspended, restricted or revoked, by reason of incompetence, negligence, or misconduct, or the member resigns from the Credentialed Professional Staff during the course of an investigation into their competence, negligence or misconduct, the CEO shall prepare and forward a detailed written report to the member's regulatory body, no later than thirty (30) days; such report may also be given to the Dean, Director, or similarly named officer of any affiliated organization in which the Member holds an appointment.

### **5.3 Immediate Action**

- (a) Where the behaviour, performance, or competence of a Credentialed Professional Staff member:
  - (i) exposes, or is reasonably likely to expose patient(s) or employees or other persons to harm or injury, and immediate action must be taken to protect the patients, staff, or other persons; or
  - (ii) has previously been sanctioned by the Medical Advisory Committee or the Board and, given the circumstances, it is deemed to be a continuation of such previously sanctioned behaviour, performance or competence; the Chair of Medical Advisory Committee, with the support of the Department Head, or their designate, may immediately and temporarily suspend the Credentialed Professional Staff member's privileges, with immediate notice to the President of the Professional Staff Association, the CEO or their designate, and pending a Medical Advisory Committee meeting and a hearing by the Board.
- (b) Before the CEO or the Chair of the Medical Advisory Committee takes action to authorize in Section 5.3 (a), they shall first consult with one of the other of them. If such prior consultation is not possible or practicable under the circumstances, the person who takes the action shall provide

immediate notice to the others, including the applicable Department Head, applicable Physician Leaders of the division. The person who takes the action authorized in Section 5.3 (a) shall forthwith submit a written report on the action taken with all relevant materials and/or information to the Chair of the Medical Advisory Committee.

- (c)
  - (i) The Chair of Medical Advisory Committee, with the support of the Department Head shall immediately notify the Professional Staff member, the Medical Advisory Committee, and the Board of their decision to suspend the Credentialed Professional Staff member's privileges.
  - (ii) The Regulatory reporting requirements shall be applicable to the Chair of Medical Advisory Committee.
- (d) Arrangements, as necessary, shall be made by the Chair of the Medical Advisory Committee, with the support of the Department Head for the assignment of a substitute to care for the patients of the suspended Credentialed Professional Staff member.
- (e) Participation of any member of the Medical Advisory Committee in the suspension of the Credentialed Professional Staff member's privileges does not preclude such member from chairing, participating or voting at the Medical Advisory Committee meeting.

#### **5.4 Non-Immediate Action**

- (a) The CEO, the Chair of the Medical Advisory Committee, or the applicable Department Head may recommend to the Medical Advisory Committee that the privileges of any Credentialed Professional Staff member be suspended, restricted, or revoked in any circumstance where in their opinion the member's capacity, conduct, or competence:
  - (i) fails to comply with the criteria for annual reappointment; or
  - (ii) exposes or is reasonably likely to expose patient(s) or staff to harm or injury; or
  - (iii) is, or is reasonably likely to be, detrimental to patient safety or to the delivery of quality patient care within the Hospital; or
  - (iv) is reasonably likely to constitute disruptive behaviour; or
  - (v) is a breach of the responsibilities, accountabilities and/or expectations pursuant to this By-Law, the Policies, Rules, the Professional Staff members letter of offer (or any subsequent amendment) contract for services; or

- (vi) include any health problem that significantly affects the Credentialed Professional Staff member's ability to carry out their Professional Staff responsibilities; or
  - (vii) results in the imposition of sanctions by the Regulatory College; or
  - (viii) results in the Member's affiliation with Schulich Medicine & Dentistry being changed in any way or terminated; or
  - (ix) is, or is reasonably likely to be, detrimental to the Corporation's operations; or
  - (x) has violated the *Public Hospitals Act*, or the By-Laws, Rules and Regulations, Policies, including, and without limitations, workplace conduct or Health and Safety Guidelines, ethical guidelines and the Hospital's Mission, Vision and Values of the Corporation, and immediate action is not required, then action may be initiated in keeping with the non-immediate procedures of this By-Law.
- (b) Where information is provided to the CEO, Chair of the Medical Advisory Committee, or the applicable Department Head, which raises concerns about any of the matters in paragraph 5.4 (a) above, the information shall be in writing, or recorded in writing, and shall be directed to the CEO, Chair of the Medical Advisory Committee, or Department Head.
- (c) If either of the Chief Executive Officer, Chair of Medical Advisory Committee, or Department Head receives information, which raises concerns about any of the matters in paragraph 5.4 (a), they shall inform the other individuals and forthwith provide the individual(s) with a written report of the information together with any supporting documentation.
- (d) An interview shall be arranged with the member within fourteen (14) days of receipt of information/written report. The interview shall be conducted by the Department Head and/or Chair of Medical Advisory Committee.
- (e) The Credentialed Professional Staff member shall be advised of the information about their behaviour, performance or competence and shall be given a reasonable opportunity to present relevant information on their own behalf.
- (f) A written record shall be maintained reflecting the substance of the interview and copies shall be sent to the Credentialed Professional Staff member, the Corporate Medical Executive, Department Head, Chief Executive Officer and Chair of Medical Advisory Committee.

- (g) If the Credentialed Professional Staff member fails to, or declines to, participate in the interview after being given a reasonable opportunity, appropriate action may be initiated in accordance with the Hospital's By-Laws, Polices and Rules and the Act.
- (h) The Chief Executive Officer, Chair of Medical Advisory Committee, or the Department Head may, at their sole discretion, determine whether further investigation is necessary.
- (i) The investigation may be assigned to an individual(s) within the Hospital, the Medical Advisory Committee, a body within the Hospital other than the Medical Advisory Committee or an external consultant.
- (j) Upon completion of the investigation, the individual or body who conducted the investigation shall forward a written report to the Chief Executive Officer, Chair of the Medical Advisory Committee and Department Head, The Credentialed Professional Staff member shall also be provided with a summary copy of the written report.
- (k) The Chief Executive Officer, the Chair of the Medical Advisory Committee and the Physician Executive Leader shall review the report and determine whether any further action may be required, including, without limitation, whether the matter should be dealt with as an immediate mid-term action pursuant to Section 5.3 or referred to the Medical Advisory Committee for consideration pursuant to Section 5.5.

## **5.5 Referral to Medical Advisory Committee for Recommendations**

- (a) Where it is determined that further action may be required and the matter relates to the dismissal, suspension, or restriction of a Credentialed Professional Staff member's hospital privileges, the matter shall be referred to the Medical Advisory Committee, which may dismiss the matter for lack of merit or initiate further investigation, or determine to have a meeting of the Medical Advisory Committee.
- (b)
  - (i) Where the Medical Advisory Committee initiates another investigation (through internal or external investigations), it shall ensure that the investigation is completed as soon as practical.
  - (ii) Upon completion of the investigation, the Medical Advisory Committee may either dismiss the matter for lack of merit or determine to have a special meeting of the Medical Advisory Committee.
- (c) All requests for a recommendation for immediate action must be submitted to the Medical Advisory Committee in writing and supported by reference to the specific activities, conduct or concern which constitute grounds for



the request and same must be given to the Credentialed Professional Staff member at the same time with the request to the Medical Advisory Committee.

- (d) Where the matter is referred to the Medical Advisory Committee, a copy of any reports made by a body or consultant with respect to the matter shall be forwarded to the Medical Advisory Committee.
- (e) The Medical Advisory Committee may initiate further investigation itself, establish an Ad Hoc Committee to conduct the investigation, refer the matter to an external consultant, dismiss the matter for lack of merit or determine to have a Section 5.6 meeting of the Medical Advisory Committee.
- (f) Where the Medical Advisory Committee establishes an Ad Hoc Committee to conduct the investigation or refers the matter to an external consultant, that individual or body shall forward a written report of the investigation to the Medical Advisory Committee as soon as practicable after the completion of the investigation.
- (g) Upon completion of its own investigation or upon receipt of the report by the body that conducted the investigation, as the case may be, the Medical Advisory Committee may either dismiss the matter for lack of merit or determine to have a Section 5.6 meeting of the Medical Advisory Committee.
- (h) Within twenty-one (21) days after receipt by the Medical Advisory Committee of the request for a recommendation for immediate action, unless deferred, the Medical Advisory Committee shall determine whether Section 5.6 meeting of the Medical Advisory Committee is required to be held.
- (i) If additional time is needed for the investigative process, the Medical Advisory Committee may defer action on the request. The Medical Advisory Committee must act within thirty (30) days of the deferral.
- (j) If the Medical Advisory Committee determines that there is merit to proceed to a Section 5.6 meeting of the Medical Advisory Committee, then the Credentialed Professional Staff member is entitled to attend the meeting.
- (k) Where the Medical Advisory Committee considers the matter at a Medical Advisory Committee meeting for the purposes of potentially making a recommendation to the Board, then the procedure set out herein in Section 5.6 is to be followed.

## 5.6 Medical Advisory Committee Meeting

- (a) At least fourteen (14) days prior to the Medical Advisory Committee meeting the Credentialed Professional Staff member and the Medical Advisory Committee shall be given written notice of the Medical Advisory Committee meeting. The notice shall include:
  - (i) the date, time and place of the meeting;
  - (ii) the purpose of the meeting;
  - (iii) a statement that the Credentialed Professional Staff member will be provided with a statement of the matter to be considered by the Medical Advisory Committee together with any documentation shall be considered by the Medical Advisory Committee as may be determined by the Chair of Medical Advisory Committee or their designate. For clarity, no other documentation will be produced by the Medical Advisory Committee;
  - (iv) a statement that the Credentialed Professional Staff member is entitled to attend the Medical Advisory Committee meeting and to participate fully, to answer all matters considered by the Medical Advisory Committee, and to present documents;
  - (v) a statement that the Credentialed Professional Staff member's legal counsel may attend only to provide confidential legal advice to the Credentialed Professional Staff member, but will not be entitled to make any submissions and/or participate directly in the meeting including examining any witnesses;
  - (vi) a statement that counsel to the Medical Advisory Committee may attend at Medical Advisory Committee meetings, including, without limitation, in-camera deliberations, in order to provide advice to the members of the Medical Advisory Committee and to ensure compliance with applicable Legislation and due process requirements; and
  - (vii) a statement that, in the absence of the Credentialed Professional Staff member, the meeting may proceed.
- (b) The Credentialed Professional Staff member may request and the Medical Advisory Committee may, after considering the reason cited and employing at its absolute sole discretion, grant a postponement of the Medical Advisory Committee meeting. The request for postponement of the meeting must be made in writing at least five (5) days prior to the Medical Advisory Committee meeting and subject to Medical Advisory

Committee scheduling and extraordinary circumstances may not be postponed by more than ten (10) business days.

- (c) At least seven (7) business days prior to the Medical Advisory Committee meeting, the Medical Advisory Committee shall provide the Credentialed Professional Staff member with a short but comprehensive statement of the matter to be considered by the Medical Advisory Committee, together with any relevant documentation, including any reports and other documentation which will be reviewed at the meeting. For clarity no other documentation or witnesses will be produced by the Medical Advisory Committee, unless new information subsequently comes to the attention of the Chair of Medical Advisory Committee of Staff or their designate after the issuance of the comprehensive statement.
- (d) The Credentialed Professional Staff member involved shall be given full opportunity to answer each ground as well as to present documents if so desired, provided that the Credentialed Professional Staff member provides the Medical Advisory Committee with a copy of all additional documentation in the possession, power or control of the Credentialed Professional Staff member that has not been produced by the Medical Advisory Committee that the Credentialed Professional Staff member will be relying on at the special meeting, at least five (5) business days before the meeting.
- (e) The Medical Advisory Committee shall keep minutes of the proceedings and shall provide the Credentialed Professional Staff member with a copy of the approved minutes. Only the open portion of the proceeding shall be detailed, the in-camera portion of the minutes shall record the Medical Advisory Committee's reasons and recommendations.
- (f) Where the Medical Advisory Committee determines that the matter has no merit, this shall be noted in the minutes of the Medical Advisory Committee.
- (g) Before deliberating on the recommendation to be made to the Board, the Chair of Medical Advisory Committee shall require the Credentialed Professional Staff member involved and any other persons present who are not Medical Advisory Committee members to retire.
- (h) The Medical Advisory Committee shall provide to the Credentialed Professional Staff member within fourteen (14) days from the date of the Medical Advisory Committee meeting written notice of:
  - (i) the Medical Advisory Committee's recommendation and the reasons for the recommendation; and

- (ii) the Credentialed Professional Staff member's entitlement to a hearing before the Board if a written request is received by the Board and the Medical Advisory Committee within seven (7) days of the receipt by the Credentialed Professional Staff member of the Medical Advisory Committee's written recommendation;
  - (iii) the time period to provide the written notice required in paragraph 5.6 (h) above may be extended if the Medical Advisory Committee, prior to the expiry of the fourteen (14) days, gives written notice to the Credentialed Professional Staff member that the final recommendation cannot yet be made and provides the Credentialed Professional Staff member with the related reasons.
- (i) The Medical Advisory Committee shall provide to the Board within fourteen (14) days from the date of the Medical Advisory Committee meeting, or such later date where the time period is extended pursuant to paragraph 5.6 (iii) above, written notice of:
  - (i) the Medical Advisory Committee's recommendation and the reasons for the recommendation; and
  - (ii) where an extension was made pursuant to paragraph 5.6 (iii) above, the reasons for the extension.
- (j) Service of a notice to the Credentialed Professional Staff member may be made personally or by registered mail addressed to the person to be served at their last known address and, where the notice is served by registered mail, it shall be deemed that the notice was served on the fifth 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 cause beyond their control receive it until a later date. In the alternative where the Credentialed Professional Staff member is represented by legal counsel, the notice may be served to their legal counsel.
- (k) Where the Credentialed Professional Staff member does not require a hearing by the Board, the Board may implement the recommendation of the Medical Advisory Committee. However, where the Medical Advisory Committee makes a recommendation with respect to the dismissal, suspension or restriction of a Credentialed Professional Staff Member's Hospital privileges and:
  - (i) the Credentialed Professional Staff member has not made any written or oral submissions to the Board, and concerns are raised that the Board believes the Credentialed Professional Staff member should have an opportunity to address, the Board may give the Credentialed Professional Staff member notice that they are

entitled to a Board hearing and shall follow the process set out in Section 5.4 of this By-Law; or

- (ii) information that has not been considered by the Medical Advisory Committee has come to the attention of the Board that the Board believes should be considered by the Medical Advisory Committee prior to the Board acting on the Medical Advisory Committee's recommendation, the Board may refer the new information back to the Medical Advisory Committee for consideration, with the Medical Advisory Committee to provide a revised recommendation to the Board with respect to the dismissal, suspension or restriction of a Credentialed Professional Staff Member's Hospital privileges, as the case may be. The Credentialed Professional Staff member shall be given notice of the revised recommendation as outlined in this section and entitled to a meeting and the process set out in Section 5.4, paragraphs (a) to (k) of this By-Law.
- (l) Participation of any member of the Medical Advisory Committee in an investigation regarding a member does not preclude such member from chairing, participating or voting at a special meeting of the Medical Advisory Committee.
- (m) Subject to the Act and the By-Law, the Medical Advisory Committee has the power to determine its own procedures and practices, including adopting the Board approved rules with necessary changes to points of detail, to manage the meeting in a manner that is just, expeditious and cost effective and may for that purpose, designate the Chair of the Medical Advisory Committee or delegate to:
  - (i) make decisions with respect to the procedures and practices that apply in any particular proceeding;
  - (ii) make such decisions or give such directions in proceedings before the Medical Advisory Committee as they consider proper to prevent abuse of its processes; and
  - (iii) reasonably limit proceedings where they are satisfied that the Medical Advisory Committee has received sufficient information to make a recommendation, including and without limitation by way of placing reasonable limits on documentation, submissions, questions, and deliberations, provided that none of the above shall be construed to excuse or relieve the Medical Advisory Committee from the principles of procedural fairness.

## **ARTICLE 6 - BOARD HEARING**

## 6.1 Board Hearing

- (a) A hearing by the Board shall be held when one of the following occurs:
  - (i) the Medical Advisory Committee recommends to the Board that an application for appointment, reappointment or requested privileges not be granted and the applicant requests a hearing in accordance with the *Public Hospitals Act* within seven (7) days of the date the applicant learns of the recommendation; or
  - (ii) the Medical Advisory Committee recommends to the Board the privileges of a Credentialed Professional Staff member be suspended, restricted or revoked or an appointment be revoked and the member requests a hearing within seven (7) days of the date the Credentialed Professional Staff member learns of the recommendation.
- (b)
  - (i) The Board hearing shall be held within thirty (30) days of the Board receiving the notice from the Credentialed Professional Staff member requesting a hearing or at a later date on consent of the Credentialed Professional Staff member and the Medical Advisory Committee.
  - (ii) The Board may extend the time for the applicant or Credentialed Professional Staff member to make the request for a hearing if it is considered appropriate.
- (c) The Board shall give written notice of the hearing to the applicant or Credentialed Professional Staff member and to the Chair of the Medical Advisory Committee at least seven (7) days before the hearing date.
- (d) The notice of the Board hearing shall include:
  - (i) the place, date and time of the hearing;
  - (ii) the purpose of the hearing;
  - (iii) a statement that the applicant or Credentialed Professional Staff member and Medical Advisory Committee shall be afforded an opportunity at least seven (7) days before to examine a list of witnesses the Medical Advisory Committee intends to call to provide evidence and any written or documentary evidence that shall be produced, or any reports the contents of which shall be given in evidence at the hearing;
  - (iv) a statement that the applicant or Credentialed Professional Staff member may proceed in person or be represented by counsel, call

- witnesses and tender documents in evidence in support of their case;
- (v) a statement that the time for the hearing may be extended by the Board on the application of any party;
  - (vi) a statement that if the applicant or Credentialed Professional Staff member does not attend the meeting, the Board may proceed in the absence of the applicant or Credentialed Professional Staff member, and the applicant or Credentialed Professional Staff member shall not be entitled to any further notice in the hearing; and
  - (vii) a copy of the Board approved rules that will govern the hearing.
- (e) The Credentialed Professional Staff member involved shall be given full opportunity to answer each ground as well as to present documents and witnesses if so desired, provided that the Credentialed Professional Staff member provides the Medical Advisory Committee with:
- (i) a list of witnesses with brief synopsis of purpose for which they are being called; and
  - (ii) a copy of all additional documentation in the possession, power or control of the Credentialed Professional Staff member that has not been produced by the Medical Advisory Committee and that the Credentialed Professional Staff member will be relying on at the special meeting, at least five (5) business days before the meeting.
- (f) The parties to the Board hearing are the applicant or Credentialed Professional Staff member, the Medical Advisory Committee, and such other persons as the Board may specify in compliance with the *Public Hospitals Act*, this By-Law, and applicable Rules, Regulations and Policies.
- (g) Members of the Board holding the hearing shall not have taken part in any investigation or consideration of the subject matter of the hearing and shall not communicate directly or indirectly in relation to the subject matter of the hearing with any person or with any party or their representatives, except upon notice to and an opportunity for all parties to participate. Despite the foregoing, the Board may obtain legal advice.
- (h) In the event that the quorum requirements cannot be met, the Board may in its absolute discretion:

- (i) delegate the responsibility for conducting the Board hearing to a committee of the Board comprised of at least three (3) voting Elected Directors; or
  - (ii) waive the requirement for a quorum; or
  - (iii) with the Credentialed Professional Staff member's consent, proceed directly to the Health Professions Appeal and Review Board for consideration of the Medical Advisory Committee's recommendation.
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- (i) A panel comprised of a subset of the Board or the Board Chair shall have the authority to make determinations regarding pre-hearing matters at the Board's discretion.
  - (j) The findings of fact of the Board pursuant to a hearing shall be based exclusively on evidence admissible or matters that may be noticed under the *Statutory Powers Procedure Act*.
  - (k) No member of the Board shall participate in a decision of the Board pursuant to a hearing unless they are present throughout the hearing and heard the evidence and argument of the parties, and except with the consent of the parties, no decision of the Board shall be given unless all members so present participate in the decision.
  - (l) The Board shall, acting in its absolute sole discretion, make a decision to either follow, not follow, change or alter the recommendation(s) of the Medical Advisory Committee.
  - (m) The Board, in determining whether to make any appointment or reappointment to the Credentialed Professional Staff or approve any request for a change in privileges shall take into account the recommendations of the Medical Advisory Committee, and such other consideration it, in its discretion, considers relevant including, but not limited to, the consideration set out in the Credentialed Professional Staff credentialing procedure.
  - (n) A written copy of the decision of the Board and the reasons for the decision shall be provided to the applicant or member and to the Medical Advisory Committee within fifteen (15) days of the conclusion of the hearing.
  - (o) 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 shall be deemed that the notice was served on the fifth 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 OF THE CREDENTIALLED PROFESSIONAL STAFF**

### **7.1 Categories**

- (a) The responsibilities of the Corporation for patient care, teaching and research make it necessary and appropriate to divide the Credentialed Professional Staff into several different categories and to determine the privileges associated with these categories. The categories established are:
  - (i) Active;
  - (ii) Associate;
  - (iii) Modified Active;
  - (iv) Term;
  - (v) Supportive;
  - (vi) such other categories as may be determined by the Board from time to time, having given consideration to the recommendations of the Medical Advisory Committee.
- (b) The RN EC and Midwife Staff may be divided into such categories as the Board may determine after considering the recommendation of the Medical Advisory Committee.

### **7.2 Active Staff**

- (a) Members of the Active Staff shall consist of physicians, dentists, midwives, RN EC appointed to the Credentialed Professional Staff by the Board who may have a concurrent full-time Clinical Academic Appointment and shall:
  - (i) consist of those applicants appointed from time to time full-time by the Board who are responsible for ensuring that an acceptable standard of care is provided to patients under their care;
  - (ii) be granted procedural privileges as approved by the Medical Advisory Committee, having given consideration to the recommendation of the Department Head and Chair of the Medical Advisory Committee;
  - (iii) be granted admitting privileges as follows:

- (a) a Physician, in the Active Staff category may be granted in-patient and/or outpatient admitting privileges unless otherwise specified in their appointment to the Credentialed Professional Staff;
  - (b) a Dentist in the Active Staff category who is an oral and maxillofacial surgeon may be granted in-patient admitting and/or out-patient privileges unless otherwise specified in their appointment to the Credentialed Professional Staff; and
  - (c) a Dentist in the Active Staff category may be granted in-patient admitting privileges in association with a Physician who is a Member of the Credentialed Professional Staff with Active privileges and/or out-patient privileges unless otherwise specified in their appointment to the Credentialed Professional Staff.
- (iv) be entitled to apply for annual reappointment as provided in this By-Law;
  - (v) be eligible to attend and vote at meetings of the Credentialed Professional Staff Organization;
  - (vi) be required to commit to an appointment at the Hospital which reflects the level of privileges, responsibilities and commitment to the Hospital, including participating in the on-call schedule developed by the Department Head;
  - (vii) be bound by the expectations for attendance, as established by the Medical Advisory Committee, at Credentialed Professional Staff Organization, Department and Service meetings;
  - (viii) undertake such duties in respect of those patients classed as emergency cases, as may be specified by the Department Head or the Chair of the Medical Advisory Committee;
  - (ix) be bound by the performance expectations for reappointment as outlined in Article 4.6 (c) (iv) of the Hospital By-Laws; and
  - (x) perform such other duties as may be prescribed by the Medical Advisory Committee or Board from time to time.

### **7.3 Associate Staff**

- (a) Members of the Associate Staff shall consist of physicians and dentists, newly appointed to the Credentialed Professional Staff by the Board who

hold a full-time Clinical Academic appointment. This shall be for a period of twelve (12) months:

- (i) each Associate Credentialed Professional Staff Member shall have admitting privileges unless otherwise specified in the appointment;
- (ii) an Associate Credentialed Professional Staff Member shall work for a probationary period under the supervision of an Active Credentialed Professional Staff Member named by the Department Head;
- (iii) in advance of the sixth (6) month into the probationary period, the Member of the Associate Staff shall be reviewed by the Department Head or delegate who shall submit a written report to the Credentialing Committee. Each report shall include information concerning the knowledge and skill which has been shown by the Associate Staff Member, the nature and quality of their work in the Hospital, including comments on the utilization of Hospital resources and the Associate Staff Member's ability to function in conjunction with the other members of the Hospital staff;
- (iv) at the end of a twelve (12) month probationary Associate appointment, the Department Head may recommend a change of status to the Active Staff category. As part of the change of status process, the Member of the Associate Staff shall be reviewed by the Department Head who shall submit a written report to the Credentialing Committee. Each report shall include information concerning the knowledge and skill which has been shown by the Associate Staff Member, the nature and quality of their work in the Hospital, including comments on the utilization of Hospital resources; the Associate Staff Member's ability to function in conjunction with the other Members of the Hospital staff; and a statement indicating the category of Staff appointment for which the Physician, or Dentist, Cis being recommended;
- (v) any such change of status appointment to the Active Staff will be in effect only for the period of time remaining in the current appointment year and may be carried out without the requirement of a written application for reappointment by the physician. Thereafter, the physician will complete a written application for all further reappointments at the regularly scheduled times;
- (vi) if the report and recommendation made as part of the change of status process are not favourable to the Associate Staff Member, the Medical Advisory Committee may recommend an extension of the probationary Associate status not to exceed twelve (12) months;

- (vii) should the extended period of the Associate status be in effect beyond the date of the next annual reappointment time, the appointment as Associate status shall be deemed to continue until completion of the extended period or unless revoked by the Board as per Section 5.1;
- (viii) each recommendation as in subsection 7.3 (a) (iii) and (iv) shall be reviewed by the Credentialing Committee of the Medical Advisory Committee;
- (ix) at any time, an unfavourable report may cause the Medical Advisory Committee to make a recommendation that the appointment of the Associate Credentialed Professional Staff Member be terminated;
- (x) the Department Head, upon the request of an Associate Credentialed Professional Staff Member or a supervisor, may assign the Associate Credentialed Professional Staff Member to a different supervisor for a further probationary period; and
- (xi) an Associate Credentialed Professional Staff Member shall;
  - (a) attend patients, and undertake treatment and operative procedures under supervision only in accordance with the kind and degree of privileges granted by the Board;
  - (b) be subject to the Credentialed Professional Staff By-Laws, rules and regulations of the Hospital, and Hospital policies;
  - (c) undertake such duties in respect of those patients classed as emergency cases as may be specified by the Department Head; and
  - (d) participate in an equal manner in the on-call schedule unless otherwise exempted by the Credentialed Professional Staff Rules and Regulations.

#### **7.4 Modified Active Staff**

- (a) The Modified Active Staff category has been created by the Board to allow the Hospital to, as required by its Credentialed Professional Staff Human Resources Committee, approve privileges for Members of the Credentialed Professional Staff who hold a full-time Clinical Academic appointment and who, under the recommendation of the Department Head and Medical Advisory Committee, are willing to reduce their Departmental responsibilities and function within a reduced scope of

practice and services agreed upon under Article 4.2 (d) (ii) (a) of their initial appointment, or of their most recent reappointment. No person shall hold the Modified Active Staff category for more than two (2) years.

- (b) The Board's responsibility to ensure a succession plan for Members of its Credentialed Professional Staff may require that from time to time a Modified Active Staff Member's privileges may be further reduced, revoked or not renewed in favour of granting privileges to a new or existing Active Staff Member. Notice, in advance of the next reappointment cycle, will be given to the Modified Active Staff Member if their privileges will be altered. Role and access to Hospital resources will be based on need and availability of Hospital resources.
- (c) Members of the Modified Active Staff:
  - (i) shall consist of those Members appointed from time to time by the Board, who have reduced their Departmental responsibilities and function within a reduced scope of practice agreed upon by the Department Head and maintain clinical and academic activities within the Corporation;
  - (ii) shall be bound by the performance expectations for reappointment as outlined in Article 4.6 of the Hospital By-Laws;
  - (iii) shall be granted privileges as approved by the Board having given consideration to the recommendation of the Department Head and the Medical Advisory Committee;
  - (iv) shall be granted in-patient and/or out-patient admitting privileges, unless otherwise specified in their appointment to the Credentialed Professional Staff;
  - (v) shall be eligible to apply for annual reappointment;
  - (vi) shall be eligible to attend and vote at meetings of the Credentialed Professional Staff Organization; and
  - (vii) shall be bound by the expectations for attendance at Credentialed Professional Staff Organization, Department and Service meetings.
- (d) The Modified Active Staff appointment is a discrete appointment which does not create entitlements which carry forward in the subsequent annual applications for reappointment to the Medical Staff.

## 7.5 Term Staff

- (a) Term Staff will consist of applicants who may be granted admitting and/or procedural privileges as approved by the Board, having given consideration to the recommendation of the Department Head and the Medical Advisory Committee, in order to meet a specific clinical or academic need for a defined period of time not to exceed one (1) year unless further extension is supported by the Department Head. Term refers to any continuous clinical appointment that does not have a full-time Clinical Academic appointment, and includes Locum Tenens. The specific clinical or academic need(s) shall be identified by the Medical Advisory Committee and approved by the CEO of the Hospital or delegate. A Member may reapply for a Term appointment, where such application is supported by the recommendation of the Department Head and the Medical Advisory Committee in order to meet a specific clinical need for a defined period of time not to exceed one (1) year.
  
- (b) Term Staff:
  - (i) shall, if replacing another Member of the Credentialed Professional Staff, attend that Credentialed Professional Staff Member's patients;
  - (ii) shall undertake such duties in respect of those patients classed as emergency cases and of out-patient department clinics as may be specified by the Department Head;
  - (iii) attend patients assigned to their care and shall treat such patients within the kind and degree of professional privileges granted to him or her by the Board on the recommendation of the Medical Advisory Committee;
  - (iv) shall, unless otherwise specified in the grant of privileges by the Board, have admitting privileges.
  
- (c) Term Staff will not normally, subject to determination by the Board in each individual case:
  - (i) be eligible for re-appointment, unless further extension is supported by the Department Head;
  - (ii) attend or vote at meetings of the Credentialed Professional Staff or be an officer of the Credentialed Professional Staff or committee chair; and
  - (iii) be bound by the expectations for attendance at Credentialed Professional Staff, Departmental and Service meetings.

- (d) The Term Staff appointment is a discrete appointment which does not create entitlements which carry forward in the subsequent annual applications for reappointment to the Medical Staff.

## **7.6 Supportive Staff**

- (a) The Supportive Staff shall consist of those Members of the Credentialed Professional Staff who are granted privileges by the Board to provide support to patients and/or members of patients' families.
- (b) Supportive Staff:
  - (i) shall provide patients and their families with information and act as a liaison between the most responsible physician and the patient;
  - (ii) shall be eligible for annual reappointment as provided in this By-Law;
  - (iii) may input information into the patient record and progress notes but shall not make or record any orders; and
  - (iv) shall be eligible to attend Department, Service and Credentialed Professional Staff Organization meetings.
- (c) Supportive Staff shall not:
  - (i) have admitting privileges or procedural privileges, or provide direct patient care or conduct clinical trials; and
  - (ii) be eligible to vote or be bound by attendance requirements of Department, Service or Credentialed Professional Staff Organization meetings.
- (d) The Supportive Staff appointment is a discrete appointment which does not create entitlements which carry forward in the subsequent annual applications for reappointment to the Medical Staff.

## **7.7 Extended Class Nursing (RN EC) and Midwifery Staff**

- (a) The Board, after considering the advice of the Medical Advisory Committee, will delineate the privileges for each RN EC and Midwifery staff member who is not an employee of the Corporation.
- (b) Each new applicant for appointment to the RN EC and Midwifery staff shall be appointed for an initial probationary period of one year.

- (c) Before completion of the one-year probationary period, the Physician Department Executive, in consultation with the Corporate Nursing Executive and/or Midwifery Department Executive, respectively shall complete a performance evaluation for an RN EC and/or Midwifery staff member on the knowledge and skill that has been shown by the RN EC and Midwifery credentialed professional staff member, the nature and quality of their work, their performance and compliance with the criteria set out in Section 4.6, and such report shall be forwarded to the Credentials Committee.
- (d) The Credentials Committee shall review the report and shall make a recommendation to the Medical Advisory Committee, which shall, in turn, make a recommendation to the Board.

## **7.8 Retirement of Credentialed Professional Staff**

- (a) Credentialed Professional Staff Members who hold a full-time Clinical Academic appointment will be eligible for appointment to the Credentialed Professional Staff until such time as the Member reaches their predetermined retirement date. Retirement dates should be determined as far in advance as possible and no later than twelve (12) months in advance of the appointee giving up their current status in order to help with succession planning. Retirement notice shall be given in writing to the Department's Department Head. Upon reaching a retirement date, the Member of the Credentialed Professional Staff, may:
  - (i) retire; or
  - (ii) apply for appointment to the Honorary Staff status.

## **ARTICLE 8 - DEPARTMENTS**

### **8.1 Credentialed Professional Staff Departments**

- (a) Each Credentialed Professional Staff Member will be appointed to one (1) Department, which will be the primary department. Appointment may extend to one (1) or more additional Departments, as secondary departments. These cross appointments are dependent on education, interest, and working affiliation with members of other Departments. All these cross appointments shall be aligned with the Credentialed Professional Staff Human Resources Plans of Departments.
- (b) The Board, having given consideration to the recommendation of a search committee appointed pursuant to Article 9.5 of this By-Law, will appoint a Head of each Department.



- (c) Each Department shall hold a minimum of six (6) meetings as recommended by the Medical Advisory Committee in each fiscal year and maintain a written record of such meetings together with a record of attendance to be provided to the Chair of the Medical Advisory Committee.
- (d) Members of the Active, Associate, Modified Active, and Term Staff shall attend a minimum of fifty percent (50%) of the regular meetings of the Department(s) with which they are associated.
- (e) The primary purpose of the meetings will be to bring under regular and continuous review and assessment of the effectiveness of all services being rendered by the Department, including an assessment of the quality of care being provided by the Department.
- (f) Department meetings of a clinical teaching type may not serve in lieu of the required regular meetings.

## **8.2 Services in a Department**

- (a) At any time, a Department Head may present to the Medical Advisory Committee for its approval a proposed departmental service structure to which Members of the Credentialed Professional Staff will be assigned.
- (b) Within the departmental leadership structure, the Department Head may assign a Member of the Active Staff to be the Site/Division Head in accordance with the process set out in Article 9.

## **8.3 Changes to Departments and Services**

In consultation with the Medical Advisory Committee, the Board may, at any time, create additional Departments or Services, amalgamate Departments or Services or disband Departments or Services

# **ARTICLE 9 - LEADERSHIP POSITIONS**

## **9.1 Credentialed Professional Staff Leadership Positions**

- (a) The following positions shall be established in accordance with this By-Law:
  - (i) Chair of the Medical Advisory Committee; and
  - (ii) Department Heads.
- (b) The following positions may be established in accordance with this By-Law:

- (i) Vice Chair of the Medical Advisory Committee;
- (ii) Deputy Department Heads; and Site/Division Heads
- (c) Subject to annual confirmation by the Board, the appointment of a professional staff leader shall be for a term of up to five (5) years.
- (d) Notwithstanding any other provision in this By-Law, if the term of office of any professional staff leader expires before a successor is appointed, the Board may extend the appointment of the incumbent.
- (e) An appointment to any position referred to in Article 9.1 (a) and (b) may be made on an interim basis if there is a vacancy in any office referred to in this section or while the person holding any such office is absent or unable to act by the Board.
- (f) The Board shall receive and consider the input of the Medical Advisory Committee before it makes an appointment to a Professional Staff leadership position.
- (g) An appointment to any position referred to in Article 9.1 (a) and (b) may be revoked at any time by the Board.

## **9.2 Appointment of the Chair and Vice-Chair (if applicable) of the Medical Advisory Committee**

- (a) The Chair and Vice Chair (if applicable) of the Medical Advisory Committee will be appointed by the Board.
- (b) The appointment of the Chair and Vice-Chair (if applicable) of the Medical Advisory Committee shall each be up to a maximum five (5) year term.
- (c) The Board may appoint the Chair and Vice-Chair (if applicable) for up to a maximum of one additional five (5) year term upon considering such a recommendation by the Medical Advisory Committee.
- (d) The Board may extend the term of the Chair or Vice-Chair (if applicable) of the Medical Advisory Committee for an additional period of up to one (1) term in 'exceptional circumstances'. The determination of what constitutes 'exceptional circumstances' and the length of the extension shall be determined by the Board. Any such extension shall be approved by simple Board majority.

## **9.3 Responsibilities and Duties of Chair of the Medical Advisory Committee**

- (a) The Chair of the Medical Advisory Committee is accountable to the Board for the following responsibilities:

- (i) supervising and overseeing, through and with the Medical Advisory Committee, the quality of clinical care provided by the Credentialed Professional Staff to all patients in the Hospital;
  - (ii) chairing the Medical Advisory Committee. In chairing, it is also the responsibility of the Chair of the Medical Advisory Committee to report regularly to the Board on the work and recommendations of the Medical Advisory Committee and its component parts and subcommittees, and similarly to the Medical Advisory Committee, and its component parts and subcommittees, on the decisions and actions of the Board as appropriate.
- (b) In addition, the Chair of the Medical Advisory Committee has the following other specific duties:
- (i) will be an *ex-officio* non-voting member of the Board and a voting member of such committees of the Board as provided in the Hospital By-Laws, and such other committees as determined by the Board from time to time;
  - (ii) will be an *ex-officio* member of all committees established by the Medical Advisory Committee and as such may attend at their discretion;
  - (iii) through the Department Heads, the Chair of the Medical Advisory Committee ensures adequate supervision and counsel of any Member of the Credentialed Professional Staff for any period of time when:
    - (a) a Physician, Dentist, Midwife, or RN EC begins practice at the Corporation or is learning a new procedure; and
    - (b) concerns arise about the quality of care of a specific Physician, Dentist, Midwife, or RN EC.
  - (iv) through the Department Heads, the Chair of the Medical Advisory Committee in consultation with the Corporate Medical Executive, when necessary, may assume from or assign to any other Member of the Credentialed Professional Staff responsibility for the direct care and treatment of any patient of the Corporation under the authority of the *Public Hospitals Act*, and shall notify the responsible Credentialed Professional Staff Member, and, if possible, the patient of this reassignment of care;

- (v) the Chair of the Medical Advisory Committee shall participate in the annual performance review of Department Heads in collaboration with the Corporate Medical Executive;
  - (vi) the Chair of the Medical Advisory Committee shall advance Credentialed Professional Staff competency development opportunities to support physicians' practices;
  - (vii) the Chair of the Medical Advisory Committee shall advance Professional Staff credentialing processes in support of regional care delivery;
  - (viii) the Chair of the Medical Advisory Committee shall provide oversight for process and best practices related to Credentialed Professional Staff capacity, competence, and conduct cases; similarly, the duties include implementing procedures to monitor and ensure Credentialed Professional Staff compliance with the *Public Hospitals Act*, the Hospital's By-Laws, Rules and Regulations, Policies, ethical guidelines and the Hospital's Mission, Vision and Values and practice of the staff;
  - (ix) the Chair of the Medical Advisory Committee shall promote and support Credentialed Professional Staff wellness and capacity assessments;
  - (x) the Chair of the Medical Advisory Committee will liaise with the Dean, the Corporate Medical Executive, and the Chair of the Medical Advisory Committee of St. Joseph's Health Care London; and
  - (xi) the Chair of the Medical Advisory Committee, with the support of Medical Affairs, shall ensure an effective mentorship process is in place to support succession planning and the incoming Medical Advisory Committee Chair.
- (c) The Chair of the Medical Advisory Committee shall be subject to annual performance evaluation by the Board of Directors.

#### **9.4 Responsibilities and Duties of the Vice-Chair of the Medical Advisory Committee**

In circumstances where a Vice-Chair of the Medical Advisory Committee is appointed by the Board, their responsibilities shall be:

- (a) The Vice-Chair of the Medical Advisory Committee:

- (i) may in the absence of the Chair of the Medical Advisory Committee, attend Board meetings; and
  - (ii) shall assist the Chair of the Medical Advisory Committee in fulfilling their responsibilities as may be required and mutually agreed upon.
- (b) The Vice-Chair of the Medical Advisory Committee may be subject to annual performance evaluation by the Board of Directors.

## **9.5 Appointment/Reappointment of Department Heads**

- (a) Save for the Head of Midwifery, all newly appointed or reappointed Department Heads shall, with the Board's approval, except under exceptional circumstances, have an academic appointment.
- (b) Where a physician or dentist who is a Member of the Active Staff and holds an appointment in Schulich Medicine & Dentistry has been appointed as the Department Head and where such physician or dentist withdraws from their academic appointment or where their academic status has been reduced or lost, the appointment of the Department Head may be revoked at any time by the Board.
- (c) Annual performance reviews of the Department Head will be conducted by the Corporate Medical Executive and Chair of the Medical Advisory Committee.
- (d) In the event of a vacancy of a Department Head, the Board will direct the Medical Advisory Committee to establish a committee to undertake a search for the express purpose of recommending a candidate for the vacant position. The committee will conduct the search and make a recommendation through the Chair of the Medical Advisory Committee to the Board. The work of the committee will include, but not be limited to, establishing criteria to be used in the selection, making a decision between a local or a national/international search, overseeing the process to obtain candidates, interviewing candidates and agreeing on a process by which to make a final recommendation. Every effort will be made by the Hospital to work collaboratively with Schulich Medicine & Dentistry in conducting the search.
- (e) In the event of a vacancy or extended unplanned absence, an interim Department Head will be appointed. The Corporate Medical Executive in consultation with the CEO will temporarily appoint an interim Department Head and make a recommendation to the Medical Advisory Committee for consideration at their next scheduled meeting. The Interim Department Head appointment will remain in place until the Medical Advisory Committee makes a recommendation to the Board for the appointment of an interim Department Head at their next scheduled meeting.

- (f) The Department Head search committee/reappointment committee will be responsible for vetting and advising the Medical Advisory Committee of the selection of the Department Head or reappointment of the Department Head.
  - (i) The membership will consist of:
    - (a) the Corporate Medical Executive, who will serve as Chair;
    - (b) at least two (2) Credentialed Professional Staff representatives of the Department for which the Department Head is being sought;
    - (c) the CEO or delegate;
    - (d) a President of a Hospital (Victoria, University, or Children's);
    - (e) a representative of the Board, appointed by the Board;
    - (f) Physician representatives from a minimum of two (2) Departments that work closely with the Physician Department Executive, one (1) of whom shall be a member of the Medical Advisory Committee; and
    - (g) the Chair of the Medical Advisory Committee.
  - (ii) In the event that the Corporate Medical Executive is not able to chair, they will delegate another member of the committee to chair the meeting.

## **9.6 Duties of the Department Head**

- (a) Through the Chair of the Medical Advisory Committee, the Department Head is responsible to the Board for the quality of clinical care provided by the Credentialed Professional Staff to all patients by members of the Department.
- (b) Through the Corporate Medical Executive, the Department Head is responsible to the CEO for all matters with respect to the administration of the Department.
- (c) Through the Corporate Medical Executive, the Department Head is responsible to the CEO for all matters with respect to the clinical operations of the department.

- (d) The Department Head, in consultation with the Chair of the corresponding academic department, the Postgraduate Program Directors and Undergraduate Program Supervisors, and the Corporate Medical Executive shall be accountable through the CEO to the Board for the quality of the education programs offered by the Department.
- (e) The Department Head, in consultation with the chair of the corresponding academic department and the Vice President, Research, shall be accountable through the CEO for:
  - (i) promoting and conducting of research undertaken by members of the Department;
  - (ii) keeping the office of the Vice President, Research fully informed with respect to any research program or proposal to be undertaken in the Department;
  - (iii) following Hospital and community guidelines for research policy; and
  - (iv) following policy and procedures of the London Health Science Centre Research Institute.
- (f) The Department Head will collaborate with the Hospital, through the Chair of the Medical Advisory Committee, in the management of any complaint relating to a member of the Department.
- (g) So as to carry out the clinical, academic, and administrative responsibilities of a Department Head in concert with other related Departments, the Department Head shall receive reports of Credentialed Professional Staff standing and ad hoc committees and work with other Department Heads in collaboration with Medical Leaders and Executive Leadership in forming and recommending policies to the Board.
- (h) As a member of the Medical Advisory Committee, the Department Head is responsible to ensure that the *Public Hospitals Act*, *Occupational Health and Safety Act*, and the Health and Safety Guidelines, Rules and Regulations, Policies and ethical guidelines of the By-Laws, in addition to the Mission, Vision and Values of the Corporation, are followed by the Credentialed Professional Staff of their respective Department(s).
- (i) The Department Head or delegate is responsible for forming, revising and interpreting departmental policy to all departmental members with a special emphasis on the need for orientation and policy interpretation to new members of the Department.

- (j) The Department Head is responsible for providing to the Medical Advisory Committee, for its review and approval, a report outlining the departmental clinical and academic responsibilities of the Credentialed Professional Staff as required by the Medical Advisory Committee.
- (k) The Department Head is responsible for ensuring that the resources of the Hospital allocated for the Department are appropriately distributed among the members of the Department.
- (l) The Department Head is responsible to the Chair of Medical Advisory Committee for:
  - (i) compliance with the Legislation, Hospital's By-Laws, Policies and Rules; and
  - (ii) the appropriate utilization of the resources allocated to the Department.
- (m) The Department Head is responsible for advising the Chief Executive Officer and Chair of the Medical Advisory Committee wherever a Credentialed Professional Staff member is alleged to have engaged in, made or exhibited acts, statements, demeanor, behaviours or professional conduct and the same:
  - (i) exposes, or is reasonably likely to expose patients, employees or other persons in the Corporation 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 Corporation; or
  - (iii) is, or is reasonably likely to be, detrimental to the Corporation's operations; or
  - (iv) is, or is reasonably likely to constitute disruptive behaviour; or
  - (v) is a breach of the responsibilities, accountabilities and/or expectations pursuant to this By-Law, the Policies, Rules, the Credentialed Professional Staff members letter of offer (or any subsequent amendment) contract for services; or
  - (vi) any health problem that significantly affects the Credentialed Professional Staff member's ability to carry out their Professional Staff responsibilities; or
  - (vii) results in the imposition of sanctions by the Regulatory College; or



- (viii) is contrary to the Hospital's By-Laws, Policies, Rules, the Act, or any other relevant law or legislative requirement.
- (n) The Department Head is responsible for reviewing and making written recommendations regarding the performance evaluations of members of the Department whose primary affiliation is to the Department, in communication with, if applicable, any other Department Head where the Credentialed Professional Staff member has privileges, annually and concerning reappointments and these recommendations shall be forwarded to the Medical Advisory Committee, through the Credentials & Medical Advisory Committee. The Department Head is responsible for reviewing the reapplication for privileges on an annual basis and participating in the Career Development Performance process, to ensure completion, as defined by the Hospital.
- (o) In addition to duties included elsewhere in this By-Law, with Department members' assistance, duties of the Department Head include:
  - (i) developing of, with the Corporate Medical Executive, and Executive Leadership, and with the advice of the Chair of the corresponding academic department, the Department's goals, objectives and strategic plan participating in the organization and implementation, with the Corporate Medical Executive, Executive Leadership and Physician Leaders of clinical utilization management review within the Department;
  - (ii) participating in the development, with the Corporate Medical Executive, and Physician Leaders, through the Professional Staff Human Resources Committee (PSHRC), and with the advice of the Chair of the corresponding academic department, of a recruitment plan, including a full Impact Analysis, in keeping with the approved Credentialed Professional Staff Human Resources Plan of the Department;
  - (iii) with the advice of the corresponding academic department chair, developing with newly appointed members of the Department a mutually agreed upon accountability statement related to items of patient care and academic responsibility which serve as the basis for individual Members' annual evaluation; and
  - (iv) developing and maintaining a process to both promote and document quality management improvements in the Department including a continuous learning process of members of the Department.
- (p) The duties of the Department Head will also include the responsibility for the oversight of Department members in regard to matters of patient care,

disruptive behaviours, appropriate utilization of resources, academic responsibilities co-operation and collaboration with the department of Medical Affairs and other corporate services, with all Hospital employees, documentation of care and the co-investigation of patient complaints about the performance of a Credentialed Professional Staff member within the Department.

- (q) The Department Head shall appoint an interim Department Head to act on their behalf during temporary absence or in situations where temporary assistance in the duties of the Department Head is required.
- (r) The Department Head has the authority to require any member of the Department to provide evidence of their competency with respect to a particular clinical act, procedure, treatment or operation being performed by the member of the Department in the Hospital.
- (s) The Department Head shall also perform such other duties as are assigned by the Board or Medical Advisory Committee from time to time.

#### **9.7 Appointment/Reappointment of Site/Division Heads**

- (a) Site/Division Heads may be division specific, site specific, or function specific, as deemed necessary by the Department Head.
- (b) The Department Head is responsible to the Medical Advisory Committee and the Corporate Medical Executive for both the service leadership structure and the specific individuals within that proposed structure.
- (c) At the discretion of a Department Head, a division or site Physician Leader, or both, may be appointed. An open nomination process shall be used, and a selection committee established to consider the nominees and make a recommendation to the Department Head. The Department Head, in appointing Physician Leaders, will demonstrate a process of consultation within the Department (and if appropriate, between Departments), with Programs and, if applicable, with Schulich Medicine & Dentistry. The appointment process and job description for each position will be set out in departmental policies.
- (d) Subject to the results of the annual performance evaluations and their reappointment to the Credentialed Professional Staff, division and/or site Physician Leaders will be eligible to serve a maximum of two (2) consecutive five (5) year terms. At the election of a department, the terms may be shorter in duration, but the time served cannot exceed ten (10) consecutive years.
- (e) Under exceptional circumstances, such as when a suitable replacement cannot be found at that time, the Department Head may recommend that

the incumbent's term be extended and, in addition, recommend the length of time of the extension. The Department Head will make a recommendation to the Chair of the Medical Advisory Committee for approval .

### **9.8 Duties of Site/Division Heads**

The Site/Division Head is a delegate of the Department Head. As such, the Physician Leader of the Service has responsibilities and duties similar to those of the Department Head. Duties of the Physician Leader will vary across and within departments. Such duties will focus on the quality of care and operation of the Service and the specific subspecialty practiced through that Service. Such positions will be accountable to the Department Head to support and/or direct the activities of the division, site or program.

### **9.9 Performance Evaluation of Site/Division Heads**

Physician Leader appointments will be subject to annual performance evaluation by the Department Head or in their absence, the Corporate Medical Executive and/or the Chair of the Medical Advisory Committee.

## **ARTICLE 10 - MEDICAL ADVISORY COMMITTEE**

### **10.1 Composition of Medical Advisory Committee**

- (a) The Medical Advisory Committee shall consist of the following voting members:
  - (i) the Chair of the Medical Advisory Committee;
  - (ii) the Vice Chair of the Medical Advisory Committee (if applicable);
  - (iii) the Department Heads (Physicians);
  - (iv) the Head of Dentistry (Dentist);
  - (v) the Head of Midwifery (Midwife);
  - (vi) the President, Vice President and Secretary/Treasurer of the Professional Staff Organization, as elected by the Credentialed Professional Staff;
  - (vii) such other Credentialed Professional Staff members as the Board may appoint on the recommendation of the Medical Advisory Committee and/or Chief Executive Officer.
  
- (b) The following shall be *ex-officio* non-voting members of the MAC:

- (i) the Chief Executive Officer;
  - (ii) the Corporate Medical Executive; and
  - (iii) the Corporate Nursing Executive.
- (c) The following shall have a right of attendance at meetings of the Medical Advisory Committee:
- (i) the Senior Director, Medical Affairs;
  - (ii) the Division Head of Critical Care Medicine
  - (iii) the Elected Directors of the Corporation; and
  - (iv) The Chair of the Board or delegate shall have a standing invitation to attend meetings of the Medical Advisory Committee, without a vote, and shall be copied on all Medical Advisory Committee correspondence as required.
  - (v) The Dean or delegate.
- (d) The Medical Advisory Committee may invite such other person or persons as it may determine from time to time to attend any or all of its meetings, but such invited person(s) shall not have voting privileges.

## **10.2 Accountability of Medical Advisory Committee**

The Medical Advisory Committee is accountable to the Board, in accordance with the *Public Hospitals Act*.

## **10.3 Medical Advisory Committee Duties and Responsibilities**

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

- (a) Make recommendations to the Board concerning the following matters:
  - (i) every application for appointment or reappointment to the Credentialed Professional Staff;
  - (ii) the Privileges to be granted to each Member of the Credentialed Professional Staff;
  - (iii) the Credentialed Professional Staff By-Law; and the Rules and Regulations;

- ;
- (iv) the dismissal, suspension or restrictions of privileges of any Member of the Credentialed Professional Staff;
  - (v) the quality of medical diagnosis, care and treatment provided in the Hospital by the Credentialed Professional Staff.
- (b) Despite clauses 10.3 (a) (i), (ii) and (iv), the duties of the Medical Advisory Committee described in those clauses that relate to the RN EC of the Hospital shall be performed only with respect to those members of the RN EC who are not employees of the Hospital and to whom the Board has granted privileges to diagnose, prescribe for or treat out-patients in the Hospital.
  - (c) Supervise the practice and behaviours of the Credentialed Professional Staff.
  - (d) Appoint the Credentialed Professional Staff Members to all subcommittees of the Medical Advisory Committee.
  - (e) Receive reports of the subcommittees of the Medical Advisory Committee.
  - (f) Receive reports from the appropriate senior leader relating to the Medical Advisory Committee's oversight of the Hospital's research, education related programs and other activities as they may impact quality of care provided by the Credentialed Professional Staff.
  - (g) Assist and advise the Board and the CEO in carrying out the academic requirements of the University, as they apply to the Credentialed Professional Staff.
  - (h) Advise the Board on any matters referred to the Medical Advisory Committee by the Board.
  - (i) Appoint one or more members of the Medical Staff to advise the Joint Health and Safety Committee (JHSC) established under the *Occupational Health and Safety Act* where the Medical Advisory Committee is requested to do so by the JHSC.
  - (j) Assist and advise the Board and the Chief Executive Officer in carrying out the requirements of the University Affiliation agreement as they apply to the Credentialed Professional Staff.
  - (k) Where in respect of the discharge of its duties under clause 10.3 (a) (v), it identifies systemic or recurring quality of care issues in making its recommendations to the Board under Section 2 (a) (v) of the Hospital Management Regulation under the *Public Hospitals Act*, make

recommendations about those issues to the Hospital's quality committee established under the *Excellent Care for All Act*.

- (l) Upon the recommendation of the Department Head of each Department, consider and approve the departmental clinical responsibilities of the Credentialed Professional Staff.

#### **10.4 Medical Advisory Committee Meetings**

- (a) The Medical Advisory Committee shall hold at least ten (10) meetings each year and keep minutes of such meetings.
- (b) Through the department of Medical Affairs, the Hospital shall provide administrative support for the Medical Advisory Committee.
- (c) Quorum shall be fifty percent (50%) plus one (1) of the voting membership.
  - (i) there will be no voting by proxy; or
  - (ii) regrets from voting members do not alter quorum requirements;
  - (iii) quorum is achieved at the beginning of the meeting. Any votes/motions are carried based on the majority of voting members in attendance at the time of the vote/motion.
- (d) Absentee voting members may cast their vote for approval of the Consent Agenda, provided approval is sent electronically to the Chair of the Medical Advisory Committee or delegate no later than five (5) hours prior to the meeting.

#### **10.5 Establishment of Subcommittees of the Medical Advisory Committee**

The Board may, on the recommendation of the Medical Advisory Committee, establish such standing and special subcommittees of the Medical Advisory Committee as may be necessary or advisable for the Medical Advisory Committee to perform its duties under the *Public Hospitals Act* or this By-Law.

- (a) The terms of reference and composition for any standing or special subcommittees of the Medical Advisory Committee may be set out in the Rules or in a Board resolution, on the recommendation of the Medical Advisory Committee. The Medical Advisory Committee shall appoint the Medical Staff members of any Medical Advisory Committee subcommittee and the Board may appoint other subcommittee members.
- (b) Standing subcommittees of the Medical Advisory Committee include but are not limited to:

- (i) the Credentialing Committee.

## **10.6 Composition of the Credentialing Committee**

- (a) The Credentialing Committee shall be composed of:
  - (i) two (2) Department Heads appointed by the Chair of the Medical Advisory Committee, and up to two (2) physician representatives appointed by the Credentialed Professional Staff Organization; one Physician Leader appointed by the Chair of the Medical Advisory Committee shall serve as Committee Chair; and
  - (ii) the Senior Director, Medical Affairs, (non-voting); and
  - (iii) the Credentialing Specialist/Consultant, Medical Affairs (non-voting) who shall be supporting the committee.
- (b) The appointment of the Chair of the Credentialing Committee shall be for a term of two (2) years, which term shall be renewable once.
- (c) Committee membership appointments for Physician delegates and Physician representatives shall be for a maximum period of three (3) years and are renewable once.
- (d) The Credentialing Committee shall meet monthly, with the exception of the month of August.
- (e) Special Meetings of the Credentialing Committee shall be called at the discretion of the Chair.

## **10.7 Credentialing Committee Duties and Responsibilities**

- (a) Review the application to ensure that it contains all the information required under Articles 4 of this By-Law.
- (b) Take into consideration whether the criteria set out in Article 4.3 of this By-Law have been complied with.
- (c) Take into consideration the impact, if any, of the applicant not holding an appointment with Schulich Medicine & Dentistry.
- (d) Include a recommendation to appoint or not appoint the applicant.

## **ARTICLE 11 - MEETINGS OF THE CREDENTIALLED PROFESSIONAL STAFF ORGANIZATION**

### **11.1 Annual, Regular, and Special Meetings of the Credentialed Professional Staff Organization**

- (a) The Credentialed Professional Staff Organization shall hold at least four regular meetings in each fiscal year of the Corporation, one of which shall be the annual meeting, at a time and place fixed by the Credentialed Professional Staff Organization officers.
- (b) The President of the Credentialed Professional Staff Organization may call a special meeting. The President of the Credentialed Professional Staff Organization shall call a special meeting on the written request of any twenty (20) Active Staff or Modified Active Staff members.
- (c) The Secretary/Treasurer of the Credentialed Professional Staff Organization shall give written notice of an annual Credentialed Professional Staff Organization meeting to the Credentialed Professional Staff Organization at least ten (10) days before the meeting by posting a notice of the meeting in a conspicuous place in the Hospital or by emailing or sending it through an internal mail distribution system to each Credentialed Professional Staff Organization member.
- (d) Notice of a regular meeting (other than the annual meeting) or a special meeting shall be given at least forty-eight (48) hours before the meeting. Notice of a special meeting shall state the nature of the business for which the special meeting is called.
- (e) The period of time required for giving notice of any special meeting may be waived in exceptional circumstances by a majority of those Credentialed Professional Staff Organization members present and entitled to vote at the special meeting, as the first item of business of the meeting.
- (f) The Credentialed Professional Staff Organization officers may determine that any Credentialed Professional Staff Organization meeting may be held by telephonic or electronic means. Where a Credentialed Professional Staff Organization meeting is held by telephonic or electronic means, the word "present" in Section 11.2 shall mean present physically or by telephonic or electronic means, and a vote may be taken by show of hands, voice vote, or other electronic means of voting.

### **11.2 Quorum**

Twenty (20) Credentialed Professional Staff Organization members entitled to vote (Active Staff or Modified Active Staff) and present in person or by proxy shall constitute a quorum at any annual, regular, or special Credentialed Professional Staff Organization meeting.



### **11.3 Rules of Order**

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

### **11.4 Medical Staff Meetings**

Credentialed Professional Staff Organization meetings held in accordance with this Article shall be deemed to meet the requirement to Hold Medical Staff meetings under the *Public Hospitals Act*.

## **ARTICLE 12 - CREDENTIALLED PROFESSIONAL STAFF ORGANIZATION ELECTED OFFICERS**

### **12.1 Credentialed Professional Staff Organization Officers**

- (a) The provisions of this article shall be deemed to satisfy the requirements of the *Public Hospitals Act* for Medical Staff officers. For greater certainty, the President, Vice President, and Secretary of the Credentialed Professional Staff Organization shall be deemed to be the President, Vice President, and Secretary of the Medical Staff.
- (b) The Credentialed Professional Staff Organization officers shall be:
  - (i) the President;
  - (ii) the Vice President;
  - (iii) the Secretary/Treasurer; and
  - (iv) Such other officers as the Credentialed Professional Staff Organization may determine.
- (c) The Credentialed Professional Staff Organization officers shall be elected annually for a one (1) year term by a majority vote of the Credentialed Professional Staff Organization members present in person or by proxy and voting at a Credentialed Professional Staff Organization meeting.
- (d) The Credentialed Professional Staff Organization officers may be removed from office before the expiry of their term by a majority vote of the Credentialed Professional Staff Organization members present in person or by proxy and voting at a Credentialed Professional Staff Organization meeting called for that purpose.
- (e) If any office of the Credentialed Professional Staff Organization becomes vacant, and it is deemed expedient to fill the office before the next annual

meeting of the Credentialed Professional Staff Organization, the vacancy may be filled by a majority vote of the Credentialed Professional Staff Organization members present and voting at a regular or special Credentialed Professional Staff Organization meeting. The election of the Credentialed Professional Staff Organization member shall follow the process in Section 12.1 (c). The Credentialed Professional Organization Staff member so elected to office shall fill the office until the next annual meeting of the Credentialed Professional Staff. Organization.

## **12.2 Attendance, Voting, and Holding Office**

- (a) All Credentialed Professional Staff Organization members are entitled to attend Credentialed Professional Staff Organization meetings.
- (b) Only members of the Active and Modified Active Staff are entitled to vote at Credentialed Professional Staff Organization meetings
- (c) Only Physicians who are Active or Modified Active Staff members may hold any Credentialed Professional Staff Organization office.

## **12.3 Election Procedures of Officers of the Credentialed Professional Staff Organization**

- (a) Election of the officers of the Credentialed Professional Staff Organization shall be for a one (1) year term and will be cast by electronic ballot.
- (b) At least thirty (30) days before the annual meeting of the Credentialed Professional Staff Organization, the nominating committee, composed of the current Elected Officers of the Credentialed Professional Staff Organization, will, by email, call for nominations from the physician Members of the Credentialed Professional Staff amongst the Active and Modified Active, Credentialed Professional Staff to stand for the offices of the Credentialed Professional Staff Organization, which are to be filled by election in accordance with the regulations under the *Public Hospitals Act*.
- (c) Each nomination will be signed by at least two (2) Members of the Active and Modified Active Credentialed Professional Staff, and the physician nominee will signify in writing on the nomination form their acceptance of it.
- (d) At least twenty-one (21) days prior to the annual meeting, a ballot will be electronically sent to the Active and Modified Active Credentialed Staff Members at the last email address according to the most recent records held by the Credentialed Professional Staff Organization.
- (e) Ballots must be received by the nominating committee seven (7) days prior to the annual meeting.

- (f) Election results will be announced at the annual meeting.
- (g) Notwithstanding the above, in the ordinary course, it is the expectation of the Credentialed Professional Staff Organization that for succession planning purposes, at each annual general election there will be a motion confirming the positions of the Credentialed Professional Staff Officers required to implement the Credentialed Professional Staff Organization's intended succession plan which embodies the following principles:
  - (i) representatives shall be elected for a one (1) year term;
  - (ii) in the event of a vacancy, as provided for at Section 12.8 (a) below, the partial term in respect to such vacancy shall not count in calculating the elected one (1) year term and as such a representative who fills a vacancy may be elected to that same office for an additional full one (1) year term;
  - (iii) the representatives begin their respective terms in office as Secretary/Treasurer and through subsequent confirmation at annual meetings are eventually elected into the office of the Vice President of the Credentialed Professional Staff Organization and then the President of the Credentialed Professional Staff Organization; and
  - (iv) upon the expiry of the President of the Credentialed Professional Staff Organization's term of office, they become ex-officio Past President of the Credentialed Professional Staff Organization.

#### **12.4 President of the Credentialed Professional Staff Organization**

The President of the Credentialed Professional Staff Organization will:

- (a) Preside at all meetings of the Credentialed Professional Staff Organization;
- (b) Call special meetings of the Credentialed Professional Staff Organization;
- (c) Be an *ex-officio* voting member of the Medical Advisory Committee and Medical Advisory Committee Executive;
- (d) Be an *ex-officio* non-voting member of the Board and, as a Director, fulfil their fiduciary duties to the Hospital; and
- (e) Act as a liaison between the Credentialed Professional Staff, the CEO, and the Board with respect to all matters concerning the Credentialed Professional Staff.

## **12.5 The Vice President of the Credentialed Professional Staff Organization**

The Vice President of the Credentialed Professional Staff Organization will:

- (a) Act in the absence or disability of the President of the Credentialed Professional Staff and perform their duties and possess their powers as set out in Section 12.1 (other than as set out in Section 12.1 (d));
- (b) Be an ex-officio voting member of the Medical Advisory Committee;
- (c) Perform such duties as the President of the Credentialed Professional Staff Organization may delegate.

## **12.6 The Secretary/Treasurer of the Credentialed Professional Staff Organization**

The Secretary/Treasurer of the Credentialed Professional Staff Organization will:

- (a) Attend to the correspondence of the Credentialed Professional Staff Organization;
- (b) Be an ex-officio voting member of the Medical Advisory Committee;
- (c) Maintain the financial records of the Credentialed Professional Staff Organization and provide a financial report at the annual meeting of the Credentialed Professional Staff Organization;
- (d) Ensure notification of all Members of the Credentialed Professional Staff Organization at least forty-eight (48) hours prior to each regular meeting;
- (e) Ensure that minutes are kept of Credentialed Professional Staff Organization meetings; and
- (f) Act in the absence of the Vice President of the Credentialed Professional Staff Organization, performing the duties and possessing the powers of the Vice President of the Credentialed Professional Staff Organization in the absence or disability of the Vice President of the Credentialed Professional Staff Organization.

## **12.7 Other Officers**

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

## **12.8 Vacancies**

- (a) When vacancies occur during the term of office, the remaining officers shall move up to fill the next available office and the lower office(s) shall be filled by election.
- (b) This election process will be by electronic mail ballot.
- (c) Within fourteen (14) days of a vacancy, the nominating committee, consisting of the remaining Officers of the Credentialed Professional Staff Organization, will, by electronic mail, call for nominations from the physician Members of the Active, Modified Active Credentialed Professional Staff to stand for the vacant position.
- (d) In order for a nomination to be valid, each nomination must be signed by at least two (2) Members of any of the Active, Modified Active Credentialed Professional Staff, and the nominee must signify in writing on the form their acceptance of it.
- (e) Within five (5) working days of the completion of the nomination period, ballots will be delivered by electronic mail to the Active and Modified Active Credentialed Professional Staff Members at the last address according to the records.
- (f) Ballots must be received by the nominating committee by 17:00 hours on the tenth (10th) business day following the ballot emailing.
- (g) Election results will be posted within two (2) business days of the close of the balloting period and will be announced at the next meeting of the Credentialed Professional Staff Organization.

## **ARTICLE 13 – AMENDMENTS**

### **13.1 Amendments to Articles**

Article 1 to Article 12 of the By-Law may only be repealed, added to, amended or substituted in accordance with the following procedure:

- (a) Amendments to the Credentialed Professional Staff By-Law will become effective only as set out in Article 13.1 (g) of the By-Law.
- (b) A notice of motion in writing setting out the proposed change will be given at a regular meeting of the Medical Advisory Committee and final approval of the changes deferred until a subsequent meeting.
- (c) Notice of adoption of the motion together with clear reference to the proposed amendment(s) will be circulated by the President of the Credentialed Professional Staff Organization to the Active and Modified

Active Members of the Credentialed Professional Staff within fourteen (14) days of the adoption of the motion.

- (d) Unless twenty (20) or more Members of the Active or Modified Active Staff indicate in writing their disapproval within fourteen (14) days of notification, stating the reason for such disapproval, the changes will be sent back to the Medical Advisory Committee for a recommendation of approval by the Board.
- (e) In the event that written disapproval is received by twenty (20) or more Members of the Active or Modified Active Staff within fourteen (14) days of notification, a special meeting will be called by the President of the Credentialed Professional Staff Organization to consider the motion. Such special meetings will be held within thirty (30) days of notification and reasonable notice of the meeting will be given to the Active and Modified Active Staff Members of the Credentialed Professional Staff Organization.
- (f) If the majority of the Members of the Credentialed Professional Staff Organization present at such special meeting vote to reject such motion, the motion will be referred back to the Medical Advisory Committee for further consideration setting out the reasons for the rejection.
- (g) The Medical Advisory Committee will, after reconsidering the motion and the reasons for rejection, either recommend that the motion be dropped, that the motion be amended or that the motion be presented again to the Credentialed Professional Staff; and

If the motion is presented again to the Credentialed Professional Staff Organization, this procedure (as contained in paragraph 13.1 (c) and (f)) will then be repeated once; and

If after repeating this procedure, the Credentialed Professional Staff have referred the amendment back to the Medical Advisory Committee for a second time and no resolution is reached, the proposed motion will be referred directly to the Board for consideration, resolution and approval.

## **13.2 Amendments to By-Law**

- (a) Subject to Article 13.2 (b) and (c) the Board may, from time to time, amend, in whole or in part, this Credentialed Professional Staff By-Law in accordance with the provisions hereof.
- (b) An amendment to the Credentialed Professional Staff By-Law passed by the Board shall be effective from the time the motion is passed, or such future date as may be specified in the motion, only until the next annual meeting unless confirmed at a special general meeting of the Members of the Corporation called for that purpose.

- (c) Any amendment to the Credentialed Professional Staff By-Law passed by the Board shall be presented at the next annual meeting or to a special general meeting of the Members of the Corporation called for that purpose.
- (d) The notice of such annual meeting or special general meeting shall refer to the amendments to be presented;
- (e) The Members of the Corporation at the annual meeting or special meeting may confirm, reject, amend, or otherwise deal with any amendment passed by the Board and submitted to the meeting for confirmation, but no act done or right acquired under any such amendment shall be prejudicially affected by any such rejection, amendment or other dealing.

### **13.3 Repeal and Restatement**

This By-Law repeals and restates in its entirety the By-Laws of the Corporation previously enacted as they relate to the Credentialed Professional Staff.