



ST. JOSEPH'S HEALTH CARE, LONDON
CREDENTIALLED PROFESSIONAL STAFF BY-LAW
EFFECTIVE APRIL 1, 2024

AMENDED AND APPROVED BY THE:

ST. JOSEPH'S BOARD OF DIRECTORS - January 29, 2024
ST. JOSEPH'S HEALTH CARE SOCIETY - March 27, 2024

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Credentialed Professional Staff By-Law of St. Joseph's Health Care, London

Be it enacted as the Credentialed Professional Staff By-law of the Corporation as follows:

Article 1 – Definitions and Interpretation

1.1 Definitions

In this By-law:

- (a) **“Board”** means the board of directors of the Corporation;
- (b) **“By-law”** means this Credentialed Professional Staff By-law;
- (c) **“business day”** means a day other than a Saturday, Sunday, or a statutory holiday in Ontario;
- (d) **“Chair of the Medical Advisory Committee”** means the Medical Staff member appointed by the Board to serve as such in accordance with the *Public Hospitals Act* and this By-law;
- (e) **“Chief Executive Officer”** means the president and chief executive officer of the Corporation, who is the ‘administrator’ for the purposes of the *Public Hospitals Act*, and the ‘officer in charge’ for the purposes of the *Mental Health Act*;
- (f) **“Chief Nursing Executive”** means the senior nurse employed by the Corporation, who reports directly to the Chief Executive Officer and is responsible for nursing services provided in the Hospital;
- (g) **“Chief of Department”** means the Credentialed Professional Staff member appointed by the Board to serve as such in accordance with this By-law;
- (h) **“Chief of Service”** means the Credentialed Professional Staff member appointed by the Board to be in charge of a Service;
- (i) **“College”** means, as the case may be, the College of Physicians and Surgeons of Ontario, the Royal College of Dental Surgeons of Ontario, the College of Midwives of Ontario, and/or the College of Nurses of Ontario;
- (j) **“Corporation”** means St. Joseph's Health Care, London, where its programs and services reflect the Catholic tradition and values, and address the needs of Patients and their caregivers;
- (k) **“Credentialed Professional Staff”** means those Physicians, Dentists, Midwives, and Registered Nurses in the Extended Class, who are appointed by the Board and granted privileges to practice their profession in the Hospital;

- (l) **“Credentialed Professional Staff Human Resources Plan”** means the plan developed by the Chief Executive Officer, in consultation with the Chair of the Medical Advisory Committee, Chiefs of Departments, and Medical Leaders, for each Department that provides information and future projections on the management and appointment of the Credentialed Professional Staff based on the mission and strategic plan of the Corporation and on the needs of the community;
- (m) **“Credentialed Professional Staff Organization”** means the organized body of the Credentialed Professional Staff, which participates in the Hospital’s planning, policy setting, and decision making through its elected officers;
- (n) **“Credentialing Committee”** means a subcommittee of the Medical Advisory Committee established by the Medical Advisory Committee and tasked with reviewing applications for appointment and reappointment to the Credentialed Professional Staff, and applications for a change in privileges, and making recommendations to the Medical Advisory Committee on these matters, and if no such subcommittee is established it means the Medical Advisory Committee;
- (o) **“day”**, unless otherwise specified as a business day, means a calendar day;
- (p) **“Dean”** means the Dean of Schulich School of Medicine & Dentistry at the University;
- (q) **“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.
- (r) **“Dentist”** means a dental practitioner in good standing with the Royal College of Dental Surgeons of Ontario;
- (s) **“Department”** means an organizational unit of the Credentialed Professional Staff to which members with a similar field of practice have been assigned;
- (t) **“Director”** means a member of the Board;
- (u) **“Excellent Care for All Act”** means the *Excellent Care for All Act, 2010* (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;

- (v) “**ex-officio**” means membership “by virtue of the office” and includes all rights, responsibilities, and powers to vote, unless otherwise specified;
- (w) “**Extended Class Nursing Staff**” means those Registered Nurses in the Extended Class who are:
 - (i) employed by the Corporation and authorized to diagnose, prescribe for, or treat Patients in the Hospital; and
 - (ii) not employed by the Corporation and to whom the Board has granted privileges to diagnose, prescribe for, or treat Patients in the Hospital;
- (x) “**Hospital**” means the public hospital operated by the Corporation;
- (y) “**Hospital Management Regulation**” means the Hospital Management Regulation (Regulation 965) made under the *Public Hospitals Act*, as amended from time to time;
- (z) “**Impact Analysis**” means a study conducted by the Chief Executive Officer, in consultation with the Chair of the Medical Advisory Committee and the affected Chief(s) of Department and other Medical Leaders, to determine the impact upon the resources of the Corporation, including the impact upon the resources of a Department, of a proposed appointment of an applicant to the Credentialed Professional Staff or an application by a Credentialed Professional Staff member for the continuation of privileges, additional privileges, or a change in membership category;
- (aa) “**Medical Advisory Committee**” means the committee established under Article 9;
- (bb) “**Medical Director Long-Term Care**” means the Credentialed Professional Staff member appointed by the Board to serve as such in accordance with this By-law;
- (cc) “**Medical Leader**” means a Physician, Dentist, or Midwife who provides leadership to a Service or Program;
- (dd) “**Medical Staff**” means those Physicians appointed by the Board and granted privileges to practise medicine in the Hospital;
- (ee) “**Midwife**” means a midwife in good standing with the College of Midwives of Ontario;
- (ff) “**Midwifery Staff**” means those Midwives appointed by the Board and granted privileges to practise midwifery in the Hospital;

- (gg) **“Patient”** means any in-patient or outpatient of the Corporation or “resident” of Mount Hope Centre for Long Term Care or Veterans Care at Parkwood Main;
- (hh) **“Physician”** means a medical practitioner in good standing with the College of Physicians and Surgeons of Ontario;
- (ii) **“Policies”** means the administrative, human resources, clinical, and professional policies adopted by the Board, the Medical Advisory Committee, or the Chief of Department under Article 2;
- (jj) **“Program”** means a cluster of Patient-centred services that optimizes Patient care, education, and research and is consistent with the mission, vision, and values of the Corporation;
- (kk) **“prompt”** or **“promptly”** means as soon as is reasonably practicable;
- (ll) **“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;
- (mm) **“Registered Nurse in the Extended Class”** means a member in good standing with the College of Nurses of Ontario, who is a registered nurse and holds an extended certificate of registration under the *Nursing Act, 1991*;
- (nn) **“Rules”** means the rules adopted by the Board under Article 2;
- (oo) **“Service”** means an organizational unit of a Department that is based on a sub-speciality area of clinical practice;
- (pp) **“Statutory Powers Procedure Act”** means the *Statutory Powers Procedure 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;
- (qq) **“University”** means Western University;
- (rr) **“Vice Chair of the Medical Advisory Committee”** means the Medical Staff member appointed by the Board to serve as such in accordance with this By-law;
- (ss) **“Vice President, Medical”** means the Vice President of the Corporation whose portfolio includes medical affairs;
- (tt) **“Vice President, Quality”** means the Vice President of the Corporation who is directly responsible for quality of care within the Corporation; and

- (uu) **“Vice President, Research”** means the Vice President of the Corporation whose portfolio includes research.

1.2 Interpretation

In this By-law, unless the context 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 Chief of Department, in all instances, the determination, prescription, or request may be made from time to time.

1.3 Delegation of Duties

Each of the Chief Executive Officer, Chair of the Medical Advisory Committee, Chief of a Department, Chief of a Service, or Vice President, Medical may delegate the performance of any of the duties assigned to them under this By-law to others; however, they shall each remain responsible for the performance of their respective duties.

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(2).

Article 2 – Rules and Policies

2.1 Rules and Policies

- (1) The Board, after consulting with the Credentialed Professional Staff and considering the recommendation of the Medical Advisory Committee, may make Rules as it deems necessary, including Rules for Patient care and safety and the conduct of members of the Medical Staff, Dental Staff, Midwifery Staff, and Extended Class Nursing Staff.
- (2) The Board, after consulting with the Credentialed Professional Staff and considering the recommendation of the Medical Advisory Committee, may adopt Policies applicable to the Medical Staff, Dental Staff, Midwifery Staff, and Extended Class Nursing Staff that are consistent with, and that support the implementation of, the Rules.
- (3) The Medical Advisory Committee, after consulting with the Credentialed Professional Staff, may make Policies applicable to the Medical Staff, Dental Staff, Midwifery Staff, and Extended Class Nursing Staff that are consistent with this By-law, the Rules, and the Board-approved Policies.

- (4) The Chief of Department, 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 – Appointment and Reappointment to Credentialed Professional Staff

3.1 Appointment and Revocation

- (1) The Board, after considering the recommendations of the Medical Advisory Committee, shall appoint annually a Medical Staff, and may appoint a Dental Staff, Midwifery Staff, and the non-employed members of the Extended Class Nursing Staff, and shall grant such privileges as it deems appropriate to each Credentialed Professional Staff member so appointed.
- (2) All applications for appointment and reappointment to the Credentialed Professional Staff shall be processed in accordance with the provisions of this By-law and the *Public Hospitals Act*.
- (3) The Board may, at any time, make or revoke any appointment to the Credentialed Professional Staff, refuse to reappoint a Credentialed Professional Staff member, or restrict or suspend the privileges of any Credentialed Professional Staff member, in accordance with the provisions of this By-law and the *Public Hospitals Act*.

3.2 Term of Appointment

- (1) Subject to section 3.2(2), each appointment to the Credentialed Professional Staff shall be for a term of up to one year.
- (2) Where a Credentialed Professional Staff member has applied for reappointment within the time prescribed by the Medical Advisory Committee, the current appointment shall continue:
 - (a) unless section 3.2(2)(b) applies, until the Board grants or does not grant the reappointment; or
 - (b) in the case of a Medical Staff member and where the Board does not grant the reappointment and there is a right of appeal to the Health Professions Appeal and Review Board, until the time for giving notice of a hearing by the Health Professions Appeal and Review Board has expired or, where a hearing is required, until the decision of the Health Professions Appeal and Review Board has become final.

3.3 Qualifications and Criteria for Appointment

- (1) Only an applicant who meets the qualifications and satisfies the criteria set out in this By-law and who is licensed pursuant to the laws of Ontario is eligible to be a member of and appointed to the Credentialed Professional Staff.
- (2) The applicant shall have:
 - (a) a certificate of registration, and a certificate of professional conduct, or letter of good standing from the relevant College, or the equivalent certificate(s), from their most recent licensing body;
 - (b) current membership in the Canadian Medical Protective Association or professional practice liability coverage appropriate to the scope and nature of the intended practice;
 - (c) adequate training and experience for the privileges requested;
 - (d) maintained the level of continuing professional education required by the relevant College;
 - (e) up-to-date inoculations, screenings, and tests as may be required by the occupational health and safety policies and practices of the Corporation, the *Public Hospitals Act*, or other legislation;
 - (f) a demonstrated ability to:
 - (i) provide patient care at an appropriate level of quality and efficiency;
 - (ii) meet an appropriate standard of ethical conduct and behaviour;
 - (iii) work and communicate with, and relate to, others in a co-operative, collegial, and professional manner;
 - (iv) communicate with, and relate appropriately to, patients and patients' relatives and/or substitute decision makers;
 - (g) demonstrated adequate control of any significant physical or behavioural impairment affecting skill, attitude, or judgment that might impact negatively on patient care or the operations of the Corporation; and
 - (h) a willingness to participate in the discharge of staff, committee, and, if applicable, teaching responsibilities, and other duties appropriate to staff category.
- (3) All applicants must agree to govern themselves in accordance with the requirements set out in this By-law, the Corporation's mission, vision, values, and ethical guidelines, Rules, and Policies.

- (4) All new appointments shall be contingent upon an Impact Analysis demonstrating that the Corporation 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.
- (5) In addition to any other provisions of the By-law, including the qualifications set out in sections 3.3(2), 3.3(3), and 3.3(4), the Board may refuse to appoint any applicant to the Credentialed Professional Staff on any of the following grounds:
 - (a) the appointment is not consistent with the need for service, as determined by the Board;
 - (b) the Credentialed Professional Staff Human Resources Plan and/or the Impact Analysis does not demonstrate sufficient resources to accommodate the applicant; or
 - (c) the appointment is not consistent with the mission and strategic plan of the Corporation.

3.4 Application for Appointment

- (1) The Chief Executive Officer shall supply a copy of, or information on how to access, a form of the application, and the mission, vision, values, ethical guidelines, and strategic plan of the Corporation, the By-law, the Rules, and appropriate Policies, to each Physician, Dentist, Midwife, or Registered Nurse in the Extended Class, who expresses in writing an intention to apply for appointment to the Credentialed Professional Staff.
- (2) An applicant for appointment to the Credentialed Professional Staff shall submit to the Chief Executive Officer one original application in the prescribed form, together with signed consents, to enable the Corporation to make inquiries of the relevant College and other hospitals, institutions, and facilities where the applicant has previously provided professional services or received professional training to allow the Corporation to fully investigate the qualifications and suitability of the applicant.
- (3) An applicant may be required to visit the Corporation for an interview with appropriate Credentialed Professional Staff members and the Chief Executive Officer.
- (4) The Board shall approve the prescribed form of application for appointment, re-appointment, and change in privileges after receiving the recommendation of the Medical Advisory Committee.

3.5 Procedure for Processing Applications for Appointment

- (1) Upon receipt of a completed application, the Chief Executive Officer shall retain a copy of the application and shall refer the original application forthwith to the Medical Advisory Committee through the Chair of the Medical Advisory Committee,

who shall keep a record of each application received and then refer the original application forthwith to the chair of the Credentialing Committee, with a copy to the relevant Chief of Department.

- (2) The Credentialing Committee shall:
 - (a) review all materials in the application and ensure all required information has been provided;
 - (b) investigate the qualifications, experience, professional reputation, and competence of the applicant, and consider if the criteria required by this By-law are met;
 - (c) if applicable, take into consideration the impact, if any, that may result if the applicant does not hold an appointment in the Schulich School of Medicine & Dentistry;
 - (d) receive the recommendation of the relevant Chief(s) of Department; and
 - (e) submit a report of its assessment and recommendations to the Medical Advisory Committee at its next regular meeting, together with a recommendation that the application is acceptable, not acceptable, or is deferred for further investigation. In the case of a recommendation for acceptance, the Credentialing Committee shall indicate the privileges that it recommends the applicant be granted.
- (3) The Medical Advisory Committee shall:
 - (a) receive and consider the report and recommendations of the Credentialing Committee;
 - (b) review the application with reference to the Credentialed Professional Staff Human Resources Plan and Impact Analysis; and
 - (c) send, within 60 days of the date of receipt by the Chief Executive Officer of a completed application, written notice of its recommendation to the Board and to the applicant, in accordance with the *Public Hospitals Act*.
- (4) The Medical Advisory Committee may make its recommendation to the Board later than 60 days after receipt of a completed application, provided that, within the 60-day period, it advises the applicant and the Board in writing that a final recommendation cannot be made within the 60-day period and gives written reasons for it.
- (5) Where the Medical Advisory Committee recommends the appointment, it shall specify the category of appointment and the specific privileges it recommends the applicant be granted.

- (6) Where the Medical Advisory Committee does not recommend appointment or where the recommended appointment or privileges differ from those requested, the Medical Advisory Committee shall inform the applicant that they are entitled to:
 - (a) written reasons for the recommendation, if the Medical Advisory Committee receives a written request for the reasons from the applicant within seven days of the applicant's receipt of notice of the recommendation; and
 - (b) a Board hearing, if the Board and the Medical Advisory Committee receive a written request for a Board hearing from the applicant within seven days of the applicant's receipt of the written reasons referred to in section 3.5(6)(a).
- (7) Where the applicant does not request a Board hearing, the Board may implement the recommendation of the Medical Advisory Committee.
- (8) Where the applicant requests a Board hearing, it shall be dealt with in accordance with the applicable provisions of the *Public Hospitals Act* and Article 5.
- (9) The Board shall consider the Medical Advisory Committee recommendations within the timeframe specified by the *Public Hospitals Act*.
- (10) 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 recommendation of the Medical Advisory Committee and such other considerations it, in its discretion, considers relevant, including the Credentialed Professional Staff Human Resources Plan, Impact Analysis, strategic plan, and the Corporation's ability to operate within its resources.

3.6 Temporary Appointment

- (1) Notwithstanding any other provision of this By-law, the Chief Executive Officer, after consulting with the Chair of the Medical Advisory Committee, may:
 - (a) 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;
 - (b) continue a temporary appointment and temporary privileges on the recommendation of the Medical Advisory Committee until the next Board meeting; and
 - (c) remove a temporary appointment and temporary privileges at any time prior to any action by the Board.

- (2) A temporary appointment may be made for any reason, including:
 - (a) to meet a specific singular requirement by providing a consultation and/or operative procedure; or
 - (b) to meet an urgent unexpected need for a medical, dental, midwifery, or extended class nursing service.
- (3) The Board may, after receiving the recommendation of the Medical Advisory Committee, continue a temporary appointment granted under section 3.6(1) for such period of time and on such terms as the Board determines.
- (4) If the term of the temporary appointment has been completed before the next Board meeting, the appointment shall be reported to the Board.
- (5) The temporary appointment shall specify the category of appointment and any limitations, restrictions, or special requirements.

3.7 Reappointment

- (1) Each year, each Credentialed Professional Staff member desiring reappointment to the Credentialed Professional Staff shall make a written application for reappointment on the prescribed form through the Chief Executive Officer to the Board before the date specified by the Medical Advisory Committee.
- (2) Each application for reappointment to the Credentialed Professional Staff shall contain the following information:
 - (a) a restatement or confirmation of the undertakings and acknowledgements requested as part of an application for appointment or as required by the Rules;
 - (b) either:
 - (i) a declaration that all information on file at the Corporation from the applicant's most recent application is up-to-date, accurate, and unamended as of the date of the current application; or
 - (ii) a description of all material changes to the information on file at the Corporation since the applicant's most recent application, including: an updated curriculum vitae with any additional professional qualifications acquired by the applicant since the previous application and information on any completed or pending disciplinary or malpractice proceedings, restriction in privileges, or suspensions during the past year;
 - (c) the category of appointment requested and a request for either the continuation of, or any change in, existing privileges;

- (d) if requested, a current Certificate of Professional Conduct or equivalent from the relevant College;
 - (e) confirmation that the member has complied with the disclosure duties set out in section 6.7(d); and
 - (f) such other information that the Board may require respecting competence, capacity, and conduct, after considering the recommendation of the Medical Advisory Committee.
- (3) The relevant Chief(s) of Department shall review and make recommendations concerning each application for reappointment within that Department to the Medical Advisory Committee in accordance with a Board-approved performance evaluation process. The process shall include, at a minimum, a report from the relevant Chief(s) of Department on the applicant's performance for the past year, including a report on the applicant's:
- (a) demonstrated ability and willingness to fulfil their obligations under this By-law, the Rules, and Policies;
 - (b) discharge of clinical, teaching, and research responsibilities;
 - (c) appropriate and efficient use of Hospital resources;
 - (d) changes to the applicant's affiliation with the Schulich School of Medicine & Dentistry; and
 - (e) any concerns identified about the applicant.

Where the Department has a Service of which the applicant is a member, the Chief of Service shall make a recommendation to the Chief of Department, which recommendation shall be considered by the Chief of Department in their report.

- (4) In the case of any application for reappointment in which the applicant requests additional privileges, each application for reappointment shall identify any required professional qualifications and confirm that the applicant holds such qualifications.
- (5) Applications for reappointment shall be dealt with in accordance with the *Public Hospitals Act* and section 3.5 of this By-law.

3.8 Qualifications and Criteria for Reappointment

- (1) To be eligible for reappointment, the applicant shall:
 - (a) continue to meet the qualifications and criteria set out in section 3.3;
 - (b) have conducted themselves in compliance with this By-law, and the Corporation's values, Rules, and Policies; and

- (c) have demonstrated appropriate use of Hospital resources in accordance with the Credentialed Professional Staff Human Resources Plan and the Rules and Policies.

3.9 Application for Change of Privileges

- (1) 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.
- (2) 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 Credentialing Committee, with a copy to the relevant Chief of Department.
- (3) The Credentialing Committee shall investigate the applicant's professional competence, verify their qualifications for the privileges requested, receive the report of the Chief of Department, 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.
- (4) The application shall be processed in accordance with the requirements of sections 3.8 and sections 3.5(3) to 3.5(10) of this By-law.

3.10 Leave of Absence

- (1) Subject to section 3.10(3), when a Credentialed Professional Staff member temporarily ceases to practise for a period of 12 months or less, application for a leave of absence may be made for medical, parental leave, education, training, sabbatical, or other reasons. The application, stating the effective dates and reasons, shall be made to the Chief(s) of the relevant Department(s), who in turn shall forward the application to the Chair of the Medical Advisory Committee and the Chief Executive Officer. Either the Chair of the Medical Advisory Committee or the Chief Executive Officer may determine if a leave of absence will be granted. Any request for a leave of absence that extends beyond the current appointment must be requested in the Credentialed Professional Staff member's application for re-appointment.
- (2) If a 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.
- (3) Notwithstanding other provisions contained in this By-law, if the leave of absence is for any reason other than medical or parental leave, the granting of the leave is conditional upon:

- (a) the Credentialed Professional Staff member coordinating coverage for their clinical responsibilities; and
 - (b) the Chief(s) of the relevant Department(s) confirming in writing to the Chair of Medical Advisory Committee and the Chief Executive Officer that the absence will not negatively impact the Department's ability to meet its on-call responsibilities.
- (4) Upon the Credentialed Professional Staff member's return from a leave of absence, the Chief(s) of the relevant Department(s) and the Credentialed Professional Staff member shall be required to jointly sign an agreed upon a 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.

3.11 Resignation and Retirement

- (1) A Credentialed Professional Staff member wishing to resign or retire from active practice shall, at least 90 days before the effective date of resignation or retirement (although greater notice is preferable), submit a written notice to the Chief Executive Officer, who shall notify the Chair of the Medical Advisory Committee, Chief of the relevant Department(s), and the chair of the Credentialing Committee. The Board and Medical Advisory Committee shall subsequently be notified.

Article 4 – Monitoring, Restriction, Suspension, and Revocation

4.1 Monitoring Practices and Transfer of Care

- (1) All decisions made under this section must apply principles of procedural fairness and all actions taken under this section must be reasonable. If any actions are taken under this Article 4, then prompt notice shall be given to the affected Credentialed Professional Staff member, unless there is a *bona fide* reason not to provide prompt notice. A reason not to provide prompt notice may include: a preliminary review of a matter that is promptly found to be unworthy of an investigation or further action; a serious risk of imminent harm to Patients or staff; or such other reasons that are identified in the Rules.
- (2) The Chair of the Medical Advisory Committee or relevant Chief of Department may review any aspect of Patient care or Credentialed Professional Staff conduct in the Corporation without the consent of the Credentialed Professional Staff member responsible for the care or conduct. Where the care or conduct involves an Extended Class Nursing Staff member, the Chief Nursing Executive may also review the care or conduct.
- (3) Where any Credentialed Professional Staff member or Corporation staff member 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 manner that exposes or is

reasonably likely to expose any Patient, healthcare provider, employee, or any other individual at the Corporation, to harm or injury, the individual shall immediately communicate that belief to the Chair of the Medical Advisory Committee, relevant Chief of Department, or Chief Executive Officer, so that appropriate action can be taken. Where the communication relates to an Extended Class Nursing Staff member, it may also be communicated to the Chief Nursing Executive.

- (4) The Chief of a Department, on notice to Chair of the Medical Advisory Committee, where they believe it to be in the Patient's best interests, shall have the authority to examine the condition and scrutinize the treatment of any Patient in their Department 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, notice shall be given as soon as possible.
- (5) If the Chair of the Medical Advisory Committee or Chief of Department becomes aware that, in their opinion a serious problem exists in the diagnosis, care, or treatment of a Patient, the officer shall immediately 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 Chief of Department are not made, they shall immediately assume the duty of investigating, diagnosing, prescribing for, and treating the Patient.
- (6) Where the Chair of the Medical Advisory Committee or Chief of Department has cause to take over the care of a Patient, the Chief Executive Officer, Chair of the Medical Advisory Committee, or Chief of Department, and one other Medical Advisory Committee member, the attending Credentialed Professional Staff member, and the Patient or the Patient's substitute decision maker shall be notified in accordance with the *Public Hospitals Act*. The Chair of the Medical Advisory Committee or Chief of Department shall file a written report with the Medical Advisory Committee within 48 hours of their action.
- (7) Where the Medical Advisory Committee concurs in the opinion of the Chair of the Medical Advisory Committee or Chief of Department who has taken action under section 4.1(5) that the action was necessary, the Medical Advisory Committee shall forthwith make a detailed written report to the Chief Executive Officer and the Board of the problem and the action taken.

4.2 Revocation of Appointment or Restriction or Suspension of Privileges

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

- (2) Any administrative or leadership appointment of the Credentialed Professional Staff member shall automatically terminate upon the revocation of appointment, or restriction or suspension of privileges, unless otherwise determined by the Board.
- (3) The Chief Executive Officer shall prepare and forward a detailed written report to the relevant College as soon as possible and no later than 30 days after the event, where by reason of incompetence, negligence, or misconduct, a Credentialed Professional Staff member's:
 - (a) application for appointment or reappointment is denied;
 - (b) appointment is revoked;
 - (c) privileges are restricted or suspended; or
 - (d) a Credentialed Professional Staff member resigns from the Credentialed Professional Staff during the course of an investigation into their competence, negligence, or misconduct.

Such report may also be given to the Dean of the Schulich School of Medicine & Dentistry or similarly named officer of any educational institution in which the member holds a cross appointment between that institution and the Corporation.

4.3 Immediate Action

- (1) The Chief Executive Officer, Chair of the Medical Advisory Committee, or Chief of Department may temporarily restrict or suspend the privileges of any Credentialed Professional Staff member, in circumstances where in their opinion the member's conduct, performance, or competence:
 - (a) exposes or is reasonably likely to expose any Patient, healthcare provider, employee, or any other individual at the Corporation to harm or injury; or
 - (b) is or is reasonably likely to be detrimental to Patient safety or to the delivery of quality Patient care within the Corporation,

and immediate action must be taken to protect Patients, healthcare providers, employees, and any other individuals at the Corporation from harm or injury.

- (2) Before the Chief Executive Officer, Chair of the Medical Advisory Committee, or Chief of Department takes action authorized in section 4.3(1), they shall first consult with one of the other of them. If prior consultation is not possible or practicable under the circumstances, the individual who takes the action shall immediately provide notice to the others. The individual who takes the action shall forthwith submit a written report on the action taken with all relevant materials and information to the Medical Advisory Committee.

4.4 Non-Immediate Action

- (1) The Chief Executive Officer, Chair of the Medical Advisory Committee, or Chief of Department may recommend to the Medical Advisory Committee that the appointment of any Credentialed Professional Staff member be revoked or that their privileges be restricted or suspended in any circumstances where in their opinion the Credentialed Professional Staff member's conduct, performance, or competence:
 - (a) fails to meet or comply with the criteria for annual reappointment;
 - (b) exposes or is reasonably likely to expose any Patient, healthcare provider, employee, or any other individual at the Corporation to harm or injury;
 - (c) is or is reasonably likely to be detrimental to Patient safety or to the delivery of quality Patient care within the Corporation or impact negatively on the operations of the Corporation;
 - (d) results in the member's affiliation with the Schulich School of Medicine & Dentistry being changed in any way or terminated; or
 - (e) fails to comply with the Corporation's by-laws, Rules, or Policies, the *Public Hospitals Act*, or any other relevant law.
- (2) Before making a recommendation under section 4.4(1), an investigation may be conducted. Where an investigation is conducted, it may be assigned to an individual or committee within the Corporation other than the Medical Advisory Committee or to an external consultant.

4.5 Referral to Medical Advisory Committee for Recommendations

- (1) Following the temporary restriction or suspension of privileges under section 4.3, or the recommendation to the Medical Advisory Committee for the restriction or suspension of privileges or the revocation of an appointment of a Credentialed Professional Staff member under section 4.4, the following process shall be followed:
 - (a) the Chief of Department of which the individual is a member or an appropriate alternate designated by the Chair of the Medical Advisory Committee or Chief Executive Officer shall forthwith submit to the Medical Advisory Committee a written report on the action taken, or recommendation made, as the case may be, with all relevant materials and information;
 - (b) a date for consideration of the matter shall be set not more than five business days (in the case of immediate action) or ten business days (in the case of non-immediate action) from the time the written report is received by the Medical Advisory Committee;

- (c) as soon as possible and in any event at least three business days before the Medical Advisory Committee meeting, the Medical Advisory Committee shall provide the member with a written notice of:
 - (i) the time, date, and place of the meeting;
 - (ii) the purpose of the meeting; and
 - (iii) a statement of the matter to be considered by the Medical Advisory Committee together with any relevant documentation.
- (2) The date for the Medical Advisory Committee to consider the matter under section 4.5(1)(b) may be extended by:
 - (a) an additional five business days in the case of a referral under section 4.3; or
 - (b) any number of days in the case of a referral under section 4.4,if the Medical Advisory Committee considers it necessary to do so.
- (3) The Medical Advisory Committee may:
 - (a) set aside the restriction or suspension of privileges; or
 - (b) recommend to the Board a revocation of the appointment, or a restriction or suspension of privileges, on such terms as it deems appropriate. Notwithstanding the above, the Medical Advisory Committee may also refer the matter to a subcommittee of the Medical Advisory Committee.
- (4) If the Medical Advisory Committee recommends the continuation of the restriction or suspension of privileges or a revocation of appointment and/or makes further recommendations on the matters considered at its meeting, the Medical Advisory Committee shall, within 24 hours of the Medical Advisory Committee meeting, provide the member with written notice of the Medical Advisory Committee's recommendation.
- (5) The written notice shall inform the member that they are entitled to:
 - (a) written reasons for the recommendation if a request is received by the Medical Advisory Committee within seven days of the member's receipt of the notice of the recommendation; and
 - (b) a Board hearing if a written request is received by the Board and the Medical Advisory Committee within seven days of the member's receipt of the written reasons requested.

- (6) If the member requests written reasons for the recommendation under section 4.5(5), the Medical Advisory Committee shall provide the written reasons to the member as soon as practicable but in any event within seven days of receipt of the request.

Article 5 – Board Hearing

5.1 Board Hearing

- (1) A Board hearing shall be held when one of the following occurs:
 - (a) the Medical Advisory Committee recommends to the Board that an application for appointment, reappointment, or requested privileges not be granted and the applicant requests a hearing in accordance with the *Public Hospitals Act* within seven days of the date the applicant learns of the recommendation; or
 - (b) the Medical Advisory Committee recommends to the Board that the privileges of a Credentialed Professional Staff member be restricted or suspended, or an appointment be revoked, and the member requests a hearing within seven days of the date the member learns of the recommendation.
- (2) The Board may extend the time for the applicant or member to make the request for a hearing if it is considered appropriate.
- (3) The Board shall name a time, date, and place for the hearing.
- (4) The Board hearing shall be held:
 - (a) in the case of immediate restriction or suspension of privileges, within seven days of the date the member requests the hearing under section 5.1(1); and
 - (b) in the case of non-immediate restriction or suspension of privileges, subject to section 5.1(4), as soon as practicable but not later than 30 days after the Board receives the written notice from the member requesting the hearing.
- (5) The Board may extend the time for the hearing date if it considers an extension appropriate.
- (6) The Board shall give written notice of the hearing to the applicant or member and to the Medical Advisory Committee at least seven days before the hearing date.
- (7) The notice of the Board hearing shall include:
 - (a) the time, date, and place of the hearing;
 - (b) the purpose of the hearing;

- (c) a statement that the applicant or member and Medical Advisory Committee shall be afforded an opportunity to examine, prior to the hearing, any written or documentary evidence that will be produced, or any reports the contents of which will be given in evidence at the hearing;
 - (d) a statement that the applicant or member may proceed in person or be represented by counsel or agent, call witnesses, cross-examine witnesses, tender documents in evidence, and present arguments and submissions, in support of their case;
 - (e) a statement that the Board may extend the time for the hearing on the application of any party; and
 - (f) a statement that if the applicant or member does not attend the hearing, the Board may proceed in the absence of the applicant or member, and the applicant or member shall not be entitled to any further notice in the hearing.
- (8) The parties to the Board hearing are the applicant or member, the Medical Advisory Committee, and such other persons as the Board may specify.
- (9) As soon as possible, and at least five business days prior to the hearing, the parties shall provide one another with:
- (a) copies of all written or documentary evidence that will be produced and reports the contents of which will be used in evidence;
 - (b) the names and qualifications of all witnesses who will testify at the hearing and a detailed summary of the evidence they will give; and
 - (c) copies of all reports that have been collected by the Credentialing Committee or Medical Advisory Committee as part of the investigation process whether or not these materials will be used in evidence.

The intent is that there should be full disclosure between the parties.

- (10) 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 representative, except upon notice to and an opportunity for all parties to participate. Despite the foregoing, the Board may obtain legal advice.
- (11) 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*.
- (12) No member of the Board shall participate in a Board decision 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 Board decision shall be given unless all members so present participate in the decision.

- (13) The Board shall make a decision to follow, amend, or not follow the recommendation of the Medical Advisory Committee. The Board, in determining whether to make any appointment or reappointment to the Credentialed Professional Staff or approve any request for a change in privileges shall take into account the recommendation of the Medical Advisory Committee and such other considerations it, in its discretion, considers relevant, including the considerations set out in sections 3.3, 3.8, and 3.9 respectively.
- (14) A written copy of the Board decision shall be provided to the applicant or member and to the Medical Advisory Committee within 15 days of the conclusion of the hearing.
- (15) The applicant or member may request, in writing, written reasons for the decision within seven days of receipt of the Board decision, which written reasons shall be provided to the applicant or member within 15 days of receipt of the request.
- (16) Service of a notice to the parties may be made personally or by registered mail addressed to the person to be served at their last known address and, where notice is served by registered mail, it will be deemed that the notice was served on the 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 6 – Credentialed Professional Staff Categories and Duties

6.1 Credentialed Professional Staff Categories

- (1) The Medical Staff, Dental Staff, and Midwifery Staff shall be divided into the following categories:
 - (a) Active;
 - (b) Associate;
 - (c) Modified Active;
 - (d) Term;
 - (e) Supportive; and
 - (f) such other categories as the Board may determine after considering the recommendation of the Medical Advisory Committee.

- (2) The Extended Class Nursing Staff may be divided into such categories as the Board may determine after considering the recommendation of the Medical Advisory Committee.

6.2 Active Staff

- (1) The Active Staff shall consist of those Physicians and Dentists, who would usually have a full-time clinical academic appointment, and those Midwives whom the Board appoints to the Active Staff and who have completed satisfactory service as Associate Staff for at least one year, or who the Board, on the recommendation of the Medical Advisory Committee, appoints directly to the Active Staff.
- (2) Each Active Staff member shall:
 - (a) have admitting privileges unless otherwise specified in their appointment;
 - (b) attend Patients and undertake treatment and operative procedures only in accordance with the kind and degree of privileges granted by the Board;
 - (c) be responsible to the Chief of Department to which they have been assigned for all aspects of Patient care;
 - (d) act as a supervisor of other Medical Staff, Dental Staff, Midwifery Staff, or Extended Class Nursing Staff when requested by the Chair of the Medical Advisory Committee or the Chief of Department to which they have been assigned;
 - (e) fulfil such on-call requirements as may be established for each Department or Service in accordance with the Credentialed Professional Staff Human Resource Plan and the Rules and Policies; and
 - (f) perform such other duties as may be prescribed by the Medical Advisory Committee or requested by the Chair of the Medical Advisory Committee or Chief of the relevant Department.

6.3 Associate Staff

- (1) Physicians, Dentists, or Midwives who would usually have a full-time clinical academic appointment and who are applying for appointment to the Active Staff, subject otherwise to the determination of the Board, will be assigned to the Associate Staff.
- (2) Each Associate Staff member shall:
 - (a) have admitting privileges unless otherwise specified in their appointment;

- (b) work under the supervision of an Active Staff member named by Chair of the Medical Advisory Committee or Chief of the Department to which they have been assigned;
 - (c) undertake such duties in respect of Patients as may be specified by the Chair of the Medical Advisory Committee and, if appropriate, by the Chief of the Department to which they have been assigned;
 - (d) fulfil such on call requirements as may be established for each Department or Service in accordance with the Credentialed Professional Staff Human Resources Plan and the Rules and Policies; and
 - (e) perform such other duties as may be prescribed by the Medical Advisory Committee or requested by the Chair of the Medical Advisory Committee or Chief of the relevant Department.
- (3) (a) At six-month intervals following the appointment of an Associate Staff member to the Credentialed Professional Staff, the Active Staff member by whom the Associate Staff member has been supervised shall complete a performance evaluation and shall make a written report to the Chair of the Medical Advisory Committee on:
- (i) the knowledge and skill that has been shown by the Associate Staff member;
 - (ii) the nature and quality of their work in the Corporation; and
 - (iii) their performance and compliance with the criteria set out in section 3.3(2).
- (b) The Chair of the Medical Advisory Committee shall forward such report to the Credentialing Committee.
 - (c) Upon receipt of the report, the Credentialing Committee shall review the appointment of the Associate Staff member and make a recommendation to the Medical Advisory Committee.
 - (d) If any report is not favourable to the Associate Staff member, the Medical Advisory Committee may recommend that their appointment be terminated.
 - (e) No Associate Staff member shall be recommended for appointment to the Active Staff unless they have been an Associate Staff member for at least one year.
 - (f) In no event shall an appointment to the Associate Staff be continued for more than two years.

6.4 Modified Active Staff

- (1) The Modified Active Staff shall consist of those Physicians, Dentists, and Midwives whom the Board appoints to the Modified Active Staff, who hold a clinical academic appointment and who, with the agreement of the Chief of the relevant Department, reduce their Departmental responsibilities and function within a reduced scope of practice and services agreed upon under their initial appointment or their most recent reappointment.
- (2) The Board's responsibility to ensure a succession plan for Credentialed Professional Staff members may require that from time to time a Modified Active Staff member's appointment may be revoked or not renewed, or their privileges may be further reduced, in favour of granting privileges to a new or existing Active Staff member.
- (3) Each Modified Active Staff member shall have admitting privileges unless otherwise specified in their appointment.
- (4) In no event shall an appointment to the Modified Active Staff be continued for more than two years.

6.5 Term Staff

- (1) The Term Staff shall consist of those Physicians, Dentists, and Midwives, who do not have a full-time clinical academic appointment, and whom the Board appoints to the Term Staff to meet a specific clinical or academic need for a defined period of time not to exceed one year.
- (2) Each Term Staff member:
 - (a) shall have admitting privileges unless otherwise specified in their appointment;
 - (b) shall attend Patients and undertake treatment and operative procedures only in accordance with the kind and degree of privileges granted by the Board;
 - (c) shall fulfil such on-call requirements as may be established for each Department or Service in accordance with the Credentialed Professional Staff Human Resource Plan and the Rules and Policies;
 - (d) may be required to work under the supervision of an Active Staff member identified by the Chief of Department;
 - (e) shall, if replacing another Credentialed Professional Staff member, attend that Credentialed Professional Staff member's Patients.

6.6 Supportive Staff

- (1) The Supportive Staff shall consist of those Physicians, Dentists, and Midwives whom the Board appoints to the Supportive Staff to provide support to Patients and/or their family members.
- (2) Each Supportive Staff member:
 - (a) shall provide Patients and their family members with information and act as a liaison between the Patient and their most responsible Credentialed Professional Staff member;
 - (b) may input information into the Patient record and make progress notes but shall not make or record any orders;
 - (c) shall be eligible to attend Department, Service, and Credentialed Professional Staff meetings; and
 - (d) shall not have admitting privileges or procedural privileges, provide direct Patient care, or conduct clinical trials.

6.7 Extended Class Nursing Staff

- (1) The Board, after considering the advice of the Medical Advisory Committee, will delineate the privileges for each Extended Class Nursing member who is not an employee of the Corporation.
- (2) Each new applicant for appointment to the Extended Class Nursing Staff shall be appointed for an initial probationary period of one year.
- (3) Before completion of the one-year probationary period, the Chief of Department, in consultation with the Chief Nursing Executive, shall complete a performance evaluation for an Extended Class Nursing Staff member on the knowledge and skill that has been shown by the Extended Class Nursing Staff member, the nature and quality of their work, their performance and compliance with the criteria set out in section 3.3(2), and such report shall be forwarded to the Credentialing Committee.
- (4) The Credentialing 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.

6.8 Duties of Credentialed Professional Staff

- (1) Each Credentialed Professional Staff member:
 - (a) is accountable to and shall recognize the authority of the Board through and with the Chair of the Medical Advisory Committee, Chief of Department, and Chief Executive Officer;
 - (b) shall co-operate with and respect the authority of:
 - (i) the Chair of the Medical Advisory Committee;
 - (ii) the Medical Advisory Committee;
 - (iii) the Chiefs of Department;
 - (iv) the Chiefs of Service;
 - (v) the Chief Executive Officer;
 - (vi) the Vice President, Medical;
 - (vii) the Vice President, Research; and
 - (viii) the Medical Leaders;
 - (c) shall perform the duties, undertake the responsibilities, and comply with the provisions set out in this By-law and the Rules and Policies;
 - (d) shall immediately advise the Chair of the Medical Advisory Committee and Chief Executive Officer of:
 - (i) the commencement of any investigation or proceeding that would be required to be disclosed by this By-law, the credentialing policy, and/or reapplication process;
 - (ii) any change in the member's licence to practise made by the relevant College or any change in professional practice liability coverage; and
- (2) perform such other duties as may be prescribed from time to time by, or under the authority of, the Board, the Medical Advisory Committee, the Chair of the Medical Advisory Committee, or Chief of Department.
- (3) If the Chair of the Medical Advisory Committee and/or Chief of Department request(s) 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 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 Chief of Department may extend the date for attendance at the interview at their discretion. If requested by the Chair of the Medical Advisory Committee and/or Chief of Department, the Credentialed Professional Staff member attending the meeting shall produce any documents requested by the Chair of the Medical Advisory Committee and/or Chief of Department for discussion at the meeting. If a criminal record check and/or vulnerable sector check is requested, the request shall be made at a meeting with the Credentialed Professional Staff member where the Chair of the Medical Advisory Committee and Chief Executive Officer are both present.

Article 7 – Departments and Services

7.1 Departments

- (1) The Board may organize the Credentialed Professional Staff into the following Departments after considering the recommendation of the Medical Advisory Committee:
 - (a) Anesthesia and Perioperative Medicine;
 - (b) Clinical Neurological Sciences;
 - (c) Dentistry;
 - (d) Emergency Medicine;
 - (e) Family Medicine;
 - (f) Medicine;
 - (g) Medical Imaging;
 - (h) Midwifery;
 - (i) Obstetrics and Gynaecology and Reproductive Medicine;
 - (j) Oncology;
 - (k) Ophthalmology;
 - (l) Otolaryngology - Head and Neck Surgery;
 - (m) Paediatrics;
 - (n) Pathology and Laboratory Medicine;
 - (o) Physical Medicine and Rehabilitation;

- (p) Psychiatry; and
 - (q) Surgery.
- (2) The Board shall appoint each Credentialed Professional Staff member to a minimum of one of the Departments. Appointment may extend to one or more additional Departments.

7.2 Services

- (1) The Board may divide a Department into Services after considering the recommendation of the Medical Advisory Committee.
- (2) The Chief of Department may appoint a Credentialed Professional Staff member to one or more Services.

7.3 Changes to Departments and Services

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

7.4 Department Meetings

- (1) Each Department and Service shall function in accordance with the Rules and Policies.
- (2) Department meetings shall be held in accordance with the Rules and Policies.

Article 8 – Leadership Positions

8.1 General

- (1) The Board may appoint an individual on an acting or interim basis where there is a vacancy in any office referred to in this Article or while the individual holding any such office is absent or unable to act.
- (2) If the term of office of any medical leader expires before a successor is appointed, the Board may extend the appointment of the incumbent.
- (3) Subject to annual confirmation by the Board, the appointment of a medical leader shall be for a term of up to five years.
- (4) The maximum number of consecutive years of service of a medical leader shall be ten years provided, however, that following a break in the continuous service of at least one year, the same person may be reappointed.

- (5) The Board shall receive and consider the input of the appropriate Credentialed Professional Staff members before it makes an appointment to a Credentialed Professional Staff leadership position.
- (6) The Board may revoke any appointment to any position referred to in this Article at any time.

8.2 Chair of the Medical Advisory Committee

- (1) The Board shall appoint a Chair of the Medical Advisory Committee after considering the recommendation of the Medical Advisory Committee.
- (2) The Chair of the Medical Advisory Committee shall:
 - (a) be an *ex-officio* Director and as a Director, fulfill fiduciary duties to the Corporation;
 - (b) be the *ex-officio* Chair of the Medical Advisory Committee;
 - (c) be an *ex-officio* member of all Medical Advisory Committee subcommittees;
 - (d) report regularly to the Board on the work and recommendations of the Medical Advisory Committee; and
 - (e) perform such additional duties as may be outlined in the Board-approved Chair of the Medical Advisory Committee position description, or as set out in the Rules, or as assigned by the Board.
- (3) The Chair of the Medical Advisory Committee shall, in consultation with the Chief Executive Officer, designate an alternate to act during their absence.

8.3 Vice Chair of the Medical Advisory Committee

- (1) The Board shall appoint a Vice Chair of the Medical Advisory Committee after considering the recommendation of the Medical Advisory Committee.
- (2) The Vice Chair of the Medical Advisory Committee shall assist the Chair of the Medical Advisory Committee in fulfilling their responsibilities as may be required and mutually agreed upon.

8.4 Chiefs of Department

- (1) The Board shall appoint a Chief of each Department.
- (2) Unless otherwise determined by the Board and except for the Chief of Midwifery, each Chief of Department shall be a member of the Active Staff and shall have an appointment with Schulich School of Medicine & Dentistry.

- (3) The Board shall strike a search committee for the selection of a Chief of each Department composed of:
- (a) the Vice President, Medical or delegate; who will serve as chair;
 - (b) at least two Credentialed Professional Staff members from the relevant Department;
 - (c) up to three members appointed by the Dean;
 - (d) the Chief Executive Officer or delegate;
 - (e) the Vice President of the associated Department or delegate;
 - (f) a Director, appointed by the Board;
 - (g) Physician representatives from a minimum of two Departments who work closely with the Chief of Department, one of whom shall be a member of the Medical Advisory Committee; and
 - (h) the Chair of the Medical Advisory Committee or delegate.
- (4) A Chief of Department shall:
- (a) if a Physician or the Chief of Dentistry, be an *ex-officio* member of the Medical Advisory Committee;
 - (b) make recommendations to the Medical Advisory Committee on appointment, reappointment, change in privileges, and any disciplinary action to which Department members should be subject;
 - (c) advise the Medical Advisory Committee through and with the Chair of the Medical Advisory Committee on the quality of care provided to Patients of the Department;
 - (d) review and make recommendations to the Medical Advisory Committee on the performance evaluations of Department members annually as part of the reappointment process and conduct an enhanced performance evaluation on a periodic basis;
 - (e) hold regular Department meetings;
 - (f) delegate responsibility to appropriate Department members;
 - (g) report to the Medical Advisory Committee and to the Department on the activities of the Department;
 - (h) perform such additional duties as may be outlined in the Board-approved Chief of Department position description, or as set out in the Rules, or as

assigned by the Board, Chair of the Medical Advisory Committee, Medical Advisory Committee, or Chief Executive Officer; and

- (i) in consultation with the Chair of the Medical Advisory Committee, designate an alternate to act during their absence.

8.5 Chiefs of Service

- (1) The Chief of Department may appoint one or more Chiefs of Service for the relevant Department. An open nomination process shall be used and a selection committee established to consider the nominees and make a recommendation to the Chief of Department. The Chief of Department, in appointing Chiefs of Services, will demonstrate a process of consultation with the CEO, within the Department (and if appropriate, between Departments), with Programs and, if applicable, with the Schulich School of Medicine & Dentistry.
- (2) A Chief of Service may be site specific or function specific.
- (3) The Chief of Service shall:
 - (a) be responsible to the Board through the Chief of the Department and Chair of the Medical Advisory Committee for the quality of care rendered to Patients in their Service; and
 - (b) perform all of the duties as may be assigned by the Board, Chair of the Medical Advisory Committee, or Chief of Department, or as set out in a Board-approved position description.

8.6 Medical Director, Long-Term Care

- (1) The Board shall appoint a Medical Director, Long-Term Care after considering the recommendation of the Chief of Family Medicine in consultation with the Vice President, Medical, the Vice President, Clinical with Mount Hope in their responsibilities, and the Medical Advisory Committee.
- (2) The Medical Director, Long-Term Care shall report to the Chief of Family Medicine.
- (3) The duties of the Medical Director, Long-Term Care shall mirror those of Chiefs of Department and shall include the duties prescribed by the *Fixing Long-Term Care Act, 2021*, and the regulations made under it, including:
 - (a) Development, implementation, monitoring, and evaluation of medical services;
 - (b) Advising on and approving clinical policies and procedures;

- (c) Communication of expectations to attending Physicians and Registered Nurses in the Extended Class, including communicating relevant medical policies and procedures;
- (d) Addressing issues relating to resident care, after-hours coverage, and on-call coverage;
- (e) Attendance and participation in interdisciplinary committees and quality improvement activities; and
- (f) Providing oversight of resident medical care in the home.

Article 9 – Medical Advisory Committee

9.1 Composition

- (1) The Medical Advisory Committee shall consist of the following members, each of whom shall have one vote:
 - (a) the Chair of the Medical Advisory Committee;
 - (b) the Vice Chair of the Medical Advisory Committee;
 - (c) the Chiefs of Department who are Physicians, or their delegates;
 - (d) the Chief of Dentistry;
 - (e) the President of the Credentialed Professional Staff Organization;
 - (f) the Vice President of the Credentialed Professional Staff Organization;
 - (g) the Secretary/Treasurer of the Credentialed Professional Staff Organization; and
 - (h) such other Medical Staff members as the Board may appoint on the recommendation of the Chair of the Medical Advisory Committee and/or Chief Executive Officer.
- (2) In addition, the following individuals shall be entitled to attend Medical Advisory Committee meetings without a vote:
 - (a) the immediate past chair of the Medical Advisory Committee for a two-year term, upon the completion of their duty as Chair of the Medical Advisory Committee, who shall serve in an advisory capacity to the current Chair of the Medical Advisory Committee;
 - (b) the Chief Executive Officer;
 - (c) the Vice President, Medical;

- (d) the Chief Nursing Executive;
 - (e) the Director, Medical Affairs;
 - (f) the Dean or delegate;
 - (g) the Chief of Midwifery;
 - (h) the Vice President, Quality; and
 - (i) the Chief and Medical Director of Critical Care, who shall be copied on all Medical Advisory Committee correspondence.
- (3) In addition:
- (a) The chair of the Board or delegate shall have a standing invitation to attend Medical Advisory Committee meetings, without a vote, and shall be copied on all Medical Advisory Committee correspondence.
 - (b) The Chair of the Medical Advisory Committee may invite such other person(s) as they may determine from time to time to attend any or all of its meetings, but such invited person(s) shall not have voting privileges.

9.2 Recommendations

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

9.3 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 on the following matters:
 - (i) every application for appointment or reappointment to the Credentialed Professional Staff, and any request for a change in privileges;
 - (ii) the privileges to be granted to each Credentialed Professional Staff member;
 - (iii) this By-law and the Rules and Policies;
 - (iv) the revocation of appointment or the suspension or restriction of privileges of any Credentialed Professional Staff member; and
 - (v) the quality of care provided in the Hospital by the Medical Staff, Dental Staff, Midwifery Staff, and Extended Class Nursing Staff;

- (b) supervise the practice and behaviours of the Credentialed Professional Staff in the Hospital;
- (c) appoint the Medical Staff members of all Medical Advisory Committee subcommittees;
- (d) receive reports of the Medical Advisory Committee subcommittees;
- (e) 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;
- (f) 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;
- (g) upon the recommendation of the Chief of each Department, consider and approve the departmental clinical and academic responsibilities of the Credentialed Professional Staff;
- (h) facilitate the development and implementation of Rules, Policies, ethical guidelines, and procedures of the Credentialed Professional Staff;
- (i) advise the Board on any matters that it refers to the Medical Advisory Committee; and
- (j) where the Medical Advisory Committee 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, make recommendations about those issues to the Hospital's quality committee established under the *Excellent Care for All Act*.

9.4 Subcommittees

- (1) 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.
- (2) 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.

9.5 Quorum

Quorum for any Medical Advisory Committee meeting or subcommittee meeting shall be a majority of the members entitled to vote. There will be no voting by proxy. 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 no later than five hours prior to the meeting.

9.6 Meetings

- (1) The Medical Advisory Committee shall hold at least ten meetings each year and keep minutes of such meetings.
- (2) Unless otherwise required by applicable law, motions arising at any Medical Advisory Committee meeting or subcommittee meeting shall be decided by consensus of the voting members present. Consensus will be considered to have been reached when no voting member objects to the subject matter of the motion before the meeting. If the chair of the meeting determines that the sense of the meeting is that consensus will not be reached, then the motion shall be decided by a majority of the votes cast. In such cases, the chair of the meeting shall be entitled to cast a second, or tie-breaking, vote in the event of a tie. A member may attend and vote by electronic means.
- (3) A Medical Advisory Committee or subcommittee meeting may be held by telephonic or electronic means. Where a meeting is held by telephonic or electronic means, a vote may be taken by show of hands, voice vote, or other electronic means of voting.

Article 10 – Credentialed Professional Staff Organization Meetings

10.1 Annual, Regular, and Special Meetings

- (1) The Credentialed Professional Staff Organization shall hold at least four regular meetings in each financial 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.
- (2) 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 20 Active Staff or Modified Active Staff members.
- (3) 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 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. Notice of a regular

meeting (other than the annual meeting) or a special meeting shall be given at least 48 hours before the meeting. Notice of a special meeting shall state the nature of the business for which the special meeting is called.

- (4) The period of time required for giving notice of any special meeting may be waived in 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.
- (5) 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 Article 10 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.

10.2 Quorum

Twenty 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.

10.3 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.

10.4 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 11 – Credentialed Professional Staff Organization Officers

11.1 Credentialed Professional Staff Organization Officers

- (1) The provisions of this Article 11 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/Treasurer of the Credentialed Professional Staff Organization shall be deemed to be the President, Vice President, and Secretary/Treasurer of the Medical Staff.
- (2) The Credentialed Professional Staff Organization officers shall be:
 - (a) the President;

- (b) the Vice President;
 - (c) the Secretary/Treasurer; and
 - (d) such other officers as the Credentialed Professional Staff Organization may determine.
- (3) The Credentialed Professional Staff Organization officers shall be elected annually for a one-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.
- (4) 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.
- (5) 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 11.3. The Credentialed Professional Staff Organization member so elected to office shall fill the office until the next annual meeting of the Credentialed Professional Staff Organization.

11.2 Attendance, Voting, and Holding Office

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

11.3 Nominations and Election Process

- (1) The nominating committee for the annual Credentialed Professional Staff Organization election shall be composed of the then current Credentialed Professional Staff Organization officers.
- (2) At least 30 days prior to the annual meeting, the nominating committee shall, by email, call for nominations from the Physician members of the Credentialed Professional Staff Organization amongst the Active Staff and Modified Active Staff to stand for the offices of the Credentialed Professional Staff Organization.

- (3) Each nomination must be signed by at least two members of the Active Staff and/or Modified Active Staff, and the Physician nominee must signify in writing their acceptance of it for the nomination to be valid.
- (4) At least 21 days prior to the annual meeting, the nominating committee shall circulate or post in a conspicuous place at each site of the Hospital a list of the names of those who are nominated to stand for the offices of the Credentialed Professional Staff Organization that are to be filled by election in accordance with the *Public Hospitals Act* and this By-law.
- (5) Any further nominations shall be made in writing to the Secretary/Treasurer of the Credentialed Professional Staff Organization up to seven days before the annual meeting.
- (6) Notwithstanding the above, it is intended that the successful nominees begin their respective terms in office as Secretary/Treasurer, and through subsequent confirmation at annual meetings, are eventually elected to the office of the Vice President and then the President of the Credentialed Professional Staff Organization.
- (7) Upon the President of the Credentialed Professional Staff Organization's expiry of their term of office, they become *ex-officio* Past President of the Credentialed Professional Staff Organization.

11.4 President of the Credentialed Professional Staff Organization

The President of the Credentialed Professional Staff Organization shall:

- (a) preside at all Credentialed Professional Staff Organization meetings;
- (b) act as a liaison between the Credentialed Professional Staff Organization, the Chief Executive Officer, and the Board on matters concerning the Credentialed Professional Staff;
- (c) support and promote the values and strategic plan of the Corporation, while representing the views and needs of the Credentialed Professional Staff;
- (d) be an *ex-officio* member of the Medical Advisory Committee;
- (e) be an *ex-officio* member of the Medical Advisory Committee Executive; and
- (f) be an *ex-officio* non-voting Director and, as a Director, fulfill fiduciary duties to the Corporation by making decisions in the best interest of the Corporation.

11.5 Vice President of the Credentialed Professional Staff Organization

The Vice President of the Credentialed Professional Staff Organization shall:

- (a) in the absence or disability of the President of the Credentialed Professional Staff Organization, act in place of the President, and perform their duties and possess their powers as set out in section 11.4 (other than as set out in Section 11.4(f));
- (b) perform such duties as the President of the Credentialed Professional Staff Organization may delegate to them;
- (c) be an *ex-officio* member of the Medical Advisory Committee;
- (d) be an *ex-officio* member of the Medical Advisory Committee Executive; and
- (e) be an *ex-officio* non-voting Director and, as a Director, fulfill fiduciary duties to the Corporation by making decisions in the best interest of the Corporation.

11.6 Secretary/Treasurer of the Credentialed Professional Staff Organization

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

- (a) attend to the correspondence of the Credentialed Professional Staff Organization;
- (b) ensure notice is given and minutes are kept of Credentialed Professional Staff Organization meetings;
- (c) maintain the funds and financial records of the Credentialed Professional Staff Organization and provide a financial report at the annual meeting of the Credentialed Professional Staff Organization;
- (d) disburse funds at the direction of the Credentialed Professional Staff Organization, as determined by a majority vote of the Credentialed Professional Staff Organization members present and voting at a Credentialed Professional Staff Organization meeting;
- (e) be an *ex-officio* member of the Medical Advisory Committee; and
- (f) in the absence or disability of the Vice President of the Credentialed Professional Staff Organization, perform the duties and possess the powers of the Vice President as set out in section 11.5 (other than as set out in Section 11.5(e)).

11.7 Other Officers

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

Article 12 – Amendments

12.1 Amendments to this By-law

Prior to submitting any amendment(s) to this By-law to the Corporation's by-law approval processes:

- (a) A written notice of motion setting out the proposed amendment(s) will be given at a regular meeting of the Medical Advisory Committee and final approval of the amendment(s) will be deferred until a subsequent meeting;
- (b) The President of the Credentialed Professional Staff Organization will circulate notice of adoption of the motion together with clear reference to the proposed amendment(s) to the Active Staff and Modified Active Staff members within 14 days of the adoption of the motion;
- (c) Unless 20 or more Active Staff and/or Modified Active Staff members indicate in writing their disapproval of the proposed amendment(s) within seven days of notification, stating the reason for such disapproval, the proposed amendment(s) will be sent back to the Medical Advisory Committee for a recommendation of approval by the Board;
- (d) If such written disapproval is received within the seven days of notification, the President of the Credentialed Professional Staff Organization will call a special meeting to consider the disapproval. The special meeting will be held within 30 days of notification and written notice of at least 14 days thereof in advance of the meeting will be given to the Active Staff and Modified Active Staff members;
- (e) If a majority of the Active Staff and Modified Active Staff members present at the special meeting vote to support the rejection of the proposed amendment(s), the motion will be referred back to the Medical Advisory Committee for further consideration setting out the reasons for the rejection;
- (f) The Medical Advisory Committee shall, after reconsidering the rejection and the reasons for the rejection, either recommend that the proposed amendment(s) be dropped, or amended, or presented again to the Credentialed Professional Staff Organization; and
- (g) If the proposed amendment(s) are presented again to the Credentialed Professional Staff Organization, this procedure (as contained in sections 12.1(c) through 12.1(f)) will then be repeated once. If after repeating this procedure, the Credentialed Professional Staff Organization has referred

the amendment back to the Medical Advisory Committee for a second time and no resolution is reached, the proposed amendment(s) will be referred directly to the Board for consideration, resolution, and approval.

12.2 Repeal and Restatement

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