



Professional Staff By-Law 6

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PROFESSIONAL STAFF BY-LAW OF HAMILTON HEALTH SCIENCES CORPORATION

(hereinafter referred to as the “Corporation”)

PREAMBLE

WHEREAS it is the purpose of the Corporation to serve the community in accordance with the objects of the Corporation as provided in the letters patent of amalgamation, and with the mission and vision of the Corporation, as established by the Board from time to time;

AND WHEREAS the objects of the Corporation are as follows:

- (a) To operate, maintain and manage a hospital or hospitals at one or more sites consistent with the highest standards of treatment, care and comfort of persons suffering from illness or disability.
- (b) To promote and carry on teaching and scientific research activities of the Faculty of Health Sciences of McMaster University, the Health Sciences Programs of Mohawk College of Applied Arts and Technology and other educational institutions related to the care of the sick and injured insofar as such teaching and research can be carried on in, or in connection with, the Corporation.
- (c) To equip, maintain and operate laboratories and all other services incidental to a hospital.
- (d) To undertake research programs in connection with the prevention, treatment or rehabilitation of any sickness, injury or disease.
- (e) To operate programmes for the treatment and care of aged and infirm persons as well as programmes and services for the chronically ill and those requiring complex continuing care or palliative care services, including in-patient, community-based and out-patient programmes.
- (f) To operate programs for the treatment and care of aged and infirm persons.
- (g) To participate in any activities designed and carried on to promote the general health of the community.
- (h) To promote and develop standards of health care administration and service.

AND WHEREAS the governing body of the Corporation deems it expedient that a Professional Staff By-law be adopted for regulating the affairs of the Professional Staff.

NOW THEREFORE BE IT ENACTED:

ARTICLE 1. DEFINITIONS AND INTERPRETATION

Definitions

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

- (a) “Act” means the *Corporations Act* (Ontario), and where the context requires, includes the Regulations made under it;
 - (b) “Affiliation Agreement” means the agreement between the Hospital and the University dated September 24, 2014 regarding their joint relationship with respect to patient care, teaching and research;
 - (c) “Board” means the Board of Directors of the Corporation;
 - (d) “Board Policies” means the policies adopted by the Board;
 - (e) “By-Law” means any By-Law of the Corporation from time to time in effect;
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- (f) “Certification” means the holding of a certificate in a medical or surgical specialty issued by any professional body recognized by the Board after consultation with the Medical Advisory Committee;
- (g) “Chair” means the Director elected by the Board to serve as Chair of the Board;
- (h) “Chair of MAC” means the Physician appointed by the Board of Directors to serve as Chair of the Medical Advisory Committee
- (i) “Chief Executive Officer” means, in addition to ‘administrator’ as defined in section 1 of the *Public Hospitals Act*, the President and Chief Executive Officer of the Corporation;
- (j) “Chief Nursing Executive” means the senior nurse employed by the Hospital who reports directly to the Chief Executive Officer and is responsible for nursing services provided in the Hospital;
- (k) “Chief of a Department” means a member of the Medical 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;
- (l) “Clinical Assistants” means Physicians who are required to perform specific duties under the direct supervision of a member of the Medical Staff;
- (m) “Clinical Resource Plan” means the plan developed by the Vice-President Medical in consultation with the Chiefs of Department, Program and Service Medical Directors, and with the appropriate academic department and Regional Partners, based on the mission and strategic plan of the Corporation and on the regional needs of the community, which provides information and future projections of this information with respect to the management and appointment of Physicians, Dentists, Midwives, and Extended Class Nurses who are or may become members of the Medical, Dental, Midwifery and Extended Class Nursing Staff;
- (n) “Clinical Scholars” means Physicians who wish an additional period of specialized post-residency training involving clinical care and academic pursuits. Each Clinical Scholar appointment will be granted in conjunction with an appropriate Faculty of Health Sciences appointment;
- (o) “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;
- (p) “Committee” means a committee of the Board or as otherwise specified in this By-Law;
- (q) “Corporation” means the Hamilton Health Sciences Corporation located at the head office at 1200 Main Street West, Suite 2E28, Hamilton, Ontario, L8S 4J9;
- (r) “Dental Staff” means the collection of legally qualified dentists appointed by the Board to attend or perform dental services for patients in the Hospital;
- (s) “Dentist” means a dental practitioner in good standing with the Royal College of Dental Surgeons of Ontario;
- (t) “Department” or “department” means an organizational unit of the Medical Staff to which members with a similar field of practice have been assigned;
- (u) “Director” means a member of the Board;
- (v) “Ex officio” means membership “by virtue of the office” and includes all rights, and responsibilities, and the power to vote unless otherwise specified;
- (w) “Extended Class Nurses” means those registered nurses in the extended class to whom the Board has granted Privileges namely:
 - i. nurses that are employed by the Hospital and are authorized to diagnose, prescribe for or treat out-patients in the Hospital; and

- ii. nurses who are not employed by the Hospital and to whom the Board has granted privileges to diagnose, prescribe for or treat out-patients in the Hospital.
 - (x) “Head of a Service” means the Physician or Dentist appointed by the Board to be in charge of one of the organized Services of a medical department;
 - (y) “Hospital” means the Corporation;
 - (z) “Impact Analysis” means a study to determine the impact upon the resources of the Corporation of the proposed or continued appointment of any person to the Medical Staff;
 - (aa) “Liaison Committee” means the liaison committee established pursuant to subsection 11.2 of the Affiliation Agreement;
 - (bb) “Locum Tenens or “locum tenens” means Physicians who provide coverage for a member of the Medical Staff during their absence;
 - (cc) “Medical Staff” means those Physicians who are appointed by the Board and who are granted Privileges to practice medicine in the Hospital;
 - (dd) “Member” means a member of the Corporation;
 - (ee) “Midwife” means a Midwife in good standing with the College of Midwives of Ontario;
 - (ff) “Patient” means, unless otherwise specified, any in-patient, out-patient or other patient of the Corporation;
 - (gg) “Person” means and includes any individual, corporation, partnership, firm, joint-venture, syndicate, association, trust, government, government agency, board, commission or authority, or any other form of entity or organization;
 - (hh) “Physician” means a medical practitioner in good standing with the College of Physicians and Surgeons of Ontario;
 - (ii) “Policies” means the administrative, medical and professional policies of the Hospital;
 - (jj) “Privileges” or “privileges” means the clinical services and involvement in education and research which the Board has granted to a member of the Medical, Dental, non-employee Extended Class Nurse and Midwifery Staff;
 - (kk) “Professional Staff” means those Physicians, Dentists, non-employee Extended Class Nurses and Midwifery Staff that are appointed by the Board and who are granted specific Privileges to practise medicine, dentistry, midwifery or extended class nursing respectively;
 - (ll) “Professional Staff Appointment” means the appointment or assignment of a Professional Staff member to a department or Service in the Hospital within the categorization of active, associate, courtesy, honorary or locum tenens staff;
 - (mm) “Program” means a cluster of patient-centred services which optimizes patient care, education and research and is consistent with the mission and vision of the Corporation;
 - (nn) “*Public Hospitals Act*” means the *Public Hospitals Act* (Ontario), and, where the context requires, includes the Regulations made under it;
 - (oo) “Regional Partners” means the health care institutions and agencies with whom the Corporation has developed collaborative relationships for the provision of patient care, and education and research;
 - (pp) “Rules and Regulations” means the Rules and Regulations governing the practice of the Medical, Dental, and Midwifery Staff in Hospital both generally and within a particular department, which have been established respectively by the staff in general and the staff of the department;
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- (qq) “Service” or “service” means an organizational unit of a department which is based on a sub-specialty area of medical practice;
- (rr) “Special Professional Staff” means qualified non-Physician professionals who are appointed to the Medical Staff for their expertise or assistance in patient treatment, education, and research;
- (ss) “Supervisor” means a Physician who is assigned the responsibility to oversee the work of another person;
- (uu) “Supportive Care” means the provision of support to the patient through a physician-patient relationship which has developed over time; “University” means McMaster University; and
- (vv) “Vice-President Medical”, “VP Medical”, “VP Medical Affairs” and “VP Medical Affairs and Quality” mean Executive Vice President & Chief Medical Executive.

Interpretation

In this By-Law, unless the context otherwise requires, words importing the singular number shall include the plural number and vice versa and references to persons shall include firms and corporations and words importing one gender shall include the opposite.

ARTICLE 2. PURPOSE OF PROFESSIONAL STAFF BY-LAWS, RULES, REGULATIONS AND POLICIES

2.01 Purpose of the Professional Staff By-Laws

The purpose of the Professional Staff By-Laws is to:

- (a) outline clearly and succinctly the purposes and functions of the Professional Staff;
- (b) identify specific organizational units (departments, committees, programs, etc.) necessary to allocate the work of carrying out those functions;
- (c) to identify the process for the selection of the Chair of MAC and Chief of Department and for the election of the Professional Staff Association officers;
- (d) provide an organizational structure which defines responsibility, authority and accountability of every organizational component, and which is designed to ensure that each Professional Staff member exercises responsibility and authority commensurate with the member’s contribution to patient care and to the teaching and research needs of the Hospital, and fulfills like accountability obligations;
- (e) provide a mechanism for accountability to the Board, through defined professional components, for patient care, professional and ethical conduct, and teaching and research activities of each individual practitioner holding membership in the Professional Staff; and
- (f) Create a Professional Staff Association structure which will advocate the interests of and support the rights and privileges of the Professional Staff as provided herein.

2.02 Purpose of the Professional Staff Structure

The purpose of the Professional Staff, in addition to fulfilling the responsibilities established by the laws of the Province of Ontario and this By-Law, is:

- (a) to provide a structure whereby the members of the Professional Staff participate in the Hospital’s planning, policy setting and decision making;
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- (b) to serve as a quality assurance system for care rendered to patients by the Professional Staff and to ensure the continuing improvement of the quality of medical care; and
- (c) to facilitate the best possible environment for learning and research in respect of the Corporation's role as a teaching hospital.

2.03 Rules and Regulations and Policies and Procedures

- (a) The Medical Advisory Committee may make Rules and Regulations as it deems necessary, including rules and regulations for patient care and safety and the conduct of members of the Professional Staff and Extended Class Nursing Staff.
- (b) The Medical Advisory Committee may make administrative, human resources, clinical and professional policies applicable to the Professional Staff that are consistent with this by-law and the Rules and Regulations and Policies.

ARTICLE 3. DELEGATION OF DUTIES

Any of the Chair of the Medical Advisory Committee, Chief of Department, Head of Service, Vice President Medical, Chief Executive Officer or Dean of the Faculty of Health Sciences shall be responsible for the duties assigned to them under this By-law and he or she may delegate to others the performance of any such duties.

ARTICLE 4. APPOINTMENT AND REAPPOINTMENT TO PROFESSIONAL STAFF

4.01 Appointment and Revocation

- (a) The Board, after considering the recommendations of the Medical Advisory Committee, shall appoint annually a Professional Staff and the non-employed members of the Extended Class Nursing Staff and shall grant such privileges as it deems appropriate to each member of the Professional Staff so appointed. All appointments to the Professional Staff are, subject to [Section 4.03\(h\)](#), conditional upon an academic appointment to the Faculty of Health Sciences of the University being granted to the applicant.
- (b) All applications for appointment and reappointment to the Professional Staff shall be processed in accordance with the provisions of this By-law, Affiliation Agreement and the *Public Hospitals Act*.
- (c) The Board may, at any time, make, revoke or suspend any appointment to the Professional Staff or restrict the privileges of any member of the Professional Staff in accordance with the provisions of this By-law and the *Public Hospitals Act*.

4.02 Term of Appointment

- (a) Subject to [subsection 4.01\(c\)](#), each appointment to the Professional Staff shall be for a term of up to one (1) year.
 - (b) Where a member of the Professional Staff has applied for reappointment within the time prescribed by the Medical Advisory Committee, the current appointment shall continue:
 - i. unless [subsection 4.02\(b\)\(ii\)](#) applies, until the reappointment is granted or not granted by the Board; or
 - ii. in the case of a member of the Professional Staff and where the reappointment is not granted by the Board and there is a right of appeal to the Health Professions Appeal and Review Board, until the time for giving notice of a hearing by the Health Professions Appeal and Review Board has expired or, where a hearing is
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required, until the decision of the Health Professions Appeal and Review Board has become final.

4.03 Qualifications and Criteria for Appointment to the Professional Staff

- (a) Only applicants who meet the qualifications and satisfy the criteria set out in this By-law are eligible to be a member of, and appointed to, the Professional Staff of the Corporation.
- (b) An applicant for appointment to the Professional Staff must meet the following qualifications:
 - i. have adequate training and experience for the privileges requested;
 - ii. have a demonstrated ability to:
 - A. provide patient care at an appropriate level of quality and efficiency;
 - B. work and communicate with, and relate to, others in a co-operative, collegial and professional manner;
 - C. communicate with, and relate appropriately to, patients and patients' relatives and/or substitute decision makers;
 - D. participate in the discharge of staff, committee and, if applicable, teaching responsibilities, and other duties appropriate to staff category;
 - E. have an interest and aptitude towards scholarly activities;
 - F. meet an appropriate standard of ethical conduct and behaviour;
 - G. if applicable, the application's continuing medical education must be acceptable to the Credentials Committee; and
 - H. govern himself or herself in accordance with the requirements set out in this By-law, the Hospital's mission, vision and values, Rules and Regulations and Policies;
 - iii. have maintained the level of continuing professional education required by the applicable regulatory College;
 - iv. have up-to-date inoculations, screenings and tests as may be required by the occupational health and safety policies and practices of the Hospital, the *Public Hospitals Act* or other legislation;
 - v. demonstrate adequate control of any significant physical or behavioural impairment affecting skill, attitude or judgment that might impact negatively on patient care or the operations of the Corporation; and
 - vi. have current membership in the Canadian Medical Protective Association or professional practice liability coverage appropriate to the scope and nature of the intended practice.
 - vii. subject to [subsection 4.03 \(b\) \(viii\)](#) below, all applicants must hold a current academic appointment in the Faculty of Health Sciences of the University or be in the process of applying for such application and have received evidence satisfactory to the Medical Advisory Committee and the Board that such appointment will be granted;
 - viii. the following applicants shall be excluded from the requirement to hold a current academic appointment in the Faculty of Health Sciences, and from the joint appointment requirements contained in the Affiliation Agreement, and for such applicants, resignation or termination from either the Hospital or the University does not result in resignation or termination from the other:

- A. as of the date of the Affiliation Agreement, all members of Active and Courtesy Professional Staff, whether they had joint appointments at that date or not. The exemption applicable to the existing Active and Courtesy members of the Professional Staff shall apply to all their respective future applications, provided that only Courtesy Staff members who have Active Staff privileges at the St. Joseph's Hospital shall be eligible to transfer their grandfathered status from Courtesy to Active;
 - B. any applicant for appointment to the Department of Family Medicine. Notwithstanding the exemption, applicants to the Department of Family Medicine may apply to the Faculty of Health Sciences – Department of Family Medicine. Any such applicant can elect at any time for any reason whatsoever to resign a Faculty appointment and still maintain a Hospital appointment. This exemption shall also apply to Dentists, Midwives and Extended Class Nurses with the necessary changes in points of detail;
 - C. all Clinical Assistants, and all members of the Honourary, Term and Temporary Professional Staff; and
 - D. an applicant or member of the Professional Staff who is granted an exemption by the Board of the Hospital, following consultation with the Dean or the Dean's delegate, due to Exceptional Circumstances. As defined in the Affiliation Agreement, Exceptional Circumstances means circumstances in which:
 - 1) the Professional Staff member has the training, skills and experiences which are required in the community; and
 - 2) the Professional Staff member does not meet the academic requirements of the University; and
 - 3) the Hospital is unable to attract a Professional Staff member with like skills, training and experiences, who would meet the academic requirements of the University; and
 - 4) the inability of the Hospital to grant Privileges would be prejudicial to the health and welfare of the members of the community; or
 - 5) a professional Staff member has applied for an appointment to the Hospital and there is no shared academic and clinical mission;
- (c) In addition to the qualifications set out in [subsection 4.03\(b\)](#), an applicant for appointment to the Professional Staff must meet the following qualifications:
- i. be qualified to practice medicine and licensed pursuant to the laws of Ontario and have a Certificate of Registration in good standing with the College of Physicians and Surgeons of Ontario or an equivalent certificate from their most recent licensing body;
 - ii. have a current Certificate of Professional Conduct from the College of Physicians and Surgeons of Ontario or the equivalent certificate from their most recent licensing body;
 - iii. all members practicing in a specialty recognized by the Royal College of Physicians and Surgeons of Canada must hold a current certificate issued by the Royal College of Physicians and Surgeons or an educational license for which they have met all requirements, either by way of examination or by academic eligibility;
- (d) In addition to the qualifications set out in [subsection 4.03\(b\)](#), an applicant for appointment to the Dental Staff must meet the following qualifications:
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- i. be qualified to practice dentistry and licensed pursuant to the laws of Ontario and have a letter of good standing from the Royal College of Dental Surgeons of Ontario or the equivalent letter from their most recent licensing body; and
 - ii. have a current Certificate of Professional Conduct from the Royal College of Dental Surgeons or the equivalent certificate from their most recent licensing body.
- (e) In addition to the qualifications set out in [subsection 4.03\(b\)](#), an applicant for appointment to the Midwifery Staff must meet the following qualifications:
 - i. be qualified to practice midwifery and be licensed pursuant to the laws of Ontario and have a Certificate of Registration in good standing with the College of Midwives of Ontario or an equivalent certificate from their most recent licensing body; and
 - ii. have a current Certificate of Professional Conduct from the College of Midwives of Ontario or the equivalent certificate from their most recent licensing body.
- (f) In addition to the qualifications set out in [subsection 4.03\(b\)](#), an applicant for appointment to the Extended Class Nursing Staff must meet the following qualifications:
 - i. be qualified to practice as a nurse in the extended class and hold a current, valid Annual Registration Payment Card as a registered nurse in the extended class with the College of Nurses of Ontario; and
 - ii. have a letter of good standing from the Ontario College of Nurses or their most recent licensing body.
- (g) All appointments will require an Impact Analysis demonstrating that the Hospital has the resources to accommodate the applicant and that the applicant meets the needs of the respective Department as described in the Professional Staff Human Resources Plan.
- (h) In addition to any other provisions of the By-law, including the qualifications set out in subsection [4.03\(b\)](#), [4.03\(c\)](#), [4.03\(d\)](#), [4.03\(e\)](#) and [4.03\(f\)](#), the Board may refuse to appoint any applicant to the Professional Staff on any of the following grounds:
 - i. the appointment is not consistent with the need for service, as determined by the Board from time to time;
 - ii. the Professional Staff Human Resources Plan and/or the Impact Analysis of the Corporation and/or Department does not demonstrate sufficient resources to accommodate the applicant;
 - iii. the applicant was not granted an academic appointment; or
 - iv. the appointment is not consistent with the strategic plan and mission of the Corporation.

4.04 Application for Appointment to the Professional Staff

- (a) 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 and strategic plan of the Corporation, the By-laws and the Rules and Regulations and appropriate Policies, to each Professional Staff or Registered Nurse in the Extended Class who expresses in writing an intention to apply for appointment to the Professional Staff.
 - (b) An applicant for appointment to the Professional Staff shall submit to the Chief Executive Officer one (1) original application in the prescribed form together with signed consents to enable the Hospital to make inquiries of the applicable College and
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other hospitals, institutions and facilities where the applicant has previously provided professional services or received professional training to allow the Hospital to fully investigate the qualifications and suitability of the applicant.

- (c) Prior to the consideration of an applicant for appointment, each applicant shall visit the Corporation for an interview with the Chair of the Medical Advisory Committee, the Chief Executive Officer and other appropriate members of the Professional Staff.

4.05 Procedure for Processing Applications for Appointment to the Professional Staff

- (a) Upon receipt of a complete application, the Chief Executive Officer shall deliver each 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 Credentials Committee with a copy to the Chief of the relevant Department and the Chair of the Academic Department.
- (b) If both the Chief of Department and the Chair of the Academic Department agree, the application shall be referred by the Chief of the Department to the Credentials Committee pursuant to [Section 4.04](#). Failure of the Chief of the Department and Chair of the Academic Department to agree that the applicant should be considered by the Credentials Committee shall be dealt with in accordance with the Affiliation Agreement as follows:
 - i. The matter will be reviewed by the Chief Executive Officer, (or Vice President, Medical as delegate of the Chief Executive Officer) Chair of Medical Advisory Committee, Dean, Health Sciences or designate, the Chief of Department and the Chair of the Academic Department.
 - ii. In the event that an agreement can still not be reached, the Chief of Department and Vice President Medical will consider whether the applicant should be considered for the exception set out in paragraph [4.03 \(b\)\(viii\)](#). If a determination is made that the exception applies the application shall be referred to the Credentials Committee in accordance with paragraph of [4.03 \(c\)](#).
 - iii. In the event that the Chief of Department and the Vice President Medical determine that the applicant does not fall within the exception set out in paragraph [4.03 \(b\)\(viii\)](#), the Vice President Medical and the Chief of Department will submit a recommendation to the Medical Advisory Committee that the applicant not be granted privileges.
 - iv. In the event of a recommendation that the applicant not be granted an appointment, the applicant will be processed by the Medical Advisory Committee pursuant to [section 4.05\(d\)](#).
- (c) The Credentials Committee shall review all materials in the application, receive the recommendation of the Chief of the relevant Department and the Chair of the Academic Department and ensure:
 - i. all required information has been provided;
 - ii. investigate the professional competence and verify the qualifications of the applicant,
 - iii. consider whether the qualifications and criteria required by [section 4.03](#) are met;
 - iv. ensure that an analysis of the impact of the appointment on human and fiscal resources and in particular, the impact or consistency of the appointment with the Professional Staff Human Resource Plan has been completed and approved; and

- v. shall submit a report as to its assessment and recommendation to the Medical Advisory Committee at its next regular meeting.
- (d) The Medical Advisory Committee shall:
 - i. receive and consider the report and recommendations of the Credentials Committee;
 - i. review the application with reference to the Professional Staff Human Resources Plan and Impact Analysis; and
 - ii. send, within sixty (60) days of the date of receipt by the Chief Executive Officer of a complete application, notice of its recommendations to the Board and the applicant, in accordance with the *Public Hospitals Act*.
- (e) Notwithstanding [subsection 4.05\(c\)\(iii\)](#), the Medical Advisory Committee may make its recommendation later than sixty (60) days after receipt of the application if, prior to the expiry of the sixty (60) day period, it indicates in writing to the Board and to the applicant that a final recommendation cannot be made within such sixty (60) day period and gives written reasons therefor.
- (f) 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.
- (g) Where the Medical Advisory Committee does not recommend appointment or where the recommended appointment or privileges differ from those requested, the Medical Advisory Committee shall inform the applicant that he or she is entitled to:
 - i. written reasons for the recommendation if a request is received by the Medical Advisory Committee within seven (7) days of the receipt by the applicant of notice of the recommendation; and
 - ii. a hearing before the Board if a written request is received by the Board and the Medical Advisory Committee within seven (7) days of the receipt by the applicant of the written reasons referred to in [subsection 4.05\(g\)\(i\)](#).
- (h) Where the applicant does not request a hearing by the Board, the Board may implement the recommendation of the Medical Advisory Committee.
- (i) Where an applicant requests a hearing by the Board, it shall be dealt with in accordance with the applicable provisions of the *Public Hospitals Act* and ARTICLE 6.
- (j) The Board shall consider the Medical Advisory Committee recommendations within the time frame specified by the *Public Hospitals Act*.
- (k) The Board, in determining whether to make any appointment or reappointment to the Professional Staff or approve any request for a change in privileges shall take into account the recommendation of the Medical Advisory Committee and such other considerations it, in its discretion, considers relevant including, but not limited to, the Professional Staff Human Resources Plan, Impact Analysis, strategic plan and the Corporation's ability to operate within its resources.

4.06 Temporary Appointment

- (a) Notwithstanding any other provision of this By-law, the Chief Executive Officer, after consultation with the Chair of the Medical Advisory Committee may:
 - i. grant a temporary appointment and temporary privileges to a professional staff member or Registered Nurse in the Extended Class provided that such

- appointment shall not extend beyond the date of the next meeting of the Medical Advisory Committee at which time the action taken shall be reported; and
- ii. continue a temporary appointment and temporary privileges on the recommendation of the Medical Advisory Committee, until the next meeting of the Board.
- (b) A temporary appointment of the Professional Staff or Registered Nurse in the Extended Class 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 professional staff or extended class nursing service; and
 - iii. for the purpose of short term teaching or assessment.
- (c) The Board may, after receiving the recommendation of the Medical Advisory Committee, continue a temporary appointment granted pursuant to [section 4.06\(a\)](#) for such period of time and on such terms as the Board determines.
- (d) If the term of the temporary appointment has been completed before the next Board meeting, the appointment shall be reported to the Board.
- The temporary appointment shall specify the category of appointment and any limitations, restrictions or special requirements.

4.07 Application for Reappointment to the Professional Staff

- (a) Each year, each member of the Professional Staff desiring reappointment to the Professional Staff shall make written application on the prescribed form to the Chief Executive Officer before the date specified by the Medical Advisory Committee.
- (b) In light of the duration of the academic appointments and the Hospital's annual re-appointment process, the Hospital's re-appointment process will deem that the applicant has satisfied the requirements of the academic appointment process unless the Chair of the Academic Department advises the Chief of Department otherwise.
- (c) Each application for reappointment to the Professional Staff shall contain the following information:
 - i. a restatement or confirmation of the undertakings and acknowledgements requested as part of an application for appointment or as required by the Rules and Regulations from time to time, either:
 - A. a declaration that all information on file at the Hospital from the applicant's most recent application is up-to-date, accurate and unamended as of the date of the current application; or
 - B. a description of all material changes to the information on file at the Hospital since the applicant's most recent application, including without limitation: an updated curriculum vitae including any additional professional qualifications acquired by the applicant since the previous application and information regarding any completed disciplinary or malpractice proceedings restriction in privileges or suspensions during the past year;
 - C. a report of the Chief of the relevant Department or Departments, as the case may be, in accordance with a performance evaluation process approved by the Board from time to time, which report shall include the Chief of Department's

- and Chair of the Department recommendation with respect to reappointment with the Hospital;
- D. the category of appointment requested and a request for either the continuation of, or any change in, existing privileges;
 - E. if requested, a current Certificate of Professional Conduct or equivalent from the appropriate college or licensing body;
 - F. confirmation that the member has complied with the disclosure duties set out in [Section 7.12\(a\)\(iv\)](#); and
 - G. such other information that the Board may require, respecting competence, capacity and conduct, having given consideration to the recommendation of the Medical Advisory Committee.
- (d) 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.
- (e) Application for reappointment shall be dealt with in accordance with the *Public Hospitals Act* and [section 4.05](#) of this By-law.

4.08 Qualifications and Criteria for Reappointment to the Professional Staff

In order to be eligible for reappointment:

- (a) the applicant shall continue to meet the qualifications and criteria set out in [section 4.03](#);
- (b) the applicant shall have conducted himself or herself in compliance with this By-law, the Hospital's values, Rules and Regulations, and Policies; and
- (c) the applicant shall have demonstrated appropriate use of Hospital resources in accordance with the Professional Staff Human Resources Plan and the Rules and Regulations and policies of the Corporation.

4.09 Application for Change of Privileges

- (a) Each member of the Professional Staff who wishes to change his or her privileges, shall submit, on the prescribed form to the Chief Executive Officer, an application listing the change of privileges requested, and providing evidence of appropriate training and competence and such other matters as the Board may require.
- (b) The Chief Executive Officer shall refer any such application forthwith to the Medical Advisory Committee through the Chair of the Medical Advisory Committee, who shall keep a copy of each application received and shall then refer the original application forthwith to the chair of the Credentials Committee and the Chief of the relevant Department.
- (c) The Credentials Committee shall investigate the professional competence, verify the qualifications of the applicant for the privileges requested, receive the report of the Chief of Department, and shall 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 and subject to the requirements of [subsections 4.05\(d\) to 4.05\(k\)](#) of this By-law.

4.10 Leave of Absence

- (a) Upon request of a member of the Professional Staff to the Chief of his or her Department, a leave of absence of up to twelve (12) months may be granted, after receiving the recommendation of the Medical Advisory Committee, by the Chair of the Medical Advisory Committee:
 - i. in the event of extended illness or disability of the member; or
 - ii. in other circumstances acceptable to the Board, upon recommendation of the Chair of the Medical Advisory Committee.
- (b) Following an initial leave of absence of twelve (12) months an additional request may be granted in accordance with [subsection 4.10\(a\)](#) to extend the leave of absence for a maximum of one (1) additional twelve (12) month period.
- (c) After returning from a leave of absence granted in accordance with [subsection 4.10\(a\)](#), the member of the Professional Staff will be required to complete a plan for return to practice and may be required to complete a competency review and produce a medical certificate of fitness from a physician acceptable to the Chair of the Medical Advisory Committee. The Chair of the Medical Advisory Committee may impose such conditions on the privileges granted to such member as appropriate.
- (d) Should a member of the Professional Staff not return to practice following the term of a granted leave of absence, the individual shall be required to make a new application for appointment to the Professional Staff in the manner and subject to the criteria set out in this By-law.

ARTICLE 5: MONITORING, SUSPENSION AND REVOCATION

5.01 Monitoring Practices and Transfer of Care

- (a) Any aspect of patient care or Professional Staff conduct being carried out in the Corporation may be reviewed without the approval of the member of the Professional Staff responsible for such care by the Chair of the Medical Advisory Committee or Chief of Department or Vice President.
 - (b) Where any member of the Professional Staff or Corporation staff reasonably believes that a member of the Professional Staff is incompetent, attempting to exceed his or her privileges, incapable of providing a service that he or she is about to undertake, or acting in a manner that exposes or is reasonably likely to expose any patient, health care provider, employee or any other person at the Hospital to harm or injury, such individual shall communicate that belief forthwith to one of the Chair of the Medical Advisory Committee, the Chief of the relevant Department, or the Chief Executive Officer, so that appropriate action can be taken.
 - (c) The Chief of a Department, on notice to the Chair of the Medical Advisory Committee where he or she believes it to be in the best interest of the patient, shall have the authority to examine the condition and scrutinize the treatment of any patient in his or her Department and to make recommendations to the attending Professional Staff member or any consulting 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.
 - (d) If the Chair of the Medical Advisory Committee or Chief of a Department becomes aware that, in his or her opinion a serious problem exists in the diagnosis, care or treatment of a patient, the officer shall forthwith discuss the condition, diagnosis, care
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and treatment of the patient with the attending member of the Professional Staff. If changes in the diagnosis, care or treatment satisfactory to the Chair of the Medical Advisory Committee, Chief of Department, as the case may be, are not made, he or she shall forthwith assume the duty of investigating, diagnosing, prescribing for and treating the patient.

- (e) Where the Chair of the Medical Advisory Committee or Chief of a Department has cause to take over the care of a patient, the Chief Executive Officer, or the Chief of the Department, as the case may be, and one other member of the Medical Advisory Committee, the attending member of the Professional Staff, and the patient or the patient's substitute decision maker shall be notified in accordance with the *Public Hospitals Act*. The Chair of the Medical Advisory Committee or Chief of Department shall file a written report with the Medical Advisory Committee within forty eight (48) hours of his or her action.
- (f) Where the Medical Advisory Committee concurs in the opinion of the Chair of the Medical Advisory Committee or VP Medical Affairs and Quality or Chief of Department who has taken action under [subsection 5.01\(d\)](#) 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.

5.02 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, revoke or suspend any appointment of a member of the Professional Staff or revoke, suspend, restrict or otherwise deal with the Privileges of a member of the Professional Staff. Unless immediate action is required for patient safety, adequate notice of suspension of Privileges shall be given by the Chief Executive Officer to the Dean of the Faculty of Health Sciences.
- (b) Any administrative or leadership appointment of the member of the Professional Staff will automatically terminate upon the restriction, revocation or suspension of privileges or, revocation of appointment, unless otherwise determined by the Board.
- (c) Where an application for appointment or reappointment is denied or, the privileges of a member of the Professional Staff have been restricted, suspended or revoked, by reason of incompetence, negligence or misconduct, or the member resigns from the Professional Staff during the course of an investigation into his or her competence, negligence or misconduct, the Chief Executive Officer shall prepare and forward a detailed written report to the member's regulatory body as soon as possible, and not later than thirty (30) days.

5.03 Immediate Action

- (a) The Chief Executive Officer or Vice President Medical or Chair of the Medical Advisory Committee or Chief of a Department may temporarily restrict or suspend the privileges of any member of the Professional Staff, in circumstances where in their opinion the member's conduct, performance or competence:
 - i. exposes or is reasonably likely to expose any patient, health care provider, employee or any other person at the Hospital to harm or injury; or
 - ii. is or is reasonably likely to be detrimental to patient safety or to the delivery of quality patient care within the Hospital, and immediate action must be taken to protect patients, health care providers, employees and any other person at the Hospital from harm or injury.
- (b) Before the Chief Executive Officer, the Chair of the Medical Advisory Committee, or Chief of a Department takes action authorized in [subsection 5.03\(a\)](#), 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 authorized in [subsection 5.03\(a\)](#) shall provide immediate notice to the others. The person who takes the action authorized in [subsection 5.03\(a\)](#) shall forthwith submit a written report on the action taken with all relevant materials and/or information to the Medical Advisory Committee.

5.04 Non-Immediate Action

- (a) The Chief Executive Officer, the Vice President Medical or the Chair of the Medical Advisory Committee, or the Chief of a Department, may recommend to the Medical Advisory Committee that the privileges of any member of the Professional Staff be restricted, suspended or revoked in any circumstances where in their opinion the member's conduct, performance or competence:
- i. fails to meet or comply with the criteria for annual reappointment; or
 - ii. exposes or is reasonably likely to expose any patient, health care provider, employee or any other person at the Hospital to harm or injury; or
 - iii. is or is reasonably likely to be, detrimental to patient safety or to the delivery of quality patient care within the Hospital or impact negatively on the operations of the Hospital; or
 - iv. fails to comply with the Hospital's by-laws, Rules and Regulations, or Policies, the *Public Hospitals Act* or any other relevant law.
- (b) Prior to making a recommendation as referred to in [subsection 5.04\(a\)](#), an investigation may be conducted. Where an investigation is conducted it may be assigned to an individual within the Hospital other than the Medical Advisory Committee or an external consultant.

5.05 Referral to Medical Advisory Committee for Recommendations

- (a) Following the temporary restriction or suspension of privileges under [subsection 5.03](#), or the recommendation to the Medical Advisory Committee for the restriction or suspension of privileges or the revocation of an appointment of a member of the Professional Staff under [subsection 5.04](#), the following process shall be followed:
- i. the Chief of the Department of which the individual is a member or an appropriate alternate designated by the Chair of the Medical Advisory Committee or Vice President Medical or Chief Executive Officer shall forthwith submit to the Medical Advisory Committee a written report on the action taken, or recommendation, as the case may be, with all relevant materials and/or information;
 - ii. a date for consideration of the matter will be set, not more than ten (10) days from the time the written report is received by the Medical Advisory Committee;
 - iii. as soon as possible, and in any event, at least seventy-two (72) hours prior to the Medical Advisory Committee meeting, the Medical Advisory Committee shall provide the member with a written notice of:
 - A. the time and place of the meeting;
 - B. the purpose of the meeting;
 - C. a statement of the matter to be considered by the Medical Advisory Committee together with any relevant documentation;
 - D. a statement that the member is entitled to attend the Medical Advisory Committee meeting to make submission in respect of all matters considered by the Medical Advisory Committee; and

- E. a statement that in the absence of the member, the meeting may proceed.
- (b) The date for the Medical Advisory Committee to consider the matter under [section 5.05\(a\)\(iii\)](#) may be extended by:
- i. an additional five (5) days in the case of a referral under [section 5.03](#); or
 - ii. any number of days in the case of a referral under [section 5.04](#), if the Medical Advisory Committee considers it necessary to do so.
- (c) The Medical Advisory Committee may:
- i. set aside the restriction or suspension of privileges; or
 - ii. recommend to the Board a suspension or revocation of the appointment or a restriction, suspension or revocation of privileges on such terms as it deems appropriate. Notwithstanding the above, the Medical Advisory Committee may also refer the matter to a committee of the Medical Advisory Committee.
- (d) If the Medical Advisory Committee recommends the continuation of the restriction or suspension or a revocation of privileges or recommends a revocation of appointment and/or makes further recommendations concerning the matters considered at its meeting, the Medical Advisory Committee shall within forty-eight (48) hours of the Medical Advisory Committee meeting provide the member with written notice of the Medical Advisory Committee's recommendation.
- (e) The written notice shall inform the member that he or she is entitled to:
- i. written reasons for the recommendation if a request is received by the Medical Advisory Committee within seven (7) days of the member's receipt of the notice of the recommendation; and
 - ii. a hearing before the Board if a written request is received by the Board and the Medical Advisory Committee within seven (7) days of the receipt by the member of the written reasons requested.
- (f) If the member requests written reasons for the recommendation under [section 5.05\(e\)](#), the Medical Advisory Committee shall provide the written reasons to the member within seventy-two (72) hours of receipt of the request.

ARTICLE 6: BOARD HEARING

6.01 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*; or
 - ii. the Medical Advisory Committee makes a recommendation to the Board that the privileges of a member of the Professional Staff be restricted, suspended or revoked or an appointment be revoked and the member requests a hearing.
- (b) The Board will name a place and time for the hearing.
- (c) In the case of immediate suspension or revocation of privileges, the Board hearing shall be held within fourteen (14) days of the date the applicant or members requests the hearing under [section 6.01\(a\)](#). In the case of non-immediate suspension or revocation of privileges, subject to [subsection 6.01\(d\)](#), the Board hearing will be held as soon as practicable but not later than twenty eight (28) days after the Board receives the written notice from the member or applicant requesting the hearing.
- (d) The Board may extend the time for the hearing date if it is considered appropriate.
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- (e) The Board will give written notice of the hearing to the applicant or member and to the Medical Advisory Committee at least seven (7) days before the hearing date.
 - (f) The notice of the Board hearing will include:
 - i. the place and time of the hearing;
 - ii. the purpose of the hearing;
 - iii. the Board Chair shall appoint a panel comprised of a subset of the Board, normally three in number, to conduct the hearing. If the Board Chair is a member of the panel, the Board Chair shall also chair the panel. Otherwise the Board Chair shall select one of the panel members to serve as the panel chair. The panel shall be authorized to hear and determine all matters relating to the procedure and merits of the issues that are the subject of the hearing, including issues as to its jurisdiction. A decision of the majority of the panel shall be determinative;
 - iv. a statement that the applicant or member and Medical Advisory Committee will be afforded an opportunity to examine prior to the hearing, any written or documentary evidence that will be produced, or any reports the contents of which will be given in evidence at the hearing;
 - v. a statement that the applicant or member may proceed in person or be represented by counsel, call witnesses and tender documents in evidence in support of his or her case;
 - vi. a statement that the time for the hearing may be extended by the Board on the application of any party; and
 - vii. a statement that if the applicant or member does not attend the meeting, the Board may proceed in the absence of the applicant or member, and the applicant or member will not be entitled to any further notice in the hearing.
 - (g) The parties to the Board hearing are the applicant or member, the Medical Advisory Committee and such other persons as the Board may specify.
 - (h) The applicant or member requiring a hearing and the Medical Advisory Committee shall be afforded an opportunity to examine, prior to the hearing, any written or documentary evidence that will be produced, or any reports the contents of which will be used in evidence.
 - (i) Members of the Board holding the hearing will not have taken part in any investigation or consideration of the subject matter of the hearing and will not communicate directly or indirectly in relation to the subject matter of the hearing with any person or with any party or their representative, except upon notice to and an opportunity for all parties to participate. Despite the foregoing, the Board may obtain legal advice.
 - (j) The findings of fact of the Board pursuant to a hearing will be based exclusively on evidence admissible or matters that may be noticed under the *Statutory Powers Procedure Act*.
 - (k) No member of the Board will participate in a decision of the Board pursuant to a hearing unless they are present throughout the hearing and heard the evidence and argument of the parties and, except with the consent of the parties, no decision of the Board will be given unless all members so present participate in the decision.
 - (l) The Board shall make a decision to follow, amend or not follow the recommendation of the Medical Advisory Committee. The Board, in determining whether to make any appointment or reappointment to the Professional Staff or approve any request for a change in privileges shall take into account the recommendation of the Medical Advisory Committee and such other considerations it, in its discretion, considers
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relevant including, but not limited to, the considerations set out in sections [5.03](#), [5.04](#) and [5.05](#) respectively.

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

ARTICLE 7: PROFESSIONAL STAFF CATEGORIES AND DUTIES

7.01 Professional Staff Categories

- (a) The Medical Staff, Dental Staff and Midwifery Staff shall be divided into the following groups:
 - i. Active;
 - ii. Associate;
 - iii. Honourary;
 - iv. Courtesy;
 - v. Term;
 - vi. Clinical Scholar;
 - vii. Clinical Assistant;
 - viii. Special Professional; and
 - ix. such categories as may be determined by the Board from time to time having given consideration to the recommendation of the Medical Advisory Committee.
- (b) The Extended Class Nursing Staff may be divided into such categories as the Board may from time to time determine having given consideration to the recommendation of the Medical Advisory Committee.

7.02 Active Staff

- (a) The Active Staff shall consist of those Professional Staff members appointed to the Active Staff by the Board and who have completed satisfactory service as Associate Staff of at least one (1) year or who the Board, on the recommendation of the Medical Advisory Committee, appoints directly to the Active Staff.
 - (b) Except where approved by the Board, no professional staff with an active staff appointment at another Hospital shall be appointed to the Active Staff.
 - (c) Each member of the Active Staff shall:
 - i. have admitting privileges unless otherwise specified in their appointment;
 - ii. attend patients and undertake treatment and operative procedures only in accordance with the kind and degree of privileges granted by the Board;
 - iii. 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 relevant Department to which they have been assigned;
 - iv. be responsible to the Chief of Department to which they have been assigned for all aspects of patient care;
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- v. act as a supervisor of other members of the 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 the Department to which they have been assigned;
- vi. fulfill such on-call requirements as may be established by each Department or Service in accordance with the Professional Staff Human Resource Plan and the Rules and Regulations;
- vii. be bound by the expectations for attendance, as established by the Medical Advisory Committee, at Professional Staff, Departmental and Service meetings;
- viii. 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 from time to time;
- ix. if a Physician, be entitled to attend and vote at meetings of the Professional Staff and be eligible to be an elected or appointed officer of the Professional Staff; and
- x. if a Dentist or Midwife, be entitled to attend meetings of the Professional Staff but shall not have a vote or be eligible to hold an elected or appointed office of the Professional Staff.

7.03 Associate Staff

- (a) Professional staff who are applying for appointment to the Active Staff, subject otherwise to the determination of the Board, will be assigned to the Associate Staff. In no event shall an appointment to the Associate Staff extend beyond two (2) years.
- (b) Each member of the Associate Staff shall:
 - i. have admitting privileges unless otherwise specified in their appointment;
 - ii. attend patients and undertake treatment and operative procedures only in accordance with the kind and degree of privileges granted by the Board;
 - iii. work under the supervision of an Active Staff member named by the Chair of the Medical Advisory Committee to whom he or she has been assigned;
 - iv. 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 relevant Department to which they have been assigned;
 - v. fulfill such on call requirements as may be established by each Department or Service and in accordance with the Professional Staff Human Resources Plan and the Rules and Regulations and Policies;
 - vi. be bound by the expectations for attendance, as established by the Medical Advisory Committee, at Professional Staff, Departmental and Service meetings;
 - vii. 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 from time to time;
 - viii. if a Physician, be entitled to attend and vote at Professional Staff meetings but shall not be eligible to be an elected or appointed officer of the Professional Staff; and
 - ix. if a Dentist or Midwife, be entitled to attend Professional Staff meetings but shall not have a vote at Professional Staff meetings and shall not be eligible to hold an elected or appointed office of the Professional Staff.
- (c) At six (6) month intervals following the appointment of an Associate Staff member to the Professional Staff, the Active Staff member by whom the Associate Staff member has been supervised shall complete a performance evaluation and shall make a written report to the Chair of the Medical Advisory Committee, concerning:

- i. the knowledge and skill that has been shown by the Associate Staff member;
 - ii. the nature and quality of his or her work in the Corporation; and
 - iii. his or her performance and compliance with the criteria set out in [subsection 4.03\(b\)](#). The Chair of the Medical Advisory Committee shall forward such report to the Credentials Committee.
- (d) Upon receipt of the report referred to in [subsection 7.03\(c\)\(i\)](#), the appointment of the member of the Associate Staff shall be reviewed by the Credentials Committee, which shall make a recommendation to the Medical Advisory Committee.
- (e) If any report made under [subsections 7.03\(a\)](#) or [7.03\(b\)](#) is not favourable to the Associate Staff member, the Medical Advisory Committee may recommend the appointment of the Associate Staff member be terminated.
- (f) No member of the Associate Staff shall be recommended for appointment to the Active Staff unless they have been a member of the Associate Staff for at least one (1) year. In no event shall an appointment to the Associate Staff be continued for more than two (2) years.

7.04 Affiliate Staff

- (a) The Board may grant an applicant an appointment to the Affiliate Professional Staff in the following circumstance:
- i. the applicant has requested an educational or professional affiliation with the Hospital within the Departments of Family Medicine, Complex Care and Aging or other Specialty (when not providing hospital based care).
- (b) Members of the Affiliate Staff shall:
- i. be bound by departmental attendance requirements for Professional Staff (applicable to the Department of Family Medical only);
 - ii. be involved in continuing education activities on an annual basis;
 - iii. be permitted to provide supportive care to patients under their care within the community; and
 - iv. participate in Department quality assurance initiatives.
- (c) Members of the Affiliate Staff shall not:
- i. be granted admitting or discharge Privileges, or Privileges to perform any procedure or attend Patients in the Hospital;
 - ii. have regular assigned clinical duties or responsibilities; or
 - iii. be eligible to vote at Professional Staff meetings or hold office.

7.05 Honourary Staff

- (a) An individual may be honoured by the Board by being designated as a member of the Honourary Staff of the Corporation, for such term as the Board deems appropriate, because he or she:
- i. is a former member of the Professional Staff who has retired from active practice; and/or
 - ii. has contributed to the Hospital and has an outstanding reputation or made an extraordinary accomplishment.
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- (b) Members of the Honourary Staff:
 - i. shall not have privileges or provide patient care;
 - ii. shall not have regularly assigned clinical, academic or administrative duties or responsibilities;
 - iii. may attend, but shall not vote at, Professional Staff meetings, and shall not be eligible to hold elected or appointed offices in the Professional Staff; and
 - iv. shall not be bound by the attendance requirements of the Professional Staff.

7.06 Courtesy Staff

- (a) The Courtesy Staff shall consist of those Professional Staff appointed by the Board to the Courtesy Staff in one or more of the following circumstances:
 - i. the applicant meets a specific service need of the Corporation; or
 - ii. where the Board deems it otherwise advisable and in the best interests of the Corporation.

- (b) Members of the Courtesy Staff shall:
 - i. be a member of the Active or Associate Staff of another hospital or be employed by a Provincial or Federal Government regulated medical organization at which the Professional Staff member's primary activities are based, subject otherwise to the determination of the Board;
 - ii. have such limited privileges as may be granted by the Board on an individual basis;
 - iii. attend patients and undertake treatment and operative procedures only in accordance with the kind and degree of privileges granted by the Board;
 - iv. be responsible to the Chief of Department to which they have been assigned for all aspects of patient care; and
 - v. be entitled to attend Departmental and Professional Staff meetings but shall not have a vote at Professional Staff meetings and shall not be eligible to hold an elected or appointed office of the Professional Staff.

7.07 Term Staff

- (a) Term staff will consist of applicants who have been granted privileges as approved by the Board having given consideration to the recommendation of the Chief of Department and the Medical Advisory Committee in order to meet a specific clinical or academic need for a defined period of time up to one year (subject to renewal for a further period of up to one additional year).
 - (b) The specific clinical or academic need(s) shall be identified by the Medical Advisory Committee and approved by the VP Medical and Chief Executive Officer of the Hospital. Such needs may include services provided by visiting professorships, episodic or limited surgical or consultative services or such other circumstances as may be required.
 - (c) Appointments shall be for a period not to exceed one (1) year and such appointment does not imply or provide for any continuing professional staff appointment.
 - (d) Appointments will be consistent with the established Professional Staff Human Resource Plan and will be subject to completion of an Impact Analysis
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- (e) Term staff:
 - i. may be required to work with the counsel and under the supervision of an Active staff member identified by the Chief of Department;
 - ii. may be required to undergo a probationary period as appropriate and as determined by the Chief of Department;
 - iii. shall, unless otherwise specified in the grant of privileges by the Board, have admitting privileges; and
 - iv. shall be entitled to attend at Professional Staff meetings.
 - v. Term staff will not:
 - A. be eligible for re-appointment at the end of the appointment;
 - B. vote at meetings of the Professional staff or be an officer of the Professional staff or committee chair; and
 - C. be bound by the expectations for attendance at Professional staff, departmental and service meetings.

Exceptions to the above are subject only to the determination by the Board.

7.08 Clinical Scholars

- (a) Clinical Scholars appointed by the Board shall include individuals for whom Hamilton Health Sciences and the Faculty of Health Sciences, McMaster University, wishes to provide an extra period of time for specialized post-certification training which involves both patient care and academic pursuit. A Clinical Scholar must be fully trained to function in his or her specialty (licensed and, where appropriate eligible for certification) and be a certified by the Royal College of Physicians & Surgeons.
- (b) Appointments shall be for a defined period of time of one (1) year and may be subject to renewal for one (1) additional year. In exceptional circumstances additional one (1) year appointments may be approved to a maximum of four (4) years as defined by the academic program within which the member is registered.
- (c) Clinical Scholars shall:
 - i. in specified circumstances, be granted admitting privileges upon the recommendation of the Chief of the Department in concurrence with the Chair of the University Department.

7.09 Clinical Assistants

- (a) Clinical Assistants are those Physicians who:
 - i. are registered with the Faculty of Medicine at the University or licensed for independent practice;
 - ii. may be engaged in post-graduate training;
 - iii. are working under the supervision of a member of the Active Staff;
 - iv. are appointed by the Board on the recommendation of the Chair of Medical Advisory Committee and the Medical Advisory Committee subject to the terms of the Affiliation Agreement;
 - v. hold a license in good standing and Certificate of Registration from the College of Physicians of Surgeons of Ontario; and
 - vi. have membership in the Canadian Medical Protective Association or other evidence of medical practice protection coverage satisfactory to the Board.
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- (b) Clinical Assistants shall not have the right to independently admit or attend patients, but may attend patients under the supervision of a member of the Active Staff;
- (c) Clinical Assistants shall not have membership or voting rights in the Professional Staff Association but may attend meetings of the Professional Staff Association;
- (d) Privileges and responsibilities for Clinical Assistants must be determined and authorized by the Chair of Medical Advisory Committee. Such privileges and responsibilities shall be appropriate to the individual's qualifications and experience.

7.10 Extended Class Nursing Staff

- (a) The Board, having given consideration to the advice of the Medical Advisory Committee, will delineate the privileges for each member of the Extended Class Nursing Staff who is not an employee of the Corporation.
- (b) Each new applicant for appointment to the Extended Class Nursing Staff shall be appointed for an initial probationary period of one (1) year.
- (c) Prior to completion of the one (1) year probationary period, a performance evaluation for a member of the Extended Class Nursing Staff shall be completed by the Chief of Department, concerning the knowledge and skill that has been shown by the Extended Class Nursing Staff member, the nature and quality of his or her work and his or her performance and compliance with the criteria set out in [subsection 4.03\(b\)](#) and such report shall be forwarded to the Credentials Committee.
- (d) The Credentials Committee shall review the report referred to in [subsection 4.03\(b\)](#) and shall make a recommendation to the Medical Advisory Committee which shall in turn make a recommendation to the Board.
- (e) A member of the Extended Class Nursing Staff shall be entitled to attend but not vote at Professional Staff meetings and shall not be eligible to hold an elected or appointed office in the Professional Staff.

7.11 Special Professional Staff

- (a) Special Professional Staff will, subject to determination by the Board in each individual case:
 - i. consist of individuals employed by the Hospital with specific professional expertise who are not members of a regulated health profession and who have clinical/education/research and/or clinical/education/research/administrative responsibilities;
 - ii. hold a postgraduate degree;
 - iii. be designated by the Board having given consideration to the recommendation of the Chief of Department and Medical Advisory Committee;
 - iv. be employees of the Hospital and subject to annual confirmation of their designation by the Board, on recommendation of the Chief of Department and the Medical Advisory Committee;
 - v. be eligible to attend Professional Staff meetings; and
 - vi. have regularly assigned administrative duties and responsibilities.
- (b) Special Professional Staff will not:

- i. be granted Admitting or Procedural Privileges, or engage in the practice of medicine; or
 - ii. vote at meetings of the Professional Staff or be an officer of the Professional Staff or a committee chair.
- (c) The individual will meet the needs of the respective department as described in the Professional Staff Human Resource Plan, and will be assessed on the basis of credentials, experience, and such other factors as the Board may, from time to time, consider relevant or as set out in the Rules and Regulations.
 - (d) At the time of application, the individual will accept in writing the mission statement and philosophy of the corporation, and agree in writing to abide by the requirements of the *Public Hospitals Act*, By-laws, Rules and Regulations, and Policies of the Corporation.
 - (e) Special Professional Staff who are employees of the Corporation will be bound by its employment policies and procedures. In the event that a dispute arises regarding their employment, the employee dispute resolution mechanism of the Corporation will be followed. Should employment be terminated by the Corporation, the Special Professional Staff designation will also be terminated.

7.12 Collective Duties of Professional Staff

Collectively, the 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 error management initiatives, as appropriate;
- (c) ensuring that ethical practice standards compatible with those of contemporary medical 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 relating to the operations of the Hospital are raised and considered through the proper channels of communication within the Hospital such as the Professional Staff Association or the Chair of MAC, Vice- President Medical, Chiefs of Department, 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; and
- (j) contributing to the development and ensuring compliance with the By-Laws, and Rules and Regulations, and Policies of the Corporation.

7.13 Individual Duties of Professional Staff

- (a) Each member of the Professional Staff:
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- i. 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; and
 - ii. shall co-operate with and respect the authority of:
 - A. the Chair of the Medical Advisory Committee and the Medical Advisory Committee;
 - B. the Vice President Medical;
 - C. the Chiefs of Department;
 - D. the Head of the applicable Service; and
 - E. the Chief Executive Officer.
 - iii. shall perform the duties, undertake the responsibility and comply with the provisions set out in this By-law and the Rules and Regulations and Policies;
 - iv. shall forthwith advise the Chair of the Medical Advisory Committee of the commencement of any College disciplinary proceeding, proceedings to restrict or suspend privileges at other hospitals, or malpractice actions;
 - v. shall ensure a high professional standard of care is provided to patients under their care that is consistent with sound healthcare resource utilization practices;
 - vi. shall practice medicine of the best professional and ethical practice standards within the limits of the Privileges provided;
 - vii. shall maintain involvement, as a recipient, in continuing medical and interdisciplinary professional education;
 - viii. shall contribute in academic activities within the parameters of a mutual agreement as determined within the department in which the Professional Staff member is appointed;
 - ix. shall participate in quality, complaint and error management initiatives, as appropriate;
 - x. shall prepare and complete patient records in accordance with the Hospital's Policies as may be established from time to time, applicable legislation and accepted industry standards;
 - xi. shall use reasonable efforts to provide the member's Chief of Department with three (3) months' notice of the members' intention to resign or restrict the member's Privileges;
 - xii. shall work and cooperate with others in a manner consistent with the Hospital's mission, vision and values;
 - xiii. shall notify the Board in writing through the Chief Executive Officer or delegate of any additional professional degrees or qualifications obtained by the member or of any change in the license to practice medicine made by the College or change in professional liability insurance;
 - xiv. shall participate on and support Hospital and Professional Staff committees; and
 - xv. shall participate in "on call" requirements of the Department or Service as scheduled by the Chief of Department or Head of Service, as applicable.
- (b) While the Hospital recognizes a physician's obligation to advocate for the patients best interest, each member of the Professional Staff shall not undertake any conduct that would be prejudicial to the Hospital's reputation or standing in the community, including making prejudicial or adverse public statements with respect to the
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Hospital's operations which have not first been addressed through the proper communication channels identified above and such official channels have not satisfactorily resolved the Professional Staff member's concerns.

ARTICLE 8. DEPARTMENTS AND SERVICES

8.01 Professional Staff Departments

- (a) The Professional Staff may be organized into such Departments as may be approved by the Board from time to time.
- (b) Each Professional Staff member will be appointed to a minimum of one (1) of the Departments. Appointment may extend to one (1) or more additional Departments.

8.02 Services Within a Department

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

8.03 Changes to Departments and Services

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

8.04 Professional Staff Human Resources Plan

Each Department shall develop a Professional Staff Human Resources Plan in accordance with the Hospital Strategic Plan. The Plan shall be developed by the Chief of the Department, after receiving and considering the input of the members of the Professional Staff in the Department, the Chair of the Academic Department, the appropriate regional partners, and shall be approved by the Board. Each Department's Plan shall include:

- (a) the required number and expertise of the Professional Staff;
- (b) a recruitment plan, which shall include an Impact Analysis; and
- (c) reasonable on-call requirements for members of the Professional Staff of the Department.

ARTICLE 9. LEADERSHIP POSITIONS

9.01 Professional Staff Leadership Positions

- (a) The following positions shall be appointed in accordance with this By-law:
 - i. Chair of the Medical Advisory Committee; and
 - ii. where the Professional Staff has been organized into Departments, Chiefs of Department.
 - (b) The following positions may be appointed in accordance with this By-law:
 - i. Vice Chair of the Medical Advisory Committee;
 - ii. Deputy Chief of Department;
 - iii. Site Leads; and
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- iv. Head of Service.
- (c) Where there are simultaneous vacancies of a Chief of Department and academic department chair, the search processes of the two may be merged. This can only occur with prior approval of the Board having given consideration to the recommendation of the Medical Advisory Committee, the Faculty of Health Sciences and appropriate regional partners.
- (d) Notwithstanding any other provision in this By-law, in the event that the term of office of any person referred to in this section shall expire before a successor is appointed the appointment of the incumbent may be extended.
- (e) An appointment to any position referred to in subsections [9.01\(a\)](#) or [9.01\(b\)](#) may be made on an acting or interim basis where 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.
- (f) An appointment to any position referred to in subsections [9.01\(a\)](#) or [9.01\(b\)](#) may be revoked at any time by the Board.
- (g) The Board shall receive and consider the input of the appropriate Professional Staff before it makes an appointment to a Professional Staff leadership position.

9.02 Appointment of Chair of the Medical Advisory Committee

- (a) The Board, unless it determines otherwise, will appoint as Chair of MAC a Physician who is a member of the Active Staff. The position of Chair of MAC will be open to any Active Staff member.
- (b) The appointment will be made following consultation with the Medical Advisory Committee.
- (c) The Board will establish a search committee for the position of Chair of MAC and will establish the composition and terms of reference for any such search committee.
- (d) The search committee will be chaired by a member of the Board appointed by the Board for this purpose and will include at least two representatives of appointed Medical Staff leaders and the President of the Medical Staff Association.

9.03 Term of Office

- (a) Subject to annual reappointment by the Board, and unless the Board otherwise determines, the Chair of MAC will be eligible to serve one three (3) year term which may be renewed for a second term of three (3) years.
- (b) Notwithstanding any other provisions contained in the By-Laws, the office of the Chair of MAC can be revoked at any time by the Board.

9.04 Role of Chair of MAC

- (a) The Chair of MAC will:
 - i. provide leadership in the establishment of an interdisciplinary approach to patient and family-centred care and service;
 - ii. collaborate with representatives of other disciplines to create an environment that promotes commitment to continuous improvement of patient care outcomes;
 - iii. enhance education and research throughout the organization; and
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- iv. champion and participate in organization and development at a strategic and project level.

9.05 Responsibilities and Duties of Chair of the Medical Advisory Committee

- (a) The Chair of the Medical Advisory Committee shall:
 - i. be a member of the Board;
 - ii. be the Chair of the Medical Advisory Committee;
 - iii. be an ex-officio member of all Medical Advisory Committee sub-committees; and
 - iv. report regularly to the Board on the work and recommendations of the Medical Advisory Committee.

 - (b) The chair of MAC is accountable to the Board for chairing the Medical Advisory Committee Executive, and the Medical Advisory Committee. In chairing, it is also the responsibility of the Chair of MAC 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 Board Policies.

 - (c) In addition, the Chair of MAC has the following other specific duties:
 - i. the Chair of MAC will be a member of the Board and such committees of the Board as provided in the By-Laws, and such other committees as determined by the Board from time to time;
 - ii. the Chair of MAC will advise the Board with respect to the Quality of care provided by Professional Staff and Extended Class Nursing Staff to patients;
 - iii. through the Chiefs of Department, the Chair of MAC ensures adequate supervision of any member of the Professional Staff for any period of time when the Professional Staff member or extended class nurses begins practice at the Corporation or is learning a new procedure;
 - iv. through the Chief of a Department, the Chair of MAC, when necessary, assumes or assigns to any other member of the Professional Staff, responsibility for the direct care and treatment of any patient of the Corporation under the authority of the *Public Hospitals Act*, and notifies the responsible Professional Staff Member, Chief Executive Officer or delegate, and, if possible, the patient of this reassignment of care;
 - v. the Chair of MAC will liaise with the Dean of the Faculty of Health Sciences and the Chief of Staff, St. Joseph's Hospital;
 - vi. the Chair of MAC will cooperate with the Vice President, Medical in coordinating the work of the Chiefs of Department in the development, periodic review and revision of departmental Clinical Resource Plans and clinical utilization management review activities;
 - vii. the Chair of MAC will also work with the Vice President Medical Affairs in investigating matters of patient care, academic responsibilities or conflicts with Hospital employees and members of the Professional Staff or extended class nurses. Similarly, the duties include implementing procedures to monitor and ensure Professional Staff compliance with By-Laws, Rules and Regulations, Policies and practice of the Professional Staff; and
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viii. the Chair of MAC will support the Chiefs of Departments in encouraging participation of Professional Staff in continuing education and professional development.

(d) The Chair of the Medical Advisory Committee shall, in consultation with the Chief Executive Officer, designate an alternate to act during the absence of both the Chair of the Medical Advisory Committee and the Vice Chair of the Medical Advisory Committee, if any.

9.06 Appointment and Duties of Vice Chair of the Medical Advisory Committee

A Vice Chair of the Medical Advisory Committee may be appointed by the Medical Advisory Committee. The Vice Chair of the Medical Advisory Committee, if appointed, shall be a member of the Medical Advisory Committee and shall act in the place of the Chair of the Medical Advisory Committee if the Chair of the Medical Advisory Committee is absent or unable to act, and shall perform such duties as assigned from time to time by the Chair of the Medical Advisory Committee; provided that the Vice Chair shall not be a director of the Hospital unless appointed as Chair of the Medical Advisory Committee on an acting or interim basis in accordance with [subsection 9.01\(e\)](#).

9.07 Appointment of Chiefs of Department

(a) The Board shall appoint a Chief of each Department.

(b) The search committee will be chaired by the Vice President Medical and include:

- i. at least one member of the Active Staff of the Department for which the Chief of Department is being sought;
- ii. a representative of the corresponding academic discipline appointed by the Dean/Vice President, Faculty of Health Sciences;
- iii. the Chief Executive Officer;
- iv. a representative of the Board, appointed by the Board;
- v. a member of the Professional Advisory Committee; and
- vi. such other members of the Active Professional Staff from departments which work closely with the Department Chief as determined by the Vice President Medical.

(c) Subject to the results of the annual performance evaluations outlined in [section 9.09](#) Chiefs of Department will be eligible to serve two (2) consecutive five (5) year terms.

(d) In the event of a vacancy of a Chief of Department, the Board will direct the Medical Advisory Committee to cause the Vice President Medical Affairs and Quality 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 MAC 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 search, overseeing the process to obtain candidates, interviewing candidates and agreeing on a process by which to make a final recommendation.

9.08 Duties of Chiefs of Department

- (a) Through the Chair of Medical Advisory Committee, the Chief of the Department is responsible to the Board for the quality of clinical care provided by the Professional Staff to all patients by members of the Department.
 - (b) With the advice of the chair of the corresponding academic department, relevant committees and leadership through the Chair of MAC, the Chief of the Department is responsible to the Board for the promoting and conduct of research and academics undertaken by members of the Department.
 - (c) The Chief will collaborate with the Hospital in the management of any complaint relating to a member of the Professional Staff.
 - (d) So as to carry out the clinical, academic, and administrative responsibilities of a Chief of Department in concert with other related Departments, the Chief of Department shall receive reports of Professional Staff standing and ad hoc committees, work with other Chiefs of Department in collaboration with the Clinical Program and Service Medical Directors, the Vice President, Medical and the Corporation's management in forming and recommending policy to the Board.
 - (e) As a member of the Medical Advisory Committee, the Chief of Department is responsible to ensure that the responsibilities under this By-law, Rules and Regulations, Policies of the Hospital, the Professional Staff, the Medical Advisory Committee and the Department are complied with by all members of the Department.
 - (f) The Chief of Department 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.
 - (g) The Chief of Department is responsible for ensuring that the resources of the Hospital allocated for the Department are equitably distributed among the members of the department and ensuring the following are in place:
 - i. a process for making decisions with respect to changes in the Department Resources; and
 - ii. a dispute resolution process regarding decisions made under (g) above.
 - (h) The Chief of Department is responsible for conducting a performance evaluation of all members of the Department on an annual basis. This includes, with the advice of the chair of the corresponding academic department, the annual evaluation of all members of the Department and the periodic reviews of heads of Service within the Department.
 - (i) In addition to duties included elsewhere in this By-Law, with Department members assistance, duties of the Chief of Department include:
 - i. developing with the professional staff leadership and Vice- President, Medical with the advice of the chair of the corresponding academic department, the Department's goals, objectives and strategic plan including a Medical Professional Staff Human Resource Plan for presentation to the Board through the Medical Advisory Committee;
 - ii. participating in the organization and implementation, with the professional staff leadership and Vice President Medical, of clinical utilization management review within the Department;
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- iii. participating in the development with the professional staff leadership and Vice President, Medical with the advice of the chair of the corresponding academic department, and Regional Partners, of a recruitment plan, including appropriate Impact Analysis, in keeping with the approved Medical Professional Staff Human Resource Plan of the Department;
 - iv. with the advice of the corresponding academic department chair, development with newly appointed members of the Department of 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
 - v. development and maintenance of a process to both promote and document quality management improvements in the Department including a continuous learning process of members of the Department.
- (j) The duties of the Chief of Department will also include the responsibility for discipline of Department members in regard to matters of patient care, academic responsibilities with the advice of the chair of the corresponding academic department, co-operation with Hospital employees, and documentation of care.
- (k) Other duties assigned by the Board, Medical Advisory Committee or Vice President Medical from time to time.

9.09 Performance Evaluation of Chiefs of Departments

- (a) Chiefs of Department will be subject to annual reappointment by the Board to coincide with the Chief of Department's date of appointment. The annual performance evaluation will be conducted by the Vice President Medical, in consultation with the Chair of Medical Advisory Committee, pursuant to a process to be established from time to time by the Vice President Medical.
- (b) In the second year of a Chief of Department's five year term, a review of the performance of the Chief of Department will be undertaken. This may be undertaken by the Vice President Medical, Chair of Medical Advisory Committee or be undertaken by another member of the Medical Advisory Committee Executive and should include formal assessment of the Chief of Department by peers/colleagues, persons who are accountable to the Chief of Department and persons to whom the Chief of Department is accountable in addition to the Chair of Medical Advisory Committee.
- (c) At the beginning of the fifth year of the Chief of Department's first term, a formal evaluation similar to that set out at [subsection 9.09\(b\)](#) will be undertaken in preparation for the decision regarding reappointment of the Chief of Department for a second (2nd) five (5) year term. Under exceptional circumstances where it is known that the Chief of Department will continue beyond the second (2nd) term, a formal evaluation should occur at the beginning of the final year of the Chief of Department's term.
- (d) The duties of Chiefs of Department as set out in [section 9.08](#) of this By-Law, and the specific duties, if any, as determined at the time of appointment, will be used as the criteria against which the performance of the Chief of Department will be evaluated.
- (e) A review of the Chief of Department's performance may be initiated at other times by the Vice President Medical, or delegated to the Chair of Medical Advisory Committee on the basis of a request from:

- i. the Board; or,
 - ii. any of the standing sub-committees of the Medical Advisory Committee; or,
 - iii. the President of the Professional Staff Association; or
 - iv. the Chief Executive Officer.
- (f) In preparation for the annual performance evaluation, the Chief of Department will prepare a brief summary of:
- i. the Department's objectives over the past year;
 - ii. the attainment or status of these objectives; and
 - iii. the objectives for the year ahead.

9.10 Appointment and Duties of Deputy Chiefs of Departments/Site Leaders

- (a) The Medical Advisory Committee, on the recommendation of the Chief of Department, will appoint a deputy Chief of Department and/or Site Leader. Notwithstanding any other provisions contained in the By-Laws, the office of the Deputy Chief of Department or Site Leader may be revoked at any time by the Board.
- (b) In bringing forward the recommendation, the Chief of Department will demonstrate a process of consultation within the Department (and if appropriate, between departments), with programs, with the Faculty of Health Sciences and the Chief Executive Officer. There will also be consultation with the Chair of Medical Advisory Committee prior to presentation of the recommendation to the Medical Advisory Committee.
- (c) A Deputy Chief or Department/Site Leader will be eligible to serve two (2) consecutive five (5) year terms.
- (d) Reappointment will be on an annual basis, in accordance with the academic year, on recommendation of the Chief of the Department to the Medical Advisory Committee.

9.11 Duties of Deputy Chiefs of Department/Site Leaders

The Deputy Chief of Department and Site Leader are the delegates of the Chief of Department. As such, they have responsibilities and duties similar to those of the Chief of Department. These responsibilities and duties are determined by the Chief of Department.

9.12 Performance Evaluations of Deputy Chiefs of Department/Site Leaders

The appointments will be subject to annual review by the Chief of Department.

9.13 Appointment of Heads of Service

- (a) Heads of Service may be Service specific, Site specific, or function specific, as deemed necessary by the Chief of Department.
 - (b) The Chief of Department is responsible for recommending to the Medical Advisory Committee for its approval both the Service leadership structure and the specific individuals within that proposed structure.
 - (c) The Chief of Department, in arriving at these recommendations, will demonstrate a process of consultation within the Department (and if appropriate, between Departments), with programs and with the Faculty of Health Sciences.
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- (d) The Medical Advisory Committee, on the recommendation of the Chief of Department, will appoint a Head of Service. Notwithstanding any other provisions contained in the By-Laws, the office of the Head of Service may be revoked at any time by the Board.
- (e) A Head of Service will be eligible to serve two (2) consecutive five (5) year terms.
- (f) Reappointment will be on an annual basis, in accordance with the academic year, on recommendation of the Chief of the Department to the Medical Advisory Committee.

9.14 Duties of Heads of Service

The Head of Service is the delegate of the Chief of the Department. As such, the Head of the Service has responsibilities and duties similar to those of the Chief of the Department. These responsibilities and duties, however, focus on the quality of care and operation of the Service and the specific subspecialty.

9.15 Performance Evaluation of Heads of Service

- (a) Heads of Service appointments will be subject to annual review by the Chief of Department.
- (b) The annual review of Heads of Service will coincide with the annual review of appointments within the respective departments.

ARTICLE 10. MEDICAL ADVISORY COMMITTEE

10.01 Composition of Medical Advisory Committee

- (a) The Medical Advisory Committee shall consist of the following voting members one of whom shall be the Chair in accordance with [Section 9.02](#):
 - i. the member of the Professional Staff who is appointed by the Board as Chair of the Medical Advisory Committee;
 - ii. the Chiefs of Department;
 - iii. the President, Vice President and Secretary/Treasurer of the Professional Staff; and
 - iv. such other members of the Professional Staff as may be appointed by the Board from time to time.
 - (b) In addition, the following shall be entitled to attend the meetings of the Medical Advisory Committee without a vote:
 - i. the Head of Service of the Midwifery Service;
 - ii. the Head of the Dental Service;
 - iii. the Chief Executive Officer;
 - iv. the Dean of the Faculty of Health Sciences or delegate;
 - v. Vice President Medical of St. Joseph's Hospital Hamilton;
 - vi. Chair of the Board of Directors or delegate;
 - vii. the Chief Nursing Executive;
 - viii. Director, Medical Affairs; and
 - ix. any President, Executive Vice President or Vice President of the Hospital.
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10.02 Recommendations of Medical Advisory Committee

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

10.03 Medical Advisory Committee Duties and Responsibilities

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

- (a) make recommendations to the Board concerning the following matters:
 - i. every application for appointment or reappointment to the Professional Staff and any request for a change in privileges;
 - ii. the privileges to be granted to each member of the Professional Staff;
 - iii. the by-laws and Rules and Regulations respecting the Professional Staff;
 - iv. the revocation, suspension or restrictions of privileges of any member of the Professional Staff; and
 - v. the quality of care provided in the Hospital by the Professional Staff; and
 - vi. supervise the clinical practice of Professional Staff in the Hospital;
 - vii. appoint the Professional Staff members of all committees established under [section 10.04](#);
 - viii. receive reports of the committees of the Medical Advisory Committee;
 - ix. advise the Board on any matters referred to the Medical Advisory Committee by the Board; recognizing the impact of regionalization, make recommendations to Hospital Administration and to the Board on matters of patient care, professional education and research;
 - x. develop, maintain and recommend to the Board a Professional Staff Human Resource Plan;
 - xi. facilitate the development and maintenance of Rules and Regulations, and policies and procedures of the Professional Staff; and
 - xii. where the Medical Advisory Committee identifies systemic or recurring quality of care issues in making its recommendations to the Board under subsection 2(a)(v) of the Hospital Management Regulation (965) under the *Public Hospitals Act*, the Medical Advisory Committee shall make recommendations about those issues to the Hospital's quality committee established under subsection 3(1) of the *Excellent Care for All Act*.

10.04 Establishment of Committees of the Medical Advisory Committee

- (a) The Board may, on the recommendation of the Medical Advisory Committee, establish such standing and special sub-committees of the Medical Advisory Committee as may be necessary or advisable from time to time for the Medical Advisory Committee to perform its duties under the *Public Hospitals Act* or the by-laws of the Hospital.
- (b) The terms of reference and composition for any standing or special sub-committees of the Medical Advisory Committee may be set out in the Rules and Regulations on recommendation of the Medical Advisory Committee. The Professional Staff members of any such subcommittee of the Medical Advisory Committee shall be appointed by the Medical Advisory Committee.

10.05 Composition of the Executive Committee of Medical Advisory Committee

- (a) The Executive Committee of the Medical Advisory Committee shall be comprised of the following voting members:
- i. the Chair of Medical Advisory Committee;
 - ii. the Vice President, Medical (non-voting);
 - iii. President of the Professional Staff; and
 - iv. such other members of the Medical Advisory Committee as may be appointed from time to time by the Medical Advisory Committee.
- (b) In addition, the following ex officio members shall be entitled to attend meetings of the Executive Committee of the Medical Advisory Committee:
- i. the Chief Executive Officer;
 - ii. Chief Nursing Executive/Vice President Professional Affairs;
 - iii. Director of Medical Affairs; and
 - iv. Dean of the Faculty of Health Sciences.

10.06 Duties and Responsibilities of the Executive Committee of Medical Advisory Committee

The Executive Committee of the Medical Advisory Committee shall:

- (a) perform the role of the Medical Advisory Committee in matters of administrative urgency, reporting their actions at the next meeting of the Medical Advisory Committee and the Board; and
- (b) perform such other duties as may be assigned by the Medical Advisory Committee.

10.07 Quorum for Medical Advisory Committee and Sub-Committee Meeting

A quorum for any meeting of the Medical Advisory Committee, or a sub-committee thereof, shall be a majority of the members entitled to vote.

ARTICLE 11. MEETINGS – PROFESSIONAL STAFF ASSOCIATION

11.01 Meetings of the Professional Staff Association

- (a) At least four (4) meetings of the Professional Staff Association will be held in conformity with the Hospital Management Regulation under the *Public Hospitals Act*, one of which will be the annual meeting.
- (b) An email notification of each regular meeting will be distributed by the Secretary of the Professional Staff Association at least forty-eight (48) hours prior to each regular meeting and email notice of the annual meeting will be distributed at least ten (10) days in advance of the meeting.

11.02 Special Meetings of the Professional Staff Association

- (a) In cases of emergency, the President of the Professional Staff Association may call a special meeting of the Professional Staff Association.
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- (b) Notice of any special meeting will be as required for a regular meeting, except in cases of emergency, and will state the nature of the business for which the special meeting is called.
- (c) The usual period of time required for giving notice of any special meeting will be waived in cases of emergency, subject to ratification of this action by the majority of those members present voting at the special meeting as the first item of business of the meeting.

11.03 Quorum

Fifty (50) Professional Staff members entitled to vote (e.g., Active, Associate) will constitute a quorum at any annual or regular meeting of the Professional Staff Association, and seventy-five (75) Professional Staff members entitled to vote will constitute a quorum at any special meeting of the Professional Staff Association.

11.04 Attendance for Meetings of the Professional Staff Association and Professional Staff Association Dues

- (a) The Secretary of the Professional Staff Association will make a record of the attendance of each meeting of the Professional Staff Association and provide it to the Chief of the Department.
- (b) Each member of the Active and Associate Staff will be expected to attend at least fifty (50) percent of the meetings of the Professional Staff Association and seventy (70) percent of the meetings of the respective Department to which they are associated.
- (c) Each member of the Professional Staff Association shall be required to pay such dues as are established by the offices of the Professional Staff Association from time to time.

ARTICLE 12. OFFICERS OF THE PROFESSIONAL STAFF ASSOCIATION

12.01 Officers of the Professional Staff

- (a) The officers of the Professional Staff shall be:
 - i. the President of the Professional Staff Association;
 - ii. the Vice President of the Professional Staff Association; and
 - iii. the Secretary/Treasurer of the Professional Staff Association.
- (b) The Executive Committee of the Professional Staff Association shall be composed of:
 - i. the President of the Professional Staff Association;
 - ii. the Vice President of the Professional Staff Association;
 - iii. the Secretary/Treasurer of the Professional Staff Association;
 - iv. up to eleven (11) members-at-large, it being the intention but not the requirement that up to two (2) of whom shall be Family Physicians;
 - v. the immediate past President of the Professional Staff Association;
 - vi. the Chair of the Medical Advisory Committee (or delegate, at discretion of the MSA Executive); and
 - vii. the Website Manager (Communication).

- (c) The officers of the Professional Staff will be elected by a majority vote of the Active and Associate Members of the Professional Staff in accordance with the procedures established by the Professional Staff Association from time to time.
- (d) The officers will be elected for a one (1) year term and may be re-elected to the same office for an additional one (1) year term. An officer may be re-elected to the same position for up to two (2) terms following a break in continuous service of at least one year.
- (e) Only Active members who have served at least one (1) year on the Professional Staff Association Executive Committee are eligible to run for one of the offices of President, Vice President or Secretary/Treasurer.

12.02 President of the Professional Staff

The President of the Professional Staff will:

- (a) preside at all meetings of the Professional Staff;
- (b) call special meetings of the Professional Staff;
- (c) be a member of the Medical Advisory Committee;
- (d) be a non-voting member of the Board and as a Director, fulfill fiduciary duties to the Hospital by making decisions in the best interest of the Hospital as required pursuant to the By-Laws;
- (e) be a member of Committees of the Board as designated by the By-Laws of the Corporation, and all committees of the Medical Advisory Committee and the Professional Staff Association; and
- (f) act as a liaison between the Professional Staff, the Chief Executive Officer, and the Board with respect to matters concerning the Professional Staff.

12.03 Vice President of the Professional Staff

The Vice President of the Professional Staff will:

- (a) act in the place of the President of the Professional Staff and perform the duties and possess the powers of the President, in the absence or disability of the President;
- (b) be a member of the Medical Advisory Committee; and
- (c) perform such duties as the President of the Professional Staff may delegate.

12.04 Secretary/Treasurer of the Professional Staff

The Secretary/Treasurer of the Professional Staff will:

- (a) attend to the correspondence of the Professional Staff;
 - (b) be a member of the Medical Advisory Committee;
 - (c) maintain the financial records of the Professional Staff and provide a financial report at the annual meeting of the Professional Staff;
 - (d) ensure notification of all members of the Professional Staff at least 48 hours prior to each regular meeting;
 - (e) ensure that minutes are kept of Professional Staff meetings; and
 - (f) act in the absence of the Vice President of the Professional Staff, performing the duties and possessing the powers of the Vice President in the absence or disability of the Vice President of the Professional Staff.
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12.05 Vacancies

When vacancies occur during the term of office, they will be filled for the balance of the term by a majority vote of the Executive Committee.

ARTICLE 13. AMENDMENTS TO PROFESSIONAL STAFF BY-LAW

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

- (a) notice specifying the proposed By-law or amendments thereto shall be made available for review by the Professional Staff;
- (b) the Professional Staff shall be afforded an opportunity to comment on the proposed amendment(s); and
- (c) the Medical Advisory Committee may make recommendations to the Board concerning the proposed amendment.

ARTICLE 14. AMENDMENTS TO THE BY-LAWS OF THE CORPORATION

14.01 Amendment

Subject to applicable legislation, the provisions of the by-laws of the Corporation may be repealed or amended by by-law enacted by a majority resolution of the Directors at a meeting of the Board of Directors and sanctioned by at least a majority of the Members entitled to vote and voting at a meeting duly called for the purpose of considering the said by-law.

14.02 Effect of Amendment

Subject to the Act and to [section 14.03](#) below, a by-law or an amendment to a by-law passed by the Board has full force and effect:

- (a) from the time the motion was passed; or
- (b) from such future time as may be specified in the motion.

14.03 Member Approval

A by-law or an amendment to a by-law passed by the Board shall be presented for confirmation at the next annual meeting or to a general meeting of the Members of the Corporation called for that purpose. The notice of such annual meeting or general meeting shall refer to the by-law or amendment to be presented.

The Members entitled to vote at the annual meeting or at a general meeting may confirm the by-law as presented or reject or amend it, and if rejected, it thereupon ceases to have effect and if amended, it takes effect as amended.

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

14.04 Amendments to the Professional Staff By-law

Prior to submitting all or any part of the Professional Staff By-law to the process in [ARTICLE 14](#), the procedures set out in [ARTICLE 13](#) shall be followed.
