



**Children's Hospital of Eastern Ontario – Ottawa Children's
Treatment Centre /
Centre hospitalier pour enfants de l'est de l'Ontario –
Centre de traitement pour enfants d'Ottawa**

MEDICAL BY-LAW

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**Children's Hospital of Eastern Ontario – Ottawa Children's Treatment Centre / Centre
hospitalier pour enfants de l'est de l'Ontario – Centre de traitement pour enfants d'Ottawa
(the "Corporation")**

MEDICAL BY-LAW

WHEREAS the Corporation is continued further to the amalgamation between the Childrens Hospital of Eastern Ontario and the Ottawa Children's Treatment Centre/centre de traitement pour enfants d'Ottawa and will operate as a public hospital and an integrated health system for children and youth.; and

WHEREAS it is expedient for the Corporation, through its by-laws, to so regulate the medical, dental and scientific activities of the Corporation;

WHEREAS the amalgamating corporations agree that this By-law is intended to be an interim Medical By-law of the Corporation, which shall be reviewed and revised as warranted by the inaugural Board of Directors within one year following the effective date of the amalgamation.

Be it enacted as a By-law of the Corporation as follows:

Part I INTERPRETATION

Section 1 Definitions

In this By-law:

- (1) **Act** means the *Public Hospitals Act* (Ontario) and, where the context requires, includes the regulations made under it and any statute that may be substituted therefor, as from time to time amended.
- (2) **Active Staff** means the category of members of the Medical Staff or Dental Staff as more fully defined in Section 15 of this By-law.
- (3) **Affiliation Agreement** means the Agreement between the Corporation and the University of Ottawa relating to the teaching and clinical research functions integrated in the Hospital as contemplated in the Vision, Mission and Core values of the Hospital that have been approved by the Board.
- (4) **Associate Staff** means the category of members of the Medical Staff or Dental Staff or Scientific Staff as more fully defined in Section 16 of this By-law.
- (5) **Board** means the Board of Directors of the Corporation.
- (6) **By-laws** means this Medical By-law, and all other by-laws of the Corporation.
- (7) **Chief Executive Officer** means, in addition to 'administrator' as defined in the Act, the President and Chief Executive Officer of the Corporation.

- (8) **Chief of Staff** means the Chief of the Medical Staff and Chair of the Medical Advisory Committee appointed by the Board.
- (9) **College** means the college or regulatory authority of a health profession or group of health professions established or continued under a health profession statute.
- (10) **Consulting Staff** means the category of members of the Medical Staff, as more fully defined in Section 17 of this By-law.
- (11) **Corporation** means the amalgamated corporation known as Children's Hospital of Eastern Ontario – Ottawa Children's Treatment Centre / Centre hospitalier pour enfants de l'est de l'Ontario – Centre de traitement pour enfants d'Ottawa..
- (12) **Courtesy Staff** means the category of members of the Medical Staff, as more fully defined in Section 18 of this By-law.
- (13) **Dental Staff** means:
 - (a) the oral and maxillofacial surgeons to whom the Board has granted the privilege of diagnosing, prescribing for or treating patients in the hospital; and
 - (b) the dentists to whom the Board has granted the privilege of attending patients in the Hospital in co-operation with a member of the Medical Staff where applicable.
- (14) **Dentist** means a member of the Royal College of Dental Surgeons of Ontario.
- (15) **Deputy Chief of Staff** means the person appointed by the Board who supports the Chief of Staff, and who acts on behalf of the Chief of Staff in his/her absence.
- (16) **Department** means a specific field of medical, dental or scientific care or service as defined in this By-law and "Department Chief" has a corollary meaning.
- (17) **Division** means one or more units within a Department and "Division Chief" has a corollary meaning.
- (18) **Emeritus Staff** means the category of members of the Medical Staff, as more fully defined in Section 19 of this By-law.
- (19) **Hospital** means the public hospital operated by the Corporation.
- (20) **Learners** means the category of members of the Medical Staff as more fully defined in Section 20 of this By-law.
- (21) **Medical Advisory Committee** means the Medical Advisory Committee described in Section 38.

- (22) **Medical Staff** means the physicians appointed by the Board and to whom the Board has granted the privilege of diagnosing, prescribing for or treating patients in the Hospital, as well as Dentists and Scientists to whom the Board has granted privileges.
- (23) **Oral and Maxillofacial Surgeon** means a dentist who holds a specialty certificate from the Royal College of Dental Surgeons of Ontario authorizing practice in oral and maxillofacial surgery.
- (24) **Professional Advisory Committee** means the committee established to provide professional practice expertise to senior management on inter-professional issues that will contribute to quality patient care, patient safety, education, research and the delivery of health services.
- (25) **Scientific Staff** means the category of members of the Medical Staff as more fully defined in Section 45 of this By-law.
- (26) **Scientist** means a member of the Scientific Staff.
- (27) **University** means the University of Ottawa.
- (28) **Vision, Mission and Core Values** means the vision, mission and core values of the Corporation that have been approved by the Board.

Section 2 Interpretation

- (1) Except as otherwise herein provided;
 - (a) All terms which are contained in this By-law and which are defined in the Act or the *Public Hospitals Act* shall have the meanings given to such terms in the Act or the *Public Hospitals Act*.
 - (b) The use of the singular number shall include the plural and vice versa and the use of any gender shall include the masculine, feminine and neutral genders.
 - (c) The headings used in the By-law are inserted for reference purposes only and are not to be considered or taken into account in construing the terms or provisions thereof or to be deemed in any way to clarify, modify or explain the effect of any such terms or provisions.
 - (d) Any references herein to any law, By-law, rule, regulation, order or act of any government, governmental body or other regulatory body shall be construed as a reference thereto as amended or re-enacted from time to time or as a reference to any successor thereto.
 - (e) Words indicating the holder of an office in the Hospital include a duly authorized delegate, unless otherwise indicated or prohibited by-law.

Part II MEDICAL STAFF

Section 3 Qualifications and Considerations

- (1) Before being appointed or reappointed to the Medical Staff, an applicant shall be licensed to practice medicine in the province of Ontario and have medical liability protection coverage acceptable to the Board. Any restriction on the applicant's license will be reviewed by the Chief of Staff.
- (2) When the conditions in Section 3(1) are not met the following may be considered:
 - (a) Subject to Section 3(2)(b), one of the following qualifications shall be required:
 - (i) certification by the College of Family Physicians of Canada; or
 - (ii) certification by the Royal College of Physicians and Surgeons of Canada; or
 - (iii) in disciplines that do not, or did not, come under the supervision of any recognized examining body, an applicant may be appointed to the Medical Staff with privileges in a specialty, provided that the applicant's training, research or teaching experience are of a quality, scope and duration acceptable to the Medical Advisory Committee following study and recommendation by the Department Chief concerned.
 - (b) In the case where an applicant does not have one of the qualification enumerated above in Section 3(2)(a), and where acceptable to the Board, upon recommendations of the Medical Advisory Committee and the Department Chief, or Division Chief, as applicable, concerned, one of the following additional qualifications shall be required:
 - (i) qualification by medical examination bodies in other jurisdictions where such examining bodies are comparable to those described above; or
 - (ii) a Ph.D. or equivalent from a recognized university; or
 - (iii) in the absence of formal qualifications, recognition of excellence, clinical care experience and/or scholarship in the provision of health care; or
 - (iv) Royal College of Physicians and Surgeons of Canada academic certification document or equivalent; or
- (3) In addition to the qualifications set out above, in order to be eligible for appointment or reappointment to the Medical Staff, as the case may be, consideration will be given to the list of matters outlined in Appendix A, appended as an approved Appendix which may be amended from time to time by the Board of upon consultation with the Medical Advisory Committee.

Section 4 Application Procedure for First Appointment

- (1) The Chief Executive Officer shall supply a copy of this By-law and any other by-laws of the Hospital, the Policies and Procedures, Rules and Regulations, the Act, together with the prescribed forms for application, to each physician who expresses, in writing, an intention to apply for membership on the Medical Staff for the first time.
- (2) An applicant for membership on the Medical Staff shall submit his or her application on the prescribed form to the Chief Executive Officer.
- (3) Each application shall contain, in addition to those requirements outlined in Appendix D, which may be amended from time to time by the Board upon consultation with the Medical Advisory Committee:
 - (a) a statement by the applicant that he or she has been provided access to, and agrees to abide by the Act, this By-law, the Policies and Procedures, Rules and Regulations, as applicable, of the Hospital and, if appropriate, the Affiliation Agreement with the University;
 - (b) an undertaking to support and respect the Vision, Mission and Core Values of the Hospital;
 - (c) an undertaking that if the applicant is appointed to the Medical Staff, the applicant will act in accordance with the requirements set out in this By-Law and the Policies and Procedures, Rules and Regulations and will act in accordance with ethical standards of the profession as established by the College of Physicians and Surgeons of Ontario, or other regulatory body as outlined in Section 3;
 - (d) proof of current membership in the Canadian Medical Protective Association or other medical liability practice protection coverage acceptable to the Board with liability coverage appropriate to the scope and nature of the intended practice;
 - (e) a current certificate of Professional Conduct from the College of Physicians and Surgeons of Ontario and a consent addressed to the Registrar of the College authorizing the release of information concerning the applicant to the Hospital; and
 - (f) an up-to-date curriculum vitae.
- (4) Upon receipt of a completed application the Chief Executive Officer or delegate shall acknowledge its receipt and shall immediately refer it to the Medical Advisory Committee through the Chief of Staff, who shall keep a record of the application and then refer the original application forthwith to the appropriate Department Chief and, if applicable, and the Division Chief.
- (5) The Chief of Staff and the Department Chief shall review all the materials received in the applicant's application and, following such review, the Department Chief shall report to a subsequent meeting of the Medical Advisory Committee as to the assessment

of the applicant's qualifications, professional experience, competence and professional reputation and whether these are compatible with the privileges requested.

- (6) The Medical Advisory Committee shall:
 - (a) receive and consider forthwith the report of the Department Chief;
 - (b) 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 Act; and
 - (c) if the Chief of Staff concurs, recommend that a newly-selected Department Chief or Division Chief may be appointed to the Active Staff despite Section 4(13).
- (7) Notwithstanding Section 4(6), the Medical Advisory Committee may make its recommendation later than sixty (60) days after the date of 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 therefore.
- (8) 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.
- (9) Where the Medical Advisory Committee does not recommend an appointment or where the recommended appointment or privileges differ from those requested, the Medical Advisory Committee shall give written notice to the applicant and the Board of its recommendation, and shall inform the applicant that he or she is entitled to:
 - (a) written reasons for the recommendation if a request is received by the Medical Advisory Committee within seven days of the receipt by the applicant of notice of the recommendation; and
 - (b) a hearing before the Board if a written request is received by the Board and the Medical Advisory Committee within seven days of the receipt, by the applicant, of the written reasons referred to in paragraph (a) above.
- (10) Where the applicant does not request a hearing by the Board within the time limit referred to in Section 4(9)(b), the Board may implement the recommendation of the Medical Advisory Committee. If the Board does not wish to implement the recommendation of the Medical Advisory Committee, it will consider remitting the matter back to the Medical Advisory Committee for reconsideration with or without direction prior to making a decision.
- (11) Where an applicant requests a hearing by the Board within the time limit referred to in Section 4(9)(b) hereof, it shall be dealt with in accordance with the applicable provisions of the Act.

- (12) In addition to any other grounds and in addition to any other provisions of this By-Law, the Board may refuse a first appointment or a request for change in privileges to the Medical Staff on any of the following grounds:
- (a) The appointment is not consistent with the need for services as determined by the Hospital's medical human resource plan; and
 - (b) The Hospital does not have sufficient resources to accommodate the applicant.
- (13) Subject to sub-section 37(2) of the Act, each first appointment shall be for a term until the later of:
- (a) the end of the fiscal year in which such appointment is made; and
 - (b) the date on which the Board appoints the Medical Staff for the following fiscal year.
- (14) The first appointment of applicants shall be to Associate Staff except as contemplated in Section 4(6)(c).

Section 5 Reappointments

- (1) The application process for reappointment to the Medical Staff shall be as follows:
- (a) The Board shall annually require that each member of the Medical Staff make application in the form prescribed, to the Chief Executive Officer or delegate, to the Board, for reappointment to the Medical Staff.
 - (b) Upon receipt of a completed application the Chief Executive Officer or delegate shall acknowledge its receipt and shall immediately refer it to the Medical Advisory Committee through the Chief of Staff/Chair of the Medical Advisory Committee, who shall keep a record of the application and then refer the original application forthwith to the appropriate Department Chief and, if applicable, the Division Chief.
 - (c) Each application for reappointment shall comply with the provisions of Section 4(3)(a) to (f).
 - (d) Each application for reappointment to the Medical Staff shall contain the following information and also consider any requirements outlined in Appendix A and Appendix B (performance appraisal), as policies approved from time to time by the Board upon consultation with the Medical Advisory Committee:
 - (i) a restatement or confirmation of the undertakings and acknowledgements requested as part of an application for appointment or as required by the policies and procedures, rules and regulations from time to time;
 - (ii) 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: information regarding any completed disciplinary or malpractice proceedings; any restriction in privileges or suspensions during the past year; and, any illnesses that may impact the applicant's ability to practice medicine, and
- (iii) such other information that the Board may require, respecting competence, capacity and conduct, having given consideration to the recommendation of the Medical Advisory Committee.
- (e) Each application for reappointment, where the applicant is a member of the Medical Staff at another hospital, shall contain a description of any complaints against the applicant at that hospital during the past year, and an authorization to the other hospital to release information to the Hospital.
- (f) Each application for reappointment shall contain a record or report of any additional professional qualifications acquired by the applicant since the previous application and shall also include a request for the continuation of, or any change in, the applicant's existing Hospital privileges, and demonstrate that the applicant has maintained competency in the scope of practice for which privileges are requested.
- (g) Each application for reappointment shall be accompanied by the written recommendation of the appropriate Department Chief, and, if applicable, Division Chief.
- (h) In the case of an application for reappointment in which the physician requests additional privileges, each application for reappointment shall identify any required professional qualifications and confirm that the applicant holds such qualifications.
- (i) Any changes in the nature or scope of the applicant's practice will require approval of the Department Chief. Where such a change may have resource implications, an impact analysis must be considered prior to approval.
- (j) In the case of an application for reappointment in which the physician wishes to assume, or wishes to terminate the assumption of, formal academic duties, the reappointment must be consistent with the need for services and the Hospital's medical human resource plan.
- (k) Subject to sub-section 37(2) of the Act, each reappointment shall be for a term until later of:

- (i) the end of the fiscal year in which such appointment is made; and
 - (ii) the date on which the Board reappoints the Medical Staff for the following fiscal year.
- (2) The Medical Advisory Committee shall recommend to the Board whether the Board should approve an application for reappointment and in making its recommendation shall deal with the considerations set out in Section 3(3) of this By-Law, and any conditions to be imposed on the reappointment.
- (3) The application for reappointment shall be processed in accordance with and subject to the requirements of Section 4.

Section 6 University Affiliation

- (1) The Hospital is an academic teaching hospital and operates under an affiliation agreement and an appointment to the Faculty of Medicine of the University shall be required for all new Active and Associate physician applicants.
- (2) Physicians who assume formal academic duties shall be required to hold an appointment to the Faculty of Medicine of the University.
- (3) The appointment or reappointment of any physician who holds an appointment to the Faculty of Medicine of the University shall be made in accordance with the Affiliation Agreement.

Section 7 Privileges

- (1) Subject to Section 7(3), a physician shall enjoy only the privileges granted to him or her by the Board and he or she shall perform only the clinical duties and procedures which he or she may be authorized to perform.
- (2) The Medical Advisory Committee shall recommend to the Board the specific privileges to be granted to an applicant for admission to the Medical Staff and the procedures which he or she may be authorized to perform. The Department Chief will annually review the nature and scope of the applicant's practice as part of annual performance review process.

The nature and scope of practice will be agreed upon between the applicant and the Department Chief in order to inform and assure the Medical Advisory Committee as to the competency of the applicant and the clinical services provided by the Department.

- (3) In case of emergency, regardless of his or her departmental or staff status, a physician shall undertake all steps necessary to treat his or her patient. For the purpose of this paragraph (3), an emergency is as defined by the *Health Care Consent Act* (Ontario).
- (4) Temporary privileges may be granted in accordance with the following:

- (a) After consultation with the Department Chief concerned, the Chief Executive Officer or delegate or Chief of Staff or delegate shall have the authority to grant temporary privileges to any physician or dentist who is not a member of the Medical Staff.
- (b) Such temporary privileges shall extend until the application is resolved by the Board but not for any period in excess of one hundred and eighty (180) days.
- (c) Any member to whom such temporary privileges are granted shall be under the supervision of the Department Chief concerned or, if he or she is a Department Chief, under the supervision of the Chief of Staff.

Section 8 Change in Privileges

- (1) Each member of the Medical Staff seeking a change in the privileges which he or she has been granted, or the procedures which he or she is authorized to perform, other than a request for additional privileges at the time of annual reappointment as contemplated at Section 5(1)(g), shall submit his or her request for such a change, in writing, on the prescribed form, to his or her Department Chief who shall forward it with a recommendation to the Chief of Staff within one month of receipt.
- (2) A request for a change in the privileges granted to a member of the Medical Staff or the procedures which he or she is allowed to perform shall be dealt with in accordance with Section 4(4) to (12).

Section 9 Absences

- (1) Medical Staff members who have hospital responsibilities may apply for leave of absence, sabbatical leave or leave for other reasons through their Department Chief in accordance with the Policies and Procedures, Rules and Regulations.
- (2) When a Medical Staff member has been absent from the Hospital for more than one year on leave of absence, on sabbatical leave, or for any other reason, he or she shall submit an application in the prescribed form for appointment as prescribed under Section 4.

Section 10 Relinquishment of Privileges

- (1) If a member of the Medical Staff wishes to relinquish his or her privileges, he or she shall provide ninety (90) days' notice to the Department Chief. If a Department Chief wishes to relinquish his or her privileges, he or she shall notify the Chief of Staff and the CEO.
- (2) If a member of the Medical Staff stops participating in all of their regularly planned hospital activities for more than thirty (30) days without notice and without consent of the Department Chief, their privileges will be deemed to have been relinquished.
- (3) Upon such notice or abandonment of hospital activities, the Medical Staff member will be deemed to have relinquished his or her privileges.

Section 11 Monitoring, Suspension and Revocation

11.1 Monitoring Practices and Transfer of Care

- (1) Any aspect of patient care or Medical Staff conduct being carried out in the Corporation may be reviewed without the approval of the member of the Medical Staff responsible for such care by the Chief of Staff or delegate or Department Chief or delegate.
- (2) Where any member of the Medical Staff or Corporation staff reasonably believes that a member of the Medical 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 Chief of Staff or delegate, the relevant Department Chief or delegate and the Chief Executive Officer or delegate, so that appropriate action can be taken.
- (3) A Department Chief or delegate, on notice to the Chief of Staff or delegate, where he or she believes it to be in the best interest of the patient, shall have the authority to examine the condition and scrutinize the treatment of any patient in his or her Department and to make recommendations to the attending Medical Staff member or any consulting Medical 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 Chief of Staff, notice shall be given as soon as possible.
- (4) If the Chief of Staff or delegate or a Department Chief or delegate 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 and treatment of the patient with the attending member of the Medical Staff. If changes in the diagnosis, care or treatment satisfactory to the Chief of Staff or delegate or the Department Chief or delegate, as the case may be, are not made, he or she shall forthwith assume the duty of investigating, diagnosing, prescribing for and treating the patient.
- (5) Where the Chief of Staff or delegate or a Department Chief or delegate has cause to take over the care of a patient, the Chief Executive Officer, the Chief of Staff or the Department Chief, as the case may be, and one other member of the Medical Advisory Committee, the attending member of the Medical Staff, and the patient or the patient's substitute decision maker shall be notified in accordance with the Act.
- (6) The Chief of Staff or delegate or the Department Chief or delegate shall file a written report with the Medical Advisory Committee within forty eight (48) hours of his or her action.
- (7) Where the Medical Advisory Committee concurs in the opinion of the Chief of Staff or delegate or Department Chief or delegate who has taken action under Section 11.1(4) 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.

11.2 Suspension, Restriction or Revocation of Privileges

- (1) The Board may, at any time, in a manner consistent with the Act and this By-law, revoke or suspend any appointment of a member of the Medical Staff or revoke, suspend, restrict or otherwise deal with the privileges of a member of the Medical Staff.
- (2) Any administrative or leadership appointment of the member of the Medical Staff will automatically terminate upon the restriction, revocation or suspension of privileges or, revocation of appointment, unless otherwise determined by the Board.
- (3) Where an application for appointment or reappointment is denied or, the privileges of a member of the Medical Staff have been restricted, suspended or revoked, by reason of incompetence, incapacity, negligence or misconduct, or the member resigns from the Medical Staff during the course of an investigation into his or her competence, capacity, 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.

11.3 Immediate Action

- (1) The Chief Executive Officer or delegate or Chief of Staff or delegate may temporarily restrict or suspend the privileges of any member of the Medical Staff, in circumstances where in their opinion the member's conduct, performance or competence:
 - (a) 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
 - (b) 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.
- (2) Before the Chief Executive Officer or delegate or the Chief of Staff or delegate takes action authorized in Section 11.3(1), they shall first consult with the other. If such prior consultation is not possible or practicable under the circumstances, the person who takes the action authorized in Section 11.3(1) shall provide immediate notice to the other. The person who takes the action authorized in Section 11.3(1) shall forthwith submit a written report on the action taken with all relevant materials and/or information to the Medical Advisory Committee.

11.4 Non-Immediate Action

- (1) The Chief Executive Officer or delegate or the Chief of Staff or delegate may recommend to the Medical Advisory Committee that the privileges of any member of the Medical Staff be restricted, suspended or revoked in any circumstances where in their opinion the member's conduct, performance or competence:
 - (a) fails to meet or comply with the criteria for annual reappointment; or

- (b) exposes or is reasonably likely to expose any patient, health care provider, employee or any other person at the Hospital to harm or injury; or
 - (c) is or is reasonably likely to be, detrimental to patient safety or to the delivery of quality patient care within the Hospital or impact negatively on the operations of the Hospital; or
 - (d) fails to comply with the Hospital's by-laws, Rules and Regulations, or Policies, the Act or any other relevant law.
- (2) Prior to making a recommendation as referred to in Section 11.4(1) , 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.

11.5 Referral to Medical Advisory Committee for Recommendations

- (1) Following the temporary restriction or suspension of privileges under Section 11.3, 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 Medical Staff under section 11.4, the following process shall be followed:
- (a) the Department Chief of which the individual is a member or an appropriate alternate designated by the Chief of Staff or delegate or Chief Executive Officer or delegate shall forthwith submit to the Medical Advisory Committee enter a written report on the action taken, or recommendation, as the case may be, with all relevant materials and/or information;
 - (b) a date for consideration of the matter will be set, not more than ten (10) days from the time the written report is received by the Medical Advisory Committee;
 - (c) as soon as possible, and in any event, at least forty-eight (48) hours prior to the Medical Advisory Committee meeting, the Medical Advisory Committee shall provide the member with a written notice of,
 - (i) the time and place of the meeting;
 - (ii) the purpose of the meeting; and
 - (iii) a statement of the matter to be considered by the Medical Advisory Committee together with any relevant documentation.
- (2) The date for the Medical Advisory Committee to consider the matter under section 11.5(1)(b) may be extended by,
- (a) an additional five (5) days in the case of a referral under Section 11.3; or
 - (b) any number of days in the case of a referral under-Section 11.4,

if the Medical Advisory Committee considers it necessary to do so.

- (3) The Medical Advisory Committee may:
 - (a) set aside the restriction or suspension of privileges; or
 - (b) recommend to the Board a 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.
- (4) 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 twenty-four (24) hours of the Medical Advisory Committee meeting provide the member with written notice of the Medical Advisory Committee's recommendation.
- (5) The written notice shall inform the member that he or she is entitled to:
 - (a) 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
 - (b) 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.
- (6) If the member requests written reasons for the recommendation under 11.5(5), the Medical Advisory Committee shall provide the written reasons to the member within forty-eight (48) hours of receipt of the request.

Section 12 Board Hearing

12.1 Board Hearing

- (1) A hearing by the Board shall be held when one of the following occurs:
 - (a) the Medical Advisory Committee recommends to the Board that an application for appointment, reappointment or requested privileges not be granted and the applicant requests a hearing in accordance with the Act; or
 - (b) the Medical Advisory Committee makes a recommendation to the Board that the privileges of a member of the Medical Staff and be restricted, suspended or revoked or an appointment be revoked and the member requests a hearing.
- (2) The Board will name a place and time for the hearing. To represent the Board at the hearing, the Chair of the Board shall select a committee of Directors that are voting

members of the Board.

- (3) In the case of immediate suspension or revocation of privileges, the Board hearing shall be held within seven (7) days of the date the member requests the hearing under Section 12.1(1). In the case of non-immediate suspension or revocation of privileges, subject to section 12.1(4), 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.
- (4) The Board may extend the time for the hearing date if it is considered appropriate.
- (5) The Board will give written notice of the hearing to the applicant or member and to the Medical Advisory Committee at least five (5) days before the hearing date.
- (6) The notice of the Board hearing will include:
 - (a) the place and time of the hearing;
 - (b) the purpose of the hearing;
 - (c) a statement that the applicant or member and 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;
 - (d) a statement that the applicant or member may proceed in person or be represented by counsel, call witnesses and tender documents in evidence in support of his or her case;
 - (e) a statement that the time for the hearing may be extended by the Board on the application of any party; and
 - (f) a statement that if the applicant or member does not attend the meeting, the Board may proceed in the absence of the applicant or member, and the applicant or member will not be entitled to any further notice in the hearing.
- (7) The parties to the Board hearing are the applicant or member, the Medical Advisory Committee and such other persons as the Board may specify.
- (8) 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.
- (9) Members of the Board holding the hearing will not have taken part in any investigation or consideration of the subject matter of the hearing before the hearing and shall not communicate directly or indirectly in relation to the subject matter of the hearing with any person or with any party or their representative, except upon notice to and an

opportunity for all parties to participate, but the Board may seek legal advice from an advisor independent from the parties and in such case the nature of the advice should be made known to the parties in order that they may make submissions as to the law.

- (10) The findings of fact of the Board pursuant to a hearing will be based exclusively on evidence admissible or matters that may be noticed under the Statutory Powers Procedure Act.
- (11) 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.
- (12) 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 Medical 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 considerations set out in Section 3, Section 5, Section 7 and Section 8 respectively.
- (13) A written copy of the decision of the Board will be provided to the applicant or member and to the Medical Advisory Committee.
- (14) Service of a notice to the parties may be made personally or by registered mail addressed to the person to be served at their last known address and, where notice is served by registered mail, it will be deemed that the notice was served on the third (3rd) day after the day of mailing unless the person to be served establishes that they did not, Interim in good faith, through absence, accident, illness or other causes beyond their control, receive it until a later date.

Section 13 Succession Planning

There is no fixed retirement date and future career planning should be done on an ongoing basis with all Medical Staff. However, it is expected that all Medical Staff should discuss their proposed retirement plans with their Department Chief well in advance of their proposed departure so as to ensure a smooth transition and continuity of patient care.

- (1) In accordance with the Hospital's Medical Human Resources Plan, when a member of the Medical Staff is over the age of sixty (60) years, the member shall discuss on an annual basis, a personal clinical and academic practice plan, which includes details of the member's anticipated career plans. Such details shall be included with the member's reappointment application to the member's Department Chief, if the member plans to remain a member of the Medical Staff.
- (2) The discussion shall address any planned date of withdrawal from the Medical Staff and any planned changes in clinical, educational, research or administrative duties prior to withdrawal from the Medical Staff.

- (3) A Department Chief shall ensure that each member of his or her Department who is over the age of sixty (60) years discusses these matters during every application for reappointment of the member.
- (4) A Department Chief shall have the discussion with the member with particular reference to the considerations set out in Section 3(2) of this By-Law. How the member intends to deal with the considerations set out in Section 3(2) of this By-Law shall be taken into consideration by the Department Chief in making his or her recommendation to the Medical Advisory Committee on the reappointment of the member to the Medical Staff.

Section 14 Medical Staff Categories

- (1) The Medical Staff categories acknowledge that members of the Medical Staff undertake different roles with respect to patient care, education and research, and recognize that members will assume specific roles within their respective scopes of practice. Accordingly, resources, duties and clinical activities will be outlined annually as agreed upon, within the process of annual performance reviews.

The categories of Medical Staff privileges are granted annually through the appointment and reappointment process however, the specific details of the Medical Staff's clinical and academic practice are outlined annually and constitute part of the departmental annual performance review process.

- (2) The Medical Staff shall be divided into the following categories:
 - (a) Active Staff
 - (b) Associate Staff
 - (c) Consulting
 - (d) Courtesy
 - (e) Emeritus
 - (f) Learners

Section 15 Active Staff

- (1) The Active Staff shall consist of physicians:
 - (a) who have completed satisfactory service as Associate Staff members; or
 - (b) who are appointed pursuant to Section 4 of this By-law.
- (2) Each member of the Active Staff shall:

- (a) admit, attend on or provide medical services to patients in the Hospital within the limits of his or her competence as described in the annual performance assessment process, and the privileges granted by the Board;
- (b) be assigned to one or more Departments or Divisions of the Medical Staff;
- (c) undertake such duties in respect of patients classed as emergency cases and patients of out-patient departmental clinics as may be assigned by his or her Department Chief or by the Chief of Staff;
- (d) attend meetings of his or her Department or his or her Division;
- (e) be entitled to vote at all Medical Staff meetings;
- (f) unless excused by the Medical Advisory Committee, accept committee assignments and attend the meetings of any committee to which he or she may be assigned; and
- (g) complete the prescribed mandatory training requirements as listed in the online learning management system on CHEOnet.

Section 16 Associate Staff

The Associate Staff shall consist of all members of the Medical Staff during their first and second appointment terms to the Medical Staff, except those appointed to the Active Staff pursuant to Section 4 (6)(c) of this By-Law.

- (1) Each member of the Associate Staff shall:
 - (a) work under the counsel and supervision of an Active Staff member named by the Department Chief;
 - (b) admit, attend on or provide medical services to patients in the Hospital within the limits of his or her competence as described in the initial appointment process and the annual performance assessment process, and the privileges granted by the Board;
 - (c) undertake such duties in respect of patients classed as emergency cases and patients of out-patient departmental clinics as may be assigned by his or her Department Chief or by the Chief of Staff;
 - (d) attend meetings of his or her Department and, if applicable, his or her Division;
 - (e) be entitled to vote at all Medical Staff meetings;
 - (f) unless excused by the Medical Advisory Committee, accept committee assignments and attend the meetings of any committee to which he or she may be assigned; and

- (g) complete the prescribed mandatory training requirements as listed in the online learning management system on CHEOnet.
- (2) At the end of the second appointment term to the Medical Staff, the Department Chief to whom the Associate Staff member has been assigned shall, after consultation with the Active Staff member who supervised him or her and after an in depth performance review, make a written recommendation to the Medical Advisory Committee concerning the knowledge and skills demonstrated by the Associate Staff member, the nature and quality of his or her work and whether he or she should be appointed to the Active Staff.
- (a) If a recommendation is made not to appoint him or her to the Active Staff, then the Associate Staff member may be provided the opportunity in their third year to meet satisfactory clinical and academic performance expectations.
 - (b) Following a formal, in depth performance review, the Department Chief shall make a written recommendation at the end of the third appointment term to the Medical Advisory Committee whether he or she should be appointed to the Active Staff
 - (c) The Medical Advisory Committee shall recommend to the Board whether the Associate Staff member be appointed to the Active Staff. If any recommendation made under Section 16(2)(a) or (b) of this By-Law are not favourable to the Associate Staff member, the Medical Advisory Committee may recommend that the appointment of the Associate Staff be terminated.
 - (d) In no event shall an appointment to the Associate Staff be continued for more than three (3) years.

Section 17 Consulting Staff

- (1) Consulting Staff shall consist of physicians, or other appropriately trained individuals, who are members of the Active Staff of another facility, and for the purposes of establishing consultant clinics, providing itinerant services or accessing Hospital resources to serve the needs of patients, the Board may wish, from time to time, to appoint to the Medical Staff.
- (2) Each member of the Consulting Staff shall:
 - (a) work under the counsel and supervision of an Active or Associate Staff member, if deemed appropriate by the Chief of Staff;
 - (b) admit, attend on or provide medical services to patients in the Hospital within the limits of his or her competence as described in the initial appointment process and the annual performance assessment process, and the privileges granted by the Board;

- (c) attend meetings, in accordance any with existing policies, of his or her Department and, if applicable, his or her Division;
- (d) not be entitled to vote at any Medical Staff meetings, or hold office on any committee.

Section 18 Courtesy Staff

- (1) Courtesy Staff shall consist of physicians, or other appropriately trained individuals who may or may not be members of the Active Staff of another facility and who, for the purposes of providing concurrent care or following their patients in the Hospital, or accessing Hospital resources to serve the needs of patients, the Board may wish, from time to time, to appoint to the Medical Staff.
- (2) Each member of the Courtesy Staff shall:
 - (a) work under the counsel and supervision of an Active or Associate Staff member, if deemed appropriate by the Chief of Staff;
 - (b) attend on or provide medical services to patients in the Hospital within the limits of his or her competence as described in the initial appointment process and the annual performance assessment process, and the privileges granted by the Board;
 - (c) attend meetings, in accordance any with existing policies, of his or her Department and, if applicable, his or her Division;
 - (d) not be entitled to vote at any Medical Staff meetings, or hold office on any committee.

Section 19 Emeritus Staff

- (1) An individual may be honoured by the Board by being designated as a member of the Emeritus Staff, for such term as the Board deems appropriate, because he or she:
 - (a) is a former member of the Medical Staff who has retired from active practice; and
 - (b) has made an exemplary contribution to the Hospital; and
 - (c) has an outstanding reputation.
- (2) Members of the Emeritus Staff:
 - (a) shall not have privileges or provide patient care;
 - (b) shall not have clinical, academic or administrative duties or responsibilities;
 - (c) may attend, but shall not vote at, Medical Staff meetings, and shall not be eligible to hold elected or appointed offices in the Medical Staff; and

- (d) shall not be bound by the attendance requirements of the Medical Staff.

Section 20 Learners

- (1) Learners shall consist of medical graduates who are at the Hospital under the authority of an educational license and are appointed on the recommendation of the University with the support of the Chief Executive Officer, Department Chief and, if applicable, Division Chief, in accordance with the prevailing arrangements with the University. Appointments of Learners shall be approved annually by the Board. Learners will be subject to the joint disciplinary process between the Hospital and the University in accordance with the Affiliation Agreement.
- (2) Each Learner shall:
 - (a) work under the supervision of the Department Chief, or the Division Chief, as delegated by the Department Chief;
 - (b) undertake to care for patients within the limitations of their educational license and restrictions outlined by the Board. Medical students work and learn within the Hospital under the supervision of the most responsible physician and may perform delegated acts;
 - (c) not be entitled to vote at any Medical Staff meetings, or hold office on any committee;
 - (d) abide by all Hospital Policies and Procedures, Rules and Regulations.

Section 21 Medical Staff Duties - General

- (1) Each member of the Medical Staff shall:
 - (a) give the best possible care to patients in the Hospital.
 - (b) be accountable to and shall recognize the authority of the Board through the Chief of Staff and appropriate Department Chief(s).
 - (c) cooperate with:
 - (i) members of the Medical Staff individually and collectively;
 - (ii) the Chief Executive Officer;
 - (iii) the Chief of Staff;
 - (iv) the Department Chief and, if applicable, the Division Chief and the Service Unit Chief, to which he or she has been assigned;
 - (v) the Medical Advisory Committee; and

- (vi) the other members of the multi-disciplinary health team.
- (2) Each member of the Medical Staff shall perform the duties, undertake the responsibility and comply with the provisions set out in this By-law and the Policies and Procedures, Rules and Regulations, outlined in Appendix C and approved, from time to time, by the Board of Directors upon consultation with the Medical Advisory Committee.
- (3) Each member of the Medical Staff shall forthwith advise the Chief of Staff of the commencement of any College or other regulatory authority disciplinary proceedings, proceedings to restrict or suspend privileges at other hospitals, or malpractice actions.

Part III DEPARTMENTS AND DIVISIONS OF MEDICAL STAFF

Section 22 Departments

- (1) The Board, on the advice of the Medical Advisory Committee, may divide the Medical Staff into Departments.
- (2) The Board may, at any time, in consultation with the Medical Advisory Committee and, establish additional Departments or abolish Departments.
- (3) Each Department shall hold a sufficient number of meetings in each calendar year to allow for effective administration of the Department.

Section 23 Appointment of Department Chiefs

- (1) The Board, in consultation with the Medical Advisory Committee, after considering the recommendation of the members of the Department, shall appoint or reappoint a member of the Active Staff or a person eligible for appointment to the Active Staff to be the Department Chief for each Department. The Board may also suspend or revoke the appointment of the Chief of a Department at any time with or without the recommendation of the Medical Advisory Committee.
- (2) A Selection Committee shall be established and composed of:
 - (a) the Chief of Staff, or Deputy Chief of Staff who shall be Chair;
 - (b) at least one, but no more than two representatives selected by the Department concerned;
 - (c) two members of the Medical Advisory Committee elected by the Medical Advisory Committee, neither of whom shall be a member of the Department concerned;
 - (d) the Chief Executive Officer or delegate;
 - (e) if there is a corresponding University department, the Dean of the Faculty of Medicine of the University, or Chair of the Department, or delegate;

- (f) the Corporation's Vice-President Research or delegate
 - (g) a member of the Board named by the Board;
 - (h) with the consent of the Medical Advisory Committee and on the recommendation of the Chief Executive Officer, other members of the health care team or administration;
- (3) The Selection Committee shall have the following duties:
- (a) The Selection Committee shall invite applications from qualified persons.
 - (b) The Selection Committee may, if it deems it advisable, seek the advice of physicians of repute who are not members of the Medical Staff about suitable candidates.
 - (c) The Selection Committee shall invite all members of the Department concerned to submit recommendations and nominations in writing.
 - (d) The Selection Committee shall present its recommendations to the Medical Advisory Committee and the Medical Advisory Committee shall make its recommendations to the Board.
- (4) The Department Chief shall, subject to annual confirmation, be appointed for a term of five (5) years. At the end of the five-year term, a formal review pursuant to Section 27 should be established, if the incumbent wishes to continue to act as Department Chief for a further term. Except in special circumstances, no member of the Medical Staff shall serve an aggregate of more than ten consecutive years as a Department Chief.
- (5) An Interim Chief of Department may be appointed in accordance with the following:
- (a) Where necessary, the Chief of Staff through the Medical Advisory Committee shall recommend to the Board an Interim of a Department.
 - (b) This appointment shall be for a period not to exceed twelve (12) months, subject to reappointment, and may continue until a replacement is identified.
 - (c) The responsibilities of an Interim Chief of Department shall be those of a Chief of Department.

Section 24 Department Chiefs - General

- (1) A Department Chief shall:
- (a) be responsible to the Chief of Staff for the quality of medical diagnosis, care and treatment of all patients in his or her Department;
 - (b) ensure that there are sufficient physicians to cover the clinical needs of patients who require their specific clinical skills, including annually reviewing a member's

scope of activity and capacity to perform all assigned clinical activities, ensuring compliance with the Hospital's strategic directions, focusing on priorities identified therein, and associated performance indicators.

- (c) appropriate management of the Department;
- (d) facilitate clinical education and research programs within his or her Department;
- (e) be accountable for academic leadership by advancing the academic mission of the hospital;
- (f) be responsible for all members of his or her Department and make recommendations to the Medical Advisory Committee regarding their appointment, reappointment, promotion and any disciplinary action to which they should be subject;
- (g) sit on the Medical Advisory Committee;
- (h) in consultation with members of the Department, name a deputy who shall assume his or her duties in his or her absence;
- (i) put in place such management processes that will ensure that the department is appropriately managed and communication with members and the Hospital is sufficient; and
- (j) participate fully in the appointment and reappointment process for Medical Staff in his/her department;

Section 25 Divisions

The Board may, upon the recommendation of the Medical Advisory Committee, establish, within Departments, such Divisions as it deems fit and it may, upon the recommendation of the Medical Advisory Committee, abolish such Divisions.

Section 26 Appointment of Division Chiefs

- (1) The Board, in consultation with the Medical Advisory Committee, after considering the recommendation of the members of the Division, shall appoint or reappoint a member of the Active Staff or a person eligible to be a member of the Active Staff to be the Division Chief for each Division. The Board may also suspend or revoke the appointment of the Chief of a Division at any time with or without the recommendation of the Medical Advisory Committee.
- (2) A Selection Committee composed of the following persons shall be established:
 - (a) the Chief of Staff, or Deputy Chief of Staff, who shall be the Chair
 - (b) the Department Chief concerned;

- (c) two (2) members of the Medical Advisory Committee elected by the Medical Advisory Committee, who shall not be a member of the Division concerned;
 - (d) the Chief Executive Officer, or delegate;
 - (e) if there is a corresponding University Division, the Dean of the Faculty of Medicine of the University, or Chair of the Department, or delegate;
 - (f) one (1) representative of that Division if it consists of nine (9) or less Active Staff members or two (2) representatives of that Division if it consists of ten (10) or more Active Staff members;
 - (g) the Corporation's Vice-President Research, or delegate;
 - (h) with the consent of the Medical Advisory Committee, and on the recommendation of the Chief Executive Officer, another member of the health care team or administration concerned, other than a member of the Medical Staff;
 - (i) the Chair of the Board, or delegate; and
 - (j) where a Division is being created, the Medical Advisory Committee will appoint up to two (2) members of the Division.
- (3) The Selection Committee shall follow the procedure in Section 23(2)(b) to (e)).
- (4) The Division Chief shall be appointed for a term of five (5) years. At the end of the five-year term, a formal review pursuant to Section 27 should be established, if the incumbent wishes to continue as Division Chief for a further term. Except in special circumstances, no member of the Medical Staff shall serve an aggregate of more than ten (10) consecutive years as a Division Chief.
- (5) An Interim Chief of a Division may be appointed in accordance with the following:
- (a) Where necessary, the Department Chief shall recommend to the Medical Advisory Committee an Interim Chief of a Division.
 - (b) The appointment shall be for a period not to exceed twelve (12) months, subject to reappointment, and may continue until a replacement is identified.
 - (c) The responsibilities of an Interim Chief of Division shall be those of a Chief of Division.

Section 27 Review Committee for Department/Division Chiefs

- (1) The Review Committee shall consist of:
- (a) the Chief of Staff, or Deputy Chief of Staff, who shall be the Chair for Department Chiefs review;

- (b) two (2) representatives from the Hospital Department or Division concerned who shall be elected by the Active Staff of the Department or Division by a two-thirds majority where there are more than ten (10) such members in the Department or Division or, otherwise by a simple majority;
 - (c) an appointee of the Board for the Chief of Department review, and at the discretion of the Board, an appointee of the Board for the Chief of Division review;
 - (d) two (2) members of, and elected by, the Medical Advisory Committee, for the Chief of Department review and one (1) member of the Medical Advisory Committee elected by the Medical Advisory Committee for the Chief of Division review;
 - (e) the Chair of the corresponding University Department;
 - (f) the Chief Executive Officer or delegate;
 - (g) the Corporation's Vice-President Research or delegate;
 - (h) with the consent of the Medical Advisory Committee and on the recommendation of the Chief Executive Officer, other members of the health care team or administration.
- (2) For the review of a Chief who is also the Chair of a Faculty of Medicine Department, such review will be conducted jointly as agreed between the Corporation and the Faculty of Medicine.
- (3) Establishment of the Review Committee:
- (a) one year prior to the end of the five-year term of a Chief of a Department/Division, the Chief of Staff for a Department Chief and the Department Chief for a Division Chief, shall ask in writing if the incumbent wishes to continue in that position for a further period:
 - (i) if the written response is affirmative, the appropriate Review Committee will be struck before the five-year term has elapsed;
 - (ii) if the written answer is negative, the appropriate process and Selection Committee as set out in Section 23(1) or Section 26(1) will be initiated.
 - (b) the Chief of Staff may recommend the extension of the term of the existing Department or Division Chief until a replacement has been found.
- (4) Duties of the Review Committee:
- (a) review the appointment of an incumbent Chief of a Department or Division not less than six (6) months before the end of the current 5-year appointment as Chief;

- (b) notwithstanding paragraph (a) above, meet at any time to review any appointment on the direction of the Chief of Staff who shall provide written reasons to the Review Committee indicating why the review has been ordered;
- (c) review and assess the stewardship of the Chief;
- (d) if deemed advisable, seek and consider the advice of not more than three physicians of national repute who are not members of the Medical Staff and who may sit with the Review Committee but shall not vote; and
- (e) forward its recommendation to the Medical Advisory Committee. The Medical Advisory Committee shall then make a recommendation to the Board;
- (f) if a Review Committee is going to recommend to the Medical Advisory Committee the termination of the Chief or that a Chief not be reappointed, a written notice of such recommendation shall be given by the Review Committee to the Chief concerned, together with reasons. The Chief shall, if he or she so requests in writing within ten (10) days of the receipt of the notice from the Review Committee, be entitled to attend and make presentations to the meeting of the Medical Advisory Committee, which considers the recommendation of the Review Committee;
- (g) If the Medical Advisory Committee is going to recommend to the Board the termination of a Chief, or that a Chief not be reappointed, a written notice of such recommendation shall be given by the Medical Advisory Committee to the Chief concerned, together with reasons. The Chief shall, if he or she so requests in writing within ten (10) days of the receipt of the notice from the Medical Advisory Committee, be entitled to hearing before the Board.

Section 28 Division Chiefs - General

- (1) A Division Chief shall:
 - (a) be responsible to his or her Department Chief and to the Chief of Staff for the quality of medical diagnosis, care and treatment of all patients in his or her Division;
 - (b) ensure appropriate management of the Division;
 - (c) facilitate clinical education and research programs within his or her Division; be responsible for all members of his or her Division and make recommendations to the Medical Advisory Committee, through their Department Chief, regarding their appointment, reappointment, promotion and any disciplinary action to which they should be subject;
 - (d) in consultation with members of the Division, name a deputy who shall assume his or her duties in his or her absence; and

- (e) participate fully in the performance review and appointment and reappointment process for Medical Staff in his/her Division.

Section 29 Chief of Staff

- (1) The Board, in consultation with the Medical Advisory Committee, shall appoint a member of the Active Staff or a person eligible to be a member of the Active Staff, other than a Department Chief or the Chair of a Department of the Faculty of Medicine of the University, to be Chief of Staff. The Board may also suspend or revoke the appointment of the Chief of Staff at any time.
- (2) A Selection Committee shall be established and composed of:
 - (a) a Director of the Board, who shall be Chair;
 - (b) two (2) members of the Medical Advisory Committee;
 - (c) the President and Vice-President of the Medical Staff;
 - (d) the Administrator responsible for nursing;
 - (e) the Chief Executive Officer; and
 - (f) such other members as the Board deems advisable.
- (3) The Selection Committee shall have the following duties:
 - (a) The Selection Committee shall invite applications from qualified persons.
 - (b) The Selection Committee may, if it deems it advisable, seek the advice of physicians of repute who are not members of the Medical Staff about suitable candidates.
 - (c) The Selection Committee shall invite all members of the Medical Staff to submit recommendations and nominations in writing.
 - (d) The Selection Committee shall present its recommendations to the Medical Advisory Committee and the Medical Advisory Committee shall make its opinion known to the Board.
- (4) The Chief of Staff shall, subject to annual confirmation, be appointed for a term of five (5) years. Except in special circumstances, no member of the Medical Staff shall serve an aggregate of more than ten (10) consecutive years as Chief of Staff.
- (5) The Chief of Staff shall:
 - (a) supervise through and with the Department Chiefs and, if applicable, Division Chiefs, all medical care given to all patients within the Hospital;

- (b) be responsible to the Board for the general clinical organization of the Hospital and the quality of care rendered;
- (c) advise the Medical Advisory Committee with respect to the quality of medical diagnosis, care and treatment provided to the patients and out-patients of the Hospital;
- (d) be Chair of the Medical Advisory Committee and of any Executive Committee of the Medical Advisory Committee;
- (e) be an ex-officio member of all Committees that report to the Medical Advisory Committee;
- (f) may where appropriate be the Interim Chief of a Department or Division or Service; and
- (g) be a non-voting member of the Board.

Section 30 Deputy Chief of Staff

- (1) The Board, upon the consideration of the Medical Advisory Committee, may appoint a member of the Active Staff or a person eligible to be a member of the Active Staff, other than a Department Chief or the Chair of a Department of the Faculty of Medicine of the University, to be Deputy Chief of Staff. The Board may also suspend or revoke the appointment of the Deputy Chief of Staff at any time with or without the recommendation of the Medical Advisory Committee.
- (2) A Selection Committee shall be established and composed of:
 - (i) The Chief of Staff, who shall be chair;
 - (ii) a Director of the Board;
 - (iii) two (2) members of the Medical Advisory Committee;
 - (iv) the President and Vice-President of the Medical Staff;
 - (v) the Administrator Responsible for Nursing;
 - (vi) the Chief Executive Officer/delegate; and
 - (vii) such other members as the Board deems advisable.
- (3) The Selection Committee shall have the following duties:
 - (a) The Selection Committee shall invite applications from qualified persons.
 - (b) The Selection Committee may, if it deems it advisable, seek the advice of physicians of repute who are not members of the Medical Staff about suitable candidates.

- (c) The Selection Committee shall invite all members of the Medical Staff to submit recommendations and nominations in writing.
- (d) The Selection Committee shall present its recommendations to the Medical Advisory Committee and the Medical Advisory Committee shall make its opinion known to the Board.
- (4) The Deputy Chief of Staff shall, subject to annual confirmation, be appointed for a term of five (5) years. Except in special circumstances, no member of the Medical Staff shall serve an aggregate of more than ten (10) consecutive years as Deputy Chief of Staff.
- (5) The Deputy Chief of Staff shall:
 - (a) act on behalf of the Chief of Staff in his/her absence;
 - (b) assume other duties as determined by the Chief of Staff or the Board;
 - (c) be Vice-Chair of the Medical Advisory Committee.

Section 31 Appointment of Chief of Paediatrics

- (1) The Chief of the Department of Paediatrics shall also be Chair of the University Department of Paediatrics.
- (2) The Board, in consultation with the Medical Advisory Committee, shall appoint a member of the Active Staff or a person eligible for appointment to the Active Staff to be the Chief of Paediatrics. The Board may also suspend or revoke the appointment of the Chief of Paediatrics at any time with or without the recommendation of the Medical Advisory Committee.
- (3) A Joint Selection Committee shall be established and composed of:
 - (i) the Chief of Staff and Dean of Medicine, who shall be Co-Chairs;
 - (ii) two (2) University Department Chairs;
 - (iii) one (1) representative of the Board of Directors;
 - (iv) up to two (2) Professors of Paediatrics from other Universities at the invitation of the Dean and acting in an advisory capacity;
 - (v) two (2) Clinical Faculty Members of the Department of Paediatrics;
 - (vi) the Corporation's Vice President Research;
 - (vii) the Chief Executive Officer;
 - (viii) one (1) Chief of a Hospital Department; and

- (ix) additional members at the discretion of the Committee.
- (4) The Joint Selection Committee for Chief of Paediatrics shall make its recommendation to:
 - (a) the Medical Advisory Committee, who in turn makes its recommendation to the Board of;
 - (b) the Faculty Council, who in turn makes its recommendation to the Board of Governors at the University,provided that the Board and the Board of Governors of the University must both approve the appointment.
- (5) The Chief of Paediatrics shall, subject to annual confirmation, be appointed for a term of five (5) years. Except in special circumstances, no member of the Medical Staff shall serve an aggregate of more than ten consecutive years as Chief of Paediatrics.

Section 32 Chief of Paediatrics - General

- (1) The Chief of Paediatrics shall:
 - (a) ensure appropriate management of the Department;
 - (b) facilitate clinical education and research programs within his or her Department;
 - (c) be accountable for academic leadership by advancing the academic mission of the hospital;
 - (d) be responsible for all members of his or her Department and make recommendations to the Medical Advisory Committee regarding their appointment, reappointment, promotion and any disciplinary action to which they should be subject;
 - (e) sit on the Medical Advisory Committee;
 - (f) in consultation with members of the Department, name a deputy who shall assume his or her duties in his or her absence;
 - (g) put in place such management processes that will ensure that the department is appropriately managed and communication with members and the Hospital is sufficient;
 - (h) participate fully in the appointment and reappointment process for Medical Staff in his/her department; and
 - (i) fulfill any and all additional duties as determined by the Faculty.

Section 33 Appointment of Chief of Laboratory Medicine

- (1) The Chief of the Department of Laboratory Medicine shall also be Chair of the University Department of Laboratory Medicine.
- (2) The Board, in consultation with the Medical Advisory Committee, shall appoint a member of the Active Staff or a person eligible for appointment to the Active Staff to be the Chief of Laboratory Medicine. The Board may also suspend or revoke the appointment of the Chief of a Laboratory Medicine at any time with or without the recommendation of the Medical Advisory Committee.
- (3) A Joint Selection Committee shall be established and composed of:
 - (a) the Chief of Staff and Dean of Medicine, who shall be Co-Chairs;
 - (b) two (2) University Department or Division Chairs;
 - (c) one (1) representative of the Board;
 - (d) one (1) representative from the Eastern Ontario Regional Laboratories Association;
 - (e) up to two (2) Professors of Laboratory Medicine from other Universities at the invitation of the Dean and Interim in an advisory capacity;
 - (f) two (2) Clinical Faculty Members of the Department of Laboratory Medicine;
 - (g) the Corporation's Vice President Research;
 - (h) the Chief Executive Officer;
 - (i) one (1) Chief of a Department or Division
 - (j) additional members at the discretion of the committee.
- (4) The Joint Selection Committee for Chief of Laboratory Medicine shall make its recommendation to:
 - (a) the Medical Advisory Committee, who in turn makes its recommendation to the Board;
 - (b) the Faculty Council, who in turn makes its recommendation to the Board of Governors at the University,

provided that the Board of the Hospital and the Board of Governors of the University must both approve the appointment.
- (5) The Chief of Laboratory Medicine shall, subject to annual confirmation, be appointed for a term of five (5) years. Except in special circumstances, no member of the Medical

Staff shall serve an aggregate of more than ten (10) consecutive years as Chief of Laboratory Medicine.

Section 34 Chief of Laboratory Medicine - General

- (1) The Chief of Laboratory Medicine shall:
 - (i) ensure appropriate management of the Department;
 - (ii) facilitate clinical education and research programs within his or her Department;
 - (iii) be accountable for academic leadership by advancing the academic mission of the hospital;
 - (iv) be responsible for all members of his or her Department and make recommendations to the Medical Advisory Committee regarding their appointment, reappointment, promotion and any disciplinary action to which they should be subject;
 - (v) sit on the Medical Advisory Committee;
 - (vi) in consultation with members of the Department, name a deputy who shall assume his or her duties in his or her absence;
 - (vii) put in place such management processes that will ensure that the department is appropriately managed and communication with members and the Hospital is sufficient;
 - (viii) participate fully in the appointment and reappointment process for Medical Staff in his/her department; and
 - (ix) fulfill any and all duties as determined by the Faculty and EORLA

Section 35 Medical Staff Meetings

- (1) In accordance with the Hospital Management Regulation made under the Act, there shall be at least four (4) meetings of the Medical Staff in each fiscal year of the Corporation, one of which shall be the annual meeting.
- (2) At each annual meeting the Medical Staff shall:
 - (a) fix a time and place for the next annual meeting, and the meetings of the Medical Staff before the next annual meetings; and
 - (b) elect from among its members, a President, Vice-President and Secretary-Treasurer.

- (3) In the case of an emergency, the President of the Medical Staff may call a special meeting.
- (4) Upon the written request of any fifteen (15) members of the Active Staff, the President of the Medical Staff shall call a special meeting.
- (5) All members of the Medical Staff shall be given at least ten (10) days written notice of the time and place of all regular meetings of the Medical Staff. Notwithstanding the foregoing, a written notice, stating the nature of the business for which a meeting is called pursuant to Part III, Section 35(3) or (4), shall be sufficient if it is given to the voting members of the Medical Staff at least three (3) days prior to such meeting.
- (6) Twenty-five percent (25%) of the Medical Staff members entitled to vote shall constitute a quorum at any meeting of the Medical Staff.

Section 36 Election of Medical Staff Officers

- (1) At least thirty (30) days before the annual meeting of the Medical Staff, a call for nominations for the Officers of the Medical Staff will be sent by e-mail to all eligible Medical Staff.
- (2) Nominations shall be submitted to the Secretary-Treasurer within fourteen (14) days of the call for nominations. Upon receipt of nominations, the Secretary-Treasurer shall cause the name of the nominees to be compiled into a list for distribution to the membership.
- (3) Each nomination shall:
 - (a) be in writing;
 - (b) indicate the name of the Medical Staff member and the position for which the nomination is being made;
 - (c) be signed by at least two voting members of the Medical Staff; and
 - (d) bear the signature of the nominee, accepting the nomination.
- (4) If more than one (1) member of the Medical Staff is nominated for a position, the one receiving the highest number of votes of the eligible members of the Medical Staff, shall be elected.
- (5) The position of any elected Medical Staff Officer which becomes vacant during the calendar year may be filled by the vote of the majority of the eligible members of the Medical Staff present, as determined by a secret ballot, and the Officer so elected shall complete the term of the Officer whose position is being filled.
- (6) The officers of the Medical Staff shall be elected, for a term of two (2) years, with the results announced at the annual meeting of the Medical Staff.

Section 37 Duties of Medical Staff Officers

- (1) The Officers of the Medical Staff are:
 - (a) President;
 - (b) Vice President; and
 - (c) Secretary-Treasurer.
- (2) The President of the Medical Staff shall:
 - (a) preside at all meetings of the Medical Staff;
 - (b) call special meetings of the Medical Staff;
 - (c) be a member of the Medical Advisory Committee;
 - (d) act as liaison officer between the Medical Staff and the Chief Executive Officer/President and the Board in all matters not assigned to the Chief of Staff;
 - (e) be an ex-officio member of all committees which report to the Medical Advisory Committee or to the Medical Staff; and
 - (f) be a non-voting member of the Board
- (3) The Vice-President of the Medical Staff shall:
 - (a) assume the duties and responsibilities of the President of the Medical Staff when he or she is absent or unable to act, with the exception of the duties enumerated in Section 37(2)(e);
 - (b) perform the duties delegated to him or her by the President of the Medical Staff;
 - (c) be a member of the Medical Advisory Committee; and
 - (d) be a member of any Board Committee as required by the Board.
- (4) The Secretary-Treasurer of the Medical Staff shall:
 - (a) be a member of the Medical Advisory Committee;
 - (b) attend to the correspondence of the Medical Staff;
 - (c) give notice of Medical Staff meetings in accordance with Section 35(5); and
 - (d) assume the duties and responsibilities of the Vice-President when he or she is absent or unable to act.

Part IV MEDICAL ADVISORY COMMITTEE

Section 38 Membership

- (1) The following persons shall be members of the Medical Advisory Committee with voting privileges:
 - (a) the Chief of Staff, who shall be Chair;
 - (b) the Deputy Chief of Staff;
 - (c) the President of the Medical Staff;
 - (d) the Vice-President of the Medical Staff;
 - (e) the Secretary-Treasurer of the Medical Staff;
 - (f) Department Chiefs;
 - (g) Board Appointed Corporate Medical Directors;
 - (h) the Chief of the Division of Dentistry;
- (2) The following persons shall be members of the Medical Advisory Committee without voting privileges:
 - (a) the Chief Executive Officer;
 - (b) the Dean of the Faculty of Medicine of the University, or delegate;
 - (c) the Corporation's Vice-President Research;
 - (d) the Chief Nurse Executive;
 - (e) a representative of the Learners category of staff;
 - (f) the Chair of the Board or delegate;
 - (g) a representative of the Professional Advisory Committee; and
 - (h) such other members of the Medical Staff of other health institutions as the Board may from time to time, upon recommendation of the Medical Advisory Committee, appoint.
- (3) Members of the Medical Advisory Committee without voting privileges may appoint a delegate without voting privileges in their absence.
- (4) Where the Chief of Staff is also an Interim Department Chief, the Medical Advisory Committee, upon the advice of such Department Chief, shall name a member of the

Department concerned to replace that Department Chief at meetings of the Medical Advisory Committee.

Section 39 Meetings

- (1) The Medical Advisory Committee shall hold at least ten (10) monthly meetings in each fiscal year of the Corporation at the call of the Chair and shall keep minutes of its proceedings.
- (2) A majority of the members with voting privileges shall constitute a quorum at any meeting of the Medical Advisory Committee.

Section 40 Duties and Responsibilities

The Medical Advisory Committee shall:

- (1) having regard to the Vision, Mission and Core values of the Hospital, make recommendations to the Board concerning:
 - (a) a medical human resource plan for the Hospital;
 - (b) the allocation of Hospital resources;
 - (c) every application for appointment or reappointment to the Medical, Dental or Scientific Staff;
 - (d) the Hospital privileges to be granted to each member of the Medical, Dental or Scientific Staff;
 - (e) the By-law, the Policies and Procedures, Rules and Regulations respecting the Medical, Dental and Scientific Staff;
 - (f) the revocation, suspension or restriction of hospital privileges of any member of the Medical, Dental or Scientific Staff who contravenes any of the provisions of this By-law, or the Act or the Health Insurance Act (Ontario) or the regulations made under those Acts, or for any other valid and proper reason;
 - (g) the quality of care provided by the Medical, Dental and Scientific Staff in the Hospital, and where the Medical Advisory Committee identifies systemic or recurring quality of care issues, in making its recommendations to the Board, it shall make recommendations about those issues to the Board Quality Committee, pursuant to the *Excellent Care for All Act, 2010*;
 - (h) the appointment of Department Chiefs, Division Chiefs and Corporate Medical Directors who report to the Chief of Staff; and
 - (i) the establishment of Standing Committees of the Medical Advisory Committee, as listed in Appendix F, which shall report to the Medical Advisory Committee,

with responsibility for assessing and otherwise dealing with such matter or matters as are specified by the Medical Advisory Committee.

- (2) supervise the activities of the Medical, Dental and Scientific Staff in the Hospital;
- (3) appoint the Medical Staff members of all Standing Committees of the Medical Advisory Committee that are established by the Board;
- (4) receive reports from the Standing Committees of the Medical Advisory Committee;
- (5) advise the Board on any matter referred to it by the Board;
- (6) if requested, to do so by the Hospital's Committee responsible with respect to joint health and safety, appoint a member of the Medical Staff to advise such committee;
- (7) report, through the Chief of Staff, to the Medical Staff at each regularly scheduled meeting of the Medical Staff;
- (8) report, through the Chief of Staff, to the Board at each regularly scheduled meeting of the Board, respecting all matters relevant to the Medical Staff, in the Hospital.

Section 41 Establishment of Committees of the Medical Advisory Committee

- (1) 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 Act or the by-laws of the Hospital.
- (2) The terms of reference and composition for any standing or special sub-committees of the Medical Advisory Committee may be set out in the Policies and Procedures, Rules and Regulations or in a resolution of the Board, on recommendation of the Medical Advisory Committee. The Medical Staff members of any such standing or special subcommittee of the Medical Advisory Committee shall be appointed by the Medical Advisory Committee; other committee members may be appointed by the Board.

Part V DENTAL STAFF

Section 42 General

- (1) Unless otherwise indicated, the provisions of Part II of this By-law apply to the Dental Staff and the terms *physicians* and *Medical Staff members* shall read *dentists* and *Dental Staff members*, respectively.
- (2) A member of the Dental Staff who is an oral and maxillofacial surgeon may admit patients to the Hospital on their own authority. Members of the Dental Staff, other than oral and maxillofacial surgeons, may admit patients on the joint order of the dentist and a physician who is a member of the Active Medical Staff.

- (3) Members of the Active Dental Staff shall be entitled to attend and vote at Medical Staff meetings and to hold office.

Section 43 Qualifications

- (1) Only a person qualified to practice dentistry pursuant to the laws of Ontario shall be eligible for appointment to the Dental Staff.
- (2) The applicant will have:
 - (a) certification by the Royal College of Dental Surgeons of Ontario;
 - (b) dental practice liability protection coverage acceptable to the Board; and
 - (c) specialty certification where indicated, including fellowship eligibility.

Section 44 Divisions

- (1) Dentistry shall be a Division of the Department of Surgery.
- (2) The Division Chief shall be appointed or reappointed in the manner set forth in Section 26.
- (3) The Chief of the Division of Dentistry shall supervise the professional care given by all members of the Dental Staff and be responsible to the Chief of the Department of Surgery, the Chief of Staff, the Medical Advisory Committee, and ultimately the Board, for the quality of care provided to patients by members of the Division of Dentistry and shall sit on the Medical Advisory Committee.

Part VI SCIENTIFIC STAFF

Section 45 General

- (1) Unless otherwise indicated, the provisions of Part II of this By-law apply to the Scientific Staff and the terms *physicians* and *Medical Staff members* shall read *Scientists* and *Scientific Staff members* respectively.
- (2) Scientific Staff means the clinical scientists to whom the Board has granted the privilege of providing laboratory information and services needed for the diagnosis and treatment of disease.
- (3) Members of the Active Scientific Staff shall be entitled to attend and vote at Medical Staff meetings and to hold office.

Section 46 Qualifications

- (1) Only a person who holds a Ph.D. degree from a recognized institution shall be eligible for appointment to the Scientific Staff.

- (2) The applicant will have specialty certification, where indicated.

Part VII GENERAL PROVISIONS

Section 47 Amendments

- (1) Prior to submitting amendments to this Medical By-law, in accordance with the process established in the Corporate By-laws for amending the By-laws, the following procedures shall be followed:
- (a) Notice shall be given to the Medical Staff specifying the proposed amendment to this By-law;
 - (b) the Medical Staff shall be afforded an opportunity to comment on the proposed amendment; and
 - (c) the Medical Advisory Committee shall make recommendations to the Board, concerning the proposed amendment.
- (2) It is expressly provided that any policy approved by the Board and referred to herein or referred to herein as being attached or appended hereto as a Policy, including the Policies and Procedures, Rules and Regulations shall not form part of this By-law but shall at all times have the status of a policy of the Board such that it can be changed at any time by Resolution of the Board. Notwithstanding the foregoing, any policy enacted by the Board and referred to herein as being attached or appended hereto as a Policy may be amended from time to time by the Board upon consultation with the Medical Advisory Committee.

Section 48 Repeal and Restatement

This By-law repeals and restates in its entirety the Medical By-laws of the Corporation previously approved with respect to the Medical Staff.

Part VIII POLICIES AND PROCEDURES, RULES AND REGULATIONS

Appendix A: Appointment and Reappointment

This Appendix may be amended from time to time by the Board of Directors upon consultation with the Medical Advisory Committee.

The following shall be considered in recommending upon the appointment or reappointment to the Medical Staff, as the case may be:

- (1) on first appointment only, the Medical Human Resources Plan of the Hospital;
- (2) the Vision, Mission and Core Values of the Hospital;
- (3) the applicant's training, expertise and proposed contribution and how these fit into the Hospital's clinical and academic priorities;
- (4) on first appointment only, the existence of a defined need in the Hospital for the role to be filled by the applicant with his or her specific skills;
- (5) on first appointment only, an approved impact analysis plan with regard to the new applicant;
- (6) the attitude, skills, knowledge and experience of the applicant and his or her ability to work in a collaborative and effective manner with other health care professionals;
- (7) the Department and/or Division's clinical and academic practice plan pursuant to Part III, Section 23(1) of this By-Law, if applicable, and whether such plan allows for sufficient recruitment of new members of the Medical Staff by the Hospital;
- (8) a clinical performance review, the nature and scope of which shall be determined by the Department Chief and the Chief of Staff, of an applicant for reappointment; and
- (9) the recommendation of the applicant's Department Chief and the recommendation of the Medical Advisory Committee and;
- (10) completion of mandatory training, and relevant certification, and OH&S requirements.

Appendix B: Annual Performance Appraisal at Reappointment

This Appendix may be amended from time to time by the Board of Directors upon consultation with the Medical Advisory Committee.

At the completion of the annual performance review process, the Divisional/Departmental/Service Unit Chief must attest to the fact that proposed scope of practice is one which the member can safely perform.

The following is a list of matters that will be included in the annual review conducted as part of the reappointment process. The review would assess:

- (1) The skills, attitude and judgment of the applicant with reference to their professional responsibilities.
- (2) The applicant's participation in continuing education.
- (3) The ability of the applicant to communicate with patients, their families and substitute decision makers and staff, together with information with respect to patient or staff complaints regarding the applicant, if any.
- (4) The applicant's ability to work and cooperate with, and relate to, in a collegial and professional manner, the Board, the Chief Executive Officer, the Chief of Staff, Chief of the relevant Department and other members of the Medical Advisory Committee, Chiefs of Division, other members of the Medical Staff, the nursing staff, other healthcare practitioners, learners and students within the Hospital and other employees of the Corporation.
- (5) The applicant's performance and discharge of:
 - a. "on call" responsibilities;
 - b. staff and committee responsibilities;
 - c. clinical and, if applicable, academic responsibilities;
 - d. attendance requirements, if any, for Department and Division or Medical Staff meetings; and
 - e. monitoring patients, together with evidence of appropriate, timely and completed clinical record documentation.
- (6) Any quality of care or patient safety issues.
- (7) The applicant's health during the past year, insofar as his or her health may affect quality of medical care.
- (8) The applicant's plans for any changes in type or level of service provided and the reasons therefore.

- (9) The applicant's plans relevant to succession, if any.
- (10) The applicant's ability to ensure quality of patient care and patient safety through the appropriate supervision of Medical Staff or Learners as required.
- (11) The applicant's appropriate and efficient use of Hospital resources.
- (12) The applicant's compliance with the Public Hospitals Act and the regulations there under, the Hospital's By-laws, Policies and Procedures, Rules and Regulations and applicable legislation.

Appendix C: Duties of Members of the Medical Staff

This Appendix may be amended from time to time by the Board of Directors upon consultation with the Medical Advisory Committee.

- (1) In addition to the duties and responsibilities set out in the By-law, each member of the Medical Staff shall:
 - a. attend and treat patients within the limits of the privileges granted unless the privileges are otherwise restricted as outlined in the annual performance review process;
 - b. adhere to the highest ethical standards of their profession;
 - c. respect the mission, vision and values of the Board;
 - d. fulfill the “on-call” requirements of the Department or Division as scheduled by the Department Chief or Chief of Division, as applicable;
 - e. work and cooperate with others in a collegial manner consistent with the Hospital’s mission, vision and values;
 - f. participate in quality and patient safety initiatives;
 - g. prepare and complete patient records in accordance with the Policies and Procedures, Rules and Regulations, applicable legislation and accepted industry standards;
 - h. recognize the authority of and be accountable to the Chief of Staff, Department Chief, Chief of Division, the Medical Advisory Committee, and the Board;
 - i. serve as may be requested on various Hospital committees and Medical Advisory Committee standing and sub-committees;
 - j. participate in annual and any enhanced periodic performance evaluations and provide such releases and consents as will enable such evaluations to be conducted;
 - k. meet the attendance obligations, if any, for Department and Division meetings and/or Medical Staff meetings, as applicable;
 - l. participate in continuing education as required by the relevant Department and/or regulatory or licensing authority;
 - m. Notify the Department Chief, Division Chief or Chief of Staff of any physical or mental conditions or disorder that could adversely affect patient care;
 - n. not undertake any conduct that would be disruptive to the Department or Division or leading to a compromise in the quality of care provided;

- o. comply with applicable legislation and the by-laws, the Rules and Regulations and the Policies of the Hospital;
 - p. maintain professional practice liability insurance satisfactory to the Board and notify the Board in writing through the Chief of Staff of any change in professional liability insurance;
 - q. notify the Board in writing through the Chief of Staff of any additional professional degrees or qualifications obtained by the member or of any change in the licence to practice medicine, dentistry and scientific made by their governing College or licensing authority; and
 - r. complete mandatory training, and relevant certification, and OH&S requirements.
- (2) When responsible for a patient, the physician shall:
- a. within twelve (12) hours of admission of the patient, cause to be entered on the patient's medical record a summary of the pertinent clinical findings, and within forty eight (48) hours cause to be entered:
 - i. the patient's medical history;
 - ii. the findings of the physical examination made on the patient; and
 - iii. a provisional diagnosis.
 - b. Ensure that the requirements, as set out in Hospital Policy with respect to attending patients, are met;
 - c. cause a written progress note to be entered on the patient's medical record at least once in every seven days or such other period as may be prescribed by the Policies and Procedures, Rules and Regulations of his or her Department;
 - d. obtain a written consultation when indicated or required under the Act or under this By-law;
 - e. obtain any consent required under the Health Care Consent Act (Ontario);
 - f. comply with the Hospital's resuscitation policy;
 - g. endeavour to obtain consent for organ and tissue donations;
 - h. give notice of death as required by the Coroners Act;
 - i. cause a copy of the medical certificate of death as required by the Vital Statistics Act (Ontario) to be filed in the patient's medical record, and, if a medical certificate of death is not provided by coroner as required by the Coroners Act complete a report in the form prescribed under the Act and cause a copy to be filed in the patient's medical record; and

- j. cause the patient's medical record to be completed within seven (7) days after the patient's discharge from the Hospital.
- (3) Each member of the Medical Staff may be requested to give such instruction for the training of other members of the Medical Staff, nurses, technologists and undergraduate students as may be required by the Hospital's educational program.
- (4) A member of the Medical Staff may delegate his or her responsibilities under sections (2) (b), (c) and (j), above, to another physician with admitting privileges.
- (5) Whenever the primary attending responsibility for the care of a patient is permanently transferred to another member of the Medical Staff, the patient shall be advised and a written notification shall be made in the patient's record. The physician to whom responsibility has been transferred will be notified in accordance with the rules and/or policies of the Department/Division.

Appendix D: Application for Appointment

This Appendix may be amended from time to time by the Board of Directors, upon consultation with the Medical Advisory Committee.

In addition to what is required in the Bylaws, each application for first Appointment to the Medical Staff shall contain:

- (1) a list of three appropriate referees, including their addresses and telephone numbers;
- (2) a description of pending, ongoing or completed disciplinary actions, competency investigations and/or performance reviews ;
- (3) a description of pending, ongoing or completed significant complaints relating to quality of patient care with other Hospitals, health facilities or institutions regarding appointment, reappointment, change of privileges, or mid-term suspension or revocation of privileges;
- (4) a description of any failure to obtain, reduction in classification, or voluntary or involuntary resignation of any professional license or certification, fellowship, professional or, academic appointment or privileges at any other Hospital, health facility or institution;
- (5) a description of any civil suit in which there was an adverse finding or that was settled by a payment by or on behalf of the applicant that may impact upon one's ability to practice medicine;
- (6) a description of any criminal convictions involving the applicant for which a pardon has not been granted that may affect one's ability to practice medicine;
- (7) a description of any pending or ongoing civil actions, or criminal charges that may impact upon one's ability to practice medicine;
- (8) a description of any impairments, medical conditions, diseases or illnesses (including social health problems, alcohol or drug abuse or attempted suicide) that could now or in the future impact on the applicant's ability to practice or that may impact staff or patient safety and current treatments therefore, and if requested, an authorization to the treating health professional to release information to the Hospital;
- (9) evidence of up- to-date inoculations, screenings and tests as required from time to time and consistent with the requirements of the Hospital's occupational health and safety policies;
- (10) a signed consent authorizing any medical licensing authority to provide a report on:
 - a. any action taken by its disciplinary committee; and
 - b. whether privileges have been curtailed or cancelled by any medical regulatory

body or by another hospital because of incompetence, negligence or any act of professional misconduct;

- (11) a signed consent authorizing the administrator and the senior medical authorities of any institution, and Chiefs of medical service or similar medical authority of any institutions where the applicant has held Medical Staff or training appointments, as identified in such consent, to release such information as might be required to permit the Medical Advisory Committee to consider the applicant's suitability for Medical Staff membership;
- (12) Police record check for the vulnerable sector;
- (13) a signed copy of the Board approved Confidentiality Agreement;
- (14) the written approval of the appropriate Department Chief, and, if applicable, Division Chief;
- (15) a list of resources needed that will enable preparation of a resource impact analysis; and
- (16) an undertaking that the applicant will serve on committees or subcommittees to which he or she is appointed by the Board or the Medical Advisory Committee.

Appendix E: Associate Staff

This Appendix may be amended from time to time by the Board of Directors upon consultation with the Medical Advisory Committee.

In addition to what is required in the Bylaws, the following process will be followed:

- (1) During the first two (2) years of an Associate Staff member's term, there will be a clearly defined set of performance objectives set by the Department Chief.
- (2) A Supervisor, designated by the Department Chief, will meet with the individual quarterly and report annually to the Department Chief.
- (3) A formal evaluation will take place annually based upon the set performance objectives to ensure that the individual is meeting the expectations of the Corporation, both clinically and academically, and that the individual is being mentored into the environment of the Hospital appropriately.
- (4) Before moving from Associate Staff to Active Staff, an individual shall have:
 - a. successfully met the expectations of the Supervisor and Department Chief; and
 - b. successfully completed a formal review of their clinical and academic practice.
- (5) After completing the first two (2) years of his or her term, and upon recommendation of the Department Chief, the MAC and the Board shall consider moving the individual from Associate Staff to Active Staff.
- (6) Moving from Associate Staff to Active Staff will only take place when performance is determined to be satisfactory and no extensions beyond three (3) years will be permitted, except in circumstances of approved leave of absence, and privileges will be terminated.
- (7) During the third (3rd) year, if necessary, there would be opportunity for appeal to the MAC and/ or Board or alternatively remediation of outstanding concerns with reassessment.

Appendix F: Standing Committees of the Medical Advisory Committee

This Appendix may be amended from time to time by the Board of Directors upon consultation with the Medical Advisory Committee.

On the advice of the Medical Advisory Committee, the Board has established the following Standing Committees of the Medical Advisory Committee. These Committees have responsibility for assessing and otherwise dealing with such matter, or matters, as are specified by the Medical Advisory Committee:

- (1) Clinical Laboratory
- (2) Laboratory Point of Care
- (3) Medical Directives
- (4) Morbidity and Mortality Oversight
- (5) Pharmacy and Therapeutics
- (6) Records of Personal Health Information
- (7) Transfusion Medicine and Infusion Therapy