



**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 Staff By-Law

CHEO Medical Staff By-Law

MEDICAL STAFF BY-LAW of 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")

WHEREAS the Corporation is the Children's Hospital of Eastern Ontario and the Ottawa Children's Treatment Centre/Centre hospitalier pour enfants de l'est de l'Ontario - Centre de traitement pour enfants d'Ottawa and operates 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 and organize the medical, dental, scientific, midwifery and extended class nursing activities of the Corporation;

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

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Article I. Introduction, Definitions and interpretation

Section 1.01 Definitions

In this By-law:

- a. **Act** means the *Public Hospitals Act* (Ontario).
- b. **Affiliation Agreement** is the previous name for the Ottawa Academic Health Network and means the Agreement between the Corporation and the University of Ottawa relating to the teaching, research and innovation functions integrated in the Hospital as contemplated in the Vision, Mission and Core Values of the Hospital that have been approved by the Board.
- c. **Attending Physician** means a Physician member of the Medical Staff who attends a Patient in the Hospital.
- d. **Attending Registered Nurse in the Extended Class (RN(EC))** means a registered nurse in the extended class who attends a Patient in the Hospital.
- e. **Board** means the board of directors of the Corporation.
- f. **Business day** means a day other than a Saturday, Sunday, or a statutory holiday in Ontario.
- g. **By-law** means this Medical Staff By-law.
- h. **By-laws** mean this Medical Staff By-law and all other by-laws of the Corporation, including the Corporate By-law.
- i. **Chief Executive Officer** means the president and chief executive officer of the Corporation, who is the 'administrator' for the purposes of the *Public Hospitals Act*, and the 'officer in charge' for the purposes of the *Mental Health Act*.
- j. **Chief Nursing Executive** means the senior nurse employed by the Corporation, who reports directly to the Chief Executive Officer and is responsible for nursing services provided in the Hospital.
- k. **Chief of Staff** means the Medical Staff member appointed by the Board to serve as such in accordance with the *Public Hospitals Act* and this By-law.
- l. **Clinical Scientist** means a scientist who holds a PhD from a recognized institution.

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- m. **College** means the College of Physicians and Surgeons of Ontario, the Royal College of Dental Surgeons of Ontario, the College of Midwives of Ontario, and/or the College of Nurses of Ontario.
- n. **Consultation** means the seeking of an opinion concerning a Patient by one member of the Staff from another.
- o. **Corporate By-law** means the Corporate By-law of the Hospital relating to corporate matters.
- p. **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.
- q. **Credentials Committee** means a subcommittee of the Medical Advisory Committee established by the Medical Advisory Committee and tasked with reviewing applications for appointment and reappointment to the Medical Staff, and applications for a change in privileges, and making recommendations to the Medical Advisory Committee on these matters, and if no such subcommittee is established it means the Medical Advisory Committee.
- r. **Day**, unless otherwise specified as a business day, means a calendar day.
- s. **Dental Staff** means:
 - i. dentists to whom the Board has granted the privilege of attending to Patients in the Hospital; and
 - ii. oral and maxillofacial surgeons to whom the Board has granted the privilege of diagnosing, prescribing for, or treating Patients in the Hospital and who may have admitting privileges.
- t. **Dentist** means a dental practitioner in good standing with the Royal College of Dental Surgeons of Ontario, and may include a dentist who is exempted from subsections 9 (1) and (2) of the *Dentistry Act, 1991* by a regulation made under that Act if confirmed by the Royal College of Dental Surgeons of Ontario.
- u. **Department** means an organizational unit of the Medical Staff to which members with a similar field of practice have been assigned and Department Head has a corollary meaning.
- v. **Department Head** means the Medical Staff member appointed by the Board to serve as such in accordance with this By-law.
- w. **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 their absence.
- x. **Director** means a member of the Board.
- y. **Division** means an organizational unit of a Department and Division Head has a corollary meaning.
- z. **Division Head** means the Medical Staff member appointed to oversee a Division.
- aa. **Electronic Meeting** means a meeting held in whole or in part by teleconference or other electronic means that permit all participants to communicate adequately with each other and to vote.
- bb. **EORLA** means the Eastern Ontario Regional Laboratory Association.
- cc. **Ex officio** means membership by virtue of the office and includes all rights, responsibilities, and powers to vote, unless otherwise specified.
- dd. **Excellent Care for All Act** means the *Excellent Care for All Act, 2010* (Ontario) and, where the context requires, includes the regulations made under it, and any statute that may be substituted for it, as amended from time to time.
- ee. **Extended Class Nursing Staff** means those Registered Nurses in the Extended Class who are:
 - i. employed by the Corporation and authorized to diagnose, prescribe for, or treat Patients in the Hospital; and
 - ii. not employed by the Corporation and to whom the Board has granted privileges to diagnose, prescribe for, or treat Patients in the Hospital;

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- ff. **Good Standing** will include consideration of matters listed in section 4.02 and/or Appendix A, where applicable. Without limiting the foregoing, a determination of Good Standing may also consider matters relating to professionalism, behavior, cooperation with hospital processes, and compliance with quality and safety requirements. Any pending charge, complaint, investigation, inquiry, proceeding, or review must be disclosed for consideration with respect to Good Standing. However, on its own, such a disclosure does not necessarily preclude a determination of Good Standing.
- gg. **Honorary Recognition** means an honor given to past members of the Medical Staff, previously referred to as Emeritus Staff. It is expressly not a Medical Staff category and confers no clinical privileges.
- hh. **Hospital** means the public hospital operated by the Corporation.
- ii. **Impact Analysis** means a study conducted by the Chief Executive Officer in consultation with the Chief of Staff, relevant Vice Presidents and the affected Department Head to determine the impact upon the resources of the Corporation, including the impact upon the resources of a Department, of a proposed appointment of an applicant to the Medical Staff or an application by a Medical Staff member for additional privileges or a change in membership category.
- jj. **Learners** are more fully defined in Article IX of this By-law.
- kk. **Medical Advisory Committee** means the committee established under Article XIV of this By-law.
- ll. **Medical Staff Association** means the group comprising all Physicians, Dentists, Clinical Scientists, Midwives and Registered Nurses in the Extended Class who hold an appointment on the Medical Staff of the hospital.
- mm. **Medical Staff Human Resources Plan** means the plan developed for each Department that provides information and future projections on the management and appointment of the Medical Staff based on the mission and strategic plan of the Corporation.
- nn. **Medical Staff** means the Board-appointed medical/credentialed staff of the Hospital, including those Physicians, Dentists, Clinical Scientists, Midwives and Registered Nurses in the Extended Class, who are appointed by the Board and granted privileges to practice in the Hospital.
- oo. **Midwife** means a midwife in good standing with the College of Midwives of Ontario, and may include a person who is exempted from subsections 8 (1) and (2) of the *Midwifery Act, 1991* by a regulation made under that Act if confirmed by the College of Midwives of Ontario;
- pp. **Midwifery Staff** means those Midwives appointed by the Board and granted privileges to practice midwifery in the Hospital.
- qq. **Oral and maxillofacial surgeon** means a Dentist who holds a specialty certificate of registration from the Royal College of Dental Surgeons of Ontario authorizing practice in oral and maxillofacial surgery, and may include a person who is exempted from subsections 9 (1) and (2) of the *Dentistry Act, 1991* by a regulation made under that Act and who holds the equivalent of a certificate of registration in the specialty class of dentistry that authorizes the practice of oral and maxillofacial surgery in Ontario if confirmed by the Royal College of Dental Surgeons of Ontario.
- rr. **Ottawa Academic Health Network** means the Agreement between the Corporation and the University of Ottawa relating to the teaching, research and innovation functions integrated in the Hospital as contemplated in the Vision, Mission and Core Values of the Hospital that have been approved by the Board.
- ss. **Patient** means any in-patient or out-patient of the Corporation. -
- tt. **Physician** means a medical practitioner in good standing with the College of Physicians and Surgeons of Ontario, and may include a person who is exempted from subsections 9 (1) and (3) of the *Medicine Act, 1991* by a regulation made under that Act and who holds the equivalent of a certificate of registration authorizing independent practice in Ontario if confirmed by the College of Physicians and Surgeons of Ontario.

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- uu. **Policies** mean all of the applicable administrative, human resources, clinical and professional policies of the Corporation and the Hospital, including but not limited to those adopted by the Board, the Medical Advisory Committee, or the Department Head under Section 2.01.
- vv. **Public Hospitals Act** means the *Public Hospitals Act* (Ontario) and, where the context requires, includes the regulations made under it, and any statute that may be substituted for it, as amended from time to time.
- ww. **Registered Nurse in the Extended Class or Nurse Practitioner** means a member in good standing with the College of Nurses of Ontario, who is a registered nurse and holds a certificate of registration in the extended class under the *Nursing Act, 1991*, and may include a person who is exempted from subsections 11 (1) and (5) of the *Nursing Act, 1991* by a regulation made under that Act and who holds the equivalent of a certificate of registration in the extended class for registered nurses in Ontario if confirmed by the College of Nurses of Ontario. This By-law applies to Nurse Practitioners who are not employees of the Corporation.
- xx. **Rules** mean the rules adopted by the Board under Section 2.01.
- yy. **Organizational Dyad** means the executive and/or director/manager who works in a dyad relationship with the medical leader, as determined by the organizational structure of the Hospital.
- zz. **Regional Letter of Credentials and Standing** means the letter received by another regional hospital where the individual currently holds privileges, has a complete credentialing file, has completed mandatory training and has had an annual performance review. This letter may remove the requirement that the applicant reproduce certain documentation already on file at the other hospital.
- aaa. **Retirement Plan** means a written statement by the Medical Staff member of their intention to retire from practice, including dates and timelines for withdrawal or change in clinical, teaching or research activities or duties.
- bbb. **Scientific Staff** means Clinical Scientists to whom the Board has granted privileges, such as for providing laboratory information and services needed for the diagnosis and treatment of disease or special patient care expertise to the Hospital.
- ccc. **TOH** means the Ottawa Hospital.
- ddd. **University** means the University of Ottawa.
- eee. **Vision, Mission and Core Values** mean the vision, mission and core values of the Corporation that have been approved by the Board of Directors.

Section 1.02 Interpretation

Except as otherwise provided;

1. All terms which are contained in this By-law, and which are defined in the Act shall have the meanings given to such terms in the Act.
2. 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.
3. 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.

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4. 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.
5. Words indicating the holder of an office in the Hospital include a duly authorized delegate, unless otherwise indicated or prohibited by law.

Section 1.03 Delegation of Duties

1. Each of the Chief Executive Officer, Chief of Staff, Department Head , or Division Head may delegate the performance of any of the duties assigned to them under this By-law to others; however, they shall each remain responsible for the performance of their respective duties unless otherwise indicated or prohibited by law.

Section 1.04 Consultation with Medical Staff

1. Where the Board or Medical Advisory Committee is required to consult with the Medical Staff under this By-law, it shall be sufficient for the Board or Medical Advisory Committee to receive and consider the input of the Medical Staff officers named in section 16.01(2).

Article II. Rules and Policies

Section 2.01 Rules and Policies

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

Article III. University Affiliation

Section 3.01 University Affiliation

1. The Hospital is an academic teaching hospital and operates under an Affiliation Agreement, the Ottawa Academic Health Network.

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2. Medical Staff who assume formal academic duties shall be required to hold an appointment to the appropriate Faculty at the University.
3. The appointment or reappointment of any member of the Medical Staff who holds an appointment to the Faculty of the University shall be made in accordance with the Ottawa Academic Health Network Agreement.

Article IV. Medical Staff Appointment and Reappointment

Section 4.01 Appointment and Revocation by the Board of Directors

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

Section 4.02 Ongoing Disclosure Obligations

1. All Medical Staff shall promptly (and in any event within 7 calendar days) disclose to the Chief of Staff and/or Chief Executive Officer any:
 - a. complaint or report received and/or commencement of any investigation, inquiry, proceeding or review that would be required to be disclosed by this By-Law, the credentialing policy and/or reapplication process, including any complaint or report received from and/or any investigation, inquiry, proceeding or review commenced by a College, hospital or university;
 - b. change in the member's license to practice made by the relevant College, including but not limited to terms, conditions, limitations, suspension or revocation;
 - c. restrictions, conditions, limitations, suspension or revocation of privileges;
 - d. findings of professional misconduct, incompetence, incapacity, professional negligence or malpractice in any jurisdiction;
 - e. change or lapse in professional liability coverage; and
 - f. charges and/or findings of guilt, as well as any related conditions of release or restrictions, for offences under the *Criminal Code*, the *Controlled Drugs and Substances Act*, the *Food and Drugs Act*, the *Health Insurance Act*, and/or comparable legislation in any province or jurisdiction.

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Section 4.03 Appointment Term Length

1. Subject to section 4.03(2), each appointment to the Medical Staff shall be for a term of up to one year.
2. Where a Medical Staff member has applied for reappointment within the time prescribed by the Medical Advisory Committee, the current appointment shall continue:
 - a. unless section 4.03(2)(b) applies, until the Board grants or does not grant the reappointment; or
 - b. in the case of a Physician member of the Medical Staff and where the Board does not grant the reappointment and there is a right of appeal to the Health Professions Appeal and Review Board, until the time for giving notice of a hearing by the Health Professions Appeal and Review Board has expired or, where a hearing is required, until the decision of the Health Professions Appeal and Review Board has become final.

Section 4.04 Qualifications and Criteria for Appointment

1. Only an applicant who meets the qualifications and satisfies the criteria set out in this By-law and who is licensed pursuant to the laws of Ontario is eligible to be a member of and appointed to the Medical Staff.
2. The applicant shall have:
 - a. a certificate of registration, and a certificate of professional conduct or letter of good standing from the relevant College, or the equivalent certificate(s), from their most recent licensing body;
 - b. current membership in the Canadian Medical Protective Association or professional practice liability coverage appropriate to the scope and nature of the intended practice;
 - c. adequate training and experience for the privileges requested;
 - d. maintained the level of continuing professional education required by the relevant College;
 - e. up-to-date inoculations, screenings, and tests as may be required by the occupational health and safety policies and practices of the Corporation, the *Public Hospitals Act*, or other legislation;
 - f. a demonstrated ability to:
 - i. provide Patient care at an appropriate level of quality and efficiency;
 - ii. meet an appropriate standard of ethical conduct and behavior;
 - iii. work and communicate with, and relate to, others in a co-operative, collegial, and professional manner;
 - iv. communicate with, and relate appropriately to, Patients and Patients' relatives and/or substitute decision-makers;

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- g. demonstrated adequate control of any significant physical or behavioral impairment affecting skill, attitude, or judgment that might impact negatively on Patient care or the operations of the Corporation; and
 - h. a willingness to participate in the discharge of staff, committee, teaching responsibilities, and other duties appropriate to staff category.
- 3. When the conditions in section 4.04(1) are not met, the following may be considered:
 - a. subject to section 4.04(3)(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 Head concerned.
 - b. In the case where an applicant does not have one of the qualifications enumerated above in section 4.04(3)(a), and where acceptable to the Board, upon recommendations of the Medical Advisory Committee and the Department Head, or Division Head, 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
- 4. 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 and Appendix C, appended as approved Appendices which may be amended from time to time by the Board upon consultation with the Medical Advisory Committee.
- 5. All applicants must agree to govern themselves in accordance with the requirements set out in this By-law, the Corporation's Vision, Mission, and Core Values, Rules, and Policies, Procedures and Corporate Medical Directives.

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6. To be eligible for appointment, applicants must agree to adhere to all of the Corporation's and the Hospital's Policies that are applicable to the Medical Staff, as they may be amended from time to time. Similarly, as a condition of reappointment, members of the Medical Staff must have conducted themselves in compliance with these Policies.
7. All new appointments shall be contingent upon an Impact Analysis demonstrating that the Corporation has the resources to accommodate the applicant, and that the applicant meets the needs of the respective Department as described in the Medical Staff Human Resources Plan.
8. In addition to any other provisions of the By-law, including the qualifications set out in sections 4.04(2), 4.04(6), and 4.04(7), the Board may refuse to appoint any applicant to the Medical Staff on any of the following grounds:
 - a. the appointment is not consistent with the need for service, as determined by the Board;
 - b. the Medical Staff Human Resources Plan and/or the Impact Analysis does not demonstrate sufficient resources to accommodate the applicant; or
 - c. the appointment is not consistent with the mission and strategic plan of the Corporation.

Section 4.05 Application for Appointment

1. The Medical Staff Office on behalf of the Chief Executive Officer, shall supply a copy of, or information on how to access, a form of the application, and the Vision, Mission, Core Values, and strategic plan of the Corporation, the By-law and the Rules and appropriate Policies, to each Physician, Dentist, Clinical Scientist, Midwife, or Registered Nurse in the Extended Class, who expresses in writing an intention to apply for appointment to the Medical Staff.
2. An applicant for appointment to the Medical Staff shall submit to the Chief Executive Officer, through the Medical Staff Office, one original application in the prescribed form, together with signed consents and materials described in Appendix A, to enable the Corporation to make inquiries of the relevant College and other hospitals, institutions, and facilities where the applicant has previously provided professional services or received professional training to allow the Corporation to fully investigate the qualifications and suitability of the applicant. Incomplete applications may be deferred pending receipt of information.
3. Each application shall contain, in addition to those requirements outlined in Appendix A, 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 they have been provided with access to, and agree 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

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will act in accordance with ethical standards of the profession as established by the College or other regulatory body as outlined in Section 4.04;

- d. proof of current membership in the Canadian Medical Protective Association or other 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 or equivalent from the relevant College 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. An applicant may be required to visit the Corporation for an interview with appropriate Medical Staff members and the Chief Executive Officer or delegate.
 5. The Board shall approve the prescribed form of application for appointment, re-appointment, and change in privileges after receiving the recommendation of the Medical Advisory Committee.

Section 4.06 Procedure for Processing Applications for Appointment

1. Upon receipt of a completed application, the Medical Staff Office shall retain a copy of the application and shall refer the original application forthwith to the Medical Advisory Committee through the Chief of Staff, who shall keep a record of each application received and then refer the original application forthwith to the chair of the Credentials Committee, with a copy to the relevant Department Head.
2. The Medical Advisory Committee (or Credentials Committee) shall:
 - a. review all materials in the application and ensure all required information has been provided;
 - b. investigate the qualifications, experience, professional reputation, and competence of the applicant, and consider if the criteria required by this By-law are met;
 - c. receive the recommendation of the relevant Department Head(s); and
 - d. if done by the Credentials Committee, then the Credentials Committee will submit a report of its assessment and recommendations to the Medical Advisory Committee at its next regular meeting, together with a recommendation that the application is acceptable, not acceptable, or is deferred for further investigation. In the case of a recommendation for acceptance, the Credentials Committee shall indicate the privileges that it recommends the applicant be granted.
3. The Medical Advisory Committee shall:
 - a. receive and consider the report and recommendations of the Credentials Committee, if any, or directly consider this in the absence of such a Credentials Committee;

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- b. review the application with reference to the Medical Staff Human Resources Plan and Impact Analysis; and
 - c. send within 60 days of the date of receipt by the Chief Executive Officer of a completed application, written notice of its recommendation to the Board and to the applicant, in accordance with the *Public Hospitals Act*.
4. The Medical Advisory Committee may make its recommendation to the Board later than 60 days after receipt of a completed application, provided that, within the 60-day period, it advises the applicant and the Board in writing that a final recommendation cannot be made within the 60-day period and gives written reasons for it.
5. Where the Medical Advisory Committee recommends the appointment, it shall specify the category of appointment and the specific privileges it recommends the applicant be granted.
6. Where the Medical Advisory Committee does not recommend an appointment or where the recommended appointment or privileges differ from those requested, the Medical Advisory Committee shall inform the applicant that they are entitled to:
 - a. written reasons for the recommendation, if the Medical Advisory Committee receives a written request for the reasons from the applicant within seven days of the applicant's receipt of notice of the recommendation; and
 - b. a Board hearing, if the Board and the Medical Advisory Committee receive a written request for a Board hearing from the applicant within seven days of the applicant's receipt of the written reasons referred to in section 4.06(a).
7. Where the applicant does not request a Board hearing, the Board may implement the recommendation of the Medical Advisory Committee.
8. Where the applicant requests a Board hearing, it shall be dealt with in accordance with the applicable provisions of the *Public Hospitals Act* and Article VI.
9. The Board shall consider the Medical Advisory Committee recommendations within the timeframe specified by the *Public Hospitals Act*.
10. The Board, in determining whether to make any appointment or reappointment to the 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 the Medical Staff Human Resources Plan, Impact Analysis, strategic plan, and the Corporation's ability to operate within its resources.

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Section 4.07 Reappointment Process and Requirements

1. Each year, each Medical Staff member desiring reappointment to the Medical Staff shall make a written application for reappointment on the prescribed form through the Chief Executive Officer to the Board before the date specified by the Medical Advisory Committee.
2. Each application for reappointment to the Medical Staff shall contain the following information:
 - a. a restatement or confirmation of the undertakings and acknowledgements requested as part of an application for appointment or as required by the Rules;
 - b. either:
 - i. a declaration that all information on file at the Corporation from the applicant's most recent application is up-to-date, accurate, and unamended as of the date of the current application; or
 - ii. a description of all material changes to the information on file at the Corporation since the applicant's most recent application, including: an updated curriculum vitae with any additional professional qualifications acquired by the applicant since the previous application and information on any completed or pending disciplinary or malpractice proceedings, restriction in privileges, or suspensions during the past year;
 - c. the category of appointment requested and a request for either the continuation of, or any change in, existing privileges;
 - d. if requested, a current certificate of professional conduct or equivalent from the relevant College;
 - e. confirmation that the member has complied with the disclosure duties set out in section 4.02; and
 - f. such other information that the Board may require respecting competence, capacity, and conduct, after considering the recommendation of the Medical Advisory Committee.
3. The relevant Department Head(s) shall review each application for reappointment within that Department to the Medical Advisory Committee in accordance with a Board-approved performance evaluation process (including quality, safety, behavior and professionalism indicators).
4. In the case of any application for reappointment in which the applicant requests additional privileges, each application for reappointment shall identify any required professional qualifications and confirm that the applicant holds such qualifications.

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5. Applications for reappointment shall be dealt with in accordance with the *Public Hospitals Act* and section 4.06 of this By-law.

Section 4.08 Qualifications and Criteria for Reappointment

1. To be eligible for reappointment, the applicant shall:
 - a. continue to meet the qualifications and criteria set out in section 4.04;
 - b. have conducted themselves in compliance with this By-law, and the Corporation's Vision, Mission and Core Values, Rules, and Policies; and
 - c. have demonstrated appropriate use of Hospital resources in accordance with the Medical Staff Human Resources Plan and the Rules and Policies.

Section 4.09 Privileges

1. Subject to Section 4.09(3), a Physician shall enjoy only the privileges granted to them by the Board and they shall perform only the clinical duties and procedures which they may be authorized to perform.
2. Subject to Section 4.09(3), a non-employed Registered Nurse in the Extended Class may be appointed and granted privileges to admit, treat and discharge Patients in accordance with their scope of practice, Hospital Rules and applicable law.
3. 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 they may be authorized to perform. The Department Head 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 Head to inform and assure the Medical Advisory Committee as to the competency of the applicant and the clinical services provided by the Department.
4. In case of emergency, a Physician who is a member of the Medical Staff shall undertake all steps necessary to treat the Patient. For the purpose of this paragraph, an emergency is as defined by the *Health Care Consent Act* (Ontario).

Section 4.10 Application for Change of Privileges

1. Each Medical Staff member who wishes to change their privileges shall submit to the Medical Staff Office, on behalf of the Chief Executive Officer, an application on the prescribed form listing the change of privileges requested, and will provide evidence of appropriate training and competence, and such other matters as the Board may require.
2. The Chief Executive Officer via the Medical Staff Office, shall retain a copy of each application received and shall refer the original application forthwith to the Medical Advisory Committee, through the Chief of Staff, who shall

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then refer the original application forthwith to the chair of the Credentials Committee, or Medical Advisory Committee, with a copy to the relevant Department Head.

3. The Credentials Committee, or Medical Advisory Committee in the absence of a Credentials Committee, shall investigate the applicant's professional competence, verify their qualifications for the privileges requested, receive the report of the Department Head, and prepare and submit a report of its findings to the Medical Advisory Committee at its next regular meeting. The report shall contain a list of privileges, if any, that it recommends that the applicant be granted.
4. The application shall be processed in accordance with the requirements of sections 4.08 and 4.06(3) to (10) of this By-law.

Section 4.11 Temporary Appointment and Privileges

1. Notwithstanding any other provision of this By-law, the Chief of Staff, after consulting with the Department Head, may:
 - a. grant a temporary appointment and temporary privileges to a Physician, Dentist, Clinical Scientist, Midwife, or non-employed Registered Nurse in the Extended Class, provided that the appointment shall not extend beyond the date of the next Medical Advisory Committee meeting at which time the action taken shall be reported; and
 - b. continue a temporary appointment and temporary privileges on the recommendation of the Medical Advisory Committee until the next Board meeting.
2. A temporary appointment may be made for any reason, including:
 - a. to meet a specific singular requirement by providing a consultation and/or operative procedure; or
 - b. to meet an urgent unexpected need for a medical, dental, midwifery, or extended class nursing service.
3. The Board may, after receiving the recommendation of the Medical Advisory Committee, continue a temporary appointment granted under section 4.11(1) for such period and on such terms as the Board determines, although not for a period more than 180 days.
4. If the term of the temporary appointment has been completed before the next Board meeting, the appointment shall be reported to the Board.
5. The temporary appointment shall specify the category of appointment and any limitations, restrictions, or special requirements.
6. Any Physician, Dentist, Clinical Scientist, Midwife, or Registered Nurse in the Extended Class with such temporary privileges shall be under the supervision of the Department Head concerned, or if they are a Department Head, under the supervision of the Chief of Staff.

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Section 4.12 Leave of Absence

1. Upon request of a Medical Staff member to the relevant Department Head, the Chief of Staff may grant a leave of absence of up to 12 months, after receiving the recommendation of the Medical Advisory Committee:
 - a. in the event of extended illness or disability of the member,
 - b. pregnancy or parental leave or planned sabbatical, or
 - c. in other circumstances acceptable to the Board, upon recommendation of the Chief of Staff.
2. After returning from a leave of absence granted in accordance with section 4.12(1), the Medical Staff member may be required to produce a medical certificate of fitness from a physician or other care provider, acceptable to the Chief of Staff. The Chief of Staff may impose such conditions on the privileges granted to the member as appropriate.
3. Following a leave of absence of longer than 12 months, except in the case of pre-approved pregnancy or parental leave or extended sabbatical, a Medical Staff member shall be required to make a new application for appointment to the Medical Staff in the manner and subject to the criteria set out in this By-law.

Section 4.13 Resignation and Relinquishing Privileges

1. Except in exceptional circumstances approved by the Chief Executive Officer, a Medical Staff member wishing to resign or retire from active practice shall, no less than ninety (90) days before the effective date of resignation or retirement, submit a written notice to the Chief Executive Officer via the Medical Staff Office, who shall notify the Chief of Staff, relevant Department Head(s), and the chair of the Credentials Committee. The Board and Medical Advisory Committee shall subsequently be notified.
2. If a member of the Medical Staff wishes to relinquish hospital privileges, they shall provide ninety (90) days' notice to the Department Head. If a Department Head wishes to relinquish hospital privileges, they shall notify the Chief of Staff and the Chief Executive Officer.
3. If a member of the Medical Staff stops participating in all their regularly planned hospital activities for more than thirty (30) days without notice and without consent of the Department Head, a process for investigation or review regarding the absence of the staff member will be triggered by the Department Head in collaboration with the Medical Staff Office.

Section 4.14 Succession Planning

1. 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 Head well in advance of their proposed departure to ensure a smooth transition and continuity of Patient care.

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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.

Article V. Monitoring, Suspension, and Revocation

SECTION 5.01 Monitoring Practices and Transfer of Care

1. Department Heads and Division Heads shall maintain mechanisms for ongoing monitoring of care, including triggers for focused review; if a Medical Staff member's performance is questioned, the Head(s) in discussion with the Chief of Staff may require practice modifications or monitoring, with transfer of care where clinically necessary.
2. The Chief of Staff, or delegate, or relevant Department Head, or delegate, may review any aspect of Patient care or Medical Staff conduct in the Corporation without the consent of the Medical Staff member responsible for the care or conduct. Where the care or conduct involves an Extended Class Nursing Staff member, the Chief Nursing Executive may also review the care or conduct.
3. Where any Medical Staff member or Corporation staff reasonably believes that a Medical Staff member is incompetent, attempting to exceed their privileges, incapable of providing a service that they are about to undertake, or acting in a manner that exposes or is reasonably likely to expose any Patient, healthcare provider, employee, or any other individual at the Corporation, to harm or injury, the individual shall immediately communicate that belief to the Chief of Staff, relevant Department Head, or Chief Executive Officer, so that appropriate action can be taken. Where the communication relates to an Extended Class Nursing Staff member, it may also be communicated to the Chief Nursing Executive.
4. The Department Head, on notice to the Chief of Staff, where they believe it to be in the Patient's best interests, shall have the authority to examine the condition and scrutinize the treatment of any Patient in their Department and to make recommendations to the attending 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.
5. If the Chief of Staff or Department Head becomes aware that, in their opinion a serious problem exists in the diagnosis, care, or treatment of a Patient, the officer shall immediately discuss the condition, diagnosis, care, and treatment of the Patient with the attending Medical Staff member. If changes in the diagnosis, care, or treatment satisfactory to the Chief of Staff or Department Head are not made, they shall immediately assume the duty of investigating, diagnosing, prescribing for, and treating the Patient.
6. Where the Chief of Staff or Department Head has cause to take over the care of a Patient, the Chief Executive Officer, Chief of Staff, or Department Head, and one other Medical Advisory Committee member, the attending Medical Staff member, and the Patient or the Patient's substitute decision-maker shall be notified in accordance with the *Public Hospitals Act*. The Chief of Staff or Department Head shall file a written report with the Medical Advisory Committee within 48 hours of their action.

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7. Whereas the Medical Advisory Committee concurs in the opinion of the Chief of Staff or Department Head who has acted under section 5.01(5) that the action was necessary, the Medical Advisory Committee shall forthwith make a detailed written report to the Chief Executive Officer and the Board of the problem, and the action taken.

Section 5.02 Revocation of Appointment or Restriction or Suspension of Privileges

1. The Board may, at any time, in a manner consistent with the *Public Hospitals Act* and this By-law, revoke any appointment of a Medical Staff member, or restrict or suspend the privileges of a Medical Staff member.
2. Any administrative or leadership appointment of the Medical Staff member shall automatically terminate upon the revocation of appointment, or restriction or suspension of privileges, unless otherwise determined by the Board.
3. The Chief of Staff on behalf of the Chief Executive Officer shall prepare and forward a detailed written report to the relevant College as soon as possible and no later than 30 days after the event, where:
 - a. by reason of incompetence, negligence, or misconduct, a Medical Staff member's:
 - i. application for appointment or reappointment is denied;
 - ii. appointment is revoked; or
 - iii. privileges are restricted or suspended; or
 - iv. a Medical Staff member resigns from the Medical Staff during an investigation into their competence, negligence, or misconduct.

Section 5.03 Immediate Action

1. The Chief Executive Officer, Chief of Staff, or Department Head may immediately temporarily restrict or suspend the privileges of any Medical Staff member, in circumstances where in their opinion the member's conduct, performance, or competence:
 - a. exposes or is reasonably likely to expose any Patient, healthcare provider, employee, or any other individual at the Corporation to harm or injury; or
 - b. is or is reasonably likely to be detrimental to Patient safety or to the delivery of quality Patient care within the Corporation and
 - c. immediate action must be taken to protect Patients, healthcare providers, employees, and any other individuals at the Corporation from harm or injury.
2. Before the Chief Executive Officer, Chief of Staff, or Department Head acts authorized in section 5.03(1), they shall first consult with one of the others of them. If prior consultation is not possible or practicable under the circumstances, the individual who takes the action shall immediately provide notice to the others. The individual who takes the action shall forthwith submit a written report on the action taken with all relevant materials and information to the Medical Advisory Committee.

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Section 5.04 Non-Immediate Action

1. The Chief Executive Officer, Chief of Staff, or Department Head may recommend to the Medical Advisory Committee that the appointment of any Medical Staff member be revoked or that their privileges be restricted or suspended in any circumstances where in their opinion the Medical Staff member's conduct, performance, or competence:
 - a. fails to meet or comply with the criteria for annual reappointment;
 - b. exposes or is reasonably likely to expose any Patient, healthcare provider, employee, or any other individual at the Corporation to harm or injury;
 - c. is or is reasonably likely to be detrimental to Patient safety or to the delivery of quality Patient care within the Corporation or impact negatively on the operations of the Corporation; or
 - d. fails to comply with the Corporation's By-laws, Rules, or Policies, the *Public Hospitals Act*, or any other relevant law.
2. Before making a recommendation under section 5.04(1), the matter shall be investigated and managed through defined steps (for example, notice, opportunity to respond, Departmental evaluation, Medical Advisory Committee consideration) prior to recommendation to the Board. Where an investigation is conducted, it may be assigned to an individual or committee within the Corporation other than the Medical Advisory Committee or an external consultant.

Section 5.05 Referral to Medical Advisory Committee for Recommendations

1. Following the temporary restriction or suspension of privileges under section 5.03, or the recommendation to the Medical Advisory Committee for the restriction or suspension of privileges or the revocation of an appointment of a Medical Staff member under section 5.04, the following process shall be followed:
 - a. the Department Head, of which the individual is a member or an appropriate alternate designated by the Chief of Staff or Chief Executive Officer shall forthwith submit to the Medical Advisory Committee a written report on the action taken, or recommendation made with all relevant materials and information;
 - b. a date for consideration of the matter shall be set not more than ten business 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 three business days before the Medical Advisory Committee meeting, the Medical Advisory Committee shall provide the member with a written notice of:
 - i. the time, date, and place of the meeting.
 - ii. the purpose of the meeting; and
 - iii. a statement of the matter to be considered by the Medical Advisory Committee together with any relevant documentation;

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2. The date for the Medical Advisory Committee to consider the matter under section 5.05(1)(b) may be extended by:
 - a. an additional five business days in the case of a referral under section 5.03; or
 - b. any number of days in the case of a referral under section 5.04,
if the Medical Advisory Committee considers it necessary to do so.
3. The Medical Advisory Committee may:
 - a. set aside the restriction or suspension of privileges; or
 - b. recommend to the Board a revocation of the appointment, or a restriction or suspension of privileges, on such terms as it deems appropriate. Notwithstanding the above, the Medical Advisory Committee may also refer the matter to a subcommittee of the Medical Advisory Committee.
4. If the Medical Advisory Committee recommends the continuation of the restriction or suspension of privileges or a revocation of appointment and/or makes further recommendations on the matters considered at its meeting, the Medical Advisory Committee shall, **within 24 hours** of the Medical Advisory Committee meeting, provide the member with written notice of the Medical Advisory Committee's recommendation.
5. The written notice shall inform the member that they are entitled to:
 - a. written reasons for the recommendation if a request is received by the Medical Advisory Committee within seven days of the member's receipt of the notice of the recommendation; and
 - b. a Board hearing if a written request is received by the Board and the Medical Advisory Committee within seven days of the member's receipt of the written reasons requested.
6. If the member requests written reasons for the recommendation under section 5.05(5), the Medical Advisory Committee shall provide the written reasons to the member as soon as practicable but in any event within seven days of receipt of the request.

Article VI. Board Hearing

Section 6.01 Board Hearing

1. A Board hearing shall be held when one of the following occurs:
 - a. the Medical Advisory Committee recommends to the Board that an application for appointment, reappointment, or requested privileges not be granted and the applicant requests a hearing in accordance with the *Public Hospitals Act*; or

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- b. the Medical Advisory Committee makes a recommendation to the Board that the privileges of a Medical Staff member be restricted or suspended, or an appointment be revoked, and the member requests a hearing.
2. The Board shall name a time, date, and place for the hearing. To represent the Board at the hearing, the Chair of the Board shall select a committee of Directors who are voting members of the Board.
3. The Board hearing shall be held:
 - a. in the case of immediate restriction or suspension of privileges, **within seven days of the date** the member requests the hearing under section 6.01(1);
 - b. in the case of non-immediate restriction or suspension of privileges, subject to section 6.01(4), as soon as practicable but **not later than 28 days** after the Board receives the written notice from the member requesting the hearing.
4. The Board may extend the time for the hearing date if it considers an extension appropriate.
5. The Board shall give written notice of the hearing to the applicant or member and to the Medical Advisory Committee at **least five days** before the hearing date.
6. The notice of the Board hearing shall include:
 - a. the time, date, and place of the hearing;
 - b. the purpose of the hearing;
 - c. a statement that the applicant or member and Medical Advisory Committee shall be afforded an opportunity to examine, before 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 their case;
 - e. a statement that the Board may extend the time for the hearing on the application of any party; and
 - f. a statement that if the applicant or member does not attend the hearing, the Board may proceed in the absence of the applicant or member, and the applicant or member shall not be entitled to any further notice in the hearing.
7. The parties to the Board hearing are the applicant or member, the Medical Advisory Committee, and such other people as the Board may specify.

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8. The applicant or member requiring a hearing and the Medical Advisory Committee shall be afforded an opportunity to examine, before 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 shall not have taken part in any investigation or consideration of the subject matter of the hearing and shall not communicate directly or indirectly in relation to the subject matter of the hearing with any person or with any party or their representative, except upon notice to and an opportunity for all parties to participate. Despite the foregoing, the Board may obtain legal advice.
10. The findings of fact of the Board pursuant to a hearing shall be based exclusively on evidence admissible or matters that may be noticed under the *Statutory Powers Procedure Act*.
11. No member of the Board shall participate in a Board decision pursuant to a hearing unless they are present throughout the hearing and hear the evidence and argument of the parties and, except with the consent of the parties, no Board decision shall be given unless all members so present participate in the decision.
12. The Board shall decide 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 consider the recommendation of the Medical Advisory Committee and such other considerations it, in its discretion, considers relevant, including the considerations set out in sections 4.04, 4.08, and 4.10 respectively.
13. A written copy of the Board decision shall 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 day after the day of mailing unless the person to be served establishes that they did not, acting in good faith, through absence, accident, illness, or other causes beyond their control, receive it until a later date.

Article VII. Medical Staff Categories and Duties

Section 7.01 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.
2. 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.

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3. The Medical Staff shall be divided into the following categories:
 - a. Active Staff;
 - b. Associate Staff;
 - c. Other Clinical Staff;
 - d. Locum Tenens;
 - e. Courtesy Staff;
 - f. Provisional Learner;
 - g. Extended Class Nursing Staff; and
 - h. such other categories as the Board may determine after considering the recommendation of the Medical Advisory Committee.
4. The Extended Class Nursing Staff may be divided into such categories as the Board may determine after considering the recommendation of the Medical Advisory Committee.

Section 7.02 Active Staff

1. The Active Staff shall consist of those Physicians, Dentists, Clinical Scientists, and Midwives whom the Board appoints to the Active Staff and who have completed satisfactory service as Associate Staff for two appointment cycles, or who the Board, on the recommendation of the Medical Advisory Committee, appoints directly to the Active Staff.
2. Each Active Staff member shall:
 - a. have admitting privileges unless otherwise specified in their appointment;
 - b. admit, attend on or provide medical services to Patients in the Hospital within the limits of their competence as described in the initial appointment process and the annual performance assessment process and the performance assessment process and privileges granted by the Board;
 - c. be assigned to one or more Departments or Divisions and be responsible to the Department Head to which they have been assigned for all aspects of Patient care:
 - d. undertake such duties in respect of Patients classed as emergency cases and of outpatient departmental clinics as may be specified by the Chief of Staff and, if appropriate, by the Department Head to which they have been assigned:
 - e. attend meetings of their Department and, if applicable, Division:
 - f. be entitled to vote in all Medical Staff meetings:

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- g. complete the prescribed mandatory training requirements for Medical Staff;
- h. act as a supervisor of other Medical Staff, Dental Staff, Midwifery Staff or Extended Class Nursing Staff when requested by the Chief of Staff or the Department Head to which they have been assigned;
- i. fulfil such on-call requirements as may be established for each Department or Division in accordance with the Medical Staff Human Resource Plan and the Rules and Policies; and
- j. perform such other duties as may be prescribed by the Medical Advisory Committee or requested by the Chief of Staff or the relevant Department Head.

Section 7.03 Associate Staff

1. Physicians, Dentists, Clinical Scientists, and Midwives who are applying for an appointment to the Active Staff, subject otherwise to the determination of the Board, will be assigned to the Associate Staff.
2. Each Associate Staff member shall:
 - a. be assigned to one or more Departments or Divisions and be responsible to the Department Head to which they have been assigned for all aspects of Patient care;
 - b. work under the supervision of an Active Staff member named by the Chief of Staff or Department Head to which they have been assigned;
 - c. have admitting privileges unless otherwise specified in their appointment;
 - d. admit, attend on or provide medical services to Patients in the Hospital within the limit of their competence as described in the initial appointment process and the annual performance assessment process and privileges granted by the Board;
 - e. undertake such duties in respect of Patients as may be specified by the Chief of Staff and, if appropriate, by the Department Head to which they have been assigned;
 - f. be entitled to vote in all Medical Staff Association meetings;
 - g. complete the prescribed mandatory training requirements for Medical Staff;
 - h. attend meetings of their Department and if applicable Division;
 - i. fulfil such on-call requirements as they may be established for each Department or Division in accordance with the Medical Staff Human Resources Plan and the Rules and Policies;
 - j. perform such other duties as may be prescribed by the Medical Advisory Committee or requested by the Chief of Staff or the relevant Department Head; and
 - k. Associate Staff who are Physicians are granted authority through this By-law to supervise medical Learners.

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3. At the end of the second appointment term to the Medical Staff, the Department Head to whom the Associate Staff member has been assigned shall, after consultation with the Active Staff member who supervised the individual 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 their work and whether they should be appointed to the Active Staff.
 - a. If a recommendation is made not to appoint the individual to the Active Staff, then the Associate Staff member may be provided with the opportunity in their third year to meet satisfactory clinical and academic performance expectations.
 - b. Following a formal, in-depth performance review, the Department Head shall make a written recommendation at the end of the third appointment term to the Medical Advisory Committee whether the individual 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 7.03(3)(a) or (b) of this By-law are not favorable 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 of Associate Staff be continued for more than three (3) years.

Section 7.04 Other Clinical Staff

1. The Other Clinical Staff shall consist of those Physicians, Dentists, Clinical Scientists, and Midwives whom the Board appoints to the Other Clinical Staff in one or more of the following circumstances:
 - a. to provide episodic or limited surgical or consulting services on an ongoing basis;
 - b. the applicant meets a specific service need of the Corporation; and/or
 - c. where the Board deems it advisable and in the best interests of the Corporation.
2. Other Clinical Staff members shall:
 - a. have a primary appointment at another hospital or be a Medical Learner with an independent certificate of registration practicing outside the area of their postgraduate medical education program;
 - b. have such limited privileges as may be granted by the Board on an individual basis;
 - c. attend Patients and undertake treatment and operative procedures only in accordance with the kind and degree of privileges granted by the Board; and
 - d. be responsible to the Department Head to which they have been assigned for all aspects of Patient care.
3. Other Clinical Staff members shall not be entitled to vote at any meetings of the Medical Staff or hold office.

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4. Under the former Medical By-Law, Other Clinical Staff were previously known as Consulting Staff.

Section 7.05 Locum Tenens Staff

1. The Locum Tenens Staff shall consist of those Physicians, Dentists, Clinical Scientists, and Midwives whom the Board appoints to the Locum Tenens Staff to meet specific clinical needs for a defined period of time in one or more of the following circumstances:
 - a. to be a planned replacement for a Physician, Dentist, or Midwife for a specified period of time; or
 - b. to provide episodic or limited surgical or consulting services.
2. The period of appointment shall be for a term of up to 12 months and may be subject to renewal.
3. A Locum Tenens Staff member shall:
 - a. have admitting privileges unless otherwise specified in their appointment;
 - b. work under the supervision of an Active Staff member assigned by the Chief of Staff;
 - c. attend Patients and undertake treatment and operative procedures only in accordance with the kind and degree of privileges granted by the Board;
 - d. act as a supervisor of other Medical Staff, Dental Staff, Midwifery Staff, or Extended Class Nursing Staff when requested by the Chief of Staff or the Department Head to which they have been assigned IF they meet the supervisor requirements of the College of Physicians and Surgeons of Ontario of five years of independent practice, including at least three years of which must have been in Ontario, and are in good standing with the College of Physicians and Surgeons of Ontario and have no real or perceived conflict of interest; and
 - e. fulfill educational duties in accordance with the individual being replaced and obtain a Faculty appointment in this case.
4. Locum Tenens shall not:
 - a. be eligible to vote at meetings of the Medical Staff or hold office; or
 - b. be required to accept committee assignments.

Section 7.06 Courtesy Staff

1. Courtesy Staff shall consist of those Physicians, Dentists, Clinical Scientists and Midwives whom the Board appoints to the Courtesy Staff in one or more of the following circumstances:
 - a. providing concurrent care or following their Patient in Hospital; or
 - b. access Hospital resources to serve the needs of Patients.

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2. Courtesy Staff members shall not:
 - a. have admitting privileges;
 - b. be the most responsible physician (MRP);
 - c. provide clinical care at the Hospital or any Corporation site;
 - d. be eligible to vote at meetings of the Medical Staff or hold office; or
 - e. be required to accept committee assignments.

Section 7.07 Provisional Learner Staff

1. Provisional Learners shall consist of medical graduates who are providing clinical care for pay outside of their postgraduate medical education program under the authority of a provisional certificate of registration from the College of Physicians and Surgeons of Ontario.
2. Provisional Learners undergo credentialing, where their academic status, training, licensure (i.e. provisional certificate of registration from the College of Physicians and Surgeons of Ontario) and fitness to practice are verified before any paid work outside of their postgraduate medical education program at the Hospital begins.
3. A Provisional Learner shall be under appropriate supervision and oversight of an approved member of the Medical Staff who is acceptable to the College of Physicians and Surgeons of Ontario.
4. Provisional Learners **shall not**:
 - a. assume responsibility for the care of Patients without supervision and counsel by a member of the Active Staff unless an Active Staff member agrees to accept responsibility for the aforementioned;
 - b. have admitting privileges; or
 - c. be the most responsible physician (MRP).
5. These privileges of a Provisional Learner will expire upon:
 - a. termination of the Ottawa Academic Health Network Agreement;
 - b. discontinuation of these moonlighting activities;
 - c. when the Provisional Learner is no longer enrolled in the postgraduate medical education program;
 - d. if the supervisor is no longer able or willing to continue to supervise the Provisional Learner; or
 - e. upon expiration of the provisional certificate of registration.

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Section 7.08 Extended Class Nursing Staff

1. The Board, after considering the advice of the Medical Advisory Committee, will delineate the privileges for each Extended Class Nursing member who is not an employee of the Corporation.
2. The Extended Class Nursing Staff shall have explicit authority to admit, treat and discharge Patients.
3. Each new applicant for appointment to the Extended Class Nursing Staff may be appointed for an initial probationary period of one year.
4. Before completion of the one-year probationary period, the Department Head, in consultation with the Chief Nursing Executive, shall complete a performance evaluation for an Extended Class Nursing Staff member on the knowledge and skill that has been shown by the Extended Class Nursing Staff member, the nature and quality of their work, their performance and compliance with the criteria set out in section 4.08, and such report shall be forwarded to the Credentials Committee.
5. The Credentials Committee shall review the report and shall make a recommendation to the Medical Advisory Committee, which shall, in turn, make a recommendation to the Board.

Article VIII. Duties of Medical Staff

1. In addition to the items in Appendix D, each Medical Staff member:
 - a. is accountable to and shall recognize the authority of the Board through and with the Chief of Staff, Department Head, and Chief Executive Officer;
 - b. shall co-operate with and respect the authority of:
 - i. the Chief of Staff and the Medical Advisory Committee;
 - ii. the Department Heads;
 - iii. the Division Heads; and
 - iv. the Chief Executive Officer;
 - c. shall perform the duties, undertake the responsibilities, and comply with the provisions set out in this By-law and the Rules and Policies;
 - d. shall notify the Department Head and/or Chief of Staff forthwith of:
 - i. any physical or mental condition or disorder (including substance use) that could adversely affect their ability to provide quality Patient care;
 - ii. investigations or proceedings to suspend or restrict privileges at other hospitals; or
 - iii. malpractice judgements, or settlements made on their behalf. and
 - e. shall immediately advise the Chief of Staff and/or Chief Executive Officer of any matter to be disclosed as listed in Section 4.02; and

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- f. perform such other duties as may be prescribed from time to time by, or under the authority of, the Board, the Medical Advisory Committee, the Chief of Staff, or Department Head.
2. If the Chief of Staff and/or Chief of Department request(s) a meeting with a member of the Medical Staff for the purpose of interviewing that Medical Staff member about any matter, the Medical Staff member shall attend the interview at a mutually agreeable time but within 14 days of the request. If the Medical Staff member so requests, they may bring a representative with them to the meeting. The Chief of Staff and/or Department Head may extend the date for attendance at the interview at their discretion. If requested by the Chief of Staff and/or Department Head, the Medical Staff member attending the meeting shall produce any documents requested by the Chief of Staff and/or Department Head for discussion at the meeting. If a criminal record check and/or vulnerable sector check is requested, the request shall be made at a meeting with the Medical Staff member where the Chief of Staff and Chief Executive Officer are both present.

Article IX. Learners, Residents and Fellows

Section 9.01 Definition of Learners

1. Learners shall consist of medical graduates who are at the Hospital under the authority of an educational license in accordance with the prevailing arrangements with the University. Learners shall be subject to the joint disciplinary process between the Hospital and the University, as outlined in the Ottawa Academic Health Network Agreement.

Section 9.02 Responsibilities of Learners

1. Each Learner shall:
 - a. work under the supervision of the Department Head or delegated Division Head;
 - b. undertake to care for Patients within the limitations of their educational license. Medical students work and learn within the Hospital under the supervision of the most responsible physician (MRP) and may perform delegated acts only as permitted by law and policy;
 - c. comply with all Hospital Policies, Procedures, Rules, and Regulations;
 - d. not vote at any Medical Staff meetings or hold office on any committee.

Section 9.03 Medical Learners Holding a Provisional Certificate

1. Learners who wish to work for pay outside their postgraduate medical education program may do so only after obtaining a provisional certificate of registration from the College of Physicians and Surgeons of Ontario. Such individuals shall:
 - a. hold a provisional certificate of registration from the College of Physicians and Surgeons of Ontario;
 - b. operate under formal supervision of a Hospital privileged physician;

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- c. act within a well-defined, approved scope of practice;
- d. be granted Hospital privileges, by the Board, in the Provisional Learner category for any clinical work outside their postgraduate medical education program, as described in section 7.07 above;
- e. not be permitted to act as the most responsible physician (MRP) nor hold admitting privileges; and
- f. hold a time-limited certificate aligned with progression to full licensure.

Section 9.04 Medical Learners holding an Independent Certificate

1. Medical Learners who hold an independent certificate of registration from the College of Physicians and Surgeons of Ontario:
 - a. may be granted privileges (as Other Clinical Staff); and
 - b. may act as the most responsible physician (MRP) in an area outside their postgraduate medical education program, unless otherwise restricted by the College of Physicians and Surgeons of Ontario.

Article X. Organization of the Medical Staff

Section 10.01 Departments

1. The Board may, at any time, in consultation with the Medical Advisory Committee, establish additional Departments or abolish Departments.
2. The Board shall appoint each Medical Staff member to a minimum of one of the Departments. Appointment may extend to one or more additional Departments.
3. Each Department shall hold enough meetings in each calendar year to allow for effective administration of the Department.
4. Each Department and Division shall function in accordance with the Rules and Policies.
5. Department meetings shall be held in accordance with the Rules and Policies.

Section 10.02 Divisions

The Board may divide a Department into Divisions after considering the recommendation of the Medical Advisory Committee.

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Section 10.03 Changes to Departments and Divisions

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

Article XI. Leadership Positions and Duties

Section 11.01 General

1. The Board may appoint an individual, who is a member of the Medical Staff in Good Standing, on an acting or interim basis where there is a vacancy in any office referred to in this Section or while the individual holding any such office is absent or unable to act.
2. If the term of office of any medical leader expires before a successor is appointed, the Board may extend the appointment of the incumbent.
3. Subject to annual confirmation by the Board, the appointment of a medical leader shall be for a term of up to five years.
4. The maximum number of consecutive years of service of a medical leader shall be ten years provided, however, that following a break in the continuous service of at least one year, the same person may be reappointed.
5. The Board shall receive and consider the input of the appropriate Medical Staff members before it makes an appointment to a Medical Staff leadership position.
6. The Board may revoke any appointment to any position referred to in this Section at any time.

Section 11.02 Chief of Staff

The Chief of Staff shall:

1. supervise through and with the Department Heads and, if applicable, Division Heads all medical care given to all Patients within the Hospital;
2. be responsible to the Board for the general clinical organization of the Hospital and the quality of care rendered;
3. advise the Medical Advisory Committee with respect to the quality of medical diagnosis, care and treatment provided to the Patients of the Hospital;
4. be Chair of the Medical Advisory Committee and of any Executive Committee of the Medical Advisory Committee;
5. be an *ex officio*, non-voting member of the Board of Directors, and fulfill fiduciary duties to the Corporation as a Director;
6. be an *ex officio* member of all Committees that report to the Medical Advisory Committee;

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7. report regularly to the Board on the work and recommendations of the Medical Advisory Committee;
8. perform such additional duties as may be outlined in the Board-approved Chief of Staff position description, or as set out in the Rules, or as assigned by the Board;
9. may where appropriate be the Interim Head of a Department or Division or Service;
10. work with the Chief Executive Officer in dyad partnership to jointly govern operations, quality and safety of Patient care and strategic planning. This collaborative model aligns the hospital's business objectives with clinical excellence; and
11. the Chief of Staff shall, in consultation with the Chief Executive Officer, designate an alternate to act during their absence.

Section 11.03 Deputy Chief of Staff

The Deputy Chief of Staff shall report to the Chief of Staff and:

1. act on behalf of the Chief of Staff in their absence;
2. assume other duties as determined by the Chief of Staff or the Board;
3. be Vice-Chair of the Medical Advisory Committee.

Section 11.04 Department Heads

A Department Head shall:

1. be responsible, to the Chief of Staff, for the quality of medical diagnosis, care and treatment of all Patients in their Department;
2. work with their administrative dyad partner to ensure joint accountability for and oversight of the relevant Patient Care Leadership Teams (PCLT) at the Hospital regarding quality and safety of care, operations and resource utilization;
3. 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;
4. put in place such management processes that will ensure that the department is appropriately managed and communication with members and the Hospital is sufficient;
5. facilitate clinical education and research programs within their department;
6. be accountable for academic leadership by advancing the academic mission of the hospital;

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7. be an *ex officio* member of the Medical Advisory Committee;
8. advise the Medical Advisory Committee through and with the Chief of Staff on the quality of care provided to Patients of the Department and be responsible to the Chief of Staff for the quality of medical diagnosis, care and treatment of all Patients in their department;
9. make recommendations to the Medical Advisory Committee on appointments, reappointment, change in privileges, and any disciplinary action, in consultation with the Chief of Staff, to which Department members should be subject;
10. review and make recommendations to the Medical Advisory Committee on the performance evaluations of Department members annually as part of the reappointment process and conduct an enhanced performance evaluation on a periodic basis;
11. hold regular Department meetings;
12. report to the Medical Advisory Committee and to the Department on the activities of the Department;
13. delegate responsibility to appropriate Department members, with the exception of delegated representation at the Medical Advisory Committee;
14. perform such additional duties as may be outlined in the Board-approved Department Head position description, or as set out in the Rules, or as assigned by the Board, Chief of Staff, Medical Advisory Committee, or Chief Executive Officer; and
15. in consultation with the Chief of Staff, designate an alternate to act during their absence.

Section 11.05 The Department Head of Pediatrics

In addition to the items in 11.04, the Department Head of Pediatrics shall:

1. be the Chair of the University Department of Pediatrics;
2. fulfill all duties as determined by the Faculty.

Section 11.06 The Department Head of Laboratory Medicine

In addition to the items in 11.04, the Department Head of Laboratory Medicine shall:

1. be the Chair of the Department of Pathology and Laboratory Medicine at the University;
2. fulfill all duties as determined by the Faculty and EORLA.

Section 11.07 Division Head

A Division Head shall:

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1. be responsible to the Board through the Department Head and Chief of Staff for the quality of medical diagnosis, care and treatment of all Patients in their Division;
2. work with their administrative dyad partner to ensure quality and safety of care and appropriate financial and resource utilization to ensure appropriate management of the Division;
3. facilitate clinical education and research programs within the Division;
4. participate fully in the performance review and appointment and reappointment process for all Division members;
5. be responsible for all members of the Division and make recommendations to the Medical Advisory Committee, through their Department Head, regarding their appointment, reappointment, and any disciplinary action to which they should be subject;
6. perform all the duties as may be assigned by the Board, Chief of Staff, or Department Head, or as set out in a Board-approved position description; and
7. in consultation with members of the Division, name a deputy who shall assume duties in their absence.

Section 11.08 Division Head of Neonatology

In addition to the items in 11.07, the Division Head of Neonatology shall:

1. Be responsible for neonatology at TOH's two campuses.

Article XII. Appointment of Medical Leaders

Section 12.01 Good Standing

1. All individuals, whether current members of the Medical Staff or external applicants, must be in and maintain Good Standing, including with their affiliated hospital and any applicable professional regulatory body in their jurisdiction, as a condition of eligibility for consideration for any leadership position.
2. Failure to disclose any of the matters listed in section 4.02 or to meet this requirement shall result in disqualification from the application process, and if discovered after appointment, may constitute grounds for immediate removal from the leadership position and any associated privileges.

Section 12.02 Appointment of 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 Head 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 with or without the recommendation of the Medical Advisory Committee.

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2. A Selection Committee will be 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:
 1. The Selection Committee shall invite applications from qualified persons.
 2. 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.
 3. The Selection Committee shall invite all members of the Medical Staff to submit recommendations and nominations in writing.
 4. 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.

Section 12.03 Appointment of Deputy Chief of Staff

1. The Board, upon 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 Head 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 will be composed as referred to in Appendix E (1).
3. 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.

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Section 12.04 Appointment of Department Heads - General

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 Head for each Department. The Board may also suspend or revoke the appointment of the Department Head at any time with or without the recommendation of the Medical Advisory Committee.
2. A Selection Committee will be composed as referred to in Appendix E (2).
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 Head 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 Article XIII should be established, if the incumbent wishes to continue to act as Department Head 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 Head.
5. An Interim Department Head 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 Department Head.
 - 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 Department Head shall be those of a Department Head.

Section 12.05 Appointment of Head/Chair Department of Pediatrics

1. The Department Head of Pediatrics shall also be Chair of the University Department of Pediatrics.
2. A Selection Committee will be composed as referred to in Appendix E (3).

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3. 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 Head of Pediatrics. The Board may also suspend or revoke the appointment of the Head of Pediatrics at any time with or without the recommendation of the Medical Advisory Committee.
4. The Joint Selection Committee for Head of Pediatrics shall make its recommendation to:
 - a. the Medical Advisory Committee, who in turn makes its recommendation to the Board of Directors,
 - b. the Faculty Council, who in turn makes its recommendation to the Board of Governors at the University,
 - c. provided that the Board and the Board of Governors of the University must both approve the appointment.
5. The Head of Pediatrics 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 Head of Pediatrics.

Section 12.06 Appointment of Head/Chair of Laboratory Medicine

1. The Head of the Department of Laboratory Medicine shall also be Chair of the University Department of Laboratory Medicine.
2. A Selection Committee will be composed as referred to in Appendix E (4).
3. 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 Head of Laboratory Medicine. The Board may also suspend or revoke the appointment of the Head of Laboratory Medicine at any time with or without the recommendation of the Medical Advisory Committee.
4. The Joint Selection Committee for Head of Laboratory Medicine shall make its recommendation to:
 - a. the Medical Advisory Committee, who in turn makes its recommendation to the Board of Directors,
 - b. the Faculty Council, who in turn makes its recommendation to the Board of Governors at the University,
 - c. provided that the Board of the Hospital and the Board of Governors of the University must both approve the appointment.
5. The Head 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 Head of Laboratory Medicine.

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Section 12.07 Appointment of Division Heads - General

1. The Board, in consultation with the Medical Advisory Committee, after considering the recommendation of the Selection Committee, 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 Head for each Division. The Board may also suspend or revoke the appointment of the Division Head at any time with or without the recommendation of the Medical Advisory Committee.
2. A Selection Committee will be composed as referred to in Appendix E (5).
3. The Selection Committee shall follow the procedure in section 12.04(3).
4. The Division Head shall be appointed for a term of five (5) years. At the end of the five-year term, a formal review pursuant to Article XIII should be established, if the incumbent wishes to continue as Division Head 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 Head.
5. An Interim Division Head may be appointed in accordance with the following:
 - a. where necessary, the Department Head shall recommend to the Medical Advisory Committee an Interim Division Head;
 - 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; and
 - c. the responsibilities of an Interim Division Head shall be those of a Division Head or as set out in a Board-approved position description.

Section 12.08 Appointment of Division Head of Neonatology

1. The Board, in consultation with the Medical Advisory Committee, after considering the recommendation of the members of the Selection Committee, 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 Head for the Division of Neonatology at each site. The Board may also suspend or revoke the appointment of the Division Head at any time with or without the recommendation of the Medical Advisory Committee.
2. A Selection Committee will be composed as referred to in Appendix E (6).
3. The Selection Committee shall follow the procedure in Section 12.04(3).

Article XIII. End of Term Review/Renewal of Medical Leaders

Section 13.01 End of Term Review/Renewal Committees

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1. The Board, in consultation with the Medical Advisory Committee, after considering the recommendation of the members of the Department or Division, may reappoint a member of the Active Staff or a person eligible to be a member of the Active Staff to be the Department Head or Division Head for each Department or Division.
2. Establishment of the Review Committee:
 - a. One year prior to the end of the five-year term of a Department Head or Division Head, the Chief of Staff for a Department Head and the Department Head for a Division Head, shall ask in writing if the incumbent wishes to continue in that position for a further period.
 - b. If the written response is affirmative, the appropriate Review Committee will be struck before the five-year term has elapsed as and composed as referred to in Appendix E(7).
 - c. If the written answer is negative, the appropriate process and Selection Committee as set out in Article XII will be initiated.
 - d. The Chief of Staff may recommend the extension of the term of the existing Department or Division Head until a replacement has been found.
3. Duties of the Review Committee:
 - a. review the appointment of an incumbent Department Head or Division Head not less than six (6) months before the end of the current 5-year appointment as Department Head or Division Head;
 - 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 Department Head or Division Head ;
 - 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;
 - e. forward its recommendation to the Medical Advisory Committee, then 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 Head or that a Head not be reappointed, a written notice of such recommendation shall be given by the Review Committee to the Department or Division Head concerned, together with reasons;
 - g. if the Medical Advisory Committee is going to recommend to the Board the termination of a Department or Division Head, or that a Department or Division Head not be reappointed to a second term, a written notice of such recommendation shall be given by the Medical Advisory Committee to the Head concerned, together with reasons.

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Article XIV. Medical Advisory Committee

Section 14.01 Membership

1. The Medical Advisory Committee shall consist of the following members, each of whom shall have one vote:
 - a. the Chief of Staff, who shall be the Chair;
 - b. the Deputy Chief of Staff;
 - c. Department Heads;
 - d. the Corporate Medical Directors;
 - e. the Head of Dentistry;
 - f. the President, Vice President, and Secretary of the Medical Staff; and
 - g. such other Medical Staff members as the Board may appoint on the recommendation of the Chief of Staff and/or Chief Executive Officer.
2. In addition, the following individuals shall be entitled to attend Medical Advisory Committee meetings without a vote:
 - a. the Chief Executive Officer;
 - b. the Chief Nursing Executive;
 - c. any Vice President of the Corporation;
 - d. University of Ottawa, Faculty of Medicine representative of the Dean (Vice Dean Faculty Affairs);
 - e. a representative of the Hospital based Post Graduate Medical Learners;
 - f. the Corporation's Vice-President Research;
 - g. the organizational leader for Education; 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.

Section 14.02 Recommendations

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

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Section 14.03 Duties and Responsibilities

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

1. having regard to the Vision, Mission and Core Values of the Hospital, make recommendations to the Board concerning:
 - a. a Medical Staff Human Resources Plan for the Hospital;
 - b. the allocation of Hospital resources;
 - c. every application for appointment or reappointment to the Medical Staff, and any request for a change in privileges;
 - d. the privileges to be granted to each Medical Staff member;
 - e. this By-law and the Rules and Policies;
 - f. the revocation of appointment or the suspension or restriction of privileges of any Medical Staff member; and
 - g. the quality of care provided in the Hospital by the Medical Staff, Dental Staff, Midwifery Staff, and Extended Class Nursing Staff;
2. supervise the practice and behaviors of the Medical Staff in the Hospital;
3. appoint the Medical Staff members of all Medical Advisory Committee subcommittees;
4. receive reports of the Medical Advisory Committee subcommittees;
5. advise the Board on any matters that it refers to the Medical Advisory Committee; and
6. where the Medical Advisory Committee identifies systemic or recurring quality of care issues in making its recommendations to the Board under section 7(2)(a)(v) of the Hospital Management Regulation under the *Public Hospitals Act*, make recommendations about those issues to the Hospital's quality committee established under the *Excellent Care for All Act*, called the Hospital's Quality of Care Committee.

Section 14.04 Subcommittees

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

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2. The terms of reference and composition for any standing or special subcommittees of the Medical Advisory Committee may be set out in the Rules or in a Board resolution, on the recommendation of the Medical Advisory Committee. The Medical Advisory Committee shall appoint the Medical Staff members of any Medical Advisory Committee subcommittee, and the Board may appoint other subcommittee members.

Section 14.05 Quorum

A quorum for any Medical Advisory Committee meeting or subcommittee meeting shall be a majority of the members entitled to vote.

Section 14.06 Meetings

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

Article XV. Medical Staff Association and Meetings

Section 15.01 Annual, Regular, and Special Meetings

1. The Medical Staff shall hold at least four regular meetings in each fiscal year of the Corporation, one of which shall be the annual meeting, at a time and place fixed by the Medical Staff Association officers.
2. The President of the Medical Staff Association may call a special meeting. The President of the Medical Staff Association shall call a special meeting on the written request of any 15 Active and/or Associate Staff members entitled to vote.
3. The Secretary of the Medical Staff Association shall give written notice of each Medical Staff Association meeting (including the annual meeting or any special meeting) to the Medical Staff at least 14 days before the meeting by posting a notice of the meeting in a conspicuous place in the Hospital or by emailing or sending it through an internal mail distribution system to each Medical Staff member. Notice of a special meeting shall state the nature of the business for which the meeting is called.

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4. The period required for giving notice of any special meeting may be waived in exceptional circumstances by a majority of those Medical Staff members present and entitled to vote at the special meeting, as the first item of business of the meeting.
5. The Medical Staff Association officers may determine that any Medical Staff Association meeting may be held by telephonic or electronic means. Where a Medical Staff Association meeting is held by telephonic or electronic means, the word "present" in Article XV shall mean present physically or by telephonic or electronic means, and a vote may be taken by show of hands, voice vote, or other electronic means of voting.

Section 15.02 Quorum

Twenty-five (25) percent of Active and Associate Medical Staff members entitled to vote and present shall constitute a quorum at any Medical Staff meeting.

Section 15.03 Rules of Order

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

Section 15.04 Medical Staff Meetings

Medical Staff meetings held in accordance with this Section shall be deemed to meet the requirement to hold Medical Staff meetings under the *Public Hospitals Act*.

Article XVI. Medical Staff Officers

Section 16.01 Medical Staff Officers

1. The provisions of this Article XVI shall be deemed to satisfy the requirements of the *Public Hospitals Act* for Medical Staff Officers. For greater certainty, the President, Vice President, and Secretary of the Medical Staff shall be deemed to be the President, Vice President, and Secretary of the Medical Staff.
2. The Medical Staff officers shall be:
 - a. the President;
 - b. the Vice President;
 - c. the Secretary; and
 - d. such other officers as the Medical Staff may determine.
3. The Medical Staff officers shall be elected annually for a one-year term by a majority vote of the Medical Staff members present and voting at a Medical Staff meeting.

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4. The Medical Staff officers may serve a maximum of two consecutive years in one office. An officer may be re-elected to the same position following a break in continuous service of at least one year.
5. The Medical Staff officers may be removed from office before the expiry of their term by a majority vote of the Medical Staff members present and voting at a Medical Staff meeting called for that purpose.
6. If any office of the Medical Staff becomes vacant, and it is deemed expedient to fill the office before the next annual meeting of the Medical Staff, the vacancy may be filled by a majority vote of the Medical Staff members present and voting at a regular or special Medical Staff meeting. The election of the Medical Staff member shall follow the process in section 16.03. The Medical Staff member so elected to office shall fill the office until the next annual meeting of the Medical Staff.

Section 16.02 Attendance, Voting, and Holding Office

1. All Medical Staff members are entitled to attend Medical Staff meetings.
2. Only Active Staff and Associate Staff members are entitled to vote at Medical Staff meetings.
3. Only Physicians who are Active Staff members may hold any Medical Staff office.

Section 16.03 Nominations and Election Process

1. A nominating committee shall be constituted through a process approved by the Medical Staff on the recommendation of the Medical Staff officers.
2. At least 21 days before the annual meeting of the Medical Staff, the nominating committee shall circulate or post in a conspicuous place at each site of the Hospital a list of the names of those who are nominated to stand for the offices of the Medical Staff that are to be filled by election in accordance with the *Public Hospitals Act* and this By-law.
3. Any further nominations shall be made in writing to the Secretary of the Medical Staff up to seven days before the annual meeting of the Medical Staff.

Section 16.04 President of the Medical Staff

The President of the Medical Staff shall:

1. preside at all Medical Staff meetings;
2. act as a liaison between the Medical Staff, the Chief Executive Officer, and the Board on matters concerning the Medical Staff;
3. support and promote the Vision, Mission and Core Values and strategic plan of the Corporation;
4. be an *ex officio* member of the Medical Advisory Committee; and

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5. be an *ex officio*, non-voting Director and, as a Director, fulfill fiduciary duties to the Corporation by making decisions in the best interest of the Corporation.

Section 16.05 Vice President of the Medical Staff

The Vice President of the Medical Staff shall:

1. in the absence or disability of the President of the Medical Staff, act in place of the President, and perform their duties and possess their powers as set out in section 16.04;
2. perform such duties as the President of the Medical Staff may delegate to them; and
3. be an *ex officio* member of the Medical Advisory Committee; and
4. be an *ex officio* member of any Board Committee as required by the Board.

Section 16.06 Secretary of the Medical Staff

The Secretary of the Medical Staff shall:

1. attend to the correspondence of the Medical Staff;
2. ensure notice is given and minutes are kept of Medical Staff meetings;
3. maintain the funds and financial records of the Medical Staff and provide a financial report at the annual meeting of the Medical Staff;
4. disburse funds at the direction of the Medical Staff, as determined by a majority vote of the Medical Staff members present and voting at a Medical Staff meeting;
5. be an *ex officio* member of the Medical Advisory Committee; and
6. in the absence or disability of the Vice President of the Medical Staff, perform the duties and possess the powers of the Vice President as set out in section 16.05.

Section 16.07 Other Officers

1. The duties of any other Medical Staff officers shall be determined by the Medical Staff.

Article XVII. General Provisions

Section 17.01 Repeal and Restatement

This By-law repeals and restates in its entirety the Medical By-Law of the Corporation previously enacted concerning the Medical Staff.

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Section 17.02 Amendments to this By-law

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

- a) the Corporation shall provide notice specifying the proposed amendment(s) to the Medical Staff;
- b) the Medical Staff shall be afforded an opportunity to comment on the proposed amendment(s); and
- c) the Medical Advisory Committee may make recommendations to the Board on the proposed amendment(s).

Appendices

Appendix A: 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 By-laws, and in Appendix B, each application for first Appointment to the Medical Staff shall contain:

1. a list of three appropriate referees, including their addresses, email 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 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 physical or mental condition or disorder (including substance use) 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

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- 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 Heads 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, dated within 6 months of start date, when direct Patient care will be provided;
- 13. a signed copy of the Board approved Confidentiality Agreement;
- 14. the written approval of the appropriate Department Head, and, if applicable, Division Head;
- 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.

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Appendix B: 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. the Medical Staff 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. the existence of a defined need in the Hospital for the role to be filled by the applicant with their 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 their 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 Section 4.04(8) 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. an annual performance review including a clinical performance review, the nature and scope of which shall be determined by the Department Head and the Chief of Staff, of an applicant for reappointment;
9. the recommendation of the applicant's Department Head and the recommendation of the Medical Advisory Committee; and
10. completion of mandatory training, and relevant certification, and occupational health and safety requirements.

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Appendix C: 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 Head 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, the relevant Department Heads and other members of the Medical Advisory Committee, Division Heads, 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 participation in quality improvement work;
8. the applicant's health during the past year, insofar as their health may affect quality of medical care;
9. the applicant's plans for any changes in type or level of service provided and the reasons therefore;
10. the applicant's plans relevant to succession, if any;

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11. the applicant's ability to ensure quality of Patient care and Patient safety through the appropriate supervision of Medical Staff or Learners as required;
12. the applicant's appropriate and efficient use of Hospital resources; and
13. the applicant's compliance with the *Public Hospitals Act* and the regulations thereunder, the Hospital's By-laws, Policies and Procedures, Rules and Regulations and applicable legislation.

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Appendix D: 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 Vision, Mission and Core Values of the Board;
 - d. fulfill the "on-call" requirements of the Department or Division as scheduled by the Department Head or Division Head, as applicable;
 - e. work and cooperate with others in a collegial manner consistent with the Hospital's Vision, Mission and Core Values;
 - f. participate in quality and Patient safety initiatives;
 - g. participate in quality improvement work;
 - h. prepare and complete Patient records in accordance with the Policies and Procedures, Rules and Regulations, applicable legislation and accepted industry standards;
 - i. recognize the authority of and be accountable to the Chief of Staff, Department Head, Division Head, the Medical Advisory Committee, and the Board;
 - j. serve as may be requested on various Hospital committees and Medical Advisory Committee standing and sub-committees;
 - k. participate in annual and any enhanced periodic performance evaluations and provide such releases and consents as will enable such evaluations to be conducted;
 - l. meet the attendance obligations, if any, for Department and Division meetings and/or Medical Staff meetings, as applicable;
 - m. participate in continuing education as required by the relevant Department and/or regulatory or licensing authority;
 - n. notify the Department Head, Division Head or Chief of Staff of any physical or mental condition or disorder that could adversely affect Patient care;
 - o. not undertake any conduct that would be disruptive to the Department or Division or leading to a

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compromise in the quality of care provided;

- p. comply with applicable legislation and the by-laws, the Rules and Regulations and the Policies of the Hospital;
- q. 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;
- r. 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 license to practice medicine, dentistry and scientific made by their governing College or licensing authority; and
- s. complete all mandatory training, 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. complete all other relevant documentation within the standards and timeframes outlined in the Hospital's documentation and chart completion policies; and
- c. ensure that the requirements, as set out in Hospital Policy with respect to attending Patients, are met;
- d. cause a written progress note to be entered on the patient medical record at least once every seven days or such other period as may be prescribed by the Policies and Procedures, Rules and Regulations of their Department;
- e. obtain a written consultation when indicated or required under the Act or under this By-law;
- f. obtain any consent required under the *Health Care Consent Act* (Ontario);
- g. comply with the Hospital's resuscitation policy;
- h. endeavor to obtain consent for organ and tissue donations;
- i. give notice of death as required by the *Coroners Act*;

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- j. 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
- k. cause the Patient's medical record to be completed within forty-eight hours after the patient's discharge or transfer from the Hospital or death. In all cases, a written discharge summary will be completed to summarize:
 - i. the dates of admission and discharge;
 - ii. the diagnosis on admission;
 - iii. a brief review of the Patient's presentation, physical findings, investigations and consultations leading to admission;
 - iv. the Patient's course in hospital including any complications, reactions or unplanned escalations or deviations in the care plan;
 - v. concise summary of key investigations and consultations;
 - vi. all known or presumed diagnoses at the time of discharge;
 - vii. discharge medication and treatments; and
 - viii. follow-up plans and appointments, including involvement of community resources engaged to support the Patient's ongoing care.
- 3. Each member of the Medical Staff may be required 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 their responsibilities under Appendix D (2)(b), (c) and (j), above, to another physician with admitting privileges.
- 5. Whenever the primary 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.

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Appendix E: Composition of Selection & Review Committees for Medical Leaders

1. Deputy Chief of Staff

A Selection Committee shall be established and composed of:

1. the Chief of Staff, who shall be Chair;
2. one (1) representative of the Corporation's Board of Directors;
3. two (2) members of the Medical Advisory Committee;
4. the President and Vice-President of the Medical Staff;
5. the Administrator Responsible for Nursing;
6. the Chief Executive Officer/delegate; and
7. such other members as the Board deems advisable.

2. Department Heads

A Selection Committee shall be established and composed of:

1. the Chief of Staff, or Deputy Chief of Staff who shall be Chair;
2. at least one, but no more than two representatives selected by the Department concerned;
3. two members of the Medical Advisory Committee, neither of whom shall be a member of the Department concerned;
4. the Chief Executive Officer or delegate;
5. the Department Head's Vice President dyad partner;
6. if there is a corresponding University department, the Dean of the Faculty of Medicine of the University, or Chair of the Department, or delegate;
7. the Corporation's Vice-President Research or delegate; and
8. one (1) representative of the Corporation's Board of Directors 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. Department Head of Pediatrics

A Joint Selection Committee shall be established with the Hospital and the uOttawa Faculty of Medicine and composed of:

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1. the Chief of Staff and Dean of Medicine, who shall be Co-Chairs;
2. two (2) University Department Chairs;
3. one (1) representative of the Corporation's Board of Directors;
4. up to two (2) Professors of Pediatrics from other Universities at the invitation of the Dean and act in an advisory capacity;
5. two (2) Clinical Faculty Members of the Department of Pediatrics both who must be from the Hospital;
6. two (2) members of the Medical Advisory Committee of which one is a Hospital Department Head;
7. the Corporation's Vice President Research;
8. the Chief Executive Officer;
9. one (1) Head of a Hospital Department; and
10. additional members at the discretion of the Committee.

4. Department Head of Laboratory Medicine

A Joint Selection Committee shall be established with the Hospital, the Ottawa Hospital, EORLA and the uOttawa Faculty of Medicine and composed of:

1. the Hospital Chief of Staff and Dean of Medicine, who shall be Co-Chairs;
2. two (2) University Department or Division Chairs;
3. one (1) representative of the Corporation's Board of Directors;
4. one (1) representative from the Eastern Ontario Regional Laboratories Association;
5. up to two (2) Professors of Laboratory Medicine from other Universities at the invitation of the Dean and Interim in an advisory capacity;
6. two (2) Clinical Faculty Members of the Department of Laboratory Medicine, one who must be from the Hospital;
7. the Corporation's Vice President Research;
8. the Chief Executive Officer;
9. one (1) Head of a Hospital Department and another MAC member; and
10. additional members at the discretion of the committee.

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5. Division Heads

A Selection Committee composed of the following people shall be established:

1. the Chief of Staff, Deputy Chief of Staff, or Department Head concerned shall be Chair;
2. the Department Head concerned, if not chair;
3. two (2) members of the Medical Advisory Committee elected by the Medical Advisory Committee, who shall not be a member of the Division concerned;
4. the Chief Executive Officer, or delegate only if the head will also be a Patient Care Leadership Team co-lead;
5. if there is a corresponding University Division, the Dean of the Faculty of Medicine of the University, or Chair of the Department, or delegate;
6. 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;
7. the Corporation's Vice-President Research, or delegate;
8. Organizational dyad partner;
9. 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;
10. one (1) representative of the Corporation's Board of Directors; only if the head is a dyad leadership position; and
11. where a Division is being created, the Medical Advisory Committee will appoint up to two (2) members of the Division.

6. Division Head of Neonatology (CHEO/TOH)

A joint CHEO and TOH Selection Committee composed of the following persons shall be established:

1. the Chief of Staff and Chair, Department of Obstetrics and Newborn Care, FoM uOttawa, who shall be Co-Chairs;
2. one (1) representative of Neonatology from each of the TOH Civic, TOH General and Hospital sites;
3. two (2) members of the Medical Advisory Committee elected by the Medical Advisory Committee, who shall not be a member of the Division concerned;
4. Hospital Vice President, Acute Care;
5. one (1) representative of the Corporation's Board of Directors;

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6. the Corporation's Vice President Research; and
7. additional members at the discretion of the committee.

7. End of Term Review Committee:

The Review Committee shall consist of:

1. the Chief of Staff, or Deputy Chief of Staff, who shall be the Chair for Department Head reviews or the Department Head for Division Head reviews;
2. for the Department or Division concerned, two (2) representatives from the Hospital Department or Division with more than 10 members and one (1) representative if 9 or fewer members 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;
3. one (1) representative of the Corporation's Board of Directors for a Department Head review, and for Division Heads which are PCLT co-leads;
4. two (2) members of the Medical Advisory Committee, for the Department Head review and one (1) member of the Medical Advisory Committee for the Division Head review;
5. the Chair of the corresponding University Department if applicable;
6. the Chief Executive Officer or delegate for Department Heads;
7. the Corporation's Vice-President Research or delegate;
8. 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;
9. for the review of a Department Head 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; and
10. any additional members required by the University or The Ottawa Hospital for the positions of: Head/Chair Department of Pediatrics, Head/Chair Department of Laboratory Medicine, Division Head Neonatology across TOH and the Hospital.

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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) Pharmacy and Therapeutics
- (2) Transfusion Medicine and Infusion Therapy