

**NIAGARA HEALTH SYSTEM**  
**BY-LAW NUMBER 2**  
**PROFESSIONAL STAFF BY-LAW**

**TABLE OF CONTENTS**  
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<b>ARTICLE 1 DEFINITIONS AND INTERPRETATION.....</b>	<b>1</b>
1.1 Definitions.....	1
1.2 Interpretation .....	3
1.3 Delegation of Duties.....	3
1.4 Consultation with Professional Staff.....	3
<b>ARTICLE 2 RULES AND REGULATIONS AND POLICIES AND RESOURCES PLANS</b> .....	<b>4</b>
2.1 Rules and Regulations and Policies and Procedures .....	4
2.2 Clinical Human Resources Plan.....	4
<b>ARTICLE 3 HONOURARY STAFF .....</b>	<b>4</b>
3.1 Honourary Staff.....	4
<b>ARTICLE 4 APPOINTMENT AND RE-APPOINTMENT TO PROFESSIONAL STAFF</b>	<b>5</b>
4.1 Appointment and Revocation.....	5
4.2 Term of Appointment.....	5
4.3 Qualifications and Criteria for Appointment to the Professional Staff.....	6
4.4 Application for Appointment to the Professional Staff.....	8
4.5 Procedure for Processing Applications for Appointment to the Professional Staff.....	8
4.6 Temporary Appointment.....	10
4.7 Application for Re-Appointment to the Professional Staff.....	10
4.8 Qualifications and Criteria for Re-Appointment to the Professional Staff .....	11
4.9 Application for Change of Privileges.....	12
4.10 Leave of Absence.....	12
<b>ARTICLE 5 MONITORING, SUSPENSION AND REVOCATION .....</b>	<b>13</b>
5.1 Monitoring Practices and Transfer of Care .....	13
5.2 Suspension, Restriction or Revocation of Privileges .....	14
5.3 Immediate Action.....	14
5.4 Non-Immediate Action.....	14
5.5 Referral to Medical Advisory Committee for Recommendations .....	15
<b>ARTICLE 6 BOARD HEARING.....</b>	<b>16</b>
6.1 Board Hearing .....	16
<b>ARTICLE 7 CATEGORIES OF THE PROFESSIONAL STAFF .....</b>	<b>18</b>
7.1 Professional Staff Categories .....	18
7.2 Active Staff .....	18
7.3 Associate Staff.....	19
7.4 Courtesy Staff.....	20
7.5 Affiliate Staff.....	21

7.6	Term Staff .....	21
7.7	Extended Class Nursing Staff .....	22
7.8	Duties of the Professional Staff.....	23
<b>ARTICLE 8 DEPARTMENTS AND SERVICES .....</b>		<b>23</b>
8.1	Medical Staff Departments.....	23
8.2	Services Within a Department.....	24
8.3	Changes to Departments and Services .....	24
<b>ARTICLE 9 LEADERSHIP POSITIONS.....</b>		<b>24</b>
9.1	Medical Leadership Positions .....	24
9.2	Appointment of Chief of Staff .....	25
9.3	Term of Office.....	25
9.4	Responsibilities and Duties of Chief of Staff.....	25
9.5	Performance Evaluation of the Chief of Staff.....	26
9.6	Appointment and Duties of Deputy Chief of Staff .....	26
9.7	Appointment of Chiefs of Department.....	26
9.8	Term of Office of Chief of Department .....	27
9.9	Duties of Chiefs of Department .....	27
9.10	Performance Evaluation of Chiefs of Department .....	27
9.11	Appointment of Deputy Chiefs of Departments .....	27
9.12	Duties of Deputy Chiefs of Department.....	28
9.13	Appointment of Heads of Service .....	28
9.14	Duties of Head of Service .....	29
<b>ARTICLE 10 MEDICAL ADVISORY COMMITTEE .....</b>		<b>29</b>
10.1	Composition of Medical Advisory Committee .....	29
10.2	Accountability of Medical Advisory Committee.....	30
10.3	Medical Advisory Committee Duties and Responsibilities .....	30
10.4	Establishment of Committees of the Medical Advisory Committee.....	31
10.5	Composition of Executive Committee of the Medical Advisory Committee .....	31
10.6	The Executive Committee of the Medical Advisory Committee Duties and Responsibilities .....	32
10.7	Quorum for Medical Advisory Committee and Sub-Committee Meeting.....	32
<b>ARTICLE 11 MEETINGS – MEDICAL STAFF.....</b>		<b>32</b>
11.1	Regular, Annual and Special Meetings of the Medical Staff.....	32
11.2	Quorum.....	32
11.3	Rules of Order .....	33
11.4	Dues for Medical Staff.....	33
<b>ARTICLE 12 OFFICERS OF THE MEDICAL STAFF .....</b>		<b>33</b>
12.1	Officers of the Medical Staff.....	33
12.2	Eligibility for Office.....	33
12.3	Election Procedure .....	34
12.4	Vacancies .....	34
12.5	President of the Medical Staff.....	34

12.6	Vice President of the Medical Staff .....	35
12.7	Secretary Treasurer of the Medical Staff .....	35
<b>ARTICLE 13 AMENDMENTS .....</b>		<b>36</b>
13.1	Amendments to Professional Staff By-Law .....	36
13.2	Repeal and Restatement .....	36

**BY-LAW NUMBER 2**  
**PROFESSIONAL STAFF BY-LAW**  
**NIAGARA HEALTH SYSTEM**

A By-law relating to the medical, dental, midwifery and extended class nursing staff of the Niagara Health System (the “**Corporation**”).

**BE IT ENACTED** as the Professional Staff By-Law of the Corporation:

**ARTICLE 1**  
**DEFINITIONS AND INTERPRETATION**

**1.1 Definitions**

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

- (a) “**Board**” means the board of directors of the Corporation;
- (b) “**Chief Executive Officer**” means the individual designated by the Board as the Chief Executive Officer;
- (c) “**Chief Nursing Executive**” means the senior nurse employed by the Hospital who reports directly to the President and is responsible for nursing services provided in the Hospital;
- (d) “**Chief of a Department**” means a member of the Medical Staff appointed by the Board to be responsible for the professional standards and quality of care rendered by the members of that department at the Hospital;
- (e) “**Chief of Staff**” means the member of the Medical Staff appointed by the Board of Directors to serve as Chief of Staff pursuant to section 9.2;
- (f) “**Clinical Human Resources Plan**” means the plan approved by the Board from time to time, on recommendation of the Medical Advisory Committee, which provides information and future projections with respect to the management and appointment of Physicians, Dentists, Midwives, and Extended Class Nurses based on the purpose and strategic plan of the Corporation;
- (g) “**Credentials Committee**” means the committee established by the Medical Advisory Committee to review applications for appointment and reappointment to the Professional Staff and to make recommendations to the Medical Advisory Committee and if no such committee is established it shall mean the Medical Advisory Committee;

- (h) “**Dental Staff**” means those Dentists and Oral and Maxillofacial Surgeons appointed by the Board to attend or perform dental services or oral and maxillofacial surgery, as applicable for patients in the Hospital;
- (i) “**Dentist**” means a dental practitioner in good standing with the Royal College of Dental Surgeons of Ontario;
- (j) “**Department**” or “**department**” means an organizational unit of the Professional Staff to which members with a similar field of practice have been assigned within the Corporation;
- (k) “**Extended Class Nursing Staff**” means those Registered Nurses in the Extended Class namely:
  - (i) nurses that are employed by the Hospital and are authorized to admit, discharge, diagnose, prescribe for or treat patients in the Hospital; and
  - (ii) nurses who are not employed by the Hospital and to whom the Board has granted privileges to admit, discharge, diagnose, prescribe for or treat patients in the Hospital;
- (l) “**Head of a Service**” means the Physician, Dentist or Midwife appointed by the Board to be in charge of one of the organized divisions of a Department;
- (m) “**Hospital**” means the Corporation, a public hospital operating on multiple sites;
- (n) “**Impact Analysis**” means a study to determine the impact upon the resources of the Corporation of the proposed or continued appointment of a member of the Professional Staff;
- (o) “**Medical Advisory Committee**” means the committee established pursuant to Article 9;
- (p) “**Medical Staff**” means those Physicians who are appointed by the Board and who are granted privileges to practice medicine in the Hospital;
- (q) “**Midwife**” means a Midwife in good standing with the College of Midwives of Ontario;
- (r) “**Midwifery Staff**” means those Midwives who are appointed by the Board and granted privileges to practice Midwifery in the Hospital;
- (s) “**Oral and Maxillofacial Surgeons**” means those dentists in good standing who hold a specialty certificate from the Royal College of Dental Surgeons of Ontario authorizing practice in oral and maxillofacial surgery;
- (t) “**Patient**” means, unless otherwise specified, any in patient or out patient or other patient of the Corporation;

- (u) “**Physician**” means a medical practitioner in good standing with the College of Physicians and Surgeons of Ontario;
- (v) “**Policies**” means the administrative, human resources, clinical and professional policies of the Hospital and includes policies and procedures adopted by the Board pursuant to Article 2;
- (w) “**President**” means, in addition to ‘administrator’ as defined in the *Public Hospitals Act*, the President of the Corporation;
- (x) “**Professional Staff**” means those Medical Staff, Dental Staff, Midwifery Staff and non-employed members of the Extended Class Nursing Staff that are appointed by the Board and who are granted specific privileges to practise medicine, dentistry, midwifery or extended class nursing respectively;
- (y) “**Public Hospitals Act**” means the *Public Hospitals Act* (Ontario), and, where the context requires, includes the Regulations made under it;
- (z) “**Registered Nurse in the Extended Class**” means a member of the College of Nurses of Ontario who is a registered nurse and who holds an extended certificate of registration under the *Nursing Act, 1991*;
- (aa) “**Rules and Regulations**” means the Rules and Regulations governing the practice of the Medical, Dental, Midwifery and Extended Class Nursing Staff in the Hospital both generally and within a particular Department, which have been approved by the Board after considering the recommendation of the Medical Advisory Committee; and
- (bb) “**Service**” or “**service**” means an organization unit of a Department.

## 1.2 **Interpretation**

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

## 1.3 **Delegation of Duties**

Where any of the Chief Executive Officer, President, Chief of Staff, Chief of Department or Head of Service shall be responsible for the duties assigned to them under this By-law or under Rules and Regulations, he or she may delegate to others the performance of any such duties.

## 1.4 **Consultation with Professional Staff**

For the purposes of this By-Law, where the Board or the Medical Advisory Committee are required to consult with the Professional Staff, it shall be sufficient for the Board or the Medical Advisory

Committee, as applicable, to receive and consider the input of the officers of the Medical Staff named in section 12.1(1).

**ARTICLE 2**  
**RULES AND REGULATIONS AND POLICIES AND RESOURCES PLANS**

**2.1 Rules and Regulations and Policies and Procedures**

- (1) The Board, after considering the recommendation of the Medical Advisory Committee, may make Rules and Regulations as it deems necessary, including rules and regulations for patient care and safety and the conduct of members of the Medical, Dental, Midwifery and Extended Class Nursing Staff.
- (2) The Board, after considering the recommendation of the Medical Advisory Committee, may adopt policies and procedures applicable to the Medical, Dental, Midwifery and Extended Class Nursing Staff, including policies and procedures that are consistent with Rules and Regulations and support the implementation of Rules and Regulations.
- (3) The Medical Advisory Committee, after consulting with the Professional Staff executive, may make administrative, human resources, clinical and professional policies applicable to the Professional Staff that are consistent with this By-Law, the Rules and Regulations and the Board-approved Policies.

**2.2 Clinical Human Resources Plan**

The Medical Advisory Committee shall recommend to the Board for approval, on an annual basis, a Clinical Human Resources Plan for each department of the Professional Staff, as recommended by the Chief of the Department after receiving the input of the members of the Professional Staff in the Department with the advice of the administration of the Hospital. This plan shall be consistent with the strategic directions of the Hospital as established by the Board, and the Public Hospitals Act, Article 44(2) regarding cessation of services.

**ARTICLE 3**  
**HONOURARY STAFF**

**3.1 Honourary Staff**

- (1) An individual may be honoured by the Board by an appointment to the Honorary Staff of the Corporation, for such term as the Board deems appropriate, because he or she:
  - (a) is a former member of the Professional Staff who has retired from active practice; and/or
  - (b) has contributed to the Hospital and has an outstanding reputation or made an extraordinary accomplishment.



- (2) Members of the Honorary Staff:
  - (a) shall not have privileges or provide patient care;
  - (b) shall not have regularly assigned clinical, academic or administrative duties or responsibilities;
  - (c) may attend, but shall not vote at, Medical Staff meetings, and shall not be eligible to hold elected or appointed offices in the Medical Staff; and
  - (d) shall not be bound by the attendance requirements of the Professional Staff.

#### **ARTICLE 4**

#### **APPOINTMENT AND RE-APPOINTMENT TO PROFESSIONAL STAFF**

##### **4.1 Appointment and Revocation**

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

##### **4.2 Term of Appointment**

- (1) Subject to section 4.1(3), each appointment to the Professional Staff shall be for a term of up to one (1) year.
- (2) Where a member of the Professional Staff has applied for re-appointment within the time prescribed by the Medical Advisory Committee, the current appointment shall continue:
  - (a) unless subsection 4.2(2)(b) below applies, until the re-appointment is granted or not granted by the Board; or
  - (b) where the re-appointment is not granted by the Board and there is a right of appeal to the Health Professions Appeal and Review Board, until the time for giving notice of a hearing by the Health Professions Appeal and Review Board has expired or, where a hearing is required, until the decision of the Health Professions Appeal and Review Board has become final.

#### **4.3 Qualifications and Criteria for Appointment to the Professional Staff**

- (1) Only applicants who meet the qualifications and satisfy the criteria set out in this By-Law are eligible to be a member of, and appointed to, the Professional Staff of the Corporation.
- (2) An applicant for appointment to the Professional Staff must meet the following qualifications:
  - (a) have adequate training and experience for the privileges requested;
  - (b) have a demonstrated ability to:
    - (i) provide patient care at an appropriate level of quality and efficiency;
    - (ii) communicate, work and cooperate with, and relate to, others in a co-operative, collegial and professional manner;
    - (iii) communicate with, and relate appropriately to, patients and patients' relatives and/or substitute decision makers;
    - (iv) participate in the discharge of staff, committee and, if applicable, teaching responsibilities, and other duties appropriate to staff category;
    - (v) meet an appropriate standard of ethical conduct and behaviour;
    - (vi) maintain an appropriate level of continuing medical education; and
    - (vii) govern himself or herself in accordance with the requirements set out in this By-Law, the Hospital's purpose, vision and core values, Rules and Regulations and Policies;
  - (c) have up to date inoculations and screenings as may be required by the occupational health and safety practices of the Hospital, the *Public Hospitals Act* or other legislation; and
  - (d) demonstrate adequate control of any significant physical or behavioural impairment affecting skill, attitude or judgment that might impact negatively on patient care or the operations of the Corporation.
- (3) In addition to the qualifications set out in section 4.3(2), an applicant for appointment to the Medical Staff must meet the following qualifications:
  - (a) be qualified to practice medicine and licensed pursuant to the laws of Ontario and have a Certificate of Registration in good standing with the College of Physicians and Surgeons of Ontario or an equivalent certificate from their most recent licensing body;

- (b) have a current Certificate of Professional Conduct from the College of Physicians and Surgeons of Ontario or the equivalent certificate from their most recent licensing body;
  - (c) have a certificate issued by the Royal College of Physicians and Surgeons of Canada, or equivalent, or an educational licence for which they have met all requirements, either by way of examination or by academic eligibility, if the Medical Staff member is practicing in a speciality recognized by the Royal College of Physicians and Surgeons of Canada; and
  - (d) have current membership in the Canadian Medical Protective Association or other evidence of medical practice protection coverage with liability coverage appropriate to the scope and nature of the intended practice satisfactory to the Board.
- (4) In addition to the qualifications set out in section 4.3(2), an applicant for appointment to the Dental Staff must meet the following qualifications:
- (a) be qualified to practice dentistry and licensed pursuant to the laws of Ontario and have a letter of good standing from the Royal College of Dental Surgeons of Ontario or the equivalent letter from their most recent licensing body;
  - (b) have a current Certificate of Professional Conduct from the Royal College of Dental Surgeons or the equivalent certificate from their most recent licensing body; and
  - (c) have dental practice protection coverage with liability coverage appropriate to the scope and nature of the intended practice satisfactory to the Board.
- (5) In addition to the qualifications set out in section 4.3(2), an applicant for appointment to the Midwifery Staff must meet the following qualifications:
- (a) be qualified to practice midwifery and be licensed pursuant to the laws of Ontario and have a Certificate of Registration in good standing with the College of Midwives of Ontario or an equivalent certificate from their most recent licensing body;
  - (b) have a current Certificate of Professional Conduct from the College of Midwives of Ontario or the equivalent certificate from their most recent licensing body; and
  - (c) have evidence of midwifery practice protection coverage with liability coverage appropriate to the scope and nature of intended practice satisfactory to the Board.
- (6) In addition to the qualifications set out in section 4.3(2), an applicant for appointment to the non-employed Extended Class Nursing Staff must meet the following qualifications:
- (a) be qualified to practice as a nurse in the extended class and hold a current, valid Annual Registration Payment Card as a registered nurse in the extended class with the College of Nurses of Ontario;

- (b) have a letter of good standing from the Ontario College of Nurses or their most recent licensing body; and
  - (c) have evidence of professional liability coverage appropriate to the scope and nature of intended practice satisfactory to the Board.
- (7) All new appointments will require an Impact Analysis demonstrating that the Hospital has the resources to accommodate the applicant and that the applicant meets the needs of the respective Department as described in the Clinical Human Resource Plan.
- (8) In addition to any other provisions of the By-Laws, including the qualifications set out in section 4.3(2) to 4.3(6) inclusive, the Board may refuse to appoint any applicant to the Professional Staff on any of the following grounds:
- (a) the appointment is not consistent with the need for service, as determined by the Board from time to time;
  - (b) the Clinical Human Resource Plan and/or the Impact Analysis of the Corporation and/or Department does not demonstrate sufficient resources to accommodate the applicant; or
  - (c) the appointment is not consistent with the strategic plan and purpose of the Corporation.

#### **4.4 Application for Appointment to the Professional Staff**

- (1) The President shall supply a copy of, or information on how to access, a form of application and the purpose, vision, core values and strategic plan of the Corporation, the By-Laws and the Rules and Regulations and Policies, to each Physician, Dentist, Midwife or Registered Nurse in the Extended Class who expresses in writing an intention to apply for appointment to the Professional Staff.
- (2) An applicant for appointment to the Professional Staff shall submit one (1) original application to the President on the form approved by the Board from time to time after receiving the recommendation of the Medical Advisory Committee, together with such releases, consents and undertakings as required by the Hospital from time to time to enable the Hospital to fully investigate the qualifications and suitability of the applicant.
- (3) Prior to the consideration of an applicant for appointment, each applicant shall visit the Corporation for an interview with the Chief of Staff, the President and other appropriate members of the Professional Staff.

#### **4.5 Procedure for Processing Applications for Appointment to the Professional Staff**

- (1) Upon receipt of a complete application, the President shall deliver each original application forthwith to 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 Chief of the relevant Department.

- (2) The Credentials Committee shall review all materials in the application, receive the recommendation of the relevant Chief of Department, ensure all information required by section 4.4 or by the form of application has been provided, investigate the professional competence and verify the qualifications of the applicant, consider whether the qualifications and criteria required by section 4.3 are met and shall submit a report as to its assessment and recommendation to the Medical Advisory Committee at its next regular meeting.
- (3) The Medical Advisory Committee shall:
  - (a) receive and consider the report and recommendations of the Credentials Committee;
  - (b) review the application with reference to the Clinical Human Resources Plan and Impact Analysis; and
  - (c) send, within sixty (60) days of the date of receipt by the President of a complete application, notice of its recommendations to the Board and the applicant, in accordance with the Public Hospitals Act.
- (4) Notwithstanding subsection 4.5(3)(c), the Medical Advisory Committee may make its recommendation later than sixty (60) days after receipt of the application if, prior to the expiry of the sixty (60) day period, it indicates in writing to the Board and to the applicant that a final recommendation cannot be made within such sixty (60) day period and gives written reasons therefor.
- (5) Where the Medical Advisory Committee recommends the appointment, it shall specify the category of appointment and the specific privileges it recommends the applicant be granted.
- (6) Where the Medical Advisory Committee does not recommend appointment or where the recommended appointment or privileges differ from those requested, the Medical Advisory Committee shall inform the applicant that he or she is entitled to:
  - (a) written reasons for the recommendation if a request is received by the Medical Advisory Committee within seven (7) days of the receipt by the applicant of notice of the recommendation; and
  - (b) a hearing before the Board if a written request is received by the Board and the Medical Advisory Committee within seven (7) days of the receipt by the applicant of the written reasons referred to in subsection 4.5(6)(a).
- (7) Where the applicant does not request a hearing by the Board, the Board may implement the recommendation of the Medical Advisory Committee.
- (8) Where an applicant requests a hearing by the Board, it shall be dealt with in accordance with the applicable provisions of the *Public Hospitals Act* and Article 6.

- (9) The Board shall consider the Medical Advisory Committee recommendations within the time frame specified by the *Public Hospitals Act*.
- (10) The Board, in determining whether to make any appointment or re-appointment to the Professional Staff or approve any request for a change in privileges shall take into account the recommendation of the Medical Advisory Committee and such other considerations it, in its discretion, considers relevant including, but not limited to, the Clinical Human Resources Plan, Impact Analysis, strategic plan and the Corporation's ability to operate within its resources.

#### **4.6 Temporary Appointment**

- (1) Notwithstanding any other provision of the By-Law, the President, after consultation with the Chief of Staff may:
  - (a) grant a temporary appointment and temporary privileges to a Physician, Dentist, Midwife or Registered Nurse in the Extended Class provided that such appointment shall not extend beyond the date of the next meeting of the Medical Advisory Committee at which time the action taken shall be reported; and
  - (b) continue a temporary appointment and temporary privileges on the recommendation of the Medical Advisory Committee, until the next meeting of the Board.
- (2) A temporary appointment of a Physician, Dentist, Midwife or Registered Nurse in the Extended Class 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 pursuant to section 4.6(1) for such period of time and on such terms as the Board determines.
- (4) If the term of the temporary grant of privileges has been completed before the next Board meeting, the grant of temporary privileges shall be reported to the Board at its next meeting.
- (5) The temporary appointment shall specify the category of appointment and any limitations, restrictions or special requirements.

#### **4.7 Application for Re-Appointment to the Professional Staff**

- (1) Each year each member of the Professional Staff desiring re-appointment to the Professional Staff shall make written application to the President before the date specified

by the Medical Advisory Committee, on the form approved by the Board from time to time after receiving the recommendation of the Medical Advisory Committee.

- (2) In addition to the information required by the form of application referred to in section 4.7(1), each application for re-appointment to the Professional Staff shall include the following information:
  - (a) a report of the Chief of the relevant Department, in accordance with a performance evaluation process approved by the Board from time to time, which report shall include an assessment of the performance of applicant during the prior year and the Chief of Department's recommendation with respect to reappointment with the Hospital;
  - (b) confirmation satisfactory to the Board of, and an undertaking to maintain throughout the term of his or her appointment, membership in the Canadian Medical Protective Association or other professional practice protection coverage satisfactory to the Board with liability coverage appropriate to the scope and nature of the intended practice
  - (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 appropriate college or licensing body; and
  - (e) such other information that the Board may require, from time to time, having given consideration to the recommendation of the Medical Advisory Committee.
- (3) In the case of any application for re-appointment in which the applicant requests additional privileges, each application for re-appointment shall identify any required professional qualifications and confirm that the applicant holds such qualifications.
- (4) Application for re-appointment shall be dealt with in accordance with the *Public Hospitals Act* and section 4.5 of this By-Law.

#### **4.8 Qualifications and Criteria for Re-Appointment to the Professional Staff**

- (1) In order to be eligible for re-appointment:
  - (a) the applicant shall continue to meet the qualifications and criteria set out in section 4.3;
  - (b) the applicant shall have conducted himself or herself in compliance with this By-law, the Hospital's purpose, vision and core values, Rules and Regulations and Policies;



- (c) the applicant shall have demonstrated appropriate use of Hospital resources in accordance with the Clinical Human Resources Plan and the Rules and Regulations and Policies of the Corporation; and
- (d) there shall be sufficient resources to accommodate the privileges requested and a need for the applicant's services under the Clinical Human Resources Plan and strategic plan provided that an Impact Analysis shall not be required unless the applicant requests additional privileges.

#### **4.9 Application for Change of Privileges**

- (1) Each member of the Professional Staff who wishes to change his or her privileges, shall submit, on the prescribed form, to the President, an application listing the change of privileges requested, and providing evidence of appropriate training and competence and such other matters as the Board may require.
- (2) The President shall refer any such application forthwith to the Chief of Staff, who shall keep a copy of each application received and shall then refer the original application forthwith to the chair of the Credentials Committee.
- (3) The Credentials Committee shall investigate the professional competence and verify the qualifications of the applicant, and shall submit a report of its findings to the Medical Advisory Committee at its next regular meeting. The report shall contain a list of privileges, if any, that it recommends that the applicant be granted.
- (4) The application shall be processed in accordance with and subject to the requirements of subsections 4.8 and 4.5(3) to 4.5(10) of this By-Law.

#### **4.10 Leave of Absence**

- (1) Upon request of a member of the Professional Staff, a leave of absence of up to twelve (12) months may be granted by the Chief of Staff in the event of extended illness or disability of the member, maternity or paternity leave, or 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 subsection 4.10(1) for medical reasons, the member of the Professional Staff shall, if requested to do so by Chief of Staff, produce a medical certificate of fitness from a physician acceptable to the Chief of Staff and the Chief of Staff may recommend to the Medical Advisory Committee, to recommend to the Board, imposition of such conditions on the privileges granted to such member as he or she feels appropriate.
- (3) Should a member of the Professional Staff not return to practice following the term of a granted leave of absence, the individual shall be required to make a new application for appointment to the Professional Staff in the manner and subject to the criteria set out in these By-Laws. A leave of absence for medical reasons may be extended beyond twelve (12) months by the Chief of Staff after consultation with the Chief of Department on such conditions as the Chief of Staff may determine.



- (4) The provisions of section 4.7(1) requiring an annual application for re-appointment continue to apply during any period of leave of absence.

## **ARTICLE 5**

### **MONITORING, SUSPENSION AND REVOCATION**

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

- (1) Any aspect of patient care or Professional Staff conduct being carried out in the Corporation may be reviewed without the approval of the member of the Professional Staff responsible for such care by:
  - (a) the Chief of Staff; or
  - (b) the Chief of Department.
- (2) Where any member of the Professional Staff or Corporation staff believes that a member of the Professional Staff is incompetent, attempting to exceed his or her privileges, incapable of providing a service that he or she is about to undertake, or acting in a manner that is disruptive and/or exposes or is reasonably likely to expose any patient, health care provider, employee or any other person at the Hospital to harm or injury, such individual shall communicate that belief forthwith to one of the Chief of Staff, the Chief of the relevant Department and the President, so that appropriate action can be taken.
- (3) The Chief of a Department, on notice to the Chief of Staff and, where he or she believes it to be in the best interest of the patient, shall have the authority to examine the condition and scrutinize the treatment of any patient in his or her Department and to make recommendations to the attending Professional Staff member or any consulting Professional Staff member involved in the patient's care and, if necessary, to the Medical Advisory Committee. If it is not practical to give prior notice to the Chief of Staff, notice shall be given as soon as possible.
- (4) If the Chief of Staff or Chief of a Department becomes aware that, in his or her opinion a serious problem exists in the diagnosis, care or treatment of a patient, the officer shall forthwith discuss the condition, diagnosis, care and treatment of the patient with the attending member of the Professional Staff. If changes in the diagnosis, care or treatment satisfactory to the Chief of Staff or the Chief of Department, as the case may be, are not made, he or she shall forthwith assume the duty of investigating, diagnosing, prescribing for and treating the patient.
- (5) Where the Chief of Staff or Chief of a Department has cause to take over the care of a patient, the President, the Chief of Staff, the attending member of the Professional Staff, and the patient or the patient's substitute decision maker shall be notified in accordance with the *Public Hospitals Act*. The Chief of Staff or the Chief of Department shall file a written report with the Medical Advisory Committee within forty eight (48) hours of his or her action.

- (6) Where the Medical Advisory Committee concurs in the opinion of the Chief of Staff or Chief of Department who has taken action under subsection 5.1(4) that the action was necessary, the Medical Advisory Committee shall forthwith make a detailed written report to the President and the Board of the problem and the action taken.

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

- (1) The Board may, at any time, in a manner consistent with the *Public Hospitals Act* and this By-Law, revoke or suspend any appointment of a member of the Professional Staff or revoke, suspend, restrict or otherwise deal with the privileges of a member of the Professional Staff.
- (2) Any administrative or leadership appointment of the member of the Professional Staff will automatically terminate upon the restriction, revocation or suspension of privileges or, revocation of appointment, unless otherwise determined by the Board.

## **5.3 Immediate Action**

- (1) The President or Chief of Staff or Chief of Department may temporarily restrict or suspend the privileges of any member of the Professional Staff, in circumstances where in their opinion the member's conduct, performance or competence:
  - (a) exposes or is reasonably likely to expose any patient, health care provider, employee or any other person at the Hospital to harm or injury; or
  - (b) is or is reasonably likely to be, detrimental to patient safety or to the delivery of quality patient care within the Hospital,

and immediate action must be taken to protect patients, health care providers, employees and any other person at the Hospital from harm or injury.

- (2) Before the President or the Chief of Staff or Chief of Department takes action authorized in subsection 5.3(1), they shall first consult with one of the other of them. If such prior consultation is not possible or practical in the circumstances, the person who takes the action authorized in subsection 5.3(1) shall provide immediate notice to the others. The person who takes the action authorized in subsection 5.3(1) shall forthwith submit a report on the action taken with all relevant materials and/or information to the Medical Advisory Committee.

## **5.4 Non-Immediate Action**

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

- (b) exposes or is reasonably likely to expose any patient, health care provider, employee or any other person at the Hospital to harm or injury; or
  - (c) is or is reasonably likely to be, detrimental to patient safety or to the delivery of quality patient care within the Hospital or impact negatively on the operations of the Hospital; or
  - (d) fails to comply with the Hospital's By-Laws, Rules and Regulations, or Policies, the *Public Hospitals Act* or any other relevant law.
- (2) Prior to making a recommendation as referred to in subsection 5.4(1), an investigation may be conducted. Where an investigation is conducted, it may be assigned to an individual within the Hospital other than the Medical Advisory Committee or an external consultant.

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

- (1) Following the temporary restriction or suspension of privileges, or the recommendation for the restriction or suspension of privileges of a member of the Professional Staff, the Chief of the Department of which the individual is a member or an appropriate alternate designated by the Chief of Staff or the President shall forthwith submit to the Medical Advisory Committee a written report on the action taken, or recommendation, as the case may be, with all relevant materials and/or information. Unless the member and the Chief of Staff otherwise agree to a longer period of time, a date for consideration of the matter will be set, not more than ten (10) days from the time the written report is received by the Medical Advisory Committee. The member shall be advised of the date upon which the Medical Advisory Committee will be considering the matter and may make submissions to the Medical Advisory Committee for consideration. The timeframe for the Medical Advisory Committee considering the matter after receiving a report may be extended if the Medical Advisory Committee considers it appropriate to do so but the reasons for doing so must be provided in writing to the Professional Staff member.
- (2) When considering the matter, the Medical Advisory Committee may:
- (a) set aside the restriction or suspension of privileges; or
  - (b) recommend to the Board a restriction, suspension or revocation of privileges on such terms as it deems appropriate.

Notwithstanding the above, before making any recommendation, the Medical Advisory Committee may also refer the matter to a committee of the Medical Advisory Committee which shall report to the Medical Advisory Committee.

- (3) If the Medical Advisory Committee recommends the continuation of the restriction or suspension or a revocation of privileges and/or makes further recommendations concerning the matters considered at its meeting, the Medical Advisory Committee shall within seventy-two (72) hours give written notice of its recommendation to the member of the Professional Staff and to the Board, in accordance with the *Public Hospitals Act*.

- (4) The notice shall inform the member of the Professional Staff that he or she is entitled to:
  - (a) written reasons for the recommendation if a request is received by the Medical Advisory Committee within seven (7) days of the member's receipt of the notice of the recommendation; and
  - (b) a hearing before the Board if a written request is received by the Board and the Medical Advisory Committee within seven (7) days of the receipt by the member of the written reasons requested.
- (5) If the Medical Advisory Committee recommends the continuation of a temporary restriction or revocation of privileges and the request is made for written reasons for the recommendation, the written reasons shall be provided within five (5) business days of receipt of the request.

## **ARTICLE 6**

### **BOARD HEARING**

#### **6.1 Board Hearing**

- (1) A hearing by the Board shall be held when one of the following occurs:
  - (a) the Medical Advisory Committee recommends to the Board that an application for appointment, re-appointment or requested privileges not be granted and the applicant requests a hearing in accordance with the *Public Hospitals Act*; or
  - (b) the Medical Advisory Committee makes a recommendation to the Board restricting, suspending or revoking the privileges of a member of the Professional Staff and the member requests a hearing.
- (2) The Board will name a place and time for the hearing.
- (3) Subject to subsection 6.1(4), the Board hearing will be held as soon as practicable but not later than twenty-eight (28) days after the Board receives the written notice from the member or applicant requesting the hearing.
- (4) The Board may extend the time for the hearing date if it is considered appropriate but the reasons for doing so must be provided in writing to the Professional Staff member.
- (5) The Board will give written notice of the hearing to the applicant or member and to the Medical Advisory Committee at least seven (7) days before the hearing date.
- (6) The notice of the Board hearing will include:
  - (a) the place and time of the hearing;
  - (b) the purpose of the hearing;

- (c) a statement that the applicant or member and Medical Advisory Committee will be afforded an opportunity to examine prior to the hearing, any written or documentary evidence that will be produced, or any reports the contents of which will be given in evidence at the hearing;
  - (d) a statement that the applicant or member may proceed in person or be represented by counsel, call witnesses and tender documents in evidence in support of his or her case;
  - (e) a statement that the time for the hearing may be extended by the Board on the application of any party; and
  - (f) a statement that if the applicant or member does not attend the meeting, the Board may proceed in the absence of the applicant or member, and the applicant or member will not be entitled to any further notice in the hearing.
- (7) The parties to the Board hearing are the applicant or member, the Medical Advisory Committee and such other persons as the Board may specify.
  - (8) The applicant or member requiring a hearing shall be afforded an opportunity to examine, prior to the hearing, any written or documentary evidence that will be produced, or any reports the contents of which will be used in evidence.
  - (9) Members of the Board holding the hearing will not have taken part in any investigation or consideration of the subject matter of the hearing and will not communicate directly or indirectly in relation to the subject matter of the hearing with any person or with any party or their representative, except upon notice to and an opportunity for all parties to participate. Despite the foregoing, the Board may obtain legal advice.
  - (10) The findings of fact of the Board pursuant to a hearing will be based exclusively on evidence admissible or matters that may be noticed under the *Statutory Powers Procedure Act*.
  - (11) No member of the Board will participate in a decision of the Board pursuant to a hearing unless they are present throughout the hearing and heard the evidence and argument of the parties and, except with the consent of the parties, no decision of the Board will be given unless all members so present participate in the decision.
  - (12) The Board shall make a decision to follow, amend or not follow the recommendation of the Medical Advisory Committee.
  - (13) A written copy of the decision of the Board will be provided to the applicant or member and to the Medical Advisory Committee.
  - (14) Service of a notice to the parties may be made personally or by registered mail addressed to the person to be served at their last known address and, where notice is served by registered mail, it will be deemed that the notice was served on the third day after the day of mailing unless the person to be served establishes that they did not, acting in good faith,

through absence, accident, illness or other causes beyond their control, receive it until a later date.

**ARTICLE 7**  
**CATEGORIES OF THE PROFESSIONAL STAFF**

**7.1 Professional Staff Categories**

- (1) The Medical Staff, Dental Staff and Midwifery Staff shall be divided into the following groups:
  - (a) Active;
  - (b) Associate;
  - (c) Courtesy;
  - (d) Affiliate;
  - (e) Term; and
  - (f) such categories as may be determined by the Board from time to time having given consideration to the recommendation of the Medical Advisory Committee.
- (2) The Extended Class Nursing Staff may be divided into such categories as the Board may from time to time determine having given consideration to the recommendation of the Medical Advisory Committee.

**7.2 Active Staff**

- (1) The Active Staff shall consist of those Physicians, Dentists and Midwives appointed to the Active Staff by the Board and who have completed satisfactory service as Associate Staff of up to two (2) years or who the Board, on the recommendation of the Medical Advisory Committee, appoints directly to the Active Staff.
- (2) Except where approved by the Board, no Physician, Dentist or Midwife with an active staff appointment at another hospital, shall be appointed to the Active Staff.
- (3) Each member of the Active Staff shall:
  - (a) have admitting privileges unless otherwise specified in their appointment;
  - (b) attend patients and undertake treatment and operative procedures only in accordance with the kind and degree of privileges granted by the Board;
  - (c) be responsible to the Chief of Department to which they have been assigned for all aspects of patient care;

- (d) act as a supervisor of other members of the Medical, Dental, Midwifery or Extended Class Nursing Staff when requested by the Chief of Staff or the Chief of the Department to which they have been assigned;
- (e) fulfil such on call requirements as may be established by each Department or Service and in accordance with the Clinical Human Resource Plan and the Rules and Regulations and Policies;
- (f) perform such other duties as may be prescribed by the Medical Advisory Committee or requested by the Chief of Staff or Chief of the relevant Department from time to time;
- (g) if a Physician, be entitled to attend and vote at meetings of the Medical Staff and be eligible to be an elected or appointed officer of the Medical Staff;
- (h) if a Dentist or Midwife, be entitled to attend meetings of the Medical Staff but shall not have a vote or be eligible to hold an elected or appointed office of the Medical Staff; and
- (i) be bound by attendance requirements for meetings of the Department and Service, as applicable, as provided in the Rules and Regulations.

### **7.3 Associate Staff**

- (1) Physicians, Dentists or Midwives who are applying for appointment to the Active Staff, subject otherwise to the determination of the Board, will be assigned to the Associate Staff for a probationary period of up to two (2) years. In no event shall an appointment to the Associate Staff extend beyond two (2) years unless determined otherwise by the Board after receiving the recommendation of the Medical Advisory Committee.
- (2) Each member of the Associate Staff shall:
  - (a) have admitting privileges unless otherwise specified in their appointment;
  - (b) attend patients and undertake treatment and operative procedures only in accordance with the kind and degree of privileges granted by the Board;
  - (c) work under the supervision of an Active Staff member named by the Chief of Department to whom he or she has been assigned;
  - (d) undertake such duties in respect of patients as may be specified by the Chief of Staff, and, if appropriate, by the Chief of Department to whom they have been assigned;
  - (e) fulfil such on call requirements as may be established by each Department or Service and in accordance with the Clinical Human Resource Plan and the Rules and Regulations and Policies;



- (f) perform such other duties as may be prescribed by the Medical Advisory Committee or requested by the Chief of Staff or Chief of the relevant Department from time to time;
  - (g) if a Physician, be entitled to attend and vote at Medical Staff meetings but shall not be eligible to be an elected or appointed officer of the Medical Staff;
  - (h) if a Dentist or Midwife, be entitled to attend Medical Staff meetings but shall not have a vote at Medical Staff meetings and shall not be eligible to hold an elected or appointed office of the Medical Staff; and
  - (i) be bound by attendance requirements for meetings of the Department and Service, as applicable, as provided in the Rules and Regulations.
- (3) (a) At six (6) month intervals following the appointment of an Associate Staff member to the Professional Staff, the Active Staff member by whom the Associate Staff member has been supervised shall complete a performance evaluation and shall make a written report to the Chief of Department to which the Associate Staff member has been assigned, concerning the knowledge and skill that has been shown by the Associate Staff member, the nature and quality of his or her work in the Corporation and his or her performance and compliance with the criteria set out in section 4.3(2), and the Chief of Department shall forward such report to the Credentials Committee.
- (b) Upon receipt of the report referred to in subsection 7.3(3)(a), the appointment of the member of the Associate Staff shall be reviewed by the Credentials Committee, which shall make a recommendation to the Medical Advisory Committee.
- (c) If any report made under subsections 7.3(3)(a) or 7.3(3)(b) is not favourable to the Associate Staff member, the Medical Advisory Committee may recommend the appointment of the Associate Staff member be terminated.
- (d) No member of the Associate Staff may be granted Active Staff privileges unless they have received a favourable recommendation to make such application from the Chief of the relevant Department. No member of the Associate Staff shall be recommended for appointment to the Active Staff unless they have completed a probationary period as a member of the Associate Staff of at least one year.

#### **7.4 Courtesy Staff**

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



- (2) Members of the Courtesy Staff shall:
- (a) have such limited privileges as may be granted by the Board on an individual basis;
  - (b) attend patients and undertake treatment and operative procedures only in accordance with the kind and degree of privileges granted by the Board;
  - (c) be responsible to the Chief of Department to which they have been assigned for all aspects of patient care;
  - (d) be entitled to attend Medical Staff meetings but shall not have a vote at Medical Staff meetings and shall not be eligible to hold an elected or appointed office of the Medical Staff; and
  - (e) not be bound by attendance requirements for meetings of the Department or Service.

### **7.5 Affiliate Staff**

- (1) The Affiliate Staff shall consist of those Physicians, Dentists and Midwives appointed by the Board to the Affiliate Staff.
- (2) The privileges of the members of the Affiliate Staff shall be limited to obtaining access to the electronic patient record system of the Hospital currently called the Clinical Connect System.
- (3) The Board may, on the advice of the Medical Advisory Committee adopt an alternative form of application for appointment and re-appointment for applicants seeking only an Affiliate Staff appointment in accordance with the limited scope of privileges.
- (4) Members of the Affiliate Staff:
  - (a) shall not have privileges or provide patient care;
  - (b) shall not have assigned clinical, academic or administrative duties or responsibilities;
  - (c) may attend, but not vote, at Medical Staff meetings, and shall not be eligible to hold elected or appointed offices of the Medical Staff; and
  - (d) shall not be bound by attendance requirements for meetings of the Department and Service.

### **7.6 Term Staff**

- (1) Term Staff consist of Physicians, Dentists or Midwives who have been admitted to the Term Staff by the Board in order 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 specified period of time; or
  - (b) to provide specific clinical or academic need.
- (2) The appointment of a Physician, Dentist or Midwife as a member of the Term Staff may be for up to one (1) year subject to renewal for a further period of up to one (1) additional year. The Board, having considered the recommendation of the Medical Advisory Committee may permit renewal beyond two (2) years in exceptional circumstances.
- (3) Term Staff shall:
- (a) have admitting privileges unless otherwise specified in their appointment;
  - (b) unless otherwise provided in their appointment, work under the supervision of an Active Staff member assigned by the Chief of Staff; and
  - (c) attend patients and undertake treatment and operative procedures only in accordance with the kind and degree of privileges granted by the Board.
- (4) Members of Term Staff (subject to determination by the Board in each individual case):
- (a) may attend but not vote at Medical Staff meetings and may not be elected or appointed to any office of the Medical Staff; and
  - (b) shall not be bound by attendance requirements for meetings of the Medical Staff, Department and Service.

#### **7.7 Extended Class Nursing Staff**

- (1) The Board, having given consideration to the advice of the Medical Advisory Committee, will delineate the privileges for each member of the Extended Class Nursing Staff who is not an employee of the Corporation.
- (2) (a) Each new applicant to the Extended Class Nursing Staff shall be appointed for an initial probationary period of six (6) months.
- (b) Prior to completion of the six (6) month probationary period, a performance evaluation for a member of the Extended Class Nursing Staff shall be completed by the Chief of Department, concerning the knowledge and skill that has been shown by the Extended Class Nursing Staff member, the nature and quality of his or her work and his or her performance and compliance with the criteria set out in section 4.3(2) and such report shall be forwarded to the Credentials Committee.
- (c) The Credential Committee shall review the report referred to in section 7.6(2)(b) and shall make a recommendation to the Medical Advisory Committee which shall in turn make a recommendation to the Board.

- (3) A member of the Extended Class Nursing Staff who is granted privileges by the Board shall:
- (a) be entitled to attend but not vote at Medical Staff meetings and shall not be eligible to hold an elected or appointed office in the Medical Staff; and
  - (b) not be bound by the attendance requirements for meetings of the Medical Staff, Department or Service.

### **7.8 Duties of the Professional Staff**

Each Professional Staff member:

- (a) is accountable to and shall recognize the authority of the Board through and with the Chief of Staff, Chief of the Department and the President;
- (b) shall co-operate with and respect the authority of:
  - (i) the Chief of Staff, Deputy Chief of Staff and the Medical Advisory Committee;
  - (ii) the Chiefs of Department;
  - (iii) the Head of the applicable Service;
  - (iv) the President; and
- (c) shall perform the duties, undertake the responsibility and comply with the provisions set out in this By-law and the Rules and Regulations and Policies including without limitation the Code of Conduct; and
- (d) shall forthwith advise the Chief of Staff of the commencement of any College disciplinary proceeding, proceedings to suspend or restrict privileges at other hospitals, settled claims, malpractice actions, or any pending claim related to a criminal or patient care or other issue that may impact the reputation of the Hospital or the quality of care provided by the Hospital.

## **ARTICLE 8 DEPARTMENTS AND SERVICES**

### **8.1 Medical Staff Departments**

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

## **8.2 Services Within a Department**

A Department may be divided into such Services as may be approved by the Board from time to time. A Service may be service specific or site specific as recommended by the Medical Advisory Committee, after receiving the recommendation of the Chief of Department, and approved by the Board.

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

- (1) The Board may at any time, after consultation with the Medical Advisory Committee, create such additional Departments or Services, amalgamate Departments or Services, or disband Departments or Services at the Hospital.
- (2) Whenever requested by the Medical Advisory Committee or the Board, the Chief of Staff will present to the Medical Advisory Committee for its review and recommendation to the Board a proposed Department and Service structure to which members of the Department will be assigned.

## **ARTICLE 9 LEADERSHIP POSITIONS**

### **9.1 Medical Leadership Positions**

- (1) The following positions shall be appointed in accordance with this By-Law:
  - (a) Chief of Staff; and
  - (b) Chief of Departments.
- (2) The following positions may be appointed in accordance with this By-Law:
  - (a) Deputy Chief of Staff;
  - (b) Deputy Chief of Department; and
  - (c) Head of Service.
- (3) Notwithstanding any other provision in this By-Law, in the event that the term of office of any person referred to in this section shall expire before a successor is appointed the Board may extend the appointment of the incumbent.
- (4) The Board may appoint a person on an acting or interim basis where there is a vacancy in any office referred to in this section or while the person holding any such office is absent or unable to act.
- (5) An appointment to any position referred to in this section may be revoked by the Board at any time.

- (6) Where this By-Law contemplates a search committee process to identify a candidate for appointment such process may be dispensed with, at the discretion of the Board, where the incumbent or an acting or interim appointee is being considered for appointment or re-appointment provided the Board is satisfied an appropriate selection process was followed in connection with the acting or interim appointment.

## **9.2 Appointment of Chief of Staff**

- (1) The Board will appoint a Physician as Chief of Staff.
- (2) In the event of a vacancy and in any event before the expiry of a term of the Chief of Staff, the Board will establish a search committee for the position of Chief of Staff and will establish the composition and terms of reference for any such search committee, provided that the search committee will be chaired by a member of the Board and will include at least one (1) other member of the Board, two (2) representatives of the Medical Advisory Committee, the President of the Medical Staff and the President and such other members as the Board shall appoint.

## **9.3 Term of Office**

- (1) Subject to annual re-appointment by the Board, and unless the Board otherwise determines, the Chief of Staff will be eligible to serve two (2) consecutive terms of up to five (5) years each provided that a Chief of Staff may hold office until a successor is appointed.
- (2) Despite subsection 9.3(1), the Board may appoint the Chief of Staff for one (1) additional term of up to five (5) years.
- (3) Prior to making any re-appointment of the Chief of Staff, the Board shall consider the results of the annual performance evaluation of the Chief of Staff.
- (4) Notwithstanding any other provisions contained in the By-Laws, the appointment of the Chief of Staff may be revoked at any time by the Board.

## **9.4 Responsibilities and Duties of Chief of Staff**

The Chief of Staff shall:

- (a) be accountable to the Board for the organization of the Medical, Dental, Midwifery and Extended Class Nursing Staff, the quality of care given by such staff and the appropriate utilization of resources by all Departments;
- (b) be the Chair of the Medical Advisory Committee and the Medical Advisory Committee Executive Committee;
- (c) be a member of the Board and report regularly to the Board on the work and recommendations of the Medical Advisory Committee;
- (d) be an *ex officio* member of all Medical Advisory Committee sub committees;

- (e) perform such other duties as may be described in the Rules and Regulations or Policies, outlined in the Chief of Staff position description approved by the Board, or as assigned by the Board from time to time; and
- (f) in consultation with the President, designate an alternative to act during the absence of both the Chief of Staff and the Deputy Chief of Staff, if any.

### **9.5 Performance Evaluation of the Chief of Staff**

An annual performance evaluation of the Chief of Staff will be conducted by the Board pursuant to a process established by the Board from time to time.

### **9.6 Appointment and Duties of Deputy Chief of Staff**

- (1) A Deputy Chief of Staff may be appointed by the Board on the recommendation of the Chief of Staff. The Deputy Chief of Staff, if appointed, shall act in the place of the Chief of Staff if the Chief of Staff is absent or unable to act, and shall perform such duties as assigned from time to time by the Chief of Staff.
- (2) The appointment of the Deputy Chief of Staff will be on an annual basis and subject to annual review by the Chief of Staff in accordance with a process approved by the Board.
- (3) Subject to annual confirmation by the Board, and unless the Board otherwise determines, a Deputy Chief of Staff will be eligible to serve two (2) consecutive terms of up to five (5) years each provided that a Deputy Chief of Staff may hold office until a successor is appointed.

### **9.7 Appointment of Chiefs of Department**

- (1) The Board will appoint a Chief of each Department upon the recommendation of the Medical Advisory Committee.
- (2) In the event of a vacancy or in any event prior to the expiry of the term of a Chief of Department, the Board will direct the Medical Advisory Committee to establish a search committee to undertake a search for the vacant position. The search committee will make a recommendation through the Medical Advisory Committee to the Board.
- (3) The search committee will be chaired by the Chief of Staff and shall include the President and the following who shall be appointed by the Board:
  - (a) at least one member of the Medical Staff of the Department for which the Chief of Department is being sought;
  - (b) a representative of the Board;
  - (c) one of the President, Vice President or Secretary-Treasurer of the Medical Staff;

- (d) a member of the Medical Advisory Committee recommended by the Medical Advisory Committee; and
  - (e) such other members of the Medical Staff from Departments which work closely with the Department Chief as recommended by the Chief of Staff.
- (4) In exceptional circumstances the Board may, on the recommendation of the Medical Advisory Committee dispense with the search committee process and adopt an alternative process. The Medical Advisory Committee shall consult with the members of the Department before making its recommendation to the Board.

### **9.8 Term of Office of Chief of Department**

- (1) Subject to annual confirmation by the Board, and unless the Board otherwise determines, Chiefs of Department will be eligible to serve two (2) consecutive terms of up to five (5) years each provided that a Chief of a Department may hold office until a successor is appointed.
- (2) Despite subsection 9.9(1) the Board may appoint a Chief of Department for one (1) additional term of up to five (5) years.
- (3) Notwithstanding any other provisions contained in the By-Laws, the office of the Chief of Department may be revoked by the Board at any time.

### **9.9 Duties of Chiefs of Department**

A Chief of Department shall:

- (a) be a member of the Medical Advisory Committee;
- (b) perform such duties as may be outlined in the Chief of the Department position description approved by the Board or as set out in the Rules and Regulations and Policies or as assigned by the Board, the Chief of Staff, the Medical Advisory Committee or the President from time to time; and
- (c) in consultation with the Chief of Staff, designate an alternative to act during the absence of both the Chief of the Department and the Deputy Chief of the Department, if any.

### **9.10 Performance Evaluation of Chiefs of Department**

An annual performance evaluation of each Chief of Department will be conducted pursuant to a process to be established from time to time by the Board.

### **9.11 Appointment of Deputy Chiefs of Departments**

- (1) The Medical Advisory Committee, on the recommendation of the Chief of Department, may recommend to the Board Deputy Chiefs of Department for appointment by the Board.

Notwithstanding any other provisions contained in the By-Laws, the office of the Deputy Chief of Department may be revoked at any time by the Board.

- (2) The Chief of Department will consult within the Department (and if appropriate, between Departments) and with the President and the Chief of Staff prior to making any recommendation to the Medical Advisory Committee for the appointment of a Deputy Chief of Department.
- (3) The appointment of the Deputy Chief of Department will be on an annual basis and subject to annual review by the Chief of Department in accordance with a process approved by the Board.
- (4) Subject to annual confirmation by the Board, and unless the Board otherwise determines, a Deputy Chief of Department will be eligible to serve two (2) consecutive terms of up to five (5) years each provided that a Deputy Chief of Department may hold office until a successor is appointed.

#### **9.12 Duties of Deputy Chiefs of Department**

The Deputy Chief of Department is the delegate of the Chief of Department. As such, the Deputy Chief of Department has responsibilities and duties similar to those of the Chief of Department as determined by the Chief of Department.

#### **9.13 Appointment of Heads of Service**

- (1) The Board, on recommendation of the Medical Advisory Committee, after receiving the recommendation of the Chief of Department, may appoint a Head of Service. Notwithstanding any other provisions contained in the By-Laws, the office of the Head of Service may be revoked at any time by the Board.
- (2) The Chief of Department will make recommendations to the Medical Advisory Committee for Heads of Service after consultation within the Department (and if appropriate, between Departments) and with the Chief of Staff.
- (3) Heads of Service appointments will be on an annual basis and subject to annual review by the Chief of Department in accordance with a process approved by the Board.
- (4) Subject to annual confirmation by the Board, and unless the Board otherwise determines, a Head of Service will be eligible to serve two (2) consecutive terms of up to five (5) years each provided that a Head of Service may hold office until a successor is appointed.
- (5) Despite the foregoing the Board may delegate to the Medical Advisory Committee the authority to appoint one or more Heads of Service.



## **9.14 Duties of Head of Service**

The Head of Service is the delegate of the Chief of the Department. As such, the Head of the Service has responsibilities and duties similar to those of the Chief of the Department as determined by the Chief of the Department.

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

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

- (1) The Medical Advisory Committee shall consist of the following voting members:
  - (a) Chief of Staff;
  - (b) the Vice Chair of the Medical Advisory Committee as appointed by the Chief of Staff;
  - (c) the Chiefs of Department; and
  - (d) the President, Vice-President and Secretary of the Medical Staff.
  
- (2) In addition, the following shall be entitled to attend the meetings of the Medical Advisory Committee as observers and without a vote but with notice and entitled to receive copies of the minutes and to participate in discussions:
  - (a) any member of senior management of the Hospital;
  - (b) the Head of the Midwifery Service;
  - (c) the Head of the Dental Service;
  - (d) the President;
  - (e) the Chief Executive Officer; and
  - (f) the Chief Nursing Executive.

The observer members shall not be entitled to attend or participate in meetings of the Medical Advisory Committee where the purpose of the meeting relates to the appointment, re-appointment or suspension of a Professional Staff member or the restriction of a Professional Staff member's privileges.

- (3) The Chief of Staff, with the consent of the Medical Advisory Committee, may invite guests to attend all or a part of a meeting of the Medical Advisory Committee.

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

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

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

- (1) The Medical Advisory Committee shall, in addition to those matters set out in the *Public Hospitals Act*:
  - (a) make recommendations to the Board concerning the following matters:
    - (i) every application for appointment or re-appointment to the Professional Staff and any request for a change in privileges;
    - (ii) the privileges to be granted to each member of the Professional Staff;
    - (iii) By-Laws and Rules and Regulations respecting the Medical, Dental, Midwifery and Extended Class Nursing Staff;
    - (iv) the revocation, suspension or restrictions of privileges of any member of the Professional Staff;
    - (v) the quality of care provided in the Hospital by the Medical, Dental, Midwifery and Extended Class Nursing Staff; and
    - (vi) the appointment of Chiefs of Department and Heads of Service;
  - (b) supervise the clinical practice of the Medical, Dental, Midwifery and Extended Class Nursing Staff;
  - (c) appoint the Professional Staff members of all committees established under section 10.4;
  - (d) receive reports and recommendations of the committees of the Medical Advisory Committee;
  - (e) where the Medical Advisory Committee identifies systemic or recurring quality of care issues in making its recommendations to the Board under subsection 10.3(1)(a)(v), the Medical Advisory Committee shall make recommendations about those issues to the Hospital's quality committee established under subsection 3 (1) of the *Excellent Care for All Act, 2010*;
  - (f) make recommendations to Hospital administration and to the Board on matters of patient care and safety and professional education;
  - (g) develop, maintain and recommend to the Board a Clinical Human Resources Plan;

- (h) facilitate the development and maintenance of Rules and Regulations and Policies; and
  - (i) advise the Board on any matters referred to the Medical Advisory Committee by the Board.
- (2) The Medical Advisory Committee shall hold at least ten (10) monthly meetings in each fiscal year.

#### **10.4 Establishment of Committees of the Medical Advisory Committee**

- (1) The Medical Advisory Committee may establish an Executive Medical Advisory Committee.
- (2) The Board may, on the recommendation of the Medical Advisory Committee, establish such standing and special sub-committees of the Medical Advisory Committee as may be necessary or advisable from time to time for the Medical Advisory Committee to perform its duties under the *Public Hospitals Act* or the By-Laws of the Hospital.
- (3) The terms of reference and composition for any standing or special sub-committees of the Medical Advisory Committee not set in this By-Law may be set out in the Rules and Regulations or in a resolution of the Board, on recommendation of the Medical Advisory Committee. The Professional Staff members of any such sub-committee of the Medical Advisory Committee shall be appointed by the Medical Advisory Committee and other committee members may be appointed by the Board.

#### **10.5 Composition of Executive Committee of the Medical Advisory Committee**

- (1) The Executive Committee of the Medical Advisory Committee, if established, shall be comprised of the following voting members:
  - (a) the Chair of the Medical Advisory Committee;
  - (b) President of the Medical Staff; and
  - (c) such other members of the Medical Advisory Committee as may be appointed from time to time by the Medical Advisory Committee.
- (2) In addition, the following shall be entitled to attend meetings of the Executive Committee of the Medical Advisory Committee as observers and without a vote but with notice and entitled to receive copies of the minutes and to participate in discussions:
  - (a) the Chief Executive Officer;
  - (b) the President; and
  - (c) Chief Nursing Executive.

#### **10.6 The Executive Committee of the Medical Advisory Committee Duties and Responsibilities**

The Executive Committee of the Medical Advisory Committee shall:

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

#### **10.7 Quorum for Medical Advisory Committee and Sub-Committee Meeting**

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

### **ARTICLE 11** **MEETINGS – MEDICAL STAFF**

#### **11.1 Regular, Annual and Special Meetings of the Medical Staff**

- (1) At least four (4) meetings of the Medical Staff will be held each year, one of which will be the annual meeting. The officers of the Medical Staff may determine that any meeting of the Medical Staff may be held by telephonic or electronic means.
- (2) The President of the Medical Staff may call a special meeting of the Medical Staff. Special meetings shall be called by the President of the Medical Staff on the written request of any ten (10) members of the Active Staff and/or Associate Staff entitled to vote.
- (3) A written notification of each meeting of Medical Staff (including the annual meeting or any special meeting) shall be given by the Secretary of the Medical Staff to the Medical Staff at least fourteen (14) days in advance of the meeting by posting a notice of the meeting in a conspicuous place at each site. Notice of special meetings shall state the nature of the business for which the special meeting is called.
- (4) The period of time required for giving notice of any special meeting may be waived in cases of emergency by the majority of those members of the Medical Staff present and entitled to voting at the special meeting, as the first item of business of the meeting.

#### **11.2 Quorum**

Twenty-five (25) members of the Medical Staff entitled to vote and present in person shall constitute a quorum at any annual, regular, or special meeting of the Medical Staff. Where a meeting of the Medical Staff is held by telephonic or electronic means, the words “present in person” in this section shall mean present physically or by telephonic or electronic means.

### **11.3 Rules of Order**

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

### **11.4 Dues for Medical Staff**

Members of the Professional Staff shall be required to pay such dues as are approved by the Medical Staff from time to time in accordance with the Rules and Regulations.

## **ARTICLE 12 OFFICERS OF THE MEDICAL STAFF**

### **12.1 Officers of the Medical Staff**

- (1) The officers of the Medical Staff will be:
  - (a) the President;
  - (b) the Vice President; and
  - (c) the Secretary/Treasurer;
- (2) The officers will be elected annually for a term of one (1) year by a majority vote of the voting members of the Medical Staff in attendance (in person or telephonically or electronically) and voting (in person or via electronic means) at a meeting of the Medical Staff in accordance with the election procedures as set out in the Rules and Regulations.
- (3) The officers of the Medical Staff may serve a maximum three (3) consecutive years in each office. An officer may be re-elected to the same position following a break in continuous service of at least one year.
- (4) The officers of the Medical Staff may be removed from office prior to the expiry of their term by a two thirds (2/3rds) majority vote of the voting members of the Medical Staff in attendance (in person or telephonically or electronically) and voting (in person or via electronic means) at a meeting of the Medical Staff called for such purpose; provided that a quorum for such meeting shall be fifty (50) members of the Medical Staff entitled to vote.

### **12.2 Eligibility for Office**

Only Physicians who are members of the Active Staff may be elected or appointed to any position or office of the Medical Staff.

### **12.3 Election Procedure**

- (1) A nominating committee shall be constituted through a process approved by the Medical Staff on recommendation of the officers of the Medical Staff.
- (2) At least twenty-one (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 Corporation, 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 Regulations under the *Public Hospitals Act* and these By-Laws.
- (3) Any further nominations shall be made in writing to the Secretary of the Medical Staff up to seven (7) days before the annual meeting of the Medical Staff.
- (4) Further nominations referred to in subsection 12.3(3) shall be signed by at least two (2) members of the Medical Staff who are entitled to vote, and the nominee shall have signified in writing on the nomination his or her acceptance of it. Such nominations shall then be circulated or posted in the same manner as the list referred to in subsection 12.3(2).
- (5) Only candidates nominated in accordance with section 12.3(2) or 12.3(3) shall be eligible to be elected as an officer of the Medical Staff.

### **12.4 Vacancies**

The position of any elected Medical Staff officer that becomes vacant during the term may be filled by a vote of the majority of the members of the Medical Staff present (in person or telephonically or electronically) and voting at a regular meeting of the Medical Staff or at a special meeting of the Medical Staff called for that purpose. The election of such Medical Staff member shall follow the process in section 12.3. The officers of the Medical Staff may determine that an election to fill a vacancy of any elected Medical Staff officer may be conducted electronically in accordance with the Rules and Regulations. The Medical Staff member so elected to office shall fill the office until the next annual meeting of the Medical Staff.

### **12.5 President of the Medical Staff**

- (1) The President of the Medical Staff shall:
  - (a) preside at all meetings of the Medical Staff;
  - (b) act as a liaison between the Medical Staff, the President, and the Board with respect to matters concerning the Medical Staff; and
  - (c) support and promote the vision, purpose, core values and strategic plan of the Corporation.
- (2) The President of the Medical Staff shall:
  - (a) be a member of the Medical Advisory Committee;

- (b) be an *ex officio* Director of the Board and as a Director, fulfill fiduciary duties to the Corporation; and
- (c) be an *ex officio* member of all Medical Advisory Committee subcommittees.

#### **12.6 Vice President of the Medical Staff**

- (1) The Vice President of the Medical Staff shall:
  - (a) in the absence or disability of the President of the Medical Staff, act in place of the President, perform his or her duties and possess his or her powers as set out in section 12.5(1); and
  - (b) perform such duties as the President of the Medical Staff may delegate to him or her.

The Vice President of the Medical Staff shall be a member of the Medical Advisory Committee.

#### **12.7 Secretary Treasurer of the Medical Staff**

The Secretary Treasurer of the Medical Staff will:

- (a) attend to the correspondence of the Medical Staff;
- (b) ensure notice is given and minutes are kept of Medical Staff meetings;
- (c) be responsible for maintaining a record of the attendance at each meeting of the Medical Staff and making such records available to the Medical Advisory Committee;
- (d) maintain the funds and financial records of the Medical Staff and provide a financial report at the annual meeting of the Medical Staff;
- (e) disburse Medical Staff funds at the direction of the Medical Staff, as determined by a majority vote of the Medical Staff members entitled to vote who are present and vote at a Medical Staff meeting;
- (f) be a member of the Medical Advisory Committee; and
- (g) 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 12.6(1).

**ARTICLE 13**  
**AMENDMENTS**

**13.1 Amendments to Professional Staff By-Law**

Prior to submitting amendments to this Professional Staff By-Law to the approval processes established in the Corporation's Administrative By-Law the following procedures shall be followed:

- (a) notice specifying the proposed amendment(s) to this By-Law shall be posted in a conspicuous place at each site;
- (b) the Professional Staff shall be afforded an opportunity of not less than thirty (30) calendar days to comment on the proposed amendment(s); and
- (c) the Medical Advisory Committee may make recommendations to the Board concerning the proposed amendment.

**13.2 Repeal and Restatement**

- (a) This By-law Number 2 repeals and restates in its entirety the Medical/Dental and Midwifery By-laws of the Corporation previously enacted.



**Niagara Health System  
("Corporation")**

**By-Law Number 3**

being a by-law amending By-Law Number 2, the Professional Staff By-Law of the Corporation relating to the medical, dental, midwifery and extended class nursing staff of the Corporation.

**BE IT ENACTED** as a by-law of the Corporation as follows:

**BY-LAW NUMBER 2 AMENDMENT**

The Corporation's By-Law Number 2, being its Professional Staff By-Law is amended as follows:

1. The definitions of "Chief Executive Officer" and "President" are repealed.
2. The following definition is added:
  - "President and Chief Executive Officer" means, in addition to "administrator" as defined in the Public Hospitals Act, the president and chief executive officer of the Corporation
3. All references to "President" of the Hospital are repealed and replaced with "President and Chief Executive Officer".
4. All reference to "Chief Executive Officer" of the Hospital are repealed and replaced with "President and Chief Executive Officer".

**ENACTED** by the Board on September 28, 2021 and confirmed by special resolution of the Members on September 28, 2021.

\_\_\_\_\_  
Chair

\_\_\_\_\_  
Secretary