



CREDENTIALLED STAFF BY-LAW

ORILLIA SOLDIERS' MEMORIAL HOSPITAL

AMENDED AND RESTATED

APPROVED BY THE BOARD: January 30, 2024

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ORILLIA SOLDIERS' MEMORIAL HOSPITAL CREDENTIALLED STAFF BY-LAW

A By-law relating to arrangements relating to the credentialed of the Corporation. Be it enacted as a By-law of the Corporation as follows:

PART I - DEFINITIONS

1. INTERPRETATION

In this By-law and all other by-laws of the Corporation, unless the context otherwise requires:

- (a) "Board" means the governing body of the Corporation;
- (b) "By-law" means this credentialed staff by-law;
- (c) "Chief Executive Officer" means, in addition to "administrator" as defined in the *Public Hospitals Act*, the president and chief executive officer of the Corporation;
- (d) "Chief Nursing Executive" means the senior employee responsible to the Chief Executive Officer for the nursing functions in the Hospital;
- (e) "Chair of Medical Advisory Committee" means the member of the Credentialed Staff appointed by the Board to serve as Chair of the Medical Advisory Committee;
- (f) "Chief of Department" means a member of the Credentialed 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;
- (g) "Chief of Staff" means the member of the Credentialed Staff appointed by the Board to serve as Chief of Staff in accordance with the regulations under the *Public Hospitals Act*;
- (h) "Corporation" means the Orillia Soldiers' Memorial Hospital with the head office at 170 Colborne Street, West, Orillia, Ontario;
- (i) "Credentialed Staff" means those Physicians, Dentists, Midwives and Registered Nurses in the Extended Class who are appointed by the Board and who are granted specific privileges to practice medicine, dentistry, midwifery or extended class nursing, respectively, within the Hospital and are not employees of the Corporation;
- (j) "Credentials Committee" means the committee established by the Medical Advisory Committee to review applications for appointment and reappointment to the Credentialed Staff and to make recommendations to the Medical Advisory Committee;
- (k) "Credentialed Staff Human Resource Plan" means the plan developed for each Department;
- (l) "Dentist" means a dental practitioner in good standing with the College of Dental Surgeons of Ontario;

- (m) “Department” means an organizational unit of the Credentialed Staff to which members with a similar field of practice have been assigned;
- (n) “Director” means a member of the Board;
- (o) “Eligible Veterans” means those veterans who meet the definition of veteran as determined by the Government of Canada for the purpose of extending health care benefits, who resided in or were natives of Orillia or one of the adjacent municipalities at the time of enlistment;
- (p) “Ex officio” means membership “by virtue of the office” and includes all rights, responsibilities and power to vote unless otherwise specified;
- (q) “Head of Service” means the member of the Credentialed Staff appointed to be in charge of one of the organized services of a Department;
- (r) “Hospital” the public hospital operated by the Corporation;
- (s) “Hospital Services” means hospital accommodation, medical and surgical care, medicines carried and provided by the Hospital for treatment of Patients generally, and laboratory, x-ray and other diagnostic services;
- (t) “Impact Analysis” means a study to determine the impact upon the resources of the Corporation of the proposed appointment of an applicant for appointment to the Credentialed Staff or an application by a member of the Credentialed Staff for additional privileges;
- (u) “Medical Advisory Committee” means the Medical Advisory Committee established by the Board as required by the *Public Hospitals Act*;
- (v) “Medical Staff” means those Physicians who are appointed by the Board and who are granted privileges to practice medicine in the Hospital;
- (w) “Midwife” means a midwife in good standing with the College of Midwives of Ontario;
- (x) “Patient” means, unless otherwise specified or the context otherwise requires, any in-patient or out-patient of the Hospital;
- (y) “Physician” means a medical practitioner in good standing with the College of Physicians and Surgeons of Ontario;
- (z) “Policies” means the administrative, human resources, clinical and professional policies of the Hospital and includes policies and procedures adopted by the Board;
- (aa) “*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 therefor, as from time to time amended;
- (bb) “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*;

- (cc) “Rules” means the Rules governing the practice of the Credentialed 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
- (dd) “Service” means an organizational unit of a Department.

2. VETERANS’ SERVICES

Hospital Services will be provided to Eligible Veterans without charge, provided that it is proven that there is no alternative source of insurance coverage for such Hospital Services. A committee composed of the ex-officio Directors appointed by the Branch #34 Orillia, Royal Canadian Legion, the City of Orillia, the County of Simcoe, and one other elected Director, will decide on the eligibility of those persons who apply to the Hospital to receive these Hospital Services.

3. APPOINTMENT OF CREDENTIALLED STAFF

- (a) The Board, after considering the recommendations of the Medical Advisory Committee, shall appoint annually a Credentialed Staff for the Hospital, each appointment being for a term of one (1) year or for such shorter period of time as the Board may determine, and shall delineate the privileges for each member of the Credentialed Staff. Appointments shall continue until the Board has made the appointments for the ensuing year.
- (b) It shall be a condition of appointment by the Board that each member of the Credentialed Staff shall provide Hospital Services without charge to Eligible Veterans in accordance with section 2 of this By-law.
- (c) Any fees for such Hospital Services, which are not reimbursable by health insurance covering such veterans, will be paid on their behalf by the Hospital at rates current at the time such service is provided.

4. APPLICATION FOR APPOINTMENT TO THE CREDENTIALLED STAFF

- (a) An application for appointment to the Credentialed Staff shall be processed in accordance with the provisions of the *Public Hospitals Act*, this By-law, the Rules and Policies of the Hospital.
- (b) The Chief Executive Officer shall supply a copy of or information on how to access a form of the application and a copy of the *Public Hospitals Act*, this By-law, the Vision, Mission and Values Statements, and the Rules and applicable Policies of the Hospital to each applicant who expresses in writing an intention to apply for appointment to the Credentialed Staff. An applicant for appointment to the Credentialed Staff shall submit to the Chief Executive Officer one (1) original application in the prescribed form together with signed consents to enable the Hospital to make inquiries of the applicable College and other hospitals, institutions and facilities where the applicant has previously provided professional services or received professional training to allow the Hospital to fully investigate the qualifications and suitability of the applicant.
- (c) Each applicant shall, where requested, participate in an interview with appropriate members of the Credentialed Staff and the Chief Executive Officer or delegate.

5. CRITERIA FOR APPOINTMENT TO THE CREDENTIALLED STAFF

- (a) Each applicant for appointment to the Credentialed Staff must meet the following qualifications:
 - (i) If a Physician, the applicant shall have a current valid certificate of registration and a current certificate of professional conduct from the College of Physicians and Surgeons of Ontario;
 - (ii) If a Dentist, the applicant shall have a current valid certificate of registration and a current certificate of standing from the Royal College of Dental Surgeons of Ontario, and in the case of an oral maxillofacial surgeon, a current valid specialty certificate of registration from the Royal College of Dental Surgeons of Ontario authorizing practice in oral and maxillofacial surgery;
 - (iii) If a Midwife, the applicant shall have a current valid certificate of registration and a current letter of professional conduct from the College of Midwives of Ontario;
 - (iv) If a Registered Nurse in the Extended Class, the applicant shall have a current valid annual registration payment card as a registered nurse in the extended class with the College of Nurses of Ontario and shall not be an employee of the Hospital;
 - (v) Evidence of professional liability insurance coverage satisfactory to the Board;
 - (vi) Adequate training and experience for the privileges requested, including participation in continuing education to meet the certification requirements of the applicable College;
 - (vii) A demonstrated ability to provide Patient care at an appropriate level of quality and efficiency;
 - (viii) A demonstrated ability to communicate, work with and relate to all members of the Credentialed Staff and Hospital staff in a co-operative and professional manner;
 - (ix) A demonstrated ability to communicate and relate appropriately with Patients and Patients' relatives;
 - (x) A willingness to participate in the discharge of obligations appropriate to their Credentialed Staff membership category.
- (b) The applicant must agree to provide reasonable on-call coverage for all Patients according to the Rules of the Hospital unless otherwise exempted by this By-law or the Medical Advisory Committee on the recommendation of the Chief of Department and/or Chief of Staff.
- (c) The applicant must undertake to govern themselves in accordance with the requirements set out in this By-law, Rules and Policies of the Corporation.
- (d) The applicant must release sufficient information to the Credentials Committee to demonstrate adequate control of the applicant's current impairment or medical condition, disease or illness that was disclosed to the Credentials Committee pursuant to in his or her application for appointment to the Credentialed Staff.
- (e) The Board may refuse to appoint any applicant to the Credentialed Staff on any of the following grounds:

- (i) The appointment is not consistent with the need for service, as determined by the Board from time to time;
- (ii) The Credentialed Staff Human Resources Plan and/or the Impact Analysis of the Hospital and/or Department does not demonstrate sufficient resources to accommodate the applicant; or
- (iii) The appointment is not consistent with the strategic plan and mission of the Corporation.

6. PROCEDURE FOR PROCESSING APPLICATIONS FOR CREDENTIALLED STAFF APPOINTMENTS

- (a) The Chief Executive Officer, on receipt of the completed application in the prescribed form, shall retain a copy and shall refer the original application immediately to the Chief of Staff who shall ensure it is reviewed by the Chief of Department, and then referred to the chair of the Credentials Committee.
- (b) The Credentials Committee shall review the application and the information regarding the applicant required by this By-law, and shall report to the Medical Advisory Committee.
- (c) Each application shall be considered by the Medical Advisory Committee which shall make a recommendation thereon in writing to the Board within sixty (60) days from the date of the application.
- (d) Despite section (c) the Medical Advisory Committee may make its recommendation later than sixty (60) days after the date of the application if, prior to the expiry of the sixty (60) day period, it indicates in writing to the Board and the applicant that a final review cannot yet be made and gives written reasons therefore.
- (e) The Hospital and the Medical Advisory Committee shall deal with the application in accordance with the *Public Hospitals Act* and the procedures set out in this By-law.

7. APPLICATION FOR RE-APPOINTMENT AND DEVELOPMENT REVIEW

- (a) Each year, each member of the Credentialed Staff, excluding Honorary Staff, desiring reappointment to the Credentialed Staff shall make written application for re-appointment to the Credentialed Staff on the prescribed form to the Chief Executive Officer before the date specified by the Medical Advisory Committee.
- (b) Each application for re-appointment to the Credentialed Staff will include the following:
 - (i) the category of appointment requested and a request for either the continuation of or any change in, existing privileges;
 - (ii) a restatement or confirmation of the undertakings and acknowledgements requested as part of an application for appointment or as required by the Rules from time to time; and
 - (iii) either:
 - (a) a declaration that all information on file at the Hospital from the applicant's most recent application is up-to-date, accurate and unamended as of the date of the current application; or

- (b) a description of all material changes to the information on file at the Hospital since the applicant's most recent application, including without limitation: an updated curriculum vitae including any additional professional qualifications acquired by the applicant since the previous application and information regarding any completed disciplinary or malpractice proceedings, restriction in privileges or suspensions during the past year;
 - (iv) 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 the Chief of Department's recommendation with respect to reappointment with the Hospital;
 - (v) if requested, a current Certificate of Professional Conduct or equivalent from the applicable College or licensing body;
 - (vi) confirmation that the member has complied with the disclosure duties set out in section 26(b)(iii);
 - (vii) such other information that the Board may require, respecting competence, capacity and conduct, having given consideration to the recommendation of the Medical Advisory Committee; and
 - (viii) evidence of compliance with the Hospital's communicable disease surveillance protocols.
- (c) 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.
- (d) Application for reappointment shall be dealt with in accordance with the *Public Hospitals Act* and section 7 of this By-law.

8. CRITERIA FOR RE-APPOINTMENT TO THE CREDENTIALLED STAFF

- (a) In order to be eligible for re-appointment, the applicant shall:
- (i) continue to meet the criteria set out in section 5 of this By-law;
 - (ii) have conducted himself or herself in compliance with this By-law, and the Vision, Mission and Values Statements, Rules and Policies of the Hospital; and
 - (iii) have demonstrated an appropriate use of Hospital resources.

9. REFUSAL TO REAPPOINT

- (a) Pursuant to the *Public Hospitals Act* and this By-law, the Board may refuse to re-appoint a member of the Credentialed Staff.
- (b) Where a member has applied for re-appointment, the member's appointment shall be deemed to continue:
- (i) until the re-appointment is granted; or

- (ii) where the member is served with notice that the Board refuses to grant the re-appointment, until the time for giving notice requiring a hearing by the Health Professions Appeal and Review Board has expired and, where a hearing is required, until the decision of the Health Professions Appeal and Review Board has become final.

10. APPLICATION FOR CHANGE OF PRIVILEGES

- (a) Each member of the Credentialed Staff who wishes to change his or her privileges shall submit, on the prescribed form, to the Chief Executive Officer, an application listing the change of privileges requested and where requesting additional privileges shall provide evidence of appropriate training and competence and such other matters as the Board may require.
- (b) It must be demonstrated that the Hospital and/or Department has sufficient resources to accommodate the members' request for additional privileges.
- (c) The Chief Executive Officer shall refer any such application forthwith to the Medical Advisory Committee through the Chief of Staff/Chair of the Medical Advisory Committee or delegate, who shall keep a copy of each application received and shall then refer the original application forthwith to the chair of the Credentials Committee and the Chief of the relevant Department.
- (d) The Credentials Committee shall investigate the professional competence, verify the qualifications of the applicant for the privileges requested, receive the report of the Chief of Department, and shall submit a report of its findings to the Medical Advisory Committee at its next regular meeting. The report shall contain a list of privileges, if any, that it recommends that the applicant be granted.
- (e) The application shall be processed in accordance with and subject to the requirements of section 6 of this By-law.

11. MONITORING ABERRANT PRACTICES

Where any member of the Credentialed Staff or Hospital staff believes that a member of the Credentialed Staff is attempting to exceed the Credentialed Staff member's privileges or is temporarily incapable of providing a service that the Credentialed Staff member is about to undertake, the belief shall be communicated immediately to the Chief of the Department, the Program Medical Director, the Chief of Staff, and the Chief Executive Officer.

12. VIEWING THERAPEUTIC ACTIONS, OPERATIONS OR PROCEDURES

Any therapeutic action, operation or procedure performed in the Hospital may be viewed without the permission of the Credentialed Staff member by:

- (a) the Chief of Staff or delegate;
- (b) the Chief of the Department or delegate; or
- (c) the Program Medical Director.

13. MID-TERM ACTION

- (a) Pursuant to the *Public Hospitals Act* and in accordance with this By-law, the Board at any time may revoke or suspend any appointment of a member of the Credentialed Staff or dismiss, suspend, restrict or otherwise deal with the privileges of the member.
- (b) Mid-term action may be initiated wherever the member is alleged to have engaged in, made or exhibited acts, statements, demeanour or professional conduct, either within or outside the Hospital, and the same exposes, or is reasonably likely to expose Patients to harm or injury, or the same is, or is reasonably likely to be, detrimental to Patient safety or to the delivery of quality Patient care within the Hospital, or the same is, or is reasonably likely to constitute abuse; or the same results in the imposition of sanctions by the applicable College; or the same is contrary to the By-laws, Hospital policies, the Rules, the *Public Hospitals Act* or any other relevant law or legislated requirement.

14. NON-IMMEDIATE MID-TERM ACTION

14.1 Initiation

- (a) Where information is provided to the Chief Executive Officer, Chief of Staff, Chief of Department or Program Medical Director which raises concerns about any of the matters in section 12(b), the information shall be in writing and shall be directed to the Chief Executive Officer, Chief of Staff, Chief of Department or Program Medical Director.
- (b) If any of the Chief Executive Officer, Chief of Staff, Chief of Department or Program Medical Director receives information about the conduct, performance or competence of a member, he or she shall inform the other individuals.

14.2 Initial Interview

- (a) An interview shall be arranged with the member.
- (b) The member shall be advised of the information about his or her conduct, performance or competence and shall be given a reasonable opportunity to present relevant information on his or her own behalf.
- (c) A written record shall be maintained reflecting the substance of the interview and copies shall be sent to the member, the Chief of Staff, Chief of Department and Chief Executive Officer.
- (d) If the member fails or declines to participate in the interview after being given a reasonable opportunity, appropriate action may be initiated.
- (e) The member may have up to two (2) colleagues present who will act in a support/counsellor role. The two (2) colleagues must be acceptable to all parties involved, and should not be the President or the Vice-President of the Credentialed Staff Association, to allow them to participate in a Board hearing, if required. The member must be prepared to give consent in writing to the Chief of Staff or delegate to release any information to the support person(s). The support/counsellors may be present at both the initial interview and the Medical Advisory Committee meeting. They will not, however, participate in either meeting.

14.3 Investigation

- (a) The Chief of Staff, Chief of Department or Chief Executive Officer shall determine whether a further investigation is necessary. While it is preferable that the Chief of Staff, Chief of Department and Chief Executive Officer unanimously agree whether the situation merits further investigation, any of them can so require further investigation.
- (b) The investigation may be assigned to an individual(s) within the Hospital, the Medical Advisory Committee, a body within the Hospital other than the Medical Advisory Committee or an external consultant. The investigation should not be conducted by or involve the President or Vice President of the Credentialed Staff Association to allow them to participate in a Board hearing, if required.
- (c) Upon completion of the investigation, the individual or body who conducted the investigation shall forward a written report to the Chief Executive Officer, Chief of Staff, and Chief of Department. The member shall be provided with a copy of the written report.
- (d) The Chief Executive Officer, Chief of Staff, and Chief of Department shall review the report and determine whether to:
 - (i) dismiss the report;
 - (ii) refer the report for further investigation; or
 - (iii) refer the matter to the Medical Advisory Committee.
- (e) Where a consensus cannot be reached concerning whether further investigation or further action, pursuant to sections (a) and (d), may be required, then the Medical Advisory Committee shall decide the matter.

14.4 Request to Medical Advisory Committee for Recommendation for Mid-Term Action

- (a) Where it is determined that further action may be required and the matter relates to the dismissal, suspension or restriction of a member's Hospital privileges and/or the quality of care provided by the Credentialed Staff member in the Hospital, the matter shall be referred to the Medical Advisory Committee who shall make a recommendation to the Board.
- (b) All requests for a recommendation for Mid-Term Action must be submitted to the Medical Advisory Committee in writing and supported by reference to the specific activities or conduct which constitute grounds for the request.
- (c) Where the matter is referred to the Medical Advisory Committee, a copy of any reports made by a body or consultant with respect to the matter shall be forwarded to the Medical Advisory Committee.
- (d) The Medical Advisory Committee may initiate further investigation itself, establish an Ad Hoc Committee to conduct the investigation, refer the matter to an external consultant, dismiss the matter for lack of merit or determine to have a meeting of the Medical Advisory Committee.

- (e) Where the Medical Advisory Committee establishes an Ad Hoc Committee to conduct the investigation or refers the matter to an external consultant, that individual or body shall forward a written report of the investigation to the Medical Advisory Committee as soon as practicable after the completion of the investigation.
- (f) Upon completion of its own investigation or upon receipt of the report by the body that conducted the investigation, as the case may be, the Medical Advisory Committee may either dismiss the matter for lack of merit or determine to have a meeting of the Medical Advisory Committee.
- (g) Within twenty-one (21) days after receipt by the Medical Advisory Committee of the request for a recommendation for Mid-Term Action, unless deferred, the Medical Advisory Committee shall determine whether a meeting of the Medical Advisory Committee is required to be held.
- (h) If additional time is needed for the investigative process, the Medical Advisory Committee may defer action on the request. The Medical Advisory Committee must act within thirty (30) days of the deferral.
- (i) If the Medical Advisory Committee determines that there is merit to proceed to a Medical Advisory Committee meeting, then the member is entitled to attend the meeting.

14.5 The Medical Advisory Committee Meeting - Non-Immediate Mid-Term Action

- (a) At least fourteen (14) days prior to the Medical Advisory Committee meeting, the member and the Medical Advisory Committee shall be given written notice of the Medical Advisory Committee meeting. The notice shall include:
 - (i) the time and place of the meeting;
 - (ii) the purpose of the meeting;
 - (iii) a statement that the member will be provided with a statement of the matter to be considered by the Medical Advisory Committee together with any relevant documentation;
 - (iv) a statement that the member is entitled to attend the Medical Advisory Committee meeting and to participate fully, to answer all matters considered by the Medical Advisory Committee and to present documents and witnesses;
 - (v) a statement that the parties are entitled to bring legal counsel to the meeting and consult with legal counsel, but that legal counsel will not be entitled to participate in the meeting; and
 - (vi) a statement that in the absence of the member, the meeting may proceed.
- (b) The President of the Credentialed Staff Association and/or the Vice-President of the Credentialed Staff Association shall be excluded from attending the Medical Advisory Committee meeting and from participating in any investigations or discussions, if required by the decision of the Chief of Staff, to allow them to participate in the Board hearing.
- (c) The Chair of the Medical Advisory Committee shall provide the member with a short but comprehensive statement of the matter to be considered by the Medical Advisory Committee,

together with any relevant documentation, including any reports and other documentation which will be reviewed at the meeting.

- (d) At the meeting of the Medical Advisory Committee, a record of the proceeding shall be kept in the minutes of the Medical Advisory Committee meeting.
- (e) The Credentialed Staff member involved shall be given full opportunity to answer each ground as well as to present documents and witnesses if so desired.
- (f) Where the Medical Advisory Committee determines that the matter has no merit, this shall be noted in the minutes of the Medical Advisory Committee.
- (g) Where the Medical Advisory Committee determines that the matter has merit, the Medical Advisory Committee shall make a recommendation to the Hospital Board.
- (h) The Medical Advisory Committee's recommendation may include one or more of the following:
 - (i) to warn or provide a formal letter of reprimand;
 - (ii) to require a probationary period with retrospective review of cases but without special requirements of prior or concurrent consultation or direct supervision;
 - (iii) to suspend membership prerogatives that do not affect clinical privileges;
 - (iv) to require consultation with, or supervision by, another Credentialed Staff member;
 - (v) to restrict, suspend or revoke clinical privileges;
 - (vi) to reduce the Credentialed Staff category; or
 - (vii) to suspend or revoke the member's Credentialed Staff appointment.
- (i) Where the Medical Advisory Committee considers the matter at a Medical Advisory Committee meeting, the procedures set out in this By-law are to be followed.

15. MEDICAL ADVISORY COMMITTEE PROCEDURES (APPLICATIONS FOR APPOINTMENT, RE-APPOINTMENT, CHANGES IN PRIVILEGES, AND NON-IMMEDIATE MID-TERM ACTION)

- (a) In the case of an Application for Appointment, Re-appointment or Change in Privileges, within sixty (60) days from the date of the application, the Medical Advisory Committee shall give written notice to the Board and the applicant or member, as the case may be, of its recommendation.
- (b) In the case of Non-Immediate Mid-Term Action, within fourteen (14) days from the date of the Medical Advisory Committee meeting, the Medical Advisory Committee shall give written notice to the Board and the applicant or member of its recommendation.
- (c) The notice referred to in sections (a) and (b) shall:
 - (i) include the written reasons for the recommendation; and

- (ii) inform the applicant or member, as the case may be, that he or she is entitled to 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 or member, as the case may be, of the written reasons under clause (i) above.
- (d) The time period to provide the written notice required in sections (a) and (b) may be extended if prior to the expiry of the time period, the Medical Advisory Committee gives written notice to the Board and the applicant or member, as the case may be, that the final recommendation cannot yet be made and provides the applicant or member with written reasons therefor.
- (e) Service of a notice to the applicant or member may be made personally or by registered mail addressed to the person to be served at his or her last known address and, where the notice is served by registered mail, it shall be deemed that the notice was served on the third day after the day of mailing, unless the person to be served establishes that he or she did not, acting in good faith, through absence, accident, illness or other cause beyond his or her control, receive it until a later date.
- (f) Where the applicant or member does not require a hearing by the Hospital Board, the Hospital Board may implement the recommendation of the Medical Advisory Committee.
- (g) Where the applicant or member requires a hearing by the Hospital Board, the Hospital Board shall appoint a place and a time for the hearing.
- (h) Where the member continues in his or her duties at the Hospital and the Chief of Department believes the member's work should be scrutinized, the member's work shall be scrutinized in a manner to be determined by the Chief of the Department.
- (i) If at any time it becomes apparent that the member's conduct, performance or competence is such that it exposes or is reasonably likely to expose Patient(s) to harm or injury and immediate action must be taken to protect the Patients, then the procedures under Immediate Mid-Term Action in an Emergency Situation shall be invoked.

16. BOARD HEARING PROCEDURES (APPLICATIONS FOR APPOINTMENT, RE-APPOINTMENT, CHANGE IN PRIVILEGES, NON-IMMEDIATE MID-TERM ACTION, AND IMMEDIATE MID-TERM ACTION)

- (a) The Hospital Board shall name a place and time for the hearing.
- (b) In the case of Immediate Mid-Term Action, the Board hearing and notice thereof shall occur within the following time limits:
 - (i) the Hospital Board hearing shall be held within seven (7) days of the date of receipt by the member of the Medical Advisory Committee's recommendations and written reasons; and
 - (ii) the Hospital Board shall provide written notice of the Hospital Board hearing to the member and to the Chair of the Medical Advisory Committee (or substitute) at the earliest possible opportunity and in any event, at least seventy-two (72) hours before the hearing date.
- (c) In the case of Applications, Re-application, Changes in Privileges, and Non-Immediate Mid-Term Action, the Board hearing and notice thereof shall occur within the following time limits:

- (i) the Hospital Board hearing shall be held within fourteen (14) days of the Hospital Board receiving the notice from the applicant or member requesting a hearing; and
 - (ii) the Hospital Board shall provide written notice of the Hospital Board hearing to the applicant or member and to the Chair of the Medical Advisory Committee (or substitute) at least seven (7) days before the hearing date.
- (d) The notice of the Hospital Board hearing shall include:
 - (i) the date, time and place of the hearing;
 - (ii) the purpose of the hearing;
 - (iii) a statement that the applicant or member and Medical Advisory Committee shall be afforded an opportunity to examine, prior to the hearing, any written or documentary evidence that will be produced or any report, the contents of which will be given in evidence at the hearing;
 - (iv) a statement that the applicant or member may proceed in person or be represented by counsel, and that in his or her absence the Hospital Board may proceed with the hearing and the member will not be entitled to any further notice of the proceeding;
 - (v) a statement that the applicant or member may call witnesses and tender documents in evidence in support of his or her case; and
 - (vi) a statement that the time for the hearing may be extended by the Hospital Board.
- (e) The parties to the Hospital Board hearing are the applicant or member, the Medical Advisory Committee, and such other persons as the Hospital Board may specify.
- (f) The applicant or member requiring a hearing before the Hospital Board shall be afforded an opportunity to examine, prior to the hearing, any written or documentary evidence that will be produced or any report the contents of which will be given in evidence at the hearing.
- (g) Members of the Hospital Board holding the hearing shall not have taken part in any investigation or consideration of the subject matter of the hearing before the hearing and shall not communicate directly or indirectly in relation to the subject matter of the hearing with any person or with any party or his or her representative, except upon notice to and an opportunity for, all parties to participate.
- (h) The findings of fact of the Hospital Board, pursuant to a hearing, shall be based exclusively on evidence admissible or matters that may be noticed under sections 15 and 16 of the *Statutory Powers Procedure Act*.
- (i) The Hospital Board shall consider only the reasons of the Medical Advisory Committee that have been given to the applicant or member in support of its recommendation. Where through error or inadvertence, certain reasons have been omitted in the statement delivered to the applicant or member, the Hospital Board may consider those reasons only if those reasons are given by the Medical Advisory Committee in writing to both the applicant or member and the Hospital Board and the

applicant or member is given a reasonable time to review the reasons and to prepare a case to meet those additional reasons.

- (j) No member of the Hospital Board shall participate in a decision of the Hospital Board pursuant to a hearing unless he or she was 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 Hospital Board shall be given unless all members so present participate in the decision.
- (k) The Hospital Board shall make a decision to either follow or not follow the recommendation of the Medical Advisory Committee.
- (l) A written copy of the decision of the Hospital Board and the written reasons for the decision shall be provided to the applicant or member, as the case may be, and to the Chair of the Medical Advisory Committee.
- (m) Service of the notice of the decision and the written reasons to the applicant or member may be made personally or by registered mail addressed to the applicant or member at his or her last known address and, where the notice is served by registered mail, it shall be deemed that the notice was served on the third day after the day of mailing unless the person to be served establishes that he or she did not, acting in good faith, through absence, accident, illness or other cause beyond his or her control receive it until a later date.

17. IMMEDIATE MID-TERM ACTION IN AN EMERGENCY SITUATION

17.1 Immediate Steps

- (a) Where the conduct, performance or competence of a member exposes or is reasonably likely to expose the Patient(s) to harm or injury and immediate action must be taken to protect the Patient(s) and no less restrictive measure can be taken, the Chief of Staff or Chief of Department, or his or her delegate, may immediately and temporarily suspend the member's privileges, with immediate notice to the Chief Executive Officer, or his or her delegate, pending a Medical Advisory Committee meeting and a hearing by the Hospital Board.
- (b) The Chief of Staff or Chief of Department shall immediately notify the member, the Medical Advisory Committee, and the Hospital Board of his or her decision to suspend the member's privileges.
- (c) Arrangements, as necessary, shall be made by the Chief of Staff or Chief of Department for the assignment of a substitute Physician to care for the Patients of the suspended member.
- (d) Within forty-eight (48) hours of the suspension, the individual who suspended the member shall provide the member and Medical Advisory Committee with written reasons for the suspension and copies of any relevant documents or records.

17.2 Medical Advisory Committee Procedures - Immediate Mid-Term Action

- (a) The Medical Advisory Committee shall set a date for a meeting of the Medical Advisory Committee to be held within five (5) days from the date of the suspension to review the suspension and to make recommendations to the Hospital Board.

- (b) The President of the Credentialed Staff Association and/or the Vice-President of the Credentialed Staff Association shall be excluded from attending the Medical Advisory Committee meeting and from participating in any investigations or discussions, if required by the decision of the Chief of Staff, to allow them to participate in the Board hearing.
- (c) As soon as possible, and in any event, at least forty-eight (48) hours prior to the Medical Advisory Committee meeting, the Medical Advisory Committee shall provide the member with a written notice of:
 - (i) the date, time and place of the meeting;
 - (ii) the purpose of the meeting;
 - (iii) a statement of the matter to be considered by the Medical Advisory Committee together with any relevant documentation;
 - (iv) a statement that the member is entitled to attend the Medical Advisory Committee meeting and to participate fully, to answer all matters considered by the Medical Advisory Committee and to present documents and witnesses;
 - (v) a statement that the parties are entitled to bring to the meeting and consult with legal counsel, but that the legal counsel will not be entitled to participate in the meeting; and
 - (vi) a statement that, in the absence of the member, the meeting may proceed.
- (d) The member may request and the Medical Advisory Committee may grant a postponement of the Medical Advisory Committee meeting.
- (e) At the meeting of the Medical Advisory Committee, a record of the proceedings shall be kept in the minutes of the Medical Advisory Committee meeting.
- (f) The member shall be given full opportunity to answer each ground as well as to present documents and witnesses if so desired.
- (g) Before deliberating on the recommendation to be made to the Hospital Board, the Chair of the Medical Advisory Committee shall require the member involved, and any other persons present who are not Medical Advisory Committee members, to retire. The Medical Advisory Committee shall not consider any matter or case to which they did not give the member a fair opportunity to answer.
- (h) The Medical Advisory Committee shall provide to the member within twenty-four (24) hours of the Medical Advisory Committee meeting written notice of:
 - (i) the Medical Advisory Committee's recommendation and the written reasons for the recommendation; and
 - (ii) the member's entitlement to a hearing before the Hospital Board.

- (i) The Medical Advisory Committee shall provide to the Hospital Board, within twenty-four (24) hours of the Medical Advisory Committee meeting, written notice of the Medical Advisory Committee's recommendation.
- (j) A Board hearing, if required, shall be conducted in accordance with the applicable procedures under section 16 of this By-law.

18. CREDENTIALIAED STAFF CATEGORIES

- (a) The Credentialed Staff shall be divided into the following categories:
 - (i) active;
 - (ii) associate;
 - (iii) courtesy;
 - (iv) regional affiliate;
 - (v) locum tenens;
 - (vi) temporary; and
 - (vii) honorary.
- (b) Every Physician, Dentist or Midwife applying to the Active Staff category shall be assigned to the Associate Staff category for a probationary period unless the Board requires otherwise.
- (c) Registered Nurses in the Extended Cass may only be appointed to the Courtesy or Locum Tenens Staff categories.

19. ACTIVE STAFF

- (a) The Active Staff shall consist of those Credentialed Staff members who have been appointed to the Active Staff by the Board.
- (b) Except where approved by the Board, no Credentialed Staff member with an Active Staff appointment at another hospital shall be appointed to the Active Staff.
- (c) All Active Staff members shall have admitting privileges unless otherwise specified in their appointment to the Active Staff.
- (d) Physicians, Dentists, Midwives and Nurse Practitioners who are Active Staff members shall be eligible to vote at Credentialed Staff Association meetings.
- (e) Physicians who are Active Staff members shall be eligible to hold office and to sit on any committee of the Credentialed Staff Association. Dentists, Midwives and Nurse Practitioners who are Active Staff members are not eligible to hold an office of the Credentialed Staff Association.

- (f) Each member of the Active Staff shall:
 - (i) undertake such duties in respect of Patients as may be specified by the Chief of Staff or by the Chief of the Department to which the Active Staff member has been assigned;
 - (ii) attend Patients, and undertake treatment and operative procedures only in accordance with the kind and degree of privileges granted by the Board;
 - (iii) act as a supervisor of a member of the Credentialed Staff as and when requested by the Chief of Staff or the Chief of Department; and
 - (iv) provide reasonable on-call coverage for all Patients, to include weekend and after-hours coverage, according to the Rules of the Hospital.
- (g) In recognition of extended length of service to the Hospital and the community, Active Staff may request a reduction in on-call or clinical responsibilities from the appropriate service or Department which will forward a recommendation to the Medical Advisory Committee for approval.

20. ASSOCIATE STAFF

- (a) Each Associate Staff member shall have admitting privileges unless otherwise specified in the appointment.
- (b) An Associate Staff member shall work for a probationary period under the supervision of an Active Staff member named by the Chief of Staff on the recommendation of the Chief of the Department to which the Associate Staff member has been assigned.
- (c) A supervisor shall carry out the duties in accordance with the Rules of the Hospital.
- (d) After one (1) year the appointment of a Credentialed Staff member to the Associate Staff shall be reviewed by the Credentials Committee, following a recommendation by the Chief of Department, and a report shall be provided to the Medical Advisory Committee.
- (e) The Medical Advisory Committee may recommend to the Board that the Associate Staff member be appointed to the Active Staff or may require the Associate Staff member to be subject to a further probationary period not longer than six (6) months.
- (f) The Chief of Department, upon the request of an Associate Staff member or a supervisor, may assign the Associate Staff member to a different supervisor for a further probationary period not longer than six (6) months.
- (g) At any time an unfavourable report may cause the Medical Advisory Committee to consider making a recommendation to the Board that the appointment of the Associate Staff member be terminated.
- (h) No member of the Credentialed Staff shall be appointed to the Associate Staff for more than eighteen (18) consecutive months.
- (i) An Associate Staff member shall:

- (i) attend Patients, and undertake treatment and operative procedures under supervision in accordance with the kind and degree of privileges granted by the Board on the recommendation of the Medical Advisory Committee;
 - (ii) undertake such duties in respect of Patients as may be specified by the Chief of the Department to which the Associate Staff member has been assigned;
 - (iii) provide reasonable on-call coverage for all Patients, to include weekend and after-hours coverage, according to the Rules of the Hospital.
- (j) Members of the Associate Staff shall have the right to vote at meetings of the Credentialed Staff Association.
 - (k) A member of the Associate Staff shall not be elected a Credentialed Staff Association officer.
 - (l) Physicians on Associate Staff may be appointed to a committee of the Medical Advisory Committee or other Hospital or Medical Staff Committees.

21. COURTESY STAFF

- (a) The Board may grant an applicant an appointment to the Courtesy Staff in one or more of the following circumstances:
 - (i) the applicant has an Active Staff commitment at another hospital; or
 - (ii) the applicant lives at such a remote distance from the Hospital that it limits full participation in Active Staff duties, but the applicant wishes to maintain an affiliation with the Hospital; or
 - (iii) the applicant has a primary commitment to, or contractual relationship with, another community or organization; or
 - (iv) the applicant requests access to limited Hospital resources or out-Patient programs or facilities; or
 - (v) where the Board deems it otherwise advisable.
- (b) The circumstances leading to the request for an appointment to Courtesy Staff shall be specified on the application.
- (c) The Board may grant:
 - (i) a Physician, Dentist or Midwife an appointment to the Courtesy Staff with such privileges as the Board deems advisable.
 - (ii) a Registered Nurse in the Extended Class, who is not an employee of the Hospital, an appointment to the Courtesy Staff to attend Patients in the Hospital to diagnose, prescribe for and/or treat such Patients but not be MRP unless they have been granted admitting privileges.

- (d) Each Credentialed Staff member on the Courtesy Staff may attend meetings of the Credentialed Staff Association or other Credentialed Staff, departmental, and program meetings but shall not be subject to the attendance requirements and penalties as provided by this By-law and the Rules of the Hospital.
- (e) Members of the Courtesy Staff shall not have the right to vote at meetings of the Credentialed Staff Association.
- (f) Physicians on the Courtesy Staff shall not hold office on the Credentialed Staff Association.
- (g) Each Credentialed Staff member on the Courtesy Staff shall be allowed to attend Patients and review and document in the Health Record but shall not have privileges to write orders or to admit Patients, unless specially granted under specific circumstances.

22. REGIONAL AFFILIATE

- (a) The Board may appoint an applicant to the Regional Affiliate Staff who has privileges in good standing at another hospital and:
 - (i) requires privileges at the Hospital so as to fully participate in an approved regional program; or
 - (ii) whose services may be required occasionally by the Hospital or by a member of the Hospital's Credentialed Staff.
- (b) A member of the Regional Affiliate Staff category shall:
 - (i) attend Patients, and undertake treatment and operative procedures under supervision in accordance with the kind and degree of privileges granted by the Board on the recommendation of the Medical Advisory Committee; and
 - (ii) undertake such duties in respect of Patients as may be specified by the Chief of the Department to which the Regional Affiliate Staff member has been assigned;
 - (iii) provide on-call coverage for Patients, as required by the Medical Advisory Committee and according to the Rules of the Hospital.
- (c) Every Credentialed Staff member of the Regional Affiliate Staff shall be allowed to admit, provide orders, and treat Patients and hold such other privileges as are granted by the Board upon the request of the Hospital.
- (d) Each Credentialed Staff member of the Regional Affiliate Staff may attend meetings of the Credentialed Staff Association or other Credentialed Staff, departmental, and program meetings but shall not be subject to the attendance requirements and penalties as provided by this By-law and the Rules of the Hospital.
- (e) Members of the Regional Affiliate Staff shall not have the right to vote at meetings of the Credentialed Staff Association.
- (f) Physicians on the Regional Affiliate Staff shall not hold office on the Credentialed Staff Association.

23. LOCUM TENENS

- (a) The Medical Advisory Committee based upon the request of a Chief of Department may recommend the appointment of a Locum Tenens as a planned replacement for a Credentialed Staff member of that Department for a specified period of time.
- (b) A Locum Tenens shall:
 - (i) have admitting privileges unless otherwise specified;
 - (a) if the Locum Tenens is a Registered Nurse in the Extended Class, the Locum Tenens may have privileges to attend Patients in the Hospital to diagnose, prescribe for and/or treat such Patients but not be MRP unless they have been granted admitting privileges.
 - (ii) work under the counsel and supervision of a member of the Active Staff who has been assigned this responsibility by the Chief of Staff or delegate, unless otherwise specified;
 - (a) if the Locum Tenens is a Registered Nurse in the Extended Class without admitting privileges, the Locum Tenens will work under the counsel and supervision of a member of the Active or Regional Affiliate Staff who has been assigned this responsibility by the Chief of Staff or delegate.
 - (iii) attend Patients assigned to the care of the Locum Tenens by the Active Staff member for whom the Locum Tenens is covering and shall treat the Patients within the professional privileges granted by the Board on the recommendation of the Medical Advisory Committee; and
 - (iv) undertake such duties in respect of Patients as may be specified by the Chief of Staff or by the Chief of the Department to which the Locum Tenens has been assigned.
- (c) The Locum Tenens privileges shall terminate at the end of the specified period.

24. TEMPORARY STAFF

- (a) A temporary appointment to the Credentialed Staff may be made only for one of the following reasons:
 - (i) to meet a specific singular requirement by providing a consultation and/or operative procedure;
 - (ii) to meet an urgent unexpected need for a professional service; or
 - (iii) to provide a series of consultations.
- (b) Notwithstanding any other provision in this By-law, the Chief Executive Officer, after consultation with the Chief of Staff or his or her delegate, may:
 - (i) grant a temporary appointment to an applicant provided that such appointment shall not extend beyond the date of the next meeting of the Medical Advisory Committee at which time the action taken shall be reported; and

- (ii) continue the appointment on the recommendation of the Medical Advisory Committee until the next meeting of the Board.

25. HONORARY STAFF

- (a) A member may be honored by the Board with a position on the Honorary Staff of the Hospital because the member is a former member of the Credentialed Staff who has an outstanding reputation or has made an extraordinary accomplishment; although is not necessarily a resident in the community.
- (b) Each member of the Honorary Staff shall be appointed by the Board on the recommendation of the Medical Advisory Committee.
- (c) Members of the Honorary Staff shall not:
 - (i) provide Patient care;
 - (ii) have regularly assigned duties or responsibilities;
 - (iii) be eligible to vote at Credentialed Staff Association meetings or to hold office;
 - (iv) be bound by attendance requirements for Credentialed Staff Association meetings.

26. CREDENTIALLED STAFF DUTIES

- (a) Each member of the Credentialed Staff is accountable to and shall recognize the authority of the Board through and with their Chief of Department, the Chief of Staff, the Program Medical Director and the Chief Executive Officer.
- (b) Each member of the Credentialed Staff shall:
 - (i) attend and treat Patients within the limits of the privileges granted by the Board, unless the privileges are otherwise restricted;
 - (ii) ensure that an acceptable standard of care is provided to Patients under their care;
 - (iii) notify the Chief Executive Officer of any change in the members' registration with the applicable College, and any other matters relating to the Credentialed Staff member posted on the public register of the College;
 - (iv) give such instruction as is required for the education of other members of the Credentialed Staff and Hospital staff;
 - (v) conduct oneself appropriately with other Credentialed Staff, Hospital personnel, Patients and family members or caregivers of Patients;
 - (vi) abide by the Policies and Rules of the Hospital, this By-law, the *Public Hospitals Act* and all other legislated requirements;
 - (vii) co-operate with:

- (a) the Chief of Staff and the Medical Advisory Committee;
 - (b) the Chief of Department;
 - (c) the Head of Service, if applicable;
 - (d) the Chief Executive Officer; and
 - (e) the Program Medical Directors;
- (viii) co-operate with the Trillium Gift of Life Network (TGLN) personnel who will communicate with Patients and/or their families, and abide by Policies, related to organ and tissue donation; and
 - (ix) perform such other duties within the normal scope and site of practice as may be prescribed from time to time by or under the authority of the Board, the Medical Advisory Committee or the Chief of Staff.
- (c) Each member of the Active and Associate Medical Staff shall attend fifty percent (50%) of the regular Credentialed Staff Association meetings and seventy percent (70%) of the meetings of the Department of which he or she is a member.

27. TRANSFER OF RESPONSIBILITY

- (a) Pursuant to the Hospital Management Regulation whenever the responsibility for the care of a Patient of a member of the Credentialed Staff is transferred to another member of the Credentialed Staff, a written notation by the Credentialed Staff member who is transferring the care over to another shall be made and signed on the Patient's health record and the name of the Credentialed Staff member accepting the responsibility shall be noted in the Patient's health record and the Credentialed Staff member assuming the responsibility shall be notified.
- (b) Where a supervisor, the Chief of Department or Chief of Staff, as the case may be, has cause to take over the care of a Patient, the Chief Executive Officer, the attending Credentialed Staff member and the Patient, or in the case where the Patient is mentally incompetent, the Patient's substitute decision maker, shall be notified as soon as possible.

28. CHIEF OF STAFF

- (a) The Board shall appoint a member of the Active or Associate Medical Staff to be the Chief of Staff after giving consideration to the recommendations of a Selection Committee.
- (b) The membership of the Selection Committee shall include:
 - (i) an elected Director on the Board who shall be the chair of such committee;
 - (ii) two members of the Medical Advisory Committee, one of whom shall be on the Executive of the Credentialed Staff Association;
 - (iii) the Chief Nursing Executive;

- (iv) the Chief Executive Officer, or his or her delegate; and
- (v) such other members as the Board deems advisable.
- (c) Subject to annual confirmation by the Board, an appointment of a Chief of Staff shall be for a term as recommended by the selection committee up to a maximum of five (5) years but the Chief of Staff may hold office until a successor is appointed.
- (d) The maximum number of consecutive terms shall be two (2).
- (e) The Board may at any time revoke or suspend the appointment of the Chief of Staff.

29. DUTIES OF THE CHIEF OF STAFF

The Chief of Staff shall:

- (a) be an ex officio non-voting member of, and be accountable to, the Board;
- (b) organize the Credentialed Staff to ensure that the quality of the professional care given to all Patients is in accordance with policies established by the Board;
- (c) chair the Medical Advisory Committee;
- (d) advise the Medical Advisory Committee and the Board with respect to the quality of diagnosis, care and treatment provided to the Patients by the Credentialed Staff;
- (e) report regularly to the Board and Credentialed Staff about the activities, recommendations and actions of the Medical Advisory Committee and any other matters about which they should have knowledge;
- (f) assign or delegate the assignment of a member of the Credentialed Staff:
 - (i) to supervise the professional practice of any member of the Credentialed Staff as appropriate for any period of time; and
 - (ii) to make a written report to the Chief of the appropriate Department;
- (g) assign, or delegate the assignment of, a member of the Credentialed Staff to discuss in detail with any other member of the Credentialed Staff any matter which is of concern to the Chief of Staff and to report the discussion to the Chief of the appropriate Department;
- (h) in consultation with the Chief Executive Officer, designate an alternate to act during an absence;
- (i) supervise the professional care provided by all members of the Credentialed Staff;
- (j) be responsible to the Board through and with the Chief Executive Officer for the appropriate utilization of resources by all Credentialed Staff;
- (k) report to the Medical Advisory Committee on activities of the Hospital including the utilization of resources and quality assurance;

- (l) participate in the development of the Hospital's mission, objectives and strategic plan;
- (m) work with the Medical Advisory Committee to plan the Credentialed Staff human resources needs of the Hospital in accordance with the Hospital's strategic plan;
- (n) participate in Hospital resource allocation decisions;
- (o) ensure a process for the regular review of the clinical and administrative development of the Chiefs of Department and the Program Medical Directors, in cooperation with the Chief Executive Officer;
- (p) ensure there is a process for participation by Credentialed Staff in continuing education;
- (q) receive and review recommendations from Chiefs of Department regarding changes in privileges;
- (r) receive and review the development evaluations and the recommendations from Chiefs of Department concerning reappointments. Ensure that the evaluations and recommendations are forwarded to the Medical Advisory Committee. Notify the Credentials Committee of the completion of the evaluations and the completion of the recommendations;
- (s) advise the Credentialed Staff on current Hospital policies, objectives and Rules;
- (t) delegate appropriate responsibility to the Chiefs of Department and Program Medical Directors;
- (u) participate, as time allows, in the orientation of new members of the Credentialed Staff; and
- (v) be ex officio member of all committees reporting to the Medical Advisory Committee.

30. MEDICAL STAFF DEPARTMENTS

- (a) The Board, on the advice of the Medical Advisory Committee, may divide the Medical Staff into Departments. The existing Departments include:
 - (i) anaesthesia;
 - (ii) diagnostic imaging;
 - (iii) emergency medicine;
 - (iv) family medicine;
 - (v) laboratory services;
 - (vi) medicine;
 - (vii) neonatal and paediatric medicine;
 - (viii) obstetrics
 - (ix) psychiatry; and

- (x) surgery.
- (b) All Medical Staff Departments shall function in accordance with the Credentialed Staff Rules.
- (c) All Credentialed Staff shall be assigned to a Medical Staff Department:
 - (i) Dentists on the Credentialed Staff shall be assigned to the Department of Surgery;
 - (ii) Midwives on the Credentialed Staff shall be assigned to the Department of Obstetrics;
 - (iii) Registered Nurses in the Extended Class on the Credentialed Staff shall be assigned to the Department of Family Medicine or another Department, if appropriate.
- (d) Whenever a separate Department is established, Credentialed Staff related to the Department shall come under the jurisdiction of the Department as assigned by the Medical Advisory Committee.
- (e) The Board, after considering the advice of the Medical Advisory Committee, may at any time establish or disband Medical Staff Departments.

31. CHIEF OF DEPARTMENT

- (a) The Board shall appoint as Chief of Department a Physician from that Department who is on the Active or Associate Staff, after giving consideration to the recommendations of the Department or a Selection Committee, where a Selection Committee is required.
- (b) The Chief of each Department shall be appointed by the Board upon the recommendation of the Medical Advisory Committee.
- (c) If a Selection Committee is required, the membership may include:
 - (i) the Chief of Staff, who shall be chair;
 - (ii) an elected Director;
 - (iii) a voting member of the Medical Advisory Committee from another Department;
 - (iv) the Chief Executive Officer or delegate;
 - (v) a Program Medical Director; and
 - (vi) a member of the Department.
- (d) Subject to annual confirmation of the Board, the appointment of a Chief of Department shall be for a term of two (2) years, but the Chief of Department may hold office until a successor is appointed.
- (e) The recommended maximum number of consecutive terms shall be two (2). Additional terms may be approved by the Board based on the recommendation of the Medical Advisory Committee.
- (f) The Board may at any time revoke or suspend the appointment of a Chief of Department.

32. DUTIES OF CHIEF OF DEPARTMENT

The Chief of Department shall:

- (a) through and with the Chief of Staff and in communication with the Program Medical Director, supervise the professional care provided to Patients by all members of the Credentialed Staff appointed to the Department;
- (b) participate, in collaboration with the Program Medical Director, in the orientation of new members of the Credentialed Staff appointed to the Department;
- (c) ensure that there is participation in departmental and Hospital quality assurance activities by Credentialed Staff members of the Department;
- (d) advise the Medical Advisory Committee, through and with the Chief of Staff, regarding the quality of diagnosis, care and treatment provided by Credentialed Staff members of the Department;
- (e) advise the Chief of Staff, the Program Medical Director, and the Chief Executive Officer if (s)he becomes aware of any Patient who is not receiving appropriate treatment and care, and to fulfill the responsibilities outlined under sections 13 - 17 of this By-law with respect to Mid-Term Action;
- (f) be responsible to the Chief of Staff, in collaboration with the Program Medical Director, regarding the appropriate utilization of the resources allocated to the Department and its individual members;
- (g) make recommendations to the Medical Advisory Committee, in collaboration with the Program Medical Director, regarding Credentialed Staff human resources needs of the Department in accordance with the Hospital's strategic plan, following consultation with Credentialed Staff of the Department, the Chief of Staff and, where appropriate, Heads of Service;
- (h) participate, in collaboration with the Program Medical Director, in the development of the Department's mission, objectives and strategic plan;
- (i) participate, in collaboration with the Program Medical Director, in resource allocation decisions;
- (j) review or cause to be reviewed the privileges granted to Credentialed Staff members of the Department for the purpose of making recommendations for changes in the kind and degree of such privileges;
- (k) review and make written recommendations regarding development evaluations of Credentialed Staff members of the Department as part of the annual reappointment process;
- (l) ensure that there is participation in continuing education for Credentialed Staff members of the Department;
- (m) be a member of the Medical Advisory Committee;
- (n) advise the members of the Department regarding current Hospital and Departmental policies, objectives and Rules;

- (o) hold regular meetings with the Credentialed Staff members of the Department and where appropriate with the Heads of Service within the Department and provide the minutes of the departmental meetings to the Medical Advisory Committee;
- (p) notify the Chief of Staff and/or the Chief Executive Officer of his or her absence, and designate an alternate from within the Department; and
- (q) delegate appropriate responsibility to the Heads of Service within the Department.

33. DEPARTMENT MEETINGS

Department meetings shall be held in accordance with Credentialed Staff Rules.

34. ATTENDANCE AT DEPARTMENT MEETINGS

Each member of the Active and Associate Staff categories shall attend at least seventy percent (70%) of the meetings of the Department of which (s)he is a member.

35. SERVICES IN A DEPARTMENT

When warranted by the professional resources of the Department, the Board, on the advice of the Medical Advisory Committee, after considering the recommendation of the Chief of the Department and Program Medical Director, may divide the Department into Services.

36. HEADS OF SERVICE

- (a) When Services are established under a Department, the Board, on the advice of the Medical Advisory Committee, after considering the recommendation of the Chief of the Department, shall appoint a Head of Service for each Service who shall be responsible to the Chief of the Department for the quality of care rendered to Patients by Credentialed Staff members of that Service.
- (b) Subject to annual confirmation of the Board, the appointment of a Head of Service shall be for a term of two (2) years, but the Head of Service may hold office until a successor is appointed.
- (c) The recommended maximum number of consecutive terms shall be two (2). Additional terms may be approved by the Board based on the recommendation of the Medical Advisory Committee.
- (d) The Board may at any time revoke or suspend the appointment of a Head of Service.

37. MEETINGS OF THE CREDENTIALLED STAFF ASSOCIATION

The Credentialed Staff Association shall hold at least four (4) meetings in each fiscal year of the Hospital, one of which shall be the annual meeting.

38. NOTICE OF ANNUAL MEETINGS

A written notice of each annual meeting shall be posted in the doctors' lounge, surgeon's lounge, and the Medical Staff mailroom by the Secretary/Treasurer of the Credentialed Staff Association at least ten (10) days before the meeting.

39. NOTICE OF REGULAR MEETINGS

A written notice of each regular meeting shall be posted in the doctors' lounge, surgeon's lounge, and the Medical Staff mailroom by the Secretary/Treasurer of the Credentialed Staff Association at least five (5) days before the meeting.

40. SPECIAL MEETINGS

- (a) The President of the Credentialed Staff Association may call a special meeting.
- (b) Special meetings shall be called by the President of the Credentialed Staff Association on the written request of any twenty percent (20%) of members of the Active Staff or seventy-five percent (75%) of members of a Department.
- (c) Notice of such special meetings shall be as required for a regular meeting, except in cases of emergency, and shall state the nature of the business for which the special meeting is called.
- (d) The usual period of time required for giving notice of any special meeting shall be waived in cases of emergency, subject to ratification of this action by the majority of those members present and voting at the special meeting, as the first item of business at the meeting.

41. ORDER OF BUSINESS

The order of business at any meeting of the Credentialed Staff Association shall be as set out in the Credentialed Staff Rules.

42. ATTENDANCE AT REGULAR CREDENTIALLED STAFF ASSOCIATION MEETINGS

Each member of the Active and Associate Medical Staff shall attend at least fifty percent (50%) of the regular Credentialed Staff Association meetings.

43. CREDENTIALLED STAFF ASSOCIATION ELECTED OFFICERS

- (a) The officers of the Credentialed Staff Association will be the President, Vice President, Secretary-Treasurer and such other officers as the Credentialed Staff Association may determine.
- (b) The officers of the Credentialed Staff Association may be removed from office before the expiry of their term by a majority vote of the voting members of the Credentialed Staff Association in attendance and voting at a meeting called for such purpose.
- (c) The position of any Credentialed Staff Association officer that becomes vacant during the term may be filled by a vote of the majority of the members of the Credentialed Staff Association present and voting at a regular meeting or at a special meeting of the Credentialed Staff Association called for that purpose. The election of such officer shall follow the process in section 45. The officer so elected shall fill the office until the next annual meeting of the Credentialed Staff Association.

44. ELIGIBILITY FOR OFFICE

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

45. ELECTION PROCEDURE

- (a) A Medical Staff Nominating Committee shall be appointed by the Credentialed Staff Association at each annual meeting and shall consist of at least three (3) members of the Active Medical Staff. Medical Staff members who serve on the Credentials Committee may assume the responsibility of the Medical Staff Nominating Committee.
- (b) At least thirty (30) days before the annual meeting of the Credentialed Staff Association, the Medical Staff Nominating Committee shall post in the doctors' lounge, surgeon's lounge and Medical Staff mailroom a list of the names of those who are nominated for the offices of the Credentialed Staff Association which are to be filled by election in accordance with this By-law and the regulations under the *Public Hospitals Act*.
- (c) Any further nominations shall be made in writing to the Secretary/Treasurer of the Credentialed Staff Association within ten (10) days after the posting of the names referred to in section (b).
- (d)
 - (i) Further nominations referred to in section (c) shall be signed by two (2) members of the Medical Staff who are entitled to vote.
 - (ii) The nominee shall have signified in writing on the nomination acceptance of the nomination.
 - (iii) Nominations shall then be posted alongside the list referred to in section (b).

46. TERM OF OFFICE

- (a) The terms of office for the President, Vice-President and Secretary-Treasurer of the Credentialed Staff Association shall be for one (1) year.
- (b) The recommended maximum number of consecutive terms for each position shall be two (2).

47. DUTIES OF THE PRESIDENT OF THE CREDENTIALLED STAFF ASSOCIATION

The President of the Credentialed Staff Association shall:

- (a) be a non-voting Director;
- (b) be a member of the Medical Advisory Committee;
- (c) report to the Medical Advisory Committee and the Board on any issues raised by the Medical Staff;
- (d) be accountable to the Medical Staff and advocate fair process in the treatment of individual members of the Medical Staff;
- (e) preside at all meetings of the Credentialed Staff Association;
- (f) call special meetings of the Credentialed Staff Association;
- (g) be a co-chair of the Joint Conference Committee;

- (h) be a member of the Board Committee(s) with responsibility for making recommendations regarding Hospital finances and human resources, if so requested; and
- (i) be a member of such other committees as may be deemed appropriate by the Board.

48. DUTIES OF THE VICE-PRESIDENT OF CREDENTIALLED STAFF ASSOCIATION

The Vice-President of the Credentialed Staff Association shall:

- (a) be a non-voting Director;
- (b) be a member of the Medical Advisory Committee;
- (c) be a member of the Joint Conference Committee;
- (d) be a member of such other committees as may be deemed appropriate by the Board;
- (e) act in the place of the President of the Credentialed Staff Association, perform his or her duties and possess his or her powers, in the absence or disability of the President; and,
- (f) perform such duties as the President of the Credentialed Staff Association may delegate.

49. DUTIES OF THE SECRETARY/TREASURER OF THE CREDENTIALLED STAFF ASSOCIATION

The Secretary/Treasurer of the Credentialed Staff Association shall:

- (a) be a member of the Medical Advisory Committee;
- (b) attend to the correspondence of the Credentialed Staff Association;
- (c) give notice of Credentialed Staff Association meetings by posting a written notice thereof:
 - (i) in the case of a regular or special meeting of the Credentialed Staff Association at least five (5) days before the meeting;
 - (ii) in the case of an annual meeting of the Credentialed Staff Association, at least ten (10) days before the meeting;
- (d) ensure that minutes are kept of all Credentialed Staff Association meetings;
- (e) ensure that a record of the attendance at each meeting of the Credentialed Staff Association is made;
- (f) make the attendance records available to the Medical Advisory Committee;
- (g) keep the funds of the Credentialed Staff Association in a safe manner and be accountable therefor;
- (h) disburse Credentialed Staff Association funds at the direction of the Credentialed Staff Association as determined by a majority vote of the Medical Staff members present and entitled to vote at a Credentialed Staff Association meeting;

- (i) act in the place of the Vice-President of the Credentialed Staff Association, performing his or her duties and possessing his or her powers in the absence or disability of the Vice-President.

50. MEMBERSHIP OF MEDICAL ADVISORY COMMITTEE

The Medical Advisory Committee shall consist of:

(a) Voting Members:

- (i) Chief of Staff, who shall be chair;
- (ii) Chiefs of Department;
- (iii) President of the Credentialed Staff Association;
- (iv) Vice-President of the Credentialed Staff Association;
- (v) Secretary/Treasurer of the Credentialed Staff Association; and
- (vi) Program Medical Directors.

(b) Non-Voting Members:

- (i) Heads of Service;
- (ii) Chief Executive Officer;
- (iii) Chief Nursing Executive;
- (iv) VP Regional Patient Programs; and
- (v) a Director.

51. DUTIES OF THE MEDICAL ADVISORY COMMITTEE

- (a) The Medical Advisory Committee shall perform the functions as set out in the Hospital Management Regulation.

(b) The Medical Advisory Committee shall:

- (i) make recommendations to the Board concerning the following matters:
 - (a) every application for appointment or re-appointment to the Credentialed Staff and any request for a change in privileges;
 - (b) the privileges granted to each member of the Credentialed Staff;
 - (c) in considering a recommendation for appointment, the Medical Advisory Committee shall take into account the need of the Hospital for such an appointment and the impact such an appointment would have on available Hospital and community resources;

- (d) this By-law, and the Rules and Policies affecting any Credentialed Staff;
- (e) The dismissal, suspension, restriction or revocation of privileges of any member of the Credentialed Staff;
- (f) The quality of diagnosis, care and treatment provided to Patients by members of the Credentialed Staff;
- (g) the Policies and Rules governing the Credentialed Staff;
- (ii) supervise the practice of the Credentialed Staff;
- (iii) develop a Credentialed Staff human resources plan;
- (iv) through the Chief of Staff, advise the Board on:
 - (a) Credentialed Staff quality assurance;
 - (b) continuing education of Credentialed Staff members;
 - (c) clinical role of the Hospital; and
 - (d) Credentialed Staff human resources plan;
- (v) appoint Credentialed Staff to Medical Advisory sub-committees, and receive reports from these sub-committees;
- (vi) report to the Credentialed Staff Association at each regularly scheduled meeting;
- (vii) report, in writing, to the Board at each regularly scheduled meeting of the Board respecting the practice of medicine, dentistry, midwifery and extended-class nursing, as appropriate, in the Hospital;
- (viii) appoint one or more members to the Joint Health and Safety Committee (JHSC) established under the *Occupational Health and Safety Act* where the committee is requested to do so by the JHSC; and
- (ix) advise the Board on any matter referred to it by the Board.
- (x) Where the Medical Advisory Committee identifies systemic or recurring quality of care issues in making its recommendations to the Board under section 2(a)(v) of the Hospital Management Regulation (965) under the *Public Hospitals Act*, the Medical Advisory Committee shall make recommendations about those issues to the Hospital's quality committee established under section 3(1) of the *Excellent Care for All Act*.

52. EXECUTIVE COMMITTEE OF THE MEDICAL ADVISORY COMMITTEE

- (a) The Executive Committee of the Medical Advisory Committee shall consist of:

- (i) Chief of Staff, who shall be chair,
 - (ii) President of the Credentialed Staff Association,
 - (iii) Chief of the Department of Family Medicine,
 - (iv) Chief of the Department of Surgery,
 - (v) one other Chief of Department, to be appointed by the chair.
- (b) The Chief Executive Officer and the Chief Nursing Executive shall be invited to attend meetings of the Executive Committee of the Medical Advisory Committee but shall not have a vote.
- (c) The Executive Committee of the Medical Advisory Committee shall:
- (i) act as an advisory committee to the Medical Advisory Committee on issues brought to the Medical Advisory Committee or referred to the Executive Committee by the Board or the Chief Executive Officer;
 - (ii) exercise the full powers of the Medical Advisory Committee in all urgent matters reporting every action at the next meeting of the Medical Advisory Committee;
 - (iii) report as necessary, at meetings of the Medical Advisory Committee; and
 - (iv) meet at the call of the chair.

53. MEETINGS AND QUORUM

- (a) The Medical Advisory Committee shall hold at least ten (10) monthly meetings in each fiscal year.
- (b) A quorum of the Medical Advisory Committee shall consist of a majority of the voting members.

54. MEDICAL ADVISORY SUB-COMMITTEES

- (a) The Medical Advisory sub-committees are the Credentialed Staff committees established by the Board within the meaning of the Hospital Management Regulation. They include the following:
 - (i) Credentials Committee,
 - (ii) Infection Control Committee,
 - (iii) Utilization Committee,
 - (iv) Pharmacy and Therapeutics Committee,
- (b) The Medical Advisory Committee may establish other sub-committees as it deems appropriate. They include the following:
 - (i) Order Set Committee;

- (ii) Transfusion Committee; and
- (iii) Orillia & Area Physician Recruitment and Retention Committee.

55. APPOINTMENT TO MEDICAL ADVISORY SUB-COMMITTEES

Pursuant to the Hospital Management Regulation, the Medical Advisory Committee shall appoint the Physician members of all Medical Advisory Sub-Committees as provided for in this By-law. Other members of the Medical Advisory Sub-Committees may be appointed by the Medical Advisory Committee, Chief of Staff or Chief Executive Officer.

56. MEDICAL ADVISORY SUB-COMMITTEE DUTIES

In addition to the specific duties of each Medical Advisory Sub-Committee as approved by the Medical Advisory Committee in its terms of reference, all Medical Advisory Sub-Committees shall:

- (a) meet as directed by the Medical Advisory Committee; and
- (b) present a written report including any recommendations to the Medical Advisory Committee at least annually or as outlined in the terms of reference.

57. MEDICAL ADVISORY SUB-COMMITTEE CHAIR

The Medical Advisory Committee shall appoint the chair of each Medical Advisory Sub-Committee.

58. MEDICAL ADVISORY SUB-COMMITTEE CHAIR DUTIES

The chair of a Medical Advisory Sub-Committee shall:

- (a) chair the Medical Advisory Sub-Committee;
- (b) call meetings of the Medical Advisory Sub-Committee;
- (c) at the request of the Medical Advisory Committee, be present to discuss all or part of any report of the sub-committee; and
- (d) carry out such further and other duties as may be prescribed by the Medical Advisory Committee from time to time.

59. AMENDMENTS TO CREDENTIALLED STAFF BY-LAWS

Prior to submitting this By-law to the Corporation's by-law approval processes, the following procedures shall be followed:

- (a) the Corporation shall provide notice specifying the proposed amendment(s) to the Credentialed Staff;
- (b) the Credentialed Staff shall be afforded an opportunity to comment on the proposed amendment(s); and

- (c) the Medical Advisory Committee shall make recommendations to the Board on the proposed amendment(s).

60. REPEAL AND RESTATEMENT

This By-law repeals By-law No. 1 of the Corporation, being the corporate and credentialed staff by-laws of the Corporation previously enacted the 27th day of June 2023, and restates By-law No. 1 in part as the Credentialed Staff By-law.

CERTIFIED to be the amended and restated credentialed staff by-law of the Corporation approved by the Board by resolution dated the 30th day of January, 2024, and confirmed by the Members by special resolution dated the 6th day of March, 2024.



Chair of the Board



Secretary