



**Credentialed Staff By-Law
ORILLIA SOLDIERS' MEMORIAL HOSPITAL**

**AMENDED BY THE CORPORATION
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ARTICLE 1 - DEFINITIONS AND INTERPRETATION

1.1 Definitions

In this By-law:

- (a) **“Applicant”** means an individual seeking appointment, reappointment, or modification of Credentialed Staff privileges;
- (b) **“Board”** means the board of directors of the Corporation;
- (c) **“By-law”** means this Credentialed Staff By-law;
- (d) **“business day”** means a day other than a Saturday, Sunday, or a statutory holiday in Ontario;
- (e) **“Chief Executive Officer”** means the president and chief executive officer of the Corporation, who is the ‘administrator’ for the purposes of the *Public Hospitals Act*, and the ‘officer in charge’ for the purposes of the *Mental Health Act*;
- (f) **“Chief Nursing Executive”** means the senior nurse employed by the Corporation, who reports directly to the Chief Executive Officer and is responsible for nursing services provided in the Hospital;
- (g) **“Chief of Department”** means the Credentialed Staff member appointed by the Board to serve as such in accordance with this By-law;
- (h) **“Chief of Staff”** means the Credentialed (Medical) Staff member appointed by the Board to serve as such in accordance with the *Public Hospitals Act* and this By-law;
- (i) **“College”** means, as the case may be, the College of Physicians and Surgeons of Ontario, the Royal College of Dental Surgeons of Ontario, the College of Midwives of Ontario, and/or the College of Nurses of Ontario;
- (j) **“Corporation”** means **Orillia Soldiers’ Memorial Hospital**;
- (k) **“Credentials Committee”** means a subcommittee of the Medical Advisory Committee established by the Medical Advisory Committee and tasked with reviewing applications for appointment and reappointment to the Credentialed Staff, and applications for a change in privileges, and making recommendations to the Medical Advisory Committee on these matters, and if no such subcommittee is established it means the Medical Advisory Committee;
- (l) **“Credentialed Staff”** means those Physicians, Dentists, Midwives, and Registered Nurses in the Extended Class credentialed in the process of this By-Law, who are appointed by the Board and granted privileges to practice their profession in the Hospital;

- (m) **“Credentialed Staff Human Resources Plan”** means the plan developed for each Department that provides information and future projections on the management and appointment of the Credentialed Staff based on the mission and strategic plan of the Corporation;
- (n) **“day”**, unless otherwise specified as a business day, means a calendar day;
- (o) **“Dental Staff”** means:
 - (i) oral and maxillofacial surgeons to whom the Board has granted the privilege of diagnosing, prescribing for, or treating Patients in the Hospital; and
 - (ii) Dentists to whom the Board has granted the privilege of attending to Patients in the Hospital.
- (p) **“Dentist”** means a dental practitioner in good standing with the Royal College of Dental Surgeons of Ontario;
- (q) **“Department”** means an organizational unit of the Credentialed Staff to which members with a similar field of practice have been assigned;
- (r) **“Director”** means a member of the Board.
- (s) **“*Excellent Care for All Act*”** means the *Excellent Care for All Act, 2010* (Ontario) and, where the context requires, includes the regulations made under it, and any statute that may be substituted for it, as amended from time to time;
- (t) **“ex officio”** means membership “by virtue of the office” and includes all rights, responsibilities, and powers to vote, unless otherwise specified;
- (u) **“Extended Class Nursing Staff”** means those Registered Nurses in the Extended Class who are:
 - (i) employed by the Corporation and authorized to diagnose, prescribe for, or treat Patients in the Hospital; and
 - (ii) not employed by the Corporation and to whom the Board has granted privileges to diagnose, prescribe for, or treat Patients in the Hospital;
- (v) **“Hospital”** means the public hospital operated by the Corporation;
- (w) **“Impact Analysis”** means a study conducted by the Chief Executive Officer, or delegate, in consultation with the Chief of Staff, or delegate, and the affected Chief(s) of Department, or delegate(s), to determine the impact upon the resources of the Corporation, including the impact upon the resources of a Department, of a proposed appointment of an applicant to the Credentialed Staff or an application by a Credentialed Staff member for additional privileges or a change in membership category;

- (x) **“Lead of Service”** means the Credentialed Staff member appointed to be in charge of a Service;
- (y) **“Medical Advisory Committee”** means the committee established under Article 12;
- (z) **“Medical Staff”** means those Physicians appointed by the Board and granted privileges to practice medicine in the Hospital;
- (aa) **“Member”** means an individual who has been appointed to the Credentialed Staff and who holds clinical privileges in the Hospital;
- (bb) **“Midwife”** means a midwife in good standing with the College of Midwives of Ontario;
- (cc) **“Midwifery Staff”** means those Midwives appointed by the Board and granted privileges to practice midwifery in the Hospital;
- (dd) **“Patient”** means any in-patient or outpatient of the Corporation;
- (ee) **“Physician”** means a medical practitioner in good standing with the College of Physicians and Surgeons of Ontario;
- (ff) **“Policies”** means the administrative, human resources and clinical policies of the Hospital including those Credentialed Staff policies adopted by the Board, the Medical Advisory Committee, or the Chief of Department under Article 2;
- (gg) **“Program Medical Director”** means a physician who provides leadership and medical oversight for specific programs.
- (hh) **“Public Hospitals Act”** means the *Public Hospitals Act* (Ontario) and, where the context requires, includes the regulations made under it, and any statute that may be substituted for it, as amended from time to time;
- (ii) **“Registered Nurse in the Extended Class”** means a member in good standing with the College of Nurses of Ontario, who is a registered nurse and holds an extended certificate of registration under the *Nursing Act, 1991*; and
- (jj) **“Rules”** means the rules adopted by the Board under Article 2; and
- (kk) **“Service”** means an organizational unit of a Department.

1.2 Interpretation

In this By-law, unless the context otherwise requires, words importing the singular number include the plural number and *vice versa*; and “including” or “include(s)” means “including (or include(s)) without limitation”. Where this By-law provides for a matter to be determined, prescribed, or requested by the Board, Medical Advisory Committee, Chief of

Staff, or Chief of Department, in all instances, the determination, prescription, or request may be made from time to time.

1.3 Delegation of Duties

Each of the Chief Executive Officer, Chief of Staff, Chief of a Department, or Lead of a Service may delegate the performance of any of the duties assigned to them under this By-law to others; however, they shall each remain responsible for the performance of their respective duties.

1.4 Consultation with Credentialed Staff

Where the Board or Medical Advisory Committee is required to consult with the Credentialed Staff under this By-law, it shall be sufficient for the Board or Medical Advisory Committee to receive and consider the input of the Credentialed Staff Association, relevant Chiefs of Department, Chief of Staff and/or delegate(s).

ARTICLE 2 - RULES AND POLICIES

2.1 Rules and Policies

- (a) The Board, after consulting with the Credentialed Staff and considering the recommendation of the Medical Advisory Committee, may make Rules as it deems necessary, including Rules for Patient care and safety and the conduct of members of the Medical Staff, Dental Staff, Midwifery Staff, and Extended Class Nursing Staff.
- (b) The Board, after consulting with the Credentialed Staff and considering the recommendation of the Medical Advisory Committee, may adopt Policies applicable to the Medical Staff, Dental Staff, Midwifery Staff, and Extended Class Nursing Staff that are consistent with, and that support the implementation of, the Rules.
- (c) The Medical Advisory Committee, after consulting with the Credentialed Staff, may make Policies applicable to the Medical Staff, Dental Staff, Midwifery Staff, and Extended Class Nursing Staff that are consistent with this By-law, the Rules, and the Board-approved Policies.
- (d) The Chief of Department, after consulting with the Credentialed Staff of the Department, may adopt policies and procedures applicable to the Credentialed Staff of the Department, including policies and procedures that are consistent with, and support the implementation of, the Rules and Policies.

ARTICLE 3 – APPOINTMENT AND REAPPOINTMENT OF CREDENTIALLED STAFF

3.1 Appointment of Credentialed Staff

- (a) The Board, after considering the recommendations of the Medical Advisory Committee, shall appoint annually a Credentialed Staff for the Hospital, and shall grant such privileges as it deems appropriate to each Credentialed Staff member so appointed. Appointments shall continue until the Board has made the appointments for the ensuing year.
- (b) All applications for appointment and reappointment to the Credentialed Staff shall be processed in accordance with the provision of this By-law and the Public Hospital Act. The Board may, at any time, make or revoke any appointment to the Credentialed staff, refuse to reappoint a Credentialed Staff member, or restrict or suspend the privileges of any Credentialed Staff member, in accordance with the provisions of this By-law and the Public Hospital Act.
- (c) The Board may, at any time, make or revoke any appointment to the Credentialed Staff, refuse to reappoint a Credentialed Staff member, or restrict or suspend the privileges of any Credentialed Staff member, in accordance with the provisions of this By-law and the *Public Hospitals Act*.

3.2 Term of Appointment

- (a) Subject to section 3.2(b) each appointment to the Credentialed Staff shall be for a term of up to one year.
- (b) Where a Credentialed Staff member has applied for reappointment within the time prescribed by the Medical Advisory Committee, the current appointment shall continue:
 - (i) unless section 3.2(b)(ii) applies, until the Board grants or does not grant the reappointment; or
 - (ii) in the case of a Credentialed Staff member and where the Board does not grant the reappointment and there is a right of appeal to the Health Professions Appeal and Review Board, until the time for giving notice of a hearing by the Health Professions Appeal and Review Board has expired or, where a hearing is required, until the decision of the Health Professions Appeal and Review Board has become final.

3.3 Application for Appointment to the Credentialed Staff

- (a) The Chief Executive Officer or Chief of Staff shall supply a copy of, or information on how to access, a form of the application, and the mission, vision, values, and strategic plan of the Corporation, the By-law and the Rules and appropriate 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 Credentialed Staff.

- (b) An applicant for appointment to the Credentialed Staff shall submit to the Chief Executive Officer or Chief of Staff one original application in the prescribed form, together with signed consents, to enable the Corporation to make inquiries of the relevant College(s) and other hospitals, institutions, and facilities where the applicant has previously provided professional services or received professional training to allow the Corporation to fully investigate the qualifications and suitability of the applicant.
- (c) An applicant may be required to visit the Corporation for an interview with appropriate Credentialed Staff members and the Chief of Staff and/or Chief Executive Officer and/or their delegate.
- (d) The Board shall approve the prescribed form of application for appointment, re-appointment, and change in privileges after receiving the recommendation of the Medical Advisory Committee.

3.4 Qualifications and Criteria for Appointment

- (a) Only an applicant who meets the qualifications and satisfies the criteria set out in this By-law and who is licensed pursuant to the laws of Ontario is eligible to be a member and appointed to the Credentialed Staff.
- (b) The applicant shall have:
 - (i) certificate of registration, and a certificate of professional conduct or letter of good standing from the relevant College, or the equivalent certificate(s), from their most recent licensing body;
 - (ii) current membership in the Canadian Medical Protective Association (CMPA), Healthcare Insurance Reciprocal of Canada (HIROC) or professional practice liability coverage appropriate to the scope and nature of the intended practice;
 - (iii) adequate training and experience for the privileges requested;
 - (iv) maintained the level of continuing professional education required by the relevant College;
 - (v) up-to-date inoculations, screenings, and tests as may be required by the occupational health and safety policies and practices of the Corporation, the *Public Hospitals Act*, or other legislation;
 - (vi) a demonstrated ability to provide patient care at an appropriate level of quality and efficiency;

- (1) meet an appropriate standard of ethical conduct and behaviour;
 - (2) work and communicate with, and relate to, others in a co-operative, collegial, and professional manner;
 - (3) communicate with, and relate appropriately to, patients and patients' relatives and/or substitute decision makers;
 - (vii) demonstrated adequate control of any significant physical or behavioural impairment affecting skill, attitude, or judgment that might impact negatively on patient care or the operations of the Corporation; and
 - (viii) a willingness to participate in the discharge of obligations, committee, teaching responsibilities, and other duties appropriate to their Credentialed staff category.
- (c) All applicants must agree to govern themselves in accordance with the requirements set out in this By-law, the Corporation's mission, vision, and values, Rules, and Policies.
- (d) All new appointments shall be contingent upon an Impact Analysis demonstrating that the Corporation has the resources to accommodate the applicant and that the applicant meets the needs of the respective Department as described in the Credentialed Staff Human Resources Plan.
- (e) In addition to any other provisions of the By-law, including the qualifications set out in sections 3.4(b), 3.4(c) and 3.4(d), 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;
 - (ii) the Credentialed Staff Human Resources Plan and/or the Impact Analysis does not demonstrate sufficient resources to accommodate the applicant; or
 - (iii) the appointment is not consistent with the mission and strategic plan of the Corporation.

3.5 Procedure for Processing Applications for Credentialed Staff Appointment

- (a) Upon receipt of a completed application, the Chief Executive Officer shall retain a copy of the application and shall refer the original application forthwith to the Medical Advisory Committee through the Chief of Staff, who shall keep a record of each application received and then refer the original application forthwith to the chair of the Credentials Committee, with a copy to the relevant Chief of Department.

- (b) The Credentials Committee shall:
 - (i) review all materials in the application and ensure all required information has been provided;
 - (ii) investigate the qualifications, experience, professional reputation, and competence of the applicant, and consider if the criteria required by this By-law are met;
 - (iii) receive the recommendation of the relevant Chief(s) of Department; and
 - (iv) submit a report of its assessment and recommendations to the Medical Advisory Committee at its next regular meeting, together with a recommendation that the application is acceptable, not acceptable, or is deferred for further investigation. In the case of a recommendation for acceptance, the Credentials Committee shall indicate the privileges that it recommends the applicant be granted.
- (c) The Medical Advisory Committee shall:
 - (i) receive and consider the report and recommendations of the Credentials Committee;
 - (ii) review the application with reference to the Credentialed Staff Human Resources Plan and Impact Analysis; and
 - (iii) send, within 60 days of the date of receipt by the Chief of Staff office, a completed application, written notice of its recommendation to the Board and to the applicant, in accordance with the *Public Hospitals Act*.
- (d) The Medical Advisory Committee may make its recommendation to the Board later than 60 days after receipt of a completed application, provided that, within the 60-day period, it advises the applicant and the Board in writing that a final recommendation cannot be made within the 60-day period and gives written reasons for it.
- (e) 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.
- (f) 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 they are entitled to:
 - (i) written reasons for the recommendation, if the Medical Advisory Committee receives a written request for the reasons from the applicant within seven days of the applicant's receipt of notice of the recommendation; and

- (ii) a Board hearing, if the Board and the Medical Advisory Committee receive a written request for a Board hearing from the applicant within seven days of the applicant's receipt of the written reasons referred to in section 3.5(f)(i).
- (g) Where the applicant does not request a Board hearing, the Board may implement the recommendation of the Medical Advisory Committee.
- (h) Where the applicant requests a Board hearing, it shall be dealt with in accordance with the applicable provisions of the *Public Hospitals Act* and Article 5.
- (i) The Board shall consider the Medical Advisory Committee recommendations within the timeframe specified by the *Public Hospitals Act*.
- (j) The Board, in determining whether to make any appointment or reappointment to the Credentialed Staff or approve any request for a change in privileges, shall take into account the recommendation of the Medical Advisory Committee and such other considerations it, in its discretion, considers relevant, including the Credentialed Staff Human Resources Plan, Impact Analysis, strategic plan, and the Corporation's ability to operate within its resources.

3.6 Temporary Appointment

- (a) Notwithstanding any other provision of this By-law, the Chief Executive Officer, after consulting with the Chief of Staff, may:
 - (i) grant a temporary appointment and temporary privileges to a Physician, Dentist, Midwife, or Registered Nurse in the Extended Class, provided that the appointment shall not extend beyond the date of the next Medical Advisory Committee meeting at which time the action taken shall be reported; and
 - (ii) continue a temporary appointment and temporary privileges on the recommendation of the Medical Advisory Committee until the next Board meeting.
- (b) A temporary appointment may be made for any reason, including:
 - (i) to meet a specific singular requirement by providing a consultation and/or operative procedure; or
 - (ii) to meet an urgent unexpected need for a medical, dental, midwifery, or extended class nursing service.
- (c) The Board may, after receiving the recommendation of the Medical Advisory Committee, continue a temporary appointment granted under section 3.6(a) for such period of time and on such terms as the Board determines.

- (d) If the term of the temporary appointment has been completed before the next Board meeting, the appointment shall be reported to the Board.
- (e) The temporary appointment shall specify the category of appointment and any limitations, restrictions, or special requirements.

3.7 Application for Re-Appointment

- (a) Each year, each Credentialed Staff member desiring reappointment to the Credentialed Staff shall make a written application for reappointment on the prescribed form through the Chief of Staff and the Chief Executive Officer to the Board before the date specified by the Medical Advisory Committee.
- (b) Each application for reappointment to the Credentialed Staff shall contain the following information:
 - (i) a restatement or confirmation of the undertakings and acknowledgements requested as part of an application for appointment or as required by the Rules;
 - (ii) either:
 - (1) a declaration that all information on file at the Corporation from the applicant's most recent application is up-to-date, accurate, and unamended as of the date of the current application; or
 - (2) a description of all material changes to the information on file at the Corporation since the applicant's most recent application, including: an updated curriculum vitae with any additional professional qualifications acquired by the applicant since the previous application and information on any completed or pending disciplinary or malpractice proceedings, restriction in privileges, or suspensions during the past year;
 - (iii) the category of appointment requested and a request for either the continuation of, or any change in, existing privileges;
 - (iv) if requested, a current Certificate of Professional Conduct or equivalent from the relevant College;
 - (v) confirmation that the member has complied with the disclosure duties set out in Article 6.10(b)(iii); and
 - (vi) such other information that the Board may require respecting competence, capacity, and conduct, after considering the recommendation of the Medical Advisory Committee.

- (c) The relevant Chief(s) of Department shall review and make recommendations concerning each application for reappointment within that Department to the Medical Advisory Committee in accordance with a Board-approved performance evaluation process.
- (d) In the case of any application for reappointment in which the applicant requests additional privileges, each application for reappointment shall identify any required professional qualifications and confirm that the applicant holds such qualifications.
- (e) Applications for reappointment shall be dealt with in accordance with the *Public Hospitals Act* and Article 3.5 of this By-law.

3.8 Qualifications and Criteria for Re-Appointment to the Credentialed Staff

- (a) In order to be eligible for re-appointment, the applicant shall:
 - (i) continue to meet the criteria set out in these By-laws;
 - (ii) have conducted themselves in compliance with this By-laws, and the Vision, Mission and Values Statements, Rules and Policies of the Hospital; and
 - (iii) have demonstrated appropriate use of Hospital resources in accordance with the Credentialed Staff Human Resources Plan and the Rules and Policies

3.9 Application for Change of Privileges

- (a) Each member of the Credentialed Staff who wishes to change their privileges shall submit, on the prescribed form, to the Chief of Staff and 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 3.8 and sections 3.5(c) to 3.5(j) of this By-law.

3.10 Leave of Absence

- (a) Upon request of a Credentialed Staff member to the relevant Chief of Department, the Chief of Staff may grant a leave of absence of up to 18 months, after receiving the recommendation of the Medical Advisory Committee:
 - (i) up to 12 months in the event of extended illness or disability of the member, or
 - (ii) up to 18 months in other circumstances acceptable to the Board, such as maternity/paternity leave, upon recommendation of the Chief of Staff.
- (b) After returning from a leave of absence granted in accordance with section 3.10(a), the Credentialed Staff member may be required to produce a medical certificate of fitness from a physician acceptable to the Chief of Staff.
 - (i) The Chief of Staff may impose such conditions on the privileges granted to the member as appropriate.
- (c) Following a leave of absence of longer than 18 months, a Credentialed Staff member shall be required to make a new application for appointment to the Credentialed Staff in the manner and subject to the criteria set out in this By-law

3.11 Resignation

- (a) A Credentialed Staff member wishing to resign or retire from active practice shall, no less than 90 days before the effective date of resignation or retirement, submit a written notice to the Chief of Staff, who shall notify the Chief Executive Officer, Chief of the relevant Department(s), and the chair of the Credentials Committee. The Board and Medical Advisory Committee shall subsequently be notified.

ARTICLE 4 - MONITORING, SUSPENSION, AND REVOCATION

4.1 Monitoring Practices and Transfer of Care

- (a) The Chief of Staff or relevant Chief of Department may review any aspect of Patient care or Credentialed Staff conduct in the Corporation without the consent of the Credentialed Staff member responsible for the care or conduct. Where the care or conduct involves an Extended Class Nursing Staff member, the Chief Nursing Executive may also review the care or conduct.
- (b) Where any Credentialed Staff member or Corporation staff reasonably believes that a Credentialed Staff member is incompetent, attempting to exceed their privileges, incapable of providing a service that they are about to undertake, or acting in a

manner that exposes or is reasonably likely to expose any Patient, healthcare provider, employee, or any other individual at the Corporation, to harm or injury, the individual shall immediately communicate that belief to the Chief of Staff, relevant Chief of Department, or Chief Executive Officer, so that appropriate action can be taken. Where the communication relates to an Extended Class Nursing Staff member, it may also be communicated to the Chief Nursing Executive.

- (c) The Chief of a Department, on notice to the Chief of Staff, where they believe it to be in the Patient's best interests, shall have the authority to examine the condition and scrutinize the treatment of any Patient in their Department and to make recommendations to the attending Credentialed Staff member or any consulting Credentialed 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.
- (d) If the Chief of Staff or Chief of Department becomes aware that, in their opinion a serious problem exists in the diagnosis, care, or treatment of a Patient, the officer shall immediately discuss the condition, diagnosis, care, and treatment of the Patient with the attending Credentialed Staff member. If changes in the diagnosis, care, or treatment satisfactory to the Chief of Staff or Chief of Department are not made, they shall immediately assume the duty of investigating, diagnosing, prescribing for, and treating the Patient.
- (e) Where the Chief of Staff or Chief of Department has cause to take over the care of a Patient, the Chief Executive Officer, Chief of Staff, or Chief of Department, and one other Medical Advisory Committee member, the attending Credentialed Staff member, and the Patient or the Patient's substitute decision maker shall be notified in accordance with the *Public Hospitals Act*. The Chief of Staff or Chief of Department shall file a written report with the Medical Advisory Committee within 48 hours of their action.
- (f) Where the Medical Advisory Committee concurs in the opinion of the Chief of Staff or Chief of Department who has taken action under section 4.1(d) that the action was necessary, the Medical Advisory Committee shall forthwith make a detailed written report to the Chief Executive Officer and the Board of the problem and the action taken.

4.2 Revocation of Appointment or Restriction or Suspension of Privileges

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

- (c) The Chief of Staff or Chief Executive Officer shall prepare and forward a detailed written report to the relevant College as soon as possible and no later than 30 days after the event, where:
 - (i) by reason of incompetence, negligence, or misconduct, a Credentialed Staff member's:
 - (1) application for appointment or reappointment is denied;
 - (2) appointment is revoked; or
 - (3) privileges are restricted or suspended; or
 - (4) a Credentialed Staff member resigns from the Credentialed Staff during the course of an investigation into their competence, negligence, or misconduct.

4.3 Immediate Action

- (a) The Chief Executive Officer, Chief of Staff, or Chief of Department may temporarily restrict or suspend the privileges of any Professional Staff member, in circumstances where in their opinion the member's conduct, performance, or competence:
 - (i) exposes or is reasonably likely to expose any Patient, healthcare provider, employee, or any other individual at the Corporation to harm or injury; or
 - (ii) is or is reasonably likely to be detrimental to Patient safety or to the delivery of quality Patient care within the Corporation, and immediate action must be taken to protect Patients, healthcare providers, employees, and any other individuals at the Corporation from harm or injury.
- (b) Before the Chief Executive Officer, Chief of Staff, or Chief of Department takes action authorized in section 4.3(a), they shall first consult with one of the other of them. If prior consultation is not possible or practicable under the circumstances, the individual who takes the action shall immediately provide notice to the others. The individual who takes the action shall forthwith submit a written report on the action taken with all relevant materials and information to the Medical Advisory Committee.

4.4 Non-Immediate Action

- (a) The Chief Executive Officer, Chief of Staff, or Chief of Department may recommend to the Medical Advisory Committee that the appointment of any Credentialed Staff member be revoked or that their privileges be restricted or suspended in any circumstances where in their opinion the Credentialed Staff member's conduct, performance, or competence:

- (i) fails to meet or comply with the criteria for annual reappointment;
 - (ii) exposes or is reasonably likely to expose any Patient, healthcare provider, employee, or any other individual at the Corporation to harm or injury;
 - (iii) is or is reasonably likely to be detrimental to Patient safety or to the delivery of quality Patient care within the Corporation or impact negatively on the operations of the Corporation; or
 - (iv) fails to comply with the Corporation's by-laws, Rules, or Policies, the *Public Hospitals Act*, or any other relevant law.
- (b) Before making a recommendation under section 4.4(a), an investigation may be conducted. Where an investigation is conducted, it may be assigned to an individual or committee within the Corporation other than the Medical Advisory Committee or an external consultant.

4.5 Referral to Medical Advisory Committee for Recommendations

- (a) Following the temporary restriction or suspension of privileges under Article 4.3, or the recommendation to the Medical Advisory Committee for the restriction or suspension of privileges or the revocation of an appointment of a Credentialed Staff member under Article 4.4, the following process shall be followed:
- (i) the Chief of Department of which the individual is a member or an appropriate alternate designated by the Chief of Staff or Chief Executive Officer shall forthwith submit to the Medical Advisory Committee a written report on the action taken, or recommendation made, as the case may be, with all relevant materials and information;
 - (ii) a date for consideration of the matter shall be set not more than ten (10) business days from the time the written report is received by the Medical Advisory Committee;
 - (iii) as soon as possible and in any event at minimum three business days before the Medical Advisory Committee meeting, the Medical Advisory Committee shall provide the member with a written notice of:
 - (1) the time, date, and place of the meeting;
 - (2) the purpose of the meeting; and
 - (3) a statement of the matter to be considered by the Medical Advisory Committee together with any relevant documentation.
- (b) The date for the Medical Advisory Committee to consider the matter under Article 4.5(a)(ii) may be extended by:

- (i) an additional five (5) business days in the case of a referral under Article 4.3; or
 - (ii) any number of days in the case of a referral under Article 4.4,
 - (iii) if the Medical Advisory Committee considers it necessary to do so.
- (c) The Medical Advisory Committee may:
 - (i) set aside the restriction or suspension of privileges; or
 - (ii) recommend to the Board a revocation of the appointment, or a restriction or suspension of privileges, on such terms as it deems appropriate. Notwithstanding the above, the Medical Advisory Committee may also refer the matter to a subcommittee of the Medical Advisory Committee.
- (d) If the Medical Advisory Committee recommends the continuation of the restriction or suspension of privileges or a revocation of appointment and/or makes further recommendations on the matters considered at its meeting, the Medical Advisory Committee shall, within 24 hours of the Medical Advisory Committee meeting, provide the member with written notice of the Medical Advisory Committee's recommendation.
- (e) The written notice shall inform the member that they are entitled to:
 - (i) written reasons for the recommendation if a request is received by the Medical Advisory Committee within seven days of the member's receipt of the notice of the recommendation; and
 - (ii) a Board hearing if a written request is received by the Board and the Medical Advisory Committee within seven days of the member's receipt of the written reasons requested.
- (f) If the member requests written reasons for the recommendation under Article 4.5(e), the Medical Advisory Committee shall provide the written reasons to the member as soon as practicable but in any event within seven (7) days of receipt of the request.
- (g) 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.
- (h) The Credentialed Staff member involved shall be given an opportunity to respond to the matter being considered as well as to present documents and witnesses if so desired.
- (i) Where the Medical Advisory Committee determines that the matter has no merit, this shall be noted in the minutes of the Medical Advisory Committee.

- (j) Where the Medical Advisory Committee determines that the matter has merit, the Medical Advisory Committee shall make a recommendation to the Hospital Board.
- (k) 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.

4.6 Medical Advisory Committee Procedures

- (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 they be 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 therefore.

- (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 their 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 they did not, acting in good faith, through absence, accident, illness or other cause beyond their 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 monitored, the member's work shall be monitored in a manner to be determined by the Chief of Staff, Chief of the Department, or delegate(s).
- (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.

ARTICLE 5 - BOARD HEARING

5.1 Board Hearing Procedures

- (a) A Board hearing shall be held when one of the following occurs:
 - (i) the Medical Advisory Committee recommends to the Board that an application for appointment, reappointment, or requested privileges not be granted and the applicant requests a hearing in accordance with the *Public Hospitals Act*; or
 - (ii) the Medical Advisory Committee makes a recommendation to the Board that the privileges of a Credentialed Staff member be restricted or suspended, or an appointment be revoked, and the member requests a hearing.
- (b) The Board shall name a time, date, and place for the hearing.

- (c) The Board hearing shall be held:
 - (i) in the case of immediate restriction or suspension of privileges, within seven (7) days of the date the member requests the hearing under section 5.1(a);
 - (ii) in the case of non-immediate restriction or suspension of privileges, subject to section 5.1(d), as soon as practicable but not later than 28 days after the Board receives the written notice from the member requesting the hearing.
- (d) The Board may extend the time for the hearing date if it considers an extension appropriate.
- (e) the Hospital Board shall provide written notice of the hearing to the applicant or member and to the Medical Advisory Committee at the earliest possible opportunity and in any event, at minimum five (5) days before the hearing date.
- (f) 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 their 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.
- (g) 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.
- (h) 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.
- (i) Members of the Board holding the hearing shall not have taken part in any investigation or consideration of the subject matter of the hearing and shall not

communicate directly or indirectly in relation to the subject matter of the hearing with any person or with any party or their representative, except upon notice to and an opportunity for all parties to participate. Despite the foregoing, the Board may obtain legal advice.

- (j) The findings of fact of the Board pursuant to a hearing shall be based exclusively on evidence admissible or matters that may be noticed under the *Statutory Powers Procedure Act*.
- (k) No member of the Hospital Board shall participate in a decision of the Hospital Board pursuant to a hearing unless they were 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.
- (l) The Hospital Board shall make a decision to either follow or not follow the recommendation of the Medical Advisory Committee.
- (m) 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 Chief of Staff/Chair of the Medical Advisory Committee.
- (n) 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 their 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 they did not, acting in good faith, through absence, accident, illness or other cause beyond his or her control receive it until a later date.

ARTICLE 6 - CREDENTIALLED STAFF CATEGORIES AND DUTIES

6.1 Credentialed 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;

- (vii) such other categories as the Board may determine after considering the recommendation of the Medical Advisory Committee; and
- (viii) Honorary
- (b) Every Credentialed Staff applying to the Active Staff category shall be assigned to the Associate Staff category for a probationary period unless the Board requires otherwise.
- (c) The Extended Class Nursing Staff may be divided into such categories as the Board may determine after considering the recommendation of the Medical Advisory Committee.

6.2 Active Staff

- (a) The Active Staff shall consist of those Physicians, Dentists, Extended Class Registered Nurse Practitioners, and Midwives whom the Board appoints to the Active Staff and who have completed satisfactory service as Associate Staff for at minimum, a one-year period, or who the Board, on the recommendation of the Medical Advisory Committee, appoints directly to the Active Staff.
- (b) Except where approved by the Board, no 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) All 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 other Medical Staff, Dental Staff, Midwifery Staff or Extended Class Nursing Staff when requested by the Chief of Staff or the Chief of the Department to which they have been assigned;

- (iv) fulfil such on-call requirements as may be established for each Department or Service in accordance with the Credentialed Staff Human Resource Plan and the Rules and Policies; and
- (v) 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.
- (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.

6.3 Associate Staff

- (a) Physicians, Dentists, Extended Class Registered Nurse Practitioners, and 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.
- (b) Each Associate Staff member shall:
 - (i) have admitting privileges unless otherwise specified in their appointment;
 - (ii) work under the supervision of an Active Staff member named by the Chief of Staff or Chief of the Department to which they have been assigned;
 - (iii) undertake such duties in respect of Patients as may be specified by the Chief of Staff and, if appropriate, by the Chief of the Department to which they have been assigned;
 - (iv) fulfil such on call requirements as may be established for each Department or Service in accordance with the Credentialed Staff Human Resources Plan and the Rules and Policies; and
 - (v) 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.
- (c) (i) At six-month intervals following the appointment of an Associate Staff member to the Credentialed 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 Staff on:
 - (1) the knowledge and skill that has been shown by the Associate Staff member;
 - (2) the nature and quality of their work in the Corporation; and

- (3) their performance and compliance with the criteria set out in section 3.4(b);
- (ii) The Chief of Staff shall forward such report to the Credentials Committee.
- (iii) Upon receipt of the report, the Credentials Committee shall review the appointment of the Associate Staff member and make a recommendation to the Medical Advisory Committee.
- (iv) If any report is not favourable to the Associate Staff member, the Medical Advisory Committee may recommend that their appointment be terminated.
- (v) No Associate Staff member shall be recommended for appointment to the Active Staff unless they have been an Associate Staff member for at least one year.
- (vi) Appointment to the Associate Staff may only be continued beyond a two year period under supervision requirements, other extenuating circumstances and at the approval of the Chief of Staff, Chief of Department and the Medical Advisory Committee.
- (d) Members of the Associate Staff shall have the right to vote at meetings of the Credentialed Staff Association.
- (e) A member of the Associate Staff shall not be elected a Credentialed Staff Association officer.
- (f) Credentialed Associate Staff may be appointed to a committee of the Medical Advisory Committee or other Hospital or Medical Staff Committees.

6.4 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 or Associate 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/Associate 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) Courtesy Staff members shall:
 - (i) have such limited privileges as may be granted by the Board on an individual basis;
 - (ii) attend Patients and undertake treatment and operative procedures only in accordance with the kind and degree of privileges granted by the Board; and
 - (iii) be responsible to the Chief of Department to which they have been assigned for all aspects of Patient care.
- (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.

6.5 Regional Affiliate Staff

- (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.

6.6 Locum Tenens Staff

- (a) The Locum Tenens Staff shall consist of those Credentialed Staff whom the Board appoints to the Locum Tenens Staff in order to meet specific clinical needs for a defined period of time in one or more of the following circumstances
 - (i) to be a planned replacement for a Credentialed Staff for a specified period of time; or
 - (ii) to provide episodic or limited surgical or consulting services.
 - (iii) to meet a clinical need or fill a specified service gap
- (b) The period of appointment shall be for a term of up to 12 months and may be subject to renewal at the discretion and approval of the Board.
- (c) A Locum Tenens Staff member shall:
 - (i) have admitting privileges unless otherwise specified in their appointment;
 - (ii) work under the supervision of a member of the Active Staff who has been assigned this responsibility by the Chief of Staff; and
 - (iii) attend Patients and undertake treatment and operative procedures only in accordance with the kind and degree of privileges granted by the Board.

6.7 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 or the Chief of Staff, after consultation with the relevant Department Chiefs/Credentialed Staff, 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.
- (c) The Board may, after receiving the recommendation of the Medical Advisory Committee, continue a temporary appointment granted under Article 6.7(a) for such period of time and on such terms as the Board determines.
- (d) If the term of the temporary appointment has been completed before the next Board meeting, the appointment shall be reported to the Board.
- (e) The temporary appointment shall specify the category of appointment and any limitations, restrictions, or special requirements.

6.8 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.

6.9 Extended Class Nursing Staff

- (a) The Board, after considering the advice of the Medical Advisory Committee, will delineate the privileges for each Extended Class Nursing member who is not an employee of the Corporation. May attend meetings of the Credentialed Staff Association, shall have rights to vote, shall not hold office CSA.
- (b) Each new applicant for appointment to the Extended Class Nursing Staff shall be appointed for an initial probationary period of one year.
- (c) Before completion of the six (6) month probationary period, the Chief of Department, in consultation with the Chief Nursing Executive, shall complete a performance evaluation for an Extended Class Nursing Staff member on the knowledge and skill that has been shown by the Extended Class Nursing Staff member, the nature and quality of their work, their performance and compliance with the criteria set out in Article 3.4(b), and such report shall be forwarded to the Credentials Committee.
- (d) The Credentials Committee shall review the report and shall make a recommendation to the Medical Advisory Committee, which shall, in turn, make a recommendation to the Board.

6.10 Credentialed 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) shall perform the duties, undertake the responsibilities, and comply with the provisions set out in this By-law and the Rules and Policies;
 - (ii) ensure that an acceptable standard of care is provided to Patients and their families/caregivers;
 - (iii) shall immediately advise the Chief of Staff and Chief Executive Officer of:
 - (1) the commencement of any investigation or proceeding that would be required to be disclosed by this By-law, the credentialing policy and/or reapplication process;

- (2) any change in the member's licence to practise made by the relevant College or any change in professional practice liability coverage; and
 - (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 and 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:
 - (1) the Chief of Staff and the Medical Advisory Committee;
 - (2) the Chief of Department;
 - (3) the Head of Service, if applicable;
 - (4) the Chief Executive Officer; and
 - (5) 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 primary Department of which they are a member.
- (d) If the Chief of Staff and/or Chief of Department request(s) a meeting with a Credentialed Staff member for the purpose of interviewing that Credentialed Staff member about any matter, the Credentialed Staff member shall attend the interview at a mutually agreeable time but within 14 days of the request.
- (i) If the Credentialed Staff member so requests, they may bring a representative with them to the meeting
 - (ii) The Chief of Staff and/or Chief of Department may extend the date for attendance at the interview at their discretion

- (iii) If requested by the Chief of Staff and/or Chief of Department, the Credentialed Staff member attending the meeting shall produce any documents requested by the Chief of Staff and/or Chief of Department for discussion at the meeting
- (iv) If a criminal record check and/or vulnerable sector check is requested, the request shall be made at a meeting with the Credentialed Staff member where the Chief of Staff and Chief Executive Officer are both present. Any expense incurred in obtaining a criminal record check and/or vulnerable sector check is the responsibility of the Credentialed Staff member

ARTICLE 7 - CREDENTIALLED STAFF LEADERSHIP POSITIONS

7.1 General

- (a) The Board may appoint an individual on an acting or interim basis where there is a vacancy in any office referred to in section 7.2, 9.1, 9.2, or 10.2 or while the individual holding any such office is absent or unable to act.
- (b) If the term of office of any medical leader expires before a successor is appointed, the Board may extend the appointment of the incumbent.
- (c) Subject to annual confirmation by the Board, the appointment of a medical leader shall be for a term of up to two years.
- (d) The maximum number of consecutive terms of service of a medical leader shall be ten years but may be extended at the request of the Board or until a successor is appointed.
- (e) The Credentialed Staff Leader shall undergo a Leadership Development Review, as per the prescribed process, annually.
- (f) The Board shall receive and consider the recommendation of the Medical Advisory Committee and appropriate Credentialed Staff before it makes an appointment to a Credentialed Staff leadership position.
- (g) The Board may revoke any appointment to any position referred to in sections 7.2, 9.1, 9.2, or 10.2 at any time.

7.2 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) The Chair of the Board or delegated elected Director on the Board;
 - (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 their 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), but may be extended at the request of the Board or until a successor is appointed.
- (e) The Board may at any time revoke or suspend the appointment of the Chief of Staff.

7.3 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;
- (v) be ex-officio a member of all committees reporting to the Medical Advisory Committee; and

- (w) perform such additional duties as may be outlined in the Board-approved Chief of Staff position description, or as set out in the Rules, or as assigned by the Board.

ARTICLE 8 - DEPARTMENTS AND SERVICES

8.1 Departments

- (a) The Board, on the advice of the Medical Advisory Committee, may divide the Credentialed Staff into Departments.
- (b) 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.
- (c) The Board, after considering the advice of the Medical Advisory Committee, may at any time establish or disband Departments.
- (d) All Departments shall function in accordance with the Credentialed Staff Rules.
- (e) The Board shall appoint each Credentialed Staff member to a minimum of one Department, as applicable to their training and scope of practice. Appointment may extend to one or more additional Departments.
- (f) Credentialed Staff Midwives shall be assigned to the Department of Obstetrics

8.2 Services

- (a) The Board may divide, create or amalgamate a Department(s) into Services after considering the recommendation of the Medical Advisory Committee.

ARTICLE 9 - CHIEFS OF DEPARTMENT

9.1 Chiefs 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 and is included as a member of the Credentialed Staff Leadership.
- (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) an Executive of the Credentialed Staff Association
 - (vi) a Program Medical Director; and
 - (vii) 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 for consecutive terms, or until a successor is appointed.
- (e) The Board may at any time revoke or suspend the appointment of a Chief of Department.

9.2 Deputy Chiefs of Departments

- (a) If desired, the Board may appoint a Deputy Chief of Department. The Deputy Chief of Department, if appointed, is the delegate of the Chief of Department and is included as a member of the Credentialed Staff Leadership.
- (b) The Deputy Chief of Department has responsibilities and duties similar to those of the Chief of Department as determined by the Chief of Department.

9.3 Duties, 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 they becomes aware of any Patient who is not receiving appropriate

treatment and care, and fulfill the responsibilities outlined under section 4.1, Monitoring, Suspension, and Revocation 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.

9.4 Department Meetings

- (a) Department meetings shall be held in accordance with Credentialed Staff Rules.

- (b) Each member of the Active and Associate Staff categories shall attend at least seventy percent (70%) of the meetings of the Department of which they are a member

ARTICLE 10 - SERVICES IN A DEPARTMENT

10.1 Services

- (a) 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.

10.2 Leads of Service

- (a) When Services are established under a Department(s), the Board may appoint a Lead of Service or may delegate to the Medical Advisory Committee the authority to appoint one or more Leads of Service who are included as Credentialed Staff Leadership.
- (b) The Lead of Service shall:
 - (i) be responsible to the Chief of the Department(s) for the quality of care rendered to Patients by Credentialed Staff members of that Service; and
 - (ii) perform all of the duties as may be assigned by the Board, Chief of Staff, or Chief of Department, or as set out in an approved position description.
- (c) Be a non-voting member of the Medical Advisory Committee as set out in an approved position description
- (d) Subject to annual confirmation of the Board, the appointment of a Lead of Service shall be for a term of two (2) years, but 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 Lead of Service.

ARTICLE 11 - CREDENTIALLED STAFF ASSOCIATION

11.1 Credentialed Staff Association Meetings

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

- (b) A written notice of each regular meeting shall be circulated by the Secretary/Treasurer of the Credentialed Staff Association at least five (5) days before the meeting.
- (c) A written notice of each annual meeting shall be circulated by the Secretary/Treasurer of the Credentialed Staff Association at least ten (10) days before the meeting.
- (d) The President of the Credentialed Staff Association may call a special meeting.
 - (i) 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.
 - (ii) 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.
 - (iii) 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.
- (e) The Credentialed Staff Association officers may determine that any Credentialed Staff meeting may be held by electronic (virtual) means. Where a Credentialed Staff meeting is held by electronic means, the word “present” shall mean present physically or by electronic means, and a vote may be taken by show of hands, voice vote, or other electronic means of voting.
- (f) The order of business at any meeting of the Credentialed Staff Association shall be as set out in the Credentialed Staff Rules.
- (g) Each member of the Active and Associate Medical Staff shall attend at least fifty percent (50%) of the regular Credentialed Staff Association meetings
- (h) 40% Credentialed Staff members entitled to vote and present shall constitute a quorum at any Credentialed Staff Association meeting.
- (i) Credentialed Staff meetings held in accordance with this Article shall be deemed to meet the requirement to hold Medical Staff meetings under the *Public Hospitals Act*.

11.2 Credentialed 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 Article 11.4. The officer so elected shall fill the office until the next annual meeting of the Credentialed Staff Association.

11.3 Eligibility for Office

- (a) Only physician members in good standing as Active or Associate staff can be elected or appointed to any position or office with the Credentialed Staff Association.

11.4 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 circulate 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 11.4(b).
 - (i) Further nominations referred to in section 11.4(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 circulated alongside the list referred to in section 11.4(b).

11.5 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) or until a successor is nominated.
- (c) Additional terms may be approved by the Credentialed Staff Association.

11.6 Duties of the President of the Credentialed Staff Association

The President of the Credentialed Staff Association shall:

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

11.7 Duties of the Vice-President of Credentialed Staff Association

The Vice-President of the Credentialed Staff Association shall:

- (a) be a non-voting Director of the Board and a voting member of the Corporation;
- (b) be a member of the Medical Advisory Committee;
- (c) be a voting member of the Quality and Safety Committee of the Board;
- (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 their duties and possess their powers, in the absence or disability of the President; and,

- (f) perform such duties as the President of the Credentialed Staff Association may delegate.

11.8 Duties of the Secretary/Treasurer and other Officers of the Credentialed 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.

Other Officers:

- (a) The duties of any other Credentialed Staff Association officers shall be determined by the Credentialed Staff

ARTICLE 12 - MEDICAL ADVISORY COMMITTEE

12.1 Membership of the Medical Advisory Committee

The Medical Advisory Committee composition 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) Leads of Service (as delineated in approved position description);
 - (ii) Deputy Chiefs (unless providing proxy for Department Chief);
 - (iii) Chief Executive Officer;
 - (iv) Chief Nursing Executive;
 - (v) a Director of the Board

12.2 Duties of the Medical Advisory Committee

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

- (a) make recommendations to the Board on the following matters:
 - (i) every application for appointment or reappointment to the Credentialed Staff, and any request for a change in privileges;
 - (ii) the privileges to be granted to each Credentialed Staff member;
 - (iii) this By-law and the Rules and Policies;
 - (iv) the revocation of appointment or the suspension or restriction of privileges of any Credentialed Staff member; and

- (v) the quality of care provided in the Hospital by the Credentialed Staff;
- (b) supervise the practice and behaviours of the Credentialed Staff in the Hospital;
- (c) develop a Credentialed Staff human resources plan;
- (d) appoint the Medical Staff members of all Medical Advisory Committee subcommittees;
- (e) receive reports of the Medical Advisory Committee subcommittees;
- (f) advise the Board on any matters that it refers to the Medical Advisory Committee; and
- (g) 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 under the *Public Hospitals Act*, make recommendations about those issues to the Hospital's quality committee established under the *Excellent Care for All Act*.

12.3 Meetings and Quorum

- (a) The Medical Advisory Committee shall schedule 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 which is 50% + 1.

12.4 Medical Advisory Subcommittees

- (a) The Board may, on the recommendation of the Medical Advisory Committee, establish such standing and special subcommittees of the Medical Advisory Committee as may be necessary or advisable for the Medical Advisory Committee to perform its duties under the *Public Hospitals Act* or this By-law.
- (b) The terms of reference and composition for any standing or special subcommittees of the Medical Advisory Committee may be set out in the Rules or in a Board resolution, on the recommendation of the Medical Advisory Committee. The Medical Advisory Committee shall appoint the Medical Staff members of any Medical Advisory Committee subcommittee and the Board may appoint other subcommittee members.

ARTICLE 13 - REPEAL AND RESTATEMENT

This By-law repeals and restates in its entirety the Corporate and Credentialed Staff By-laws of the Corporation previously enacted.

ENACTED the 23rd day of June, 2026