



PROFESSIONAL STAFF BY-LAWS

[APPROVED: MARCH 28, 2019]

TABLE OF CONTENTS

Article 1 Definitions and Interpretation	1
1.1 Definitions.....	1
1.2 Delegation of Duties	2
1.3 Consultation with Professional Staff.....	3
1.4 Interpretation	3
Article 2 Rules and Policies.....	3
2.1 Rules and Policies	3
Article 3 Professional Staff Duties and Categories	3
3.1 Duties of Professional Staff.....	3
3.2 Professional Staff Categories	4
3.3 Active Staff	4
3.4 Associate Staff	5
3.5 Consultant Staff.....	5
3.6 Fellows	5
3.7 Other	6
Article 4 Appointment and Re-Appointment of Professional Staff.....	6
4.1 Appointment and Revocation.....	6
4.2 Term of Appointment.....	6
4.3 Qualifications and Criteria for Appointment and Re-Appointment	7
4.4 Procedure for Approving Applications for Initial Appointment to the Professional Staff	8
4.5 Temporary Appointment.....	8
4.6 Procedure for Approving Application for Re-Appointment to the Professional Staff	8
4.7 Credentials Committee Review of Applications for Appointment or Re-Appointment.....	9
4.8 Medical Advisory Committee Review of Applications for Appointment or Re-Appointment	9
4.9 Application for Change of Privileges	10
4.10 Leave.....	10
Article 5 Monitoring of Care, and Suspension, Restriction, or Revocation of Privileges.....	10
5.1 Monitoring Practices and Transfer of Care	10
5.2 Suspension, Restriction or Revocation of Privileges.....	11
5.3 Immediate Temporary Action	11
5.4 Non-Immediate Action.....	12
5.5 Referral to Medical Advisory Committee for Recommendations	12
5.6 Regulatory Agency Notification	13
Article 6 Board Hearing.....	13
6.1 Board Hearing	13
Article 7 Departments and Divisions	15
7.1 Departments	15
7.2 Divisions within a Department.....	15
7.3 Changes to Departments and Divisions.....	15
7.4 Department Meetings	15
Article 8 Leadership Positions	15
8.1 Professional Staff Leadership Positions	15
8.2 Chair of the Medical Advisory Committee	16
8.3 Responsibilities and Duties of the Chair of the Medical Advisory Committee.....	16
8.4 Other Duties of the Chief of Staff	17
8.5 The Vice Chair of the Medical Advisory Committee.....	18
8.6 The Chiefs of Departments	18

8.7	Chief of Department - Selection or Re-Appointment Committee	18
8.8	Duties of Chiefs of Department	19
8.9	Appointment and Duties of Deputy Chiefs of Departments.....	19
Article 9 Medical Advisory Committee.....		20
9.1	Composition of Medical Advisory Committee	20
9.2	Recommendations of the Medical Advisory Committee	20
9.3	Medical Advisory Committee Duties and Responsibilities	20
9.4	Medical Advisory Committee Sub-committees	21
9.5	Quorum for Medical Advisory Committee and Sub-Committee Meeting	21
Article 10 Meetings – Professional Staff		21
10.1	Regular, Annual, and Special Meetings of the Professional Staff.....	21
10.2	Quorum	22
10.3	Rules of Order.....	22
10.4	Professional Staff Meetings	22
Article 11 Professional Staff Officers.....		22
11.1	Professional Staff Officers	22
11.2	Eligibility for Office.....	23
11.3	Nominations and Election Process	23
11.4	President of the Professional Staff	23
11.5	Vice President of the Professional Staff.....	23
11.6	Secretary/Treasurer of the Professional Staff.....	24
Article 12 Amendments.....		24
12.1	Amendments to this By-law	24
12.2	Amendments to the By-law Appendices	24
12.3	Repeal and Restatement	24
APPENDIX I Initial Appointment		25
APPENDIX II Re-Appointment.....		28
APPENDIX III Annual Performance Appraisal		30
APPENDIX IV Additional Duties of the Medical, Dental, and Midwifery Staff		31
APPENDIX V Departments.....		33
APPENDIX VI Medical Advisory Sub-Committees.....		34
APPENDIX VII Hospital Impact Analysis.....		35

Article 1 Definitions and Interpretation

1.1 Definitions

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

- (a) **“Board”** means the board of directors of the Corporation;
- (b) **“Business day”** means a day other than a Saturday, Sunday, or a statutory holiday in Ontario;
- (c) **“By-law”** means this by-law;
- (d) **“Chair of the Medical Advisory Committee”** means the Medical Staff member appointed to serve as Chair of the Medical Advisory Committee under section 8.2;
- (e) **“Chief Nursing Executive”** means the senior nurse employed by the Corporation, who reports directly to the President and Chief Executive Officer and is responsible for nursing services provided in the Hospital;
- (f) **“Chief of Department”** means the Professional Staff member appointed by the Board to be responsible for, and accountable to the Chief of Staff for, the professional standards and quality of care rendered by the members of that Department at the Hospital;
- (g) **“Chief of Staff”** means a Medical Staff member appointed by the Board to serve as Chief of Staff in accordance with the *Public Hospitals Act* and to be responsible for professional standards and quality of care rendered by the Professional Staff. The Chief of Staff shall also act as the Chair of the Medical Advisory Committee;
- (h) **“Clinical Director”** means the Hospital administrator responsible for the clinical program;
- (i) **“College”** means, as the context may require, the College of Physicians and Surgeons of Ontario, the Royal College of Dental Surgeons of Ontario, and the College of Midwives of Ontario, or their equivalents;
- (j) **“Corporation”** means Bruyère Continuing Care Inc.;
- (k) **“Credentials Committee”** means the sub-committee established to review applications for appointment and re-appointment to the Professional Staff and to make recommendations to the Medical Advisory Committee;
- (l) **“day”**, unless otherwise specified as a business day, means a calendar day;
- (m) **“Dental Staff”** means those Dentists appointed by the Board to attend or perform dental services for Patients in the Hospital;
- (n) **“Dentist”** means a dental practitioner in good standing with the Royal College of Dental Surgeons of Ontario;
- (o) **“Department”** means an organizational unit of the Professional Staff to which members with a similar field of practice have been assigned;
- (p) **“Director”** means a Board member;

- (q) **“Division”** means an organizational unit of a Department;
- (r) **“Hospital”** means the public hospital operated by the Corporation;
- (s) **“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 Professional Staff or an application by a Professional Staff member for changes to Privileges;
- (t) **“Medical Advisory Committee”** means the committee established under section 9.1;
- (u) **“Medical Staff”** means those Physicians who are appointed by the Board and who are granted Privileges to practice medicine in the Hospital;
- (v) **“Midwife”** means a midwife in good standing with the College of Midwives of Ontario;
- (w) **“Midwifery Staff”** means those Midwives who are appointed by the Board and who are granted Privileges to practice midwifery in the Hospital;
- (x) **“Patient”** means any in-patient or out-patient of the Corporation;
- (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, occupational health & safety, clinical, infection prevention & control, governance, and professional policies of the Corporation, including policies and procedures adopted by the Board under Article 2;
- (aa) **“President and Chief Executive Officer”** means, in addition to ‘administrator’ as defined in the *Public Hospitals Act*, the President and Chief Executive Officer of the Corporation;
- (bb) **“Privileges”** means the right to admit in-patients, register out-patients, and/or provide the clinical services, which the Board has granted to a Professional Staff member;
- (cc) **“Professional Staff”** means the Medical Staff, Dental Staff, and Midwifery Staff;
- (dd) **“Professional Staff Human Resources Plan”** means the plan developed by the President and Chief Executive Officer in consultation with the Chief of Staff and Chiefs of Department based on the mission, vision, values, and strategic plan of the Corporation, which plan provides information and future projections of this information on the management and appointment of Physicians, Dentists, and Midwives who are or may become staff members;
- (ee) **“Professional Staff Officers”** means the officers of the Professional Staff as specified in section 11.1(2);
- (ff) **“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;
- (gg) **“Rules”** means the rules governing the practice of the Professional Staff in the Hospital both generally and within a particular Department, including rules that have been approved by the Board after considering the recommendation of the Medical Advisory Committee.

1.2 Delegation of Duties

Any of the President and Chief Executive Officer, Chief of Staff, and Chief of Department shall be responsible for the duties assigned to them under this By-law, and they may delegate these duties to others.

1.3 Consultation with Professional Staff

For the purposes of this By-law, where the Board or the Medical Advisory Committee is required to consult with the Professional Staff, it shall be sufficient for the Board or the Medical Advisory Committee, as applicable, to receive and consider the input of the Professional Staff Officers.

1.4 Interpretation

In this By-law, unless the context otherwise requires, words importing the singular number shall include the plural number and vice versa; words importing one gender shall include all genders; and the word “including” shall not connote an exhaustive list.

Article 2 Rules and Policies

2.1 Rules and Policies

- (1) The Board, after considering the recommendation of the Medical Advisory Committee and consulting with the Professional Staff, may make Rules as it deems necessary, including rules for patient care and safety and the conduct of Professional Staff members.
- (2) The Board, after considering the recommendation of the Medical Advisory Committee, may adopt Policies applicable to the Professional Staff, including policies and procedures that are consistent with the Rules and support the implementation of the Rules.

Article 3 Professional Staff Duties and Categories

3.1 Duties of Professional Staff

- (1) Each Professional Staff member:
 - (a) is accountable to and shall recognize the authority of the Board through and with the Chief of Staff, Chief of Department, and President and Chief Executive Officer;
 - (b) shall co-operate with and respect the authority of:
 - (i) the Chief of Staff and the Medical Advisory Committee;
 - (ii) the Chiefs of Department;
 - (iii) the President and Chief Executive Officer;
 - (c) shall undertake to care and treat for such Patients as they may be assigned by the Chief of Staff through the Chief of Department;
 - (d) shall perform the duties, undertake the responsibilities, and comply with the provisions, set out in this By-law, the Rules and Policies, the applicable code of conduct of their College, and all legislation and regulations concerning professional practice within the Hospital;
 - (e) shall forthwith advise the Chief of Staff and Chief of Department of the commencement of any College investigation or disciplinary proceeding, proceeding to restrict or suspend Privileges at another hospital, or malpractice action; and
 - (f) shall perform such additional duties of the Professional Staff as are outlined in Appendix IV.

3.2 Professional Staff Categories

- (1) The Professional Staff shall be divided into the following categories:
 - (a) Active;
 - (b) Associate;
 - (c) Consultant;
 - (d) Fellow;
 - (e) Other; and
 - (f) any other categories as may be determined by the Board from time to time having given consideration to the recommendation of the Medical Advisory Committee.

3.3 Active Staff

- (1) The Active Staff shall consist of those Physicians, Dentists, and Midwives appointed to the Active Staff by the Board, who have completed three years of satisfactory service as Associate Staff, or who the Board, on the recommendation of the Medical Advisory Committee, appoints directly to the Active Staff. Chiefs of Department and the Chief of Staff are appointed directly to the Active Staff.
- (2) Each Active Staff member shall:
 - (a) have admitting Privileges unless otherwise specified in their appointment and, if a Dentist, admit patients on the joint order of the Dentist and a Physician who is an Active Staff or Associate Staff member.
 - (b) attend Patients and undertake treatment and operative procedures only in accordance with the kind and degree of Privileges granted by the Board;
 - (c) be responsible to the Chief of Department to which they have been assigned for all aspects of Patient care, professional conduct, and ethical practice;
 - (d) act as a supervisor of other Professional Staff members when requested by the Chief of Staff;
 - (e) practice in accordance with the Rules and Policies, including those governing on call and emergency response duties;
 - (f) perform such other duties as may be assigned by the Chief of Staff;
 - (g) if a Physician, be entitled to attend and vote at Professional Staff meetings and be eligible to be a Professional Staff Officer;
 - (h) if a Dentist, be entitled to attend and vote at Professional Staff meetings but not be eligible to be a Professional Staff Officer; and
 - (i) if a Midwife, be entitled to attend Professional Staff meetings but not be eligible to vote or be a Professional Staff Officer.

3.4 Associate Staff

- (1) Physicians, Dentists, or Midwives who are applying for appointment to the Active Staff, subject otherwise to the determination of the Board, shall be initially assigned to the Associate Staff category. In no event shall an appointment to the Associate Staff extend beyond three years in this category.
- (2) An Associate Staff Midwife shall work with the advice, counsel, and under the supervision, of an Active Staff Midwife or Medical Staff member named by the Chief of Department of Family Medicine.
- (3) Each Associate Staff member shall fulfill the obligations and duties of Active Staff members as stipulated above. In addition:
 - (a) at six month intervals following the appointment of an Associate Staff member to the Professional Staff, the Active Staff member by whom the Associate Staff member has been supervised shall complete a performance evaluation and shall make a written report to the Chief of Staff, concerning the fulfillment of the requirements for the appointment as per Appendix IV, and the Chief of Staff shall forward the report to the Credentials Committee;
 - (b) upon receipt of the report, the Credentials Committee shall review the appointment of the Associate Staff member, and shall make a recommendation to the Medical Advisory Committee;
 - (c) if any report made under sections 3.4(3)(a) or 3.4(3)(b) is not favourable to the Associate Staff member, the Medical Advisory Committee may recommend that the appointment of the Associate Staff member be terminated;
 - (d) no Associate Staff member shall be recommended for appointment to the Active Staff unless they have been an Associate Staff member for at least three years. In no event shall an appointment to the Associate Staff be continued for more than three years.

3.5 Consultant Staff

- (1) Consulting Staff consist of Physicians who have been admitted to the Consulting Staff by the Board, upon recommendation of the Medical Advisory Committee, in order to meet specific clinical consulting needs for a defined period of time.
- (2) The appointment of a Physician as a Consulting Staff member may be for up to one year subject to renewal upon re-application. The Consulting Staff shall consist of:
 - (a) specialists with a fellowship or certification in their specialty; and
 - (b) Physicians with a reputation among the Medical Staff members for particular expertise and/or performing work of high quality.
- (3) A Consulting Staff member shall:
 - (a) not have admitting Privileges or discharge Patients; and
 - (b) write orders on the Patient's record requiring co-signature of the attending/most-responsible Physician.

3.6 Fellows

- (1) Fellows shall consist of medical graduates who are at the Hospital to complete an educational program, and are not registered within an educational program of an affiliated educational institution.

Appointments of Fellows shall be ratified by the Board, upon recommendation of the university program head, Chief of Department, and Medical Advisory Committee.

(2) Fellows shall:

- (a) work under supervision of the Chief of Department to which they have been assigned;
- (b) undertake to care for Patients within the limitations of their license and as specified in their letter of appointment as approved by the Board; and
- (c) abide by all Rules and Policies.

3.7 **Other**

- (1) Other Staff consist of Physicians, who have been appointed to the Other Staff by the Board, upon recommendation of the Medical Advisory Committee, because of their knowledge, skills, experience, and qualifications.
- (2) Other Staff members may be granted specific Privileges within the scope of their expertise, which will be determined annually by the appropriate Department Head, Division Head, or service unit head. These Privileges will be individually and specifically outlined within supporting documentation for the appointment, and as recommended by the Medical Advisory Committee and approved by the Board.
- (3) Where Other Staff members hold Privileges for more than 12 consecutive months, their reappointment will comply with the requirements of the Associate Staff.

Article 4

Appointment and Re-Appointment of Professional Staff

4.1 **Appointment and Revocation**

- (1) The Board, after considering the recommendations of the Medical Advisory Committee, shall appoint annually a Medical Staff, and may appoint a Dental Staff and Midwifery Staff, and shall grant such Privileges as it deems appropriate to each Professional Staff member so appointed.
- (2) The Board shall from time to time establish criteria for appointment to the Professional Staff.
- (3) The Board may, at any time revoke any appointment to the Professional Staff, or restrict or suspend the Privileges of any Professional Staff member in accordance with the provisions of this By-law and the *Public Hospitals Act*.
- (4) All applications for appointment and re-appointment to the Professional Staff shall be processed in accordance with the provisions of this By-law and the *Public Hospitals Act*.

4.2 **Term of Appointment**

- (1) Subject to sections 4.5 and 4.2(2), each appointment to the Professional Staff shall be for a term of up to one year.
- (2) Where a Professional Staff member has applied for re-appointment within the time prescribed by the Medical Advisory Committee, the current appointment shall continue:
 - (a) unless section 4.2(b) applies, until the re-appointment is granted or not granted by the Board; or

- (b) in the case of a Medical Staff member and where the re-appointment is not granted by the Board and there is a right of appeal to the Health Professions Appeal and Review Board, until the time for giving notice of a hearing by the Health Professions Appeal and Review Board has expired or, where a hearing is required, until the decision of the Health Professions Appeal and Review Board has become final.

4.3 **Qualifications and Criteria for Appointment and Re-Appointment**

- (1) Only applicants who meet the qualifications and satisfy the criteria set out in this By-law and appendices are eligible to be a member of, and appointed to, the Professional Staff.
- (2) An applicant for appointment or re-appointment to the Medical Staff must:
 - (a) be qualified to practice medicine and licensed under the laws of Ontario, and have a Certificate of Registration in good standing with the College of Physicians and Surgeons of Ontario, and have a current Certificate of Professional Conduct from the College of Physicians and Surgeons of Ontario, or the equivalent certificates from their most recent licensing body; and
 - (b) maintain an appropriate level of continuing professional education which meets the criteria of the College of Family Physicians of Canada, the Royal College of Physicians and Surgeons, or any other relevant regulatory body.
- (3) An applicant for appointment or re-appointment to the Dental Staff must be qualified to practice dentistry and licensed under the laws of Ontario, and have a letter of good standing from the Royal College of Dental Surgeons of Ontario, and have a current Certificate of Professional Conduct from the Royal College of Dental Surgeons of Ontario, or the equivalent certificates from their most recent licensing body.
- (4) An applicant for appointment or re-appointment to the Midwifery Staff must be qualified to practice midwifery under the laws of the Province of Ontario, and have a Certificate of Registration with the College of Midwives of Ontario, and have a current Certificate of Professional Conduct from the College of Midwives of Ontario, or the equivalent certificates from their most recent licensing body.
- (5) In addition to the above all applicants for appointment or re-appointment to the Professional Staff must fulfill the criteria specified in Appendix I, as amended from time to time by the Medical Advisory Committee and as approved by the Board.
- (6) All appointments will require 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 Professional Staff Human Resources Plan.
- (7) In addition to any other provisions of the By-law, the Board may refuse to appoint any applicant to the Professional Staff on any of the following grounds:
 - (a) the appointment is not consistent with the need for service, as determined by the Board from time to time;
 - (b) the Professional Staff Human Resources Plan and/or the Impact Analysis does not demonstrate sufficient resources to accommodate the applicant; or
 - (c) the appointment is not consistent with the strategic plan and mission of the Corporation.

4.4 Procedure for Approving Applications for Initial Appointment to the Professional Staff

- (1) The President and Chief Executive Officer 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, this By-law, and the Rules and relevant Policies, to each Physician, Dentist, and Midwife, who expresses in writing an intention to apply for appointment to the Professional Staff.
- (2) An applicant for appointment to the Professional staff shall submit to the President and Chief Executive Officer one original application for appointment in accordance with the criteria set out in Appendix I, together with signed consents to enable the Corporation to make inquiries of the relevant College and other hospitals, institutions, and facilities where the applicant has previously provided professional services or received professional training to allow the Corporation to fully investigate the qualifications and suitability of the applicant.
- (3) Each applicant may be required to visit the Corporation for an interview with the Chief of Staff and other Professional Staff members.
- (4) Upon receipt of a completed application, the President and Chief Executive Officer shall deliver each 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 Chief of the relevant Department.

4.5 Temporary Appointment

Notwithstanding any other provision of this By-law, the President and Chief Executive Officer, after consulting with the Chief of Staff, may grant a temporary appointment and temporary Privileges to a Physician, Dentist, or Midwife, provided that such appointment shall not extend beyond the date of the next Medical Advisory Committee meeting at which time the action taken shall be reported, and continue a temporary appointment and temporary Privileges on the recommendation of the Medical Advisory Committee, until the next Board meeting.

A temporary appointment of a Physician, Dentist, or Midwife, 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, or midwifery service.

The Board may, after receiving the recommendation of the Medical Advisory Committee, continue a temporary appointment for such period of time and on such terms as the Board determines.

If the term of the temporary appointment has been completed before the next Board meeting, the appointment shall be reported to the Board.

The temporary appointment shall specify the category of appointment and any limitations, restrictions, or special requirements.

4.6 Procedure for Approving Application for Re-Appointment to the Professional Staff

- (1) Each year, each Professional Staff member desiring re-appointment to the Professional Staff shall make a written application in the prescribed form to the President and Chief Executive Officer before the date specified by the Medical Advisory Committee.
- (2) In the case of any application for re-appointment in which the applicant requests additional Privileges, each application for re-appointment shall identify any required professional qualifications and confirm that the applicant holds such qualifications.

- (3) Application for re-appointment shall be dealt with in accordance with the *Public Hospitals Act* and section 4.4 of this By-law.

4.7 Credentials Committee Review of Applications for Appointment or Re-Appointment

- (1) The Credentials Committee shall review all materials in the application for appointment or re-appointment, receive the recommendation of the Chief of the relevant Department, ensure all required information has been provided, consider whether the qualifications and other requirements for appointment or re-appointment required by sections 4.2(2)(b), 4.3 and 4.4 are met, and submit a report as to its assessment and recommendation to the Medical Advisory Committee at its next regular meeting.

4.8 Medical Advisory Committee Review of Applications for Appointment or Re-Appointment

- (1) The Medical Advisory Committee shall:
- (a) receive and consider the report and recommendations of the Credentials Committee;
 - (b) review the application with reference to the Professional Staff Human Resources Plan and Impact Analysis; and
 - (c) send, within 60 days of the date of receipt by the President and Chief Executive Officer of a completed application, written notice of its recommendations to the Board and the applicant, in accordance with the *Public Hospitals Act*.
- (2) Notwithstanding section 4.8(1)(c), the Medical Advisory Committee may make its recommendation to the Board later than 60 days after receipt of the application if, before the expiry of the 60-day period, it indicates in writing to the Board and to the applicant that a final recommendation cannot be made within the 60-day period and gives written reasons for it.
- (3) 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.
- (4) 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:
- (a) written reasons for the recommendation if a request is received by the Medical Advisory Committee within seven days of the receipt by the applicant of notice of the recommendation; and
 - (b) a hearing before the Board if a written request is received by the Board and the Medical Advisory Committee within seven days of the receipt by the applicant of the written reasons referred to in section 4.8(4)(a).
- (5) Where the applicant does not request a hearing by the Board, the Board may implement the recommendation of the Medical Advisory Committee.
- (6) Where an applicant requests a hearing by the Board, it shall be dealt with in accordance with the applicable provisions of the *Public Hospitals Act* and this By-law.
- (7) The Board shall consider the Medical Advisory Committee recommendations within the time frame specified by the *Public Hospitals Act*.
- (8) The Board, in determining whether to make any appointment or re-appointment to the Professional Staff or approve any request for a change in Privileges, shall take into account the recommendation of

the Medical Advisory Committee and such other considerations it, in its discretion, considers relevant including the Professional Staff Human Resources Plan, Impact Analysis, strategic plan, and the Corporation's ability to operate within its resources.

4.9 Application for Change of Privileges

- (1) Each Professional Staff member who wishes to change their Privileges shall submit, in the prescribed form, to the President and Chief Executive Officer, an application listing the change of Privileges requested, and provide such evidence in support of the application as the Board may require.
- (2) The President and Chief Executive Officer shall refer any such application forthwith to the Medical Advisory Committee through the Chief of Staff, who shall keep a copy of each application received and shall then refer the original application forthwith to the Chair of the Credentials Committee and the Chief of the relevant Department.
- (3) 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 submit a report of its findings to the Medical Advisory Committee at its next regular meeting. The report shall contain a list of Privileges, if any, that it recommends that the applicant be granted.
- (4) The application shall be processed in accordance with sections 4.6 and 4.8 of this By-law.

4.10 Leave

- (1) Professional Staff members who have Hospital responsibilities may apply for leave of absence, sabbatical leave or leave for other reasons through their Chief of Department in accordance with the Policies.
- (2) The Chief of Staff may grant a leave of absence of up to one year, after receiving the recommendation of the Medical Advisory Committee:
 - (a) in the event of extended illness or disability of the member; or
 - (b) in other circumstances acceptable to the Board after receiving the recommendation of the Chief of Staff.
- (3) After returning from a leave of absence, the Professional Staff member may be required to produce a medical certificate of fitness from a physician acceptable to the Chief of Staff. The Chief of Staff may impose such conditions on the Privileges granted to such member as appropriate.
- (4) Following a leave of absence of longer than 12 months, a Professional Staff member shall be required to make a new application for appointment to the Professional Staff in the manner and subject to the criteria set out in this By-law.

Article 5

Monitoring of Care, and Suspension, Restriction, or Revocation of Privileges

5.1 Monitoring Practices and Transfer of Care

- (1) Any aspect of the Patient care or Professional Staff conduct being carried out in the Corporation may be reviewed without the approval of the Professional Staff member responsible for such care or conduct by the Chief of Staff or Chief of Department.
- (2) Where any member of the Professional Staff or Corporation staff reasonably believes that a Professional 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 is disruptive and/or

exposes or is reasonably likely to expose any Patient, health care provider, employee, or any other person at the Hospital to harm or injury, such individual shall communicate that belief forthwith to one of either the Chief of Staff or the Chief of the relevant Department, and the President and Chief Executive Officer, so that appropriate action can be taken.

- (3) The Chief of Department, on notice to the Chief of Staff where they believe it to be in the best interest of the Patient, shall have the authority to examine the condition and scrutinize the treatment of any Patient in their Department and to make recommendations to the attending Professional Staff member or any consulting Professional Staff member involved in the Patient's care and, if necessary, to the Medical Advisory Committee. If it is not practical to give prior notice to the Chief of Staff, notice shall be given as soon as possible.
- (4) If the Chief of Staff or Chief of Department becomes aware that, in their opinion a serious problem exists in the diagnosis, care, or treatment of a Patient, the officer shall forthwith discuss the condition, diagnosis, care, and treatment of the Patient with the attending Professional Staff member. If changes in the diagnosis, care, or treatment satisfactory to the Chief of Staff or the Chief of Department, as the case may be, are not made, they shall forthwith assume the duty of investigating, diagnosing, prescribing for, and treating the Patient.
- (5) Where the Chief of Staff or Chief of a Department has cause to take over the care of a Patient, the President and Chief Executive Officer, the Chief of Staff, or the Chief of the Department, as the case may be, and one other Medical Advisory Committee member, the attending Professional 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 the Chief of Department shall file a written report with the Medical Advisory Committee within seven days of their action.
- (6) Where the Medical Advisory Committee concurs in the opinion of the Chief of Staff or Chief of Department, who has taken action under section 5.1(4), that the action was necessary, the Medical Advisory Committee shall forthwith make a detailed written report to the President and Chief Executive Officer and the Board of the problem and the action taken.

5.2 Suspension, Restriction or Revocation of Privileges

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

5.3 Immediate Temporary Action

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

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

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

5.4 Non-Immediate Action

- (1) The President and Chief Executive Officer, Chief of Staff, or Chief of a Department, may recommend to the Medical Advisory Committee that the appointment of any Professional Staff member be revoked, or that the Privileges be restricted or suspended in any circumstances where in their opinion the member's conduct, performance, or competence:
 - (a) fails to meet or comply with the criteria for annual re-appointment; or
 - (b) exposes or is reasonably likely to expose any Patient, health care provider, employee, or any other person at the Hospital to harm or injury; or
 - (c) is or is reasonably likely to be, detrimental to Patient safety or to the delivery of quality Patient care within the Hospital or impact negatively on the operations of the Hospital; or
 - (d) fails to comply with the Hospital's by-laws, Rules, or Policies, the *Public Hospitals Act*, or any other relevant law.
- (2) Before making a recommendation as referred to in section 5.4(1), an investigation may be conducted. Where an investigation is conducted it may be assigned to an individual within the Hospital other than the Medical Advisory Committee, or an external consultant.

5.5 Referral to Medical Advisory Committee for Recommendations

- (1) Following the temporary restriction or suspension of Privileges under sections 5.2, 5.3 and 5.4, or the recommendation to the Medical Advisory Committee for the restriction or suspension of Privileges, or the revocation of an appointment of a Professional Staff member under section 5.3(2), the following process shall be followed:
 - (a) the Chief of the Department of which the individual is a member or an appropriate alternate designated by the Chief of Staff or President and Chief Executive Officer shall forthwith submit to the Medical Advisory Committee a written report on the action taken, or recommendation, as the case may be, with all relevant materials and/or information;
 - (b) a date for consideration of the matter shall be set, not more than ten days from the time the written report is received by the Medical Advisory Committee;
 - (c) as soon as possible and, in any event, at least 48 hours before the Medical Advisory Committee meeting, the Medical Advisory Committee shall provide the member with written notice of:
 - i. the time and place of the meeting;
 - ii. the purpose of the meeting; and
 - iii. a statement of the matter to be considered by the Medical Advisory Committee together with any relevant documentation.

- (2) The date for the Medical Advisory Committee to consider the matter under section 5.5(1)(b) may be extended-if the Medical Advisory Committee considers it appropriate to do so.
- (3) The Medical Advisory Committee may:
 - (a) set aside the restriction or suspension of Privileges; or
 - (b) recommend to the Board a revocation of the appointment, or a restriction or suspension of Privileges on such terms as it deems appropriate; and
 - (c) notwithstanding the above, the Medical Advisory Committee may also refer the matter to a sub-committee of the Medical Advisory Committee.
- (4) If the Medical Advisory Committee recommends the continuation of the restriction or suspension of Privileges, or recommends a revocation of appointment, and/or makes further recommendations concerning the matters considered at its meeting, the Medical Advisory Committee shall give written notice of its recommendation within two business days, to the Professional Staff member and to the Board in accordance with the *Public Hospitals Act*.
- (5) The written notice shall inform the member that they are entitled to:
 - (a) written reasons for the recommendation if a request is received by the Medical Advisory Committee within seven days of the member's receipt of the notice of the recommendation; and
 - (b) a Board hearing if a written request is received by the Board and the Medical Advisory Committee within seven days of the receipt by the member of the written reasons requested.
- (6) If the member requests written reasons for the recommendation under section 5.5(5), the Medical Advisory Committee shall provide the written reasons to the member within 48 hours of receipt of the request.

5.6 Regulatory Agency Notification

Where an application for appointment or re-appointment is denied, or the appointment of a Professional Staff member has been revoked, or the Privileges of a Professional Staff member have been suspended or restricted, by reason of incompetence, negligence, or misconduct, or the member resigns from the Professional Staff during the course of an investigation into their competence, negligence, or misconduct, the President and Chief Executive Officer shall prepare and forward a detailed written report to the member's College as soon as possible, and not later than 30 days after the event.

Article 6 Board Hearing

6.1 Board Hearing

- (1) A Board hearing shall be held when one of the following occurs:
 - (a) the Medical Advisory Committee recommends to the Board that an application for appointment, re-appointment, or requested Privileges not be granted, and the applicant requests a hearing in accordance with the *Public Hospitals Act*; or
 - (b) the Medical Advisory Committee makes a recommendation to the Board that the Privileges of a Professional Staff member be restricted or suspended, or an appointment be revoked, and the member requests a hearing.

- (2) The Board shall name a place and time for the hearing.
- (3) Subject to section 6.1(4), the Board hearing shall be held as soon as practicable but not later than 28 days after the Board receives the written notice from the member or applicant requesting the hearing.
- (4) The Board may extend the time for the hearing date if it is considered appropriate.
- (5) The Board shall give written notice of the hearing to the applicant or member and to the Medical Advisory Committee at least seven days before the hearing date.
- (6) The notice of the Board hearing shall include:
 - (a) the place and time of the hearing;
 - (b) the purpose of the hearing;
 - (c) a statement that the applicant or member and Medical Advisory Committee will be afforded an opportunity to examine before the hearing, any written or documentary evidence that will be produced, or any reports the contents of which will be given in evidence at the hearing;
 - (d) a statement that the applicant or member may proceed in person, or be represented by counsel, call witnesses and tender documents in evidence in support of their case;
 - (e) a statement that the time for the hearing may be extended by the Board on the application of any party; and
 - (f) a statement that if the applicant or member does not attend the meeting, the Board may proceed in the absence of the applicant or member, and the applicant or member shall not be entitled to any further notice in the hearing.
- (7) The parties to the Board hearing are the applicant or member, the Medical Advisory Committee and such other persons as the Board may specify.
- (8) The applicant or member requiring a hearing and the Medical Advisory Committee shall be afforded an opportunity to examine, before the hearing, any written or documentary evidence that will be produced, or any reports the contents of which will be used in evidence.
- (9) Directors holding the hearing shall not have taken part in any investigation or consideration of the subject matter of the hearing and shall not communicate directly or indirectly in relation to the subject matter of the hearing with any person or with any party or their representative, except upon notice to and an opportunity for all parties to participate. Despite the foregoing, the Board may obtain legal advice.
- (10) The findings of fact of the Board pursuant to a hearing shall be based exclusively on evidence admissible or matters that may be noticed under the *Statutory Powers Procedure Act*.
- (11) No Director shall participate in a decision of the Board pursuant to a hearing unless they are present throughout the hearing and heard the evidence and argument of the parties and, except with the consent of the parties, no decision of the Board shall be given unless all members so present participate in the decision.
- (12) The Board shall make a decision to follow, amend, or not follow the recommendation of the Medical Advisory Committee. The Board, in determining whether to make any appointment or re-appointment to the Professional Staff or approve any request for a change in Privileges shall take into account the recommendation of the Medical Advisory Committee and such other considerations it, in its discretion, considers relevant.

- (13) A written copy of the decision of the Board will be provided to the applicant or member and to the Medical Advisory Committee.
- (14) Service of a notice to the parties may be made personally or by registered mail addressed to the person to be served at their last known address and, where notice is served by registered mail, it 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 causes beyond their control, receive it until a later date.
- (15) A panel of the Board may hold a Board hearing under this Article provided that: (i) the panel shall be comprised of not fewer than five elected Directors; and (ii) the panel's quorum shall be not fewer than five elected Directors. All decisions of the panel shall require a majority vote and, in the event of a tie, the chair of the panel shall have a casting vote to break the tie. Where the panel commences a hearing and a panel member becomes unable to continue to act, the remaining Directors on the panel may complete the hearing notwithstanding the panel member's absence, provided that the quorum requirements continue to be met. Any decision of the panel shall be deemed for all purposes to be the decision of the Board.

Article 7

Departments and Divisions

7.1 Departments

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

7.2 Divisions within a Department

A Department may be divided into such Divisions as may be approved by the Board from time to time.

7.3 Changes to Departments and Divisions

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

7.4 Department Meetings

Department meetings shall be held in accordance with the Rules and Policies. Each member of a Department shall annually attend at least 50% of the Department meetings. Failure by a member of a Department to attend the required number of Department meetings in any calendar year shall be reported to the Medical Advisory Committee.

Article 8

Leadership Positions

8.1 Professional Staff Leadership Positions

- (1) The following positions shall be appointed in accordance with this By-law:
 - (a) Chief of Staff, who shall serve as the Chair of the Medical Advisory Committee; and
 - (b) Chiefs of Department.

- (2) The following position may be appointed in accordance with this By-law:
 - (a) Vice Chair of the Medical Advisory Committee.
- (3) The President and Chief Executive Officer may appoint a senior administrator to serve in an administrative and managerial capacity and work in close collaboration with the Chief of Staff and the President of the Professional Staff.
- (4) An appointment to any position referred to in section 8.1(1) or 8.1(2) may be made on an acting or interim basis where there is a vacancy in any office referred to in this section or while the person holding any such office is absent or unable to act. Notwithstanding any other provision in this By-law, in the event that the term of office of any person referred to in section 8.1 shall expire before a successor is appointed the appointment of the incumbent may be extended.
- (5) An appointment to any position referred to in section 8.1(1) or 8.1(2) may be revoked at any time by the Board.

8.2 Chair of the Medical Advisory Committee

- (1) The Board shall appoint or re-appoint the Chief of Staff to be the Chair of the Medical Advisory Committee after giving consideration to the recommendations of a Selection Committee, which shall seek the advice of the Medical Advisory Committee.
- (2) The membership of the Selection Committee, which is appointed by the Board, referred to in section 8.2(1) shall include:
 - (a) a minimum of two Board members, one of whom shall be Chair of such committee;
 - (b) one voting Medical Advisory Committee member, as selected by vote of the Medical Advisory Committee;
 - (c) President of the Professional Staff;
 - (d) the Dean of the Faculty of Medicine of the University of Ottawa or delegate;
 - (e) the Chief Nursing Executive;
 - (f) the President and Chief Executive Officer; and
 - (g) such other members as the Board deems advisable.
- (3) The Chief of Staff shall be appointed for a term of up to five years and shall be eligible for re-appointment.
- (4) Except in special circumstances and with prior approval by the Board, the Chief of Staff shall not serve an aggregate of more than ten years.

8.3 Responsibilities and Duties of the Chair of the Medical Advisory Committee

- (1) The Chief of Staff shall be appointed by the Board as the Chair of the Medical Advisory Committee.
- (2) As Chair of the Medical Advisory Committee, the Chief of Staff shall:
 - (a) be responsible for advising the Medical Advisory Committee with respect to the quality of medical diagnosis, care, and treatment provided to Patients, and with respect to professional standards;

- (b) be a non-voting Director;
 - (c) be a voting member of the Quality Management and Mission Effectiveness Committees, and other such Board Committees as may be requested;
 - (d) be an ex-officio member of all sub-committees of the Medical Advisory Committee; and
 - (e) report regularly to the Board on the work and recommendations of the Medical Advisory Committee.
- (3) The Chief of Staff shall, in consultation with the President and Chief Executive Officer, designate an alternate to act during the absence of both the Chair of the Medical Advisory Committee and the Vice Chair of the Medical Advisory Committee, if any.

8.4 Other Duties of the Chief of Staff

- (1) In addition to those duties required as Chair of the Medical Advisory Committee, the Chief of staff shall:
- (a) organize the Professional Staff to ensure that the quality of care given to all Patients is in accordance with the Rules and Policies;
 - (b) advise the Medical Advisory Committee, senior management of the Corporation, and the Board with regard to the quality of diagnosis, care, and treatment provided to Patients;
 - (c) advise the Board on clinical human resources planning, impact analysis, and resource utilization and management, and lead the recruitment of Professional Staff;
 - (d) supervise or delegate the supervision of the professional care provided by all Professional Staff members;
 - (e) supervise or delegate the supervision of the Chiefs of Departments, and review the performance of the Chiefs of Departments annually;
 - (f) ensure Professional Staff member compliance with the By-laws, Rules, and Policies;
 - (g) oversee the development and implementation of an orientation program for new Professional Staff members;
 - (h) lead the development and review of Policies in respect of the Professional Staff;
 - (i) participate in corporate quality improvement programs and initiatives;
 - (j) participate as a member of senior management of the Corporation in decisions with respect to strategic planning and resource allocation;
 - (k) report to the Medical Advisory Committee and the Professional Staff on the proceedings and recommendations of the Senior Management Committee or any other relevant committees of the Corporation;
 - (l) review or cause to be reviewed clinical resource utilization; and
 - (m) perform such other duties as may be assigned by the Board from time to time and as outlined within the approved Chief of Staff position description.

8.5 The Vice Chair of the Medical Advisory Committee

- (1) A Vice Chair of the Medical Advisory Committee may be appointed by the Board, on recommendation of the Medical Advisory Committee. The Vice Chair of the Medical Advisory Committee, if appointed, shall be a Medical Advisory Committee member and shall act in the place of the Chief of Staff in their capacity as the Chair of the Medical Advisory Committee if the Chief of Staff is absent or unable to act, and shall perform such duties as assigned from time to time by the Chief of Staff; provided that the Vice Chair shall not be a Director unless appointed as Chair of the Medical Advisory Committee on an acting or interim basis.

8.6 The Chiefs of Departments

- (1) The Board shall appoint or re-appoint a Chief of each Department after engaging in consultation with the members of that Department and giving consideration to the recommendations of a selection or review process conducted and approved by the Medical Advisory Committee as outlined in section 8.7.
- (2) A Chief of Department shall be appointed for a term of up to five years and shall be eligible for re-appointment.
- (3) Except in special circumstances and with prior approval by the Board, the Chief of Department shall not serve an aggregate of more than ten years.
- (4) The Board may at any time revoke or suspend the appointment of the Chief of Department, as per terms of contract and Hospital Policy.

8.7 Chief of Department - Selection or Re-Appointment Committee

- (1) At the end of the penultimate year of a Chief of Department's term of appointment, a selection or re-appointment committee shall be struck and will conduct a review of that Department.
- (2) If the incumbent Chief is seeking re-appointment, this committee, in consideration of that review and such other information as appropriate, shall make a recommendation to the Medical Advisory Committee regarding re-appointment of the incumbent Chief.
- (3) If the incumbent Chief is not seeking to be re-appointed, or has reached the limit of the aggregate appointment term, or is not recommended for re-appointment by the selection committee and as ratified by the Medical Advisory Committee, then the selection or re-appointment committee will initiate a search for a new Chief of Department in accordance with this By-law.
- (4) The selection or re-appointment committee shall be chaired by the Chief of Staff and shall be comprised of at least two other individuals, which shall include one member of the Department and one member from the following list:
 - (a) the Dean or other representative from the Faculty of Medicine of the University of Ottawa;
 - (b) the Chief Nursing Executive;
 - (c) the President and Chief Executive Officer;
 - (d) the Clinical Director of the program;
 - (e) one or more members of the Department concerned as selected by vote of the Department; and

- (f) where appropriate, the chairman of the corresponding Department of the University of Ottawa Faculty of Medicine.
- (5) In addition, at any time during the term of appointment of a Chief of Department, the Chief of Staff may direct that a formal review of the Department take place.

8.8 Duties of Chiefs of Department

- (1) A Chief of Department shall:
 - (a) be a member of the Medical Advisory Committee;
 - (b) make recommendations to the Medical Advisory Committee regarding appointment, re-appointment, change in Privileges, and any disciplinary action to which members of the Department should be subject;
 - (c) advise the Medical Advisory Committee with respect to the quality of care provided by the Professional Staff members of the Department;
 - (d) be responsible for the organization and implementation of a quality assurance program in the Department, and cooperate with the Clinical Director to ensure that it is integrated with the Hospital-wide quality assurance measures;
 - (e) be responsible for the development and implementation of a human resources plan for the Department that is approved by the Medical Advisory Committee and Board, and is consistent with the Board's strategic plan;
 - (f) conduct a written performance evaluation of all members of the Department on an annual basis as part of the re-appointment process and conduct an enhanced performance evaluation on a periodic basis;
 - (g) participate in hospital operations, decision-making, and consultation;
 - (h) hold regular meetings of the Department;
 - (i) report to the Medical Advisory Committee and to the Department on the activities of the Department;
 - (j) perform such additional duties as may be outlined in the Chief of Department position description approved by the Board or as set out in the Rules or as assigned by the Board, the Chief of Staff, the Medical Advisory Committee, or the President and Chief Executive Officer from time to time;
 - (k) in consultation with the Chief of Staff, designate an alternative to act during the absence of both the Chief of Department and the Deputy Chief of Department, if any.

8.9 Appointment and Duties of Deputy Chiefs of Departments

- (1) The Chief of Department, with the approval of the Chief of Staff, may appoint a Deputy Chief of Department. The Deputy Chief of Department, if appointed, is the delegate of the Chief of Department. The Deputy Chief of Department has responsibilities and duties similar to those of the Chief of Department as determined by the Chief of Department.

Article 9

Medical Advisory Committee

9.1 Composition of Medical Advisory Committee

- (1) The Medical Advisory Committee shall consist of the following voting members:
 - (a) the Chief of Staff, who shall be Chair in accordance with section 8.2;
 - (b) the Chiefs of Departments;
 - (c) the President, Vice President, and Secretary of the Professional Staff;
 - (d) the Vice Chair of the Medical Advisory Committee, if any;
 - (e) Chairs of Medical Advisory Committee sub-committees if they are not Chiefs of Department or Professional Staff Officers; and
 - (f) such other members of the Medical Staff as may be appointed by the Board from time to time.
- (2) In addition, the following individuals shall be entitled to attend the meetings of the Medical Advisory Committee without a vote:
 - (a) a representative of the Board, ex-officio;
 - (b) the President and Chief Executive Officer;
 - (c) the Chief Nursing Executive; and
 - (d) other hospital officials invited as required under the discretion of the Chair of the Medical Advisory Committee.

9.2 Recommendations of the Medical Advisory Committee

The Medical Advisory Committee is accountable to, makes recommendations to, and reports to, the Board, in accordance with the *Public Hospitals Act*.

9.3 Medical Advisory Committee Duties and Responsibilities

The Medical Advisory Committee shall meet at least ten times a year and at the call of the Chair and, perform the duties and undertake the responsibilities set out in the *Public Hospitals Act*, including:

- (1) make recommendations to the Board concerning the following matters:
 - (a) every application for appointment or re-appointment to the Professional Staff and any request for a change in Privileges;
 - (b) the Privileges to be granted to each Professional Staff member;
 - (c) this By-law and the Rules and Policies respecting the Professional Staff;
 - (d) the revocation of appointment, or the restriction or suspension of Privileges of any Professional Staff member; and

- (e) the quality of care provided in the Hospital by the Professional Staff.
- (2) supervise the clinical practice of medicine, dentistry, and midwifery in the Hospital;
- (3) receive reports from the sub-committees of the Medical Advisory Committee;
- (4) appoint the Professional Staff members of all sub-committees of the Medical Advisory Committee;
- (5) approve the Professional Staff Human Resources Plan;
- (6) advise the Board on any matters referred to the Medical Advisory Committee by the Board;
- (7) 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*, make recommendations about those issues to the Quality Management and Mission Effectiveness Committee of the Board; and
- (8) report to the Professional Staff at each regularly scheduled Professional Staff meeting.

9.4 Medical Advisory Committee Sub-committees

- (1) The Board may, on the recommendation of the Medical Advisory Committee, establish one or more sub-committees of the Medical Advisory Committee, as may be necessary or advisable from time to time for the Medical Advisory Committee to perform its duties under the *Public Hospitals Act* or the by-laws of the Hospital.
- (2) The terms of reference and composition for any sub-committees 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 Staff members of any sub-committee of the Medical Advisory Committee shall be appointed by the Medical Advisory Committee and other committee members may be appointed by the Board. The Chief of Staff shall be an ex-officio member of all Medical Advisory Committee sub-committees, shall receive all notices, agendas, and minutes of the Medical Advisory Committee sub-committee meetings, and may attend at their discretion.

9.5 Quorum for Medical Advisory Committee and Sub-Committee Meeting

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

Article 10 Meetings – Professional Staff

10.1 Regular, Annual, and Special Meetings of the Professional Staff

- (1) The Professional Staff shall hold at least four regular meetings in each year, one of which shall be the annual meeting.
- (2) The President of the Professional Staff may call a special meeting of the Professional Staff. The President of the Professional Staff shall call a special meeting on the written request of any five individuals who are members of the Active Staff and/or Associate Staff entitled to vote.
- (3) The Secretary of the Professional Staff shall cause written notice of each Professional Staff meeting to be posted in a conspicuous place in the Hospital and to be circulated to all Professional Staff members at least 14 days before the meeting. Notice of special meetings shall state the nature of the business for which the special meeting is called.

- (4) The period of time required for giving notice of any special meeting may be waived in cases of emergency by the majority of those members of the Active Staff and/or Associate Staff present and entitled to vote at the special meeting, as the first item of business of the meeting.
- (5) Each Active Staff and Associate Staff member entitled to vote shall attend at least 50% of the regular Professional Staff meetings. In any case where a quorum has not been arrived at within 30 minutes after the time named for the start of the meeting, those Active Staff and Associate Staff members who have presented themselves shall be given credit for their attendance at the meeting for the purpose of satisfying the attendance requirements of this By-law. Failure by an Active Staff or Associate Staff member entitled to vote to attend the required number Professional Staff meetings in any calendar year shall be reported to the Medical Advisory Committee.

10.2 Quorum

A majority of the Active Staff and/or Associate Staff members entitled to vote and present in person shall constitute a quorum at any annual, regular, or special meeting of the Professional Staff.

10.3 Rules of Order

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

10.4 Professional Staff Meetings

Professional 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*.

Article 11 Professional Staff Officers

11.1 Professional Staff Officers

- (1) The provisions of this Article 11 with respect to the Professional Staff Officers shall be deemed to satisfy the requirements of the *Public Hospitals Act* with respect to officers of the Medical Staff.
- (2) The Professional Staff Officers shall be:
 - (a) the President;
 - (b) the Vice President; and
 - (c) the Secretary/Treasurer.
- (3) The Professional Staff Officers shall be elected to each position annually for a term of one year by a majority vote of the voting members of the Professional Staff in attendance and voting at a Professional Staff meeting.
- (4) The Professional Staff Officers may serve a maximum of three consecutive years in office in the same position. A Professional Staff Officer may be re-elected to the same position following a break in continuous service of at least two years.
- (5) The Professional Staff Officers may be removed from office before the expiry of their term by a majority vote of the voting members of the Professional Staff in attendance and voting at a Professional Staff meeting called for such purpose.

- (6) If the position of any Professional Staff Officer becomes vacant during the term, it may be filled by a vote of the majority of the Professional Staff members present and voting at a regular Professional Staff meeting or at a special Professional Staff meeting called for that purpose. The election of such Professional Staff Officer shall follow the process in section 11.3. The Professional Staff Officer so elected to office shall fill the office until the next annual meeting of the Professional Staff.

11.2 Eligibility for Office

Only Physicians who are members of the Active Staff and/or Associate Staff may be elected or appointed to any office of the Professional Staff.

11.3 Nominations and Election Process

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

11.4 President of the Professional Staff

- (1) The President of the Professional Staff shall:
 - (a) be accountable to the Professional Staff and advocate fair process in the treatment of its individual members;
 - (b) preside at all meetings of the Professional Staff;
 - (c) act as a liaison between the Professional Staff, the President and Chief Executive Officer, and the Board with respect to matters concerning the Professional Staff;
 - (d) support and promote the vision, mission, values, and strategic plan of the Corporation;
 - (e) be a member of the Medical Advisory Committee; and
 - (f) be an ex-officio non-voting Director and, as a Director, fulfill fiduciary duties to the Corporation.

11.5 Vice President of the Professional Staff

- (1) The Vice President of the Professional Staff shall:
 - (a) in the absence or disability of the President of the Professional Staff, act in place of the President of the Professional Staff, perform their duties and possess their powers as set out in section 11.4(1) other than as set out in section 11.4(1)(f);
 - (b) perform such duties as the President of the Professional Staff may delegate to them; and
 - (c) be a member of the Medical Advisory Committee.

11.6 Secretary/Treasurer of the Professional Staff

- (1) The Secretary/Treasurer of the Professional Staff shall:
- (a) attend to the correspondence of the Professional Staff;
 - (b) ensure notice is given and minutes are kept of Professional Staff meetings;
 - (c) maintain the funds and financial records of the Professional Staff and provide a financial report at the annual meeting of the Professional Staff;
 - (d) disburse funds at the direction of the Professional Staff, as determined by a majority vote of the Professional Staff members entitled to vote who are present and vote at a Professional Staff meeting;
 - (e) maintain attendance records from Professional Staff meetings and makes them available to the Medical Advisory Committee, as required;
 - (f) be a member of the Medical Advisory Committee; and
 - (g) in the absence or disability of the Vice President of the Professional Staff perform the duties and possess the powers of the Vice President of the Professional as set out in section 11.5(1).

Article 12 Amendments

12.1 Amendments to this By-law

- (1) Before submitting amendments to this By-law to the approval processes applicable to the Corporation's by-laws:
- (a) notice specifying the proposed amendment(s) shall be made available for review by the Professional Staff;
 - (b) the Professional Staff shall be afforded an opportunity to comment on the proposed amendment(s); and
 - (c) the Medical Advisory Committee may make recommendations to the Board concerning the proposed amendment(s).

12.2 Amendments to the By-law Appendices

The Board, after considering the recommendation of the Medical Advisory Committee, shall pass amendments to the appendices to this By-law, as determined appropriate, and the appendices shall not be subject to the approval process applicable to the Corporation's by-laws.

12.3 Repeal and Restatement

This By-law repeals and restates in its entirety the by-laws of the Corporation previously enacted concerning the Professional Staff.

APPENDIX I

Initial Appointment

The following items are requested on the Initial Appointment Application Form;

1. The category of appointment and a list of the Privileges which are requested.
2. An up-to-date curriculum vitae, including professional education and training, and a complete listing of all academic and professional positions held.
3. A copy of the required licenses and Certificates of Professional Conduct or letters of good standing.
4. Evidence of professional practice liability coverage appropriate to the scope and nature of the intended practice.
5. A Police Records Check for service in the vulnerable sector, dated within six months of the appointment commencement date.
6. Three Confidential Evaluation Forms, one of which is from the applicant's Chief of Department from their current workplace.
7. Completion of the following documents:
 - (a) Privacy Commitment Form;
 - (b) Conflict of Interest Disclosure Form;
 - (c) Legal Offences and Orders Declaration;
 - (d) Authorization for Release of Information Form; and
 - (e) Signed Physician Engagement Agreement.
8. Evidence of 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, including N95 Mask Fit Testing.
9. Completion of such Electronic Learning Modules (ELM) as may be required by the Medical Advisory Committee. Failure to complete these modules will result in your appointment not being approved at the Board level.
10. An acknowledgement that:
 - (a) the applicant's Privileges, if granted, shall extend to all sites of the Corporation, if appropriate in the context;
 - (b) the applicant has read the By-laws, Rules, relevant Policies, the *Public Hospitals Act* and the Hospital Management Regulation (965); and
 - (c) the failure of the applicant to provide the services as stipulated in the application or to comply with the required undertaking will constitute a breach of the applicant's obligations to the Hospital and may result in the applicant's Privileges being restricted or suspended or the

applicant's appointment being revoked, or such other actions as are reasonable and may, depending on the circumstances, be a matter which is reportable to the relevant College.

11. An undertaking to:

- (a) comply with the By-laws, Rules, Policies, and Medical Directives of the Corporation, and applicable legislation and regulations, including the *Public Hospitals Act* and the Hospital Management Regulation (965); and
- (b) respect the authority of the Board, Chief of Staff, Chief of Department, Clinical Director, the President and Chief Executive Officer, and Medical Advisory Committee;
- (c) act in accordance with ethical standards of their profession;
- (d) respect the vision, mission, and values of the Corporation;
- (e) provide the Hospital three months' prior written notice of their intention to resign their Privileges;
- (f) maintain membership in the Canadian Medical Protection Association or maintain other professional practice liability coverage appropriate to the scope and nature of the intended practice, satisfactory to the Board;
- (g) advise the Chief of Staff of the commencement of any College disciplinary proceeding, proceedings to restrict or suspend Privileges at other hospitals, or malpractice actions; and
- (h) notify the Chief of Staff and Chief of Department of any change in their license to practice or professional practice liability insurance.

12. A description of:

- (a) any restrictions to their license to practice in any jurisdiction;
- (b) any current or previous suspension, restriction, condition, limitation or revocation of license to practice, certificate of registration, or permit to practice in any jurisdiction;
- (c) any voluntary surrender of license, certificate of registration, or permit to practice for any reason in any jurisdiction (other than to avoid the renewal fee);
- (d) any current or previous adverse decision by a licensing authority relating to professional conduct, competence, capacity, or any other aspect of practice in any jurisdiction;
- (e) any malpractice settlements against or admitted liability in a malpractice settlement in any jurisdiction;
- (f) any current or previous denial, restriction, or suspension of Privileges, or revocation of appointment, in any jurisdiction;
- (g) any voluntary relinquishment of Privileges during or as a result of an investigation in any jurisdiction; and
- (h) any current or previous suspension of Privileges to prescribe narcotics or controlled drugs.

13. Information regarding the applicant's health, including any impairments, medical conditions, diseases, or illnesses that may impact on the applicant's ability to practice or that may impact staff or patient

safety and current treatments therefor and, if requested, provide relevant supporting medical documentation.

14. A consent and release in favour of the Chief of Staff or their respective delegates enabling any one of them to contact any professional licensing authorities, or any previous hospitals or health facilities or educational institutions where the applicant has provided services or received training for the purposes of conducting a reference check, such consent and release to authorize any licensing authority and/or administrator and/or person in a position of authority at any hospital, health facility, or educational institution to provide any information relating to any of the above matters including:
- (a) any action or investigation, including pending matters, taken by or currently before its disciplinary committee;
 - (b) whether the applicant's Privileges have been restricted or suspended or whether their appointment has been revoked, including a voluntary surrender or restriction; and
 - (c) any issue as might be required to permit the Medical Advisory Committee to consider the applicant's demonstrated ability to:
 - i. provide patient care at an appropriate level of quality and efficiency;
 - ii. work and communicate with, and relate to, others in a co-operative, collegial and professional manner;
 - iii. communicate with, and relate appropriately to, patients and patients' relatives and/or substitute decision makers;
 - iv. participate in the discharge of staff, committee and, if applicable, teaching responsibilities, and other duties appropriate to staff category;
 - v. meet an appropriate standard of ethical conduct and behaviour;
 - vi. govern themselves in accordance with the requirements set out in this By-law, the Hospital's mission, vision, and values, Rules and Policies; and
 - vii. demonstrate adequate control of any significant physical or behavioural impairment affecting skill, attitude, or judgment that might impact negatively on Patient care or the operations of the Corporation.

APPENDIX II Re-Appointment

In addition to the qualifications set out in section 4.3(2), an applicant for re-appointment to the Professional Staff must meet the following qualifications:

- (a) the applicant shall continue to meet the qualifications and criteria set out in section 4.2(2)(b);
- (b) the applicant shall have conducted themselves in compliance with this By-law;
- (c) the applicant shall have demonstrated appropriate use of Hospital resources;
- (d) Active Staff, Associate Staff and Other Staff applicants shall have demonstrated that they comply with relevant Hospital Policy on basic resuscitation techniques and defibrillation.

The following items are requested on the Application for Re-appointment Form:

1. Review personal information on page 1 and make any necessary changes.
2. For Physicians, an acknowledgment:
 - (a) that you have read the Physician Code of Conduct and Complaints Procedure (Physician 02) policy that is available on Bruyère Continuing Care InfoNet and sign the declaration on page 1;
 - (b) that you have read the Medical Directives that are currently operative and that are available on Bruyère Continuing Care InfoNet and sign the declaration on page 1;

For Physicians, Dentists, and Midwives, an acknowledgement:

- (c) that you have had an annual performance review within the last 12 months.
3. An undertaking to:
 - (a) provide the information requested on page 2 including the questions;
 - (b) sign the Application for Re-appointment Form on page 1.
 4. The following documents must accompany your Application for Re-appointment Form:
 - (a) a signed Conflict of Interest Disclosure report if you are a member of the Medical Advisory Committee;
 - (b) for Physicians, Medical Staff Dues as indicated below:
 - i. Active – Associate = \$200;
 - ii. Other = \$50.00.
 - (c) A copy of your Curriculum Vitae, if significant changes or additional information.
 - (d) A signed Physician Engagement Agreement.
 - (e) Family Medicine only: Proof of Mantoux test between January 1 and December 31 of the current year.

- (f) **All Programs:** Proof of Mask Fit Testing (dates to be within a two-year period) as per policy No. RH.HR.9.10 Respiratory Protection.
- (g) **All Programs:** Completion of such Electronic Learning Modules (ELM) as may be required by the Medical Advisory Committee. Failure to complete these modules will result in your appointment not being approved at the Board level.

APPENDIX III Annual Performance Appraisal

The following items are included in the annual review conducted as part of the re-appointment process.

1. The skills, attitude, and judgment of the applicant with reference to their professional responsibilities.
2. The applicants shall have maintained an appropriate level of continuing education that meets the criteria of the relevant College, and for Physicians, includes the College of Family Physicians of Canada and the Royal College of Physicians and Surgeons.
3. The applicant shall have obtained re-certification on basic resuscitation techniques and defibrillation every two years (Active Staff and Associate Staff).
4. The ability of the applicant to communicate with Patients, their families and substitute decision makers, and staff, together with information with respect to Patient or staff complaints regarding the applicant, if any.
5. The applicant's ability to work and cooperate with, and relate to, in a collegial and professional manner, the Board, the President and Chief Executive Officer, the Chief of Staff, Chief of the relevant Department, and other members of the Medical Advisory Committee, Clinical Directors, other members of the Professional Staff, the nursing staff, other healthcare practitioners, and students within the Hospital, and other employees of the Corporation.
6. The applicant's performance and discharge of:
 - (a) "on call" responsibilities;
 - (b) staff and committee responsibilities;
 - (c) clinical and academic responsibilities;
 - (d) attendance requirements, if any, for Department and Division or Professional Staff meetings; and
 - (e) monitoring Patients, together with evidence of appropriate, timely, and completed clinical record documentation.
7. Any quality of care or Patient safety issues.
8. The applicant's health during the past year.
9. The applicant's plans for any changes in type or level of service provided and the reasons therefor.
10. The applicant's succession plans and/or retirement plans, if any.
11. The applicant's ability to supervise staff and students.
12. The applicant's appropriate and efficient use of Hospital resources.
13. The applicant's compliance with the *Public Hospitals Act*, the Hospital's by-laws, Rules, Policies, and applicable legislation.

Dental Staff will receive a performance evaluation from the Chief of Specialized Services.

Midwives will receive a performance evaluation from the Chief of Department of Family Medicine.

APPENDIX IV
Additional Duties of the Medical, Dental, and Midwifery Staff

The following are additional duties of the Medical, Dental, and Midwifery Staff;

1. attend and treat Patients within the limits of the Privileges granted unless the Privileges are otherwise restricted;
2. adhere to the highest ethical standards of their profession;
3. respect the mission, vision, and values of the Corporation;
4. agree to practice in accordance with the principles set out in the Health Ethics Guide of the Catholic Health Association of Canada;
5. ensure ongoing care of Patients, including on-call, as per Hospital policies;
6. work and cooperate with, and relate to, others in a collegial and professional manner, including the Board, Chief of Staff, Chief of Department, other Medical Advisory Committee members, Clinical Directors, other Professional Staff members, the nursing staff, other healthcare practitioners and learners within the Hospital, and other employees of the Corporation;
7. participate in quality and patient safety initiatives;
8. prepare and complete Patient records in accordance with the Rules, Policies, applicable legislation and regulations, and accepted industry and professional standards;
9. serve as requested on various Hospital committees;
10. participate in annual and any enhanced periodic performance evaluations and provide such releases and consents as will enable such evaluations to be conducted;
11. meet the attendance obligations for the Department and Division meetings and/or Professional Staff meetings, as applicable. Active Staff and Associate Staff are expected to attend 50% of the regular Professional Staff meetings, 50% of the meetings of the Department of which they are a member, and 75% of meetings of the Medical Advisory Committee and its sub-committees of which they are a member;
12. participate in continuing education as required by the relevant Department and/or regulatory or licensing authority;
13. comply with applicable legislation and regulations, including the *Public Hospitals Act*, and the Hospital's by-laws, Rules, and Policies;
14. notify the Board in writing through the Chief of Staff or delegate of any additional professional degrees or qualifications obtained by the member or of any change in the license to practice made by their governing College or licensing authority;
15. ensure that any concerns relating to the operations of the Hospital are raised and considered through the proper channels of communication within the Hospital such as the Chief of Staff, Chiefs of Department, Medical Advisory Committee, President and Chief Executive Officer, and/or the Board;
16. provide the member's Chief of Department with three months' notice of any intention to resign or modify members Privileges;

17. perform such other duties as may, from time to time, be prescribed by or under the authority of the Chief of Staff, Chief of Department, and/or Medical Advisory Committee; and
18. each Dental Staff member shall enter in each Patient's health record, within 36 hours, a description of every dental service provided, including the finding of dental or oral examination and a dental diagnosis. Dental consultations shall be held and recorded following the same procedure as that for medical consultations.

**APPENDIX V
Departments**

1. The Departments include:
 - (a) Care of the Elderly;
 - (b) Complex Continuing Care;
 - (c) Family Medicine;
 - (d) Palliative Care;
 - (e) Physical Medicine and Rehabilitation; and
 - (f) Specialty Services.
2. The Dental Staff shall function within the Department for Specialized Services, and shall report to the Chief of Specialized Services.
3. The Midwifery Staff shall function within the Department for Family Medicine, and shall report to the Chief of Department of Family Medicine.

APPENDIX VI
Medical Advisory Sub-Committees

1. Credentials
2. Health Records
3. Infection Prevention and Control
4. Medical Education
5. Pharmacy and Therapeutics
6. Other such committees as determined by the Board

**APPENDIX VII
Hospital Impact Analysis**



**HOSPITAL IMPACT ANALYSIS
PHYSICIAN RECRUITMENT**

To be completed by Medical Department Chiefs for all new physician recruits to Bruyère Continuing Care

Instructions

Where a physician is being recruited as a “replacement” physician and will not require any additional resources, please indicate this on the form below.

The objective of this form is to gather information on any “additional/extra” hospital resources needed for new physicians. Arrangements that have already been made to put these resources in place must be clearly indicated below.

Please submit this form to the Office of the Chief of Staff before making a formal offer to the physician and at least 2 months prior to their expected start date.

If hospital resources are not required, this form, once approved, will be sent to the Credentials Committee (a sub-committee of the Medical Advisory Committee). If hospital resources are required, this form will be further discussed by the Bruyère Senior Strategy Team and approved by the Chief Executive Officer, as appropriate.

A signed Hospital Impact Analysis Form is required by the Credentials Committee prior to putting forward a recommendation for credentialing to the Medical Advisory Committee.

SECTION 1: SUMMARY

Name:	Department:
	Sub-Department:
New Physician FTE:	New Physician Expected Start Date:
Position: <input type="checkbox"/> New <input type="checkbox"/> Replacement	If “Replacement”, which physician is being replaced?

TIME ALLOCATION (enter % or n/a)				CAREER PATH (Check one only)		
Clinical Care	%	Administration	%	<input type="checkbox"/> Clinician Teacher	<input type="checkbox"/> Clinician Administrator	<input type="checkbox"/> Clinician Scientist
Teaching	%	Research	%	<input type="checkbox"/> Clinician Educator	<input type="checkbox"/> Clinician Investigator	<input type="checkbox"/> Scientist
Outpatient care	%	In-patient care	%			

OTHER HOSPITAL AFFILIATIONS (if applicable)	Hospital #1	Hospital #2
Hospital name		
Role description		
FTE		
AFP affiliation (if any)		

SECTION 2: RESOURCE NEEDS	Please provide details	Arrangements (internal or external) that have already been made for these resources
Nursing Services (will additional nursing resources be required to support this physician?)		
Health Professional Services (will additional OT, PT, SLP, Social Services Nutrition, etc. resources be required?)		
Office/Research Support (will this physician require secretarial/other support? Please specify the type of support required)		
Will this physician be performing new procedures that are not currently performed in this Department (or at Bruyère)?		
Diagnostic Imaging (will the number of X-Ray and Ultrasound procedures be affected?)		
Laboratory Services (will the number of biochemistry, haematology, microbiology, pathology, cytology procedures be affected?)		
Pharmaceuticals (explain the impact on pharmaceutical use)		
Inpatient Beds (will there be a change in in-patient beds?)		
Outpatient Clinic (will there be an impact on existing clinics or a need for new clinics?)		

Research / Office Space (will this physician require additional office space?)		
Other (will this physician require additional equipment, supplies or other resources which are not listed above?)		

*Please consider the impact that additional learners can have on resource needs.

SECTION 3: SUBMITTED BY

Title	Date	Name	Signature
Chief, Medical Department			
Director, Clinical Programs			

SECTION 4: NO RESOURCE IMPLICATIONS – APPROVAL

***Resources exist or are being reallocated within the program**

Title	Date	Name	Signature
Senior Vice President, Clinical Programs			
Chief of Staff			

SECTION 5: RESOURCE IMPLICATIONS – APPROVAL

***To be discussed by Senior Management**

Title	Date	Name	Signature
Chief Executive Officer			

cc: Credentials Committee
 Chief of Staff Office – for physician credentialing file
 Medical Affairs Office