



# PRIVILEGED STAFF BY-LAWS

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JUNE 28, 2012

**Lakeridge Health Privileged Staff  
By-Law, 2012**

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## **Lakeridge Health Privileged Staff**

### **By-Law, 2012**

**Passed by the Trustees on: May 17, 2012**

**Confirmed by the Members on: June 28, 2012**

WHEREAS the Hospital is a duly constituted corporation under the Corporations Act (Ontario);

AND WHEREAS the object of the Hospital is to operate as a public hospital under the laws of the Province of Ontario;

AND WHEREAS the Hospital wishes to regulate, through its By-laws, the medical, dental, clinical scientist, extended class nursing and midwifery activities of its Privileged Staff;

NOW THEREFORE all previous By-laws relating to the medical, dental , clinical scientist, extended class nursing and midwifery staff of the Hospital are hereby repealed and replaced with these By-laws

## **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 Trustees of the Corporation;

(b) **“Chair of the Medical Advisory Committee”** means the member of the Privileged Staff appointed to serve as Chair of the Medical Advisory Committee pursuant to subsection 10.1 and 10.2;

(c) **“Chief Executive Officer”** means, in addition to ‘administrator’ as defined in the *Public Hospitals Act*, the President and Chief Executive Officer of the Corporation;

(d) **“Chief Nursing Executive”** means the senior nurse employed by the Hospital who reports directly to the Chief Executive Officer and is responsible for nursing services provided in the Hospital;

(e) **“Chief of a Department”** means a member of the Privileged Staff appointed by the Board to be responsible for the Privileged standards and quality of care rendered by the members of that department at the Hospital;

(f) **“Chief of Staff”** means the member of the Privileged Staff appointed by the Board to serve as Chief of Staff in accordance with the regulations under the *Public Hospitals Act*;

(g) “**Clinical Scientist**” means individuals who hold both a doctorate degree in a recognized health related scientific or biomedical discipline and an appointment with an academic center with which LH has a formal partnership, appointed by the Board and granted privileges to practice in the Hospital;

(h) “**Credentials Committee**” means the committee given the mandate by the Medical Advisory Committee to review applications for appointment and reappointment to the Privileged Staff and to make recommendations to the Medical Advisory Committee and if no such committee is established it shall mean the Medical Advisory Committee;

(i) “**Day**” means calendar days when the number of days is greater than 7 and means business days when the number of days is less than or equal to 7;

(j) “**Dental Staff**” means those Dentists appointed by the Board to attend or perform dental services for patients in the Hospital;

(k) “**Dentist**” means a dental practitioner in good standing with the Royal College of Dental Surgeons of Ontario;

(l) “**Department**” means an organizational unit of the Privileged Staff to which members with a similar field of practice have been assigned;

(m) “**Extended Class Nursing/Nurse Practitioner Staff**” means Nurse Practitioners (Primary Health Care, Adult or Pediatric) who are not employed by the Hospital and to whom the Board has granted privileges.

(n) “**Hospital**” means any Public Hospital operated by the Corporation;

(o) “**Impact Analysis**” means a study to determine the impact upon the resources of the Corporation and the alignment with human resources and service needs of the proposed appointment of an applicant for appointment to the Privileged Staff or an application by a member of the Privileged Staff for additional privileges;

(p) “**Medical Advisory Committee**” means the committee established pursuant to Article 10.8;

(q) “**Medical Staff**” means those Physicians who are appointed by the Board and who are granted privileges to practice medicine in the Hospital;

(r) “**Midwife**” means a Midwife in good standing with the College of Midwives of Ontario;

(s) “**Midwifery Staff**” means those Midwives who are appointed by the Board and granted privileges to practice Midwifery in the Hospital;

(t) **“Medical Staff Association”** or **“MSA”** means the medical staff association of the Hospital prescribed by the Public Hospitals Act, being the organized body of members of the Medical and Dental Staff; those physicians and dentists appointed by the Board for associate, active, courtesy or supportive privileges:

(u) **“Patient”** means, unless otherwise specified or the context otherwise requires, any in-patient or outpatient of the Corporation;

(v) **“Physician”** means a medical practitioner in good standing with the College of Physicians and Surgeons of Ontario;

(w) **“Policies”** means the administrative, human resources, clinical and professional policies of the Hospital and includes policies and procedures adopted by the Board pursuant to Article 2;

(x) **“Privileged Staff”** means the Medical Staff, Dental Staff, Midwifery Staff, Clinical Assistant Staff, Clinical Scientist Staff and members of Extended Class Nursing/Nurse Practitioner Staff who are not employees of the Corporation;

(y) **“Privileged Staff Human Resources Plan”** means the plan developed for each Department under article 9.4 privileged staff human resources plan that will reflect the vision, mission, core values and strategic plan of the Hospital.

(z) **“Public Hospitals Act”** means the *Public Hospitals Act* (Ontario), and, where the context requires, includes the regulations made thereunder;

(aa) **“Registered Nurse in the Extended Class”** means a member of the College of Nurses of Ontario who is a registered nurse and who holds an extended certificate of registration, also known as a nurse practitioner, under the *Nursing Act, 1991*;

(ab) **“Rules and Regulations”** means the Rules and Regulations governing the practice of the Medical, Dental, Midwifery and Extended Class Nursing Staff in the Hospital both generally and within a particular Department, and includes Rules and Regulations which have been approved by the Board after considering the recommendation of the Medical Advisory Committee;

(ac) **“Section”** means an organizational unit of a Department.

(ad) **“Section Chief”** means the member of the Privileged Staff appointed to be in charge of one of the organized sections of a Department;

(ae) **“Written communication”** unless otherwise specified includes communication in traditional hard copy (examples: posters and letters) or electronic (examples: emails and e-bulletin) means

## **1.2 Interpretation**

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

## **2 Rules and Regulations and Policies**

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

(1) The Board, after consulting with the Medical Staff Association and considering the recommendation of the Medical Advisory Committee, may make Rules and Regulations as it deems necessary, including rules and regulations for patient care, quality of care and safety and the conduct of members of the Medical, Dental, Midwifery, Clinical Assistant, Clinical Scientist and Extended Class Nursing Staff.

(2) The Board, after considering the recommendation of the Medical Advisory Committee, may adopt policies and procedures applicable to the Medical, Dental, Midwifery, Clinical Assistant, Clinical Scientist and Extended Class Nursing Staff, including policies and procedures that are consistent with Rules and Regulations and support the implementation of Rules and Regulations.

## **3 Honourary Staff Designation**

### **3.1 Honourary Staff**

(1) An individual may be honoured by the Board by being designated as a member of the Honourary Staff of the Corporation, for such term as the Board deems appropriate, because he or she:

- (a) is a former member of the Privileged Staff who has retired from active practice; and/or
- (b) has contributed to the Hospital and has an outstanding reputation or made an extraordinary accomplishment.

(2) Members of the Honourary Staff:

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



## **4 Appointment and Reappointment to Privileged 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, Midwifery Staff and the non-employed members of the Extended Class Nursing Staff and shall grant such privileges as it deems appropriate to each member of the Privileged Staff so appointed.

(2) All applications for appointment and reappointment to the Privileged Staff shall be processed in accordance with the provisions of this By-law and the *Public Hospitals Act*.

(3) The Board may, on the recommendation of the MAC, at any time, make, revoke or suspend any appointment to the Privileged Staff or restrict the privileges of any member of the Privileged Staff in accordance with the provisions of this By-law and the *Public Hospitals Act*.

(4) The Board shall not be entitled to suspend any member of the Privileged Staff from any elected position on the MSA.

### **4.2 Term of Appointment**

(1) Subject to subsection 4.1(3), each appointment to the Privileged Staff shall be for a term of up to one (1) year.

(2) Where a member of the Privileged Staff has applied for reappointment within the time prescribed by the Medical Advisory Committee, the current appointment shall continue:

(a) unless subsection 4.2(2)(b) applies, until the reappointment is granted or not granted by the Board; or

(b) in the case of a member of the Medical Staff and where the reappointment 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.

(3) Refer to 4.7 (6) for applicants who do not submit their application for reappointment.

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

(1) Only applicants who meet the qualifications and satisfy the criteria set out in this By-law and in policy are eligible to be a member of, and appointed to, the Privileged Staff of the Corporation.

(2) An applicant for appointment to the Privileged Staff must meet the following qualifications:

(a) have adequate training and experience for the privileges requested;

- (b) have a demonstrated ability and willingness 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; and
  - (vii) govern himself or herself in accordance with the requirements set out in this By-law, the Hospital's mission, vision and values, Rules and Regulations and Policies;
- (c) have maintained the level of continuing Privileged education required by the applicable regulatory College;
- (d) have up-to-date immunizations, screenings and tests as may be required by the occupational health and safety policies and practices of the Hospital, the Public Hospitals Act or other legislation;
- (e) 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; and
- (f) have current membership in the Canadian Medical Protective Association, the Canadian Nurse Protective Society or other Privileged practice liability coverage appropriate to the scope and nature of the intended practice.

(3) In addition to the qualifications set out in subsection 4.3(2), an applicant for appointment to the Medical Staff must meet the following qualifications:

- (a) be qualified to practice medicine and licensed pursuant to the laws of Ontario and have a Certificate of Registration in good standing with the College of Physicians and Surgeons of Ontario; and
- (b) have a current Certificate of Professional Conduct from the College of Physicians and Surgeons of Ontario or the equivalent certificate from their most recent licensing body.

(4) In addition to the qualifications set out in subsection 4.3(2), an applicant for appointment to the Dental Staff must meet the following qualifications:

(a) be qualified to practice dentistry and licensed pursuant to the laws of Ontario and have a letter of good standing from the Royal College of Dental Surgeons of Ontario; and

(b) have a current Certificate of Professional Conduct from the Royal College of Dental Surgeons.

(5) In addition to the qualifications set out in subsection 4.3(2), an applicant for appointment to the Midwifery Staff must meet the following qualifications:

(a) be qualified to practice midwifery and be licensed pursuant to the laws of Ontario and have a Certificate of Registration in good standing with the College of Midwives of Ontario; and

(b) have a current Certificate of Professional Conduct from the College of Midwives of Ontario or the equivalent certificate from their most recent licensing body.

(6) In addition to the qualifications set out in subsection 4.3(2), an applicant for appointment to the Extended Class Nursing Staff must meet the following qualifications:

(a) be qualified to practice as a nurse in the extended class and hold a current, valid Annual Registration Payment Card as a registered nurse in the extended class with the College of Nurses of Ontario; and

(b) have a letter of good standing from the Ontario College of Nurses or their most recent licensing body.

(7) In addition to the qualifications set out in subsection 4.3(2), an applicant for appointment to the Clinical Assistant Staff must meet the following qualifications:

(a) be qualified to practice medicine and licensed pursuant to the laws of Ontario and have a Certificate of Registration in good standing with the College of Physicians and Surgeons of Ontario; and

(b) have a current Certificate of Professional Conduct from the College of Physicians and Surgeons of Ontario or the equivalent certificate from their most recent licensing body, or

(c) be authorized to work as a Clinical Assistant at Lakeridge Health under the terms and conditions of a Postgraduate Education Certificate with the College of Physicians and Surgeons of Ontario.

(8) In addition to the qualifications set out in subsection 4.3(2), an applicant for appointment to Clinical Scientist Staff need not be registered with a professional College or have an Ontario license to practice medicine, but must hold a current appointment at a partner Academic Health Sciences Centre and hold a doctorate degree in a recognized health related scientific or biomedical discipline.

(9) All appointments will require an Impact Analysis demonstrating that the Hospital has the resources to accommodate the applicant and that the applicant meets the needs of the respective Department as described in the Privileged Staff Human Resources Plan.

(10) In addition to any other provisions of the By-law, including the qualifications set out in subsections 4.3(2) through 4.3(10), the Board may refuse to appoint any applicant to the Privileged 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 Privileged Staff Human Resources Plan and/or the Impact Analysis of the Corporation and/or Department does not demonstrate sufficient resources to accommodate the applicant; or

(c) the appointment is not consistent with the strategic plan and mission of the Corporation.

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

(1) The Chief Executive Officer or delegate 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 bylaws and the Rules and Regulations and appropriate Policies, to each Physician, Dentist, Midwife, Registered Nurse in the Extended Class, Clinical Assistant or Clinical Scientist who expresses in writing an intention to apply for appointment to the Privileged Staff.

(2) An applicant for appointment to the Privileged Staff shall submit to the Chief Executive Officer one (1) original application in the prescribed form together with signed consents to enable the Hospital to make inquiries of the applicable College and other hospitals, institutions and facilities where the applicant has previously provided professional services or received professional training to allow the Hospital to fully investigate the qualifications and suitability of the applicant.

(3) Prior to the consideration of an applicant for appointment, each applicant shall be vetted through established MAC and Board Approved recruitment and selection processes.

(4) In special circumstances (defined in policy) such as where an applicant who has a primary appointment at another hospital affiliated with LH and part of a common service model, the Medical Advisory Committee may recommend a shared credentialing process with the co-operation of the Medical Affairs Office of the applicant's home hospital.

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

(1) Upon receipt of a complete application, the Chief Executive Officer shall deliver each original application forthwith to the Medical Advisory Committee through the Chair of the Medical Advisory Committee or delegate, who shall keep a record of each application received and then refer the original

application forthwith to the chair of the Credentials Committee with a copy to the Chief of the relevant Department.

(2) The Credentials Committee shall review all materials in the application, receive the recommendation of the Chief of the relevant Department, ensure all required processes have been completed, ensure all required information has been provided, investigate the professional competence and verify the qualifications of the applicant, consider whether the qualifications and criteria required by S 4.3 are met and shall submit a report as to its assessment and recommendation to the Medical Advisory Committee at its next regular meeting.

(3) The Medical Advisory Committee shall:

(a) receive and consider the report and recommendations of the Credentials Committee;

(b) review the application with reference to the Privileged Staff Human Resources Plan and Impact Analysis; and

(c) send, within sixty (60) days of the date of receipt by the Chief Executive Officer of a complete application, notice of its recommendations to the Board and the applicant, in accordance with the *Public Hospitals Act*.

(4) Notwithstanding subsection 4.5(3)(c), the Medical Advisory Committee may make its recommendation later than sixty (60) days after receipt of the application if, prior to the expiry of the sixty (60) day period, it indicates in writing to the Board and to the applicant that a final recommendation cannot be made within such sixty (60) day period and gives written reasons therefor.

(5) Where the Medical Advisory Committee recommends the appointment, it shall specify the category of appointment and the specific privileges it recommends the applicant be granted.

(6) Where the Medical Advisory Committee does not recommend appointment or where the recommended appointment or privileges differ from those requested, the Medical Advisory Committee shall inform the applicant that he or she is entitled to:

(a) written reasons for the recommendation if a request is received by the Medical Advisory Committee within seven (7) days of the receipt by the applicant of notice of the recommendation; and

(b) a hearing before the Board if a written request is received by the Board and the Medical Advisory Committee within seven (7) days of the receipt by the applicant of the written reasons referred to in subsection 4.5(6)(a).

(7) Where the applicant does not request a hearing by the Board, the Board may implement the recommendation of the Medical Advisory Committee.

(8) Where an applicant requests a hearing by the Board, it shall be dealt with in accordance with the applicable provisions of the *Public Hospitals Act*.

(9) The Board shall consider the Medical Advisory Committee recommendations within the time frame specified by the *Public Hospitals Act*.

(10) The Board, in determining whether to make any appointment or reappointment to the Privileged Staff or approve any request for a change in privileges shall take into account the recommendation of the Medical Advisory Committee and such other considerations it, in its discretion, considers relevant including, but not limited to, the Privileged Staff Human Resources Plan, Impact Analysis, strategic plan and the Corporation's ability to operate within its resources.

#### **4.6 Temporary Appointment**

(1) A temporary appointment of a Physician, Dentist, Midwife, Registered Nurse in the Extended Class, Clinical Assistant or Clinical Scientist may be made for reasons including:

(a) to meet a specific singular requirement by providing a consultation and/or operative procedure; or

(b) to meet an urgent unexpected need for a Medical, Dental, Midwifery, Registered Nurse in the Extended Class, Clinical Assistant or Clinical Scientist service.

(c) As a bridge for individuals who have applied for appointment to the privileged staff where the time frames do not allow for all the documentation to be assembled and/or the approval process to be completed prior to the urgently required start date.

(d) Other reasons as specified from time to time by the Board

(2) A temporary appointment will be made based on the Department Chief's recommendation after assessment of the minimum information/documentation requirements as outlined in Board approved policy.

(3) Notwithstanding any other provision of this By-law, the Chief Executive Officer or delegate, after consultation with the Chief of Staff/Chair of the Medical Advisory Committee or delegate may grant a temporary appointment and temporary privileges to a each Physician, Dentist, Midwife, Registered Nurse in the Extended Class, Clinical Assistant or Clinical Scientist provided that such appointment shall not extend beyond the next reporting cycle to the Board.

(4) The temporary appointment shall be reported and received for information by the MAC and subsequently the Board.

(5) Temporary appointments that extend beyond the next reporting cycle of the Board must be reissued with every subsequent reporting cycle, until such time as all the requisite documentation is assembled and the approval process around the applicant's appointment to the privileged staff is complete.

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

#### **4.7 Application for Reappointment to the Privileged Staff**

(1) Each year, each member of the Privileged Staff desiring reappointment to the Privileged Staff shall make written application on the prescribed form to the Chief Executive Officer before the date specified by the Medical Advisory Committee.

(2) Each application for reappointment to the Privileged Staff shall contain the following information:

(a) a restatement or confirmation of the undertakings and acknowledgements requested as part of an application for appointment or as required by the Rules and Regulations from time to time;

(b) confirmation that the applicant has met the continuing professional education requirements established by his or her Department, Section or Service, by the Hospital or by his or her professional licensing authority or specialty college;

(c) either:

a declaration that all information on file at the Hospital from the applicant's most recent application is up-to-date, accurate and unamended as of the date of the current application; or

a description of all material changes to the information on file at the Hospital since the applicant's most recent application, including without limitation: any additional professional qualifications acquired by the applicant since the previous application and information regarding any completed disciplinary or malpractice proceedings, restriction in privileges or suspensions during the past year;

(d) a report of the Chief of the relevant Department or Departments, as the case may be, in accordance with a performance evaluation process approved by the Board from time to time, which report shall include the Chief of Department's recommendation with respect to reappointment with the Hospital;

(e) the category of appointment requested and a request for either the continuation of, or any change in, existing privileges;

(f) if requested, a current Certificate of Professional Conduct or equivalent from the appropriate college or licensing body;

(g) confirmation that the member has complied with the disclosure duties set out in S 8.9 (d);  
and

(i) such other information that the Board may require, respecting competence, capacity and conduct, having given consideration to the recommendation of the Medical Advisory Committee.

(3) In special circumstances such as where an applicant who has a primary appointment at another hospital affiliated with LH and part of a common service model, the Medical Advisory Committee may recommend a shared credentialing process with the co-operation of the Medical Affairs Office of the physician's home hospital.

(4) In the case of any application for reappointment in which the applicant requests additional privileges, each application for reappointment shall identify any required professional qualifications and confirm that the applicant holds such qualifications.

(5) Application for reappointment shall be dealt with in accordance with the *Public Hospitals Act* and S 4.5 of this By-law.

(6) Any applicant, who receives an application for reappointment from the Hospital but who, after appropriate notice and with consideration to extenuating circumstances, fails to submit it to the Hospital by the date established by Hospital policy shall be deemed to have resigned from the Privileged Staff.

#### **4.8 Qualifications and Criteria for Reappointment to the Privileged Staff**

(1) In order to be eligible for reappointment:

(a) the applicant shall continue to meet the qualifications and criteria set out in S 4.3;

(b) the applicant shall have conducted himself or herself in compliance with this By-law, the Hospital's values, Rules and Regulations, and Policies; and

(c) the applicant shall have demonstrated appropriate use of Hospital resources in accordance with the Privileged Staff Human Resources Plan and the Rules and Regulations and Policies of the Corporation.

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

(1) Each member of the Privileged Staff who wishes to change his or her privileges shall submit, on the prescribed form, to the Chief Executive Officer, an application listing the change of privileges requested, and providing evidence of appropriate training and competence and such other matters as the Board may require.



(2) 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.

(3) In accordance with Board approved policy, 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.

(4) The application shall be processed in accordance with and subject to the requirements of S 4.7, and 4.8 and subsections 4.5(3) to 4.5(10) of this By-law.

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

(1) Upon request of a member of the Privileged Staff to the Chief of his or her Department, a leave of absence of up to twelve (12) months may be granted, after receiving the recommendation of the Medical Advisory Committee, by the Chief of Staff/Chair of the Medical Advisory Committee or delegate,

(a) in the event of extended illness or disability of the member, or

(b) in other circumstances acceptable to the Board, upon recommendation of the Chair of the Medical Advisory Committee or delegate.

(2) After returning from a leave of absence granted in accordance with subsection 4.10(1), the member of the Privileged Staff may be required to produce a medical certificate of fitness from a physician or nurse practitioner acceptable to the Chief of Staff/Chair of the Medical Advisory Committee or delegate. The Chief of Staff/Chair of the Medical Advisory Committee or delegate may impose such conditions on the privileges granted to such member as appropriate.

(3) Following a leave of absence of longer than twelve (12) months, a member of the Privileged Staff shall be required to make a new application for appointment to the Privileged Staff in the manner and subject to the criteria set out in this By-law.

## **5 Monitoring, Suspension and Revocation**

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

(1) Any aspect of patient care or Privileged Staff conduct being carried out in the Corporation may be reviewed without the approval of the member of the Privileged Staff responsible for such care by the Chief of Staff/Chair of the Medical Advisory Committee or delegate or Chief of Department or delegate.

(2) Where any member of the Privileged Staff or Corporation staff reasonably believes that a member of the Privileged Staff is incompetent, attempting to exceed his or her privileges, incapable of providing a

service that he or she is about to undertake, or acting in a manner that exposes or is reasonably likely to expose any patient, health care provider, employee or any other person at the Hospital to harm or injury, such individual shall communicate that belief forthwith to one of the Chief of Staff/Chair of the Medical Advisory Committee (or delegate), the Chief of the relevant Department (or delegate) and the Chief Executive Officer (or delegate), so that appropriate action can be taken.

(3) The Chief of a Department or delegate, on notice to the Chief of Staff/Chair of the Medical Advisory Committee or delegate where he or she believes it to be in the best interest of the patient, shall have the authority to examine the condition and scrutinize the treatment of any patient in his or her Department and to make recommendations to the attending Privileged Staff member or any consulting Privileged 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/Chair of the Medical Advisory Committee, notice shall be given as soon as possible.

(4) If the Chief of Staff/Chair of the Medical Advisory Committee or delegate or Chief of a Department or delegate becomes aware that, in his or her opinion a serious problem exists in the diagnosis, care or treatment of a patient, the officer shall forthwith discuss the condition, diagnosis, care and treatment of the patient with the attending member of the Privileged Staff. If changes in the diagnosis, care or treatment satisfactory to the Chief of Staff/Chair of the Medical Advisory Committee or delegate or the Chief of Department or delegate, as the case may be, are not made, he or she shall forthwith assume the duty of investigating, diagnosing, prescribing for and treating the patient.

(5) Where the Chief of Staff/Chair of the Medical Advisory Committee or delegate or Chief of a Department or delegate has cause to take over the care of a patient, the Chief Executive Officer, the Chief of Staff/Chair of the Medical Advisory Committee or the Chief of the Department, as the case may be, and one other member of the Medical Advisory Committee, the attending member of the Privileged Staff, and the patient or the patient's substitute decision maker shall be notified in accordance with the *Public Hospitals Act*. The Chief of Staff/Chair of the Medical Advisory Committee or delegate or the Chief of Department or delegate shall file a written report with the Medical Advisory Committee within forty eight (48) hours of his or her action.

(6) Where the Medical Advisory Committee concurs with the opinion of the Chair of the Medical Advisory Committee or delegate or Chief of Department or delegate who has taken action under subsection 5.1(4) that the action was necessary, the Medical Advisory Committee shall forthwith make a detailed written report to the 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 a manner consistent with the Public Hospitals Act and this By-law, revoke or suspend any appointment of a member of the Privileged Staff or revoke, suspend, restrict or otherwise deal with the Privileges of a member of the Privileged Staff.

(2) Any administrative or leadership appointment of the member of the Privileged Staff will automatically terminate upon the restriction, revocation or suspension of privileges or, revocation of appointment, unless otherwise determined by the Board.

(3) Where an application for appointment or reappointment is denied or, the privileges of a member of the Privileged Staff have been restricted, suspended or revoked, by reason of incompetence, negligence or misconduct, or the member resigns from the Privileged Staff during the course of an investigation into his or her competence, negligence or misconduct, the Chief Executive Officer shall prepare and forward a detailed written report to the member's regulatory body as soon as possible, and not later than thirty (30) days.

### **5.3 Immediate Action**

(1) The Chief Executive Officer or delegate or Chief of Staff/Chair of the Medical Advisory Committee or delegate or Chief of a Department or delegate may temporarily restrict or suspend the privileges of any member of the Privileged Staff, in circumstances where in their opinion the member's conduct, performance or competence:

(a) exposes or is reasonably likely to expose any patient, health care provider, employee or any other person at the Hospital to harm or injury; or

(b) is or is reasonably likely to be detrimental to patient safety or to the delivery of quality patient care within the Hospital, and immediate action must be taken to protect patients, health care providers, employees and any other person at the Hospital from harm or injury.

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

(3) The person who takes the action authorized in subsection 5.3(1) shall inform the President of the Medical Staff Association or delegate of his or her action forthwith.

### **5.4 Non-Immediate Action**

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

(a) fails to meet or comply with the criteria for annual reappointment; or

(b) exposes or is reasonably likely to expose any patient, health care provider, employee or any other person at the Hospital to harm or injury; or

(c) is or is reasonably likely to be, detrimental to patient safety or to the delivery of quality patient care within the Hospital or impact negatively on the operations of the Hospital; or

(d) fails to comply with the Hospital's by-laws, Rules and Regulations, or Policies, the Public Hospitals Act or any other relevant law.`

(2) Prior to making a recommendation as referred to in subsection 5.4(1), an investigation may be conducted. Where an investigation is conducted it may be assigned to an individual within the Hospital other than the Medical Advisory Committee or an external consultant.(3) Notwithstanding the provisions of sub-section (1) of this article the Chief of the relevant department, the Chief of Staff or the CEO may seek an undertaking from a member of the Medical Staff not to exercise any or all of his or her privileges where circumstances such as set out in said sub-section (1) may exist and are in the process of being investigated.

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

(1) Following the temporary restriction or suspension of privileges under S 5.3, or the recommendation to the Medical Advisory Committee for the restriction or suspension of privileges or the revocation of an appointment of a member of the Privileged Staff under S 5.4, 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/Chair of the Medical Advisory Committee or delegate or Chief Executive Officer or delegate 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 will be set, not more than ten (10) 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 forty-eight (48) hours prior to the Medical Advisory Committee meeting, the Medical Advisory Committee shall provide the member with a written notice of:

- i. the 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.
- iv. A statement indicating that the member is entitled to attend the MAC meeting and fully participate, to answer all matters considered by the MAC and to present documents and witnesses;

- v. A statement indicating that all parties are entitled to bring to and consult with legal counsel at meeting, but that legal counsel is not entitled to participate in the meeting
- vi. Statement indicating that in the absence of the member, the meeting may proceed and the member will not be entitled to any further notice in the hearing.

(2) The date for the Medical Advisory Committee to consider the matter under S 5.5(1)(b) may be extended by,

(a) an additional five (5) days in the case of a referral under S 5.3; or if the Medical Advisory Committee considers it necessary to do so

(b) any number of days in the case of a referral under S .5.4,

(3) The Member involved shall be given full opportunity to answer each ground as well as to present documents and witnesses if so desired.

(4) Before deliberating on the recommendation to be made to the Board, the Chair of the MAC may require the privileged staff member involved and any other persons present, including non-voting members of the MAC to retire. The Chair may invite Lakeridge Health's legal counsel to remain in the room for the purpose of providing the MAC with legal advice

(5) The Medical Advisory Committee may:

(a) set aside the restriction or suspension of privileges; or

(b) recommend to the Board a suspension or revocation of the appointment or a restriction, suspension or revocation of privileges on such terms as it deems appropriate. Notwithstanding the above, the Medical Advisory Committee may also refer the matter to a committee of the Medical Advisory Committee.

(6) If the Medical Advisory Committee recommends the continuation of the restriction or suspension or a revocation 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 within twenty-four (24) hours of the Medical Advisory Committee meeting provide the member with written notice of the Medical Advisory Committee's recommendation.

(7) The written notice shall inform the member that he or she is entitled to:

(a) written reasons for the recommendation if a request is received by the Medical Advisory Committee within seven (7) days of the member's receipt of the notice of the recommendation; and

(b) a hearing before the Board if a written request is received by the Board and the Medical Advisory Committee within seven (7) days of the receipt by the member of the written reasons requested.

(8) If the member requests written reasons for the recommendation under S 5.5(5), the Medical Advisory Committee shall provide the written reasons to the member within forty-eight (48) hours of receipt of the request.

## **6 Board Hearing**

### **6.1 Board Hearing**

(1) A hearing by the Board shall be held when one of the following occurs:

(a) the Medical Advisory Committee recommends to the Board that an application for appointment, reappointment 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 member of the Privileged Staff and be restricted, suspended or revoked or an appointment be revoked and the member requests a hearing.

(2) The Board will name a place and time for the hearing.

(3) In the case of immediate suspension or revocation of privileges, the Board hearing shall be held within seven (7) days of the date the applicant or members requests the hearing under Subsection 6.1 (1). In the case of non-immediate suspension or revocation of privileges, subject to subsection 6.1 (4), the Board hearing will be held as soon as practicable but not later than twenty eight (28) days after the Board receives the written notice from the member or applicant requesting the hearing.

(4) The Board may extend the time for the hearing date if it is considered appropriate.

(5) The Board will give written notice of the hearing to the applicant or member and to the Medical Advisory Committee at least five (5) days before the hearing date.

(6) The notice of the Board hearing will include:

(a) the place and time of the hearing;

(b) the purpose of the hearing;

(c) a statement that the applicant or member and Medical Advisory Committee will be afforded an opportunity to examine prior to the hearing, any written or documentary evidence that will be produced, or any reports the contents of which will be given in evidence at the hearing;

(d) a statement that the applicant or member may proceed in person or be represented by counsel, call witnesses and tender documents in evidence in support of his or her case;

(e) a statement that the time for the hearing may be extended by the Board on the application of any party; and

(f) a statement that if the applicant or member does not attend the meeting, the Board may proceed in the absence of the applicant or member, and the applicant or member will not be entitled to any further notice in the hearing.

(7) The parties to the Board hearing are the applicant or member, the Medical Advisory Committee and such other persons as the Board may specify.

(8) The applicant or member requiring a hearing and the 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 reports the contents of which will be used in evidence.

(9) Members of the Board holding the hearing will not have taken part in any investigation or consideration of the subject matter of the hearing and will not communicate directly or indirectly in relation to the subject matter of the hearing with any person or with any party or their representative, except upon notice to and an opportunity for all parties to participate. Despite the foregoing, the Board may obtain legal advice.

(10) The findings of fact of the Board pursuant to a hearing will be based exclusively on evidence admissible or matters that may be noticed under the *Statutory Powers Procedure Act*.

(11) No member of the Board will participate in a decision of the Board pursuant to a hearing unless they are present throughout the hearing and heard the evidence and argument of the parties and, except with the consent of the parties, no decision of the Board will be given unless all members so present participate in the decision.

(12) The Board shall make a decision to follow, amend or not follow the recommendation of the Medical Advisory Committee. The Board, in determining whether to make any appointment or reappointment to the Privileged Staff or approve any request for a change in privileges shall take into account the recommendation of the Medical Advisory Committee and such other considerations it, in its discretion, considers relevant including, but not limited to, the considerations set out in S 4.3, 4.8 and 4.9 respectively.

(13) A written copy of the decision of the Board will be provided to the applicant or member and to the Medical Advisory Committee.

(14) Service of a notice to the parties may be made personally or by registered mail addressed to the person to be served at their last known address and, where notice is served by registered mail, it will be deemed that the notice was served on the third (3rd) 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.

## **7 Appeals**

### **7.1 Appeals**

In any case where initial appointment is refused, reappointment is refused, or where privileges are reduced, the following appeal procedures are successively available to the applicant upon his or her request at each stage:

(a) a special meeting of the MAC; and

(b) a hearing before the Board, if a written request is received by the Board and the MAC within seven days after the applicant receives notice of recommendation of the MAC, pursuant to the Public Hospitals Act.

The procedures relating to any hearing or appeal described in subsection (1) shall be in accordance with Hospital policy, as amended from time to time, and in accordance with the Public Hospitals Act.

The Chair of the MAC has a duty to apprise the appellant of his or her appeal privileges.

## **8 Privileged Staff Categories and Duties**

### **8.1 Privileged Staff Categories**

(1) The Medical Staff, Dental Staff, Extended Class Nursing/Nurse Practitioner Staff and Midwifery Staff shall be divided into the following groups:

(a) Active;

(b) Associate;

(c) Courtesy;

(d) Supportive;

(e) Locum Tenens;

(f) Such categories as may be determined by the Board from time to time having given consideration to the recommendation of the Medical Advisory Committee.

(2) The Clinical Assistant Staff may be divided into such categories as the Board may from time to time determine having given consideration to the recommendation of the Medical Advisory Committee. Refer to S 8.7 for current Clinical Assistant privileges.



(3) The Clinical Scientist Staff may be divided into such categories as the Board may from time to time determine having given consideration to the recommendation of the Medical Advisory Committee. Refer to S 8.8 for current Clinical Scientist privileges.

## **8.2 Active Staff**

(1) The Active Staff shall consist of those Physicians, Dentists, Extended Class Nursing/Nurse Practitioner Staff and Midwives appointed to the Active Staff by the Board and who have completed satisfactory service as Associate Staff of at least one (1) year or who the Board, on the recommendation of the Medical Advisory Committee, appoints directly to the Active Staff.

(2) Physicians, Dentists, Extended Class Nursing/Nurse Practitioner Staff or Midwives with an active staff appointment at another Hospital require approval by the Board, to be appointed to the Active Staff of LH.

(3) Each member of the Active Staff shall:

(a) have admitting privileges unless otherwise specified in their appointment;

(b) attend patients and undertake treatment and operative procedures only in accordance with the kind and degree of privileges granted by the Board;

(c) be responsible to the Chief of Department to which they have been assigned for all aspects of patient care;

(d) act as a supervisor of other members of the Medical Staff, Dental Staff, Midwifery Staff or Extended Class Nursing/Nurse Practitioner Staff when requested by the Chief of Staff/Chair of the Medical Advisory Committee or delegate or the Chief of the Department to which they have been assigned;

(e) fulfil such on-call requirements as may be established by each Department or Section in accordance with the Privileged Staff Human Resource Plan and the Rules and Regulations;

(f) perform such other duties as may be prescribed by the Medical Advisory Committee or requested by the Chief of Staff/Chair of the Medical Advisory Committee or Chief of the relevant Department from time to time;

(g) if a Physician, be entitled to attend and vote at meetings of the Medical Staff Association and be eligible to be an elected or appointed officer of the Medical Staff; and

(h) if a Dentist, Extended Class Nurse/Nurse Practitioner or Midwife, be entitled to attend meetings of the Medical Staff Association but shall not have a vote or be eligible to hold an elected or appointed office of the Medical Staff.

### **8.3 Associate Staff**

(1) Physicians, Dentists, Extended Class Nursing/Nurse Practitioner Staff or Midwives who are applying for appointment to the Active Staff, subject otherwise to the determination of the Board, will be assigned to the Associate Staff. Generally, an appointment to the Associate Staff shall not exceed two (2) years (Sub section 8.3.3 (a) to 8.3.3. (d)). In no event shall an appointment to the Associate Staff extend beyond five (5) years. (Subsection 8.3.3 (e) and (f)).

(2) Each member of the Associate Staff shall:

(a) have admitting privileges unless otherwise specified in their appointment;

(b) work under the supervision of an Active Staff member named by the Chair of the Medical Advisory Committee or delegate to whom he or she has been assigned;

(c) undertake such duties in respect of patients as may be specified by the Chair of the Medical Advisory Committee or delegate, and, if appropriate, by the Chief of the relevant Department to which they have been assigned;

(d) fulfil such on call requirements as may be established by each Department or Section and in accordance with the Privileged Staff Human Resources Plan and the Rules and Regulations and Policies;

(e) perform such other duties as may be prescribed by the Medical Advisory Committee or requested by the Chief of Staff/Chair of the Medical Advisory Committee or delegate or Chief of the relevant Department from time to time;

(f) if a Physician, be entitled to attend at Medical Staff Association meetings and be eligible to vote at Medical Staff Association meetings. Associate members are not eligible to be an elected or appointed officer of the Medical Staff;

(g) if a Dentist, Extended Class Nurse/Nurse Practitioner or Midwife, be entitled to attend Medical Staff Association meetings but shall not have a vote at Medical Staff Association meetings and shall not be eligible to hold an elected or appointed office of the Medical Staff.

(3) (a) At six (6) month intervals following the appointment of an Associate Staff member to the Privileged 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 Chair of the Medical Advisory Committee or delegate, concerning:

i. the knowledge and skill that has been shown by the Associate Staff member;

ii. the nature and quality of his or her work in the Corporation; and

iii. his or her performance and compliance with the criteria set out in subsection 4.3(2). The Chief of Staff/Chair of the Medical Advisory Committee or delegate shall forward such report to the Credentials Committee.

(b) After a minimum of one year and upon receipt of the reports referred to in subsection 7.3(3)(a), the appointment of the member of the Associate Staff shall be reviewed by the Credentials Committee, which shall make a recommendation to the Medical Advisory Committee.

(c) If any report made under subsections 7.3(3)(a) or 7.3(3)(b) is not favourable to the Associate Staff member, the Medical Advisory Committee may recommend the appointment of the Associate Staff member be terminated.

(d) Subject to subsection (e) and (f) of this article, an appointment to the Associate Staff shall not exceed two (2) years.

(e) If the clinical activity of the Associate Staff member has been part-time and the Chief of the Department determines that the part-time clinical activity has been insufficient to effectively evaluate the nature and quality of the Associate Staff member's work in the Hospital, the Associate Staff member shall not be eligible for appointment to Active Status. Upon completion of sufficient clinical work to support evaluation, as determined by the Chief of the Department, the Associate Staff member shall be eligible for appointment to the Active Staff in accordance with the provisions of this article.

(f) An Associate Staff member who holds a restricted license shall remain as an Associate Staff member until evidence, which permits the Associate Staff member to work in an unsupervised setting, has been obtained from a regulatory body which is acceptable to the Board. Upon receipt of such evidence by the Associate Staff member, the member shall be eligible for appointment to the Active Staff in accordance with the provisions of this article.

(g) In no circumstances will the appointment to Associate Staff exceed five (5) years. If, at the end of the five year period of service, the Associate Staff member has not met the requirements for progression to Active Staff the MAC shall consider making a recommendation against renewing the Associate Staff member's appointment to the Privileged Staff of the Hospital.

#### **8.4 *Courtesy Staff***

(1) The Courtesy Staff shall consist of those Physicians, Dentists Extended Class Nurses/Nurse Practitioners and Midwives appointed by the Board to the Courtesy Staff in one or more of the following circumstances:

(a) the applicant meets a specific service need of the Corporation; or

(b) where the Board deems it otherwise advisable and in the best interests of the Corporation.

(2) Members of the Courtesy Staff shall:

(a) have such limited privileges as may be granted by the Board on an individual basis;

(b) attend patients and undertake treatment and operative procedures only in accordance with the kind and degree of privileges granted by the Board;

(c) be responsible to the Chief of Department to which they have been assigned for all aspects of patient care; and

(d) be entitled to attend Medical Staff Association meetings but shall not have a vote at Medical Staff Association meetings and shall not be eligible to hold an elected or appointed office of the Medical Staff.

### **8.5 Supportive Staff**

(1) The Supportive Staff shall consist of those Physicians, Dentists, Extended Class Nurses/Nurse Practitioners, Midwives appointed to the Supportive Staff on the recommendation of the Medical Advisory Committee.

(2) Each member of the Supportive Staff may:

(a) Provide support to the patient and/or members of the patient's family and act as a liaison between the most responsible practitioner and the patient.

(b) visit their patients in hospital and review the health record;

(c) document information relevant to the care of the patient on the patient record and progress notes but cannot make or record any orders.

(d) participate in hospital education events; and

(e) attend but not vote at meetings of the Medical Staff Association; is not eligible to be an elected or appointed officer of the Medical Staff ; and

(3) Members of the Supportive Staff may not admit patients directly to the hospital;

(4) Members of the Supportive Staff are responsible to the Chief of Department to which they have been assigned for all aspects of in-hospital care and conduct;

### **8.6 Locum Tenens Staff**

(1) Locum Tenens Staff consist of Physicians, Dentists, Extended Class Nurses/Nurse Practitioners or Midwives who have been appointed to the Locum Tenens Staff by the Board in order to meet specific clinical needs for a defined period of time in one or more of the following circumstances:

(a) to be a planned replacement for a Physician, Dentist Extended Class Nurse/Nurse Practitioner or Midwife for specified period of time; or

(b) to address a vacancy for which no suitable long-term applicant is available, or

(c) when, within the context of a formal recruitment process for a declared vacancy there is a desire to assess an appropriate candidate's suitability and/or to allow a candidate to experience the LH work environment.

(2) The appointment of a Physician, Dentist or Midwife as a member of the Locum Tenens Staff may be for up to one (1) year subject to renewal for a further period of up to one (1) additional year. The Board, having considered the recommendation of the Medical Advisory Committee may permit renewal beyond two (2) years in exceptional circumstances.

(3) A Locum Tenens Staff shall:

(a) have admitting privileges unless otherwise specified in their appointment;

(b) work under the supervision of an Active Staff member assigned by the Chair of the Medical Advisory Committee or delegate; and

(c) attend patients and undertake treatment and operative procedures only in accordance with the kind and degree of privileges granted by the Board.

(4) Locum Tenens Staff shall be eligible to attend but not vote at Medical Staff Association meetings. Locum Tenens Staff shall not be elected or appointed to any office of the Medical Staff.

### **8.7 Clinical Assistant Staff**

(1) The Clinical Assistant Staff shall consist of Physicians:

(a) who have been appointed by the Board, on the recommendation of the Medical Advisory Committee, to be members of the Clinical Assistant Staff with the privilege of diagnosing, prescribing and treating patients in the Hospital, consistent with their knowledge, training and skills;

(b) who are required to provide temporary clinical and/or academic support; and

(c) who are seeking additional clinical experience or training.

(2) Clinical Assistant Staff status is not intended or required for postgraduate or undergraduate trainees who are registered with a medical school or postgraduate program undertaking an elective or

regular rotation at the hospital. Such individuals are to be appropriately registered through Academic Affairs in accordance with policy.

- (3) Members of the Clinical Assistant Staff shall:
  - (a) Only perform procedures within the Hospital as specified in their appointment agreement;
  - (b) Be required to take such call as may be prescribed by the Chief of the Department or his delegate;
  - (c) Work under the direction of the relevant Chief of the Department or his delegate, who shall supervise their practice within the Hospital;
  - (d) Be appointed for an initial time period not to exceed twelve (12) months, which may be renewed
- (4) Members of the Clinical Assistant Staff will not act as Most Responsible Physician and must work under supervision of an active or associate staff member who will be the MRP of record. The nature of the supervision would be guided by the seniority of prior training and demonstrated knowledge and skills as determined by the Chief of the Department or his delegate, and would be congruent with the CPSO policy.
- (5) The first 12 months of Clinical Assistant Staff status is considered probationary
- (6) Membership as part of the Clinical Assistant Staff in no way guarantees or assumes an eventual permanent hospital appointment. Clinical Assistant Staff may apply for permanent hospital appointments through procedures outlined in these By-Laws and in policy.
- (7) All members of the Clinical Assistant Staff:
  - (a) shall be eligible to attend Medical Staff Association meetings; but
  - (b) shall not be eligible to vote or hold office in the Medical Staff Association.

### **8.8 Clinical Scientist Staff**

- (1) All credentialed clinical scientists
  - (a) shall have privileges which are determined on an individual basis, but these shall not include the privilege to admit patients;
  - (2) may be given access to the patient care record;
  - (3) may document information relevant to the care of the patient on the patient record;
  - (4) may attend but not vote at meetings of the Medical Staff Association; is not eligible to be an elected or appointed officer of the Medical Staff ;

(5) may participate on a hospital committee at the discretion of the Chief of Staff or the Chief Executive Officer;

(6) may participate in hospital education events; and

(7) shall be responsible to the Chief of the Department to which the Clinical scientist is assigned for all aspects of professional activity performed by or for him/her in the Hospital and are required to participate in the performance review process.

(2) The first 12 months of Clinical scientist status is considered probationary

### **8.9 Duties of Privileged Staff**

Each member of the Privileged Staff:

(1) is accountable to and shall recognize the authority of the Board through and with the Chair of the Medical Advisory Committee, Chief of Department and Chief Executive Officer.

(2) shall co-operate with and respect the authority of:

- i. the Chief of Staff/Chair of the Medical Advisory Committee and the Medical Advisory Committee;
- ii. the Chiefs of Department;
- iii. the Chief of the applicable Section; and
- iv. the Chief Executive Officer;
- v. the Chief Nursing Executive; and
- vi. the Medical Staff Association Executive

(3) shall perform the duties, undertake the responsibility and comply with the provisions set out in this By-law and the Rules and Regulations and Policies.

(4) shall forthwith advise the Chief of Staff/Chair of the Medical Advisory Committee of the notice of any College disciplinary proceeding, proceedings to restrict or suspend privileges at other hospitals, or malpractice actions.

## **9 Departments and Sections**

### **9.1 Privileged Staff Departments**

(1) The Privileged Staff may be organized into such Departments as may be approved by the Board from time to time.

(2) Each Privileged Staff member will be appointed to a minimum of one (1) of the Departments. Appointment may extend to one (1) or more additional Departments.

### **9.2 Sections within a Department**

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

### **9.3 Changes to Departments and Sections**

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

### **9.4 Privileged Staff Human Resources Plan**

Each Department shall develop a Privileged Staff Human Resources Plan in accordance with the Hospital Strategic Plan. The Plan shall be developed by the Chief of the Department, in consultation with Program Leadership and after receiving and considering the input of the members of the Privileged Staff in the Department, and shall be approved by the Board. Each Department's Plan shall include,

- (a) the required number and expertise of the Privileged Staff
- (b) reasonable on-call requirements for members of the Privileged Staff of the Department ;
- (c) a process for equitably distributing changes of resources to the members of the Privileged Staff within the Department;
- (d) a process for making decisions with respect to changes in the Department resources; and
- (e) a dispute resolution process regarding decisions made under subsection (d) above.

## **10 Leadership Positions**

### **10.1 Privileged Staff Leadership Positions**

(1) The following positions shall be appointed in accordance with this By-law:

- (a) Chief of Staff;
- (b) Chair of the Medical Advisory Committee; and
- (c) Where the Privileged Staff has been organized into Departments, Chiefs of Department.

(2) The following positions may be appointed in accordance with this By-law:

- (a) Vice Chair of the Medical Advisory Committee;
- (b) Deputy Chief of Department; and



(c) Section Chief

(3) Notwithstanding any other provision in this By-law, in the event that the term of office of any person referred to in this article shall expire before a successor is appointed the appointment of the incumbent may be extended.

(4) An appointment to any position referred to in subsections 10.1(1) or 10.1(2) may be made on an acting or interim basis where there is a vacancy in any office referred to in this article or while the person holding any such office is absent or unable to act.

(5) An appointment to any position referred to in subsections 10.1(1) or 10.1(2) may be revoked at any time by the Board.

(6) The Board shall receive and consider the input of the appropriate Privileged Staff before it makes an appointment to a Privileged Staff leadership position.

(7) Privileged staff leadership positions can be held only by members of active or associate clinical staff who are in active clinical practice at the hospital.

**10.2 Appointment of Chair of the Medical Advisory Committee**

The Board shall appoint a member of the Medical Advisory Committee as Chair of the Medical Advisory Committee.

**10.3 Responsibilities and Duties of Chair of the Medical Advisory Committee**

(1) The Chair of the Medical Advisory Committee shall:

- (a) be a member of the Board;
- (b) be the Chair of the Medical Advisory Committee;
- (c) be an ex-officio member of all Medical Advisory Committee sub-committees;
- (d) report regularly to the Board on the work and recommendations of the Medical Advisory Committee; and
- (e) perform such additional duties as may be outlined in the Board approved Chair of the Medical Advisory Committee position description or as assigned by the Board, the MAC or Chief Executive Officer from time to time.

(2) The Chair of the Medical Advisory Committee shall, in consultation with the 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.

**10.4 Appointment and Duties of Vice Chair of the Medical Advisory Committee**

A Vice Chair of the Medical Advisory Committee may be appointed by the Board. The Vice Chair of the Medical Advisory Committee, if appointed, shall be a member of the Medical Advisory Committee and shall act in the place of the Chair of the Medical Advisory Committee if the Chair of the Medical Advisory Committee is absent or unable to act, and shall perform such duties as assigned from time to time by the Chair of the Medical Advisory Committee; provided that the Vice Chair shall not be a director of the Hospital unless appointed as Chair of the Medical Advisory Committee on an acting or interim basis in accordance with subsection 9.1(4).

**10.5 Appointment of Chiefs of Department**

The Board shall appoint a Chief of each Department.

**10.6 Duties of Chiefs of Department**

A Chief of Department shall:

- (a) be a member of the Medical Advisory Committee;
  
- (b) make recommendations to the Medical Advisory Committee regarding appointment, reappointment, 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 Medical Staff, Dental Staff, Midwifery Staff and Extended Class Nursing Staff members of the Department;
  
- (d) conduct a written performance evaluation of all members of the Department on an annual basis as part of the reappointment process and conduct an enhanced performance evaluation on a periodic basis;
  
- (e) hold regular meetings of the Department;
  
- (f) delegate responsibility to appropriate members of the Department;
  
- (g) report to the Medical Advisory Committee and to the Department on the activities of the Department;
  
- (h) 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 and Regulations or as assigned by the Board, the Chief of Staff/Chair of the Medical Advisory Committee or the Medical Advisory Committee or Chief Executive Officer from time to time; and

(i) in consultation with the Chief of Staff/Chair of the Medical Advisory Committee, designate an alternative to act during the absence of both the Chief of Department and the Deputy Chief of Department, if any.

#### **10.7 Appointment and Duties of Chiefs of Section**

The Medical Advisory Committee has the authority to appoint one or more Chiefs of Section/Section Chiefs. The Section Chief, if appointed, is the delegate of the Chief of the Department. The Section Chief has responsibilities and duties similar to those of the Chief of the Department as determined by the Chief of the Department and as outlined in the Section Chief position description.

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

(1) The Medical Advisory Committee shall perform the duties and undertake the responsibilities set out in the *Public Hospitals Act*, and as described in the Board approved Medical Advisory Committee Terms of Reference.

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

(1) The Board may, on the recommendation of the Medical Advisory Committee, establish such standing and special sub-committees of the Medical Advisory Committee as may be necessary or advisable from time to time for the Medical Advisory Committee to *perform its duties under the Public Hospitals Act* or the by-laws of the Hospital.

(2) The terms of reference and composition for any standing or special sub-committees of the Medical Advisory Committee may be set out in the Rules and Regulations or in a resolution of the Board, on recommendation of the Medical Advisory Committee. The Medical Staff members of any such subcommittee of the Medical Advisory Committee shall be appointed by the Medical Advisory Committee and other committee members may be appointed by the Board.

#### **10.10 Executive Committee of the MAC**

(1) The Executive of the Medical Advisory Committee shall, perform the duties and undertake the responsibilities as described in the Executive of the Medical Advisory Committee Terms of Reference.

### **11 Medical Staff Association (MSA)**

The purpose of the MSA, in addition to fulfilling the responsibilities established by the Acts and these By-laws, is to:

(1) provide a structure whereby members of the Medical Staff can participate in the Hospital's planning, policy setting, and decision making; and

(2) carry out activities designed to maintain the standards of professional practice and quality of care in the Hospital.

### **11.1 Annual and Regular Meetings**

(1) Pursuant to the provisions of the Public Hospitals Act, the medical staff shall hold at least four MSA meetings in each fiscal year. One of the meetings shall be identified as the annual meeting of the MSA at which all members of the MSA shall be invited to attend. The annual meeting and each regular meeting of the MSA shall be held at such place as the MSA may, from time to time, determine.

(2) The Secretary of the MSA shall circulate a written notice of each annual or regular meeting of the MSA to the Privileged Staff at least 14 days before the meeting. The Secretary of the MSA may also post written notice of the annual or regular meeting in a conspicuous place at each Site at least 14 days before the meeting.

### **11.2 Special Meetings**

(1) In cases of emergency, the President of the MSA may call a special meeting of the MSA.

(2) Special meetings shall be called by the President of the MSA on the written request of any ten members of the Active Medical Staff.

(3) Notice of such special meetings shall be circulated in the same manner as that 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.

(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 MSA present and voting at the special meeting, as the first item of business of the meeting.

### **11.3 Quorum**

A number equal to 25 of the Medical Staff members or 10%, whichever is greater, who are entitled to vote shall constitute a quorum at any annual, regular, or special meeting of the MSA.

### **11.4 Order of Business**

The order of business at any meeting of the MSA shall be as set out in the rules of the MSA.

The Medical Staff shall formulate its own policies for the regulation of its affairs subject to the approval of the Board. In the event that any provision of any such by-laws shall conflict with any provision of this by-law, such provisions of the by-law shall prevail.

### **11.5 Attendance at Regular Staff Meetings**

(1) Each member of the Active and Associate Medical Staff shall attend at least 50% of the regular MSA meetings and at least 70% of the meetings of the Department, Section or Service of which he or she is a member.

(2) The Secretary of the MSA shall:

(a) be responsible for maintaining a record of the attendance at each meeting of the MSA; and

(b) make such records available to the MAC.

(3) If any member of the MSA, without reasons acceptable to the MAC, does not attend the required number of meetings in any calendar year, the MAC may recommend to the Board that the delinquent member:

(a) have certain or all privileges curtailed for a specified period of time;

(b) be suspended from the Medical Staff of the Hospital for a specified period of time; or

(c) be removed from the Medical Staff of the Hospital.

## **12 Officers of the Privileged Staff**

### **12.1 Election Procedure**

(1) A nominating committee shall be constituted through a process approved by the MSA on recommendation of the officers of the MSA. The Nominating Committee shall consist of three members who represent the programs at the hospital. At least one of the members shall practice in the field of family medicine and at least one of the members shall practice specialty medicine.

(2) At least twenty-eight (28) days before the annual meeting of the MSA, 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 position of Secretary Treasurer of the MSA, in accordance with the Regulations under the Public Hospitals Act and this By-law. Furthermore, nominations shall be signed by at least two members of the MSA and the nominee, indicating his/her acceptance of it.

(3) Any further nominations shall be made in writing to the Secretary of the MSA up to fourteen (14) days before the annual meeting of the MSA.

(4) At MSA meetings, only Medical Staff physicians are eligible to attend and vote.

### **12.2 Election of Medical Staff Association Officers**

(1) The provisions of this article are enacted to comply with the requirements of the Public Hospitals Act with respect to officers of the Medical Staff. For greater certainty, the President, Vice-President and Secretary of the MSA shall be deemed to be the President, Vice-President and Secretary/Treasurer of the Medical Staff Association.

(2) The officers of the MSA will be:

(a) the President;

(b) the Vice-President;

(c) the Secretary/Treasurer; and

(d) Such other officers as the MSA may determine.

(3) The officers of the MSA shall be elected annually for a term of one (1) year by a majority vote of the voting members of the MSA in attendance and voting at the annual general meeting of the MSA.

(4) The officers of the MSA may serve a maximum of six (6) consecutive years in office, as they progress through the ranks from Secretary, Vice-President and then President. Officers of the MSA may serve no more than 2 years in any one office. An officer may be re-elected to the same position in accordance with the election procedure set out in this By-law. Upon completion of the maximum of six (6) consecutive years in office, an officer shall take a break of at least one (1) year before running for office in any subsequent year.

(5) The officers of the MSA may be removed from office prior to the expiry of their term by a majority vote of the voting members of the MSA in attendance and voting at a special meeting of the MSA called for such purpose.

(6) The purpose of any elected MSA officer that becomes vacant during the term may be filled by a vote of a majority of the members of MSA present and voting at a regular meeting of the MSA or at a special meeting of the MSA called for that purpose. The MSA member so elected to office shall fill the office until the next annual meeting of the MSA.

(7) Officers will progress in successive years, through the ranks from Secretary, Vice-President and then President. Also, it is expected that not more than two (2) officers will have their primary practices at the same sites of the Corporation.

(8) Only the Medical Staff who are members of the Active Staff may be elected or appointed to any position or office of the MSA.

### **12.3 Duties of the President**

The President of the MSA shall:

(1) preside at all meetings of the MSA;

(2) call special meetings of the MSA;

(3) be a member of the MAC;

(4) be an ex-officio and non-voting member of the Board and, as a Trustee, fulfil his or her fiduciary duties to the Hospital by making decisions in the best interests of the Hospital;

(5) be an ex-officio and voting member of all MSA and MAC Committees;

(6) report to the Medical Staff and advocate fair process in the treatment of individual members of the Medical Staff;

(7) report to the MAC and the Board on any issues raised by the Medical Staff; and support and promote the vision, mission, core values and strategic plan of the Hospital, as approved by the Board from time to time.

#### **12.4 Duties of the Vice-President**

The Vice-President of the MSA shall:

(1) in the absence or disability of the President of the MSA, act in place of the President, perform his or her duties, and possess his or her powers;

(2) perform such duties as the President of the MSA may delegate to him or her;

(3) be a voting member of the MAC; and

(4) be an ex-officio and non-voting member of the Board and, as a Trustee, fulfil his or her fiduciary duties to the Hospital by making decisions in the best interests of the Hospital.

(5) support and promote the vision, mission, core values and strategic plan of the Hospital, as approved by the Board from time to time.

#### **12.5 Duties of the Secretary/ Treasurer**

The Secretary /Treasurer of the MSA shall:

(1) perform the duties of the MSA Secretary, as set out in the Hospital Management Regulation;

(2) attend to the correspondence of the MSA;

(3) give notice of MSA meetings in accordance;

(4) act in the place of the Vice-President of the MSA, performing his or her duties and possessing his or her powers in the absence or disability of the Vice-President;

(5) ensure that minutes are kept of all MSA meetings;

(6) ensure that a record of the attendance at each MSA meeting is made;

(7) make the attendance records available to the MAC;

(8) perform the duties of the Treasurer for MSA funds and be accountable;

(9) disburse MSA funds at the direction of the MSA, as determined by a majority vote of the MSA members present and entitled to vote at an MSA meeting;

(10) keep the funds of the MSA in a safe manner;

(11) report to each regular MSA meeting;

(12) shall be a voting member of MAC, and

(13) support and promote the vision, mission, core values and strategic plan of the Hospital, as approved by the Board from time to time.

### **13 Amendments to Privileged Staff By-law**

Prior to submitting amendments to this By-law to the approval processes applicable to the Corporation's by-laws;

(a) notice specifying the proposed By-law or amendments thereto shall be made available for review by the Privileged Staff at least 30 days prior to the Board meeting at which the amendment will be considered;

(b) the Privileged 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.

### **14 Repeal and Restatement**

This By-law repeals and restates in its entirety the by-laws of the Corporation previously enacted with respect to the Privileged Staff.